NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 6

CONTRACT #NORTH SOUND BH-ASO-LIFELINE CONNECTIONS-FBG-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Lifeline Connections (Provider) dated May 26, 2023, (as amended by North Sound BH-ASO and Provider dated October 23, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to add Peer Pathfinder Homeless Outreach Services funding in the amount of \$165,438 for October 1, 2024 to September 30, 2025.

By mutual agreement of the parties, the following language is added to the agreement:

- Replace Exhibit E(e) Lifeline Connections_Budget_FBG with Exhibit E(f) Lifeline Connections Budget FBG
- Replace Exhibit H Federal Subaward Identification for Subrecipients State Opioid Response II (SOR II) with Exhibit H(a)_Federal Subaward Identification for Subrecipients
- Replace Exhibit L Peer Pathfinder Statement of Work with Exhibit L(a) Peer Pathfinder Homeless Outreach Program <u>Statement of Work</u>
- Replace Exhibit M(a) Peer Pathfinder Performance Measures with Exhibit M(b) Peer Pathfinder Performance Measures

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

| NORTH SOUND BH-ASO, LLC | | LIFELINE CONNECTIONS | | |
|-------------------------|------|-------------------------|------|--|
| | | | | |
| JanRose Ottaway Martin | Date | Kinh Reynolds | Date | |
| Executive Director | | Chief Financial Officer | | |

North Sound Behavioral Health Administrative Services Organization DOC - CBRA

Cost Reimbursement Budget Lifeline Connections

| Re | venues | | | | |
|-----------------------|--------|------------|--|--|--|
| | | | | | |
| DOC Rental Assistance | \$ | 179,902.00 | | | |
| Program Operations | \$ | 55,355.00 | | | |
| Administration | \$ | 41,515.00 | | | |
| Total | \$ | 276,772.00 | | | |
| T. | | | | | |
| Ex | penses | | | | |
| Rental Assistance | \$ | 179,902.00 | | | |
| Program Operations | \$ | 55,355.00 | | | |
| Administration | \$ | 41,515.00 | | | |
| Total | \$ | 276,772.00 | | | |
| | | | | | |
| Budget Amount | \$ | 276,772.00 | | | |
| Expenses | | - | | | |
| Balance | \$ | 276,772.00 | | | |

North Sound Behavioral Health Administrative Services Organization Behavioral Health Housing / PROVISO 86 & GFS Cost Reimbursement Budget Lifeline Connections

| Revenues | | | | |
|---|-----------------|-------------------------------|--|--|
| Behavioral Health Housing (proviso 86) \$ 182,935.00 Total \$ 182,935.00 | | | | |
| Expenses | | | | |
| Behavioral Health Housing Total | \$ \$ | 182,935.00 182,935.00 | | |
| Budget Amount Expenses Balance | \$ | 182,935.00 - 182,935.00 | | |

| North Sound Behavioral Health Administrative Services Organization Governor's Housing Initiative Cost Reimbursement Budget Lifeline Connections Annual Budget July 1, 2024 to June 30, 2025 | | | |
|---|-----------------|-------------------------------|--|
| Revenue | S | | |
| Governor's Housing Initiative Total | \$ \$ | 25,000.00 25,000.00 | |
| Expense | S | | |
| Rental Voucher and Bridge Program Total | \$ \$ | 25,000.00 25,000.00 | |
| Budget Amount Expenses | \$ | 25,000.00 | |
| Balance | \$ | 25,000.00 | |

North Sound Behavioral Health Administrative Services Organization HARPS

Cost Reimbursement Budget Lifeline Connections

| Revenues | | | | | |
|--------------------------------|-----|------------|--|--|--|
| | | | | | |
| *HARPS Housing Subsidies | \$ | 181,818.00 | | | |
| *One Time Additional Subsidies | \$ | 181,818.00 | | | |
| HARPS 10% Admin on Subsidies | \$ | 36,364.00 | | | |
| MHBG HARPS Teams | \$ | 281,380.00 | | | |
| Total | \$ | 681,380.00 | | | |
| | | | | | |
| Expens | ses | | | | |
| | | | | | |
| *Housing Subsidies | \$ | 181,818.00 | | | |
| *One Time Additional Subsidies | \$ | 181,818.00 | | | |
| HARPS 10% Admin on Subsidies | \$ | 36,364.00 | | | |
| MHBG Program Expenses | \$ | 281,380.00 | | | |
| Total | \$ | 681,380.00 | | | |
| | | | | | |
| Budget Amount | \$ | 681,380.00 | | | |
| Expenses | | - | | | |
| Balance | \$ | 681,380.00 | | | |

^{*}Includes \$100,000.00 of SUD Subsidies

| North Sound Behavioral Health HARPS Expansion Cost Reimbursement Budget Lifeline Connections Annual Budget March 15, 2024 to March 14, 2025 | | | | |
|---|-----------------|--------------------------|--|--|
| Re | venues | | | |
| *Monthly Excel Log Total | \$ \$ | 109,996.00 109,996.00 | | |
| Ex | penses | | | |
| HARPS Program Deliverables Total | \$ \$ | 109,996.00 109,996.00 | | |
| Budget Amount Expenses | \$ | 109,996.00 | | |
| Balance | \$ | 109,996.00 | | |

^{*} With participants enrolled by a SUD Peer

North Sound Behavioral Health Administrative Services Organization Peer Pathfinder Transition from Incarceration Pilot Cost Reimbursement Budget Lifeline Connections

| Revenues | | |
|--|-----------|-----------|
| | | |
| MHBG APRA Peer Pathfinders Transition | | |
| from Incarceration Pilot | \$ | 35,510.00 |
| SABG APRA Peer Pathfinders Transition | | |
| from Incarceration Pilot | \$ | 35,510.00 |
| Total | <u>\$</u> | 71,020.00 |
| | | |
| Expenses | | |
| | | |
| Peer Pathfinders Transition from Incarceration | | |
| Pilot | \$ | 71,020.00 |
| Total | \$ | 71,020.00 |
| | | |
| Budget Amount | \$ | 71,020.00 |
| Expenses | | - |
| Balance | \$ | 71,020.00 |

| Administrative Services Organization Peer Pathfinder Homeless Outreach Program Cost Reimbursement Budget Lifeline Connections Annual Budget October 1, 2024 to September 30, 2025 | | | |
|---|-----------------|--------------------------|--|
| Revenu | es | | |
| *Peer Pathfinders Homeless Outreac Program Deliverables Total | \$ \$ | 165,438.00 165,438.00 | |
| Expens | es | | |
| Peer Pathfinders Homeless Outreach Program Total | \$ \$ | 165,438.00 165,438.00 | |
| Budget Amount Expenses | \$ | 165,438.00 | |
| Balance | \$ | 165,438.00 | |

^{*}Less funds already spent

North Sound Behavioral Health Administrative Services Organization Medication Assisted Treatment Cost Reimbursement Budget Lifeline Connections

| Reven | Revenues | | | | | |
|-------------------------------|----------|-----------|--|--|--|--|
| | | | | | | |
| SABG ARPA | \$ | 60,000.00 | | | | |
| Total | \$ | 60,000.00 | | | | |
| | | | | | | |
| Exper | ises | | | | | |
| No 1: 1: A : A 1.Th | Ф | (0,000,00 | | | | |
| Medication Assisted Treatment | \$ | 60,000.00 | | | | |
| Total | \$ | 60,000.00 | | | | |
| | | | | | | |
| | | | | | | |
| Budget Amount | \$ | 60,000.00 | | | | |
| Expenses | | _ | | | | |
| Balance | \$ | 60,000.00 | | | | |



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

Exhibit H(a): Federal Award Identification for Subrecipients

| 1. | Federal Awarding Agency | Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) |
|-----|---|---|
| 2. | Federal Award Identification Number (FAIN) | H79TI087845 |
| 3. | Federal Award Date | 09/24/2024 |
| 4. | Assistance Listing Number and Title | 93.788 Opioid STR (Opioid Response Grants) |
| 5. | Is the Award for Research and Development? | ☐ Yes ☒ No |
| 6. | Contact Information for HCA's Awarding Official | Teesha Kirschbaum, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery Teesha.kirschbaum@hca.wa.gov 360-725-5925 |
| 7. | Subrecipient name (as it appears in SAM.gov) | Lifeline Connections |
| 8. | Subrecipient's Unique Entity Identifier (UEI) | R3MJVEFP8Q44 |
| 9. | Subaward Project Description | Homeless Outreach Program |
| 10. | Primary Place of Performance | 98273 |
| 11. | Subaward Period of Performance | 10/1/2024 – 9/30/2025 |
| 12. | Amount of Federal Funds Obligated by this Action | \$157,620 |
| 13. | Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action | \$165,438 |
| 14. | Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged) | de minimum (10%) |



North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

Exhibit H(a): Federal Award Identification for Subrecipients

| 1. | Federal Awarding Agency | Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) |
|-----|---|---|
| 2. | Federal Award Identification Number (FAIN) | B09SM085384 |
| 3. | Federal Award Date | 05/17/2021 |
| 4. | Assistance Listing Number and Title | 93.958 Block Grants for Community Mental Health Services |
| 5. | Is the Award for Research and Development? | ☐ Yes ⊠ No |
| 6. | Contact Information for HCA's Awarding Official | Teesha Kirschbaum, Assistant Director WA State Health Care Authority Division of Behavioral Health and Recovery Teesha.kirschbaum@hca.wa.gov 360-725-5925 |
| 7. | Subrecipient name (as it appears in SAM.gov) | Lifeline Connections |
| 8. | Subrecipient's Unique Entity Identifier (UEI) | R3MJVEFP8Q44 |
| 9. | Subaward Project Description | Homeless Outreach Program |
| 10. | Primary Place of Performance | 98273 |
| 11. | Subaward Period of Performance | 10/1/2024 – 9/30/2025 |
| 12. | Amount of Federal Funds Obligated by this Action | \$7,818 |
| 13. | Total Amount of Federal Funds Obligated by HCA to the Subrecipient, including this Action | \$165,438 |
| 14. | Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged) | de minimum (10%) |

NORTH SOUND NORTH SOUND NORTH SOUND NORTH SOUND

North Sound BH-ASO

2021 E. College Way, Suite 101, Mt. Vernon, WA 98273 Phone: (360) 416-7013 Fax: (360) 899-4754

www.nsbhaso.org

EXHIBIT M(b): Peer Pathfinder Performance Measures

| Goal | Task | Performance Measure | Due Date* | Payment | Total |
|------|--|--|--|---|-----------|
| 1 | Monthly REDCap Report | Completion of monthly REDCap report for enrollments, Outreach and Engagement activity, and demographics. Report completed and reviewed for accuracy | Monthly by the 2 nd Wednesday of the month following each month of service | 12 reports at \$10,000 each | \$120,000 |
| 2 | Quarterly Peer Pathfinder Activities Report | Approval of report by HCA Contract Manager | Quarterly, by the 20 th of each month following the end of each quarter as follows: 1/20/2025, 4/20/2025, 7/20/2025, 9/29/2025** | 4 reports at \$9,405 each | \$37,620 |
| 3 | Support Services Spending Plan | Develop a detailed plan describing method and intended outcome for allocating client support service funding. Plan must for based on SABG guidance for Target Population* and Statement of Work. Plan must describe how these funds will support Peer Pathfinder participants to access behavioral health and recovery support services. | Due By 6/30/2026 | 1 payment at \$7,818 (Provider submitted and HCA reviewed & approved plan) | \$7,818 |
| | TOTAL | | | | \$165,438 |

^{**}All September 2025 reports due September 29, 2025