



**North Sound Behavioral Health Administrative Services Organization  
 Dedicated Cannabis Account Program  
 Cost Reimbursement Budget  
 July 1, 2022 to December 31, 2022  
 Island County Human Services**

**Revenues**

Dedicated Cannabis Account Funding	\$	35,489
Total	\$	<u>35,489</u>

**Expenses**

Dedicated Cannabis Account	\$	35,489
Total	\$	<u>35,489</u>

**North Sound Behavioral Health Administrative Services Organization  
 Jail Services Program  
 Cost Reimbursement Budget  
 July 1, 2022 to December 31, 2022  
 Island County Human Services**

**Revenues**

Jail Service Funding	\$	17,794.05
Total	\$	17,794.05

**Expenses**

Jail Service	\$	17,794.05
Total	\$	17,794.05

**North Sound Behavioral Health Administrative Services Organization  
 Housing and Recovery Through Peer Services  
 Cost Reimbursement Budget  
 July 1, 2022 to December 31, 2022  
 Island County Human Services**

**Revenues**

HARPS State Funds	\$	8,561.00
Total	\$	8,561.00

**Expenses**

HARPS Housing Vouchers	\$	8,561.00
Total	\$	8,561.00

**North Sound Behavioral Health Administrative Services Organization  
Substance Abuse Block Grant CFDA 93.959  
Cost Reimbursement Budget  
July 1, 2022 to December 31, 2022  
Island County Human Services**

**Revenues**

SABG Funds	\$	141,239.00
SABG COVID Funds	\$	20,000.00
Total	\$	<u>161,239.00</u>

**Expenses**

Opiate Outreach Services	\$	141,239.00
Additional SABG	\$	20,000.00
Total	\$	<u>161,239.00</u>

**North Sound Behavioral Health Administrative Services Organization  
 Trueblood Program  
 Cost Reimbursement Budget  
 July 1, 2022 to December 31, 2022  
 Island County Human Services**

**Revenues**

Trueblood Funding	\$	18,855.50
		18,855.50
Total	\$	18,855.50

**Expenses**

Trueblood	\$	18,855.50
		18,855.50
Total	\$	18,855.50

**North Sound Behavioral Health Administrative Services Organization  
Co-Responder  
Cost Reimbursement Budget  
July 1, 2022 to December 31, 2022  
Island County Human Services**

**Revenues**

MHBG Covid Funds	\$	44,000.00
SABG Covid Funds	\$	50,000.00
Total	\$	94,000.00

**Expenses**

Co-Responder Expense	\$	94,000.00
Total	\$	94,000.00

## EXHIBIT C

### Harps Housing Bridge Subsidy Guidelines

July 1 – June 30

Goal	Task	Performance Measure	Due Date*	Payment	Total
1	Weekly updates on number of referrals from state psychiatric hospitals (Western State Hospital and Eastern State Hospital)	Send a Word Document via email to the HCA HARPS Program Manager with the number of individuals referred by the State Hospital(s), date of the referral, and current housing status for participants referred by the state hospitals. (Do <b>NOT</b> include any identifying personal information in the updates)	Tuesday of each following week	\$200 per HARPS team weekly update x 4 weeks per month x 12 month for a maximum of 12 months	\$9,600
2	At least two (2) FTE from the HARPS team attend a HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the HCA facilitated EBH PSH Training Event	by 6/30/2023	1 payment of \$5,000 for EBH PSH Training	\$5,000
3	Document HARPS Landlord Outreach and Engagement Activities in monthly HARPS Participant Excel Log using the Landlord Outreach Tab submitted to the HCA through the FTP site, or an alternative acceptable secured email transmission no later than the 15th of following month.	At least 5 landlord/property manager contacts documented in the Landlord Outreach Tab of the Monthly HARPS Participant Excel Log Report the submitted to HCA and approved by the Program Manager.	Due by the 15th of each following month	12 months (assuming full staffing and start of services 7/1/2022) @ \$5,000 per report received and approved	\$60,000
4	Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Exhibit A, Monthly HARPS Participant Excel Log 7.1.2022. Monthly and aggregate information is needed on HARPS subsidies. Monthly HARPS Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and	Monthly HARPS Participant Excel Log Report submitted to HCA via secure process and approved by the Program Manager	Due by the 15th of each following month	12 months (assuming full staffing and start of services 7/1/2022) @ \$5,000 per monthly HARPS participant Excel log received	\$60,000



	number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.				
5	Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report shall include:	Due by the 20th of the month following the quarter	Quarterly HARPS Report submitted to HCA and approved by the HCA program manager.	4 quarterly reports (assuming start of services 7/1/2022) @ \$13,960 per report	\$55,840
	1. Describe staff development activities for reporting period (including orientation and training). Indicate:	Quarter 1 , July-September, report due October 20 <sup>th</sup>			
	2. Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridgers, housing, and housing services providers meetings.	Quarter 2, October-December, report due January 20 <sup>th</sup>			
	1. Date(s)/duration of the training or meeting 4. Subject of the training or meeting 5. Discuss value/impact on the pilot project. 6. A Participant Success Story	Quarter 3, January-March, report due April 20 <sup>th</sup>  Quarter 4, April-June, report due July 20 <sup>th</sup>			
<b>TOTAL</b>					\$190,440

#### Grant Cost Breakdown and Total Grant Funding

Grant Amount Mental Health Block Grant	\$190,440
Short Term Bridge Subsidy Grant	\$326,000
SUD Short Term Bridge Subsidy Amount (ESB 5476 + Maintenance budget)	\$100,000

## North Sound Behavioral Health

### Monthly Billing Form

Agency Name \_\_\_\_\_  
 Program \_\_\_\_\_  
 Period Covered \_\_\_\_\_

**Expenses**

Salaries & Wages	\$	-
Personnel Benefits	\$	-
Office & Operating Supplies	\$	-
Small Tool & Minor Equipment	\$	-
Professional Services	\$	-
Communications	\$	-
Travel	\$	-
Operating Rentals	\$	-
Insurance	\$	-
Utilities	\$	-
Repair & Maintenance	\$	-
Machinery & Equipment	\$	-
Miscellaneous Expense	\$	-
Capital	\$	-
Direct Cost Allocations	\$	-
Indirect Cost Allocations	\$	-
Other		
Total	\$	-

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals

Signature of Agency Representative \_\_\_\_\_  
 Name of Agency Representative \_\_\_\_\_  
 Date \_\_\_\_\_

Submit to [fiscal@nsbhaso.org](mailto:fiscal@nsbhaso.org)

**North Sound Behavioral Health Administrative Service Organization**  
**Law Enforcement Co-Response Outreach Program**  
**Statement of Work - 2022**

**Purpose**

To provide behavioral health outreach while reducing criminal justice system involvement for individuals with mental health and substance use disorder treatment needs. Co-Response outreach programs consist of law enforcement officer(s) and behavioral health professional(s) that provide individuals with substance use disorder or other behavioral health needs with access to treatment that would otherwise be involved in the criminal justice system. Co-response outreach is designed to enhance first responder capacity to immediately provide field-based interventions and ensure referral and linkage to ongoing behavioral health treatment when appropriate.

1. Provide field-based outreach services and intensive case management support to individuals who frequently encounter the criminal justice system.
2. Provide diversion focused interventions or alternative to law enforcement responses to calls where substance use disorder or other behavioral health needs are identified.

**Services**

Co-Responder outreach programs:

1. Provide behavioral health outreach interventions and person-centered de-escalation that use least invasive interventions.
2. Employ field-based strategies to identify individuals with substance use disorders and other behavioral health needs in a culturally competent, recovery oriented, trauma sensitive manner.
3. Maintain referral pathways for community members, emergency services, treatment providers and other community-based entities.
4. Support direct linkages to treatment supports to include facility-based crisis stabilization and triage, withdrawal management, outpatient or medical services or other behavioral health or community-based care supports as appropriate.
5. Provide intensive care coordination and case management.

### **Priority Populations**

Priority populations should focus on any individual with a behavioral health condition who are at risk of arrest and/or frequent contact with first responders, community members and who could benefit from being connected to supportive behavioral health treatment or other supportive resources when amendable.

1. Individuals who have frequent criminal legal system contact because of substance use disorder or other behavioral health needs.
2. Individuals who are at risk of arrest, or already have been involved in the criminal justice system.
3. Individuals who cannot, on their own, access local safety-net services.

### **Program Staffing**

Co-response outreach programs should be staffed with behavioral health professional(s), bachelor Level and/or Certified Peer Counselors (CPC). Licensed behavioral health professional(s) can include licensed Mental Health Professionals (MHP) and licensed Substance Use disorder Professionals (SUDP).

### **Coordination**

1. Co-response outreach services will coordinate with crisis services to include referral to a Designated Crisis Responders (DCRs).
2. Co-Response outreach services will coordinate closely with parallel emergency services, criminal justice systems, inpatient/residential service providers, tribal governments, Indian Health Care Providers (IHCP) and outpatient providers to ensure access to timely and appropriate behavioral health treatment services.
3. Co-Response outreach services shall coordinate closely with other local community-based diversion programs.

### **Training**

Law enforcement or first responders who are providing co-response interventions are encouraged to be trained in Crisis Intervention Training (CIT). Agencies are required to ensure licensed professionals who are conducting co-response services have access to training, such as the following:

1. Motivational interviewing
2. Strength-based and harm reduction interventions
3. Trauma-informed practices
4. Cultural humility
5. Mental Health First Aid
6. Conflict resolution and de-escalation techniques

7. Suicide risk assessment and prevention
8. Overdose prevention, recognition, and response
9. Law enforcement or first responder sponsored trainings.

**Reporting**

Programs will submit Quarterly reports to North Sound BH-ASO. Reporting will include number of individuals served, outcomes of services provided and a narrative describing successes and challenges.



## LE CO-RESPONDER QUARTERLY REPORTING FORM

- |                          |  |                          |               |
|--------------------------|--|--------------------------|---------------|
| <input type="checkbox"/> | Snohomish County Human Services                  | <input type="checkbox"/> | Quarter One   |
| <input type="checkbox"/> | Mount Vernon Police Department                   | <input type="checkbox"/> | Quarter Two   |
| <input type="checkbox"/> | Skagit County Sheriff's Office                   | <input type="checkbox"/> | Quarter Three |
| <input type="checkbox"/> | Whatcom County Human Services – Sheriff's Office | <input type="checkbox"/> | Quarter Four  |
| <input type="checkbox"/> | Island County Human Services – Sheriff's Office  |                          |               |

Reports are due on the 10<sup>th</sup> of the month following the reported quarter. Please send your report to: [deliverables@nsbhaso.org](mailto:deliverables@nsbhaso.org).

		Month 1	Month 2	Month 3
1.	Total Number of Field Based Contacts			
2.	Total Number of Unduplicated Contacts			
3.	Number of Unduplicated individuals diverted from the arrest or other criminal justice involvement			
4.	Number of Unduplicated Individuals with SUD Primary Diagnosis			
5.	Number of Unduplicated individuals provided case management			
6.	Number of unduplicated individuals directly referred to facility based services or housing supports			
7.	Number of Unduplicated individuals requiring parallel emergency services			
8.	Number of Unduplicated Individuals served from Tribal Partners / IHCP Involvement			
9.	Number of Unduplicated Individuals served requiring DCR Collaboration			
10.	Success Narrative:			
11.	Challenge Narrative:			

Narratives/Additional Notes/Information:



**Exhibit F**  
**Federal Award Identification for Subrecipients (reference 2 CFR 200.331)**  
**Substance Abuse Block Grant**

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound BH ASO
(ii) Subrecipient's unique entity identifier; (UEI)	104266882
(iii) Federal Award Identification Number (FAIN);	B08TI083519
(iv) Federal Award Date (see §200.39 Federal award date);	03/11/2021-3/15/2023
(v) Subaward Period of Performance Start and End Date;	DOE-3/14/2023
(vi) Amount of Federal Funds Obligated by this action;	\$5,000
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$280,440
(xiii) Total Amount of the Federal Award;	\$35,415,872
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Housing and Recovery Support Services
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:Keri.waterland@hca.wa.gov">Keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.959 Substance Abuse Prevention and Treatment Block Grant
(xii) Identification of whether the award is R&D; and	Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)



## EXHIBIT G

### Federal Award Identification for Subrecipients (reference 2 CFR 200.331)

#### Block Grants for Community Mental Health Services

(i) Subrecipient name (which must match the name associated with its unique entity identifier);	North Sound Behavioral Health ASO
(ii) Subrecipient's unique entity identifier; (DUNS)	958386666
(iii) Federal Award Identification Number (FAIN);	B09SM086035
(iv) Federal Award Date (see §200.39 Federal award date);	10/1/2021-9/30/2023
(v) Subaward Period of Performance Start and End Date;	7/1/2022-6/30/2023
(vi) Amount of Federal Funds Obligated by this action;	\$190,440
(vii) Total Amount of Federal Funds Obligated to the subrecipient;	\$190,440
(viii) Total Amount of the Federal Award;	\$16,726,128
(ix) Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);	Housing and Recovery through Peer Services (HARPS) team providing permanent supportive housing services for individuals exiting or at risk of entering an inpatient behavioral healthcare setting.
(x) Name of Federal awarding agency, pass-through entity, and contact information for awarding official,	SAMHSA WA State Health Care Authority Keri Waterland, Assistant Director DBHR 626 8th Ave SE; Olympia, WA 98504-5330 <a href="mailto:Keri.waterland@hca.wa.gov">Keri.waterland@hca.wa.gov</a>
(xi) CFDA Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement;	93.958 Block Grants for Community Mental Health Services
(xii) Identification of whether the award is R&D; and	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(xiii) Indirect cost rate for the Federal award (including if the de minimis rate is charged per §200.414 Indirect (F&A) costs).	de minimus (10%)