NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT 4

CONTRACT #NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-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 Whatcom County (Provider) dated April 13, 2023, (as amended by North Sound BH-ASO and Provider June 4, 2024, collectively the "Contract") is hereby amended as follows:

The purpose of this amendment is to: provide funding for July 1, 2024 to December 31, 2024 (Dedicated Cannabis Account, Jail Services Program, and Trueblood Programming); and, to provide funding for July 1, 2024 to June 30, 2025 (Opiate Outreach, Co-Responder, Naloxone Box Pilot Project, 13b Proviso Funds – Substance Use Disorder Professional, and 13 b Proviso Funds – Recovery Navigator Coordinator):

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

- Replace *Exhibit D(a)_Provider Deliverables* with *Exhibit D(b)_Provider Deliverables*
- Replace *Exhibit E(c) Whatcom County_Budget_ICN_24* with *Exhibit E(d) Whatcom County_ICN_Budget*
- Replace *Exhibit F(a)_Federal Subaward Identification* with Exhibit (F(b)_Federal Subaward Identification

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

WHATCOM COUNTY

JanRose Ottaway Martin Executive Director Date

Date



EXHIBIT D(b): PROVIDER DELIVERABLES

PROVIDER: Whatcom County

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-ICN-23

CONTRACT PERIOD: 01/01/2023 - 06/30/2025

Identification of Deliverables

Provider shall provide all deliverables as identified in the Required Deliverables Grid below. Templates for all reports that the provider is required to submit to North Sound BH-ASO may be found on the North Sound BH-ASO website under *Forms & Reports* (click <u>here</u>). North Sound BH-ASO may update the templates from time to time and will notify providers of any changes. Deliverables are to be submitted to <u>deliverables@nsbhaso.org</u> on or before the indicated due date unless otherwise noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Guide reference (as applicable).

| DELIVERABLE | FREQUENCY | DUE DATE | SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE |
|--------------------------------------|-----------|--|--|
| Exclusion Attestation Monthly Report | Monthly | Last Business Day of each month following the month being reported | Chapter 11 |
| Opioid Outreach Report | Monthly | Last Business Day of each month following the month being reported | Not applicable |
| Opioid Outreach YOUTH Report | Monthly | Last Business Day of each month following the month being reported | Not applicable |
| Trueblood Monthly Report | Monthly | 10 th of each month following the month being reported | Chapter 19; Section 19.13 |
| Co-Responder Quarterly Report | Quarterly | 15 th of the month following the quarter being reported (1/15, 4/15, 7/15, 10/15) | Chapter 19; Section 19.4 |

| DELIVERABLE | FREQUENCY | DUE DATE | SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE |
|--|--------------|--|--|
| Certification of Liability Insurance | Annual | Annually prior to expiration | Not Applicable |
| Compliance Training Attestation Statement | Annual | Annual notification will be sent by North Sound BH-ASO Compliance Officer with further information | Chapter 11 |
| Jail Transition Services Report | Annual | Annually by August 15 th | Chapter 19; Section 19.8 |
| Ownership and Control Disclosure Form | Annual | Annually on January 31 st , or more frequently when changes occur | Not applicable |
| Federal Block Grant Peer Review | As requested | Annually when requested | Chapter 15 |

| North Sound Behav Administrative Service Dedicated Cannabis Ac Cost Reimbursem Whatcom County Hu Six Month Budget July 1, 2024 | s Organi count Pr ent Budg man Ser | ization rogram get rvices |
|---|---|------------------------------------|
| Revenue | S | |
| Dedicated Cannabis Account Funding Total | \$ \$ | 41,719.00 41,719.00 |
| Expenses | S | |
| Dedicated Cannabis Account Total | \$ \$ | 41,719.00 41,719.00 |
| Budget Amount | \$ | 41,719.00 |
| Expenses | | - |
| Balance | \$ | 41,719.00 |

| North Sound Behavioral Administrative Services Org Jail Services Progra Cost Reimbursement B Whatcom County Human Six Month Budget July 1, 2024 to D | ganization m udget Services | |
|---|--------------------------------------|--|
| Revenues | | |
| Jail Services Funding *One Time Additional (1/1/2024-12/31/2024) Total | \$ \$ \$ | 42,583.19 101,896.00 144,479.19 |
| Expenses | | |
| Jail Services Total | \$ \$ | 144,479.19 144,479.19 |
| Budget Amount Expenses | \$ | 144,479.19 - |
| Balance | \$ | 144,479.19 |

*One Time Additional Funds Available Until Spent

| Behavioral He ervices Organ ock Grant CF ursement Budg ity Human Ser <mark>1, 2024 to Jun</mark> | ization DA 93.959 get rvices |
|---|---|
| venues | |
| \$ \$ | 406,228.00 406,228.00 |
| penses | |
| \$ \$ | 406,228.00 406,228.00 |
| \$ | 406,228.00 - 406,228.00 |
| | ervices Organ ock Grant CF ursement Budg ity Human Ser 1, 2024 to Jun venues \$ \$ penses \$ \$ |

| Administrative Trueb Cost Reim | d Behavioral Hea Services Organi lood Program bursement Budg unty Human Ser <mark>7 1, 2024 to Dece</mark> r | zation et vices |
|--------------------------------------|---|-------------------------------|
| F | Revenues | |
| Trueblood Funding Total | \$ \$ | 19,992.91 19,992.91 |
| I | Expenses | |
| Trueblood Expenses Total | \$ \$ | 19,992.91 19,992.91 |
| Budget Amount | \$ | 19,992.91 |
| Expenses | | - |
| Balance | \$ | 19,992.91 |

| Co-R | anization Responder ursement Budg nty Human Ser | get vices |
|--|--|---|
| | | |
| Re | evenues | |
| MHBG Funds SABG Funds Total | \$ \$ \$ | 221,486.00 211,272.00 432,758.00 |
| Ех | penses | |
| Co-Responder Expense Total | \$ \$ | 432,758.00 432,758.00 |
| Budget Amount Expenses | \$ | 432,758.00 |
| Balance | \$ | 432,758.00 |

| Administrati Naloxo Cost Rei Whatcom (| and Behavioral Hea ive Services Organi ne Box Pilot Project imbursement Budge County Human Serv July 1, 2024 to June | zation t et vices |
|---|---|----------------------------|
| | Revenues | |
| SABG ARPA | \$ | 50,000.00 |
| Total | \$ | 50,000.00 |
| | Expenses | |
| Naloxone | \$ | 50,000.00 |
| Total | \$ | 50,000.00 |
| Budget Amount Expenses | \$ | 50,000.00 |
| Balance | \$ | 50,000.00 |

| Administrativ Substance Us Cost Rein | nd Behavioral Hea e Services Organ e Disorder Profes nbursement Budg ounty Human Ser 11y 1, 2024 to Jun | ization sional get vices |
|--|--|-----------------------------------|
| | Revenues | |
| 13b Proviso Funds | \$ | 100,000.00 |
| Total | \$ | 100,000.00 |
| | Expenses | |
| SUD Professional | \$ | 100,000.00 |
| Total | \$ | 100,000.00 |
| Budget Amount Expenses | \$ | 100,000.00 |
| Balance | \$ | 100,000.00 |

| North Sound Beh Administrative Servi Recovery Navigate Cost Reimburse Whatcom County I Annual Budget July 1, 2 | ices Organ or Coordin ment Bud Human Se | nization nator get prvices |
|---|--|-------------------------------------|
| Reven | ues | |
| 13b Proviso Funds | \$ | 127,000.00 |
| Total | \$ | 127,000.00 |
| Expen | ses | |
| Recovery Navigator Coordinator | \$ | 127,000.00 |
| Total | \$ | 127,000.00 |
| Budget Amount Expenses | \$ | 127,000.00 |
| Balance | \$ | 127,000.00 |



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 F(b) Federal Subaward Identification K6897

| 1. | Federal Awarding Agency | Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) |
|------------------|---|---|
| 2. | Federal Award Identification Number (FAIN) | B08TI085843 |
| 3. | Federal Award Date | 3/22/2023 |
| 4. | Assistance Listing Number and Title | 93.959 Block Grants for Prevention and Treatment of Substance Abuse |
| 5. | Is the Award for Research and Development? | □ Yes ⊠No |
| | | Margaret Rojas, Assistant Director |
| | | North Sound Behavioral Health Administrative |
| | Contact Information for North Sound BH-ASO Awarding Official | Services Organization |
| 6. | | Margaret_Rojas@nsbhaso.org |
| | | 360-416-7013 |
| 7. | Subrecipient name (as it appears in SAM.gov) | Whatcom County Human Services |
| | | |
| 8. | Subrecipient's Unique Entity Identifier (UEI) | NT6RMN8THTN7 |
| 8. 9. | Subrecipient's Unique Entity Identifier (UEI) Subaward Project Description | |
| | | NT6RMN8THTN7 |
| 9. | Subaward Project Description | NT6RMN8THTN7 Opiate Outreach Services |
| 9. 10. | Subaward Project Description Primary Place of Performance | NT6RMN8THTN7 Opiate Outreach Services 98225 |
| 9. 10. 11. | Subaward Project Description Primary Place of Performance Subaward Period of Performance Amount of Federal Funds Obligated by this | NT6RMN8THTN7 Opiate Outreach Services 98225 7/1/2024 – 6/30/2025 |