NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC (NORTH SOUND BH-ASO) CONTRACT AMENDMENT #1

CONTRACT #NORTH SOUND BH-ASO-SNOHOMISH COUNTY-ICCN-20

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 Snohomish County (Contractor) dated December 26, 2019, is hereby amended as follows:

The purpose of this amendment is to add funding for the period of July-December 2020 and incorporate by reference the Substance Abuse Block Grant (SABG) Federal Award Subrecipient Monitoring information.

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

- Replace NS BH-ASO-Snohomish County Budget 2020 with NS BH-ASO-Snohomish County Budget 2020-A.
- 2. Replace Exhibit A with Exhibit A-i.
- 3. Incorporate by reference the Federal Award Identification for Subrecipients Substance Abuse Block Grant, attached hereto.

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

SNOHOMISH COUNTY

Joe Valentine

Date

Date

Dave Somers by Mary Jane Brell Vujovi Date

Executive Director

County Executive Director

NORTH SOUND BH-ASO-SNOHOMISH COUNTY-ICCN-2020 AMD 1 Approved by Board of Directors, 6/11/2020 Motion # 20-25

North Sound Behavioral Health Administrative Services Organization Dedicated Marijuana Account Program Cost Reimbursement Budget July 1, 2020 to December 31, 2020 Snohomish County Human Services

Revenues

Dedicated Marijuana Account Funding	\$ 142,459
Total	\$ 142,459
Expenses	
Dedicated Marijuana Account	\$ 142,459
Total	\$ 142,459

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget July 1, 2020 to December 31, 2020 Snohomish County Human Services

Revenues

Jail Service Funding		\$ 100,508.48
	Total	\$ 100,508.48
Expenses		
Jail Service		\$ 100,508.48
Total		\$ 100,508.48

North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant CFDA 93.959 Cost Reimbursement Budget July 1, 2020 to December 31, 2020 Snohomish County Human Services

Rev	en	ues
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SABG Funds		\$ 77,500.00
	Total	\$ 77,500.00
Expenses		
Opiate Outreach Services		\$ 77,500.00
Total		\$ 77,500.00

North Sound Behavioral Health Administrative Service Organization Snohomish County Contract

SOURCES OF FUNDS		July-20		August-20	50	eptember-20		October-20	N	ovember-20	D	ecember-20	Total
Crisis State Funds Crisis Medicaid	ş	158,500.00 82,413.00	\$ \$	158,500.00 82,413.00	\$	158,500.00 82,413.00	1 .	158,500.00 82,413.00	٠.	158,500.00 82,413.00	\$	158,502.00 82,414.00	951,002.00 494,479.00
Crisis Mental Health Block Grant Crisis Substance Abuse Block Grant	,	32,582.00 62,000.00	s	32,582.00 62,000.00	\$	32,582.00 62,000.00	\$	32,582.00 62,000.00	\$	32,582.00 62,000.00	1	32,585.00 62,000.00	195,495.00 372,000.00
TOTAL SOURCES OF FUNDS		335,495.00	\$	335,495.00	\$	335,495.00	\$	335,495.00	\$	335,495.00	\$	335,501.00	\$ 2,012,976.00

USES OF FUNDS	Payment Method		July-20	Е	August-20	Se	eptember-20		October-20	N	ovember-20	D	ecember-20	Total
Crisis Mental Health Block Grant	Cost Reimbursement	\$	32,582.00	Ś	32,582.00	Ś	32,582.00	Ś	32,582.00	Ś	32,582.00	Ś	32,585.00	195,495.00
Crisis Substance Abuse Block Grant	Cost Reimbursement		·	,	·	ľ	,	^				,	,	,
Crisis Outreach Services	Cost Reimbursement	\$	62,000.00	\$	62,000.00	\$	62,000.00	Ş	62,000.00	4	62,000.00	>	62,000.00	372,000.00
		\$	240,913.00	\$	240,913.00	\$	240,913.00	\$	240,913.00	\$	240,913.00	\$	240,916.00	1,445,481.00 -
TOTAL USES OF FUNDS		\$	335,495.00	\$	335,495.00	\$	335,495.00	\$	335,495.00	\$	335,495.00	\$	335,501.00	\$ 2,012,976.00

North Sound Behavioral Health Administrative Services Organization Trueblood Cost Reimbursement Budget July 1, 2020 to December 31, 2020 Snohomish County Human Services

Revenues			
Trueblood			\$ 179,785
		Total	\$ 179,785
Expenses			
Trueblood			\$ 179,785
	Total		\$ 179,785

SNOHOMISH COUNTY Schedule of Services 2020

Identification of Contracted Services

Provider shall provide behavioral health covered crisis services, as indicated in the Contracted Services Grid below, within the scope of Provider's business and practice, in accordance with the Snohomish County Base Provider Agreement, North Sound BH-ASO Behavioral Health Policies and Procedures, Supplemental Provider Service Guide, North Sound BH-ASO and HCA standards, the terms, conditions and eligibility outlined in the Contract and/or Exhibits, and the requirements of any applicable government sponsored program.

Contracted Services Grid

		Supplemental Provider Service Guide
Contracted Timeframe	Service	Reference
Outpatient Services (Within Avai	lable Resources)	Section 20.1
	Mental Health Outpatient and Medication Management	Section 20.1
	Substance Use Disorder Outpatient Benefit	Section 19.1
	Medication-Assisted Treatment	Section 20.1
	Program for Assertive Community Treatment (PACT)	Section 20.8
Evaluation and Treatment		Section 20.4
	Sixteen-Bed Evaluation and Treatment Facility Services	Section 20.4
Crisis Services		Chapter 18
January 1, 2020 – December 31,		
2020	Crisis Mobile Outreach Teams	Section 20.2.2
January 1, 2020 - December 31,		
2020	Crisis Stabilization	Chapter 18;20.2.4
January 1, 2020 - December 31,		
2020	Involuntary Treatment Evaluation (ITA)	Chapter 18; 20.2.3
	Emergency Telephone Services (Toll Free Crisis Hotline)	Section 20.2.5

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EXHIBIT A-i

Withdrawol Management Service	es (Within in Available Resources)	Chapter 5
	Sub-Acute Withdrawal Management	Section 20.1
	Acute Withdrawal Management	Section 20.1
	Secure Detoxification (2 places)	Chapter 18
Substance Use Disorder Resident	ial (Within Available Resources)	Section 20.10
The state of the s	Youth - Intensive Inpatient	Section 20.10.2
	Youth - Recovery House	Section 20.10.6
	Adult - Intensive Inpatient	Section 20.10.1
	Adult - Long-Term Care	Section 20.10.3
	Adult - Recovery House	Section 20.10.5
	Pregnant and Parenting Women Residential Treatment	Section 2.1
Mental Health Services in a Resid	lential Setting (Within Available Resources)	Section 20.7
Crisis Triage (Within Available Re	esources)	Chapter 18
Legislative Proviso Services (With	nin Available Resources)	Chapter 19
January 1, 2020-December 31,		
2020	Jail Transition Services	Section 19.3
	E&T Discharge Planners	Section 17.2
	Program for Assertive Community Treatment (PACT)	Section 20.8
January 1, 2020 - December 31,		
2020	Designated Marijuana Account (DMA)	Section 19.2
	Juvenile Drug Court	Section 19.4
	Assisted Outpatient Treatment	Section 19.1
July 1, 2020 – December 31,		TDD
2020	Trueblood Misdemeanor Diversion Funding	TBD
PATH Grants		Chapter 15.1
	PATH Grant	Section 15.1
A HANNE TO STATE OF THE STATE O	PathFinder	Section 15.1
Federal Block Grant		Chapter 15
	Peer Bridgers	Section 19.5

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EXHIBIT A-i

January 1, 2020-December 31,		
2020	Opiate Outreach	Section 20.9

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

(i) associa	Subrecipient name (which must match the name ted with its unique entity identifier);	North Sound Behavioral Health Organization
(ii)	Subrecipient's unique entity identifier; (DUNS)	958386666
(iii)	Federal Award Identification Number (FAIN);	B08TI010056
(iv) date);	Federal Award Date (see §200.39 Federal award	6/4/2019
(v)	Subaward Period of Performance Start and End Date;	1/1/2020 - 12/31/2020
(vi)	Amount of Federal Funds Obligated by this action;	\$3,289,438
(vii) subreci	Total Amount of Federal Funds Obligated to the pient;	\$4,640,470
(viii)	Total Amount of the Federal Award;	\$76,172,934
	Federal award project description, as required to be ive to the Federal Funding Accountability and arency Act (FFATA);	Block Grant for Prevention and Treatment of Substance Abuse
(x) entity, a	Name of Federal awarding agency, pass-through and contact information for awarding official,	Department of Health and Human Services Substance Abuse and Mental Health Services Administration Washington State HCA Michael Langer, Assistant Director DBHR PO Box 45330 Olympia, WA 98504-5330 Michael.langer@hca.wa.gov
	CFDA Number and Name; the pass-through entity entify the dollar amount made available under each award and the CFDA number at time of disbursement;	93.959
(xii)	Identification of whether the award is R&D and	☐ Yes ☒ No
(xiii) the de r costs).	Indirect cost rate for the Federal award (including if minimis rate is charged per §200.414 Indirect (F&A)	5%