

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 7**

CONTRACT #NORTH SOUND BH-ASO-ISLAND 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 Island County Human Services (Provider) dated March 21, 2023, (as amended by North Sound BH-ASO and Provider dated January 1, 2025, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to add/remove/replace definitions and to provide funding for July 1, 2025 – December 31, 2025:

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

- **Add the following new definitions to *Article 1 – Definitions*:**

- “**Certified Peer Specialist Trainee (CPST)**” means a person who meets the certification requirements as set forth in RCW 18.420.060 and is working toward the supervised experience requirements to become a Certified Peer Specialist under chapter 18.420 RCW.

- “**Substance Use Prevention, Treatment, and Recovery Services (SUPTRS)**” means the federal Substance Use Prevention, Treatment, and Recovery Services block grant program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

- **Remove *1.26 Substance Abuse Block Grant (SABG)***, which reads SABG means the Federal Substance Abuse Block Grant Program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

- **Replace *1.5 Certified Counselor***, which reads “Certified Peer Counselor (CPC) means Individuals who: have self-identified as a consumer of behavioral health services; have received specialized training provided/contracted by HCA’s, Division of Behavioral Health and Recovery (DBHR); have passed a written/oral test, which includes both written and oral components of the training; have passed a Washington State background check; have been certified by DBHR; and are a registered Agency Affiliated Counselor with the Department of Health (DOH).” **with the following:**

- Certified Peer Counselor (CPC) means a person who meets certification requirements as set forth in WAC 182-115-0200 to engage in the practice of Peer Support Services until December 31, 2025.

- **Replace *1.8 Culturally Appropriate Care***, which reads “Culturally Appropriate Care means health care services provided with Cultural Humility and an understanding of the patient’s

culture and community, and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences (ACEs).” **with the following:**

“Culturally Appropriate Care” means the practice of being sensitive to a person’s cultural identity or heritage. Health care services are provided with Cultural Humility and an understanding of the patient’s culture and community and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences (ACEs).

- **Replace** *Exhibit D(a)_Provider Deliverables* with *Exhibit D(b)_Provider Deliverables*
- **Replace** *Exhibit E(f) – Island_County_ICN_Budget* with *Exhibit E(g) – Island_County_ICN_Budget*
- **Replace** *Exhibit F(b)_Federal Award Identification* with *Exhibit F(c)_Federal Award 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

**BOARD OF COUNTY COMMISSIONERS
ISLAND COUNTY WASHINGTON**

JanRose Ottaway Martin Date
Executive Director

Jill Johnson Date
Chair



EXHIBIT D(b): PROVIDER DELIVERABLES

PROVIDER: Island County Human Services

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

CONTRACT PERIOD: 01/01/2023 – 12/31/2025

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 [here](#)). 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 deliverables@nsbhaso.org 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) or by emailing deliverables@nsbhaso.org.

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
Timely data entry in the Program Data Acquisition Management and Storage (PDAMS) system	Monthly	15 th of the month following each month of service	Chapter 19; Section 19.7
Opioid Outreach Monthly 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

North Sound Behavioral Health Administrative Services Organization Dedicated Cannabis Account Program Cost Reimbursement Budget Island County Human Services		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
Dedicated Cannabis Account Funding	\$	35,489.00
Total	\$	35,489.00
Expenses		
Dedicated Cannabis Account	\$	35,489.00
Total	\$	35,489.00
Budget Amount	\$	35,489.00
Expenses		-
Balance	\$	35,489.00

North Sound Behavioral Health Administrative Services Organization Jail Services Program Cost Reimbursement Budget Island County Human Services		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
Jail Services Funding	\$	16,018.00
Total	\$	16,018.00
Expenses		
Jail Services	\$	16,018.00
Total	\$	16,018.00
Budget Amount	\$	16,018.00
Expenses		-
Balance	\$	16,018.00

North Sound Behavioral Health Administrative Services Organization Housing Recovery Through Peer Services Cost Reimbursement Budget Island County Human Services		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
HARPS State Funds	\$	8,561.00
Expenses		
HARPS Housing Vouchers	\$	8,561.00
Total	\$	8,561.00
Budget Amount	\$	8,561.00
Expenses		-
Balance	\$	8,561.00

North Sound Behavioral Health Administrative Services Organization Opiate Outreach Cost Reimbursement Budget Island County Human Services		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
SUPTRS Opiate Outreach	\$	150,000.00
Total	\$	150,000.00
Expenses		
Opiate Outreach Services	\$	150,000.00
Total	\$	150,000.00
Budget Amount	\$	150,000.00
Expenses		-
Balance	\$	150,000.00
Substance Use Prevention Treatment and Recovery Support Services (SUPTRS) Formerly Substance Abuse Block Grant (SABG)		

North Sound Behavioral Health Administrative Services Organization Trueblood Program Cost Reimbursement Budget Island County Human Services		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
Trueblood Funding	\$	7,592.65
Total	\$	7,592.65
Expenses		
Trueblood Expenses	\$	7,592.65
Total	\$	7,592.65
Budget Amount	\$	7,592.65
Expenses		-
Balance	\$	7,592.65

North Sound Behavioral Health Administrative Services Organization Co-Responder Cost Reimbursement Budget Island County Human Services		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
MHBG Funds	\$	151,500.00
Total	\$	151,500.00
Expenses		
Co-Responder Expense	\$	151,500.00
Total	\$	151,500.00
Budget Amount	\$	151,500.00
Expenses		-
Balance	\$	151,500.00



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(c) Federal Subaward Identification K8347

1.	Federal Awarding Agency	Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA)
2.	Federal Award Identification Number (FAIN)	B08TI088142
3.	Federal Award Date	02/24/2025
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Contact Information for North Sound BH-ASO Awarding Official	Lisa Hudspeth, Contracts Manager North Sound Behavioral Health Administrative Services Organization lisa_hudspeth@nsbhaso.org 360-416-7013
7.	Subrecipient name (as it appears in SAM.gov)	Island County Human Services
8.	Subrecipient's Unique Entity Identifier (UEI)	HP7FMXW2Y859
9.	Subaward Project Description	Opiate Outreach Services
10.	Primary Place of Performance	98239
11.	Subaward Period of Performance	7/1/2025 – 12/31/2025
12.	Amount of Federal Funds Obligated by this Action	\$150,000
13.	Total Amount of Federal Funds Obligated by North Sound BH-ASO to the Subrecipient, including this Action	\$150,000
14.	Indirect Cost Rate for the Federal Award (including if the de minimis rate is charged)	de minimus (10%)