

**WHATCOM COUNTY CONTRACT  
INFORMATION SHEET**

Whatcom County Contract No.  
201706013-4

Originating Department: 85 Health  
 Division/Program: (i.e. Dept. Division and Program) 8550 Human Services / 855060 Substance Abuse  
 Contract or Grant Administrator: Kathleen Roy  
 Contractor's / Agency Name: Opportunity Council

Is this a New Contract? Yes  No  If not, is this an Amendment or Renewal to an Existing Contract? Yes  No   
 If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 201706013

Does contract require Council Approval? Yes  No  If No, include WCC: \_\_\_\_\_  
 Already approved? Council Approved Date: \_\_\_\_\_ (Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)

Is this a grant agreement? Yes  No  If yes, grantor agency contract number(s): \_\_\_\_\_ CFDA#: 93.959

Is this contract grant funded? Yes  No  If yes, Whatcom County grant contract number(s): 201904004

Is this contract the result of a RFP or Bid process? Yes  No  If yes, RFP and Bid number(s): \_\_\_\_\_ Contract Cost Center: 675500, 124116

Is this agreement excluded from E-Verify? No  Yes  If no, include Attachment D Contractor Declaration form.

If YES, indicate exclusion(s) below:

- Professional services agreement for certified/licensed professional.
- Contract work is for less than \$100,000.
- Contract work is for less than 120 days.
- Interlocal Agreement (between Governments).
- Contract for Commercial off the shelf items (COTS).
- Work related subcontract less than \$25,000.
- Public Works - Local Agency/Federally Funded FHWA.


Contract Amount:(sum of original contract amount and any prior amendments):  
 \$ 275,454  
 This Amendment Amount:  
 \$ 130,027.52  
 Total Amended Amount:  
 \$ 405,481.52

Council approval required for; all property leases, contracts or bid awards **exceeding \$40,000**, and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, **except when**:

1. Exercising an option contained in a contract previously approved by the council.
2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.
3. Bid or award is for supplies.
4. Equipment is included in Exhibit "B" of the Budget Ordinance
5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.

Summary of Scope: This contract provides funding for a substance use disorder professional to engage people with opioid use disorders who are experiencing homelessness and connects them to treatment and other community services.

Term of Contract: 1 Year Expiration Date: 12/31/2020

Contract Routing:	1. Prepared by:	JT	Date:	08/15/2019
	2. Health Budget Approval	KR	Date:	10/09/2019
	3. Attorney signoff:	RB	Date:	10/10/2019
	4. AS Finance reviewed:		Date:	10/28/19
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Submitted to Exec.:		Date:	
	8. Council approved (if necessary):		Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

**WHATCOM COUNTY HEALTH DEPARTMENT CONTRACT AMENDMENT**

**Whatcom County # 201706013**

**PARTIES:**

**Whatcom County  
Whatcom County Courthouse  
311 Grand Avenue  
Bellingham, WA 98225**

**AMENDMENT NUMBER: 4**

**CONTRACT PERIODS:**

**Original: 07/01/2017 – 12/31/2017  
Amendment #1: 01/01/2018 – 12/31/2018  
Amendment #2: 01/01/2018 – 12/31/2018  
Amendment #3: 01/01/2019 – 12/31/2019  
Amendment #4: 01/01/2020 – 12/31/2020**

**AND CONTRACTOR:**

**Opportunity Council  
1111 Cornwall Avenue  
Bellingham, WA 98225**

**THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO**

**DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms of this contract for 1 year, as per the original contract "General Terms, Section 10.2, Extension".
2. Amend the name of the contract from 'Homeless Outreach Team (HOT) Opiate/Substance Use Disorder Outreach' to 'Behavioral Health Outreach' as work now includes behavioral health consultation and direct crisis services to the HOT team and various other programs within the Opportunity Council.
3. Amend Exhibit A – Scope of Work, to include a statement of work for behavioral health consulting services; revised Exhibit A is attached.
4. Amend Exhibit B – Compensation, to add funding for behavioral health consulting services; revised Exhibit B is attached.
5. Funding for this contract period (01/01/2020 – 12/31/2020) is not to exceed \$130,028.
6. Funding for the total contract period (07/01/2017 – 12/31/2020) is not to exceed \$405,482.
7. All other terms and conditions remain unchanged.
8. The effective start date of the amendment is 01/01/2020.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Signature is required below.

APPROVAL AS TO PROGRAM: Anne Deacon 10/22/19  
Anne Deacon, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: Regina A. Delahunt 10/22/19  
Regina A. Delahunt, Health Department Director Date

APPROVAL AS TO FORM: Royce Buckingham 10/23/19  
Royce Buckingham, Civil Deputy Prosecuting Attorney Date

FOR THE CONTRACTOR:  
Greg Winter OCT 14 2019  
EXECUTIVE DIRECTOR Date  
Contractor Signature Print Name and Title

STATE OF WASHINGTON )  
COUNTY OF WHATCOM )

On this 14 day of October, 2019, before me personally appeared Greg Winter, to me known to be the Executive Director and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

Kaitlyn Miller  
NOTARY PUBLIC in and for the State of Washington  
Residing at Bellingham



My Commission expires: 05/31/21

FOR WHATCOM COUNTY:

\_\_\_\_\_  
Jack Louws, County Executive Date

STATE OF WASHINGTON )  
COUNTY OF WHATCOM )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2019, before me personally appeared Jack Louws, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Washington,  
Residing at Bellingham.

My Commission expires: \_\_\_\_\_

**EXHIBIT "A" – Amendment #4**  
(SCOPE OF WORK)

**I. Background**

Whatcom County homeless and housing programs lack specific behavioral health services for participants in their programs. This contract will provide additional resources to the Opportunity Council's Homeless Outreach Team (HOT) and to add consulting, training, and support services to the HOT as well as to the Opportunity Council's (OC) housing programs.

Homeless Outreach Team opiate/substance use disorder services will improve access to SUD services and other services in Whatcom County for homeless individuals who use illicit opiates. Consulting services will improve behavioral health knowledge and skills of HOT and other OC programs.

The long term goal of these behavioral health services is to reduce negative impacts on the health of the individual and the community as a whole.

**II. Definitions**

**North Sound Behavioral Health Administrative Services Office (BH-ASO)**- This is the local entity which has contractual and programmatic oversight of the crisis services system in the North Sound Region. In addition, the BH-ASO has been assigned other responsibilities such as dissemination of the Substance Abuse Block Grant (SABG) which fund part of this contract.

**Housing and Recovery through Peer Services (HARPS)** – A program which provides a combination of services with the goal of securing permanent supportive housing for people with SUD/mental illness. The program is intended primarily for people coming out of inpatient psychiatric care or SUD facilities.

**Homeless Outreach Team (HOT) Substance Use Disorder Services** – Services described under this contract whereby a professional skilled in substance use disorder engagement and treatment placement is embedded on the Homeless Outreach Team (HOT).

**Medication Assisted Treatment (MAT)** – Psychosocial treatment which includes prescription medications which have been shown by research to be effective in helping treat the symptoms of addiction or withdrawal from drugs or alcohol.

**Motivational Interviewing (MI)** – A set of techniques or skills for working with individuals which can be used in many practice settings. Professionals using these skills to engage a participant's (or client) intrinsic motivation towards self-defined goals, and then helps facilitate action towards those goals by exploring and resolving ambivalence.

**Opiate Use Disorder (OUD)**—A disorder defined by the *Diagnosics and Statistics Manual 5 (DSM5)*, in which a person has symptoms of problematic opiate use from a morphine-like substance or derivative , such as heroin, oxycodone, oxymorphone, etc. Many opiates are available as prescription pill medications for treatment of medical conditions, including pain, but are used to sustain opiate addiction.

**Substance Abuse Block Grant (SABG)**—A federal grant program, endowed with specific requirements which is passed through states to BH-ASOs for the provision of substance use disorder services.

**Substance Use Disorder (SUD)**—A term defined by the DSM5 which describes symptoms of problematic use of a psychoactive substance along a continuum from mild to severe. When SUD is used with OUD in this document the acronym will be called O/SUD.

**Substance Use Disorder Professional or Trainee (SUDP or SUDPT)**—This is the acronym for State licensure as a Substance Use Disorder Professional or Trainee.

**III. Statement of Work**

The Contractor will hire a behavioral health (BH) consultant, an independently licensed clinician, to act as a consultant to HOT and to the OC's housing units, such as 22 North, Dorothy Place and the OC's scattered site housing. The consultant will provide 4 hours of a combination of direct service and consulting work each week. The Consultant may provide training and consultation to OC staff, as well as mental health support services to housing participants.

In addition, the Contractor will provide one Full Time Equivalency (1 FTE) professional (herein referred to as "Professional") to act as a member on the Homeless Outreach Team (HOT). The Professional will ensure O/SUD technical knowledge and skills are brought to the Team. The Professional will accept referrals from 1<sup>st</sup> responders, team staff, and key referents via the current HOT referral system.

The Professional under this contract will conduct outreach with HOT Staff to:

1. Homeless encampments, the street, parks,
2. Syringe Services Program at the Whatcom County Health Department
3. Other places not intended for habitation, and
4. Places where people who are homeless frequent

HOT staff (herein referred to as the Professional) will engage individuals who experience homelessness and who have O/SUD, using motivational interviewing techniques. The Professional will act as the care coordinator for individuals who are ready to engage in treatment, while providing specific support services to people with O/SUD who require a lengthier engagement process.

While the primary focus of this contract is outreach to people experiencing homelessness who use illicit opiates, any person with a possible SUD may be served. Outreach services are intended to promote the following goals for people who are homeless:

1. Ensure the health and safety of injecting drug users,
2. Facilitate access to assessment and SUD treatment, including Medication Assisted Treatment (MAT), when possible
3. Facilitate access to housing and support services,

The Professional's duties under this contract will consist of the following services:

1. Use motivational interviewing skills to engage participants in working towards self-defined goals related to healthier living.
2. Conduct screening of O/SUD for individuals who are homeless.
3. Provide care coordination and case management services to assist with accessing SUD assessment through detox or outpatient providers.
4. Engage individuals through the Health Department's Syringe Services Program, during hours of operation at the clinic.
5. Provide warm hand-offs to MAT/SUD treatment, mental health treatment, medical and other services as necessary.
6. Conduct screening intakes and vulnerability assessments (VI-SPDAT) for the housing interest pool need.
7. Refer and engage individuals in specialized support services (e.g. applications for Medicaid, intensive case management programs, etc.).
8. Facilitate access to identified services such as housing, transportation, and clothing.

9. Coordinate care for individuals requiring housing upon completion of treatment who are eligible for HARPS program funds.
10. Coordinate services with existing outreach programs such as through detox and the jail.
11. Attend meetings to coordinate care whenever necessary.

#### **IV. Program Requirements & Restrictions**

The Contractor shall provide one full time (FTE) clinician who has a Bachelor's degree or higher education in a human services field, Master's preferred. The Professional should have experience working with people with substance use disorders. The Professional shall have experience with coordinating and working within the SUD treatment service system. In addition, the Professional should have ample experience with using MI skills. Specific requirements may be waived with approval from the Contract Administrator.

This contract includes additional training funding to ensure that the Professional and her/his supervisor have access to SUD specific programming and training, to include working towards the requirements of becoming an SUDP.

SABG Funds cannot be used for the following:

1. Services and programs that are covered under the capitation rate for Medicaid-covered services to Medicaid enrollees.
2. Inpatient mental health services.
3. Mental health services.
4. Construction and/or renovation.
5. Capital assets or the accumulation of operating reserve accounts.
6. Equipment costs over \$5,000.
7. Cash payments to Individuals.
8. Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.
9. Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
10. Provide financial assistance to any entity other than a public or nonprofit private entity.
11. Make payments to intended recipients of health services.
12. Provide Individuals with hypodermic needles or syringes.
13. Provide treatment services in penal or correctional institutions of the State.

#### **V. Reporting Requirements**

The Contractor is expected to achieve the following minimum performance targets under this contract:

1. Provide 130 outreach hours per month
2. Provide services to 40 individuals per month
3. Provide services to all eligible pregnant women

The County will provide a Monthly Report Form within 15 days of the contract startup. The Contractor will submit the report by the 15<sup>th</sup> day of the each month to include the following numbers of:

1. Outreach hours provided
2. Opiate-involved individuals served

3. The number of people served by category in the following areas:
  - a. People with SUD (non-opiate) served
  - b. Pregnant women
  - c. People who completed an SUD assessment
  - d. People who initiated MAT services
  - e. People who initiated traditional SUD (non-MAT) services
  - f. People with non-treatment identified needs who were provided access to services (e.g. syringe exchange, medical, food, clothing, etc.).
  - g. People who received HARPS and other housing intervention services

The Contractor will submit a mock file and spreadsheets used for tracking field contacts within 30 days of the start date of this contract.

**EXHIBIT "B" – Amendment #4**  
(COMPENSATION)

**I. Budget and Source of Funding:** The source of funding for this 2020 contract period, in an amount not to exceed \$130,027.52, is the North Sound Behavioral Health Administrative Services Organization Substance Abuse Block Grant, CFDA # 93.959 and the Behavioral Health Program Fund.

**II. Budget, Rates, and/or Allowable Costs for 2020 calendar year**

Cost Description	Documents Required Each Invoice	Budget
Personnel – 1 FTE Outreach Worker (SUD)	Expanded GL report for the period	\$53,105
Direct Supervision (.2FTE)	Expanded GL report for the period	\$8,200
Benefits (50%)*	Expanded GL report for the period	\$30,653
Consultant (\$71.00/hour)	Expanded GL Report for the period	\$12,000
Travel/Training	<p>a. Ground transportation, coach airfare, and ferries will be reimbursed at cost when accompanied by receipts. Reimbursement requests for allowable travel must include name of staff member, dates of travel, starting point and destination, and a brief description of purpose.</p> <p>Receipts for registration fees or other documentation of professional training expenses, including requirements related to SUDP licensing. Lodging and meal costs for training are not to exceed the U.S. General Services Administration Domestic Per Diem Rates (<a href="http://www.gsa.gov">www.gsa.gov</a>), specific to location. Receipts for meals are not required.</p>	\$7,393
Direct Program Space Costs	GL Detail	\$3,323
Communications	GL Detail	\$600
Other Costs/Supplies	GL Detail	\$522
Flex Funds	Flex Fund spreadsheet plus copies of receipts	\$300
	Subtotal	\$116,096
Indirect Costs*	12%	13,931.52
	<b>TOTAL</b>	<b>\$130,027.52</b>

\*The Contractor may transfer funds between budget line items in an amount up to 10% of the total budget. In no instance shall the indirect cost exceed the limits established above. In no instance will the benefits rate exceed the current federally approved benefits rate.

**III. Invoicing**

- The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. The Contractor shall submit invoices to (*include contract/PO #*) [HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us) Monthly/quarterly invoices must be submitted by the 15<sup>th</sup> of the month following the month of service. Invoices submitted for payment must include the items identified in the table above.
- Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.

3. Invoices must include the following statement, with an authorized signature and date:

**I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.**

- Duplication of Billed Costs or Payments for Service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by



any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract

**5. Federal Funds Requirements –**

Grantees expending \$750,000 or more in a fiscal year (that begins after December 26, 2014) in federal funds from all sources, direct and indirect, are required to have an audit conducted in accordance with 2 CFR Part 200. For fiscal years beginning prior to December 26, 2014, Grantees are required to have an audit conducted in accordance with Federal audit requirements. When state funds are also to be paid under this Agreement a Schedule of State Financial Assistance as well as the required schedule of Federal Expenditure must also be included. Both schedules include:

Grantor agency name

Federal agency

Federal program name

Other identifying contract numbers

Catalog of Federal Domestic Assistance (CFDA) number (if applicable)

Grantor contract number

Total award amount including amendments (total grant award)

Current year expenditures

If the Grantee is a state or local government entity, the Office of the State Auditor shall conduct the audit. Audits of non-profit organizations are to be conducted by a certified public accountant selected by the Grantee in accordance with 2 CFR Part 200.

The Grantee shall include the above audit requirements in any SUBGRANTS/subcontracts. In any case, the Grantee's financial records must be available for review by North Sound Behavioral Health Organization.