

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855020 Mental Health
Contract or Grant Administrator:	Joe Fuller
Contractor's / Agency Name:	Meridian School District

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	

Does contract require Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	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?	If yes, grantor agency contract number(s):	ALN#
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

Is this contract grant funded?	If yes, Whatcom County grant contract number(s):
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Is this contract the result of a RFP or Bid process?	Contract Cost Center:
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, RFP and Bid number(s):	124113

Is this agreement excluded from E-Verify?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
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If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Goods and services provided due to an emergency.
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.

Contract Amount:(sum of original contract amount and any prior amendments):	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.
\$ 118,800	
This Amendment Amount:	
\$	
Total Amended Amount:	

Summary of Scope: This agreement supports behavioral health services within the Meridian School District.

Term of Contract:	1 Year	Expiration Date:	08/31/2025
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Contract Routing:	1. Prepared by:	JT	Date:	03/08/2024
	2. Health Budget Approval	JS	Date:	03/20/2024
	3. Attorney signoff:	RB	Date:	03/20/2024
	4. AS Finance reviewed:	A Martin	Date:	4/25/24
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Executive Contract Review:		Date:	
	8. Council approved (if necessary):	AB2024-300	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

INTERLOCAL COOPERATIVE AGREEMENT BETWEEN
WHATCOM COUNTY
AND
MERIDIAN SCHOOL DISTRICT

THIS AGREEMENT is made and entered into by and between Whatcom County ("County") and Meridian School District (District), both public entities organized pursuant to the provisions of chapters 70.05 and 70.45 RCW in the State of Washington pursuant to the authority granted by Chapter 39.34 RCW, INTERLOCAL COOPERATION ACT.

1. **PURPOSE:** This agreement funds the provision of behavioral health services within the District for students who are challenged with mental health and substance use problems, as more fully and definitively described in Exhibit A hereto.
2. **TERM OF AGREEMENT:** This Agreement shall be in effect from September 1, 2024 through August 31, 2025.
3. **EXTENSION:** The duration, consideration and other terms and conditions of this Agreement may be extended after the initial term of this Agreement by mutual written consent of the parties.
4. **STATEMENT OF WORK:** See attached Exhibit A, incorporated herein by this reference.
5. **FUNDS PROVIDED AND METHOD OF PAYMENT:** See attached Exhibit B, incorporated herein by this reference.
6. **ADMINISTRATION:** The following individuals are designated as representatives of the respective parties. The representatives shall be responsible for the administration of this agreement and for coordinating and monitoring performance under this agreement. In the event such representatives are changed, the party making the change shall notify the other party:

The County's representative shall be:

Joe Fuller, Program Specialist
Whatcom County Health and Community Services
509 Girard Street
Bellingham, WA 98225
JFuller@cowhatcom.wa.us

The District's representative shall be:

Kurt Harvill, Assistant Superintendent
Meridian School District
214 W Laurel Road
Bellingham, WA 98226
kharvill@meridian.wednet.edu

7. **ACCOUNTING AND AUDIT:** The District agrees to keep records of all financial matters pertaining to this Agreement in accordance with generally accepted accounting principles and to retain the same for a period of three years after the termination of this Agreement. The financial records shall be made available to representatives of the County or any other governmental jurisdiction for audit, at such reasonable time and places as the County shall designate.
8. **ASSIGNMENT AND SUBCONTRACTING:** The performance of all activities contemplated by this agreement shall be accomplished by the District. No portion of this agreement may be assigned or subcontracted to any other individual, firm or entity without the express and prior written approval of the County.
9. **COMPLIANCE WITH LAWS:** The District shall comply with all applicable laws, ordinance, and codes of the local, State and Federal governments. County shall submit any and all information the District requires to demonstrate such compliance with such laws, ordinances and codes within two weeks of the County's request for such information. The District covenants that its employees have no interest and will not acquire interest, direct or indirect, or any other interest which would conflict in any manner or degree with the performance of services

hereunder. The District further covenants that in the performance of this Agreement, no person having such interest will be employed.

10. TREATMENT OF ASSETS AND PROPERTY: No fixed assets or personal or real property will be jointly or cooperatively acquired, held, used, or disposed of pursuant to this agreement.
11. INDEMNIFICATION AND INSURANCE: Each party agrees to be responsible and assume liability for its wrongful and/or negligent acts or omissions or those of their officials, officers, agents, or employees to the fullest extent required by law and further agree to save, indemnify, defend, and hold the other party harmless from any such liability. It is further provided that no liability shall attach to the County or the District by reason of entering into this agreement as expressly provided herein.

The District will obtain and maintain in force adequate insurance and/or self-insurance with coverage limits sufficient to cover potential liability arising within the Scope of Work.

Recipient specifically and expressly waives any immunity that may be granted under the Washington Industrial Insurance Act, Title 51 RCW. Further, the indemnification obligation under this Agreement shall not be limited in any way by any limitation on benefits payable to or for any third party under the workers' compensation acts.

12. TERMINATION: Any party hereto may terminate this agreement upon (30) days notice in writing either personally delivered or mailed to the party's last known address for the purposes of giving notice under this paragraph. If this agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.
13. CHANGES, MODIFICATIONS, AMENDMENTS, OR WAIVERS: The agreement may be changed, modified, amended, or waived only by written agreement executed by the District and the County Executive (or designee). Waiver or breach of any term or condition of this agreement shall not be considered a waiver of any prior or subsequent breach.
14. NONDISCRIMINATION IN SERVICES. The District shall not, on the grounds of race, color, sex, religion, national origin, creed, marital status, age, sexual orientation, gender identity, or disability, unlawfully deny a qualified individual any facilities, financial aid, services, or other benefits provided under this Agreement or otherwise deny or condition services in a manner that violates any applicable laws against discrimination. If assignment or subcontracting has been authorized, said assignment or subcontract shall include appropriate safeguards against discrimination in client services binding upon each contractor or subcontractor. The County shall take such action as may be required to ensure full compliance with the provisions of this clause, including sanctions for noncompliance.
15. SEVERABILITY: In the event of any term or condition of this agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications of this agreement which can be given effect without the invalid term, condition or application. To this end, the terms and conditions of this agreement are declared severable.
16. ENTIRE AGREEMENT: This agreement contains all the terms and conditions agreed upon by the parties. All items incorporated herein by reference are attached. No other understandings, oral or otherwise, regarding the subject matter of this agreement shall be deemed to exist or to bind any of the parties hereto.
17. VENUE STIPULATION: This Agreement has been and shall be considered as having been made and delivered within the State of Washington and shall be governed by the laws of the State of Washington both as to interpretation and performance. Any action in law or equity, or judicial proceeding for the enforcement of this Agreement or any of the provisions contained herein, shall be instituted and maintained only in Skagit County Superior Court, Washington.
18. STATUS OF DISTRICT: Neither District nor personnel employed by the District shall acquire any rights or status in the County's employment, nor shall they be deemed employees or agents of the County for any purpose other

EXHIBIT A STATEMENT OF WORK

I. Background and Purpose

The services provided under this agreement will enable youth and their families to receive behavioral health services that they may not otherwise have access to, especially in the County's most rural areas. School Districts are often tasked with providing effective educational programs to students who are unable to utilize them successfully due to compromising behavioral health concerns. According to the Healthy Youth Survey 2023 results, 62% of 10th grade students in Whatcom County reported feeling nervous, anxious, or on edge over the last two weeks, and nearly 30% reported depressive feelings during the past year. In a 2023 Adult Community Survey, 93% of adults felt that youth depression was a 'moderate to serious problem.' 83% of adults were concerned with e-cigarette and vape use, and 3 in 4 adults were also concerned with alcohol use, cannabis use, and prescription drug misuse.

Whatcom County acknowledges that schools are experts in delivering educational services, yet have become the default for behavioral health problems that require intervention. Whatcom County enacted a local increase of 1/10th of 1% in sales tax revenue for the express purpose of developing new or enhanced behavioral health programs and services. In order to respond to the pressing needs of these students, a portion of the sales tax revenue has been designated to provide behavioral health expertise and support to schools. School districts have been successful in providing access to critical services, as shown in the Countywide School Services Report (Exhibit C).

The goal of these services is to reduce risk for substance use and poor mental health for youth and their families and to promote increased successes in their academic endeavors. Anticipated outcomes include improved academic performance, decreased discipline problems, decreased truancy, and decreased suspensions among the students served by this program, while demonstrating better mental health and less substance use. Cost-benefit estimates also show that effective school-based programs can save \$18 for every \$1 spent on these programs.

II. Statement of Work

The District will:

- a. Provide behavioral health services to at least 200 students (ages 3-21 years) and their families, as appropriate, within each school year contract period. Those served will be students in the District who have been identified to have or to be at risk of developing mental health and/or substance use issues. The Alcohol and Drug Intervention Specialist will identify appropriate students to support with education, prevention or intervention efforts. Services may include youth receiving other behavioral support services, as well as students not identified yet.
- b. Provide services to students who are demonstrating "behaviors of concern" such as declining grades, discipline problems, truancy and absenteeism problems, substance use, or related issues. Individuals can be referred by themselves, other students, school personnel, or family members.
- c. Link students to appropriate in-school or community-based services and activities based on identified needs of the individual.
- d. Refer identified students to appropriate behavioral health treatment programs and additional support services, as appropriate.
- e. Ensure consultation and coordination efforts comply with all state and federal laws regulating confidentiality and client record keeping.
- f. Provide consultation and/or technical assistance to school district staff regarding youth with mental health or substance use issues.

- g. Provide outreach to high need families and connect them to appropriate community services, on a case by case basis.
- h. Family resource coordination will focus on substance use and mental health issues.
- i. Mental health subcontracted services will be provided on-site, serving youth ages 3-21.
- j. Ensure all services are delivered by a qualified professional.
- k. Participate in one provider meeting during each school year contract period, if arranged and convened by Whatcom County Health and Community Services (WCHCS).
- l. Participate in County evaluation efforts, including evaluation planning, data collection and reporting.
- m. Provide WCHCS with required behavioral health data from the Healthy Youth Survey (HYS) to determine the need for training and programming and to assist with ongoing planning and evaluation efforts of the school-based services funded by the Behavioral Health Program Fund. Any and all public release of obtained HYS data will be done in explicit collaboration with the District.

III. Reporting

- a. Reports will be submitted according to the following timetable:

Form #	Title	Service Period	Due Date
1	Service Tracking Sheet	a. Start of school through December b. Start of school through end of school (add January-June services to existing form)	a. January 31 st b. June 30 th
2	Narrative Report	a. Start of school through December b. January through end of school	a. January 31 st b. June 30 th
3	School Records Report	Start of school through end of school	June 30 th

- b. The County will provide all required report forms. Reports will include the following information, in addition to any other outcome/output measures that are developed through County evaluation efforts.
 - 1. Number of students who received services offered through the District.
 - 2. Number of students referred to behavioral health services (assessment and/or treatment).
 - 3. Number of students referred to other community services.
 - 4. Impact of services on anticipated outcomes, including school success and behavioral health measures.
 - 5. Narrative description of successes, challenges and barriers during service delivery, as well as next steps for ongoing implementation.
- c. Any changes related to reporting requirements including timeline, forms or measures will be communicated by the County.

**EXHIBIT B
COMPENSATION**

I. **Budget and Source of Funding:** The source of funding for this agreement, in a total amount not to exceed \$118,800, is the Behavioral Health Program Fund. The budget for this agreement is as follows:

Item	Documents Required with Each Invoice Refer to Exhibit B.1 for additional requirements	*Budget
Family Intervention and Mental Health Support Specialist (salaries and benefits)	<ul style="list-style-type: none"> • GL Detail • See Exhibit B.1(6) for additional requirements 	\$49,500
Behavioral Health Counselor – Social/Emotional (salaries and benefits)		\$30,800
Alcohol and Drug Intervention Specialist (salaries and benefits)		\$37,950
Program supplies		\$550
TOTAL		\$118,800

* The Contractor may not exceed 40% of the total allocation during the first four months of services (September through December) without prior written approval from the County's representative.

Contractor's Invoicing Contact Information:	
Name	
Phone	
Email	

Refer to Exhibits B.1 and B.2 for additional invoicing requirements.

EXHIBIT "B.1"
Invoicing – General Requirements

1. When applicable, the contractor may transfer funds among budget line items. Line item changes that exceed 10% of the total budget must be pre-approved by the County Contract Administrator, prior to invoicing.
2. When applicable, indirect costs may not exceed the amount indicated in Exhibit B or the Contractor's federally approved indirect cost rate.
3. The Contractor shall submit invoices indicating the County-assigned contract number to HL-BusinessOffice@co.whatcom.wa.us and JFuller@co.whatcom.wa.us
4. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County and by the 15th of the month, following the month of service, except for January where the same is due by the 10th of the month.
5. When applicable, the Contractor will utilize grant funding sources in the order of their expiration date as indicated by the County, prior to spending local funding sources, when no funding restrictions prevent doing so.
6. The contractor shall submit the required invoice documentation identified in Exhibit B.
 - a. The County reserves the right to request additional documentation in order to determine eligible costs. Additional documentation must be received within 10 business days of the County's request.
 - b. When applicable, if GL reports for personnel reimbursement do not specify position titles, additional documentation must be provided that includes staff name and position title.
 - c. When applicable, for subcontracted services, copies of paid invoices that include dates, number of hours and rate are required.
 - d. When applicable, mileage will be reimbursed at the current GSA rate (www.gsa.gov). Reimbursement requests for mileage must include:
 1. Name of staff member
 2. Date of travel
 3. Starting address (including zip code) and ending address (including zip code)
 4. Number of miles traveled
 - e. When applicable, travel and/or training expenses will be reimbursed as follows:
 1. Lodging and meal costs for training are not to exceed the current GSA rate (www.gsa.gov), specific to location.
 2. Ground transportation, coach airfare and ferries will be reimbursed at cost when accompanied by receipts.
 3. Reimbursement requests for allowable travel and/or training must include:
 - a. Name of staff member
 - b. Dates of travel
 - c. Starting point and destination
 - d. Brief description of purpose
 - e. Receipts for registration fees or other documentation of professional training expenses.
 - f. Receipts for meals are not required.
7. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Contractor. The County may withhold payment of an invoice if the Contractor submits it or the required invoice documentation, more than 30 days after the month of services performed and/or the expiration of this contract.
8. 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.**
9. 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.

EXHIBIT "B.2"
Invoice Preparation Checklist For Vendors

The County intends to pay you promptly. Below is a checklist to ensure your payment will be processed quickly. Provide this to the best person in your company for ensuring invoice quality control.

- Send the invoices to the correct address:
HL-BusinessOffice@co.whatcom.wa.us and JFuller@co.whatcom.wa.us
- Submit invoices monthly, or as otherwise indicated in your contract.

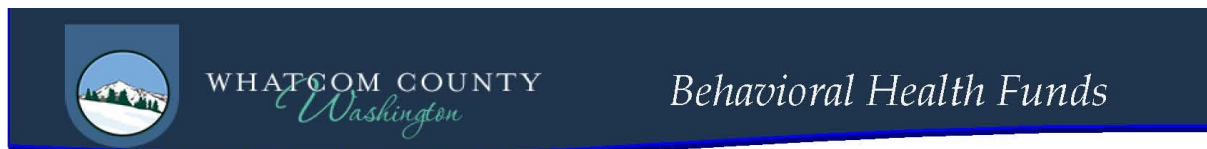
Verify that:

- the time period for services performed is clearly stated and within the contract term beginning and end dates. Also verify any other dates identified in the contract, such as annual funding allocations;
- invoice items have not been previously billed or paid, given the time period for which services were performed;
- enough money remains on the contract and any amendments to pay the invoice;
- the invoice is organized by task and budget line item as shown in Exhibit B;
- the Overhead or Indirect Rate costs match the most current approved rate sheet;
- the direct charges on the invoice are allowable by contract. Eliminate unallowable costs.
- personnel named are explicitly allowed for within the contract and the Labor Rates match the most current approved rate sheet;
- back-up documentation matches what is required as stated in Exhibit B and B.1;
- contract number is referenced on the invoice;
- any pre-authorizations or relevant communication with the County Contract Administrator is included; and
- Check the math.

Whatcom County will not reimburse for:

- Alcohol or tobacco products;
- Traveling Business or First Class; or
- Indirect expenses exceeding 10% except as approved in an indirect or overhead rate agreement.

EXHIBIT "C"
(Countywide School Services Report)



School Services Report September 2022—June 2023

Current Status

All seven school districts in Whatcom County provided behavioral health services during the 2022/2023 school year using local Behavioral Health Funds. These contracts made it possible to deliver needed services in all areas of the county, especially in areas where no services previously existed. In fact, 57% of individuals served (792 out of 1,400) were reached outside of Bellingham, helping to improve access to services throughout the county.

Compassionate Communities

Services delivered through these contracts support the resolution passed by the Whatcom County Health Board in October, 2013 to “ensure that ‘compassionate approaches’ are built into all public health related services and contracts including human services programs.”

Results

Services delivered through the Behavioral Health Fund are designed to impact substance abuse and mental health. Reducing risk in these areas also impacts other ‘life-indicators,’ such as improving school performance and social functioning.

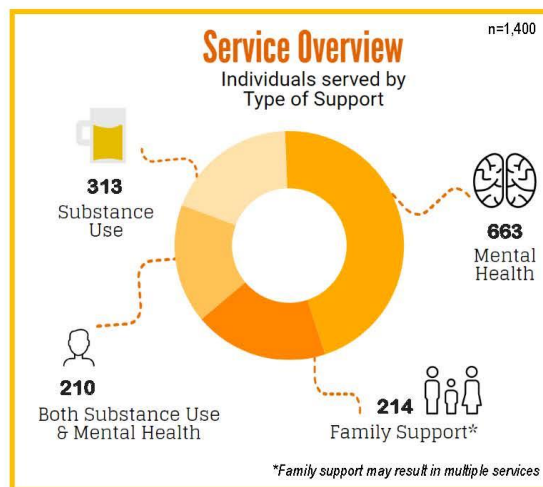
Figures in this report reflect services that were provided to individuals, small groups, families, and the larger community. These services demonstrate:

- Cost Savings to the community
- Improved behavioral health outcomes
- Leveraged resources

Cost-benefit estimates show that effective school-based programs can save \$18 for every \$1 spent on these programs. See page 5 for more information on prevention science that drives these services.

The Power of Positive Relationships
from a rural school district

By far, one of the best parts of my role is getting to walk alongside students and families over the course of several years. I have been serving one student, now a 5th grader since he was in kindergarten. When I first met this student and his family, they had recently been through a significant trauma that deeply impacted their capacity to trust others. In addition to what they endured, their young kindergartener also had severe symptoms of undiagnosed ADHD that made it incredibly difficult for him to participate in his learning or to form relationships. Being a consistent partner with this family at all school meetings over the course of their son's education has



Service Reach & Intensity

- 9,687 Community members reached through community events and training
- 1,400 Cases were supported through individual or group services
- 1,333 Youth reached through individual or group services
- 243 Parents were recipients in services
- 11,351 total professional contacts were provided to youth during the year
- An average of 8 contacts were made for each youth during the year

allowed me to both earn their trust and has also allowed them to build a better relationship with the school. As we went at their pace and with their support, their child went from reduced days at school with 1:1 adult support to now being nearly fully integrated in the general education setting with his peers. I have seen this young person grow in his awareness of his disability, take ownership over his actions, and demonstrate leadership qualities. He celebrated moving onto 6th grade with his class last week and it was a highlight of my career. The way we approached his program and interventions has and will continue to be a model for how we support a student's development of secure attachment, self-regulation, and pro-social skills.



Success At School

Interventions can take time to produce positive behavior change, but many youth have already experienced benefits at school. School records and staff reports show progress made among students that received services during the school year.

WHY DO THESE SERVICES MATTER?

In a class of 30 students in grade 10 in Whatcom County:

- 21** are dealing with anxiety
- 12** are dealing with depression
- 6** have contemplated suicide
- 5** have made a suicide plan
- 2** have attempted suicide

Source: Healthy Youth Survey 2021

IMPROVEMENTS

Many students showed positive improvements in grades, attendance, and discipline.

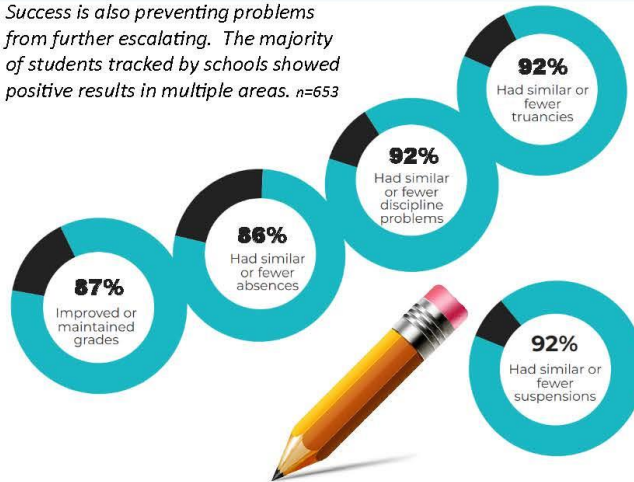
Improved Academics
290 youth

Improved Discipline
276 youth

Improved Attendance
210 youth

SUCCESS IN MAINTAINING

Success is also preventing problems from further escalating. The majority of students tracked by schools showed positive results in multiple areas. *n=653*



Impacts in Mt. Baker

Another elementary student that has made significant positive changes this year is a 5th grader that I have worked with for the past two years. This student was referred to me with very prevalent symptoms of anxiety and depression. This student had Post Traumatic Stress Syndrome after having been exposed to domestic violence and abuse. This student's father was incarcerated during this time and the student was dealing with major changes in their overall security and stability. The student was totally shut down and was not engaging in any school activities. They would wear their hair completely covering their eyes, hood up and sit in a corner outside the classroom. The student had significantly restricted their food intake, was self harming and experiencing suicidal ideation. This year this student has made major, positive changes in their life. They are now actively engaged in their academic activities and have in fact become quite a talented author and artist. They wear their hair off their face, hood down, make eye contact and engage in conversation. Several friendships have been formed and this student has joined a soccer team where their confidence soared. The symptoms of self harm and suicidal ideation are no longer present and the student is able to engage in safe and effective coping strategies when experiencing anxiety or distress. The mental health support that I initially provided was frequent, and as the student made improvements we were able to meet once or twice a month.

Frequency of Services

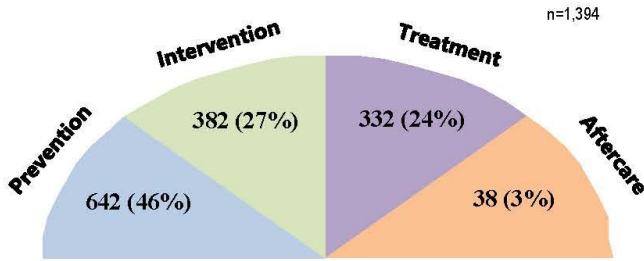
Services are tailored to meet individual needs. While some youth may require just one or a few contacts to meet their needs, some may require more intensive services. **One in three youth** served had more than 10 contacts with school or community professionals. Some youth needed as many as 65 contacts during the year.

Provider Contacts	Individuals Served	% of served
1-10	952	68%
11-19	249	18%
20+	199	14%

n=1,400



Individuals Served by Primary Area of Service



NEED FOR BEHAVIORAL HEALTH TREATMENT

Schools deliver services based on the Prevention, Intervention, Treatment, and Aftercare (PITA) continuum of care. Some youth are involved in preventive efforts, some may only need time-limited interventions, but others may need more intensive services, such as substance use disorder or mental health treatment services.

REFERRALS TO TREATMENT

- 509 Mental Health
- 86 Substance Use Disorder
- 29 Both (MH & SUD)

CONNECTED TO TREATMENT

- 477 Mental Health
- 17 Substance Use Disorder
- 15 Both (MH & SUD)

Engagement in treatment may be unknown due to confidentiality

Engaging Youth in Treatment

From the field

"I want to highlight that despite the limited access to treatment we had quite a few students successfully engage and complete substance use and mental health residential programs this year. We had multiple suicide attempts that ended up leading to long term residential treatment and all those students are currently stable and they were able to complete their school year. There were a handful of students who were struggling with addiction to harder drugs which lead to them attending residential treatment out of state where they completed treatment and continue to engage in outpatient services to support their sobriety."

"I started working with a student who had gone to inpatient treatment during the summer. Student is a 9th grader and during middle school, he said he started using cannabis and alcohol. Student successfully completed 90 days of co-occurring treatment but once school started, he soon noticed he was having strong cravings. Student relapsed and was referred to me. We started work on identifying some of the warning signs that lead to the relapse; he recognized that he needed to engage in outpatient treatment. He advocated for himself and now is attending outpatient treatment. We are now meeting once a week, working on relapse prevention, he started playing a sport, meeting with his mental health therapist, attending Smart recovery meetings online and his school grades got better."



FROM THE STUDENTS...

Students in Fermdale shared how their involvement in group activities has helped them.

"Being in group with Mr. Saunders really gave me something to look forward to and gave me access to people going through similar things, which really made a safe space to talk about things I know we're all going through. It also just made me feel less alone in my addictions because he and group members know what I'm going through."

"Mr. Saunders' group makes my day better, even knowing that we have the group excites me. Mr. Saunders is a very understanding person and has helped me a lot with cutting off my drug use and I thank him a lot. When being in this group it feels like a very safe and comfortable place to be."

"I've learned different ways to cope. I ended up quitting drugs and alcohol because of Mr. Saunders' group. I can trust people in group and relate to more people. It's a safe space to talk. Doesn't feel like I'd be in trouble if I made a mistake. Made new friends and fixed broken bonds."

"This group has taught me how dangerous drugs are and how they affect everyone. I've learned that drugs are not healthy or something to be used to cope with. This group has helped me to cut back on quite a few things that don't help me. I haven't touched alcohol for a while because of this group. Every time I would consider doing something I could hear Mr. Saunders telling us about how it could effect us, and harm us."

"I learned about how I can't change myself if there's still a part of me that doesn't want to quit. It also falls into the line of learning about how no matter how much I want to, I can't control my dad's alcoholism and I can't force him to love me if he doesn't want to be the parent and change. Overall, working with the group has changed my emotions and point of view on drug use. Mr. Saunders has led me to be 8 months clean off of pills and hallucinogens."

From Bellingham...

"thank you for supporting me and not pushing me away when I didn't want to get clean... you are the only adult in my life who saw the real danger that I was in... thank you for believing in me even when I didn't believe in myself."

Relationships, Routines, & Resilience



Prior to the 2021 flooding in Whatcom County, I was asked to observe in the Head Start Preschool at Sumas Elementary School. On a blustery fall day, I met one of the spunkiest and most determined little girls I had ever encountered. In her early years, this young person was exposed to unknown degrees of trauma which had impacted her developing brain and nervous system. In addition, she also had other complications with her vision. Like many members of the Sumas community, following the flood her family relocated, further complicating her life. When she returned to us for kindergarten, it was apparent that the impacts of her early childhood trauma, her delays in self-regulation, her over-reactive nervous system, and the many moves between family homes were taking a toll. As an intervention team, we partnered with her family to support her getting an IEP (individualized education plan). We were able to create a program for her in which she had higher levels of support to deepen her sense of trust and attachment. We worked together each week utilizing play therapy to practice relationships, routines, and resilience – all keys to supporting youth with a reactive attachment. As the year has gone on, she has been able to successfully participate in some general education lessons. At our end of the year field day, she was exuberantly participating in a group game, following directions, interacting with peers, and tolerating frustration! Her joy is contagious, and I am excited to see her continue to grow.

-Nooksack School District

Family Engagement

Schools have been actively working to engage families in supporting students. **601 families** have been involved in supporting youth through school and community-based services.

Family engaged in Community services	100
Family engaged in School services	239
Family engaged in Both	262

Benefits of Tiered Supports

As a district, a primary success story is the infrastructure of Tier I, II, and III supports offered to all students, known as Trauma-Informed Multi-Tiered Systems of Support (T-MTSS). That is, all students or staff complete a social/emotional screener three times a year to gauge levels of social/emotional needs by students. We have Tier I curricula that teachers implement with students at all grade levels (Tier 1), and provide small-group or school counselor led supports for those who have additional social/emotional needs. For students identified to need mental health counseling (Tier III), they are scheduled with either a mental health support specialist (i.e., the 1.4 FTE of support that Whatcom County's 1/10 of one percent tax helps fund), or are connected to outside agencies that provide us a mental health counselor on campus at our schools. The system is successful in each school due to administrators, teachers and support staff prioritizing the social/emotional needs of students. That being said, challenges to the system include finding time to implement Tier I curriculum during the school day, and providing consistent Tier III services when there is a dearth of mental health specialists to fill needed positions, both in Mount Baker and in our local clinics.

-Mt. Baker School District

Impact of Opioids

I had a handful of meetings, last school year and this school year, with one student after he had disciplinary actions. His teachers and principals were concerned about his low attendance and appearance so, they asked me to connect with him. We started meeting an average of once a week and after a couple of meetings he disclosed that he had been using fentanyl pills "for like a couple of months, but my mom caught me and now I'm off now..." student shared that he had been staying abstinent but continued to have strong cravings. After learning this and with student's ok, I started communicating with his mom and recommended her to take him to his primary care provider. Student was recommended by his doctor to start MOUD and go to inpatient. Student successfully started MOUD and completed treatment. He discharged and soon after started taking classes online. I spoke with student a couple of times and according to him, he was doing good, taking his medication, doing good in schoolwork and thinking of engaging in outpatient treatment.

-Bellingham School District

Social Supports

Individuals were connected to other essential social supports (housing, tutoring, basic needs, etc.) in addition to mental health and substance abuse services.

- 686** individuals were referred to additional school or community support services during the year
- 503** individuals were connected with additional supports
- 1,013** total referrals were made for other school or community support services
- 685** referrals resulted in a connection to other school or community support services



68% Of referrals resulted in connection to other social supports

Profile of Supports

The need for additional social supports showed up in a variety of ways. Some of the most common needed supports included:

- Mentoring
- Peer support
- Care Team
- Tutoring
- Basic needs
- Housing
- School Counselors
- Food Assistance





Services Created from the Science!

Prevention services rely on a large body of research spanning decades. By implementing evidence-based services that are designed to reduce risk, communities experience positive behavioral health impacts **and** economic benefits.

Age Matters

Prevention can be beneficial to people of all ages, but services can make the biggest impact when serving younger individuals. Reducing risks and building key protective factors in the early years creates life-long positive benefits.

According to the World Health Organization, **half of all mental health conditions start by 14 years of age**. Substance use initiated in the early years also contributes to much higher rates of substance use disorders as an adult. In fact, **a two year delay in the initiation of alcohol use can reduce problems as an adult by 50%**.

The data is also very clear that early childhood traumas, known as Adverse Childhood Experiences (ACE's), play a significant role in adult substance use and poor mental health, as well as a variety of physical health problems.

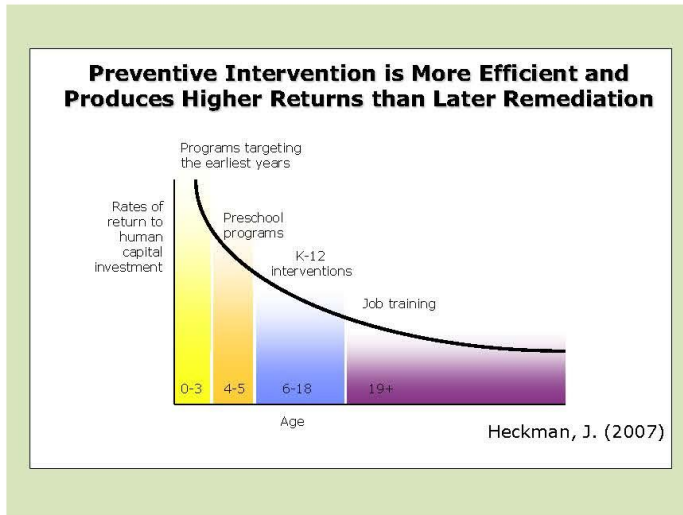
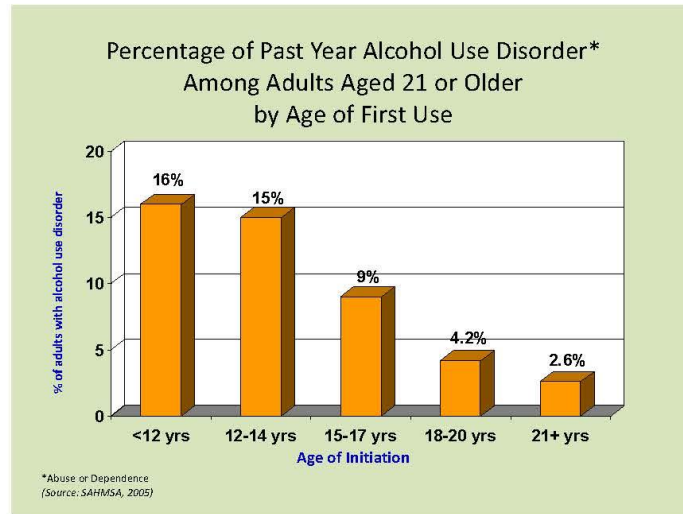
Investments Matter

According to the Substance Abuse & Mental Health Service Administration, cost-benefit estimates show that **effective school-based programs could save \$18 for every \$1 spent on these programs**. The Washington State Institute on Public Policy (WSIPP) has also calculated individual program cost-benefit ratios, many services of which are reflected in Whatcom County. Early services help to mitigate costlier interventions down the road.

Science Matters

Not all programs, strategies, and interventions are created equally. Hundreds of Evidence-based Best Practices (EBP's) have gone through rigorous evaluation to demonstrate and replicate effectiveness. Programs are available for a range of populations, settings, and levels of risk, but implementation of EBP's must be done with fidelity.

While effective prevention services do reduce substance use and improve mental wellness, they often simultaneously reduce risk for delinquency, teenage pregnancy, school drop out, violence, and other problem areas.



WHATCOM COUNTY
HEALTH AND
COMMUNITY
SERVICES

