

WHATCOM COUNTY CONTRACT INFORMATION SHEET		Whatcom County Contract No. <u>202006007 – 2</u>	
Originating Department:		85 Health	
Division/Program: (i.e. Dept. Division and Program)		8550 Human Services / 855020 Mental Health	
Contract or Grant Administrator:		Malora Christensen	
Contractor's / Agency Name:		PeaceHealth	
Is this a New Contract? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 202006007
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, grantor agency contract number(s):		CFDA#:
Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		Contract Cost Center: 124115
Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		If no, include Attachment D Contractor Declaration form.	
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.			
<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 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): \$ 110,000		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.	
This Amendment Amount: \$ 10,000			
Total Amended Amount: \$ 120,000			
Summary of Scope: Funding provided by this grant shall be used for the continuation of the GRACE Program.			
Term of Contract:	2.5 Years	Expiration Date:	12/31/2023
Contract Routing:	1. Prepared by: JT	Date:	06/01/2022
	2. Attorney signoff:	Date:	
	3. AS Finance reviewed: M Caldwell	Date:	6/1/22
	4. IT reviewed (if IT related):	Date:	
	5. Contractor approved:	Date:	
	6. Submitted to Exec.:	Date:	
	7. Council approved (if necessary): AB2022-336	Date:	
	8. Executive signed:	Date:	
	9. Original to Council:	Date:	

**AMENDMENT 2
TO
FISCAL SPONSORSHIP AGREEMENT**

This Amendment to Fiscal Sponsorship Agreement (“Amendment”), between **PeaceHealth** (“PeaceHealth”), and the **Whatcom County Health Department** (“Project Director”), hereby amends that agreement entitled Fiscal Sponsorship Agreement (“Agreement”), effective May 1, 2020. This Amendment shall be effective as of the date of the last party to sign (“Effective Date”).

Exhibit A of the Agreement is hereby amended to extend the grant through December 31, 2023.

Exhibit A of the Agreement is hereby amended to include an additional \$10,000.00 in funding (“Additional Funds”), for an aggregate maximum total of \$120,000.00. The Additional Funds provided under this Amendment are subject to the terms of the Agreement. If the Additional Funds have not been provided to Project Director by the execution of this Amendment, Project Director shall invoice PeaceHealth for the Additional upon contract execution. For additional information on the project see **Exhibit B: Community Health Funding Request Proposal**.

All other terms of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date indicated.

PEACEHEALTH:

WHATCOM COUNTY HEALTH DEPARTMENT

By: _____

By: _____

Title: Chief Executive-Northwest Network

Title: Director

Date: _____

Date: _____

Printed Name: Charles Prosper

Printed Name: Erika Lautenbach

DEPARTMENT APPROVAL

Approved by email MC/JT
Malora Christensen, Response Systems Manager

06/01/2022
Date

WHATCOM COUNTY

SATPAL SIDHU
County Executive

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM)

On this _____ day of _____, 2022, before me personally appeared Satpal Sidhu, 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: _____

APPROVED AS TO FORM

Approved by email RB/JT
Royce Buckingham, Senior Civil Deputy Prosecutor

06/01/2022
Date

EXHIBIT B: Community Health Funding Request

Applicant Information

Organization: Whatcom County Health Department

Program: Ground-level Response and Coordinated Engagement (GRACE)

Mailing Address: 509 Girard Street, Bellingham, WA 98225

Contact person: Malora Christensen, LICSW

Title: Response Systems Manager

Phone: (360)746-9045

Email: mchrste@co.whatcom.wa.us

Proposal Abstract:

2022 Grant proposal: Continuation of operational support for GRACE Program delivery

GRACE is a multi-agency, cross-system effort to intervene in the lives of people (“familiar faces”) who have frequent contact with law enforcement and emergency response systems. These encounters do not meet the complex needs of these individuals, and often further ineffective use of health care systems, social service and housing episodes, and other public resources. A high percentage of the target population consists of Medicaid eligible or Medicaid enrolled persons. The goal of GRACE is to decrease the number of contacts with these systems through ongoing support and engagement with more effective services. Ultimately, the goal of the program is to improve the health and well-being of the individuals served while also reducing criminogenic behavior, when present. The GRACE team employs behavioral health case managers and an ARNP, all serving as care coordinators to engage persons referred, facilitate the creation of care plans, and connect people to services for which they are eligible.

FY22 year to date, the GRACE program has served 140 unduplicated clients.

\$10,000 is requested from PeaceHealth to cover operating costs, associated with but not limited to the costs of the care coordination web platform known as Julota.

Articulation of community health need being met

The target population of the GRACE Program consists of people (“familiar faces”) who have frequent contact with law enforcement and emergency response systems, high use of acute care health services including behavioral health, and challenges maintaining safe and affordable housing. As a result of their frequent contacts, their use of public resources in order to meet their needs is often ineffective. A high percentage of the target population is Medicaid eligible or Medicaid enrolled persons. Key informant interviews conducted with representatives of emergency medical services, law enforcement, corrections, health and behavioral health providers, housing and social services agencies have yielded the following:

- The Bellingham Police Department (BPD) described persons for whom officers completed numerous incident reports in the last year, as little as 5 times but up to 61 times. They were persons who exhibited observed behaviors that the officers believed indicated a mental health issue (e.g. hallucinations, delusional statements, generalized aggression) over several contact reports. Misdemeanor offences were sometimes involved, not necessarily resulting in the person being taken into custody. Interactions with such persons often did not result in a report being filed, and officers often sought a disposition other than arrest, if they knew or could determine that a service provider could follow up. Homelessness, substance use and nuisance complaints from merchants were often a factor in the interactions.
- The familiar faces from the Sheriff’s Dept. represented deputy contact reports and dispatch experience with frequent callers diverted by the dispatch staff without a dispatch and a deputy incident report. Geographically, the need was concentrated in East County/Maple Falls and in and around Blaine. The deputies also had experience with persons with Bellingham addresses outside city limits. As with the BPD, persons known to the Sheriff deputies had frequent contacts in the last year whose observed behaviors indicated a mental illness to the reporting deputy.
- Local corrections representatives described persons with frequent bookings who exhibited patterns of behavior indicative of a mental health or substance use problem. Booking offences were frequent misdemeanors including retail theft (e.g. shoplifting), harassment and similar issues involving disputes with other parties, and on warrants for failure to appear.
- Housing service providers described persons who, in addition to housing challenges, had BPD involvement, mental health needs, and vulnerability to being victims of crime or abuse. Those not currently homeless were at risk for losing housing, and the risk facing some currently housed was a need for housing that included some supervision.
- The Bellingham Fire Department Community Paramedic (CP) described frequent 911 callers who need additional interventions beyond the CP scope of service. These individuals have frequent hospital ER visits, law enforcement contact, persistent behavioral health needs, and homelessness or housing loss risk.
- PeaceHealth Emergency Room staff described persons with frequent contact in the ED for needs that could be met in primary care or other outpatient specialty settings, who often have persistent behavioral health needs, and often are homeless or vulnerable to losing basic

community supports. During the GRACE program design phase, interviews with the FQHC Community Connector staff identified 45 persons during 2017 who had between 20 and 63 visits to the ER.

Overview of planning process and community support for the proposal

In late 2016, a planning team was convened which represented Whatcom County, the City of Bellingham, PeaceHealth, Whatcom Alliance for Health Advancement (WAHA), and the Opportunity Council. The City of Bellingham and Whatcom County funded WAHA to provide Intensive Case Management (ICM) services for “familiar faces”. The target population consisted of those people who made frequent 911 calls who were screened and referred by the Bellingham Fire Department Community Paramedic.

The planning team’s goals were to develop a program that would refine the services provided and expand the populations served by WAHA, and to identify an organization with the capacity to implement and sustain such a program. In April, 2017, the planning team convened two community forums to define the need and develop a model for addressing the need. Representatives from all systems with an interest in serving these “familiar faces” were present, and endorsed the GRACE Program design presented by the planning team.

The Program design was informed by the feedback from both forums, by recommendations from the County’s Incarceration Prevention and Reduction Task Force (IPRTF), and by the experiences of WAHA’s Intensive Case Management Program, the Opportunity Council’s Homeless Outreach Team, and the City’s Community Paramedic Program.

The program design adopted in April 2016 is reflected in the following documents, available if requested:

- Whatcom GRACE Design Considerations and Principles
- Organizational Structure / Functional Structure Graphic
- Common Elements of Successful Coordinated Care Programs
- “Familiar Faces” Criteria by System

Subsequently, a Leadership Team and a Program Team have been convened to refine the GRACE program design, and support the implementation of the program. The two teams were drawn from participants at the April 2016 forums, as well as other interested persons in the community. In addition, County staff conducted key informant interviews with representatives of law enforcement, emergency medical response, corrections, and health and social services systems to ascertain the number and characteristics of persons who would benefit from the services of the GRACE program.

Project plan, including activities to be undertaken, short term process measures and anticipated outcomes

The GRACE Program is fully operational in the current state and moved into the structure of the Health Department under the leadership of the new Response Systems Manager as of May 2022. GRACE Intensive Case Managers pair with Community Paramedics, Bellingham Police Dept. Behavioral Health Officer and the Sheriff’s Dept. Behavioral Health Deputy. These teams work with persons referred, facilitate the creation of a care plan, and connect them to services for which they are eligible. The caseload

size across all teams stays between 75 and 90 enrolled members at any one time, meeting the expectations of the contract and program capacity.

Currently the referrals are being taken from the Bellingham Fire Department Community Paramedics, PeaceHealth social work, Bellingham Police Department, Whatcom County Sheriff's office, and other fire districts & police departments in Whatcom County.

The new application called Julota is fully implemented. This web-based and mobile integrated software platform is utilized by multiple agencies to track and monitor services and care provided to individuals within the GRACE Program. This work has been progressing and Julota is in use for certain applications now.

The intended Julota functionality can:

- Capture demographic, service and referral information for GRACE clients;
- Designate cases as either active (GRACE ICM is primary), inactive (GRACE ICM makes periodic re-engagement efforts), or graduated (partner agency now primary); and
- Provide for information exchange between Julota and referring & provider partner record systems as appropriate to facilitate care coordination.

The following monthly process measures (at a minimum) are monitored:

- Total caseload size and caseload size by ICM
- Number, demographics and referral sources of new cases accepted
- Number of cases moved to graduated status
- Dispositions of cases

The following outcome measures (at a minimum) are also tracked:

- Decreased Emergency Department visits
- Reduced law enforcement contacts and 911 dispatches
- Decreased jail bookings
- Decreased psychiatric hospitalizations and crisis outreach episodes
- Successful housing placement, and increased housing retention

If proposal is for a collaborative (inter-organizational) project, roles of participating organizations

This project is a funding collaboration between Whatcom County, The City of Bellingham and PeaceHealth. These funding organizations, along with representatives of key referring entities, are functioning as the Leadership Team for GRACE, overseeing key policy and implementation activities. County funds are appropriated from the special Behavioral Health Program Fund tax levy.