

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.
201910011-1

Originating Department:	<u>85 Health</u>
Division/Program: (i.e. Dept. Division and Program)	<u>8550 Human Services / 855060 Substance Abuse</u>
Contract or Grant Administrator:	<u>Kathleen Roy</u>
Contractor's / Agency Name:	<u>Whatcom Family & Community Network</u>

Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes No
 Yes No If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 201910011

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#: _____

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

Is this contract the result of a RFP or Bid process? Contract _____
 Yes No If yes, RFP and Bid number(s): 19-40 Cost Center: 124113

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):
 \$ 65,000
 This Amendment Amount:
 \$ 145,000
 Total Amended Amount:
 \$ 210,000

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.

Summary of Scope: This contract provides funding for services to reduce risk for substance use and poor mental health by providing evidence-based programming. Services include outreach, education, mentoring, family programming, case management, coalition and community building, and training.

Term of Contract: 1 Year Expiration Date: 12/31/2021

Contract Routing:	1. Prepared by: <u>JF</u>	Date: <u>09/09/2020</u>
	2. Health Budget Approval: <u>JG</u>	Date: <u>09/15/2020</u>
	3. Attorney signoff: <u>RB</u>	Date: <u>09/16/2020</u>
	4. AS Finance reviewed: <u>M Caldwell</u>	Date: <u>09/15/2020</u>
	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 # 201910011

PARTIES:

Whatcom County
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

AND CONTRACTOR:
Whatcom Family & Community Network
2303 Moore Street
Bellingham, WA 98229

AMENDMENT NUMBER: 1

CONTRACT PERIODS:

Original: 01/01/2020 – 12/31/2020

Amendment #1: 01/01/2021 – 12/31/2021

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, Term".
2. Replace Exhibit A – Scope of work to reflect expanded services for this contract period.
3. Replace Exhibit B – Compensation to reflect funding for this contract period.
4. Funding for this contract period (01/01/2021 – 12/31/2021) is not to exceed \$145,000.
5. Funding for the total contract period (01/01/2020 – 12/31/2021) is not to exceed \$210,000.
6. All other terms and conditions remain unchanged.
7. The effective start date of the amendment is 01/01/2021.

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. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

APPROVAL AS TO PROGRAM: _____
Anne Deacon, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Prosecuting Attorney Date

FOR THE CONTRACTOR:

	Kristi Slette, Executive Director	
Contractor Signature	Print Name and Title	Date

FOR WHATCOM COUNTY:

_____	_____
Satpal Singh Sidhu, County Executive	Date

CONTRACTOR INFORMATION:

Whatcom Family & Community Network
2303 Moore Street
Bellingham, WA 98229
kristi.slette@wfcn.org

Exhibit “A” – Amendment #1 Scope of Work

I. Background

The services provided under this contract have been designed to prevent youth substance use and poor mental health by reducing risks for those behaviors, and develop protective factors and resilience. Research shows that youth are more at risk of anti-social behaviors if they are socially isolated, do not feel like they belong, and have no hope or sense of purpose. In Whatcom County, many youth are struggling with issues that challenge their ability to connect and build resilience. 38% of 10th graders in Whatcom County reported feeling so sad or hopeless for two weeks or more that they stopped doing usual activities. 24% of 10th graders also reported seriously contemplating suicide. 22% of 10th graders reported using alcohol in the past month, and 32% of 8th graders report being bullied in the past month. Individuals who feel connected and ‘bonded’ to peers, family, school, and community are less likely to use drugs, experience poor mental health, commit crimes, join gangs, or engage in other unhealthy behaviors.

The purpose of this contract is to provide opportunities for youth and families to participate in healthy activities that strengthen relationships. The Contractor will provide youth development classes, parent skill building activities, community training, mentoring, multiple evidence-based best practice programming, and coalition coordination and community building strategies. Coalition efforts will include environmental (population-based) strategies, which are efforts focused on changing aspects of the environment that contribute to the use of alcohol and other drugs, and support of a state-wide substance abuse public awareness campaign.

The use of evidence-based activities in this project will help achieve **both** positive **behavioral outcomes**, as well as demonstrate **financial benefits** to the public. *Cost savings for these strategies, according to the Washington State Institute on Public Policy, range from \$1,167 per participant to as much as \$20,706 per participant. Savings by service/program can be found at <https://www.wsipp.wa.gov/BenefitCost>.* Behavioral outcomes evidenced by these federally recognized best practice programs also include:

1. 25% reduction in the rate of child maltreatment
2. 33% reduction in the rate of out-of-home placements – e.g., in foster homes
3. 35% reduction in the rate of hospitalizations or emergency room visits for child maltreatment injuries
4. Reduced rates of skipping school and increased academic performance
5. Reduced rates of initiating alcohol and other substance use
6. Decreased rates of past month use of alcohol and other substance use
7. 88% of parents reported a decrease in harsh discipline and 76% reported an increase in positive parenting
8. 76% of parents reported decreased antisocial behavior in their child
9. 79% of youth reported increased emotional competence and 75% reported improved concentration/attention
10. 83% of students met their academic performance standards

Research has also shown that individuals who develop skills (communication, peer refusal, conflict resolution, etc.) while increasing knowledge about risks, develop essential resilience to negative behaviors.

II. Statement of Work

This initiative will target 750 individuals, including 200 parents and 550 school-aged youth. Additional community-wide trainings and family engagement opportunities will also target 2,000 youth and families. An emphasis on outreach will focus on youth vulnerable to mental health and substance abuse risks due to exposure to Adverse Childhood Experiences, community health disparities, or other circumstances that elevate risk. The primary target

locations for this initiative will be areas demonstrating elevated risks for behavioral health problems, but also have the capacity to implement strategies.

Some of the following services will be provided through the use of subcontracts to community providers who have already demonstrated success with the programs. All subcontracts will be subject to the review and approval of the County.

The Contractor will provide the following services:

1. Conflict Resolution Training – deliver conflict resolution workshops and restorative practices using best practices for small-group facilitation, classroom management, and strategies for engaging with at-risk youth. Skill-building activities include 3 – 4 hour classroom presentations, 6 – 8 hour small group workshops, generally once per week in one-hour sessions. Additional skill-building activities include conflict coaching (1 – 4, one-hour sessions, weekly) and leadership training (1 – 2, 2-hour sessions, weekly). Intervention activities may include peer-peer mediation, restorative circles, and restorative conferences, generally 1 – 2 sessions, 2 hours each.
2. Mentoring Services – target mentoring services to 15 – 20 youth through a blend of in-person and tele-connections. Services will be delivered weekly during the academic school year. Respecting COVID-19 safety guidelines in place, mentoring staff will perform enrollment activities, training, match support, and services to engage youth in positive, healthy activities that increase connection to positive individuals.

Program Outcome Evaluation surveys designed for these services will be completed by mentors/parents to document improvement in confidence, competence, and other subject improvements.

3. Parenting Training and Support – Program will partner with individual families to provide individual parent coaching in one of four evidence-based curriculums. Focusing on parents with children ages 0 – 8 years, services will target at least 30 adults and 30 children. Parenting Coaches provide initial interviews that are trauma-informed and utilize motivational interviewing, identifying risks and protective factors. Families receive 0 – 12 parent coaching sessions (4 sessions per family on average). Parent Coaches provide outreach to families and partner organizations including attendance at partner meetings, participation and report at Whatcom Prevention Coalition meetings, and participate at Shuksan Community Family Night if coordinated. The evidence based curriculums include:
 - a. **Incredible Years** – A program guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems. The program is designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral and emotional problems in young children. Provide two, 6-week evidence-based Incredible Years Attentive Parenting Classes in rural communities currently lacking these services. Each series serves up to 12 families (24 families--36 parents and 48 children). Each session is 2.5 hours and includes two Brigid Collins Incredible Years-trained facilitators, onsite childcare, a meal, and a weekly check-in phone call with a facilitator. Incredible Years is for parents of children ages 2 – 6 years.
 - b. **Parent Child Interaction Therapy (PCIT)** – A treatment program for young children with conduct disorders that place emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT was developed for children ages 2 – 7 years with externalizing behavior disorders.
 - c. **Positive Parenting Program (Triple P)** – Triple P is a multilevel system of parenting and family support strategies for families with children from birth to age 12, with extensions to families with

teenagers ages 13 to 16. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parent's knowledge, skills, and confidence. Triple P has five intervention levels of increasing intensity to meet each family's specific needs. Triple P has a great deal of flexibility and is very effective with parent's more complex mental health needs and creates a therapeutic relationship that deals with case management issues and behavioral plans.

- d. **Promoting First Relationships** - Promoting First Relationships (PFR) is a home-based program designed to strengthen relationships between infants and toddlers and their caregivers, to support socio-emotional development in these children, and to improve caregiver sensitivity.

Each of these evidence-based programs has guidance from model developers and researchers in how to best adapt these models to telehealth delivery. Providing these interventions over telehealth is a way to reduce barriers for families, particularly in seasons of social distancing.

The goals for parent training and support are for 80% of parents to increase their knowledge of child development and non-punitive discipline, and for 80% of parents to improve their relationship/bond with their child.

4. Youth Development Opportunities – provide resilience and hope development opportunities a minimum of 10 times through social media & on-line outreach, school based prevention clubs, peer support networking, youth leadership events (virtual or face to face), and service opportunities. Topics address issues/risks that youth face like substance use, family concerns, isolation, depression, and bullying. Interactions provide opportunities for youth to participate in positive activities/opportunities to build skills, including communication, social skills, and leadership. Material and experience will be delivered to 10-20 individuals per session.
5. Youth Outreach - provide direct services to youth, which can include afterschool programming, coordinating community volunteers and partnerships that provide opportunities and skill building for high-risk youth, including youth who are at-risk of gang engagement. Youth outreach will target 20 youth, grades 5 to 12, for prevention services. This includes face-to-face or virtual interactions or other direct communication with young people, connecting with parents and schools to gain support for youth participation, and to connect families to vital community resources. The Youth Outreach Coordinator will perform at least (100) one-hundred hours of direct services across the calendar year. Additional effort is dedicated to engage coalition members and other community organizations to support youth development activities and training. The goal of the coordinator is to increase connection of youth to peers, family, and community, and will be documented through program records.
6. Prevention Training - provide a minimum of six coalition, community or school-based trainings. Topics include, but are not limited to the NEARH sciences (Neuroscience, Epigenetics, Adverse Childhood Experiences, Resilience & Hope); evidence based and innovative prevention sciences (Positive Social Norming; Strategic Prevention Framework); Community Capacity Building Skills, such as Art of Hosting; Liberating Structures or other participatory leadership skills; Trusted Adult Skill Development; Youth Suicide Prevention trainings (like Youth Mental Health First Aid; QPR: Question, Persuade, Respond; and MAD HOPE peer to peer education. Training will be used to educate the community on raising resilience and hope to mitigate risks associated with exposure to trauma and toxic stress such as substance abuse, violence (including gang activity and domestic violence), and other problem behaviors; increase understanding of healthy youth development; and build essential skills that help children, youth, families and communities thrive. (i.e., communication and conflict resolution). Ten to twenty individuals will participate in each training event.
7. Coalition & Community Building – coordinate a local coalition of stakeholders to engage in community assessment, service planning, evaluation, and implementation. Efforts must include a focus on the Shuksan Middle School catchment area and support the Community Prevention & Wellness Initiative, following the Community Coalition Guide <https://www.theathenaforum.org/cpwi-community-coalition-guide>.

- a. Coalition coordination- coordinate monthly Whatcom Prevention Coalition meetings and standing workgroups needed for the delivery of services. Recruit and retain membership that is representative of the community.
 - b. Strategic Plan- conduct an annual needs and resource assessment, or a modified update. Establish assessment workgroups as necessary to review data to make recommendations of priority programs. Revise, as necessary, work plan, logic model or other items that identify goals, focus populations, and strategies.
 - c. Coalition Assessment Tool (CAT) Survey - Administer an annually CAT to coalition members to assess coalition operations and ongoing functioning, and to identify areas for improvements.
 - d. Community Survey Tool- disseminate and collect survey results from adults in the community to gather information about adult concerns of youth substance use and mental health. Surveys will be targeted to a minimum of 250 individuals representative of the community.
 - e. Environmental strategies (population level) – support local social norms campaign and opioid abuse prevention interventions. Coalition members lead and oversee environmental strategies.
 - f. Support a public awareness campaign relating to drug issues in the community.
8. Suicide Prevention Strategies - increase local capacity to develop and strengthen volunteer-based, youth-centered risk reduction and suicide prevention work. Provide engagement opportunities and school and community-based interactions (virtual or face to face for youth, by youth and supported by professionals). The M.A.D.-H.O.P.E. (Making a Difference-Helping Other People Everywhere) will rely on a 'peer to peer' approaches including opportunities for creative expression, stigma reduction outreach, peer centered support and outreach, as well as a train-the-trainer education model.
- a. Provide outreach, education and risk reduction strategies for suicide and substance use prevention for up to 500 individuals in Whatcom County. This includes a focus on middle and high school youth, community organizations, community members, families and parents, school personnel, the LGBTQ community, and populations that demonstrate high levels of risk for poor mental health and substance use.
 - b. Train up to fifteen (15) new trainers and volunteers to disseminate knowledge, skills and resources on suicide prevention, risk reduction and related behavioral health topics. This will include understanding the warning signs of suicide, knowing how and where to refer people that may need professional help, understanding the impact of substance use, promoting healthy youth development, and building resilience and hope .
 - 1) Recruit five (5) youth ages 14 to 24 to engage in mental wellbeing strategies to build resilience and hope.
 - 2) Recruit five (5) volunteers who identify as members of populations with higher risks for depression and suicidality.
 - 3) Recruit five (5) adult volunteers who can support youth volunteers to guide MAD HOPE training experiences.
 - c. Provide training (virtual or face to face) as follows:
 - 1) Deliver up to fifteen (15) trainings to community and school-based audiences.
 - 2) Two (2) MAD HOPE presentation "train the trainer" trainings.
 - 3) Three (3) community based trainings.
 - 4) Ten (10) in-school trainings.
 - d. Provide up to twenty (20) community outreach and engagement interactions through the following:
 - 1) Monthly Meetings with a Sustainability Planning Committee.

- 2) Five (5) Core Team members meetings of the MAD HOPE project.
 - 3) Two (2) to four (4) Meetings with other program directors of evidence based suicide prevention programs.
 - 4) Contact all seven (7) Whatcom County school districts to determine needs, identify appropriate staff contacts, and schedule presentations.
 - 5) Examine other effective youth suicide prevention programs (e.g. Sources of Strength, and Forefront) and attend youth prevention conferences and trainings to ensure evidence-based principles are locally implemented. Develop or adapt a curriculum that meets local needs while following effective principles.
- e. Recruit, train, schedule, and manage support for individuals to deliver these prevention strategies and the training curriculum as part of M.A.D. - H.O.P.E. This could include a 'peer approach' that includes students from high schools and colleges, but also include community members. Outreach to existing prevention clubs or explore developing new school-based clubs to focus on this work, as appropriate.
 - f. Coordinate a Core Team that consistently works on adapting the M.A.D. - H.O.P.E. presentation and assessment to ensure it meets the needs of diverse audiences and is aligned with best practice and current research in suicide prevention.

The Contractor will also:

1. Encourage youth to participate in school prevention clubs where youth can engage in healthy social opportunities through community service and leadership activities (virtual or face to face).
2. Utilize stipends as an engagement tool for hard to reach youth and parents, providing additional capacity to deliver activities in this contract.
3. Information about services delivered through this contract will be shared with school staff in the targeted areas. School staff can refer students or families to the available services. Similarly, youth and families served through this contract will be made aware of resources available in school settings.
4. Link students to appropriate in-school or community-based mental health and/or substance use disorder services, as appropriate.
5. Ensure efforts comply with all state and federal laws regulating confidentiality, as relevant.
6. Ensure all services are delivered by a qualified professional that exhibits cultural competency working with diverse populations and a value for equity and social justice. Contractor will utilize hope science research and data to strive to create a "hope-informed" community.
7. Participate in County evaluation efforts, including evaluation planning, data collection, and reporting. Service reports will be submitted at least twice each year according to the following timetable:

Service Period	Due Date
January – June	July 31 st
July – December	January 31 st

- a. Service reports will include the following information for each service area:
 - i. Number of single service events provided (community events, trainings, meetings, etc.).
 - ii. Number of individuals reached through single service events.
 - iii. Number of recurring service events provided (groups, classes, coalition meetings, etc.).
 - iv. Number of individuals reached through recurring service events.

- b. Outcome reports will be submitted as appropriate for the area of service. Data may be collected through program records, pre/post surveys, school records, interviews with participants or providers, or other measurement tools.
 - i. 75% of individuals participating in prevention trainings will **increase knowledge** of the training topic (suicide prevention knowledge, resilience, conflict management, substance use, etc.) as measured by pre/post-test surveys or similar tool
 - ii. 75% of individuals participating in prevention trainings will **increase skills** related to the training topic (ability or willingness to utilize or apply information) as measured by pre/post-test surveys or similar tool
 - iii. 75% of individuals participating in programs, services, and strategies will demonstrate improvements in measured behaviors. These additional measures will be developed and defined in consultation with County, and may include:
 - 1. Increased knowledge, attitudes, and skills in content areas (communication, parenting skills, confidence, competence, etc.)
 - 2. Increased youth opportunities for engagement in pro-social activities
 - 3. Increased engagement in coalition and community building strategies (coalition participation, Coalition Assessment Tool, Community Adult Survey responses, etc.)
 - 4. Improved behaviors, such as
 - a. School performance (academics, attendance, discipline)
 - b. Family functioning
 - c. Reduced risk for substance use
 - d. Increased mental health and wellbeing
 - e. Increased resilience, protective factors, and hope
- c. Collect additional documentation to verify activities, provided to the County upon request. This may include copies of event/training/class flyers or posters, registrations lists, sign-in sheets, case files, outreach materials, and other documents demonstrating the work performed.

Exhibit "B" – Amendment #1
Compensation

The source of funding for this contract, in an amount not to exceed \$145,000, is the Behavioral Health Program Fund. The budget for services is as follows:

Item	Documentation Required with Invoice	Budget
Program Coordinator, Youth Outreach Coordinator, Director, Suicide Prevention Specialist, Coalition and Project Coordinator (salary, benefits, taxes)	Approved hourly billing rate and timesheet showing total hours and hours charged to this contract.	\$99,018.18
Supplies, Materials, Printing, Postage, and Space Rental	Receipts	\$500
Professional development/training, and travel	Receipt for registration or training fees. Ground transportation, parking, 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. Lodging costs for training are not to exceed the U.S. General Services Administration Domestic Per Diem Rates (www.gsa.gov), specific to location. Mileage log to include name of traveler, dates, start and end point, and purpose. Reimbursement will be at the Federal rate (www.gsa.gov).	\$1,000
Stipends	Stipend documentation must detail each individual, number of hours, activity supported, dates of support, and include a signature of the stipend recipient (5 stipends: 1 at \$100; 4 at \$50)	\$300
Subcontracted Services		
Mentoring and Wrap Around Support	Subcontractor's invoice with dates of service, # of participants	\$5,000
Restorative & Conflict Resolution Practices		\$9,000
Parent Training & Support Program		\$17,000
Administration @ 10%		\$13,181.82
TOTAL		\$145,000

The Contractor may transfer funds between budget line items with prior County approval but under no circumstances will the Administration rate exceed 10%.

Invoicing

1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 15th day of the month, following the month of service.
2. The Contractor shall submit invoices to (include contract #):

Business Office – HL-BusinessOffice@co.whatcom.wa.us
 Whatcom County Health Department
 509 Girard Street
 Bellingham, WA 98225

3. 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 more than 30 days after the expiration of this contract.

4. 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 in this invoice.

5. Duplication of Billed Costs or Payments for Services: 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.