

**WHATCOM COUNTY  
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202009036 - 4

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:	Rebecca Shearly
Contractor's / Agency Name:	NAMI of Whatcom County

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202009036	

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 type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, grantor agency contract number(s):	ALN#:	

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

Is this contract the result of a RFP or Bid process?		Contract Cost Center:	124114
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		

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 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 <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> :
\$ 76,000	
This Amendment Amount:	
\$ 38,000	
Total Amended Amount:	
\$ 114,000	
	<ol style="list-style-type: none"> <li>Exercising an option contained in a contract previously approved by the council.</li> <li>Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.</li> <li>Bid or award is for supplies.</li> <li>Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>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.</li> </ol>

Summary of Scope: This amendment extends the contract for an additional year. This contract provides funding for education and support programs that assist over 1,545 Whatcom County residents who experience mental illness.

Term of Contract:	1 Year	Expiration Date:	12/31/2024
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Contract Routing:	1. Prepared by:	JT	Date:	10/17/2023
	2. Health Budget Approval	KR/JS	Date:	10/25/2023
	3. Attorney signoff:	RB	Date:	10/25/2023
	4. AS Finance reviewed:	A Martin	Date:	11/3/2023
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Submitted to Exec.:		Date:	
	8. Council approved (if necessary):	AB2023-740	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

**WHATCOM COUNTY CONTRACT AMENDMENT**

**PARTIES:**

**Whatcom County  
Whatcom County Health and Community Services  
509 Girard Street  
Bellingham, WA 98225**

**AND CONTRACTOR:  
National Alliance on Mental Illness (NAMI) of Whatcom County  
PO Box 5571  
Bellingham, WA 98227**

**CONTRACT PERIODS:**

**Original: 01/01/2021 – 12/31/2021  
Amendment #1: 01/01/2022 – 12/31/2022  
Amendment #2: 01/01/2023 – 12/31/2023**

**Amendment #3: 02/01/2023 – 12/31/2023  
Amendment #4: 01/01/2024 – 12/31/2024**

**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**

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**DESCRIPTION OF AMENDMENT:**

1. Extend the duration and other terms of this contract for one year, as per the original contract “General Terms, Section 10.2, Extension”.
2. Amend Exhibit A – Scope of Work, to remove the requirement to maintain a web directory on local mental health providers as this service is now duplicated and maintained by other agencies in Whatcom County.
3. Revise Exhibit B – Compensation, to shift \$500 in funding for directory maintenance to personnel and reflect the budget for the extended contract period.
4. Funding for this contract period (01/01/2024 – 12/31/2024) is not to exceed \$38,000.
5. Funding for the total contract period (01/01/2021 – 12/31/2024) is not to exceed \$114,000.
6. All other terms and conditions remain unchanged.
7. The effective start date of the amendment is 01/01/2024.



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

**I. Background**

Whatcom County residents who personally experience, or have loved ones who experience mental illness are better able to lead productive lives when provided education and support. Education and support can also reduce the stigma of mental illness and promote access to necessary treatment services. Mental illness can be a chronic condition, yet ongoing recovery is achievable, especially when support and services are accessible and utilized. Whatcom County intends to contract with NAMI Whatcom to provide a number of educational and support programs that focus on peer support, understanding mental illness and recovery, successful management of mental illness, reducing the stigma associated with mental illness, and promoting access to services.

**II. Statement of Work**

The Contractor will provide a variety of community mental health education and support programs and services to Whatcom County residents. The goals of these programs and services are to increase knowledge and awareness of mental illness and its impacts, reduce the stigma of mental illness, provide support to individuals and families who live with mental illness, promote stabilization and recovery from mental illness, provide resources to individuals and families and promote access to treatment services.

Programs and services provided under this contract will include the following:

- A. Five annual Educational Forums about mental health will be offered at no cost to community attendees, with featured speakers who are known to have expertise in the topic area presented.
- B. The Contractor will utilize nationally recognized and standardized curricula whenever possible for support groups and classes. Classes offered under this contract include:
  1. Family to Family – a 12-week class offered twice annually
  2. Peer to Peer – a 10-week class offered twice annually
  3. Weekly NAMI Connections Recovery Support Group
  4. Twice monthly NAMI Family Support Group
- C. A local telephone land line that residents may call to receive information and assistance in connecting to services and support that will be operated no less than 15 hours weekly.
- D. Expanded Equity, Diversity and Inclusion efforts to provide more programs and education outreach to current underserved groups, specifically BIPOC communities and especially those who are Spanish speaking. Spanish speakers comprise approximately 10% of Whatcom County's population and are a particularly underserved community. These efforts aim to reduce stigma and create greater awareness of the resources provided by the Contractor.
  1. The Contractor will employ a Spanish speaking staff member whose responsibilities include:
    - a. Scheduling, coordinating and attending meetings with community members.

- b. Conducting presentations to individuals and groups.
- c. Assisting with the development of outreach materials.
- d. Participating in development of new and existing Spanish-language programming.
- e. Performing additional responsibilities as needed, in support of NAMI's Spanish-language programs and resources.

### **III. Program Requirements**

The Contractor will provide programs and services under this contract at no cost to the recipients. Workbooks and manuals associated with the forums, classes and groups also will be offered at no cost to the recipients, with the exception of a continuing education unit (CEU) certificate fee when applicable. The Contractor will manage all necessary arrangements to accomplish the delivery of these programs and services to include phone land line, teachers/trainers, speakers, facilitators, and CEUs.

Volunteers, sub-contractors, or staff that provides direct services shall have a completed and current criminal background check on file at NAMI. These background checks will be considered current if they are completed every three years.

The U.S. Department of Health and Human Services "Ten Fundamental Components of Recovery", referenced at the Substance Abuse and Mental Health Services Administration (SAMHSA) website at [www.samhsa.gov](http://www.samhsa.gov), shall be referenced as a model for recovery-oriented programs and services. Classes, groups, or curricula other than those mentioned in Section II.3 shall be delivered under this contract only after pre-approval from the County.

The Contractor will be able to demonstrate that no funds or resources resulting from this contract have been used for any lobbying or fundraising purposes, and have been strictly used for the work outlined in Section II. Scope of Work.

### **IV. Reporting Requirements**

The Contractor shall submit quarterly reports identifying the specific programs and services offered, the number of groups/classes provided under each program, the number of participants who have engaged in each of those services, flyers or other supporting documentation produced for programs delivered, and the name of the facilitator/trainer for each program/service. These reports shall be due no later than 30 days past the end of each calendar quarter: April 30<sup>th</sup>, July 31<sup>st</sup>, October 31<sup>st</sup>, and January 31<sup>st</sup>. Curricula for programs will be made available to the County for review if requested.

**EXHIBIT “B” – Amendment #4  
COMPENSATION**

I. **Budget and Source of Funding:** Funding for this contract period (01/01/2024 – 12/31/2024) is provided by the Behavioral Health Program Fund in an amount not to exceed \$38,000. The budget for this contract is as follows:

*Cost Description	Documents Required Each Invoice	Budget
Personnel – salary, benefits, taxes	Approved hourly billing rate and timesheet showing total hours and hours charged to this contract.	\$32,340
Program supplies, materials, printing, advertising	Receipts	\$3,500
Teacher Fee/Speaker Honorarium	Fee/honorarium documentation must detail each individual, number of hours, activity supported, total amount, date of support, and include a signature of the stipend recipient; email signature is adequate documentation.	\$750
Telephone & Data Storage	Provider invoices	\$560
Location Rental	Receipts	\$350
Professional Development, Training, Travel	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, receipts for registration fees or other documentation of professional training expenses. 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.	\$500
<b>TOTAL</b>		<b>\$38,000</b>

\* The contractor may transfer funds between line items with written pre-approval by the County’s Contract Administrator.

**II. 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 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.
2. The Contractor shall submit invoices to (include contract/PO #) [HL-BusinessOffice@co.whatcom.wa.us](mailto:HL-BusinessOffice@co.whatcom.wa.us).
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 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 on this invoice.**
5. 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.