

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202503018 – 1

Originating Department:	85 Health and Community Services
Division/Program: (i.e. Dept. Division and Program)	8530 Community Health / 853020 Healthy Children & Families
Contract or Grant Administrator:	Kathryn DeFilippo
Contractor's / Agency Name:	Opportunity Council

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 #:	202503018	
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"/>	If yes, Whatcom County grant contract number(s):		
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Method of Procurement:	RFP 24-66	Contract Cost Center(s): 18581003.6610
Is this agreement excluded from E-Verify?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>		

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 checked="" 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):	
\$	40,000
This Amendment Amount:	
\$	46,000
Total Amended Amount:	
\$	86,000

Council approval required for; all property leases, all Interlocal agreements, contracts or bid awards **exceeding \$75,000**, and grants 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.

Contract Term Ends:	03/31/2027		
Contract Routing:	1. Prepared by:	J. Thomson	Date: 01/28/2026
	2. Health Budget Approval	G. Iturria	Date: 03/09/2026
	3. Attorney signoff:	JCW	Date: 03/10/2026
	4. AS Finance reviewed:	D. Kempf	Date: 03/10/2026
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:		Date:
	8. Council approved (if necessary):	AB2026-229	Date:
	9. Executive signed:		Date:
	10. Original to Council:		Date:

WHATCOM COUNTY CONTRACT AMENDMENT
Healthy Children's Fund – Innovative Services

PARTIES:

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

AND CONTRACTOR:
Opportunity Council
1111 Cornwall Avenue
Bellingham, WA 98225

CONTRACT PERIODS:

Original: 03/17/2025 – 03/31/2026

Amendment #1: 04/01/2026 – 03/31/2027

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 one year, pursuant to the original contract "General Terms, Section 10.2, Extension". The cumulative term of this contract may not extend beyond 03/16/2029.
2. Amend the original contract "General Terms, Section 37.1 Administration of Contract" and "General Terms, Section 37.2, Notice" to replace the County Contract Administrator's contact information, as follows:

Whatcom County Health and Community Services
Kathryn DeFilippo, Community Health Specialist II
509 Girard Street
Bellingham, WA 98225
360-778-6133
KDeFilip@co.whatcom.wa.us
3. Pursuant to the original contract "General Terms, Section 40.1, Modifications, updates Exhibit A – Scope of Work to refer to ongoing services, rather than new services, update reporting and funding recognition requirements, and authorize updates to reporting requirements without contract amendment.
4. Pursuant to the original contract "General Terms, Section 40.1, Modifications, updates Exhibit B – Compensation to reflect the budget for the renewed contract period.
5. Funding for this contract period (04/01/2026 – 03/31/2027) is not to exceed \$46,000.
6. Funding for the total contract period (03/17/2025 – 03/31/2027) is not to exceed \$86,000.
7. All other terms and conditions remain unchanged.
8. The effective start date of the amendment is 04/01/2026.

EXHIBIT "A" – Amendment #1
(SCOPE OF WORK)

I. Background and Purpose

This contract expands services to eligible families utilizing the Single Entry Access to Services (SEAS) program, through the continued work of a Case Manager position. This position will provide hands-on support for families with children from birth through 5, who face multiple risk factors, including those from medically underserved population and communities within marginalized identities. This contract will only fund services provided to Healthy Children's fund-eligible clients; those who are pregnant or parents or guardians of children ages 0 – 5. Services provided to non-eligible clients will be funded by other sources.

When families call SEAS, they speak with a Navigator about their needs and are provided with a list of resources to get connected with, to meet their child's needs. Families have reported it being challenging to complete the follow-up process due to the many barriers they face. This Case Manager position will provide personalized assistance to families with children ages 0-5, including addressing the barriers to service access and improving overall engagement with developmental, basic needs, and mental health resources and referrals.

This contract is awarded as a result of RFP 24-66 and aligns with the Healthy Children's Fund Implementation Plan's Strategy Six to support innovative approaches to meet various goals related to Early Learning and Care.

II. Statement of Work

- a. The Contractor's Case Manager will provide tailored assistance to families with children ages 0-5, who are navigating the complexities of developmental services and resources and build ongoing relationships with families that require a higher level of support to track completion, success, and ongoing needs throughout the referral, evaluation, and resource access process. The Case Manager will:
 1. Ensure clients complete necessary referrals for developmental screenings and are placed on waitlists with follow-ups that lead to timely identification and intervention for developmental delays.
 2. Increase the number of clients who engage with at least one service referral resource by 10%, by facilitating access to and follow-up on referred services, addressing the well-being of children 0-5 and their parents and caregivers.
 3. Connect clients with relevant community resources and services, and follow up with providers, in partnership with clients, to reduce barriers to access, ensure comprehensive support, and build confidence in navigating the system.
 4. Tailor services and resources to meet the specific cultural and contextual needs of clients from marginalized communities, ensuring inclusivity and respect. This includes meeting clients in their homes or community locations, utilizing interpreter resources, and navigating communication norms and cultural markers of respect in partnership with clients.
 5. Build relationships and foster collaboration with community providers to ensure seamless service delivery.
- b. The Contractor's Program Coordinator will provide supervisory and/or higher-level support, as needed, to the Case Manager. The Program Coordinator will:
 1. Provide 1:1 support to the Case Manager position, including training and quality improvement.
 2. Review and prepare case management data reporting.
- c. Qualifying clients will be determined based on provider and self-reported risk factors. Factors may include history of maternal drug use, marginalized racial or ethnic identity, designation as unhoused or as a foster or kinship placed child.

III. Additional Requirements

- a. Desired qualifications of the SEAS Case Manager position include:
 1. A Bachelor's degree in human services (or related discipline) or a minimum of two years of experience in working in a case management or care coordination environment.

2. An understanding of the local social and health services system.
 3. Knowledge of child development or experience working with children and families with special health care needs is preferred.
 4. Training and/or experience related to perinatal mental health is preferred.
 5. The ability to communicate effectively.
 6. Experience working with people from various cultural, socioeconomic and educational backgrounds.
- b. The Case Manager must have a current background check free of disqualifying convictions through the Department of Social and Health Services (DSHS) or the Department of Children, Youth and Families (DCYF).
- c. The Contractor will:
1. Develop and maintain a training plan for the Case Manager in order to ensure quality and consistency of referral services. The training plan must include appropriate training on developmental screening and screening for perinatal mental health conditions.
 2. Notify the County in the event of a change in personnel.
 3. Ensure policies, procedures and staffing are in place to ensure quality and consistency of services provided.
 4. Develop and maintain intake protocols which ensure that health and service case management is family-led and identifies and promotes family strength and protective factors as well as family needs. Protective factors are characteristics such as resilience, social connection and knowledge of parenting and child development, which reduce the likelihood of negative child outcomes.
 5. Develop and maintain criteria for determining the types of calls which require a formal intake and associated follow-up and which do not.
 6. SEAS Navigators will answer calls and texts in real time, when possible. Ensure response to families, on average, within one business day.
 - a. Once the case management referral is received from the navigator, the case manager will attempt to contact the family within two business days unless otherwise requested by the family.
 7. Ensure contact with families will be through the method preferred by the family (fax, phone, email, text or in-person) unless programs require specific contact methods to access.
 8. Provide barrier-free access to assistance including in-person assistance if requested, language access for those speaking a language other than English, and/or access to another technology for those with speech and hearing impairments.
 9. Maintain effective working relationships with health and social service providers and other referral sources.
 10. Protect and maintain all confidential information, including protected health information, against unauthorized use, access, disclosure, modification, and/or loss.
 11. Meet with the County, as requested, to ensure continuity and quality of services.

IV. Role of Whatcom County Health and Community Services

Whatcom County Health and Community Services will provide consultation, upon request, to the Contractor regarding children and youth with special health care needs and developmental disabilities and delays.

V. Reporting Requirements

- a. The Contractor shall submit performance data and reports sufficient for the County to monitor implementation and assess progress using the Results-Based Accountability framework (“How much did we do?”, “How well did we do it?”, “Is anyone better off?”). Reporting will focus on performance accountability for services funded under this contract. Reporting requirements may be updated from time to time with advanced notice to the

contractor and without contract amendment. The Contractor shall use the most current reporting templates provided by the County.

- b. Through an online survey provided by the County, the Contractor will provide quarterly reporting of the following data on the 15th of the month, following completion of each quarter:
1. Amount of case manager FTE funded this reporting period
 2. Total number of families with children ages 0-5 years served this reporting period (unduplicated count, including pregnant clients)
Total number of children ages 0-5 being served this reporting period (unduplicated count)
 3. Number of new families with children ages 0-5 years (including pregnant clients) being served this reporting period
 - a. Number of *new* children ages 0-5 being served this reporting period
 - b. Zip codes of new families
 4. Count of referrals of families with children 0-5 given to the case manager this reporting period
 - a. Count and percent of referrals where the case manager attempted to contact (i.e., case manager reached out) within two business days
 - i. If under 80%, please provide a short summary as to why contact was not made within two business days.
 - b. Referral outcomes
 - c. Average and range for the number of calls by case manager to connect with families
 5. Total number of families with children ages 0-5 referred to at least one service through the Case Management Program this reporting period.
 - a. Count and percent who *engaged* with at least one referred service through the Case Management program.
 6. Total number of service referrals made out to community services for families with children ages 0-5 this reporting period.
 7. List of referral concerns.
 8. Total number of families with children 0-5 who lost contact with Case Management services this reporting period.
 9. Total number of families with children 0-5 who were released from case management services this reporting period.
- c. On a six-month period, the Contractor will also be asked to submit answer questions related to the success and challenges of implementation. Each six-month report will ask:
1. Implementation Context: What factors most influenced case management capacity and effectiveness during this period (e.g., volume of SEAS calls, client acuity, staffing capacity, or broader community conditions)?
 2. Barriers to Access and Navigation: What barriers most commonly prevented families from completing referrals (e.g., waitlists, transportation, language access, documentation requirements)? How did case management help families navigate or reduce these barriers?
 3. Family Engagement and Trust: What strategies were most effective in building ongoing relationships with families and supporting follow-through on referrals? Where disengagement occurred, what patterns or contributing factors were observed?
 4. Provider Engagement and Outreach: How did the Case Manager engage with community providers to support successful referrals and service access? Describe outreach activities, follow-up practices, or

relationship-building efforts that improved coordination, reduced handoff breakdowns, or clarified expectations for families.

5. Equity and Cultural Responsiveness: How were services adapted to meet the needs of all families (e.g., language access, in-person support, culturally responsive communication, or flexible service locations)?
6. Systems Learning and Innovation: What has this case management model revealed about gaps, bottlenecks, or strengths in the service system? What lessons from this work could inform future SEAS operations, Early Learning & Care strategies, or broader system improvements?

VI. Funding Recognition

As a recipient of funding from the Whatcom Healthy Children's Fund, the Contractor will be required to display digital and/or physical recognition of this funding. This recognition may be in the form of a digital badge or icon on the Contractor's website, a physical banner outside its facility, interior or exterior signs, social media posts, or similar materials. Whatcom County Health and Community Services will provide these materials at no cost to the Contractor. This recognition will acknowledge the support of HCF and inform the public how their tax dollars are being used to expand services that benefit the community. Additional guidance on logo and digital badge usage can be found in the following brand guide: <https://www.whatcomcounty.us/DocumentCenter/View/108188/WHCF-Style-Options-2024-v20>

EXHIBIT "B" – Amendment #1
(COMPENSATION)

Budget and Source of Funding: The source of funding for this contract period (04/01/2026 – 03/31/2027), in an amount not to exceed \$46,000, is the Healthy Children’s Fund. The budget for this contract is as follows:

¹Cost Description	Documents Required Each Invoice	Budget
Case Manager (wages + benefits)	<ul style="list-style-type: none"> • GL Detail • Monthly service data report (as described in Section V. of Exhibit A) 	\$33,797
Program Coordinator (wages + benefits)		\$1,704
² Equipment	GL Detail and copies of paid invoices or receipts	\$1,850
Mileage	See Exhibit B.1 (6.c)	\$1,500
Program Materials & Translation Services	Copies of paid invoices. For subcontracted services, invoices must include dates, rates, and hours.	\$1,500
SUBTOTAL		\$40,351
Indirect @ 14%		\$5,649
TOTAL		³\$46,000

- ¹ All direct costs must be directly attributable to this program.
- ² Equipment expenses include laptop, cell phone, and desk phone necessary for the Case Manager position.
- ³ Funding for this contract may not be duplicated or transferred to any other contracts between the Contractor and the County.

Contractor’s Invoicing Contact Information:	
Name	David Grote
Phone	360-734-5121 x1230
Email	david_grote@oppco.org

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

EXHIBIT “B.1” – Invoicing – General Requirements

1. Funds may be reallocated between line items with written approval by the County.
2. When applicable, indirect costs and fringe benefit cost rates 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 KDefilip@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 and July 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. For the purposes of this agreement, Individuals with Disabilities Education Act (IDEA) Part C funds are considered Payor of Last Resort. (POLR)
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, 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
 - d. 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.
8. 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.
9. 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.**
10. 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 KDefilip@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.