


WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

202208008 – 3

Originating Department:		85 Health		
Division/Program: (i.e. Dept. Division and Program)		Response Systems Division / Alternative Response Team		
Contract or Grant Administrator:		Vanessa Martin		
Contractor's / Agency Name:		Washington State Health Care Authority		
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 #:	202208008		
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):	K6144-03	CFDA#:	
Is this contract grant funded?				
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):			
Method of Procurement:	N/A	Contract Cost Center:	18538519	
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"/> 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:		
\$	3,387,000	1. Exercising an option contained in a contract previously approved by the council.		
This Amendment Amount:		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.		
\$	1,174,000	3. Bid or award is for supplies.		
Total Amended Amount:		4. Equipment is included in Exhibit "B" of the Budget Ordinance		
\$	4,561,000	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 amendment extends the agreement for two years.				
Contract Term Ends:		06/30/2027		
Contract Routing:	1. Prepared by:	J. Thomson	Date:	07/29/2025
	2. Attorney signoff:	Kimberly A. Thulin	Date:	08/05/2025
	3. AS Finance reviewed:	Bbennett	Date:	07/29/2025
	4. IT reviewed (if IT related):		Date:	
	5. Contractor approved:		Date:	
	6. Submitted to Exec.:		Date:	
	7. Council approved (if necessary):	AB2025-583	Date:	
	8. Executive signed:		Date:	
	9. Original to Council:		Date:	

		CONTRACT AMENDMENT	HCA Contract No.: K6144 Amendment No.: 03
THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.			
CONTRACTOR NAME Whatcom County		CONTRACTOR doing business as (DBA) Whatcom County Health and Community Services	
CONTRACTOR ADDRESS 509 Girard Street Bellingham, WA 98225		CONTRACTOR CONTRACT MANAGER Name: Vanessa Martin Email: vmartin@co.whatcom.wa.us	
AMENDMENT START DATE July 1, 2025	AMENDMENT END DATE June 30, 2027	CONTRACT END DATE June 30, 2027	
Prior Maximum Contract Amount \$3,387,000	Amount of Increase \$1,174,000	Total Maximum Compensation \$4,561,000	

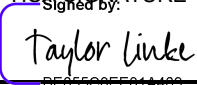
WHEREAS, HCA and Contractor previously entered into Contract to establish an alternative response team program, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 7, Agreement Changes, Modifications and Amendment to extend the end date and add funding to continue the program;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3, Period of Performance. The end date is extended through June 30, 2027.
2. Section 4, Payment, the not to exceed amount is increased by \$1,174,000 from \$3,387,000 to \$4,561,000.
3. A new Schedule A1, Statement of Work is added herein and attached below.
4. This Amendment will be effective July 1, 2025 ("Effective Date").
5. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.
6. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
HCA SIGNATURE Signed by: 	Taylor Linke Chief of Staff	7/29/2025

APPROVAL AS TO PROGRAM: _____
Malora Christensen, Response Systems Manager Date

DEPARTMENT HEAD APPROVAL: _____
Charlene Ramont, Interim Director Date
Whatcom County Health and Community Services

APPROVAL AS TO FORM: Approved by email KT/JT 08/05/2025

Kimberly A. Thulin, Senior Civil Deputy Prosecutor Date

Washington State Health Care Authority
626 8th Avenue SE
Olympia, WA 98504

Schedule A1
Statement of Work
July 1, 2025 – June 30, 2027

1. Purpose

The purpose of this Agreement is for the Contractor to continue an alternative response team (ART) program to respond to 911 calls that do not require emergency medical services or law enforcement.

2. Definitions Specific to this Statement of Work

- 2.1 Harm Reduction means an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.
- 2.2 Trauma Informed Care means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re traumatization.

3. Work Requirements

The Contractor shall provide the services and staff and otherwise do all things necessary for or incidental to the performance of work, as set forth below. The Contractor shall:

- 3.1 Develop and submit an overview of the ART program including:
 - 3.1.1 days and times covered by program; and
 - 3.1.2 a project timeline covering state fiscal year 2026 (FY26) and state fiscal year 2027 (FY27).
 - 3.1.3 An operating expenses budget that includes personnel, maintenance, and utility expenses for state fiscal year 2026 (FY26) and state fiscal year 2027 (FY27)
- 3.2 Develop and submit detailed plans for communication protocols both internally (between the triage team and the response team) and externally (between internal teams and 911 dispatch, emergency medical services, and law enforcement). Ensure that communication protocols include equipment to be used and a process for emergency response by external partners.
- 3.3 Develop position descriptions and maintain current or recruit new team members for the ART program.
- 3.4 Train alternative response team members and all other respondents on Trauma Informed Care, Harm Reduction, and/or other evidence-based approaches to reducing harm in crisis encounters.

- 3.5 Create two-way communication plan that allows for program to be promoted in the community and provides accessible avenues for community member feedback, including the feedback of individuals receiving ART services.
- 3.6 Create program evaluation plan including:
 - 3.6.1 data to be collected and methods for program evaluation.
 - 3.6.2 equity measures,
 - 3.6.3 performance monitoring,
 - 3.6.4 community impact,
 - 3.6.5 financial implications, and
 - 3.6.6 emergency medical services/emergency department law enforcement impact in evaluation metrics, including how the results will be shared with other counties.
 - 3.6.7 Data collected for the purpose of evaluation and reporting must be de-identified, aggregated, and, if the volume is less than ten (10), data must be obscured.
- 3.7 Submit expenditure or encumbrance documentation to the HCA contract manager for supplies and performance-based deliverables for reimbursement with the Quarterly Report. See Section 4, below.
- 3.8 Provide copies of authorized purchase orders and documentation related to the ART with the Quarterly Report, see Section 4 below. Purchase orders must include, but is not limited to, the following information: vehicle make and model, order date, vehicle cost total, vehicle year and any other relevant information the Contractor may provide.

4. Reports

- 4.1 Quarterly Reports must include the following:
 - 4.1.1 Summary of program activities,
 - 4.1.2 A detailed description of all completed deliverables during the reporting period;
 - 4.1.3 All associated purchase orders and back-up documentation;
 - 4.1.4 Successes and challenges during the time period; and
 - 4.1.5 Other components, as agreed to by Contractor and HCA Contract Manager.
- 4.2 Program Evaluation Reports (year 2) must include the following:
 - 4.2.1 Summary of program activities,
 - 4.2.2 A detailed description of all completed deliverables during the reporting period;
 - 4.2.3 All associated purchase orders and back-up documentation;
 - 4.2.4 Successes and challenges during the time period; and
 - 4.2.5 Other components, as agreed to by Contractor and HCA Contract Manager.
- 4.3 End of Year Progress report (year 1)
 - 4.3.1 Summary of program progress this year,
 - 4.3.2 A detailed description of all completed deliverables during the reporting period.
 - 4.3.3 All associated purchase orders and back-up documentation;
 - 4.3.4 Successes and challenges during the time period; and
 - 4.3.5 Other components, as agreed to by Contractor and HCA Contract Manager.

5. Deliverables Table.

5.1 The contractor will invoice HCA upon completion of timely deliverables in accordance with the deliverable descriptions and payment amounts below.

5.2 Due dates may be extended with written approval from HCA Contact Manager but will in no case be extended beyond June 30, 2027 unless agreed upon via a signed Amendment.

#	Description	Date Range	Due Date	Rate	Amount
SFY2026					
1	Quarterly Reports	Oct-Dec 2025	10 th day of the month following the month of service	\$145,000 per report x 3 reports	\$435,000
		Jan-Mar 2026			
		Apr-June 2026			
2	End of year progress Report	July 2025-June 2026		\$152,000 per report x 1 report	\$152,000
Subtotal, SFY2026					\$587,000
SFY2027					
3	Quarterly Reports	July-Sept 2026	10 th day of the month following the month of service	\$145,000 per report x 3 reports	\$435,000
		Oct-Dec 2026			
		Jan-Mar 2027			
4	Program Evaluation Report	July 2026-June 2027	With final invoice	\$152,000 per report x 1 report	\$152,000
Subtotal, SFY2027					\$587,000
Total Maximum Compensation for deliverables completed in SFY2026 & SFY2027					\$1,174,000

5.3 Work under this Schedule A1, Statement of Work is up to a maximum of \$1,174,000 including all expenses; and shall be based on the following Deliverables Table. Invoices must describe and document to HCA's satisfaction a description of the work performed.

5.4 Contractor will invoice HCA upon completion of timely deliverables in accordance with the completion of the deliverables in accordance with the deliverable descriptions and payment amounts below.