

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202410012 – 2

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:	Allyson Halverson
Contractor's / Agency Name:	Whatcom Center for Early Learning

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 #:		202410012	
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"/>				
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Method of Procurement:	RFP 24-60	Contract Cost Center(s):	18581004.6610	
Is this agreement excluded from E-Verify?	No <input checked="" type="checkbox"/> Yes <input 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 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, 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:
\$ 398,709	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.
\$ 289,854	3. Bid or award is for supplies.
Total Amended Amount:	4. Equipment is included in Exhibit "B" of the Budget Ordinance
\$ 688,563	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: 01/29/2026
	2. Health Approval:	G. Iturria	Date: 03/03/2026
	3. Attorney signoff:	JCW	Date: 03/06/2026
	4. AS Finance reviewed:	D. Kempf	Date: 3/6/2026
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:		Date:
	8. Council approved (if necessary):	AB2026-227	Date:
	9. Executive signed:		Date:
	10. Original to Council:		Date:

WHATCOM COUNTY CONTRACT AMENDMENT
Healthy Children’s Fund Mental Health Workforce Expansion

PARTIES:

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

AND CONTRACTOR:
Whatcom Center for Early Learning
2001 H Street
Bellingham, WA 98225

CONTRACT PERIODS:

Original: 09/25/2024 – 03/31/2026

Amendment #1: 02/10/2025 – 03/31/2026

Amendment #2: 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 09/24/2028.
2. Pursuant to the original contract “General Terms, Section 40.1, Modifications”, revises Exhibit A – Scope of Work, to update the scope of work to remove references to a pilot program and start-up activities and add ongoing program services.
3. Pursuant to the original contract “General Terms, Section 40.1, Modifications”, revises Exhibit B – Compensation, to update the budget to reflect the budget for the renewed, 12-month contract period as the initial contract reflected a budget for an 18-month period.
4. Funding for this contract period (04/01/2026 – 03/31/2027) is not to exceed \$289,854.
5. Funding for the total contract period (09/25/2024 – 03/31/2027) is not to exceed \$688,563.
6. All other terms and conditions remain unchanged.
7. The effective start date of the amendment is 04/01/2026.

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: _____
Ann Beck, Community Health & Human Services Manager Date

DEPARTMENT HEAD APPROVAL: _____
Champ Thomaskutty, Director Date
Whatcom County Health and Community Services

APPROVAL AS TO FORM: _____
Janelle C. Wilson, Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

Sierra James, Executive Director

Contractor Signature | Printed Name and Title | Date

FOR WHATCOM COUNTY:

Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Whatcom Center for Early Learning
2001 H Street
Bellingham, WA 98225
360-671-3660
sierra@wcel.net

EXHIBIT A – Amendment #2
STATEMENT OF WORK

I. Background and Purpose

This agreement supports expansion WCEL’s Early Childhood Mental Health Support Program to low-income children ages 0 – 5. WCEL directly serves vulnerable children with complex medical needs and their caregivers through early support and early learning programs. The expansion of services will address significant barriers to accessing mental health services in Whatcom County by providing direct to support to children and families in a current mental health crisis or extreme stress while removing barriers in navigating insurance and access to outside providers. Expansion of mental health support services will include:

- Employing licensed staff who will serve substantially more children through the provision of clinical and non-clinical mental health services to children and families.
- Implementing a Mental Health Professional internship supported by the professionals describe above, to develop a workforce with skills in providing mental health services to children ages 0-5.
- Providing staff development and opportunities for training provided by Perinatal Support Washington and the Center for Early Relational Health (formally known as Washington Association for Infant Mental Health, WA-AIMH). Training opportunities include Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5); Infant Mental Health Endorsement (IMH-E) which is a minimum 2-year process; Promoting First Relationships (levels 1 and 2 and PFR reflective groups); Foundations in Infant and Early Childhood Mental Health Training Series; and to become trained facilitator of the Incredible Years for Parents of Babies/Parents of Toddlers curriculum.

Access to early childhood mental health care is a critical gap in Whatcom County. This lack of access has serious and lasting consequences on children’s physical, emotional, social, and cognitive health. Families who have children with special healthcare needs can face additional barriers to accessing mental health care in an office setting, and WCEL’s flexible home visiting model for mental health care increases access to needed services. With early identification and investments in mental health treatment for young children and their families, expenditures in healthcare, education, criminal-legal system, and the labor market are reduced. Early identification and intervention also supports families in learning simple strategies for support, which leads to healthy development of the child and a healthier home environment and a reduction in the risks of childhood mood disorders.

This contract is awarded as a result of RFP 24-60 and supports Strategy 7 of the Healthy Children’s Fund, intended to expand behavioral and mental health services for vulnerable children, pregnant parents, and parents with young children.

II. Statement of Work

The Contractor will expand equitable and inclusive mental and behavioral health services to an estimated 150-200 individuals (children ages 0-5 and their caregivers) who are low-income over the 12-month contracting period. The Contractor expects to serve an estimated 50 individuals per month with licensed clinical social workers services, and an additional eight individuals per month with services provided by an MSW Intern. The total number of children and caregivers served is expected to vary based on the number of months families need services.

Expanded services will include:

A. Licensed Social Worker Staffing

The Contractor will extend the duration of employment that would have otherwise ended without the funding from this contract, for a part-time, Licensed Social Worker Associate Independent Clinical (LSWAIC) position and retain the employment of the newly hired full-time Licensed Independent Clinical Social Worker (LICSW) who has completed additional training in Perinatal Mental Health that will serve children and families. These positions will:

1. These positions will address complex mental health needs through the provision of wholistic and comprehensive clinical and non-clinical mental health services to an estimated 50 children and caregivers per month by:

- a. Providing mental and behavioral health interventions to families regarding their concerns about their child, the effects of specific traumas on a child, developmental delays around attachment and/or social emotional health and wellbeing, and direct support to parents and caregivers.
 - b. Providing direct mental health interventions for caregivers with mild and moderate cases of perinatal depression and anxiety. Triage caregivers through the identification of risk factors of perinatal depression and anxiety, or through the use of screening tools such as the Patient Health Questionnaire 9 (PHQ-9) or Edinburg Depression Scale.
 - c. Providing direct mental health interventions for children and families experiencing an infant/early childhood mental health need with priority given to families with the highest need and most at-risk. This can include families working through experiences of abuse and neglect; children that have insecure relationships after change/loss; children that staff are concerned for their safety; or if a family has life stressors that do not allow the caregiver to focus on a child's other primary services they receive at WCEL.
 - d. Providing mental health interventions through facilitated mental health support groups for families who have children 0-5 with complex medical needs, when appropriate.
 - e. Providing mental health clinical knowledge and consultation to WCEL leadership staff (approx. 6-10 hours per month)
2. Accept Apple Health/Medicaid.
 3. The LICSW provides clinical supervision and oversight to the LSWAIC and will mentor and supervise the MSW intern (described below) to increase their knowledge and understanding of Perinatal Mood and Anxiety Disorders (PMADs) and gain skills to support the mental health of children 0-5 and their families.
 - a. The supervisor's duties will be outlined by the MOU with an educational institution that WCEL partners with. Anticipated duties include weekly supervision meetings, arranging professional development opportunities for the intern, collaborating with the intern to ensure all requirements of the internship from the educational institution are met, meeting with the educational institution to learn more about internship requirements, interviewing intern candidates, etc.

B. Mental Health Internship Program

The Contractor will partner with an educational institution to implement a paid internship program that provides long-term skill development in infant, early childhood, and perinatal mental health to a student pursuing their Master of Social Work or Licensed Mental Health Counseling degree. The intern will gain experience and mentoring from the staff positions described in A., above in providing direct infant, early childhood and perinatal mental health services to children ages 0-5 and their caregivers.

1. The intern will gain the skills to address mental health needs through the provision of clinical and non-clinical mental health services to an estimated eight children and families per month through the activities detailed below.
 - a. The intern will develop their clinical skills by completing training approved by their supervisor relating to infant, early childhood, perinatal and other relevant mental health topics.
 - b. The intern will participate in levels 1 and 2 training of [Promoting First Relationships](#), a program for service providers to help caregivers nurture young children's social and emotional development.
 - c. The intern will develop their clinical skills through the shadowing of LICSW, LSWAIC as well as other agency providers (occupational therapist, physical therapist, specialized instruction, and speech language pathologist).

- i. If deemed appropriate by the clinical supervisor, the intern will provide direct mental health interventions for caregivers with mild and moderate cases of perinatal depression and anxiety under the supervision of WCEL's licensed clinicians.
 - d. The intern will develop their clinical skills by attending professional development provided by Perinatal Support Washington to become trained to support the mental health of caregivers postpartum.
 - e. The Intern will develop their clinical skills by attending professional development provided by the Center for Early Relational Health to become trained to support infant/early childhood mental health.
- 2. Interns will receive a stipend from the Contractor up to \$2,167 per month, which compensates them for 86.67 hours of service per month or approximately 20 hours per week.
 - a. The interns will be paid on an hourly basis and their time will be tracked using WCEL's payroll timecard system iSolved.
 - b. The intern will be enrolled in a graduate level Social Work or Mental Health Counseling program with a credentialed educational institution and has an intention in working with infant/early childhood/perinatal populations.

C. Mental Health Program Support

The Contractor will provide administrative assistance support for the Mental Health program so that licensed social workers and interns can focus efforts on providing direct client mental health care services to meet targeted outcomes. Reimbursable administrative positions and activities include:

- 1. Family Resource Coordinator (up to 30 hours per month)
 - Support licensed social workers to schedule and coordinate client appointments and mental health support groups.
 - a. Initiate introduction phone call to client, schedule, and send intake paperwork via client Ensora portal.
 - i. If a client does not have Ensora, scan and upload signed client paperwork into client's portal.
 - b. Support licensed social workers to manage the Mental Health Program referrals/waitlist
 - i. Coordinate with SEAS and ESIT staff to add clients to waitlist and assign to mental health clinician.
 - c. Support licensed social workers to help ensure the Mental Health Program maintains high quality standards.
 - i. Update the Mental Health Program's Standard Operating Procedures orientation binder when needed.
 - ii. Coordinate updating mental health program forms when needed including updating physical forms, online Ensora portal forms, and coordinate translation of forms.
 - iii. Audit client charts to follow Washington Administrative Code (WAC) compliance.
 - iv. Attend monthly mental health team meetings.
 - v. Assist with monthly tracking of program data and completion of quarterly reporting.
 - d. Co-facilitate mental health support groups with licensed social workers (LICSW and/or LSWAIC). Assist licensed social workers in group meeting preparations, setup and clean up.
 - e. Facilitate resource identification and provide case management support for mental health program clients who are not enrolled in ESIT.

2. Billing and Insurance Specialist (up to 17 hours per month)
 - a. Complete and submit insurance claims for eligible mental health care services provided to clients with Apple Health/Medicaid.
 - b. Track and report claims status.
 - c. Maintain insurer credentialing for providers.
3. Office Administrators: Program Administrative Coordinator and/or Office Administrator positions (up to 14 hours per month)
 - a. Coordinate the development and distribution of outreach materials for the Mental Health Program to internal staff and external community.
 - b. Assist with coordinating materials to be translated.

D. Additional Requirements

To ensure the continuity and quality of the mental health care program services, the Contractor will:

1. Provide monthly mental health consults and screening trainings for ESIT staff.
2. As needed, maintain a waiting list for qualifying clients seeking mental health services that includes the date the client was put on the waiting list, client contact information including languages spoken, and any reported safety concerns.
3. Meet with the County, as requested to discuss the mental health program.
4. Notify the County immediately in the event of a change in the Mental Health Program personnel.
 - a. If Licensed Social Worker (LICSW and/or LSWAIC) personnel exits employment from WCEL during the contract period, WCEL's replacement mental health personnel must have an equal to or greater level of Licensing and certified training in Perinatal Mood and Anxiety Disorders (PMADs) as the previously employed Licensed Social Workers. This includes maintaining a LICSW position that also holds a Perinatal Mental Health Certification (PMH-C). Exceptions to this requirement can be considered on a case-by-case basis by the County.
5. Provide barrier-free access to mental health services 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.
6. Protect and maintain all confidential information, including protected health information, against unauthorized use, access, disclosure, modification, and/or loss. Client paper documents must be secured in a locked file box during transport and stored in a locked file cabinet when in an office setting.
7. Ensure policies, procedures and staffing are in place to ensure quality and consistency of services provided.

III. Referrals

Families will be referred to the expanded services through the Single Entry Access to Services (SEAS) line, directly through the Contractor's staff, providers and partners, or through self-referral by parents and caregivers.

- a. Eligibility for mental health services will be determined by using a PMAD screening tool, a psychosocial assessment to identify emotional or adjustment issues, and other screening and assessment tools.
- b. The Contractor will connect families within 72 hours to provide program information and schedule an evaluation. Priority will be given to the highest need and most at-risk families.
- c. The Contractor will make community referrals to mental health services as needed, including when medication management is needed to address caregiver mental health.

IV. Reporting

Whatcom County Health and Community Services aligns contract reporting requirements with its identified Results Based Accountability (RBA) model for assessing program performance and evaluation. Reporting requirements may be updated with advanced notice to the Contractor and without contract amendment.

The Contractor shall submit performance data and reports sufficient for the County to monitor implementation and assess progress using the RBA 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.

- a. Reported data will be used for monitoring, decision-making, public transparency, and to support the biennial performance audit required by ordinance. Data will be shared with external auditors for an evaluation of the Healthy Children’s Fund. Reports shall be submitted online (<https://www.surveymonkey.com/MHWERound2>) through county-designated online forms and templates (and when applicable, a spreadsheet) in accordance with county instructions. The Contractor shall utilize the most current reporting templates provided by the County to submit quarterly reports on the 15th of the month, following completion of each quarter (July 15, October 15, January 15, April 15).

Whatcom County Health and Community Services aligns contract reporting requirements with its identified Results Based Accountability model for assessing program performance and evaluation. 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. On a six-month period (October 15, April 15), the Contractor will also be asked to submit answer questions related to the success and challenges of implementation, as well as provide feedback to Whatcom County Health and Community Services around the process. Each six-month report will contain 4-6 questions that will ask for a paragraph response to each.

V. Funding Recognition

As a recipient of funding from the Whatcom Healthy Children’s Fund, the Contractor is 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 signage, social media posts, or similar materials. The County 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 HCF brand guide:

<https://www.whatcomcounty.us/DocumentCenter/View/108188/WHCF-Style-Options-2024-v20>

**EXHIBIT B – Amendment #2
COMPENSATION**

Budget and Source of Funding: The source of funding for this contract period (04/01/2026 – 03/31/2027), in a total amount not to exceed \$289,854, is the Healthy Children’s Fund. The budget for this agreement is as follows:

Item	Documents Required Each Invoice	Budget
Licensed Independent Clinical Social Worker – (salaries and benefits)	Expanded General Ledger (GL) Detail	\$125,296
Licensed Social Worker Associate Independent Clinical – (salaries and benefits)		\$76,973
Family Resource Coordinator (salaries and benefits; maximum 30 hours per month)		\$9,164
Billing and Insurance Specialist (salaries and benefits; maximum 17 hours per month)		\$7,708
Office Administrator and/or Program Administrative Coordinator (salaries and benefits; maximum 14 hours per month)		\$4,596
MSW Intern Stipend (\$2,167 monthly)	Expanded GL Detail documenting stipends paid	\$13,000
MSW Intern Supervisor Stipend		\$500
Mental Health Professional Development Training (registration and materials) and Travel	See Exhibit B.1 (6.c and 6.d)	\$4,950
Mileage		\$4,685
Mental Health Program Materials* and Supplies	Copies of paid invoices or receipts	\$2,500
Subcontracted Services for language interpretation	Copies of paid invoices including dates, hours, and rates of service.	\$2,675
SUBTOTAL		\$252,047
Indirect @ 15%		\$37,807
TOTAL		\$289,854

* Any program materials exceeding \$500 must be pre-approved by the County.

Contractor’s Invoicing Contact Information:	
Name	
Phone	
Email	

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

EXHIBIT "B.1" – Invoicing – General Requirements

1. When applicable, the contractor may transfer funds among budget line items in an amount not to exceed 10% of the total budget. Line item changes that exceed 10% must be pre-approved by the County Contract Administrator, prior to invoicing.
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 AHalvers@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.
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 AHalvers@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.

Exhibit “D”

Whatcom Center for Early Learning (WCEL)

Summary of Work to Date (Q4 2024 – Q4 2025)

A. Summary of Progress in Relation to the Scope of Work

Overall, WCEL’s implementation reflects strong alignment with the intent of the Scope of Work. While service volume has been lower than originally projected, the variance reflects intentional infrastructure development, workforce expansion, and the high-acuity nature of families served. The program has established a solid foundation for continued growth in equitable early childhood mental health services.

WCEL has successfully established and integrated an Early Childhood Mental Health Support Program serving low-income children ages 0–5 and their caregivers. While total individuals served through 2025 (approximately 92 children and families) is below the original estimate of 150–300 individuals over the full contract period, the final count is expected to be higher as additional families are served under this contract in early 2026. To date, the program has focused on building strong clinical infrastructure, expanding workforce capacity, and addressing the high level of complexity among families served.

Service intensity has been higher than originally anticipated, with approximately 35 percent of children served presenting as medically complex, including NICU graduates, hospice involvement, feeding tube dependency, or high-risk referrals. Many families also face transportation barriers, caregiver mental illness, and multiple high-needs children in the household, resulting in a predominance of home-based services. These factors increase visit length, coordination demands, and follow-up intensity, reducing monthly output while maintaining high service quality.

Leadership and workforce development activities also influenced early service volume. The LICSW assumed a leadership role to develop policies, referral systems, documentation templates, internship partnerships, and a Standard Operating Procedures manual, while completing required advanced infant and perinatal mental health training. In addition, one associate clinician was on maternity leave from September through January, temporarily reducing staffing capacity. Despite these constraints, the program has built strong referral pathways through ESIT and SEAS and established a sustainable model for continued growth.

B. Key Metrics and Service Data

1. Workforce Capacity and Training

WCEL funded and completed 301 hours of specialized training in infant and perinatal mental health during the contract period. An average of 16 staff were trained per quarter. Training supported implementation of evidence-based assessment and treatment practices, supervision of associate clinicians and interns, and long-term specialization in early childhood mental health.

2. Licensed Clinician Services (LICSW & LSWAIC)

Licensed clinicians delivered a combined total of 610 mental health appointments during the contract period and enrolled 79 new children ages 0–5 and their caregivers. On average, approximately 21 children were

served per quarter. Approximately 77 percent of children served were enrolled in Apple Health, and families were reached across multiple communities in Whatcom County. Although the Scope of Work projected serving approximately 75 individuals per month, actual service delivery reflected higher per-family intensity and longer duration of engagement.

3. MSW Internship Program

The MSW intern delivered 106 mental health appointments and served 13 new children ages 0–5 and their caregivers, with 92 percent enrolled in Apple Health.

4. Incredible Years Parenting Groups

One Incredible Years parenting group was delivered during the contract period, serving seven caregivers. Group implementation occurred later in the cycle as WCEL prioritized stabilizing and expanding direct clinical services for high-acuity families.

C. Implementation Context and Learning (6- and 12-Month Reports)

Narrative reports indicate strong integration of mental health services within WCEL's Early Support for Infants and Toddlers (ESIT) programs. Early successes include normalization of perinatal and infant mental health conversations among staff, strengthened referral pathways, and increased caregiver engagement in home-based services. The program has improved access to care by delivering services in families' natural environments, thereby reducing systemic barriers related to transportation and childcare.

At the same time, the pilot period revealed operational and structural needs, including expanded language access, improved confidential clinical space, additional administrative and project management capacity, and more sustainable reimbursement models that support supervision and collaborative care. These learnings have informed planning for future scaling and refinement of the program model.