

WHATCOM COUNTY
CONTRACT INFORMATION SHEET

Whatcom County Contract Number:
202410008 – 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: | | | | Allyson Halverson | | | |
| Contractor's / Agency Name: | | | | Lydia Place | | | |
| 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 #: | | | | 202410008 | |
| 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): | | | | | |
| 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: <ol style="list-style-type: none"> 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. | | | |
| \$ | 474,786 | | | | | | |
| This Amendment Amount: | | | | | | | |
| \$ | 348,177 | | | | | | |
| Total Amended Amount: | | | | | | | |
| \$ | 822,963 | | | | | | |
| Summary of Scope: This amendment revises the initial term of the agreement and establishes a consecutive term through 2026. | | | | | | | |
| Contract Term Ends: | | 12/31/2026 | | | | | |
| Contract Routing: | 1. Prepared by: | J. Thomson | | | Date: | 11/05/2025 | |
| | 2. Health Approval: | EC | | | Date: | 11/17/2025 | |
| | 3. Attorney signoff: | Kimberly A. Thulin | | | Date: | 11/19/2025 | |
| | 4. AS Finance reviewed: | bbennett | | | Date: | 11/17/2025 | |
| | 5. IT reviewed (if IT related): | | | | Date: | | |
| | 6. Contractor signed: | | | | Date: | | |
| | 7. Executive Contract Review: | | | | Date: | | |
| | 8. Council approved (if necessary): | | | | 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:
Lydia Place
13 Prospect Street, Suite 202
Bellingham, WA 98225

CONTRACT PERIODS:

Original: 10/09/2024 – 04/30/2026
Amendment #1: 12/09/2025 – 12/31/2026

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. Revises the initial term of this contract to end on 12/31/2025.
2. Extend the duration and other terms of this contract through 12/31/2026, as per the original contract "General Terms, Section 10.2, Extension". The cumulative term of this contract may not extend beyond 10/08/2028.
3. Amend Exhibit A – Scope of Work, to revise client transportation requirements to authorize a) utilization of multiple pre-approved ride hailing transportation services for clients, b) reimbursement of canceled rides, c) updates the estimated numbers of clients served in the extended contract period, and d) authorize amendments to reporting requirements, without contract amendment.
4. Amend Exhibit B – Compensation, to revise the term of the initial contract period and provide a budget for the 2026 contract period.
5. Add Exhibit E – Summary Data to summarize the performance of the services provided through the 3rd quarter of 2025.
6. Funding for the initial contract period (10/09/2024 – 12/31/2025) is not to exceed \$474,786.
7. Funding for the extended contract period (01/01/2026 – 12/31/2026) is not to exceed \$348,177.
8. Funding for the total contract period (10/09/2024 – 12/31/2026) is not to exceed \$822,963.
9. All other terms and conditions remain unchanged.
10. The effective start date of the amendment is 12/09/2025.

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 and Human Services Manager Date

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

APPROVAL AS TO FORM: _____
Kimberly A. Thulin, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

| | | |
|--------------------------------------|------------------------|------|
| Ashley Thomasson, Executive Director | | |
| Contractor Signature | Printed Name and Title | Date |

FOR WHATCOM COUNTY:

Satpal Singh Sidhu, County Executive Date

CONTRACTOR INFORMATION:

Lydia Place
13 Prospect Street, Suite 202
Bellingham, WA 98225
ashleyt@lydiaplace.org

**EXHIBIT A – Amendment #1
STATEMENT OF WORK**

I. Background and Purpose

This agreement supports the expansion of mental health and parent support services to low-income families with children ages 0-5 who are experiencing or have experienced homelessness. Expansion of mental health support services supported through this contract will be provided to an estimated 74 potentially duplicated households and will include:

- Establishment of a paid mental health internship program for 2 interns
- Utilization of a 1 FTE Mental Health Clinician and 1 FTE Family Support Specialist
- Staff training to increase capacity of a workforce skilled in perinatal or early childhood mental and behavioral health services
- Enhanced coordination and delivery of behavioral health services including therapy, and parenting support and education, in a variety of settings

The Contractor's Mental Health Program provides high quality, low barrier, and flexible in-home clinical mental health services to families. The program focuses on eliminating barriers to accessing behavioral health care to increase opportunities for families to create and maintain housing stability as well as to thrive.

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. 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 was 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 mental health services to low-income families with children ages 0-5, as follows:

A. Staffing

The Contractor will employ a 1 FTE Mental Health Clinician and 1 FTE Family Support Specialist, to establish a mental health internship for two interns. Each position will focus on families and individuals who are in the perinatal stage, those with children age 5 and under, and children ages 0-5.

1. Staff Clinicians will:

- a. Attend infant mental health, and/or perinatal mental health training that can include transition to parenthood, common perinatal mood disorder symptoms and treatment modalities, traumatic birth, pregnancy, perinatal loss, impact of abuse during the perinatal period.
- b. From 10/09/2024 – 12/31/2025: Provide mental health care and support to an estimated 26 households with children 0-5 who meet income eligibility requirements for Apple Health/Medicaid, maintaining mental health access for eligible households.
- c. From 01/01/2026 – 12/31/2026: Provide mental health care and support to an estimated 10 new households with children 0-5 who meet income eligibility requirements for Apple Health/Medicaid, maintaining mental health access for eligible households.
- d. As possible, provide clinical services at Animals as Natural Therapy (ANT), a nonprofit organization that seeks to improve mental and behavioral health through animal-guided programs and mentorships. This service discontinued in 2025.

2. Family Support Specialists will:

- a. Build a partnership with families based on trust and mutual respect, ensuring that topics and resources most important to a family are at the forefront.
- b. Ensure that each visit includes three key components:
 - i. Development-Centered Parenting
 - ii. Parent Child Interaction
 - iii. Family Well-Being
- c. Focus on Family Critical Time Intervention (FCTI). FCTI is an intensive model of support providing families with vital linkages in the community to meet their children's developmental, social-emotional, and mental health needs.
- d. Coordinate, prepare, and facilitate Family Connections (described in II.C, below).
- e. Attend a minimum of two infant mental health, and/or perinatal mental health trainings that can include transition to parenthood, common perinatal mood disorder symptoms and treatment modalities, traumatic birth, pregnancy, perinatal loss, impact of abuse during the perinatal period and other relevant topics.

3. Mental Health Internship Program

Through Memorandums of Understanding, the Contractor will partner with educational institutions to implement a paid internship program that provides high-quality, individualized, and tailored direct counseling services to individuals and families and long-term skill development in infant, early childhood, and perinatal mental health to a student pursuing a Masters in Social Work, Mental Health Counseling, Marriage and Family Therapy, Art Therapy, or a related mental health therapy degree.

- a. MOUs will outline the requirements and expectations between each agency and will be signed once Interns are selected. Intern selection criteria will include:
 - i. Review of resumes and cover letters
 - ii. Interviews
 - iii. Background and reference checks
 - iv. Lived or professional experience and approach to the work involved. Preference will be given to interns who have special language or skill sets based on lived experience.
 - v. Being at the advanced practicum level, which requires a 10-month to one-year commitment to the internship.
 - vi. A stated interest in working with the perinatal and early childhood populations.
- b. Interns will:
 - i. Be employed as temporary staff and participate in the internship for a minimum of 16 hours per week.
 - ii. Be supervised by a Department of Health approved supervisor who has at least two years of experience, post full licensure.
 - iii. Receive a minimum of one hour per week of clinical supervision and one hour of group supervision from the Contractor.
 - iv. Receive at least twenty hours of agency and mental health related training on topics related to:
 - a. Housing and homelessness including intersection between racism and homelessness

- b. Trauma-informed care
- c. Substance use
- d. Suicide prevention and intervention
- e. Understanding local systems
- f. Diversity, Equity and Inclusion
- g. Trauma and the developing brain
- h. Home visiting safety
- i. HIPAA
- v. Conduct diagnostic assessments to identify client strengths and needs.
- vi. Provide responsive and strengths-based crisis management.
- vii. Coordinate and integrate care and mental health support with schools, primary care providers, childcare providers, early learning specialists, and parenting support providers.
- viii. Provide ongoing wellness, safety, and crisis planning for individual clients.

B. Parent Support Program

The Parent Support Program (PSP) provides crucial support to caregivers experiencing or recovering from homelessness. These services include coaching, tools, and resources necessary to promote best practices in parenting. These services may also include basic clinical support to participants who present with a behavioral health challenge.

1. During the initial contract period (10/09/2024 – 12/31/2025), an estimated 48 caregivers and 88 children ages 0-5 will be served by the PSP.
2. During the extended contract period (01/01/2026 – 12/31/2026), an estimated 15 total caregivers and 22 total children ages 0-5 will be served by the PSP.
3. During the initial contract period, the Contractor will provide a combination of short-term supportive services to an estimated 33 new households with young children ages 0-5 to promote housing stability. Services may include parenting and behavioral health supports.
4. During the extended contract period, the Contractor will provide a combination of short-term supportive services to an estimated 20 total households with young children ages 0-5 to promote housing stability. Services may include parenting and behavioral health supports.
5. The PSP will use the Parents as Teachers model (PAT) which is an evidence-based home visiting program. PAT programming focuses on fostering healthy attachment, understanding child development, promoting positive parenting, developmental assessments, and connections to community resources.
 - a. Once enrolled in PAT, the Contractor will support all children in the household through their kindergarten year, for a minimum of two years.
6. Family Support Specialists will implement FCTI to support clients in engaging any identified services that would be helpful to the stability of their families.

C. Peer-to-Peer Support

The Contractor will provide peer-to-peer support through monthly gatherings known as Family Connections. Peer-to-peer support is an essential part of helping families establish and maintain health and stability for their children. Family Connections will provide opportunities for families to come together, learn from each other, build community and create crucial support systems that will aid them in long-term stability. The Peer-to Peer Family Support Specialist will:

1. Increase capacity in the number of groups and individuals with children 0-5 served.

2. Coordinate with community partners to deliver content during Family Connections and connect families with essential community resources.

D. Transportation Assistance

The Contractor will provide transportation assistance (Uber, Lyft, or other pre-approved ride-hailing ,staff vehicles, gas cards) to clients as needed to participate in the programs described above.

1. The County will reimburse:
 - a. Mileage at current GSA rates for client transportation performed by the Contractor's staff.
 - b. For gas cards provided to clients:
 - i. The total number of fuel cards purchased by the Contractor will not exceed \$3,000.
 - ii. The total value of each fuel card purchased will not exceed \$25.
 - iii. The total amount of fuel cards distributed to each client may not exceed \$200.
 - iv. The Contractor will maintain and submit to the County, a distribution log documenting:
 - a. Unique client identification number
 - b. Date of receipt
 - c. Client printed name and signature confirming receipt AND name and signature of staff distributing gas card, OR name and signature of staff distributing gas card AND signature of staff witnessing distribution to client.
 - d. Amount per distribution to client
 - e. Cumulative total distributed to client for entire contract period to date
 - v. Purchases with these fuel cards for any item other than gas is prohibited. The Contractor will communicate to clients that the gas card may only be used for fuel purchase when distributing gas cards.
 - c. Paid invoices or receipts for Uber, Lyft, or other pre-approved ride-hailing transportation services. Ride-hailing transportation services will be provided for clients who do not have access to a personal vehicle or public transportation.
 - i. Whatcom County will not reimburse tips paid to drivers.
 - ii. The Contractor will schedule the pick-up and drop-off location on the client's behalf and will receive confirmation that the trip was completed through invoices from ride-hailing transportation services.
 - iii. The Contractor will submit paid invoices or receipts for ride-hailing transportation services for reimbursement from the County.
 - iv. Lydia Place will maintain and submit to the County, a ride log documenting:
 - a. Total number of rides provided
 - b. Unduplicated number of households who utilized ride-hailing transportation services and zip codes of households.
 - v. The County will reimburse the Contractor for canceled rides in an amount up to \$15, not to exceed \$45 per client.

Due to the nature of services provided to vulnerable clients, there may be instances where ride cancellations may occur as these clients may face challenges in terms of confirming or adhering to transportation arrangements due to various unforeseen or uncontrollable factors.

Cancellation fees pay drivers for the time and effort they spend getting to locations. Ride hailing businesses may charge cancellation fees if a trip is canceled or if a driver waits for a certain amount of time at the pickup location and the rider arrives late or does not arrive. The grace period during before which a cancelation will apply, is dependent upon location.

III. Referrals

- a. Families will be referred to the expanded services through the Contractor's other programs within their agency (such as its housing program for vulnerable families), school districts, Whatcom County's Nurse Family Partnership Program and Recovery Court, and other healthcare providers
- b. For expanded mental health services, Clinical Supervisors will review referrals and discuss them with referrers to ensure that the Contractor's programs are filling gaps and needs that are not able to be accessed externally and that the family is experiencing housing instability, at risk of homelessness, or experiencing homelessness.
 1. Accepted referrals will be assigned to a staff or intern clinician based on capacity, acuity, and identified needs of each referral.
 2. Clinical Supervisors will do their best to make appropriate matches based on client preference and clinician experience and expertise.
- c. For all expanded services, the Contractor will conduct a biopsychosocial assessment to learn as much as possible about an individual and/or family's environment, support systems, health history, family history, current and past stressors, and goals.
 1. Assessments will inform the development of a treatment plan that will support individuals or families in attaining their goals.

IV. Reporting

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.

- 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/r/MHWEround2>) through County-designated online forms and templates (and when applicable, a spreadsheet) in accordance with County instructions. The Contractor will provide quarterly reporting on the 15th of the month, following completion of each quarter (October 15, January 15, April 15, July 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 6-month period (April 15, 2025, October 15, 2025, April 15, 2026), the Contractor will also be asked to submit answer questions related to the success and challenges of implementation, as well as provide feedback to WCHCS around the process. Each 6-month report will contain 4-6 questions that will ask for a paragraph response to each.

**EXHIBIT B – Amendment #1
COMPENSATION**

Budget and Source of Funding: The source of funding for this agreement is the Healthy Children's Fund. Total funding may not exceed the allocations provided in the tables below. The budget for this agreement is as follows:

| Initial Term: 10/09/2024 – 12/31/2025 | | |
|--|--|------------------|
| Item | Documents Required Each Invoice | Budget |
| ***Personnel – (salaries and benefits) | Expanded General Ledger (GL) Detail | \$392,329 |
| MH Interns Stipends (\$2,742 monthly) | Expanded GL Detail documenting stipends paid | \$21,936 |
| Program supplies including *food and beverages | GL Detail + copies of paid invoices or receipts | \$3,630 |
| Client Transportation (for attendance at monthly gatherings) | As applicable: <ul style="list-style-type: none"> • Staff transport (see Exhibit 6.c) • Gas card distribution log documenting: <ul style="list-style-type: none"> a. Unique client identification number b. Date of receipt c. Client printed name and signature confirming receipt AND name and signature of staff distributing gas card, OR name and signature of staff distributing gas card AND name and signature of staff witnessing distribution to client d. Amount per distribution to client e. Cumulative total distributed to client for the entire contract period to date • Paid invoices or receipts for **ride-hailing transportation services + log documenting: <ul style="list-style-type: none"> a. Total number of rides provided or canceled b. Unduplicated number of households utilizing ride-hailing services and zip codes of households. | \$3,000 |
| Staff Training/Travel | See Exhibit B.1 (6.c and 6.d) | \$7,300 |
| Subcontracted Services including translation and culturally specific perinatal and 0-5 support services. | Copies of paid invoices or receipts including dates and hours of services | \$3,429 |
| SUBTOTAL | | \$431,624 |
| Indirect @ 10% | | \$43,162 |
| TOTAL | | \$474,786 |

| Extended Term: 01/01/2026 – 12/31/2026 | | |
|--|---|------------------|
| Item | Documents Required Each Invoice | Budget |
| ***Personnel – (salaries and benefits) | Expanded General Ledger (GL) Detail | \$267,768 |
| MH Interns Stipends (\$2,676 monthly) | Expanded GL Detail documenting stipends paid | \$32,113 |
| Program supplies including *food and beverages | GL Detail + copies of paid invoices or receipts | \$3,804 |
| Client Transportation (for attendance at monthly gatherings) | As applicable: <ul style="list-style-type: none"> • Staff transport (see Exhibit 6.c) • Gas card distribution log documenting: <ol style="list-style-type: none"> a. Unique client identification number b. Date of receipt c. Client printed name and signature confirming receipt; OR name and signature of staff distributing gas card AND name and signature of staff witnessing distribution to each client d. Amount per distribution to client e. Cumulative total distributed to client for the entire contract period to date • Paid invoices or receipts for **ride-hailing transportation services + log documenting: <ol style="list-style-type: none"> a. Total number of rides provided or canceled b. Unduplicated number of households utilizing ride-hailing services and zip codes of households. | \$2,600 |
| Staff Training/Travel | See Exhibit B.1 (6.c and 6.d) | \$7,000 |
| Subcontracted Services including translation and culturally specific perinatal and 0-5 support services. | Copies of paid invoices or receipts including dates, hours, rates of services | \$3,240 |
| SUBTOTAL | | \$316,525 |
| Indirect @ 10% | | \$31,652 |
| TOTAL | | \$348,177 |

* Beverages must be nonalcoholic. The per person meal cost shall not exceed the current GSA rates.

** Reimbursement excludes tips paid to ride-hailing transportation service drivers. Cancellation fees may not exceed \$15 per ride or \$45 per client.

*** The Contractor must maintain timesheets accounting for all time and identifying direct hours for this program and the activities described in Exhibit A.

| 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 “E”
Summary Data for Lydia Place MHWE
Summary of Work to Date (Q4 2024 – Q3 2025)

A. Training

- Total hours **104 completed** by providers with HCF funds
- Topics were robust and clinically aligned, including:
 - Perinatal mental health & substance use disorders
 - Trauma and post-traumatic growth
 - Infant and early childhood mental health assessments (DC:0–5)
 - Culturally responsive mental health assessment
 - Attachment theory & parent–child mental health
 - Home visiting and reflective practice
 - Referral and care coordination for children 0–5

B. Service Delivery

1. Intern Supervision:

Intern began in Spring 2025 and has delivered a total of **36 sessions** to households. Reaching a total of **11 new children 0-5 and their caregivers**. Providing services to an average 5 households per quarter. All households served through this role were Apple Health–eligible.

2. Clinician (Provider) Mental Health Services:

The mental health provider has delivered a total of **857 sessions** to households since the beginning of this contract. Reaching a total of **50 new children 0-5 and their caregivers**. Providing services to an average 32 households per quarter. All households served through this role were Apple Health–eligible. Providers consistently reported **strong to full utilization of this service**.

3. Family Support Specialist (FSS) Services:

The family support specialist did a total of **184 unique visits to families** through the Peer Support Program. Reaching a total of **110 new children 0-5 and their caregivers**. Providing services to an average 30 households per quarter.

c. Summary from 6- and 12-month reports:

Lydia Place has made steady progress implementing the Mental Health Workforce Expansion project, increasing access to culturally responsive mental health and parenting supports for families with young children. Over the past year, the agency has expanded capacity through staff training, launched new programming tailored to families with barriers to traditional services, and significantly increased access for Spanish-speaking households. Early outcomes include stronger family stability, improved caregiver confidence, and high engagement in both mental health and parenting programs. The program continues to face challenges—particularly delayed reimbursements, navigating new contract requirements, and balancing flexibility with standardized processes—but remains on track with its goals and budget. Overall, Lydia Place is providing impactful, equity-centered support that aligns closely with Healthy Children’s Fund priorities.

d. **Summary of Progress in Relation to the Scope of Work**

Over the past year, Lydia Place has made strong progress implementing the Mental Health Workforce Expansion project and is meeting—and in several areas exceeding—the expectations outlined in the Scope of Work. Staff completed more than 100 hours of required perinatal and early childhood mental health training, launched the paid internship program, and expanded both clinical and family support capacity. These efforts directly align with the contract’s emphasis on strengthening the early childhood mental health workforce and increasing culturally responsive services for families with young children.

Service delivery has also matched or surpassed projected levels. The clinician provided 857 sessions to 50 new children 0–5 and their caregivers, while the Family Support Specialist completed 184 visits reaching 110 new children and caregivers through the Parents as Teachers and FCTI models. The intern added an additional 36 sessions to 11 new children and caregivers—all Apple Health–eligible. Taken together, this reflects strong fidelity to the Scope of Work and meaningful early impacts for families experiencing barriers to mental health and parenting supports.