

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No.
201611029 - 4

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	8550 Human Services / 855040 Housing Program
Contract or Grant Administrator:	Christopher D'Onofrio
Contractor's / Agency Name:	Catholic Community Services

Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract? Yes No
 Yes No If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: 201611029

Does contract require Council Approval? Yes No 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): _____ CFDA#: _____
 Yes No

Is this contract grant funded? If yes, Whatcom County grant contract number(s): _____
 Yes No

Is this contract the result of a RFP or Bid process? Contract Cost
 Yes No If yes, RFP and Bid number(s): 16-47 Center: 122200 / 124112

Is this agreement excluded from E-Verify? No Yes If no, include Attachment D Contractor Declaration form.

If YES, indicate exclusion(s) below:

- | | |
|---|--|
| <input type="checkbox"/> Professional services agreement for certified/licensed professional. | <input type="checkbox"/> Contract for Commercial off the shelf items (COTS). |
| <input type="checkbox"/> Contract work is for less than \$100,000. | <input type="checkbox"/> Work related subcontract less than \$25,000. |
| <input type="checkbox"/> Contract work is for less than 120 days. | <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA. |
| <input type="checkbox"/> Interlocal Agreement (between Governments). | |

Contract Amount:(sum of original contract amount and any prior amendments):

\$ 725,955

This Amendment Amount:

\$ 28,325

Total Amended Amount:

\$ 754,280

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**:

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.

Summary of Scope: This contract provides funding for housing case management services in association with the Whatcom Homeless Service Center. Housing case management services are provided to individuals in scattered site units as well as staffed housing programs in order to improve housing stability and reduce homelessness in Whatcom County.

Term of Contract:	1 Year	Expiration Date:	12/31/2019
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Contract Routing:	1. Prepared by: JT	Date: 03/21/19
	2. Attorney signoff: RB	Date: 05/07/19
	3. AS Finance reviewed: bbennett BB	Date: 05/07/19
	4. IT reviewed (if IT related):	Date: _____
	5. Contractor signed: ✓	Date: 5-14-19
	6. Submitted to Exec.: ✓	Date: 5-23-19
	7. Council approved (if necessary):	Date: _____
	8. Executive signed:	Date: _____
	9. Original to Council:	Date: _____

WHATCOM COUNTY HEALTH DEPARTMENT CONTRACT AMENDMENT

Whatcom County # 201611029

PARTIES:

**Whatcom County
Whatcom County Courthouse
311 Grand Avenue
Bellingham, WA 98225**

AMENDMENT NUMBER: 4

CONTRACT PERIODS:

**Original: 01/01/2017 – 12/31/2017
Amendment #1: 01/01/2018 – 12/31/2018
Amendment #2: 01/01/2018 – 12/31/2018
Amendment #3: 01/01/2019 – 12/31/2019
Amendment #4: 07/01/2019 – 12/31/2019**

AND CONTRACTOR:

**Catholic Community Services
1918 Everett Avenue
Everett, WA 98201**

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. Amend Exhibit A – Scope of Work, Section IV. Program Outcomes, to increase the program target for individuals in permanent supportive housing units who will receive case management services from 55 to 75; revised Exhibit A is attached.
2. Amend Exhibit B – Compensation, to add an additional \$25,000 for personnel costs and subsequently, indirect costs by \$3,325 for a total addition of \$28,325; revised Exhibit B is attached.
3. Funding for this contract period (01/01/2019 – 12/31/2019) is not to exceed \$270,310.
4. Funding for the total contract period (01/01/2017 – 12/31/2019) is not to exceed \$754,280.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 07/01/19.

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. Signature is required below.

APPROVAL AS TO PROGRAM: Anne Deacon 5/16/19
Anne Deacon, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: Regina A. Delahunt 5/20/19
Regina A. Delahunt, Health Department Director Date

APPROVAL AS TO FORM: [Signature] 5-22-19
Royce Buckingham, Civil Deputy Prosecuting Attorney Date

FOR THE CONTRACTOR:

[Signature] | Will Rice, V.P. | 5/14/19
Contractor Signature | Print Name and Title | Date

STATE OF WASHINGTON)
COUNTY OF WHATCOM)

On this 14th day of May, 2019, before me personally appeared Will Rice, to me known to be the VP and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

Lona S Dennis
NOTARY PUBLIC in and for the State of Washington
Residing at Whatcom County



My Commission expires: 11/05/22

FOR WHATCOM COUNTY:

Jack Louws, County Executive Date

STATE OF WASHINGTON)
COUNTY OF WHATCOM)

On this _____ day of _____, 2019, before me personally appeared Jack Louws, to me known to be the Executive of Whatcom County and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

NOTARY PUBLIC in and for the State of Washington,
Residing at Bellingham.

My Commission expires: _____

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

I. Background

According to the annual Point in Time Count of homeless persons conducted in January of 2016, at least 719 people in Whatcom County were homeless. Throughout the year, more may face the prospect of losing their homes. Whatcom County's Plan to End Homelessness provides a blueprint for how our community will work together to prevent and end homelessness. The provision of housing assistance and case management services are key strategies of the Plan.

Housing case management under WHSC partnership includes both rental subsidy and housing case management components. The WHSC staff determines client eligibility for services and authorizes and distributes rent subsidies to local landlords on behalf of participating clients, makes referrals for case management to partner agencies, and coordinates required data collection efforts. Through this contract, Catholic Community Services will serve as one of the Whatcom Homeless Service Center (WHSC) partner agencies providing housing case management. The majority of the population served by Catholic Community Services case management services have behavioral health challenges that require additional support to be successfully stable in housing.

The purpose of this contract is to provide case management for individuals and families experiencing homelessness in order to improve housing stability and reduce homelessness in Whatcom County.

II. Definitions

Housing Interest Pool (HIP)	Quasi wait list that serves clients waiting for housing services based on their needs and available resources instead of a first come, first served basis.
HMIS	Washington's Homeless Management Information Services, a data base.
Permanent Supportive Housing Population	Chronically homeless individuals/households with significant barriers to permanent housing; will receive deep rent subsidies and intensive housing case management.
Whatcom Homeless Service Center (WHSC)	WHSC programs provide (1) centralized coordinated system of access (2) targeted prevention assistance to reduce the number of households that become homeless, (3) re-housing of those who become homeless, (4) supportive services promoting housing stability and self-sufficiency, and (5) data management and tracking information for people receiving homeless housing services in Whatcom County and according to Washington State Department of Commerce HMIS data collection requirements.

III. Statement of Work

The contractor will provide housing case management services. Housing case management includes activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of households and helping them obtain housing stability. Services and activities include: developing, securing, and coordinating services; monitoring and evaluating household progress; assuring that households' rights are protected; developing an individualized housing and service plan, including a path to permanent housing stability subsequent to assistance. Housing case management also includes services or activities designed to assist households in locating, obtaining, and retaining suitable housing such as: tenant counseling, assisting individuals and households to understand leases, securing utilities, making moving arrangements, representative payee

services concerning rent and utilities, and mediation and outreach to property owners related to locating or retaining housing.

Housing case management services will be provided to individuals residing in scattered site apartment units and at staffed housing programs. Housing case management services will be provided to homeless individuals and households referred by the Whatcom Homeless Service Center.

Individuals and households served shall have incomes at or below 50% Area Median Income (AMI).

IV. Program Outcomes

During this contract period, the housing case management services provided by the Contractor will deliver the following annual outcomes:

1. Seventy-Five (75) individuals in Permanent Supportive Housing will receive case management services
2. Ten (10) unsheltered households will receive case management services
3. Ten (10) sheltered but unhoused households will receive case management services
4. The contractor will strive to rapidly rehouse clients with the goal of most moving into housing in 35 days or less from enrollment in case management and with an average (mean) enrollment period of 40 days or less
5. The contractor will strive to create housing stability with the target of moving 12 households from homelessness into housing stability while preventing all case managed households in housing from becoming homeless

V. Additional Requirements

The contractor will:

1. Participate in HMIS data collection efforts as directed by the WHSC; including HMIS training, HMIS data entry, updating client data as necessary, and exiting clients from HMIS. Services which must be inputted into HMIS include (but are not limited to) financial services—including deposits, rental payments, and completed home visits.
2. Comply with the following HIP Referral procedure. When Contractor staff believes a referral from the HIP is not a good fit for their program – a situation that should be rare - the following procedure must be followed:
 - a. Contractor will submit a written description of the situation that justifies returning the client to the HIP, and
 - b. An in-person case conference must be scheduled within five days of request to return a referral. The case conference will include Contractor staff, WHSC housing referral specialist, and HIP case management services coordinator (or designee).
 - c. The course of action mutually agreed to at the case conference will be recorded in writing, constituting a binding agreement.
 - d. As the parties to this contract learn more about referral success factors, procedures may be amended accordingly.
3. Promote public health in homeless housing and preserve the safety and stability of available housing stock for homeless housing by:
 - a. Informing clients/tenants of the importance of upholding safety and health in homeless housing, and of preserving continued access to housing by our homeless housing system,
 - b. Informing clients/tenants that they may be expected to participate in cleaning and decontaminating their housing unit when necessary for health reasons,

- c. Informing clients/tenants that damages to their unit may result in eviction and loss of the unit in the future for our homeless housing system,
 - d. Informing prospective tenants what they need to do to maintain a safe and clean apartment in advance of receiving housing and periodically after they are in housing,
 - e. In scattered site, master lease, public housing, and staffed housing programs, case managers will work with the client/tenant to address issues of health and safety that arise, including that of suspected methamphetamine use. The WCHD will provide case managers free and confidential technical assistance on effective methods for cleaning apartment units that have been contaminated whenever requested.
 - f. Documenting in each client file that these expectations were communicated to the client/tenant.
- 4. Require professional development training for direct service staff and supervisors
 - 5. Attend Whatcom County Coalition to End Homelessness meetings and sponsored activities.
 - 6. Attend meetings and events coordinated by WHSC.

VI. Reporting Requirements

The contractor shall submit quarterly reports* to the WCHD utilizing HMIS data by using the quarterly reporting template accessed on the County website as noted below. Reports will demonstrate the contractor's progress toward achieving the program outcomes identified above. Quarterly reports are due on April 15, July 15, October 15, January 15.

*Contractors will be notified via email of updates to quarterly reporting templates. Current reporting templates will be posted on the Whatcom County Health Department Housing Program website which may be accessed at: <http://www.whatcomcounty.us/DocumentCenter/View/37569/WCHDquarterlyCMreport2019CCS> Reports will include data for only those clients served under this contract and include:

- 1. Number of unsheltered households that received case management during the quarter
- 2. Number of sheltered households that received case management during the quarter
- 3. Number of individuals in permanent supportive housing that received case management services during the quarter
- 4. Average length of time homeless (unsheltered, sheltered, and/or transitional housing project) in case management prior to being housed (in RRH, PSH, or other stable housing situation)
- 5. Median length of time homeless (unsheltered, sheltered, and/or transitional housing project) in case management prior to being housed (in RRH, PSH, or other stable housing situation)
- 6. Number of case managed households that have been stably housed for six (6) months or more
- 7. Number of case managed households that have been stably housed for twelve (12) months or more
- 8. Number of case managed households that lost stable housing or exited case management while homeless
- 9. Number of case managed households that achieved housing stability while receiving case management service

EXHIBIT "B" – Amendment #4
(COMPENSATION)

- I. **Source of Funding:** The source of funding for this contract, in the amount not to exceed \$270,310, is local document recording fees and the Behavioral Health Program Fund.
- II. **Allowable Cost Budget** - The 2019 budget for this cost reimbursement contract is as follows:

CONTRACT BUDGET		
Cost Description	Documents Required Each Invoice	Budget
Housing Case Managers	Approved Composite Billing Rate Worksheet for each staff member and Timesheets for the period.	\$174,160
Homeless Housing Programs Manager	Approved Composite Billing Rate Worksheet for each staff member and Timesheets for the period.	\$49,172
Supplies	GL detail	\$850
Cell Phone/Data Processing/IT Support	GL detail	\$1,871
Mileage	Mileage log to include: name of the staff member, date of travel, starting point and destination of travel, the number of miles traveled, the federal reimbursement rate (per www.gsa.gov), and a brief description of the purpose of travel.	\$3,700
Travel/Training	Ground transportation, coach airfare, and ferries will be reimbursed at cost when accompanied by receipts. Reimbursement requests for allowable travel must include name of staff member, dates of travel, starting point and destination, and a brief description of purpose. Receipts for registration fees or other documentation of professional training expenses. Lodging and meal costs for training are not to exceed the U.S. General Services Administration Domestic Per Diem Rates (www.gsa.gov), specific to location. Receipts for meals are not required.	\$3,000
Occupancy	GL detail	\$4176
Rental History/Background Checks	GL detail	\$900
Flex Funds	Flex Fund Spreadsheet plus copies of receipts	\$750
	SUBTOTAL	\$238,579
Indirect Costs	13.3%	\$31,731
	TOTAL	\$270,310

Changes to the line item budget that exceed 10% of the line item amount must be approved in writing by the County. Indirect Costs shall not exceed the currently approved indirect cost allocation plan. .

III. Invoicing

- The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 15th of the month following the month of service. Invoices submitted for payment must include the items identified in the table above.
- The Contractor shall submit invoices to:

Attention: Business Office – HL-BusinessOffice@co.whatcom.wa.us
 Whatcom County Health Department
 509 Girard Street
 Bellingham, WA 98225

3. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.

4. Invoices must include the following statement, with an authorized signature and date:

I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.

5. Duplication of Billed Costs or Payments for Service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.