



# WHATCOM COUNTY CONTRACT INFORMATION SHEET (CIS)

Whatcom Co. Contract #: **202406032 – 2**

<b>Originating Department:</b> 85 - Health
<b>Division:</b> Community Health and Human Services
<b>Program:</b> Healthy Children & Families
Contract or Grant Administrator: Allison Williams
Contractor's / Agency Name: Mobile Mama Strategies, Inc.
Title of Agreement (optional): Mental Health Workforce Expansion Pilot Program Contract Amendment #2

<b>Type of Contract:</b> Standard Contract for Services
If amendment or renewal, original contract #: 202406032
Is this is a grant agreement? No If so, grantor agency contract #s: _____ ALN: _____ <i>Note: Complete ALN field if contract involves direct federal grants/cooperative agreements or pass-through federal funds.</i>
Is this contract grant-funded? No If yes, Whatcom County grant contract number(s): _____
If this contract the result of an RFP? No If yes, RFP number(s): _____
Is this contract the result of a Bid Process? No If yes, Bid Number(s): _____
Does this contract involve federal reimbursement? (i.e. fed grant, cooperative agreement, pass-through fed funds, etc.) No
<b>Procurement method:</b> Consultant Roster - Procurement of professional services (architects, engineers, surveyors, accountants)
<b>Council review:</b> Required - Amendment exceeds \$10,000 or 10% threshold

Fund(s): 1858
Cost Center(s): 18581004
Object Account(s): 6610

Original Contract Amount: \$ 297,335
This Amendment Amount: \$ 199,000
<b>Total Cumulative Amount: \$ 496,335</b>

<b>Contract term ends:</b> 07/31/2027
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Key words/summary (optional): 2026 estimated budget spend out = \$90,490 2027 estimated budget spend out = \$108,510
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Contract routing (please initial & date):

Prepared by: A. Williams 05/28/2026

Contractor signed: \_\_\_\_\_

Contractor review: \_\_\_\_\_

Executive review: \_\_\_\_\_

Attorney signoff: J. Wilson 06/17/2026

Council approval, if necessary: \_\_\_\_\_

AS Finance review: D. Kempth 6/25/2026

AB#: AB2026-540

IT review (if related): n/a

Executive signed: \_\_\_\_\_

**WHATCOM COUNTY CONTRACT AMENDMENT  
MENTAL HEALTH WORKFORCE EXPANSION**

**PARTIES:**

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

**AND CONTRACTOR:  
Mobile Mama Strategies, Inc.  
214 N Commercial Street, Suite 102  
Bellingham, WA 98225**

**CONTRACT PERIODS:**

**Original: 07/01/2024 – 07/31/2026  
Amendment #1: 04/30/2025 – 07/31/2026**

**Amendment #2: 08/01/2026 – 07/31/2027**

**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**

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**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 06/30/2028.
2. Pursuant to the original contract “General Terms, Section 40.1, Modifications”:
  - Updates Exhibit A – Scope of Work, to: slightly reword the first two paragraphs; update the average number of clients the contractor sees per week, from 90 to 93; add wording about how this program aligns with the Washington Thriving Strategic Plan; include training and consultation deliverables to support clinical and non-clinical providers serving perinatal families; allow interns to serve non-Medicaid clients experiencing perinatal vulnerability when no Medicaid waitlist exists; update the Reporting section to align with Results Based Accountability; and update the Estimated Timeline table.
  - Updates Exhibit B – Compensation, to: adjust the budget for the new contract period, reflective of 3 interns and increased estimated rates/costs for Office space (including parking), Lifespan Integration training, Accounting expenses associated with invoicing requirements, laptop purchase or replacement for Intern position if needed (laptop stays with the intern position, not the person), and new Training and Consultation deliverables; and to simplify the budget table layout and the number of budget line items.
  - Adds Exhibit D – Summary Data, which summarizes data from the initial contract period.
3. Funding for this contract period (08/01/2026 – 07/31/2027) is not to exceed \$199,000.
4. Funding for the total contract period (07/01/2024 – 07/31/2027) is not to exceed \$496,335.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 08/01/2026.



**EXHIBIT "A" – Amendment #2**  
**(SCOPE OF WORK)**

**I. Background and Purpose**

This contract supports Healthy Children's Fund Implementation Plan strategies to recruit a mental and behavioral health workforce to Whatcom County and to provide mental health services to vulnerable families. The Contractor will administer an internship program that aims to directly increase access to perinatal mental health care, and concurrently develop a local mental health workforce skilled in addressing perinatal mood and anxiety disorders for Medicaid enrollees and other low-income persons. This project will build local capacity of the mental health system to serve perinatal parents by recruiting, supervising, and mentoring interns enrolled in a graduate program that is training mental health therapists and clinical social workers seeking to become licensed. The interns will provide perinatal mental health services to Medicaid and other low-income persons during the course of the internships.

Perinatal mental health symptoms are common and can affect any individual, regardless of their background. Perinatal mental health services include identifying, referring and treating mood changes that occur during pregnancy and the transition to parenthood that don't resolve on their own, worsen in severity, and affect a person's quality of life. According to [SAMHSA's MHTTC Network](#), "the spectrum of perinatal mental health conditions includes perinatal depression; perinatal anxiety and panic disorders; obsessive-compulsive disorder (OCD); post-traumatic stress disorder (PTSD); perinatal bipolar disorder and postpartum mania; postpartum psychosis; perinatal substance use; parental suicide; and complicated grief after perinatal loss". For the purposes of this contract, services include intake assessment, counseling, and referrals to collaborative healthcare partners. A summary of the internship program data can be found in Exhibit D.

Whatcom County Health and Community Services recognizes the significant need for accessible and effective mental health care for expectant parents, new families and young children. Perinatal depression, the most common U.S. obstetric complication, significantly harms child and family well-being. Left untreated, it increases costly birth complications, weakens family support systems, and has lasting negative impacts on both parent's and children's physical and mental health. These consequences can include poor interpersonal relationships, increased risk of child abuse and neglect, developmental delays, and increased healthcare costs. Addressing perinatal mental health concerns can help children develop secure attachments and support their development and health through the life course. This contract assists in addressing these critical gaps in Whatcom County.

On average, the Contractor sees about 93 clients per week, with 61% of clients enrolled in Medicaid. This highlights the immense need for accessible perinatal mental health services within this vulnerable population. The internship program directly addresses this disparity. Interns exclusively serve Medicaid-eligible clients, significantly expanding access to care for those who often face significant barriers.

This program aligns with the [Washington Thriving Strategic Plan](#), the statewide framework and roadmap adopted by the legislature in 2025 for transforming behavioral health for residents prenatally through age 25. Perinatal well-being is one of the three identified areas for initial focus in Phase I. The internship program emphasizes rigorous training and supervision in perinatal mental health, ensuring interns are equipped to provide culturally sensitive and trauma-informed support. The program incorporates training that deepens intern understanding of the societal risk factors that increase trauma prevalence in marginalized groups. By offering parents timely intervention, the program aims to improve their mental health outcomes, helping them develop coping mechanisms, strengthen support symptoms, and ultimately foster the well-being of both parents and children.

**II. Statement of Work**

The Contractor will provide consultation services regarding mental health safety protocols and program support for clinical and non-clinical providers serving perinatal families, including direct consultation support for the Healthy Children's Fund Doula Program. Deliverables may include training development, training delivery, and creation of education materials and content to support the implementation of the community-based doula program, as well as support for other aligned initiatives upon mutual agreement between the County and the Contractor, as funds allow.

The Contractor will administer a mental health internship pilot program that prepares interns with the knowledge, skills, and confidence to continue their work with perinatal clients, post-graduation and provide Whatcom County families with much-needed support. Internship objectives include:

- Providing professional training and supervision for pre-licensed graduate students who have educational backgrounds in applied psychology (counseling, clinical or social work).
- Continuing the intern's development of knowledge and skills, in the provision of individual therapy, as they work with at minimum 10-12 clients per week.
- Providing training focused on therapeutic methods and therapies specific to the perinatal population grounded in trauma informed care and evidence-based research.
- Supporting Whatcom County by increasing the number of perinatal clients that can receive counseling and increasing the number of trained perinatal mental health providers.

Selection of interns involves the following steps:

- a. Applicants submit letters of interest and resumes.
- b. Initial 30-minute interviews are conducted to assess the applicant's interest in perinatal mental health, their educational theoretical orientation and that of their program, and their hopes of the internship.
- c. A second round of interviews is held for applicants who seem motivated to work in their perinatal field and can work with clients in Whatcom County. This step aims to develop a better understanding of their experience, education and commitment.
  1. Interns are expected to counsel clients from different cultural backgrounds than themselves, promoting cultural competency.
  2. The Contractor considers applicants' ability to make clients feel safe, seen and understood across differences.
- d. A third interview is conducted to determine the applicants who will be excellent additions to the Contractor's team.
- e. References for the top applicants are contacted.
- f. Applicants who demonstrate the ability to support perinatal clients with a trauma-informed, gentle and non-judgmental approach are invited to become interns and integral team members.

The Contractor will provide extensive training, as follows:

- a. Interns will receive training on:
  1. Intake and assessment:
  2. Mobile Mama Method of working with the perinatal population
  3. Documentation, Treatment Planning, Diagnoses
  4. Crisis and Emergency Procedures
  5. Perinatal Support Washington (PSWA) Perinatal Mood and Anxiety Disorders (PMADs) Training including the following topics:
    - a. The adjustment to motherhood
    - b. Perinatal Depression
    - c. Perinatal Anxiety and OCD
    - d. Perinatal Bipolar and Psychosis
    - e. Understanding Traumatic Birth
    - f. Understanding Perinatal Loss
    - g. Supporting Parents During and After the NICU
    - h. Understanding Psychopharmacological Treatments of PMADs for Non-prescribers
    - i. Breastfeeding ad the Perinatal Period

- j. Sexual Abuse Implications during the Perinatal Period
- b. Interns will take a Level One Lifespan Integration Training (at no cost to the intern).
- c. Interns will have the opportunity to join the Perinatal Mental Health Peer Consult.
- d. Interns will have the opportunity to participate in the Whatcom County Perinatal Mental Health Task Force.
- e. Interns will participate in group supervision, up to four times per month.

**A. The Contractor (Michelle Anderson) will:**

1. Provide consultation services regarding mental health safety protocols and program support for clinical and non-clinical providers serving perinatal families, including direct consultation support for the Healthy Children's Fund Doula Program.
2. In consultation with the County, provide training development, training delivery, and creation of education materials and content to support the implementation of the community-based doula program, as well as support for other aligned initiatives upon mutual agreement between the County and the Contractor, as funds allow.
3. Provide at least one hour of supervision to interns per week with a trained perinatal mental health counseling supervisor.
4. Supervise live, co-counsel, or watch/listen to some recorded client sessions each quarter.
5. Inform the University Internship Coordinator of any concerns regarding the student or placement.
6. As much as possible, involve the student with the activities assigned to regular staff members (e.g., administrative meetings, workshops, case management, etc.).
7. Provide the student with the opportunity for individual counseling and at least one other treatment modality including assessment and intakes.
8. Provide office space and all necessary supplies and materials to carry out the assigned duties.
9. Orient the student to the services provided by the agency, required recordkeeping and paperwork, the standard operating procedures of the agency, and referral sources. The Contractor will also provide training for electronic medical records, case notes and other necessary documentation.
10. Provide interns with emergency and crisis training.
11. Invite interns to participate in additional clinically relevant training, when possible.
12. Provide an optional survey to intern's clients at the completion of each internship to evaluate the client's care from the intern.
13. Provide an exit interview to each intern at the completion of each internship as an opportunity for further development of the internship program and for the intern to share their experiences of each part of the internship including interviews, onboarding, training, consultation and supervision, documentation, team experience, and transition.
14. Complete a formal evaluation of the intern at the end of each quarter and share the contents of the evaluation with the intern.
15. Provide the opportunity for supervised experience in the use of assessment tools and exposure to research literature.
16. Make recommendations to the Clinical Mental Health Counselor (CMHC) program (via the University Internship Coordinator) concerning needed curricular and programmatic changes.

**B. The Internship Coordinator will:**

1. Facilitate the monthly, one-hour Internship Seminar where important topics will be presented and discussed with the entire intern cohort. The Internship Seminar is an opportunity for the interns to meet in-person,

following up on their extensive training about specific processes and topics, from skill-building to components of a clinical practice.

- a. The Internship Coordinator will prepare the curriculum for each Seminar, debrief with the Contractor after each Seminar, and follow up on specific intern questions.
2. Meet with the Contractor for Supervision of Supervision (SOS). SOS is the process where a clinical supervisor seeks support and guidance from a more experienced supervisor. It provides additional support and reflection for the supervising clinician's practice.
3. Meet with each intern individually for at least one hour per month to provide support.
4. Co-counsels interns in the Mobile Mama Tender Transitions group.
  - a. Co-counseling is defined as a licensed therapist and intern jointly providing therapy and is a common practice in counseling internships. Licensed therapists provide guidance and support to interns as they participate in therapy sessions, helping the intern develop their clinical skills to provide counseling independently.
  - b. Tender Transitions is a 90-minute group that provides an opportunity for participants to receive more immediate support in a group setting. Tender Transitions runs for six (6) to eight (8) weeks and is held several times per year, following a specific curriculum created by the Internship Coordinator. Participants are people who are a) referred in, or b) an appropriate fit for Mobile Mama but on the waitlist for a Therapist.

### **C. The Intern will:**

1. Participate in the pilot project for 20 hours per week, for the 600 minimum total hours required, which includes 240 hours of direct service to clients (described in 2., below).
2. Provide the required 240 direct service hours to clients.
  - a. Direct service is defined (CACREP 2016 Standards) as "supervised use of counseling, consultation, or related professional skills with actual clients (can be individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: 1) assessment; 2) counseling; 3) psycho-educational activities; and 4) consultation. The following would not be considered direct service: 1) observing others providing counseling or related services; 2) record keeping; 3) administrative duties; and 4) clinical and/or administrative supervision."
3. Provide ongoing individual counseling with a variety of clients starting with 10-12 clients per week. Interns exclusively serve Medicaid-eligible clients, significantly expanding access to care for those who often face significant barriers. Mobile Mama may make exceptions to exclusively assigning Medicaid-eligible clients to interns if and when Mobile Mama does not have a current waitlist for Medicaid-enrolled clients. Mobile Mama will develop a prioritization matrix for serving non-Medicaid enrolled clients, to include serving families within ALICE income guidelines for Whatcom County along with other criteria for perinatal vulnerability. Over the course of the internship, interns may see up to 18 unique clients depending on the frequency of counseling appointments and client terminations. The goal is to provide medium- to long-term counseling for each client.
4. Provide services to clients through individual counseling and at least one other treatment modality (e.g., couples, family, group, assessment, intakes). The course of care is determined by individual clients and the interns under the supervision of Michelle Anderson, LMHC. Typically, clients receive therapy weekly or biweekly for six months to two years. Each person will receive the following after being referred for services:
  - a. Intake to assess for presenting concern, insurance, risk factors, suicidal ideation, domestic violence, substance use, preference for telehealth or office visit, and schedule availability.
  - b. Referral to a Mobile Mama therapist, placement on the waitlist, referral to a community provider or organization, and/or a warm handoff to the PSWA Warmline.

- c. If the referred person becomes a client, they complete an intake and screening and receive therapy services. If waitlisted, they may be offered group therapy until a counselor becomes available.
- 5. Participate in weekly individual supervision meetings.
- 6. Participate in monthly Internship Seminars (described in II.B.1., above).
- 7. Meet monthly with the Internship Coordinator for support, for at least one hour.
- 8. Co-counsel with the Internship Coordinator in the Mobile Mama Tender Transitions Group and eventually co-lead the Group.
- 9. Participate in a minimum of one ongoing counseling experience with a client who is culturally different from the student (e.g., gender identity, SES, race/ethnicity, etc. from themselves).
- 10. Attend staffing, group consultations, case presentations and other meetings that coincide with the internship schedule and as requested by the site supervisor.
- 11. Complete appropriate paperwork in a timely manner and comply with personnel policies and procedures of the internship site.
- 12. Participate in the assessment of counseling progress and effectiveness of counseling interventions through the use of data collection.
- 13. Participate in the assessment counseling progress and effectiveness of interventions with at least one ongoing client or group. Interns should collect data on progress and outcomes and utilize the data to improve counselor effectiveness. This process should typically begin by winter quarter at the latest.
- 14. Maintain an activity log for all internship hours.
  - a. In order to verify the number of completed internship hours, the intern must keep a daily log of all related activities. These logs not only provide a record of the student's experience, but they also establish the importance of accountability and provide a mechanism for keeping data that the student can carry into work experience after graduation. A summary of the activity log must be provided to their University's Internship Coordinator at the end of each quarter to verify that the student is making satisfactory progress toward the 240 direct service hours and 600 total hours.
- 15. Receive a stipend from the Contractor of \$1,600 per 80 hours/month of service. Weekly this includes 10-12 clinical hours, intakes, ongoing training, documentation, supervision, group supervision, peer consult.

### III. Reporting Requirements

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.

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.

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.

In a format approved by the County, the Contractor will submit the following data on the 15<sup>th</sup> of the month, following the completion of each quarter (October 15, January 15, April 15, July 15):

For each internship program cycle:

- a. The number of unduplicated clients receiving intakes, referrals and counseling.
- b. Demographics (if reported – these are optional for clients and include gender identity, marital status, employment status, race and ethnicity), Medicaid status, zip code, and number of counseling hours received for each client.

- c. Screening scores for clients pre- and post-mental health treatment, as demonstrated using a validated assessment tool (e.g., EPDS, GAD).
- d. Client surveys on their care experience.
- e. Exit interviews with interns about the program.

For each quarter, report the following data for consultation and training services:

- a. Brief summary of training and consultation activities completed during the reporting period.
- b. Number and type of consultation sessions and trainings provided.
- c. Number and type of providers or organizations engaged.
- d. Resources or educational materials developed.

On a 6-month period, 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.

**IV. Estimated Timeline:**

<b>August 2026</b>	Initiate onboarding and training of interns.
<b>September 2026</b>	Interns begin intakes and referrals.
<b>October 2026</b>	<ul style="list-style-type: none"> <li>• Provide quarterly update about any training or consultation provided to clinical or non-clinical perinatal providers.</li> <li>• Provide quarterly update about the internship program.</li> <li>• Interns begin co-facilitating a 7-week psycho-education Mobile Mama Strategies group for mothers with low acuity concerns.</li> </ul>
<b>November 2026 – June 2027</b>	<ul style="list-style-type: none"> <li>• Interns build caseloads up to 10-12 clients per week and maintain this caseload through the duration of the internship program.</li> <li>• Pre-treatment screenings (EPDS, GAD) for clients of interns.</li> </ul>
<b>December 2026</b>	Contractor starts contacting universities for the 2027-2028 cohort.
<b>January 2027</b>	<ul style="list-style-type: none"> <li>• Provide quarterly update about any training or consultation provided to clinical or non-clinical perinatal providers.</li> <li>• Provide quarterly update about the internship program.</li> </ul>
<b>April 2027</b>	<ul style="list-style-type: none"> <li>• Provide quarterly update about any training or consultation provided to clinical or non-clinical perinatal providers.</li> <li>• Provide quarterly update about the internship program.</li> </ul>
<b>June 2027</b>	<ul style="list-style-type: none"> <li>• Post-treatment screenings (EPDS, GAD) for clients of interns.</li> <li>• Provide post-evaluation for each client of interns regarding their therapy experience from initial contact with Mobile Mama through onboarding, intake, therapy, and closure of services.</li> </ul>
<b>July 2027</b>	<ul style="list-style-type: none"> <li>• Provide quarterly update about any training or consultation provided to clinical or non-clinical perinatal providers.</li> <li>• Provide quarterly update about the internship program.</li> </ul>
<b>August 2027</b>	Submit final report providing an overview of cumulative data regarding the internship program.

**EXHIBIT "B" – Amendment #2**  
(COMPENSATION)

**Budget and Source of Funding:** The source of funding for this contract, in an amount not to exceed \$199,000, is provided by the Healthy Children’s Fund. The budget for this contract is based on how many interns participate in the program. The budget is as follows:

Cost Description	Documents Required with Each Invoice	Budget
Stipends for three (3) interns	Expanded GL Detail documenting stipends paid	\$52,800
<b>Training and Consultation Services:</b> <ul style="list-style-type: none"> <li>Clinical Supervision</li> <li>Training</li> <li>Consultation</li> <li>Intern Group Coordination &amp; Oversight</li> <li>Programmatic Administrative Duties<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Dates, rates, and hours of services</li> <li>Brief description of activities performed (including topic, and organization or provider served)</li> </ul>	\$106,705
<ul style="list-style-type: none"> <li>Taxes (Fiscals/L&amp;I/Unemployment)</li> </ul>	Expanded GL Detail	
<b>Operating expenses:</b> <ul style="list-style-type: none"> <li>Advertising (Social Media, Newsletter, Website)</li> <li>Onboarding fees<sup>2</sup></li> <li>PSWA 10-week training</li> <li>Lifespan Integration Training</li> <li>Accounting for HCF internship invoicing</li> </ul>	Copies of paid invoices or receipts	\$39,495
<ul style="list-style-type: none"> <li>Simple Practice (EMR/Telehealth)</li> <li>Insurance</li> <li>Office internet</li> <li>Cellular work phone</li> <li>Laptop (for Intern position, not the individual)</li> <li>Office space (includes parking space)</li> </ul>	Expanded GL Detail	
<b>TOTAL</b>		<b>\$199,000</b>

<sup>1</sup> Programmatic Admin Duties include university site communications, intern interviews, reference checks. Initial training includes EMR, Emergency/Crisis Procedures, Intakes, Mobile Mama Method.

<sup>2</sup> Onboarding fees include photographer costs for intern photoshoots, website costs for addition of interns to the website, newsletter editing and design costs to inform subscribers of new interns, initial work phone set-up costs for each intern, and accounting costs to ensure that grant fees are accounted for and distributed.

<b>Contractor’s Invoicing Contact Information:</b>	
<b>Name</b>	Michelle Anderson
<b>Phone</b>	360-393-5114
<b>Email</b>	<a href="mailto:michelle@mobilemama.com">michelle@mobilemama.com</a>

**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. 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](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [AWilliam@co.whatcom.wa.us](mailto:AWilliam@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 15<sup>th</sup> of the month, following the month of service, except for January and July where the same is due by the 10<sup>th</sup> 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](http://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](http://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](mailto:HL-BusinessOffice@co.whatcom.wa.us) and [AWilliam@co.whatcom.wa.us](mailto:AWilliam@co.whatcom.wa.us)
- Submit invoices monthly, or as otherwise indicated in your contract.

### Verify that:

- invoices 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.**
- 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 15% except as approved in an indirect or overhead rate agreement.

## **EXHIBIT "D"**

### Summary Data for Mobile Mama Strategies —Work to Date (Q3 2024 – Q1 2026)

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

Overall, Mobile Mama's implementation reflects strong alignment with the intent of the Scope of Work and demonstrates meaningful progress in expanding access to perinatal mental health services while strengthening the local behavioral health workforce. Through this project, Mobile Mama continued development of a specialized internship model focused on training graduate-level counseling and social work interns in perinatal mental health care.

Although this report summarizes only the portion of the internship program funded through the Healthy Children's Fund (HCF), these funds were braided with additional funding sources to support a broader internship and workforce development model that began in 2022. As a result, the number of interns and clients reflected in this report does not capture the full scale of the overall internship program.

HCF-supported interns received structured supervision and specialized training related to trauma-informed care, perinatal mood and anxiety disorders, intake assessment, crisis response, and culturally responsive counseling practices. The program was designed to both increase immediate access to counseling services for Medicaid-eligible and low-income families and build long-term workforce capacity in perinatal mental health care within Whatcom County.

#### **B. Key Metrics and Service Data**

##### **1. Workforce Capacity and Training**

Between Q3 2024 and Q1 2026, Mobile Mama supported up to four HCF-funded graduate-level interns per quarter through supervised clinical placements focused on perinatal mental health care. Interns participated in ongoing supervision, clinical consultation, and specialized training opportunities addressing perinatal depression and anxiety, trauma, grief and loss, NICU experiences, and evidence-based therapeutic approaches for supporting parents during pregnancy and the postpartum period.

##### **2. Perinatal Mental Health Internship Program**

Across the reporting period, HCF-funded interns completed approximately 257 intakes and referrals and enrolled approximately 72 new clients into ongoing counseling services. Interns provided at least 684 counseling sessions through Q4 2025, with additional sessions continuing into Q1 2026. Service demand and utilization increased over time as the interns built capacity to have a caseload of 10-12 clients a week.

#### **C. Implementation Context and Learning (Intern and Client Surveys)**

Preliminary survey data indicate strong satisfaction with the internship model among both clients and interns. Clients frequently described interns as compassionate, supportive, and responsive during vulnerable periods of pregnancy and postpartum adjustment. Respondents also highlighted the importance of low-barrier referrals, flexible support, and connections to additional services such as parenting education, lactation support, peer support groups, and psychiatric care.

Intern feedback suggests the program provided meaningful clinical experience and strong professional mentorship in a highly specialized field of practice. Early implementation findings demonstrate the value of pairing direct service expansion with workforce development strategies to address longstanding gaps in perinatal mental health care access within Whatcom County.