



**WHATCOM COUNTY**  
**CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:  
202302015 – 2

Originating Department:		85 Health and Community Services	
Division/Program: (i.e. Dept. Division and Program)		Response Systems Division	
Contract or Grant Administrator:		Hannah Fisk	
Contractor's / Agency Name:		Lifeline Connections	
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 #:	202302015	
Does contract require Council Approval?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC:
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?	If yes, grantor agency contract number(s):		ALN#:
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):		202309019 / 202304013
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Is this contract the result of a RFP or Bid process?		675600 (\$80,081) / 124100 (\$101,896)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, RFP and Bid number(s):	22-54	Contract Cost Center: / (\$100,000 – new ASO funds)
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, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> : 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.	
\$	320,619		
This Amendment Amount:			
\$	100,000		
Total Amended Amount:			
\$	420,619		
Summary of Scope: This amendment adds funding to support Substance Use Disorder Professional services in Whatcom County's Emergency Room.			
Term of Contract:	1 Year	Expiration Date:	06/30/2025
Contract Routing:	1. Prepared by:	JT	Date: 08/30/2024
	2. Health Budget Approval	JS	Date: 09/06/2024
	3. Attorney signoff:	Christopher Quinn	Date: 9/6/2024
	4. AS Finance reviewed:	Bbennett	Date: 09/12/2024
	5. IT reviewed (if IT related):		Date:
	6. Contractor signed:		Date:
	7. Executive Contract Review:		Date: 10/22/2024
	8. Council approved (if necessary):	AB2024-611	Date: 09/24/2024
	9. Executive signed:		Date: 10/22/2024
	10. Original to Council:		Date:



# Memorandum

**TO:** Satpal Sidhu, County Executive

**FROM:** Erika Lautenbach, Director

**RE:** Lifeline Connections – Substance Use Disorder Assessment Contract Amendment #2

**DATE:** **SEPTEMBER 25, 2024**

Attached is a contract amendment between Whatcom County and Lifeline Connections for your review and signature. The North Sound Behavioral Health Administrative Services Organization (ASO) has provided \$100,000 in funding to Whatcom County to support a Substance Use Disorder Professional (SUDP) whose services are intended to address the Whatcom County Resolution declaring fentanyl as an emergency and the County Executive's Order for immediate and significant action to address overdoses and fentanyl use.

This amendment adds the ASO's funding to this contract for a SUDP to provide assessment services within Whatcom County's only Emergency Room within PeaceHealth's St. Joseph Medical Center. With these additional funds, the Contractor's SUDPs will provide the required ASAM assessment so that patients can access SUD treatment directly after discharge from the hospital and the SUDPs will serve as a liaison for providers and treatment teams to provide additional support for other resources, such as Peer Pathfinder navigators and connections to medications for opioid use disorders.

## ■ Background and Purpose

This contract funds substance use disorder (SUD) assessments and post-assessment treatment coordination as a component of re-entry for people releasing from the Whatcom County Jail and for people referred in the community through criminal/legal referral channels. The goals is to provide eligible people with smooth transitions to community inpatient or outpatient SUD treatment.

## ■ Funding Amount and Source

This amendment increases funding by \$100,000. Funding for this contract period, in an amount not to exceed \$281,977, is provided by the Criminal Justice Treatment Account (CJTA) passed through the Washington State Health Care Authority and North Sound Behavioral Health Administrative Services Organization (NS BHASO) Jail Services and SUDP Programs. Council authorization is required as funding for this amendment exceeds 10% of the amount authorized by Council on 06/18/2024.

## ■ Differences from Previous Contracts

Section	Differences
<b>Exhibit A – Scope of Work</b>	Adds \$100,000 in funding and requirements for providing SUDP services within
<b>Exhibit B – Compensation</b>	Whatcom County's Emergency Room

Please contact Hannah Fisk, Special Projects Manager at 360-820-7212 ([HFisk@co.whatcom.wa.us](mailto:HFisk@co.whatcom.wa.us)) if you have any questions.



Whatcom County Contract Number:

202302015 – 2

**WHATCOM COUNTY CONTRACT AMENDMENT  
SUD Assessments**

**PARTIES:**

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

**AND CONTRACTOR:  
Lifeline Connections  
PO Box 1678  
Vancouver, WA 98661**

**CONTRACT PERIODS:**

**Original: 03/01/2023 – 06/30/2024  
Amendment #1: 07/01/2024 – 06/30/2025  
Amendment #2: 09/25/2024 – 06/30/2025**

**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, to requirements for Substance Use Disorder Professional (SUDP) services within Whatcom County's Emergency Room within PeaceHealth Medical Center.
2. Amend Exhibit B – Compensation, to increase funding by \$100,000 to support SUDP services within Whatcom County's Emergency Room.
3. Funding for this contract period (07/01/2024 – 06/30/2025) is not to exceed \$281,977.
4. Funding for the total contract period (03/01/2023 – 06/30/2025) is not to exceed \$420,619.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 09/25/2024.

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:	Signed by:	<i>Malora Christensen</i>	10/10/2024
	<small>00E05E4A7809409</small>	Malora Christensen, Response Systems Manager	Date
DEPARTMENT HEAD APPROVAL:	DocuSigned by:	<i>Erika Lautenbach</i>	10/10/2024
	<small>955C651A30374BD</small>	Erika Lautenbach, Health and Community Services Director	Date
APPROVAL AS TO FORM:	Signed by:	<i>Christopher Quinn</i>	10/22/2024
	<small>EC466EF5C88B4FD</small>	Christopher Quinn, Chief Civil Deputy Prosecutor	Date

FOR THE CONTRACTOR:

Signed by:	<i>Andrea Brooks</i>	Andrea Brooks, President & CEO	10/10/2024
<small>5F58263616B44BB</small>			
Contractor Signature		Printed Name and Title	Date

FOR WHATCOM COUNTY:

DocuSigned by:	<i>Satpal Singh Sidhu</i>	10/22/2024
<small>1192C7C18B664E3</small>		
Satpal Singh Sidhu, County Executive		Date

# CONTRACTOR INFORMATION:

**Lifeline Connections**  
 PO Box 1678  
 Vancouver, WA 98661  
[abrooks@lifelineconnections.org](mailto:abrooks@lifelineconnections.org)



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

### **I. Background**

Research demonstrates that people detained in jails are more susceptible to relapse and overdose upon release from jail. Substance Use Disorder (SUD) assessments and linkages to treatment are effective options to deter the cycle of relapse and readmission to jail. This contract provides funding for the contractor to conduct SUD assessments in jail provide post-assessment treatment coordination as a component of re-entry for people who are releasing from the Whatcom County Jail and Juvenile Detention. The goal of the contract is to provide eligible inmates with smooth transitions to community inpatient or outpatient SUD treatment. In addition, the services will increase access to Medicaid SUD assessments for people referred from the criminal/legal system. These services have broad support from the local Criminal Justice Treatment Account (CJTA) panel and the local Incarceration Prevention and Reduction Task Force (IPRTF).

### **II. Definitions**

American Society of Addiction Medicine (ASAM) Criteria – Medical and psychosocial criteria used by SUD professionals to determine individual placement in treatment. ASAM is a standard used in the SUD treatment profession after a diagnosis of SUD is made.

Criminal Justice Treatment Account – A fund designated by state law to treat certain non-violent drug offenders who have a SUD that if not treated, is likely to result in addiction or is already addiction. Eligibility for CJTA is further described in this contract and it includes non-treatment supports.

SUD Professional (SUDP) & SUD Professional Trainee (SUDPT) – These are Washington State credentials for professionals and trainees who specialize in the treatment of substance use disorders.

Diagnostic and Statistical Manual (DSM5) – The standard manual used for the classification of and diagnosis of mental disorders.

Recovery – A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. (SAMHSA)

Release of Information (ROI) – This is a written form for client consent to share information with other people or entities who are involved with the client's care. ROIs are required by federal regulations such as 42 CFR Part 2 and by Health Insurance and Portability Act (HIPAA) and are designed to protect client confidentiality.

Substance Abuse and Mental Health Administration (SAMHSA) – A federal organization that provides funding, key policy decisions, oversight, data, and information related to substance use and mental health issues and services.

Substance Use Disorder (SUD) – A diagnostic classification in the DSM-5 which combines substance use and addiction into a single disorder (or set of disorders) which is measured along a continuum from mild to severe depending on symptoms.

Washington Administrative Code (WAC) – Regulations are a source of primary law in Washington State. Regulations of executive branch agencies are issued by authority of statutes. The WAC codifies the regulations and arranges them by subject or by agency.

### **III. Statement of Work**

The Contractor will:

- a. Respond to calls from community criminal/legal referents including therapeutic court staff, jail behavioral health professionals, Juvenile Court Administration staff, public defenders and corrections staff, and PeaceHealth Medical Center to conduct assessments for people needing treatment, and prioritize the referrals in the following order:
  1. People releasing from the jail or juvenile detention who are near enough to their release date to enter into an ongoing recovery program.
  2. People who are in PeaceHealth Medical Center.
  3. People in the criminal/legal system who have already released from jail or juvenile detention.
  4. People who have accompanying, ongoing (as opposed to “light touch”) case management services provided in the community.
- b. Conduct assessments in person or by remote means whenever possible, and include a strengths-based biopsychosocial history.
- c. After a SUD assessment is completed, coordinate treatment placement to a SUD or co-occurring disorder inpatient or outpatient facility.
- d. Ensure engagement of each individual with a treatment provider, depending on client need.
- e. Provide approximately 370 SUD assessments per year, accompanied by individual case management services sufficient to ensure treatment coordination.
- f. Arrange an admission date and facilitate the means to arrive to the treatment program on the specified date.
- g. The Contractor may utilize contract funds for transportation after all other transportation fund sources have been exhausted, if needed.
- h. Attend coordination meetings with staff of the existing jail behavioral health provider to ensure communication and coordination of services.

### **IV. Eligibility Criteria**

People who are eligible for SUD assessments must meet one of the following criteria:

- a. Be currently incarcerated in the Whatcom County Jail or Juvenile Detention;
- b. Be referred by the criminal/legal system (Therapeutic Courts, LEAD, Public Defenders, etc.);
- c. Be currently in the PeaceHealth Medical Care Center; or
- d. Have a SUD that might result in addiction, or which meets diagnostic criteria for addiction;

### **V. Program Requirements**

The Contractor must be licensed by the State of Washington to provide SUD treatment services and must provide certified Substance Use Disorder Professional (SUDP) or trainees (SUDPT) with 50 hours of

supervised experience to conduct assessments and treatment coordination. Staff shall have experience working with the incarcerated population and people with complex health/mental issues.

The Contractor will ensure the following elements of a criminal/legal SUD assessments and treatment coordination program:

- a. Completion of SUD biopsychosocial assessments with diagnosis according to DSM5 and a determination of treatment placement according to ASAM criteria.
- b. Completion of ROIs to communicate with referents and other care providers;
- c. Notes which communicate the diagnosis, treatment placement and final outcomes to referents and clients;
- d. Arrangement of treatment start dates and admission dates;
- e. Facilitation of transportation to residential care, as needed.

## **VI. Reporting Requirements**

- a. The Contractor will submit a monthly CJTA Programmatic Treatment Report (PTR) to the State Health Care Authority Secure File Transfer (SFT) system on the 15<sup>th</sup> of the month, following the end of each month in which services were provided, and notify the Contract Administrator by email that the report has been uploaded. Other instructions are discussed in Exhibit D – Washington State Health Care Authority Data Use, Security and Confidentiality Requirements.
- b. The Contractor shall communicate to the Contract Administrator about two (2) staff to be designated fill out and upload the PTR to the state's SFT system.
- c. In the same email, the Contractor will report directly to the County on the following:
  1. Total Drug Court participant expenditures
  2. Total non-Drug Court participant expenditures
  3. Number of adult assessments completed
  4. Number of juvenile assessments completed
- d. For the services provided at PeaceHealth Medical Center:
  1. The total number of individual referrals received by SUDP
    - a. Of those, the total number of contacts were made with those referred.
  2. The total number of completed ASAM Assessments by a SUDP
    - a. Of those, how many were minors
  3. Total number of individuals who were accepted into treatment when the level of care and diagnosis recommended treatment.

**EXHIBIT “B” – Amendment #2**  
**(COMPENSATION)**

**Budget and Source of Funding:** The source of funding for this contract period (07/01/2024 – 06/30/2025), in an amount not to exceed \$281,977, is the Washington State Health Care Authority, Criminal Justice Treatment Account (CJTA) in the amount of \$80,081 and the NS-BHASO Integrated Care Network (ICN) Jail Transitions (\$101,896) and SUDP (\$100,000) Programs. The budget for this work is as follows:

<b>*Cost Description</b>	<b>Documents Required Each Invoice</b>	<b>Budget</b>
Personnel (Benefits + Wages)	Expanded GL detail for the period	\$244,015
Transportation (for clients)	GL Detail; paid invoices or receipts	\$1,750
Cell Phone		\$1,000
Program Supplies***		\$3,000
Mileage/Travel/Training	See attachment B.1 (6.c and 6.d)	\$2,000
<b>SUBTOTAL</b>		<b>\$251,765</b>
**Indirect @ 12%		\$30,212
<b>TOTAL</b>		<b>\$281,977</b>

- \* Changes to the line item budget that exceed 10% of the line item amount must be pre-approved in writing by the County.
- \*\* Contractor has elected for a 12% indirect rate instead of their federally approved rate of 30%. Rate applies to Total Direct Costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations) and subawards.
- \*\*\* These costs cannot exceed \$500 without pre-approval from the County's Contract Administrator

<b>Contractor's Invoicing Contact Information:</b>	
<b>Name</b>	Andrea Brooks
<b>Phone</b>	360-397-8246
<b>Email</b>	abrooks@lifelineconnections.org

**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%. Line item changes that exceed 10% must be pre-approved by the County Contract Administrator, prior to invoicing.
2. When applicable, indirect costs 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 [HFisk@co.whatcom.wa.us](mailto:HFisk@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 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 [HFisk@co.whatcom.wa.us](mailto:HFisk@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.