#### WHATCOM COUNTY CONTRACT INFORMATION SHEET

Originating Department:					85 Health				
Division/Program: (i.e. Dept. Division and Program)					8550 Human Services / 855040 Housing				
Contract or Grant Administrator:					Barbara Johnson-Vinna				
Contractor's / Agency Name: Lydia Place									
Is this a New Contract?       If not, is this an Amendment or Renewal         Yes □       No ⊠       If Amendment or Renewal, (per WCC)								Yes ⊠ No □ 202206015	
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)									08.090 and 3.08.100)
Is this a grant agreement?         Yes □       No ⊠         If yes, grantor agency				ct num	nber(s):		CF	DA#:	
Is this contract grant funded?         Yes □       No ⊠         If yes, Whatcom County grant contract number(s):									
Is this contract the result of a RFP or Bid process? Yes  No  If yes, RFP and Bid number(s			er(s):	Sole Source Contract		Contract Co Center:	Cost 129100		
Is this agreement exc	luded from E-Ve	erify? No		es 🖂					
If YES, indicate exclusi					ł				
Professional ser		t for certified/lic	ensed pro	fessio	nal				
Contract work is f				100010		or Comme	rcial off the st	nelf iter	ms (COTS).
Contract work is f				<ul> <li>Contract for Commercial off the shelf items (COTS).</li> <li>Work related subcontract less than \$25,000.</li> </ul>					
Interlocal Agreem	ient (between Go	overnments).			Public Wo	rks - Local	Agency/Fed	erally F	Funded FHWA.
Contract Amount:(sum	of original contra	act amount and	Counc	il appro	val required for; a	all property I	eases, contrac	cts or bi	d awards exceeding
any prior amendments			\$40,00	<b>0</b> , and	professional serv	vice contract	amendments	that ha	ve an increase greater than
\$ 57,145					% of contract am				
This Amendment Amo	unt:			<ol> <li>Exercising an option contained in a contract previously approved by the council.</li> <li>Contract is for design, construction, r-o-w acquisition, prof. services, or other capital</li> </ol>					
\$ 63,000				costs approved by council in a capital budget appropriation ordinance.					
Total Amended Amour	nt:		3. B	3. Bid or award is for supplies.					
\$\$120,145				<ol> <li>Equipment is included in Exhibit "B" of the Budget Ordinance</li> <li>Contract is for manufacturer's technical support and hardware maintenance of</li> </ol>					
									are maintenance of naintenance from the
					er of proprietary s				
Summary of Scope: T			Lydia Place	e to op	erate Heart Ho	use, a perr	nanent suppo	ortive h	ousing facility with 11
units intended to serve	mothers with ch	ildren experienci	ng homele	ssness	s and integrated	d with an o	n-site license	d child	care facility.
Torm of Contract	1 Voor				Evolution Dat	<u>.</u>	10/21/2002		
Term of Contract:	1 Year 1. Prepared by:		JT		Expiration Dat	с.	12/31/2023	Date:	9/23/2022
Contract Routing:	2. Health Budge		KR/JG					Date:	10/31/2022
0	3. Attorney sign		RB					Date:	11/09/2022
								Date:	11/14/2022
	4. AS Finance reviewed:     Bbennett       5. IT reviewed (if IT related):     IT						Date:		
	6. Contractor Review:							Date:	
	7. Submitted to Exec.:							Date:	
	8. Council approved (if necessary):			AB2022-676				Date:	
	9. Executive sig							Date:	
	10. Original to C	Council:					1	Date:	

Whatcom County Contract Number:

202206015 - 1

#### WHATCOM COUNTY CONTRACT AMENDMENT HEART HOUSE – PERMANENT SUPPORTIVE HOUSING

PARTIES: Whatcom County Whatcom County Health Department 509 Girard Street Bellingham, WA 98225

AND CONTRACTOR: Lydia Place PO Box 28487 Bellingham, WA 98228

 CONTRACT PERIODS:

 Original:
 06/01/2022 - 12/31/2022

 Amendment #1:
 01/01/2023 - 12/31/2023

THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO

# DESCRIPTION OF AMENDMENT:

1. Extend the duration and other terms of this contract for 1 year, as per the original contract "General Terms, Section 10.2, Extension".

 Amend the original contract "General Terms, Section 37.1, Administration of Contract" and "General Terms, Section 37.2, Notice" to replace the County Contract Administrator, as follows: Whatcom County Health Department Barbara Johnson-Vinna, Program Specialist 509 Girard Street Bellingham, WA 98225 360-778-6046 BJJohnso@co.whatcom.wa.us

- 3. Amend Exhibit A Scope of Work to update reporting requirements.
- 4. Amend Exhibit B Compensation to reflect the 2023 budget.
- 5. Funding for this contract period (01/01/2023 12/31/2023) is not to exceed \$63,000.
- 6. Funding for the total contract period (06/01/2022 12/31/2023) is not to exceed \$120,145.
- 7. All other terms and conditions remain unchanged.
- 8. The effective start date of the amendment is 01/01/2023.

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, Com	Date	
DEPARTMENT HEAD APPROVAL:		
Erika Lautenba	Date	
APPROVAL AS TO FORM:		
Royce Buckingham, Se	nior Civil Deputy Prosecutor	Date
FOR THE CONTRACTOR:		
	Emily O'Connor, Executive Director	I
Contractor Signature	Print Name and Title	Date
FOR WHATCOM COUNTY:		
FOR WHATCOM COUNTY.		

Satpal Singh Sidhu, County Executive

**CONTRACTOR INFORMATION:** 

Lydia Place PO Box 28487 Bellingham, WA 98228 Date

(SCOPE OF WORK)

# I. Background

As outlined in the Whatcom County Strategic Plan to End Homelessness, the housing service continuum for Whatcom County community members relies on a range of interventions to deliver appropriate services based on the assessed needs of households experiencing homelessness. One such strategy, *permanent supportive housing (PSH)*, has not been provided with sufficient capacity to meet the need for households that include children experiencing homelessness. The shortage of PSH units for this population has led to a large and growing backlog of unserved families; as of January 2022, the number of Whatcom County households eligible and waiting for this type of service was at least 68, as reported by the Whatcom Homeless Service Center. The long wait for placement in PSH units increases the amount of time these families spend without safe and stable housing and prolongs their exposure to the harms associated with homelessness, which have been shown to correlate with future homelessness and other adverse health impacts for those children. The goal of this project is to decrease family homelessness immediately and reduce corresponding episodes of new homelessness in future generations.

This contract, supported by HB 1406 funding, will help fund operations for these new units of supportive housing as allowed by RCW 82.14.540.

Permanent Supportive Housing (PSH)	A long-term evidence-based best practice housing solution for vulnerable families with persistent challenges to stable housing. This intervention offers rental assistance as well as case management to support long-term stability and increase wellbeing of the household.			
Coordinated Entry	A coordinated entry system assesses households in need of housing services to determine each household's urgency of need as well as the intervention type that would be most appropriate. The coordinated entry system refers households to fill project vacancies as they occur The system links individual households with partner agencies who provide the direct services for those clients.			

# II. Definitions

# III. Statement of Work

The Contractor will:

- a. Provide safe and reliable housing for 11 households. Each household will include children experiencing homelessness and be referred by the Whatcom Homeless Service Center's Coordinated Entry referral system.
- b. Provide case management for individual households who will be residing at Heart House to remove barriers to housing stability and improve health and wellbeing for those families. This will include creating housing stability plans to help manage conflict, creating budgets to promote financial wellbeing and working to resolve debt and/or credit challenges that could make future independent tenancy more likely.
- c. Provide supportive services that facilitate and encourage connections to external community resources including, but not limited to, assistance through Washington State Department of Social and Health Services, medical insurance coverage, behavioral health treatment services, enrollment in childcare for children between one and five years of age, occupational support, and other community engagement activities, as appropriate.

# IV. Program Requirements

- a. Households will only be admitted to the housing units based on referrals from Whatcom County's Coordinated Entry lead agencies. Vulnerable families who are experiencing homelessness will be prioritized.
- b. Ensure that residents understand their rights to file grievances with the Whatcom County Health Department and the Whatcom Homeless Service Center and are provided full access to a grievance filing process.
- c. Provide training to all staff that includes Trauma Informed Care, Cultural Humility, motivational interviewing, and basic first aid.
- d. All households will participate in the Washington State Homeless Management Information System (HMIS). Anonymous participation is acceptable.
- e. As landlord and property manager, Lydia Place will comply with all requirements of Washington State's Landlord Tenant Act laws.
- f. Discharge summaries, including exit destinations for exiting households, will be provided to Whatcom County Health Department within two weeks following the end of each operational quarter.

# V. Program Outcomes

- a. Vacancies will be filled within a month from the previous household's exit date.
- Fewer than 10% of household exits will occur before the household has either achieved a minimum of 12 months of housing stability at Heart House or identified an alternative housing arrangement that provides long-term support to the family.

# VI. <u>Reporting Requirements</u>

Current quarterly reporting templates for permanent supportive housing programs may be accessed at: <u>https://www.whatcomcounty.us/DocumentCenter/View/69030/Permanent-Supportive-Housing-Contract-Quarterly-Report-Template-Fillable-8-22</u>. Contractors will be notified via email of updates to quarterly reporting templates. Quarterly reports are due on April 15<sup>th</sup>, July 15<sup>th</sup>, October 15<sup>th</sup>, and January 15<sup>th</sup>. Whatcom County Health Department may update reporting templates or formats during the contract period, and will provide advance notice of new reporting requirements prior to the start of the reporting quarter.

Reports will include:

- a. Number of household units of capacity at the facility.
- b. Number of occupied units on the last day of the quarter.
- c. Number of new admissions during the quarter.
- d. Total number of households that exited the facility and the living situation they exited to.

Additionally, the County is required to report HMIS project expenditures to the Washington State Department of Commerce for their annual report submitted to the Washington State Legislature. When requested, the Contractor shall provide the County with the necessary expenditure information in a timely manner.

#### Exhibit B – Amendment #1 (COMPENSATION)

<u>Source of Funding and Budget</u>: The source of funding for this contract, in an amount not to exceed \$63,000 is HB 1406 – Affordable & Supportive Housing Funds. The budget for this contract is as follows:

*Cost Description	Documents Required with Invoices	Budget		
Case Management and Program Management Staff	Approved Composite Billing Rate Worksheet for each staff member and timesheets for the period.	\$52,273		
Mileage	Mileage log to include: name of staff member, date of travel, starting point and destination of travel, number of miles traveled, federal reimbursement rate (per <u>www.gsa.gov</u> ) and a brief description of the purpose of travel.	\$1,000		
Supplies & Postage		\$2,000		
Utilities & Phone	GL Detail; invoices or receipts	\$1,000		
Professional Services		\$1,000		
	SUBTOTAL	\$57,273		
Indirect costs at 10% of subtotal				
	TOTAL BUDGET:	\$63,000		

\*Changes to the line item budget that exceed 10% of the line item amount must be approved in writing by the County. \*\*Under no circumstances shall indirect costs exceed the amount indicated above.

#### Invoicing:

- 1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 15<sup>th</sup> of the month, following the month of service. Invoices submitted for payment must include the items identified in the table above.
- 2. The Contractor shall submit invoices to <u>HL-BusinessOffice@co.whatcom.wa.us</u>.
- 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. <u>Duplication of Billed Costs or Payments for Service</u>: 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.