WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No. $\underline{201906025-1}$

Originating Department:			85 Health						
Division/Program: (i.e. Dept. Division and Program)			8550 Human Services / 855060 Substance Abuse Program						
Contract or Grant Administrator:			Kathleen Roy						
Contractor's / Agency Name:			Pioneer Human Services						
Is this a New Contra	to an Existing Contract? 3.08.100 (a)) Original Contract #:				Yes ⊠ 20190602	No 🗆			
							1,		
Does contract requir	If No, include WCC:								
Already approved?	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)								
Is this a grant agreer		nhar(e):			CFDA#:				
	o 🖂 If yes, grantor agency contract number(s): CFDA#:								
Is this contract grant funded? Yes ☒ No ☐ If yes, Whatcom County grant contract number(s): In process									
					Contract				
Yes □ No ☑ If yes, RFP and Bid number(s): Center: 675600									
Is this agreement excluded from E-Verify? No □ Yes ☑ If no, include Attachment D Contractor Declaration form.									
If YES, indicate exclusion(s) below:									
☐ Professional services agreement for certified/licensed professional.									
	for less than \$100,000.						ms (COTS).		
	for less than 120 days.		☐ Work related subcontract less than \$25,000.☐ Public Works - Local Agency/Federally Funded FHWA.						
	nent (between Governments).								
	of original contract amount and		al required for; all p						
any prior amendments	<u>):</u>		al service contract				ase greater than t	\$10,000 or	
10% of contract amount, whichever is greate 1. Exercising an option contained in a con									
	for design, construction, r-o-w acquisition, prof. services, or other capital costs								
	y council in a capital budget appropriation ordinance.								
Varies depending o	d is for supplies.								
	is included in Exhibit "B" of the Budget Ordinance for manufacturer's technical support and hardware maintenance of electronic								
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 will provide funding to deliver substance use disorder (SUD) assessments and post-assessment treatment									
coordination as a component of re-entry for inmates who are releasing from the Whatcom County Jail.									
Term of Contract:	1 Year		Expiration Date	y.	12/31/2020)			
TOTAL OF THE CONTRACT	Prepared by:	JT	Expiración Date		12/01/2020	Date:	09/20/2019		
Contract Routing:	Health Budget Approval	KR				Date:	10/08/2019		
	Attorney signoff:	RB				Date:	10/09/2019		
	4. AS Finance reviewed: bbennett					Date:	10/10/2019	11/4/19	
	5. IT reviewed (if IT related)					Date:			
	6. Contractor signed:	-				Date:	10-24-1	9	
	7. Submitted to Exec.:				Date:	11-6-19			
	Council approved (if necessary): Output Description aircraft Output Description Output Description Description Output Description Des					Date:	11-19-19	-	
9. Executive signed:					Date:	11-20-1			
	10. Original to Council:				T I	Date:	11-22-19	1	



Whatcom County Contract No.

201906025 - 1

WHATCOM COUNTY HEALTH DEPARTMENT CONTRACT AMENDMENT

PARTIES:

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

AND CONTRACTOR: Pioneer Human Services 7440 West Marginal Way S Seattle, WA 98108

AMENDMENT NUMBER: 1 CONTRACT PERIODS:

Original:

07/01/2019 - 12/31/2019

Amendment #1:

01/01/2020 - 12/31/2020

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".
- 2. Amend Exhibit A Scope of Work, Section V. Reporting Requirements, to revise the reporting method and information required to be submitted; revised Exhibit A is attached.
- 3. All other terms and conditions remain unchanged.
- 4. The effective start date of the amendment is 01/01/2020.

CONDITIONS OF THIS AMENDMENT. Sign		ACCEPT THE TERMS AND						
APPROVAL AS TO PROGRAM: Anne Dead	con, Human Services Manager	10/28/19 Date						
DEPARTMENT HEAD APPROVAL: Regine	A. Delahunt, Health Department D	irector Date						
APPROVAL AS TO FORM: Royce Buckingham, Civil Deputy Prosecuting Attorney Date								
FOR THE CONTRACTOR:								
- andre Hills	AUDREY HICKS, CFO	0 10/24/19						
Contractor Signature	Print Name and Title	Date						
STATE OF WASHINGTON)								
COUNTY OF WHATCOM)								
On this <u>297</u> day of	OCTOBER, 2019,	before me personally appeared						
AUDREY HICKS , to me known to	be the	and who executed the above						
instrument and who acknowledged to me the								
NOTARY PUBLIC in and for the State of Washington VICKI L RUSH NOTARY PUBLIC								
Residing at SEATILE, WA COMMISSION EXPIRES								
My Commission expires: 04-09-2022								
FOR WHATCOM COUNTY: Jack Louws, County Executive	11/20/19 Date	7						
STATE OF WASHINGTON)								
COUNTY OF WHATCOM)								
On this 20M day of 7M	lovenber, 2019, befor	e me personally appeared Jack						
Louws, to me known to be the Executive of W								
acknowledged to me the act of signing and se		TANNE M MILLING						
NOTARY PUBLIC in and for the Residing at Bellingham.	Idua: ne State of Washington,	NOTARY PORTS						
My Commission expires: 12-31-22		WASHINGTONINI						

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS

EXHIBIT "A" – Amendment #1 (SCOPE OF WORK)

I.Background

A 2016 Department of Health and Social Services (DSHS) report indicated that 86% of inmates in the Whatcom County Jail were Medicaid recipients over the five year period prior to a booking in the jail. The report also indicated that of those inmates who were Medicaid recipients, 68% had a substance use disorder (SUD). Certain estimates place the prevalence of SUD in jails higher than 80% and the addition of the non-Medicaid jail population increases the likelihood of a higher volume of SUD service needs. The opioid crisis peaked in Whatcom County in 2016 and the effects of the crisis were even more endemic in frontline institutions such as our jail. The need for SUD services during and after release from jail is clearly indicated.

Research demonstrates that inmates detained in jails are more susceptible to relapse and overdose upon release from jail. SUD assessments and linkages to treatment are effective options to deter the cycle of relapse and readmission to jail.

The purpose of this contract is to deliver (SUD) assessments and post-assessment treatment coordination as a component of re-entry for inmates who are releasing from the Whatcom County Jail. The goal is to provide eligible inmates with smooth transitions to community inpatient or outpatient treatment. These services have broad support from both the local Criminal Justice Treatment Account (CJTA) panel and from the local Incarceration Prevention and Reduction Task Force.

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.

<u>Criminal Justice Treatment Account (CJTA)</u> – A fund designated by state law to treat certain non-violent drug offenders who have an SUD that if not treated is likely to result in addiction or is already addiction. Eligibility for CJTA is further described in the contract.

<u>Chemical Dependency Professional (CDP) & Chemical Dependency Professional Trainees (CDPT)</u> – These are Washington State credentials for professionals and trainees who specialize in the treatment of substance use disorders.

<u>Diagnostic and Statistical Manual 5 (DSM5)</u> – The current 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 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 Part 2 CFR and by Health Insurance and Portability Act (HIPAA) and are designed to protect client confidentiality. (See the following links for more information: https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5&node=42:1.0.1.1.2 and https://www.hhs.gov/hipaa/index.html)

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

<u>Washington Administrative Code (WAC)</u> – 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.

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

III.Statement of Work

The Contractor will respond to calls from referents that include therapeutic court staff, public defenders, jail behavioral health professionals, corrections staff, or family members to conduct assessments in the Whatcom County Jail. The Contractor shall conduct SUD assessments for eligible inmates at the jail and coordinate treatment placement for those individuals.

Assessments shall be conducted in person according to WAC 388-877-0610 and shall include a strengths-based biopsychosocial history. The assessment shall include an SUD diagnosis, according to DSM5, and a determination of treatment placement according to

ASAM. The agency will secure all pertinent releases of information and ensure engagement with inpatient or outpatient treatment, depending on client need.

The Contractor will provide approximately 40 assessments per year, accompanied by individual case management services sufficient to ensure treatment coordination.

Eligibility Criteria:

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

- 1. Be Medicaid eligible and exiting the jail with the intention of entering a treatment program, or
- 2. All of the following under CJTA:
 - a. Have a charge filed by a prosecuting attorney in the state of Washington,
 - b. Have an SUD that might result in addiction, or which already meets diagnostic criteria for addiction
 - c. Be at or below 220% of the Federal Poverty Level (FPL) for income
 - d. Meet criteria for "Hardship Insured or as a "No Insurance" client and be at or below 220% of FPL

The Contractor shall provide SUD treatment coordination and work with case managers or counselors assigned to the offender's case to ensure ongoing support for each individual before and after residential treatment. The Contractor will arrange an admission date and facilitate the means to arrive to the treatment program on the specified date. The Contractor may utilize contract funds for transportation, if needed, but only after all other transportation sources have been exhausted.

IV.Program Requirements

The Contractor must be licensed by the state of Washington to provide SUD treatment services and must provide certified Chemical Dependency Professionals (CDP) or trainees (CPDTs) with 50 hours of supervised experience to conduct the 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 this jail assessment and treatment coordination program:

- 1. Completion of SUD biopsychosocial assessments
- Determination of financial eligibility
- 3. Completion of ROIs for referents and other care providers
- 4. Communication of diagnosis, treatment placement, and final outcomes to necessary referents and others as indicted by the client
- 5. Arrangement of treatment start dates and admission dates
- 6. Facilitate transportation means to residential care as needed
- 7. Provide monthly data reports as indicated below.
- 8. Services and funding amounts may be changed, based on service use, over the course of the contract year without a contract amendment. Changes must be authorized by the County in writing, at least 30 days prior to the provision of services.

V.Reporting Requirements

1. The Contractor will submit a monthly Excel report in a form provided by the County to the contract administrator by the 15th of each month after the month in which the services were provided. The Contractor shall fill in each area of the form related to each client served and work with the County to ensure all of the pertinent information is included. Due to the confidential information in the spreadsheet, the document must be sent to the Contract Administrator through a secure portal in compliance with HIPAA and 42 CFR Part 2.

WHATCOM COUNTY Health Department



Regina A. Delahunt, Director Greg Stern, M.D., Health Officer

RECEIVED

NOV 6 - 2019

JACK LOUWS
COUNTY EXECUTIVE

MEMORANDUM

TO:

Jack Louws, County Executive

CHA

FROM:

Regina A. Delahunt, Director

RE:

Pioneer Human Services – CJTA Substance Use Disorder Assessment

Contract Amendment #1

DATE:

October 25, 2019

Enclosed are two (2) originals of a contract amendment between Whatcom County and Pioneer Human Services for your review and signature.

Background and Purpose

This contract funds substance use disorder (SUD) assessments and post-assessment treatment coordination as a component of re-entry for inmates who are releasing from the Whatcom County Jail. The goal is to provide eligible inmates with smooth transitions to community inpatient or outpatient treatment. The purpose of this amendment is to revise reporting and eligibility requirements and renew the contract for an additional year.

Funding Amount and Source

The source of funding for this contract is the Criminal Justice Treatment Account (CJTA) through the Washington State Health Care Authority. Total compensation for this contract will vary depending on the number of services provided. It is estimated that the contract will be funded at \$60,000 in 2020. These funds will be included in the 2020 budget. Council approval is required as funding is expected to exceed the approved budget.

Please contact Kathleen Roy at extension #6007 if you have any questions regarding this agreement.

Encl.

