JT 6/20/2018	Received in Council Office	Agenda Date	Assigned to:
tor:		9/11/2018	Finance/Council
a Head: AD 6/28/18 R G	CEIVED		
ead: PHD 8/17/18	VUG 3 1 2018		
tor: 1. 9-22-18 WHAT	COM COUNTY		
ing/Budget: BB 8/22/18	COUNCIL		
E OF DOCUMENT:			
ACHMENTS: Contract Information Sheet Memo to County Executive 2 Originals of Contract			
review required? () Yes (X) NO review completed? () Yes () NO	Should Clerk schedule a h Requested Date:	earing? ()Ye	s (X)NO
g, you must provide the language for use in the require an explaining the intent of the action.) purpose of the contracted services is to provide of the order to promote a greater ability for acar and substance abuse problems.	behavioral health service	s within the Bellin	ngham School
		θ λ /.	
MITTEE ACTION:	COUNCIL ACTIO	22 v.	
	I File N		

WHATCOM COUNTY Health Department



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

MEMORANDUM



TO:	Jack Louws, County Executive	AUG 2 3 2018
FROM:	مبرک Regina A. Delahunt, Director	JACK LOUWS COUNTY EXECUTIVE
RE:	Bellingham School District, Behavioral Heal Amendment #3	Ith Services Contract
DATE:	August 15, 2018	

Enclosed are two (2) originals of a contract amendment between Whatcom County and Bellingham School District for your review and signature.

Background and Purpose

The purpose of the contracted services is to provide behavioral health services within the Bellingham School District in order to promote a greater ability for academic success for students who are challenged with mental health and substance abuse problems. The purpose of this amendment is to extend the agreement for an additional year and to increase funding for Prevention/Intervention services delivered at the high school level.

Funding Amount and Source

The source of funding for this amendment, in an amount not to exceed \$138,000, is the Behavioral Health Program Fund. Funding for this amendment is included in the 2018 – 2019 budget. Council approval is required because funding exceeds 10% of the original contract amount.

Please contact Joe Fuller at extension 6045 if you have any questions regarding this agreement.

Encl.

509 Girard Street Bellingham, WA 98225-4005 360.778.6000 | FAX 360.778.6001 37 WhatcomCountyHealth 37 WhatcomCoHealth



1500 North State Street Bellingham, WA 98225-4551 360.778.6100 | FAX 360.778.6101 www.whatcomcounty.us/health

WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

<u>201507026 - 3</u>

Originating Department					85 Health				
Division/Program: (i.e. Dept. Division and Program)				8550 Human Services / 855060 Mental Health					
Contract or Grant Administrator:				Joe Fuller					
Contractor's / Agency Name:				Bellingham School District					
		E							
Is this a New Contract		f not, is this an Am					-+ - <u>44.</u>		Yes No
Does contract require			Yes 🛛	newal, (per WCC 3.08.100 (a)) Original Contract #: 201507026 ∕es ☑ No □ If No, include WCC:					
		noval :						Codoo 2.04	6.010, 3.08.090 and
						(see Whatcon 3.08.100)	IT COUNTY V	JUUES 3.00	3.010, 3.00.030 and
Is this a grant agreeme									
Yes No [If yes, granto	r agency con	tract number	(s):			CFDA#:	
Is this contract grant fu									
Yes No [If yes, Whatc	om County g	rant contract	number(s):				T
Is this contract the res							Contrac	t Cost	
Yes No If yes, RFP and Bid number(s): Center: 124100 Is this agreement excluded from E-Verify? No Yes If no, include Attachment D Contractor Declaration form.									
Is this agreement exclu		Verity?	No 🛄	Yes 🖂	If no, inclu	ide Attachment	D Contra	ctor Declai	ration form.
If YES, indicate exclusio			·						
Professional serv	-		icensed pro	essional.				h - 16 %	(2070)
Contract work is for		,				t for Commerci			
□ Contract work is for less than 120 days. □ Work related subcontract less than \$25,000. □ Interlocal Agreement (between Governments). □ Public Works - Local Agency/Federally Funded FHWA.									
						vorks - Local A	gency/rec	erany Fun	
Contract Amount:(sum c prior amendments):	or onginal con	illact amount and	- 1000						awards exceeding \$40,000,
- /			1						ease greater than \$10,000 or
\$ 345,000	·····		i .			never is greater	-		
This Amendment Amour	nt:		1.		an option contained in a contract previously approved by the council. for design, construction, r-o-w acquisition, professional services, or other				
\$ 138,000			<i>L.</i>						riation ordinance.
Total Amended Amount:			3.			es or equipmen			
\$ 483,000			4.						re maintenance of electronic
	systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.								
								, , , , , , , , , , , , , , , , , , ,	
						-		District in o	order to promote a greater
ability for academic succ	ess for stude	nts who are challe	ngea with me	ental nealth a	and substance	e abuse probler	ns.		
Term of Contract:	1 Year				Expiration Da	ite:	8/31/2019		
Contract Routing:	1. Prepare	ed by: JT			_			Date:	6/15/2018
	2. Attorney	y signoff:		1.	Ø.			Date:	8-22-18
	3. AS Fina	ance reviewed:	B	henne	ett			Date:	8/22/18
	4. IT review	wed (if IT related):			- g -×			Date:	· · · · · · · · · · · · · · · · · · ·
	5. Contrac			L				Date:	8-8-18
		ed to Exec.:			/			Date:	8-23-18
	1	approved (if nece	ssary):					Date:	
	8. Executiv							Date:	
	9. Original	to Council:						Date:	

COUNTY ORIGINAL

Whatcom County Contract No.

201507026 - 3

WHATCOM COUNTY HEALTH DEPARTMENT CONTRACT EXTENSION

Whatcom County # 201507026

PARTIES: Whatcom County Whatcom County Courthouse 311 Grand Avenue Bellingham, WA 98225

 AMENDMENT NUMBER: 3

 CONTRACT PERIODS:

 Original:
 09/01/2015 - 08/31/2016

 Amendment #1
 09/01/2016 - 08/31/2017

 Amendment #2
 09/01/2017 - 08/31/2018

 Amendment #3
 09/01/2018 - 08/31/2019

AND CONTRACTOR: Bellingham School District 1306 Dupont Street Bellingham, WA 98225

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

DESCRIPTION OF EXTENSION:

- 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 B "Compensation" by adding \$23,000 for additional Prevention/Intervention Specialist services.
- 3. Funding for this extended contract period (09/01/2018 08/31/2019) is not to exceed \$138,000.
- 4. Funding for the total contract period (09/01/2015 08/31/2019) is not to exceed \$483,000.
- 5. All other terms and conditions remain unchanged.
- 6. The effective start date of the extension is 09/01/2018.

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 EXTENSION HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS EXTENSION. Signature is required below.

APPROVAL AS TO PROGRAM: AUCOUNT ANNE Deacon, Human Services Manager Date
DEPARTMENT HEAD APPROVAL: Kegnan A Delalt 8/17/18 Regina A. Delahunt Health Department Director Date
APPROVAL AS TO FORM: 8-22-(8 Royce Buckingham, Civil Deputy Prosecuting Attorney Date
FOR THE CONTRACTOR: Contractor Signature Green Baker, Superintendent 5-5-28 Print Name and Title Date
STATE OF WASHINGTON)) COUNTY OF WHATCOM)
On this <u>Shar</u> day of <u>Quoust</u> , 2018, before me personally appeared <u>Green</u> <u>by ker</u> , to me known to be the <u>Superintendent</u> and who executed the above instrument and who acknowledged to me the set of signing and sealing thereof. NOTARY PUBLIC in and for the State of <u>Quoshington</u> Residing at <u>Bellington</u> <u>Quo</u>
My Commission expires:
FOR WHATCOM COUNTY:
STATE OF WASHINGTON)
COUNTY OF WHATCOM)
On this day of, 2018, 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:

HL_090118_Bham_SD_Amend_#3

EXHIBIT "B" (COMPENSATION)

The source of funding for this contract, in an amount not to exceed \$138,000.00, is the Behavioral Health Program Fund.

The budget for behavioral health services is as follows:

ltem	Invoice Documentation Required		
Intervention/Prevention Specialist (including salary and benefits)	General Ledger Detail	\$136,000	
Program supplies, professional development/training, and travel	General Ledger Detail for Supplies and Training For mileage reimbursement, copies of mileage records, including the name of the staff member, date of travel, starting point and destination of travel, the number of miles traveled, the per mile reimbursement rate, and a brief description of the purpose of travel, for mileage reimbursement. Mileage will be reimbursed at the current Federal Rate.		
	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, beginning and ending time and dates of travel, starting point and destination, and a brief description of purpose.		
	Lodging and meal costs for training are not to exceed the U.S. General Services Administration Domestic Per Diem Rates (<u>www.gsa.gov</u>), specific to location. Receipts for meals are not required.		
	TOTAL	\$138,000	

The Contractor may transfer funds between budget line items with County prior approval.

The Contractor cannot exceed 40% of the total allocation during the first four months of service (September through December) without prior County approval.