

WHATCOM COUNTY COUNCIL AGENDA BILL

2018-229

NO. _____

CLEARANCES	Initial	Date	Date Received in Council Office	Agenda Date	Assigned to:
Originator:	JT	6/20/2018	<p>RECEIVED</p> <p>JUL 31 2018</p> <p>WHATCOM COUNTY COUNCIL</p>	8/8/18	Finance/Council
Division Head:	AD	6/28/18			
Dept. Head:	R40	7/12/18			
Prosecutor:	<i>[Signature]</i>	7-13-18			
Purchasing/Budget:	BB	7/13/18			
Executive: TH	<i>[Signature]</i>	7.31.18			

TITLE OF DOCUMENT:
Agreement between Whatcom County and the Lynden School District

- ATTACHMENTS:**
1. Contract Information Sheet
 2. Memo to County Executive
 3. 2 Originals of Contract

SEPA review required? () Yes (X) NO	Should Clerk schedule a hearing? () Yes (X) NO
SEPA review completed? () Yes () NO	Requested Date:

SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE: (If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)

The purpose of the contracted services is to provide behavioral health services within the Lynden School District in order to promote a greater ability for academic success for students who are challenged with mental health and substance abuse problems.

COMMITTEE ACTION:	COUNCIL ACTION:

Related County Contract #:	Related File Numbers:	Ordinance or Resolution Number:

Please Note: Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County's website at: www.co.whatcom.wa.us/council.



MEMORANDUM

RECEIVED

JUL 16 2018

JACK LOUWS
COUNTY EXECUTIVE

TO: Jack Louws, County Executive
FROM: ^{ADD} Regina A. Delahunt, Director
RE: Lynden School District, Behavioral Health Services, Amendment #3
DATE: July 10, 2018

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

▪ **Background and Purpose**

The purpose of the contracted services is to provide behavioral health services within the Lynden 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 to provide Youth Mental Health First Aid Training. Funds would train district staff to be facilitators, and provide coverage for 60-90 staff to complete the training.

▪ **Funding Amount and Source**

The source of funding for this amendment, in an amount not to exceed \$111,000, 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.



WHATCOM COUNTY CONTRACT INFORMATION SHEET

Whatcom County Contract No.

201507027 - 3

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:	Lynden School District

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 #:	201507027	
Does contract require Council Approval?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If No, include WCC: (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):	CFDA#:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is this contract grant funded?	If yes, Whatcom County grant contract number(s):		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is this contract the result of a RFP or Bid process?	Contract Cost Center:		124100
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		
Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If no, include Attachment D Contractor Declaration form.	

If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).	

Contract Amount:(sum of original contract amount and any prior amendments): \$ <u>277,500</u> This Amendment Amount: \$ <u>111,000</u> Total Amended Amount: \$ <u>388,500</u>	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when : <ol style="list-style-type: none"> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, professional services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies or equipment included approved in the budget. 4. 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.
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Summary of Scope: The purpose of this contract is to provide behavioral health services within the Lynden School District in order to promote a greater ability for academic success for students who are challenged with mental health and substance abuse problems.

Term of Contract: 1 Year	Expiration Date: 8/31/2019
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Contract Routing:	1. Prepared by: JT	Date:	6/15/18
	2. Attorney signoff:	Date:	7-13-18
	3. AS Finance reviewed: <i>rb</i>	Date:	7/16/18
	4. IT reviewed (if IT related): <i>bbennett</i>	Date:	
	5. Contractor signed: ✓	Date:	7-2-18
	6. Submitted to Exec.: ✓	Date:	7-16-18
	7. Council approved (if necessary):	Date:	
	8. Executive signed:	Date:	
	9. Original to Council:	Date:	

Whatcom County Contract No.

201507027 – 3

WHATCOM COUNTY HEALTH DEPARTMENT CONTRACT EXTENSION

Whatcom County # 201507027

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:

**Lynden School District
1203 Bradley Road
Lynden, WA 98264**

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 \$18,500 to provide Youth Mental Health First Aid Training. Funds would train district staff to be facilitators, and provide coverage for 60-90 staff to complete the training.
3. Funding for this extended contract period (09/01/2018 - 08/31/2019) is not to exceed \$111,000
4. Funding for the total contract period (09/01/2015 – 08/31/2019) is not to exceed \$388,500.
5. All other terms and conditions remain unchanged.
6. The effective start date of the extension is 09/01/2018.

EXHIBIT "B"
(COMPENSATION)

The source of funding for this contract, in an amount not to exceed \$111,000.00, is the Behavioral Health Program Fund.

The budget for behavioral health services is as follows:

Contract Budget – 9/1/2018 – 8/31/2019		
Item	Documentation Required for Reimbursement	Budget
Community Prevention Specialist (including salary and benefits)	General Ledger Detail	\$30,000
Drug/Alcohol Intervention/Prevention Specialist (including salary and benefits)	General Ledger Detail	\$25,000
Behavioral Intervention/Prevention Specialist (including salary and benefits)	General Ledger Detail	\$35,000
Staff time (facilitating and/or receiving training)	General Ledger Detail	18,500
Subcontracted services (e.g., therapy, psychological services, drug/alcohol counseling)	Subcontractor invoice showing subcontractor name, type of service, rate & hours of service, student identifier	\$1,500
Program supplies, professional development/training, and travel	General Ledger Detail or receipts detailing program supplies, training, and travel expenses 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, and a brief description of the purpose of travel. Mileage will be reimbursed at the current Federal rate.	\$1,000
TOTAL		\$111,000

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.

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: Anne Deacon 7/11/18
Anne Deacon, Human Services Manager Date

DEPARTMENT HEAD APPROVAL: Regina A. Delahunt 7/12/18
Regina A. Delahunt, Health Department Director Date

APPROVAL AS TO FORM: [Signature] 7-13-18
Royce Buckingham, Civil Deputy Prosecuting Attorney Date

FOR THE CONTRACTOR:

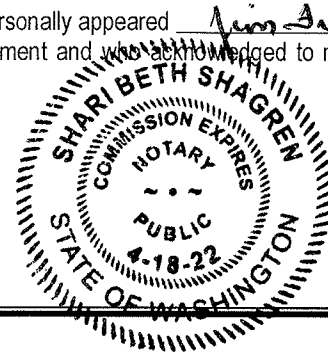
[Signature] | Jim Frey Supt | 7.2.18
Contractor Signature | Print Name and Title | Date

STATE OF WASHINGTON)

COUNTY OF WHATCOM)

On this 2nd day of July, 2018, before me personally appeared Jim Frey, to me known to be the Superintendent and who executed the above instrument and who acknowledged to me the act of signing and sealing thereof.

Shari Beth Shagren
NOTARY PUBLIC in and for
the State of Washington
Residing at Custer



My Commission expires:

FOR WHATCOM COUNTY:

Jack Louws, County Executive _____ Date _____

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: