

PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586

7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Jean Fisher, Executive Director, Boys & Girls Club of the Long Beach Peninsula
From: Katie Lindstrom, Deputy Director
Date: December 18, 2013
Subject: 2014 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been funded as follows:

- Boys Council
- Girls Circle

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2014 Boys & Girls Club of the Long Beach Peninsula

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Boys & Girls Club of the Long Beach Peninsula**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in Attachment B- Boys Council Application, and Attachment C- Girls Circle Application. The effective dates for this agreement shall begin January 1, 2014 and end December 31, 2014. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2014. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. Invoices received after January 15, 2015, will **not** be paid.
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B and C.
3. **BUDGET**: The budget shall be \$6,684 for the Boys Council Program, and \$5,469 for the Girls Circle program.
4. **INDEMNIFICATION**: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state. The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

9. DEBARMENT: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.

10. COMPLIANCE WITH LAWS: Throughout the duration of this Agreement, the CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, regulations, and orders.

11. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.

3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

Frank Wolfe, Commissioner

APPROVED AS TO FORM:

ATTEST:

Pacific County Prosecuting Attorney

David J. Burke Date

Clerk of the Board Date

Attachment A- PAYMENT VOUCHER

Pacific County Millage Award
2014

Total Award Amount: \$ _____

Agency Name & Mailing Address:

Services for the month of: _____ 2014

of clients served: _____

Supplies (attach receipts): _____

Staff time: _____ (# of hours x hourly rate)

Other (please describe) _____

Total Amount Requested: \$ _____

Narrative:

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed

Title

Date

Please send all bills and supporting documentation to:

Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586

No later than the 15th day following the month of service.

APPLICANT INFORMATION

Agency applying for funding: THE BOYS & GIRLS CLUB OF THE LONG BEACH PENINSULA

Physical Address: 404 SCHOOL ROAD

City: ILWACO State: WA Zip: 98624

Mailing Address: PO BOX 1172

City: LONG BEACH State: WA Zip: 98631

Phone Number: (360) 642-8668 Email: bgclongbeach@gmail.com

Name and Qualifications of person who will provide the services:

Ryan Stanley, Program Director for the Boys & Girls Club

Corey Munoz

Name and Qualifications of the person who will be administering the funding:

Jean Fisher, Executive Director for the Boys & Girls Club

Kevin Johnson, AmeriCorps VISTA for South Pacific Co. and Volunteer Coordinator for the Boys & Girls Club

Project Summary

Project Title	Boys Council Administration on the Long Beach Peninsula for 2013
Agency	Boys & Girls Club of the Long Beach Peninsula
Project Summary (Limit responses to one paragraph)	Upon successful completion of Boys Council Facilitator Training (as deemed possible by previous Millage funds), facilitators from the peninsula will be able to hold Boys Council four times a year. Boys Council will help to improve the lives of boys on the peninsula ages 9-18 who may have dealt with, or are still dealing with traumatic, mentally disabling family or home-living situations. The program is considered a positive experience for prevention and intervention.
Amount Requested	\$6,684

Narrative (limit to no more than 3 pages total)

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

The purpose of implementing the Boys Council program on the peninsula is to help reduce the statistics as outlined in the "Needs Statement" below, in South Pacific County. By engaging local boys through this program and through the utilization of well-trained facilitators lives will be changed for the better. Run through the Boys & Girls Club of the Long Beach Peninsula, the program will last approximately nine weeks and will provide a safe space for boys to engage in conversation and creative outlets to help express themselves and alleviate any tension they may experience in home and/or school.

The ultimate plan is to allow for two facilitators to run these sessions four times a year, three times during the school year and once in the summer time. Through Pacific County we have access to a facilitator guide and two handbooks for the "Mind, Body, Spirit" session and the "Friendship" session. It would be integral for the county to have access to at least one whole curriculum, in order to appropriately respond to and make each session a worthwhile opportunity for all participants. Each session tackles a different topic, which are all tailored to the needs of the participants.

Evaluations for each participant will be made through an end-of-program survey, which will detail what needs may have been met and what could be further changed to improve the program and livelihoods of young boys on the peninsula.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

The One Circle website describes the utility of the program: "When girls voice their ideas and opinions in a safe environment, it strengthens their confidence and self-esteem and encourages them to express themselves more fully and critically think through their behavior and choices. By examining cultural expectations in a safe and supportive setting, girls gain greater awareness of their options and strengthen their ability to make choices that are consistent with their values, interests, and talents." According to the US Dept. of Health and Human Services Office of Minority Health, "Suicide attempts for Hispanic girls, grades 9-12, were 70% higher than for White girls in the same age group, in 2011." And, according to a report conducted by the Substance Abuse and Mental Health Services Administration:

- Combined 2006 to 2008 data indicate that 18.6 percent of adolescent females got into a serious fight at school or work in the past year, 14.1 percent participated in a group-against-group fight, and 5.7 percent attacked others with the intent to seriously hurt them; about one quarter (26.7 percent) of adolescent females engaged in at least one of these violent behaviors in the past year.
- Adolescent females who engaged in at least one of these violent behaviors were more likely than those who did not to have indicated past month binge alcohol use (15.1 vs. 6.9 percent), marijuana use (11.4 vs. 4.1 percent), and use of illicit drugs other than

marijuana (9.2 vs. 3.2 percent).

- The rate of substance use was higher the more types of violent behaviors the girls engaged in (e.g., binge drinking in the past month was reported by 6.9 percent of girls with none of the violent behaviors, 12.6 percent of those with one type of violent behavior, 17.3 percent of those with two types, and 27.2 percent of those with three types indicated).

Studies on the Girls Circle program have shown improvements for participants through:

- An increase in self-efficacy
- A decrease in self-harming behavior
- A decrease in rates of alcohol use
- An increase in attachment to school
- Increases in positive body image
- Increases in social support

Over the course of 2012, bullying, self-image issues and self-harm became an increasingly publicized issue for girls in today's society. Through the implementation of Girls Circle on the peninsula, these issues will hopefully be eradicated.

3. Project Timeline & Organization: Please provide an outline and schedule for implementing and organizing this project.

- a. The program will be held four times a year, once in summer, three times over the course of the school year.
- b. Each program will last approximately nine weeks, with one session occurring once a week. (Summer will most likely be run over the course of four weeks, with two sessions happening per week.)
- c. Ideally two well-trained facilitators will take charge of the program with an allowance of \$200 for materials per program, as outlined in the training materials, for art supplies and any additional office supplies.
- d. The facilitators will be allowed one hour of preparation and set-up time, and each session will last two hours, as described in the facilitator guide.

4. Project Target: Who is the project's intended targeted audience? How many people will be involved in the project?

The major intended audiences for the implementation of this program are local boys between the ages of 9 and 18. Each program will allow for the participation of 5 to 10 boys, allowing for an intimate setting for sharing and more tailored discussion. Those involved in the implementation are the two facilitators that will run each program.

5. Goals & Objectives: What are the goals and expected outcomes of the project and how will they be measured?

- a. The goals and objectives will be to help, as described above, increase self-efficacy, decrease self-harming behavior, decrease the rate of alcohol use, increase attachment to school, increase positive body image and increase social support.
- b. These will be measured through evaluations as determined by the facilitators and through comparison surveys, one given at the beginning of each program asking about the boys' current

consideration of the aforementioned topics and through the use of an end-of-program survey asking their opinions of how they feel after the program has come to and end.

6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?
- a. Reports can be made after each facilitation of the program (which would require reporting four times a year), or the overall supervisor (Jean Fisher or Kevin Johnson) for the implementation of the program would be able to collect the reports as made by the facilitators, and surveys as gathered by the facilitators for one end-of-year report.

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Staff	2	\$15/hr	\$3240/year
Materials	4	\$200/session	\$800/year
The Council for Boys Curricula	1	\$599	\$599
Training	2	\$400	\$800
Airfare	2	\$500	\$1000
Rental Car	1	\$25/Day	\$75
Lodging	1	\$85/Night	\$170

Total Amount Requested: \$6,684

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$4,079 (can still run program with only one facilitator)

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

APPLICANT INFORMATION

Agency applying for funding: THE BOYS & GIRLS CLUB OF THE LONG BEACH PENINSULA

Physical Address: 404 SCHOOL ROAD

City: ILWACO State: WA Zip: 98624

Mailing Address: PO BOX 1172

City: LONG BEACH State: WA Zip: 98631

Phone Number: (360) 642-8668 Email: bgclongbeach@gmail.com

Name and Qualifications of person who will provide the services:

Jessica Mast, trained for girls circle

Leila Wright, trained for girls circle

Name and Qualifications of the person who will be administering the funding:

Jean Fisher, Executive Director for the Boys & Girls Club

Project Summary

Project Title	Girls Circle Administration on the Long Beach Peninsula for 2014
Agency	Boys & Girls Club of the Long Beach Peninsula
Project Summary (Limit responses to one paragraph)	Upon successful completion of Girls Circle Facilitator Training (as deemed possible by previous Millage funds), facilitators from the peninsula will be able to hold a Girls Circle four times a year. Girls Circle will help to improve the lives of girls on the peninsula ages 9-18 who may have dealt with, or are still dealing with traumatic, mentally disabling family or home-living situations. The program is considered a positive experience for prevention and intervention.
Amount Requested	\$5,469

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

The purpose of implementing the Girls Circle program on the peninsula is to help reduce the statistics as outlined in the "Needs Statement" below, in South Pacific County. By engaging local girls through this program and through the utilization of well-trained facilitators lives will be changed for the better. Run through the Boys & Girls Club of the Long Beach Peninsula, the program will last approximately nine weeks and will provide a safe space for girls to engage in conversation and creative outlets to help express themselves and alleviate any tension they may experience in home and/or school.

The ultimate plan is to allow for two facilitators to run these sessions four times a year, three times during the school year and once in the summer time. Through Pacific County we have access to a facilitator guide and two handbooks for the "Mind, Body, Spirit" session and the "Friendship" session. It would be integral for the county to have access to at least one whole curriculum, in order to appropriately respond to and make each session a worthwhile opportunity for all participants. Each session tackles a different topic, which are all tailored to the needs of the participants.

Evaluations for each participant will be made through an end-of-program survey, which will detail what needs may have been met and what could be further changed to improve the program and livelihoods of young girls on the peninsula.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

The Girls Circle website describes the utility of the program: "When girls voice their ideas and opinions in a safe environment, it strengthens their confidence and self-esteem and encourages them to express themselves more fully and critically think through their behavior and choices. By examining cultural expectations in a safe and supportive setting, girls gain greater awareness of their options and strengthen their ability to make choices that are consistent with their values, interests, and talents." According to the US Dept. of Health and Human Services Office of Minority Health, "Suicide attempts for Hispanic girls, grades 9-12, were 70% higher than for White girls in the same age group, in 2011." And, according to a report conducted by the Substance Abuse and Mental Health Services Administration:

- Combined 2006 to 2008 data indicate that 18.6 percent of adolescent females got into a serious fight at school or work in the past year, 14.1 percent participated in a group-against-group fight, and 5.7 percent attacked others with the intent to seriously hurt them; about one quarter (26.7 percent) of adolescent females engaged in at least one of these violent behaviors in the past year.
- Adolescent females who engaged in at least one of these violent behaviors were more likely than those who did not to have indicated past month binge alcohol use (15.1 vs. 6.9 percent), marijuana use (11.4 vs. 4.1 percent), and use of illicit drugs other than marijuana (9.2 vs. 3.2 percent).
- The rate of substance use was higher the more types of violent behaviors the girls engaged in (e.g., binge drinking in the past month was reported by 6.9 percent of girls with none of the violent behaviors, 12.6 percent of those with one type of violent behavior, 17.3 percent

of those with two types, and 27.2 percent of those with three types indicated).
Studies on the Girls Circle program have shown improvements for participants through:

- An increase in self-efficacy
- A decrease in self-harming behavior
- A decrease in rates of alcohol use
- An increase in attachment to school
- Increases in positive body image
- Increases in social support

Over the course of 2012, bullying, self-image issues and self-harm became an increasingly publicized issue for girls in today's society. Through the implementation of Girls Circle on the peninsula, these issues will hopefully be eradicated.

3. **Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.
 - a. The program will be held four times a year, once in summer, three times over the course of the school year.
 - b. Each program will last approximately nine weeks, with one session occurring once a week. (Summer will most likely be run over the course of four weeks, with two sessions happening per week.)
 - c. Ideally two well-trained facilitators will take charge of the program with an allowance of \$200 for materials per program, as outlined in the training materials, for art supplies and any additional office supplies.
 - d. The facilitators will be allowed one hour of preparation and set-up time, and each session will last two hours, as described in the facilitator guide.

4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?

The major intended audiences for the implementation of this program are local girls between the ages of 9 and 18. Each program will allow for the participation of 5 to 10 girls, allowing for an intimate setting for sharing and more tailored discussion. Those involved in the implementation are the two facilitators that will run each program.

5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
 - a. The goals and objectives will be to help, as described above, increase self-efficacy, decrease self-harming behavior, decrease the rate of alcohol use, increase attachment to school, increase positive body image and increase social support.
 - b. These will be measured through evaluations as determined by the facilitators and through comparison surveys, one given at the beginning of each program asking about the girls' current consideration of the aforementioned topics and through the use of an end-of-program survey asking their opinions of how they feel after the program has come to an end.

6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

- a. Reports can be made after each facilitation of the program (which would require reporting four times a year), or the overall supervisor (Jean Fisher or Kevin Johnson) for the implementation of the program would be able to collect the reports as made by the facilitators, and surveys as gathered by the facilitators for one end-of-year report.

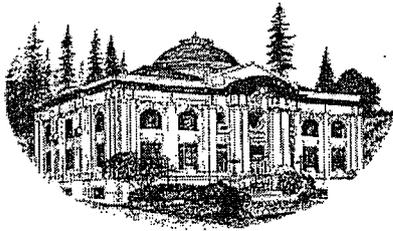
BUDGET

Item Description & Justification	Quantity	Rate	Cost
Staff	2	\$15/hr	\$3240/year
Materials	4	\$200/session	\$800/year
Girls Circle Curricula	1	\$1,429	\$1,429

Total Amount Requested: \$5,469

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$3,849 (can still run program with only one facilitator)

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you



PACIFIC COUNTY COURTHOUSE
National Historic Site

PACIFIC COUNTY

Public Health and Human Services Department

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Peninsula Area
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FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Mike Morris, Superintendent, Amy Nelson, and Counselor- South Bend School District
From: Katie Lindstrom, Deputy Director
Date: December 18, 2013
Subject: 2014 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been funded as follows:

- Part B- Supplemental Counseling
- Part A- Second Step

Unfortunately, we were unable to fund your application to support Part C- the Therapeutic Drumming program.

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2014 South Bend School District

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **South Bend School District**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in Attachment B- Application, part A (Second Step), and part B (Supplemental Counselling) applications. The effective dates for this agreement shall begin January 1, 2014 and end December 31, 2014. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT:** All expenses under this program must be incurred and all program activities complete by December 31, 2014. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. Invoices received after January 15, 2015, will **not** be paid.
2. **STATEMENT OF WORK:** Program expectations will be completed as outlined in Attachments B, parts a and b, - Application (s).
3. **BUDGET:** The budget shall be \$900 for part A- Second Step, and \$250 for part B- Supplemental Counselling.

INDEMNIFICATION: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.

4. **INSURANCE:** The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state. The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
5. **BACKGROUND CHECKS:** Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
6. **REPORTING:** Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
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- 10. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.
- 3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

APPROVED AS TO FORM:

Frank Wolfe, Commissioner

Pacific County Prosecuting Attorney

ATTEST:

David J. Burke Date

Clerk of the Board Date

Attachment A- PAYMENT VOUCHER

Pacific County Millage Award
2014

Total Award Amount: \$ _____

Agency Name & Mailing Address:

Services for the month of: _____ 2014

of clients served: _____

Supplies (attach receipts): _____

Staff time: _____ (# of hours x hourly rate)

Other (please describe) _____

Total Amount Requested: \$ _____

Narrative:

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed

Title

Date

Please send all bills and supporting documentation to:

Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586

No later than the 15th day following the month of service.

<p>401 E First Street Post Office Box 437 South Bend, Washington 98586 (360) 875-5707</p> <p>Amy Nelson, MSW South Bend School District K-12 Counselor/GEAR UP Coordinator 401 E First Street Post Office Box 437 South Bend, Washington 98586 (360)875-5707 anelson@southbendschools.org</p>	<p>PRINCIPAL CONTACT WITH PACIFIC COUNTY/PERSON TO PROVIDE PROPOSED SERVICES</p>
<p>Mike Morris, South Bend School District Superintendent mmorris@southbendschools.org Terri Coon, South Bend School District Finance Manager tcoon@southbendschools.org</p> <p>Sub-total Part A Second Step Social Skills Curriculum/Chauncey Davis Elementary</p> <p>A. Pre/K Kit: A Personal Safety Curriculum/Talking About Touching (\$270)</p> <p>B. Grade 2 Kit: Basic Second Step Curriculum/Social Skills (\$309)</p> <p>C. Grade 3/4: Steps to Respect/Bullying Prevention Program (\$249)</p> <p>Sub-total Part B Supplemental Counseling Prevention/Intervention Tools and Supplies/South Bend K-12</p> <p>A. Hula Hoop Supplies (boundaries lesson)</p> <ul style="list-style-type: none"> • Irrigation tubing • Couplers • Decorative duct tape • Colored electrical tape • Bags of dry beans 	<p>NAME/QUALIFICATION PERSON TO ADMINISTER FUNDS</p> <p>AMOUNT REQUESTED (In order of priority)</p>
<p>Maximum \$900 w/ tax, shipping & handling</p>	<p>Maximum \$ 250.00</p>
<p>Sub-total Part C Therapeutic Drumming Sessions/South Bend Jr./Sr. High School & Chauncey Davis Elementary</p> <p>A. Travel/Mileage B. Lodging C. Fee</p>	<p>Maximum \$850.00</p>
<p>TOTAL</p>	<p>Maximum \$1000.00</p>

Part A Second Step Social Skills Curriculum (Max \$900)

Second Step is a research based, best practices curriculum that provides comprehensive, grade specific curriculum focused on social-emotional learning. With instruction students tend to show significant improvements in positive approach/coping, caring/cooperative behavior, suppression of aggression, and consideration of others. Additionally, students who received the *Second Step* program showed significant gains in knowledge about empathy, anger management, impulse control, and bully-proofing behavior.

The kits include: Fully scripted photo lesson cards, videos, songs, academic integration activities, classroom posters and free online training and resources.

Acquisition of the requested *Second Steps* modules add to the counseling center resources at South Bend allowing for a more comprehensive and consistent approach. It will allow for grade level appropriate social skill building K-8 when used in collaboration with pre-existing Girls Circle/Boys Council and Skillstreaming curriculum.

Program implementation will begin immediately upon receipt of supplies and continue throughout the school year. Outcome measures will include an overall decline in the number of behavioral outbursts throughout the school year as evidenced by decreased office and safety referrals. Additionally, the curriculum will be instrumental in our ongoing efforts to provide for a safe learning environment for all students, and will reinforce efforts already being made to build capacity of student bystanders to decrease bullying.

Part B Supplemental Counseling Prevention/Intervention Tools and Supplies/South Bend K-12 (Maximum \$250)

Amy Nelson, the counselor for South Bend School District, continues to facilitate a variety of groups for students ranging from K-8th grade. At any given time there are up to four groups in session that utilize skill building curriculum that often include Girls Circle/Boys Council and Skillstreaming. One of the most engaging student activities is building and decorating their own hula hoops. The hoops are then used as manipulatives to demonstrate the importance of healthy boundaries, as well as various other therapeutic strategies that relate to friendship building, overcoming shyness, taking healthy risks and problem solving. The students then get to keep and take home their own hula hoops.

The goal of this project is to provide the student with a gross motor experience that helps reinforce positive messages learned and processed in group. The intent is to have the hula hoop serve as a tool that reinforces positive social messages and skills with every use, as well as a method to transfer said skills from school to home. Outcomes will be measured based on student completion of the task as well as their ability to verbalize the skills they have learned.

Part C Therapeutic Drumming Sessions/South Bend Jr./Sr. High School & Chauncey Davis Elementary (Maximum \$850)

South Bend School District continues to demonstrate efforts to maintain a safe, healthy, and positive educational environment for all students, with particular efforts on bullying prevention, self-efficacy, and fostering resiliency through leadership. It is an ongoing priority to find engaging enrichment activities for our students.

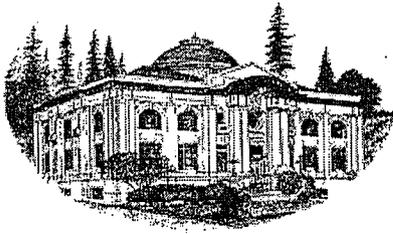
A unique opportunity that can be afforded to South Bend, with the allocation of this grant, is a program that uses African drumming to reinforce student strengths to build confidence academically and socially. This is an inclusive program that is appropriate for all ages and abilities.

The presenter, Ray Soriano (rhythmchild@hotmail.com) from Bellingham, Washington, has volunteered his services for a local camp in Pacific County and used the drumming techniques and programming with the participants and volunteers at the camp. The counselor at South Bend was witness to the program and has advocated strongly to bring the drumming to the school. Drumming occurs in small groups of 20-30, which corresponds nicely with classroom size.

The hope is to have a series of sessions that cover grades K-12, and we plan on using high school students as mentors in the sessions with the younger age students.

The goal of this program is to increase awareness of the importance of bystander intervention in bullying situations, and to help students draw upon their own strengths to advocate for themselves and their peers. Outcomes will be measured based on student attendance of the program, as well as their engagement in the program structure and activities.

Thank you for considering our proposal, as the allocation of Millage funds for all or some of our outlined requests will be utilized and appreciated to the fullest extent.



PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Eric Cummins, Executive Director
From: Katie Lindstrom, Deputy Director
Date: December 18, 2013
Subject: 2014 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been funded as follows:

- Choosing Wellness
- Mental Health Assessment in the Jail

Unfortunately, we were unable to fund your application for the Eating Well program.

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact me at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2014 Willapa Behavioral Health

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Willapa Behavioral Health**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in Attachment B- Choosing Wellness Application, and Attachment C- Mental Health Assessments in the Jail application. The effective dates for this agreement shall begin January 1, 2014 and end December 31, 2014. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT**: All expenses under this program must be incurred and all program activities complete by December 31, 2014. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. Invoices received after January 15, 2015, will **not** be paid.
2. **STATEMENT OF WORK**: Program expectations will be completed as outlined in Attachments B & C.
3. **BUDGET**: The budget shall be \$1,328 for the Choosing Wellness Program, and \$4,000 for mental health assessments in the jail.

INDEMNIFICATION: In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.

4. **INSURANCE**: The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state. The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
5. **BACKGROUND CHECKS**: Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
6. **REPORTING**: Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
7. **MODIFICATION**: Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

8. DEBARMENT: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.

9. COMPLIANCE WITH LAWS: Throughout the duration of this Agreement, the CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, regulations, and orders.

10. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.

3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

Frank Wolfe, Commissioner

APPROVED AS TO FORM:

ATTEST:

Pacific County Prosecuting Attorney

David J. Burke Date

Clerk of the Board Date

Attachment A- PAYMENT VOUCHER

Pacific County Millage Award
2014

Total Award Amount: \$ _____

Agency Name & Mailing Address:

Services for the month of: _____ 2014

of clients served: _____

Supplies (attach receipts): _____

Staff time: _____ (# of hours x hourly rate)

Other (please describe) _____

Total Amount Requested: \$ _____

Narrative:

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed

Title

Date

Please send all bills and supporting documentation to:

Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586

No later than the 15th day following the month of service.

APPLICANT INFORMATION

Agency applying for funding: Willapa Behavioral Health Long Beach, WA

Physical Address: 2204 Pacific Ave N.

City: Long Beach State: Washington Zip: 98631

Mailing Address: same as above

City: _____ State: _____ Zip: _____

Phone Number: 360-624-3787 Email: darcherj@willapabh.org

Name and Qualifications of person who will provide the services:

Anna Klingler-Mental Health Case Manager AAC

Victoria Neal-Mental Health Case Manager AAC

Michelle Tobin-Mental Health Case Manager AAC

Janet Darcher- Director of Operations AAC

Name and Qualifications of the person who will be administering the funding:

Bob Caetano- Finance Director

Project Summary

Project Title	Choosing Wellness
Agency	Willapa Behavioral Health
Project Summary (Limit responses to one paragraph)	CHOOSING WELLNESS provides three programs that includes, a weekly educational group (Understanding Wellness), a twice a week exercise program and a sustained activity that gives participants an opportunity to produce a product for personal use; working together to make and carry out plans. The Millage Funds provide scholarships for the exercise group and funds for the activity. This past years grant money was used for soap making supplies and gardening supplies. Clients cultivate a garden, produced food and learned ways to store food produced in the garden. They also made soap and sold it at community craft fairs.
Amount Requested	\$1328

Narrative (limit to no more than 3 pages total)

Purpose and Project Description. CHOOSING WELLNESS orients individuals to possibilities and strategies to improve their quality of life. Mental health clients have a lifetime expectancy that is statistically 25 years shorter than the general population. What contributes to this phenomenon is dissatisfaction with limitations, loneliness, and lack of self-satisfaction. Many clients had active, productive lives before their illness and its side effects interfered. Mental illness and medications, which may become necessary, can also produce side effects such as lethargy, tendency toward isolation, and increased depression. Each of these symptoms may be alleviated by something productive to do and someone to do it with.

Wellness is oriented toward maximizing an individual's potential. It is a life-long process of moving towards enhancing physical, mental/intellectual, emotional, social, spiritual and environmental well-being. This is why Willapa Behavioral Health provide three components to our wellness program; Choosing Wellness. The exercise program meets twice a week at a local gym giving participants an awareness of services that are available in the community. It is facilitated by two Mental Health Case Managers(MHCM). Participants that have regular attendance are offered financial assistance through scholarships if needed. The activity group meets once a week to discuss, plan and coordinate projects they will engage in. The education group, Understanding Wellness is taught by MHCM and meets once a week, highlighting important components of wellness:

- **Emotional** refers to the feeling component; to express and display emotions comfortably, effectively and in a healthy manner. Feelings of self-esteem, self-confidence, self-efficacy, trust, love, and many other emotional reactions & responses.
- **Mental/Intellectual** refers to the ability to learn, the ability to grow from experience, & intellectual capabilities. Decision making is a vital component of one's mental health.
- **Social** refers to the ability to have satisfying inter-personal relationships and to appreciate and respect individual differences. Ability to interact with others, to adapt to various social situations, & daily behaviors.
- **Environmental** refers to an appreciation for the external environment and the role an individual plays in preserving, and improving environmental conditions.
- **Physical** includes characteristics such as body size, shape, sensory acuity, susceptibility to disease & disorders, body function, and recuperative ability. It also includes striving for positive lifestyle behaviors and taking personal responsibility for one's own health and health care.
- **Spiritual** involves seeking meaning and purpose in human existence. The spiritually well individual explores and develops a personal belief system, establish values and lives a life that is consistent with those values and beliefs. Spiritual wellness is about creating a sense of inner peace.

CHOOSING WELLNESS Workplan

OUTCOME #1: *Ensure that wellness program and curriculum are current and reflect best practice*

OUTCOME #1 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Review Understanding Wellness curriculum and make any changes to ensure that it reflects best practice for wellness education</i>	<ul style="list-style-type: none"> ▪ MHCM/instructors ▪ Director of Operations 	11/13-1/14	Janet Darcher	Best Practice Curriculum
<i>Establish activities that are relevant to client needs.</i>	<ul style="list-style-type: none"> ▪ MHCM/instructors ▪ Director of Operations 	11/13-1/14	Anna Klingler	Relevant Activities
<i>Develop a year long timeline for activities</i>	<ul style="list-style-type: none"> ▪ MHCM/instructors ▪ Director of Operations 	11/13-1/14	Anna Klingler	Time lines developed

OUTCOME #1 EVALUATION PLAN

Outcomes #1: Outcome Indicators	Data Collection Method and Timeframe

Outcomes #1: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Curriculum is developed and printed. Timelines established for activities 	<ul style="list-style-type: none"> Curriculum developed by 11/30/13 Workbooks printed by 12/30/13 Activities Calendar established 12/30/13

OUTCOME #2: *Develop relationships with area fitness programs*

OUTCOME #2 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Develop relationships with local gyms and exercise facilities.</i>	<ul style="list-style-type: none"> MHCM Director of Operations 	1/14-12/14	Janet Darcher	<i>Local programs provide access to facilities.</i>
<i>Establish an awareness of WBH wellness program with facilities</i>	<ul style="list-style-type: none"> MHCM Director of Operations 	1/14-12/14	Janet Darcher	<i>Local programs include WBH activities in their schedules</i>
	<ul style="list-style-type: none"> 			

OUTCOME #2 EVALUATION PLAN

Outcomes #2: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Choosing Wellness is part of community facility programming 	<ul style="list-style-type: none"> WBH programming is written into facility schedules and program by 12/31/14

OUTCOME #3: *Provide oversight and manage funds for the CHOOSING WELLNESS/Millage Grant*

OUTCOME #3 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Director of Operations will track client participation in CHOOSING WELLNESS.</i>	<ul style="list-style-type: none"> Director of Operations 	1/14-12/14	Janet Darcher	<i>Weekly participation by 4 or more clients in each component of Choosing Wellness</i>
<i>Director of Finance will manage funds</i>	<ul style="list-style-type: none"> Director of Finance 	1/14-12/14	Bob Caetano	<i>Manage funds</i>
	<ul style="list-style-type: none"> 			

OUTCOME #3 EVALUATION PLAN

Outcomes #3: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Accurate oversight and management of Millage Grant Funds 	<ul style="list-style-type: none"> Weekly Tracking Progress Notes Monthly Assessment Quarterly Report to WBH Board of Directors

OUTCOME #4: *Increased understanding of effective wellness strategies for WBH clients*

OUTCOME #4 WORKPLAN

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
<i>Develop and provide a weekly wellness group that highlights physical, mental/intellectual, emotional, social, spiritual and environmental well-being</i>	<ul style="list-style-type: none"> MHCM 	1/14-12/14	Michelle Tobin	<i>Ongoing weekly participation by 4 or more WBH clients</i>
<i>Weekly Project Group</i>	<ul style="list-style-type: none"> MHCM 	1/14-	Anna Klingler	<i>Ongoing weekly</i>

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs
		12/14		participation by 4 or more WBH clients
Twice Weekly Exercise Group	▪ MHCM	1/14-12/14	Victoria Neal	Ongoing weekly participation by 4 or more WBH clients

OUTCOME #4 EVALUATION PLAN

Outcomes #4: Outcome Indicators	Data Collection Method and Timeframe
<ul style="list-style-type: none"> Increased understanding of effective wellness strategies that individuals can use to improve their health and quality of life. 	<ul style="list-style-type: none"> Progress Note review/ Monthly Monthly Program review Quarterly financial review

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Gym scholarships	48 (4/month)	\$11.00	\$528
Activity Supplies		\$50/month	\$600
Gardening Supplies			\$200

Total Amount Requested: \$1328

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? \$1000

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

APPLICANT INFORMATION

Agency applying for funding: Willapa Behavioral Health

Physical Address: 2204 Pacific Avenue North

City: Long Beach

State: WA

Zip: 98631

Mailing Address: 2204 Pacific Avenue North

City: Long Beach

State: WA

Zip: 98631

Phone Number: (360) 942-2303 **Email:** Bissonl@willapabh.org

Name and Qualifications of person who will provide the services:

See attached paper with staff information

Name and Qualifications of the person who will be administering the funding:

Lynn Bisson, Clinical Director
Licensed Independent Clinical Social Worker
Masters of Social Work 1979
33 years experience in Mental Health
Employed at WBH since 1992
21 years experience in supervision
DMHP since 1992

Project Summary

Project Title	Jail Outreach
Agency	Willapa Behavioral Health
Project Summary (Limit responses to one paragraph)	<p>The jail outreach program will provide mental health therapists who will work with jail staff, the inmate's primary care physician, jail medical staff and the inmate towards a recovery plan that may prevent hospitalization and/or a longer incarceration. The activities which will constitute the jail outreach program includes: crisis intervention, consultation, case coordination, brief therapy and/or discharge planning. A therapist will visit the jail once a week (at a mutually agreed upon day and time) for two to three hours to visit inmates who request jail outreach services. Jail staff will also request services for an inmate when indicated. The Pacific County Jail staff will complete a referral form that will be given to the mental health therapist upon their arrival at the jail. The mental health therapist will assess inmates' mental health status and related safety issues, consult with the inmate's primary physician or the jail medical staff, and when appropriate, develop a brief plan of intervention and follow up. Referrals to other community services may be part of the discharge plan and staff may consult with other appropriate local agencies. Consultation and education will be provided to jail staff on effective methods of intervention with inmates with mental illness and how to maintain safety for all inmates and staff. Staff will provide jail personnel with a report of the service provided.</p>
Amount Requested	\$5,000

Narrative (limit to no more than 3 pages total)

1. **Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.
2. **Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.
3. **Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.
4. **Project Target:** Who is the project's intended targeted audience? How many people will be involved in the project?
5. **Goals & Objectives:** What are the goals and expected outcomes of the project and how will they be measured?
6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

BUDGET

Item Description & Justification	Quantity	Rate	Cost
Weekly sessions provided at the jail	2 hours per week	Per hour	\$50.00
As needed (crisis) hours outside our regular scheduled visits			0.00
Contract max for the Year			\$5000.00

Total Amount Requested: \$5000.00

*If we can't provide the full funding, what is the minimum dollar amount you would need from us in order to still run your project//program? This would cut back our services to crisis only visits

*We will assume that if we can't fund at least your minimum request, you are not interested in a grant. **Stating a minimum amount will not hurt your chances of receiving full funding.** In fact, it will improve your chances of receiving at least some funding. If we receive a large number of grant requests, we may decide to partially fund as many projects as we can instead of fully funding just a few. Thanks for your understanding. It is a good idea to keep a copy of your whole application. Good luck to you

WILLAPA BEHAVIORAL HEALTH

Pacific County Millage RFA Application

Eric Cummins, Executive Director of Willapa Behavioral Health (WCC), 2204 Pacific Avenue North, Long Beach Washington 98631, is submitting this application for \$5,000.00 to provide jail outreach services in the Pacific County Jail. Lynn Bisson, Clinical Director will be the principal contact person for the duration of this contract and is the supervisor of the staff who are designated to provide jail outreach services.

For the past eight years Willapa Behavioral Health has been providing counseling services in the jail with the financial support of the Pacific County Millage dollars and Jail Transition dollars have helped supplement the program for the past five years. Millage monies were used to pay for services to inmates that were not enrolled in the mental health system and Jail Transition monies were used to service inmates that were already clients of WBH. Staff provide services in the jail on a weekly basis or more often as the need arises. Clients either asked to talk with a counselor or were referred by jail personnel. The services that were provided included mental health evaluations, crisis stabilization, referrals to the jail ARNP or CD services and ongoing brief mental health intervention. Staff have been responsive to crisis in the jail and provided ITA investigations in the jail. Referrals for post release treatment have also been an element of the services provided. Staff have successfully been able to assist the jail in maintaining inmates safely in the jail and prevented numerous hospitalizations. Jail staff have voiced a high degree of satisfaction with the services that are being provided and have voiced a desire to continue with the services in the jail. Ongoing coordination with the jail staff and training provided to law enforcement has been beneficial in increasing the quality of services provided to the jail and has enhanced their satisfaction with WBH's services.

Jails have effectively become America's mental institutions; they house a larger volume of mentally ill people than all other psychiatric hospitals combined. Yet, these inmates rarely receive the mental health treatment they need and courts have determined they have a right to receive. WBH is proposing to continue to

provide crisis evaluations and counseling to inmates held in the Pacific County jail to ensure appropriate, necessary treatment of these individuals and assist in transitioning them back into the community. Consultation and education of Jail personnel is ongoing.

For persons with mental disorders, incarceration in the jail can be a terrifying experience. The jail setting is not conducive for ongoing effective treatment nor are jail staff trained in the care and treatment of persons with mental illness. Inmates' emotional and behavioral problems in the jail make it difficult for other inmates and for staff to maintain safety in the jail. The safety risk within the jail increases psychiatric hospitalizations, prolongs court hearings and incarceration time and subsequently, increases the cost of providing care to the inmates. Providing crisis evaluations, consultation and brief counseling in the jail can ensure the humane treatment of mentally ill individuals in the jail resulting in improved safety for inmates and staff and coordination of discharge planning for the inmates. The jail outreach program's specific, measurable outcomes will be 1) a decrease in the number of psychiatric hospitalizations of the inmate population and 2) voiced satisfaction in services expressed by the jail staff.

The jail outreach program will provide mental health therapists who will work with jail staff, the inmate's primary care physician, jail medical staff and the inmate towards a recovery plan that may prevent hospitalization and/or a longer incarceration. The activities which will constitute the jail outreach program includes: crisis intervention, consultation, case coordination, brief therapy and/or discharge planning. A therapist will visit the jail once a week (at a mutually agreed upon day and time) for two to three hours to visit inmates who request jail outreach services. Jail staff will also request services for an inmate when indicated. The Pacific County Jail staff will complete a referral form that will be given to the mental health therapist upon their arrival at the jail. The mental health therapist will assess inmates' mental health status and related safety issues, consult with the inmate's primary physician or the jail medical staff, and when appropriate, develop a brief plan of intervention and follow up. Referrals to other community services may be part of the discharge

plan and staff may consult with other appropriate local agencies. Consultation and education will be provided to jail staff on effective methods of intervention with inmates with mental illness and how to maintain safety for all inmates and staff. Staff will provide jail personnel with a report of the service provided. The jail outreach program will commence on January 1, 2013 and continue through December 31, 2013. The jail outreach program is presently fully operational in the Pacific County jail and therefore should present no further implementation issues. The accomplishment of the specific objectives including a decrease in the number of psychiatric hospitalizations of the inmate population and overall jail satisfaction with the project will be immediately realized and relevant data will be available. Three experienced mental health therapists and a case manager, located in our WBH Raymond site, will provide the jail outreach services for the project. These individuals receive ongoing training to ensure maximum expertise in this type of service provision.

Budget Justification: The actual unit cost of service has been \$46.72 per hour. Services have been provided in the jail since 2005. With the increase in providing services and the State's ongoing threat to cut Jail Transition Services, an increase of 7% unit cost is anticipated. Therefore the budget detail will include the number of hours of service rendered, plus a 7% increase. The cost of the program will be \$50.00 per hour for a total of 100 hours of service with a max projected cost per year of \$ 5,000.00

WILLAPA BEHAVIORAL HEALTH

STAFF QUALIFICATIONS

Eric Cummins, Executive Director

Lynn Bisson, Clinical Director

Licensed Independent Clinical Social Worker

Masters of Social Work 1979

32 years experience in Mental Health

Employed at WBH since 1992

22 years experience in supervision

DMHP since 1992

Geoff Schiller, Mental Health Professional

Licensed Independent Clinical Social Worker

Masters of Social Work 1984

27 years experience in mental health

Employed at WBH since 1990

DMHP since 1990

Bill Weiss, Mental Health Professional

Counselor Agency Affiliated Registration

Masters of Social Work 1975

37 years experience in crisis work and corrections

Employed at WBH since 2006

DMHP since 2006

Elizabeth Keating

Counselor Agency Affiliated Registration

MA in Art Therapy Counseling 2006

5 years experience in counseling and Mental Health

Employed at WBH since 2011

DMHP since 2011

Kristin Clouse

Masters of Arts 2010

License Mental Health Counselor Associate

Employed at WBH 2011

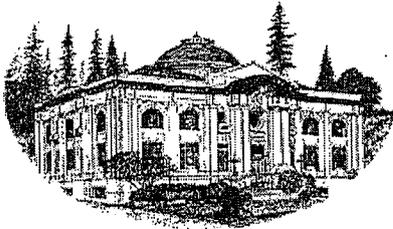
DMHP since 2012

Judd Comer, Case Manager

Agency Affiliated Counselor

15 years experience in Behavior Health field

Employed at WBH since June 2012



PACIFIC COUNTY

Public Health and Human Services Department

1216 W. Robert Bush Drive, P.O. Box 26, South Bend, WA 98586
7013 Sandridge Road Long Beach, WA 98631

E-mail Address: koien@co.pacific.wa.us

Willapa Harbor Area
(360) 875-9343
FAX 875-9323

Peninsula Area
(360) 642-9349
FAX 642-2781

Naselle
(360) 484-7343

North Cove/Tokeland
(360) 267-8343

To: Ann Taylor, Willapa Valley School District
From: Katie Lindstrom, Deputy Director
Date: December 18, 2013
Subject: 2014 Millage Award

We are pleased to inform you that the following 2014 Millage Mini-grants have been funded as follows:

- Technology to the Rescue

Attached is the contract and billing form for your use. Funds must be used as outlined in your millage application(s). If you have any questions about this funding, the contract, or the program, please feel free to contact met at 360-642-9300 ex 2648.

Thank you!

Contract # Millage-2014 Willapa Valley School District

THIS AGREEMENT is made and entered into this the _____ day of _____, 20____ by and between **Pacific County**, hereinafter referred to as "County," and **Willapa Valley School District**, hereinafter referred to as "Agency."

THE PURPOSE of this Agreement is to provide for the delivery Millage Mini Grant Program Services as outlined below, and in Attachment B- Technology to the Rescue application. The effective dates for this agreement shall begin January 1, 2014 and end December 31, 2014. The County and the Agency agree to the terms and conditions set forth in the following provisions:

1. **PAYMENT:** All expenses under this program must be incurred and all program activities complete by December 31, 2014. Payment to the Agency for performance hereunder shall be on the basis of reimbursement for actual reimbursable costs provided that such reimbursable costs are in accordance with specific contract allocations set forth below. Attachment A- Invoice shall be submitted along with appropriate back up documentation, by the 15th of the month following the date of service to the Pacific County Health Department at PO Box 26 South Bend, WA 98585. Invoices received after January 15, 2015, will **not** be paid.
2. **STATEMENT OF WORK:** Program expectations will be completed as outlined in Attachment B.
3. **BUDGET:** The budget shall be \$1,941 for the Technology to the Rescue program.
4. **INDEMNIFICATION:** In accepting this Agreement, the CONTRACTOR, including its successors and assigns, does hereby covenant and agree to indemnify and protect and save harmless the COUNTY and its officers and employees from all claims, actions, or damages of every kind and description which may accrue to or be suffered by any person, partnership, corporation, or other entity of any kind that arise in whole or in part from intentional tort(s), or negligent act(s) or omission(s), or strict liability of the CONTRACTOR or its employees, agents, successors, or assigns. If the above sentence applies and any suit or action is brought against the COUNTY, its officers, its employees, or any combination thereof, the CONTRACTOR, including its successors or assigns, shall defend the suit or action at his or her or their sole cost and expense and shall fully satisfy any judgment that is rendered against the COUNTY, its officers, its employees, or any combination thereof.
5. **INSURANCE:** The CONTRACTOR shall maintain, and upon request of the COUNTY, provide proof of occurrence based general business professional liability insurance in the amount of \$1,000,000 or greater per occurrence and \$2,000,000 aggregate for the term of this CONTRACT. The CONTRACTOR must name the COUNTY as an additional insured. The CONTRACTOR agrees that its liability insurance shall be primary and non-contributory to the COUNTY's and that CONTRACTOR's liability insurance policy shall so state. The CONTRACTOR shall be responsible at its own expense to provide any and all employment insurance coverage, including but not limited to, unemployment insurance, worker's compensation insurance, etc. for any and all of its employees as might apply. Proof of the above mentioned insurance coverage must be provided to the COUNTY before services are to take place. Reimbursement will not be made until proof of insurance has been provided to the COUNTY.
6. **BACKGROUND CHECKS:** Agency must maintain (and provide proof upon demand), of acceptable completion of a criminal background check (within the past 2 years) for any individual who works or volunteers as part of this program that will have supervised or unsupervised access to vulnerable adults or children.
7. **REPORTING:** Within (3) months of completion of your program, a written or oral report will be submitted and/or presented to the Pacific County Human Services Advisory Council outlining the outcomes from your program.
8. **MODIFICATION:** Either party may request a change or addition to this Agreement. No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and properly executed by both parties.

9. DEBARMENT: The CONTRACTOR hereby declares that it is not suspended or debarred from securing federal and/or state funds and shall remain so during the term of this Agreement/Contract. Suspension and/or debarment of the CONTRACTOR from securing federal or state funds shall be cause for immediate termination of the Agreement/Contract by the COUNTY.

10. COMPLIANCE WITH LAWS: Throughout the duration of this Agreement, the CONTRACTOR shall comply with all applicable federal, state, and local laws, rules, regulations, and orders.

11. AMENDMENTS: No provision of this Agreement may be amended or modified except by a further written document signed by the COUNTY and the CONTRACTOR.

3. ENTIRE AGREEMENT. This written Agreement constitutes the parties' entire and integrated agreement, and supersedes all prior and contemporaneous negotiations, representations, or agreements, whether written or oral. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto

IN WITNESS WHEREOF, the COUNTY and CONTRACTOR have executed this AGREEMENT the date(s) so noted below.

AGENCY

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

Date

Lisa Ayers, Chair

Agency Tax Identification Number

Steve Rogers, Commissioner

Frank Wolfe, Commissioner

APPROVED AS TO FORM:

ATTEST:

Pacific County Prosecuting Attorney

David J. Burke Date

Clerk of the Board Date

Attachment A- PAYMENT VOUCHER

Pacific County Millage Award
2014

Total Award Amount: \$ _____

Agency Name & Mailing Address: _____

Services for the month of: _____ 2014

of clients served: _____

Supplies (attach receipts): _____

Staff time: _____ (# of hours x hourly rate)

Other (please describe) _____

Total Amount Requested: \$ _____

Narrative:

I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the County of Pacific and that I am authorized to authenticate and certify to said claim.

Signed

Title

Date

Please send all bills and supporting documentation to:

Pacific County Health & Human Services
Attention: Kathy Langbraaten
PO Box 26
South Bend, WA 98586

No later than the 15th day following the month of service.

PROJECT SUMMARY FOR MILLAGE GRANT

Project Title	Technology to the Rescue
Agency	Willapa Valley Middle & High School
Project Summary (1 paragraph)	<p>We wish to purchase three (3) IPADS for students with developmental disabilities to use. The IPADS will be loaded with special applications that will help the students read and write. The students will use the IPADS throughout the school day, with priority given to their core classes. Different students will have access to the students during the day counting on their class schedule. We expect the students to be able to improve academically while functioning at a more independent level due to the use of the IPADS.</p>
Amount Requested	\$1941.00

Willapa Valley Middle & High School

Developmental Disabilities/Mental Health

Pacific County Millage Funds

- 1. Purpose and Project Description.** In detail, describe your proposed project from planning stages, implementation, to evaluation. Mention any other agencies or volunteer groups who will be partnering or supporting your effort.

Willapa Valley Middle & High School wishes to purchase three (3) IPADS for our developmental disabled students. The IPADS would be loaded with different software applications to help students not only improve their reading and writing skills, but the ability to understand information in written source. The most important applications we would load would be Dragon Dictation and Natural Reader. Dragon Dictation is a voice recognition software that will type the students' words. Students would still need to proof read their work and type the incorrect or misspelled words, but for those who do not have the small motor skills this program will help raise their writing ability to those of their peers. Natural Reader is an application that will read the text of websites, documents or files to students. This will help those who have difficulty with the written word work more independently. There are other programs we will use such as 'Sight Lite', 'Sushi Mentor', 'Math Bingo' and others which help students improve basic math and reading skills. Students would then use the IPADS during the school day. Students with the greater need in core classes would have first priority to use the IPADS. Different students might be using the IPADS throughout the school day organized by their need and class curriculum.

- 2. Needs Statement:** Describe why your project is needed and show how it supports people with developmental disabilities or promotes mental health in Pacific County.

We have few special needs students who are not able to type though they have had formal keyboarding training for over two years. We also have students lacking reading abilities that affect their progress to advance in their class studies. The technology available with IPADS would allow them to more independently be able to complete assignments like their peers.

We are requesting 32 gigabits IPADS at the suggestion of our speech pathologist. She is hoping if we have IPADS available she can do online therapy in the future with the students. She says the software necessary for the online therapy requires a lot of space for the data. (But just having the IPADS with only 15 gigabits would at least allow the students to work with the special software, so if the extra hundred dollars is an issue we would prefer to have any IPADS. Thank you.)

- 3. Project Timeline & Organization:** Please provide an outline and schedule for implementing and organizing this project.

November - we would purchase the IPADs and load them with the software and applications mentioned earlier.

November to June - students would use the IPADs in their classes.

November to May - our certified speech therapist or special education teachers will meet with the students at least monthly, but usually weekly or bi-monthly counting on the student, to assess and improve the use of the IPADs for students in their classes.

4. Project Target: Who is the project's intended targeted audience? How many people will be involved in the project?

Willapa Valley Middle and High School students with developmental disabilities that would benefit from a voice recognition typing program and having information from web sites and documents read to them. Three to ten students will be using the IPADs.

5. Goals & Objectives: What are the goals and expected outcomes of the project and how will they be measured?

The goal is to have students able to meet their class assignments in a timelier manner as independently as is possible for them. We expect this will lead to them building more skills that will help them become more independent, employable adults. The speech pathologist or special education teachers will be meeting with them at least monthly, but more likely weekly or bi-monthly. These professionals will assess how well the project is working and make changes as needed to improve the use of the IPADs in helping students use technology to compensate for their disabilities.

In the future our speech pathologist is hoping with the availability of IPADs to do online therapy with some of the students. And we expect with the many advances being made with the applications for IPADs that there will be many more programs that can help our students in the future.

6. You will be expected to give an oral presentation or written account of your project. Who will take responsibility for reporting back to the network?

Jay Pearson, Special Education Director of Willapa Elementary or
Ann Taylor, GEAR UP Coordinator of Willapa Valley Middle & High School.