

## **CONTRACT AMENDMENT A**

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Kitsap Mental Health Services, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-007-2-A and executed on November 27, 2023, shall be amended as follows:

1. **Page 1: Contract Term** remains unchanged as follows:  
January 1, 2024 to December 31, 2024.
  
2. **Page 1: Amount** is amended as follows:  
Increased by \$3,860,015 from \$3,023,171 to \$6,883,186.
  
3. **Attachment C: Budget** is deleted entirely and replaced as attached.
  
4. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:  
  
Program Lead, Salish Behavioral Health Administrative Services Organization  
Kitsap County Department of Human Services  
614 Division Street, MS-23  
Port Orchard, WA 98366  
  
Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
  
5. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective July 1, 2024.

Dated this 28 day of Oct, 2024.

**SALISH BEHAVIORAL HEALTH  
ADMINISTRATIVE SERVICES  
ORGANIZATION, By  
KITSAP COUNTY BOARD OF  
COMMISSIONERS, Its Administrative  
Entity**

Katherine T. Walters  
**KATHERINE T. WALTERS, Chair**

Christine Rolfes  
**CHRISTINE ROLFES, Commissioner**

Charlotte Garrido  
**CHARLOTTE GARRIDO, Commissioner**

DATE 10/28/24

ATTEST Dana Daniels  
Dana Daniels, Clerk of the Board

**CONTRACTOR:  
Kitsap Mental Health Services**

Monica Bernhard  
B3A6B7FECE5E75BE4E48319A8B285CF5 contractworks

Name: Monica Bernhard  
Title: Chief Executive Officer

I attest that I have the authority to sign  
this contract on behalf of Kitsap  
Mental Health Services.

10/09/2024  
DATE



<b>Contractor:</b>	<b>Kitsap Mental Health Services</b>		
<b>Contract No:</b>	<b>KC-007-24 A</b>		
<b>Contract Period:</b>	<b>01/01/24 - 12/31/24</b>		
<b>Expenditure</b>	<b>Previous</b>	<b>Changes this Contract</b>	<b>Total</b>
<b>Period 1: 01/01/24 - 6/30/24</b>			
Crisis Outreach Vehicle: Vehicle Costs up to \$75,000, cost reimbursement (GFS)	\$75,000	\$0	\$75,000
<b>Period 1 Total</b>	<b>\$75,000</b>	<b>\$0</b>	<b>\$75,000</b>
<b>Period 2: 01/01/24 - 12/31/24</b>			
Crisis Response Services: MH/SUD ITA and Mobile Crisis Outreach- \$123,226 per month (GFS/SABG)	\$1,178,712	\$150,000	\$1,328,712
Trueblood Crisis Enhancement, up to \$156,000, cost-reimbursement (GFS)	\$156,000	\$0	\$156,000
AOT Program Coordinator: up to \$4,000 per month, cost-reimbursement, (GFS)	\$48,000	\$0	\$48,000
AOT Treatment Services: \$1,500 per month per authorized individual (GFS)	\$54,000	\$0	\$54,000
AOT Program Participant Support Funds: up to \$6,000, cost reimbursement (GFS)	\$6,000	\$0	\$6,000
Certified Peer Counselor Crisis Team Enhancement- Program Costs up to \$3,818 per month (ARPA MHBG)	\$45,816	\$0	\$45,816
Next Day Appointment for Urgent Behavioral Health Follow-up: Staff Costs up to \$1,600 per month (GFS)	\$19,200	\$0	\$19,200
Additional MCOT Stabilization funding \$15,000 per month	\$0	\$90,000	\$90,000
SUD Outpatient for Un/Underinsured	\$0	\$12,000	\$12,000
Jail Services Operations- Program Costs not to exceed \$57,732 (GFS)	\$57,732	\$0	\$57,732
Peer Transition from Incarceration Program- Program Costs up to \$2,366.66 (ARPA MHBG/ARPA SABG)	\$28,400	\$0	\$28,400
Peer Bridger- Cost Reimbursement not to exceed \$6,666.50 per month (MHBG) (Additional \$1875 per month effective Jan 1, 2024)	\$79,998	\$11,250	\$91,248
Peer Bridger Participant Relief Funds, cost reimbursement not to exceed \$2,050 (ARPA MHBG)	\$2,050	\$0	\$2,050
Behavioral Health Enhancement Funds- \$10,537.21 per month (GFS)	\$126,447	\$0	\$126,447
LR/CR Outpatient Monitoring- \$510 per month per authorized individual (GFS)	\$6,120	\$0	\$6,120
LRA Treatment Services Add-on- \$750 per month per authorized individual for services listed within 6c in Crisis Statement of Work (GFS)	\$9,000	\$0	\$9,000
PACT- \$2,630 per month per authorized individual (GFS)	\$189,000	\$0	\$189,000
Psychiatric Inpatient Treatment at E&T- \$1,300 per day per authorized individual (GFS)	\$400,000	\$0	\$400,000

E&T Discharge Planners- <b>\$5,960.75 per month</b> per full-time equivalent staff up to <b>1.5 FTE</b> (GFS)	\$71,529	\$35,765	\$107,294
New Journeys- <b>\$2,132 per individual</b> per month, not to exceed <b>\$4,264</b> per month (GFS)	\$51,168	\$0	\$51,168
Mental Health Outpatient Treatment, <b>\$1,000 per month</b> per individual, (MHBG)	\$60,000	\$25,000	\$85,000
Mental Health Residential, <b>\$425 per day</b> per <u>authorized</u> individual (MHBG)	\$51,000	\$51,000	\$102,000
Facility-based Crisis Stabilization, <b>\$575 per day</b> per <u>authorized</u> individual (GFS)	\$250,000	\$50,000	\$300,000
SUD Co-Occurring Residential, <b>\$475 per day</b> per <u>authorized</u> individual (SABG)	\$57,000	\$75,000	\$132,000
Transportation Support, cost reimbursement, not to exceed <b>\$1,000</b> , (MHBG)	\$1,000	\$0	\$1,000
<b>One-Time funding</b>			
<i>Youth Inpatient Backfill</i>	\$0	\$1,500,000	\$1,500,000
<i>Workforce Incentives</i>	\$0	\$1,860,000	\$1,860,000
<b>Period 2 Total</b>	<b>\$2,948,171</b>	<b>\$3,860,015</b>	<b>\$6,808,186</b>
<b>Contract Total</b>	<b>\$3,023,171</b>	<b>\$3,860,015</b>	<b>\$6,883,186</b>
*Workforce incentives to include retention, recruiting or other workforce development activities.			

Client#: 81470

KITSMENT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Propel Insurance, 601 Union Street; Suite 3400, Seattle, WA 98101-1371. CONTACT NAME: Rachel Reese, PHONE: 206 262-4368, FAX: 866 577-1326, E-MAIL ADDRESS: rachel.reese@propelinsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Ace American Insurance Company (NAIC # 22667), INSURER B: Ace Property and Casualty Insurance Co. (20699), INSURER C: Illinois Union Insurance Company (27960).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Professional Liab, and Abuse.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SBH-ASO and Clallam, Jefferson and Kitsap Counties are named additional insured as respects insured's.

CERTIFICATE HOLDER: Salish Behavioral Health Administrative Services Organization (SBH-ASO)/Kitsap County Attn: Risk Manager, 614 Division Port Orchard, WA 98366. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Deanna Winchester


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