

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 Discovery Behavioral Health, 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-010-24 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, 2025.

2. **Page 1: Amount** is amended as follows:
Increased by \$362,000 from \$761,942 to \$1,123,942.

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:
Discovery Behavioral Health**

Jim Novelli

Name: Jim Novelli
Title: Executive Director

I attest that I have the authority to sign
this contract on behalf of Discovery
Behavioral Health.

10/7/2024
DATE



Attachment C: Budget

Budget Summary			
Contractor:	Discovery Behavioral Health		
Contract No:	KC-010-24 A		
Contract Period:	01/01/24 - 12/31/2025		
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/24-06/30/24			
Crisis Outreach Vehicle: Vehicle Costs up to \$75,000 , cost reimbursement (GFS)	\$75,000	\$0	\$75,000
Period 1 Budget Total	\$75,000	\$0	\$75,000
Period 2: 01/01/24-12/31/24			
	Changes this Contract	Changes this Contract	Current
Crisis Response Services: MH/SUD ITA and Mobile Crisis Outreach- \$32,742 per month (GFS/SABG) (Additional \$20,833 per month effective July 1, 2024)	\$392,904	\$125,000	\$517,904
Trueblood Crisis Enhancement, up to \$24,000 , cost-reimbursement (GFS)	\$24,000	\$0	\$24,000
AOT Program Coordinator: up to \$2,000 per month , cost-reimbursement, (GFS)	\$24,000	\$0	\$24,000
AOT Treatment Services: \$1,500 per month per authorized individual (GFS)	\$18,000	\$0	\$18,000
AOT Program Participant Support Funds: up to \$3,000 , cost reimbursement (GFS)	\$3,000	\$0	\$3,000
Certified Peer Counselor Crisis Team Enhancement-Program Costs up to \$1,500 per month (ARPA MHBG)	\$18,000	\$0	\$18,000
Next Day Appointment for Urgent Behavioral Health Follow-up: Staff Costs up to \$1,600 per month (GFS)	\$19,200	\$0	\$19,200
Jail Services Operations- Program Costs not to exceed	\$34,416	\$0	\$34,416
Peer Transition from Incarceration Program- Program Costs up to \$1,300 per month (ARPA MHBG/ARPA SABG) (Additional \$1667 per month effective July 1, 2024)	\$15,600	\$10,000	\$25,600
Behavioral Health Enhancement Funds- \$2,873.73 per month (GFS)	\$34,485	\$0	\$34,485
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
Mental Health Outpatient Treatment, \$1,000 per month per individual MHBG)	\$60,000	\$25,000	\$85,000

<i>SUD Outpatient (at \$955 per individuald case rate)</i>	\$0	\$12,000	\$12,000
CITA	\$27,217	\$0	\$27,217
Transportation Support, cost reimbursement, not to exceed \$1,000, (MHBG)	\$1,000	\$0	\$1,000
<i>Workforce Incentives</i>	\$0.00	\$190,000.00	\$190,000.00
Period 2 Total	\$686,942	\$362,000	\$1,048,942
Contract Total	\$761,942	\$362,000	\$1,123,942
*Workforce incentives to include retention, recruiting or other workforce development activities.			


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Discovery Behavioral Health

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