

## CONTRACT AMENDMENT

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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 West Sound Treatment Center, hereinafter as "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-359-22, and executed on August 8, 2022, and amended on July 24, 2023, October 14, 2024, and August 11, 2025, shall be amended as follows:

1. **Contract Term:** Extends end date from December 31, 2025, to June 30, 2026, for a new contract term of July 1, 2022, to June 30, 2026.
2. **Contract Amount:** Budget increases by \$217,500 from \$1,514,918 to \$1,732,418.
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

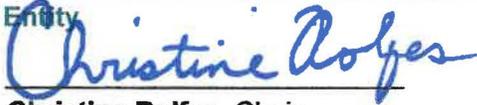
Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

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 January 1, 2026

Dated this 1 day of Dec, 2025.

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



Christine Rolfes, Chair



Oran Root, Commissioner



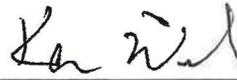
Katherine T. Walters, Commissioner

DATE 12/1/25

ATTEST  


Dana Daniels, Clerk of the Board

CONTRACTOR: WEST SOUND  
TREATMENT CENTER



Name: Ken Wilson

Title: Chief Executive Officer

I attest that I have the authority to sign  
this contract on behalf of West Sound  
Treatment Center

11-12-2025  
DATE



## Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

*CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:*

*(Fill in)*

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

### Check to verify the information is in contract:

- Subrecipient's name (must match the name associated with its unique entity identifier):
- Federal award identification:
- Subaward Budget Period Start and End Date:
- Amount of Federal Funds Obligated in the subaward:
- Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:
- Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
- Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):
- Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
- Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:
- Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

<b>Budget Summary</b>			
<b>Contractor: West Sound Treatment Center</b>			
<b>Contract No:</b>		<b>KC-359-22-D</b>	
<b>Contract Period:</b>		<b>7/1/2022 - 6/30/2025</b>	
<b>Expenditure</b>	<b>Previous</b>	<b>Changes this Contract</b>	<b>Current</b>
<b>Period 1: 7/1/22 -06/30/23</b>			
R.E.A.L. Program (GFS)	\$381,209.00	\$0.00	\$381,209.00
<b>Period 1 Budget Total</b>	<b>\$381,209.00</b>	<b>\$0.00</b>	<b>\$381,209.00</b>
<b>Period 2: 7/1/23 -06/30/24</b>			
R.E.A.L. Program (GFS)	\$381,209.00	\$0.00	\$381,209.00
<b>Period 2 Budget Total</b>	<b>\$381,209.00</b>	<b>\$0.00</b>	<b>\$381,209.00</b>
<b>Period 3: 7/1/24 -06/30/25</b>			
R.E.A.L. Program (GFS)	\$435,000.00	\$0.00	\$435,000.00
Retention Incentives	\$50,000.00	\$0.00	\$50,000.00
Additional vehicle purchase	\$50,000.00	\$0.00	\$50,000.00
<b>Period 3 Budget Total</b>	<b>\$535,000.00</b>		<b>\$535,000.00</b>
<b>Period 4: 7/1/25 -12/31/25</b>			
R.E.A.L. Program (GFS)	\$217,500.00		\$217,500.00
<b>Period 4 Budget Total</b>	<b>\$217,500.00</b>		<b>\$217,500.00</b>
<b>Period 5: 1/1/2026 - 6/30/2025</b>			
R.E.A.L. Program (GFS)	\$0.00	\$217,500.00	\$217,500.00
<b>Period 5 Budget Total</b>	<b>\$0.00</b>	<b>\$217,500.00</b>	<b>\$217,500.00</b>
<b>Contract Total</b>	<b>\$1,297,418.00</b>	<b>\$435,000.00</b>	<b>\$1,732,418.00</b>

Administration Fund limit: 10%



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/07/2025

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 rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Fortune Insurance 4041 Ruston Way #101  Tacoma WA 98402		<b>CONTACT NAME:</b> Cory Coryell <b>PHONE (A/C, No, Ext):</b> (253) 200-6633 <b>FAX (A/C, No):</b> (253) 200-6626 <b>E-MAIL ADDRESS:</b> cory.coryell@onedigital.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Underwriters at Lloyds, London	
		<b>INSURER B:</b> Columbia Insurance Co.	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> West Sound Treatment Center 4060 Wheaton Way, #F  Bremerton WA 98310			

**COVERAGES**

CERTIFICATE NUMBER: 25-26 GL,Auto

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		D380FD250201	09/09/2025	09/09/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Employee Benefits \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			71APR438387	09/09/2025	09/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	D380FD250201	09/09/2025	09/09/2026	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER Employers Liability E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	Y		D380FD250201	09/09/2025	09/09/2026	Each Occurrence \$1,000,000 General Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance regarding locations:

4060 Wheaton Way, #F, Bremerton, WA 98310  
 2475 Bethel Rd. SE., Port Orchard, WA 98366  
 19045 State Hwy 305, #190, Poulsbo, WA 98370

**CERTIFICATE HOLDER****CANCELLATION**

Salish BHASO 614 Division St., MS-23  Port Orchard WA 98366	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 
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U.S. Department of Health & Human Services

# Office of Inspector General

U.S. Department of Health & Human Services

   
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## Exclusions Search Results: Entities

No Results were found for

» West Sound Treatment Center

**1** If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 10/9/2025 7:23:29 PM EST on OIG LEIE Exclusions database.  
Source data updated on 9/10/2025 9:01:00 AM EST

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