

CONTRACT NO. KC-030-25-A
CONTRACT AMENDMENT

This Contract Amendment ("Amendment") is between Kitsap County, a Washington state political subdivision, having its principal offices at 614 Division Street, Port Orchard, Washington 98366 ("County") and **Contractor**, Peninsula Community Health Services having its principal offices at **Contractors Address** 400 Warren Ave. Suite 200, Bremerton, WA 98337 ("Contractor").

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-030-25 ("Contract") executed on February 10, 2025, is amended as follows:

1. Terms
The contract terms are updated from January 1, 2025 through December 31, 2026
2. Section 1. Effective Date Of Contract
Is replaced in its entirety.
3. Attachment B: Statement of Work
Statement of work will be updated to reflect two phases of the project
4. Compensation.
Each phase will entitle the contractor to access \$75,000 for a total not to exceed the original contract of \$150,000.
5. Attachment C: Budget Summary/Estimated Expenditures
Is replaced in its entirety.

Insurance. If this 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: Kitsap County Risk Management Division, 614 Division Street, MS-7, Port Orchard, WA 98366

Terms Unchanged. Except as expressly provided in this Amendment, all other terms and conditions of the original Agreement, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

Authorizations. The signatories to this Amendment represent that they have been appropriately authorized to enter into this Amendment on behalf of the Party for whom they sign, and that no further action or approvals are necessary before execution of this Amendment.

Counterparts/Electronic Signature. The Contract may be executed in several counterparts, each of which will be deemed an original, but all of which together will constitute one and the same agreement. A facsimile, email, or other electronically delivered signatures of the parties shall be deemed to constitute original signatures and deemed to constitute duplicate originals.

Signature on next page

This Contract Amendment shall be effective upon execution by the parties.

Contractor
PENINSULA COMMUNITY HEALTH
SERVICES

Kellen Hunter-Ledy
Signature

Kellen Hunter-Ledy
Name

General Counsel
Title

BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON

Christine Rolfes
CHRISTINE ROLFES, Chair

Oran Root
ORAN ROOT, Commissioner

Katherine T. Walters
KATHERINE T. WALTERS, Commissioner

ATTEST:

Dana Daniels

Dana Daniels, Clerk of the Board



SECTION 1. EFFECTIVE DATE OF CONTRACT

The Contract will become effective on January 1, 2025, and terminate on December 31, 2026. In no event will the Contract become effective unless and until it is approved and executed by the duly authorized representative of Kitsap County.

ATTACHMENT B: STATEMENT OF WORK

ATTACHMENT B: STATEMENT OF WORK

Respite, Rest and Repose

Background

In 2005, Washington State approved legislation allowing counties to raise their local sales tax by one-tenth of one percent to augment state funding of mental health and chemical dependency programs and services. In September 2013, the Kitsap County Board of Commissioners passed a resolution authorizing a sales and use tax for Mental Health, Chemical Dependency and Therapeutic Court Programs. The goal of this tax is to prevent and reduce the impacts of disabling chemical dependency and mental illness by creating and investing in effective, data-driven programs for a continuum of recovery- oriented systems of care.

Project Description

This project will provide behavioral health services within the Crisis Intervention level of the continuum of care and addresses the following strategic goals:

- Reduce the number of people in Kitsap County who use costly interventions including hospitals, emergency rooms, and crisis services.
- Increase the number of stable housing options for chemically dependent and mentally ill residents of Kitsap County.

The tentative goal for this project is to secure with *service* funds, from multiple 1/10th grant funds, "Mental Health, Chemical Dependency, and Therapeutic Courts Treatment Sales Tax", and *capital* funds from "Community Investments in Affordable Housing", a facility identified as Bremerton 6th Street "location", and possible Old Clifton Road in Port Orchard "location". The project is in its beginning stages, with 6th Street tentatively scheduled to open early 2026. The Port Orchard location opening is unknown and possibly unobtainable for this purpose, City of Port Orchard logistics to be determined.

This contract was funded under the premise of providing services, however, may not be able to provide services within the terms of the original contract. Being a Capital type of contract, the terms will be extended from one year to two years; January 1, 2025 through December 31, 2026 will be the updated terms per this amendment.

Therefore, the contract will be sectioned into two separate phases:

- **Phase One:** will include foundational start up PROJECT ACTIVITIES
- **Phase Two:** will cover services contractor proposed to provide as OUTCOMES and MEASUREMENTS

If the contractor does not open the facility for services within the new terms of the contract, the services side of the contract and funding allocated for these services will not be reimbursable. Each phase contains allowable reimbursement of/and not to exceed \$75,000.

Project Activities

Phase One: \$75,000

Goal # 1 Develop culturally appropriate and sensitive program policies and workflow in order to provide services for individuals who shy away from traditional BH. Develop program policies, procedures, workflow, and group curriculum.

Objective #1: Increase Trauma Informed Care by requiring workforce Policies and Procedures be developed through a trauma informed lens.

Objective #2: Increase nontraditional Behavioral Health treatment programs.

- Develop program policies and procedures
- Develop admission workflow with hospital staff
- Develop housing behavioral rules
- Identify key referral agencies
- Ensure engagement from key partners at coordination planning meetings
- Agree on standardized workflow
- Recruit, and hire 1 FTE of LMHC, 1 FTE of SUDP, 2 FTE BH Tech, and 2 BH Tech Resident Assistants
- Recruit, and hire 1 FTE of ARNP or PA-C as MAT/MOUD providers for the respite center

Project Design

Medical respite is an emerging best practice. It provides individuals a safe place to recover from serious health crises. People experiencing homelessness or housing insecurity find it difficult to adhere to treatment plans or discharge instructions, and those who are able to access emergency shelters often find that these facilities are not equipped to meet their individual health needs.

Medical respite care programs meet the short-term needs of patients experiencing homelessness, as well as offer an appropriate, cost-effective solution for both hospitals and insurers given the lack of safe discharge options.

The combination of clinical and supportive services, together with a short-term residential component like medical respite care, has been shown to reduce emergency department and hospital re/admissions, improve engagement in care and health outcomes, improve care coordination and care transitions, and reduce overall system costs.

Project Outcomes and Measurements

The contractor will participate in the Evaluation Plan for Treatment Sales Tax Programs. Programs or services implemented under the Treatment Sales Tax are monitored by the Citizens Advisory Committee. The Contractor will have an evaluation plan with performance measures. The emphasis will be on capturing data at regular intervals that can be used to determine whether Treatment Sales Tax funded programs met expectations.

Some common measures will be identified that will be reported on. Evaluation efforts must include standardized data collection and reporting processes that produce the following types of information:

- Quantity of services (outputs).
- Level of change occurring among participants (outcomes).
- Return-on-investment or cost-benefit (system savings) if evidence-based.
- Adherence to the model (fidelity).
- Common measures (to be identified by the Citizens Advisory Committee and Kitsap County Human Service staff that all programs must report on).

Data will be collected to monitor the following goals and objectives identified by the Contractor:

Projected outcomes include access to treatment services with mental health, substance use disorder treatment, and medical providers. Patients must engage in care planning as a condition of admission, which includes mental health and substance use disorder treatment care plans. A major outcome is to provide short-term housing for patients so that they can avoid days spent in the emergency room or hospital and reduce untimely returns to the Emergency Room.

The center will operate on the Comprehensive Clinical Care Model of medical respite care. Patients can recuperate and will receive individual exit plans to ensure a safe transition to a more stable environment. This includes:

- Onsite Medical Care and Behavioral Health (BH) Support - A licensed behavioral health clinic will be embedded into the respite center, which we intend to be licensed for outpatient mental health services and substance use disorder treatment. We will staff the clinic with mental health counselors, substance use disorder professionals, and behavioral health technicians who will offer screenings, assessments, and treatment. A co-located primary care clinic will serve as the main avenue of financial sustainability. On-call coverage will be available 24/7/365.
- Community Resource Coordination - Staff will work with patients to find long-term housing, employment opportunities, and other community resources.
- Medication Management - Our care team will gather, verify, and coordinate medication information upon admission and discharge. Upon discharge, patients will leave with a plan for continuing medication therapy, which will be centered around coverage, cost, and storage given their unique circumstances.

Care coordination will be central to post-discharge planning to improve upon the housing situation for individuals. In many cases, there will not be a conventional, local housing solution to move someone to after they recuperate. Behavioral health staff work with individuals to see if an out-of-area solution may be a safer option and an improvement over discharge to the street or shelter.

Phase Two: \$75,000

Goal #2: Provide nontraditional behavioral health treatment services to patients and reduce the number of people who use costly interventions.

Objective #3: Expand Behavioral Health treatment for high utilizers.

Objective #4: Increase stable housing options.

Objective #5: Expand Behavioral Health services for the homeless. Strategy: Provide strong case

management & Provide access to treatment services prior to getting housing.

Goal #3: Reduce the number of people who use costly interventions.

Objective #6: Expand Behavioral Health treatment for high utilizers.

Goal #4: Increase stable housing options.

Objective #7: Expand Behavioral Health services for the homeless.

Strategy: Provide strong case management & Provide access to treatment services prior to getting housing.

- Evaluate workflow after admission begins
- # of patients admitted
- By ZIP code
- By health insurance type
- Average length of stay
- Discharged individuals total
- Discharged individuals with completed discharge plans
- Resources provided at discharge:
- Homeless individuals who received housing at discharge
- Return patients, those who have stayed in the facility prior

services (naturally unduplicated)

- # mental health visits
- # substance use disorder visits
- # case management visits with behavioral health technician
- # of patients with a mental health diagnosis who develop or update an individualized care plan (50% goal)
- # of patients with a substance use disorder diagnosis who develop or update an individualized care plan (50% goal)
- have 90% of our patients meet with a care coordinator
- have 90% of our patients complete a social determinants of health screening
- 75% of clients screened for depression and/or anxiety using the PHQ and/or GAD scale.
- offer 25% of our patients receive information on medical-legal services

Data Collection

The Contractor will provide a Quarterly Report to the Kitsap County Human Services Department by April 30, July 31, October 31, 2025 and January 31, 2026 each year funding is received under this grant detailing progress made on program outcomes during the quarter, what other funding sources have been investigated, and what the future potential for alternative funding is. In addition, outcomes identified in the Evaluation Plan for Mental Health, Chemical Dependency and Therapeutic Court Programs will be reported.

Billing and Payment

Contract payments to Contractor shall be requested using an invoice form, which is supplied by the County. Contractor invoices must be sent to the County by the fifteenth (15th) calendar day after the end of the month.

The Contractor is authorized to receive payments in accordance with the cost reimbursable budget included under this contract. The Contractor will comply with the following standards as applicable.

Reimbursement Request – Upon Completion of each month, the Contractor must provide to the County a written explanation of expenditures which are less than 90% of, or more than 115% of, the year-to-date budgeted total.

All payments to be made by the County under this contract shall be made to:

*Peninsula Community Health Services
400 Warren Ave. Suite 200
Bremerton, WA 98337*

The contract shall not exceed the total amount indicated on the cover sheet of this contract and any other modifications hereof.

Attachment C: Budget Summary/Estimated Expenditures

Kitsap County Human Services Department
Expenditure Plan: January 1, 2025 - December 31, 2026

Agency Name: Peninsula Community Health Services
Project Name: Respite, Rest and Repose
Contract: \$150,000 **Contract #** KC-030-25-A

Contract Line item	1/1/2025 3/31/2025	4/1/2025 6/30/2025	7/1/2025 9/30/2025	10/1/2025 12/31/2025	Total Budget
Personnel	\$ 36,000.00	\$ 36,000.00	\$ 36,000.00	\$ 28,857.14	\$ 136,857.14
Manager and Staff (Program Related)	30,000.00	30,000.00	30,000.00	24,050.00	114,050.00
Fringe Benefits	6,000.00	6,000.00	6,000.00	4,807.14	22,807.14
Supplies & Equipment	\$ 6,000.00	\$ -	\$ -	\$ -	\$ 6,000.00
Equipment	-	-	-	-	-
Office Supplies: 4 Computers	6,000.00	-	-	-	6,000.00
Other (Describe):	-	-	-	-	-
Administration	\$ -	\$ -	\$ -	\$ -	\$ -
Advertising/Marketing	-	-	-	-	-
Audit/Accounting	-	-	-	-	-
Communication	-	-	-	-	-
Insurance/Bonds	-	-	-	-	-
Postage/Printing	-	-	-	-	-
Training/Travel/Transportation	-	-	-	-	-
% Indirect	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Operations & Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Janitorial Service	-	-	-	-	-
Maintenance Contracts	-	-	-	-	-
Maintenance of Existing Landscaping	-	-	-	-	-
Repair of Equipment and Property	-	-	-	-	-
Utilities	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other (Describe):	-	-	-	-	-
Other	\$ 2,100.00	\$ 1,800.00	\$ 1,800.00	\$ 1,442.86	\$ 7,142.86
Debt Service	-	-	-	-	-
Other (Describe): Indirect Rate 5%	2,100.00	1,800.00	1,800.00	1,442.86	7,142.86
Other (Describe):	-	-	-	-	-
Project Budget Total	\$ 44,100.00	\$ 37,800.00	\$ 37,800.00	\$ 30,300.00	\$ 150,000.00

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