

CONTRACT AMENDMENT B

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 Forks Community Hospital West End Outreach 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-051-22, and executed on January 10, 2022 and amended on January 23, 2023, shall be amended as follows:

1. **Page 1: Contract Term** shall be amended as follows:
January 1, 2022 – December 31, 2023
2. **Page 1: Amount** shall be amended as follows:
\$364,253.32
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.
4. 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, 2023.

Dated this 20th day of June, 2023.

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

Charlotte Garrido

Charlotte Garrido, Chair

Katherine T. Walters

Katherine T. Walters, Commissioner

Christine Rolfes

CHRISTINE ROLFES, Commissioner

DATE

7-10-23

ATTEST

Dana Daniels for

Dana Daniels, Clerk of the Board

CONTRACTOR:

**Forks Community Hospital West
End Outreach Services**

Heidi Anderson

Name: Heidi Anderson

Title: Chief Executive Officer

I attest that I have the authority to sign
this contract on behalf of Forks
Community Hospital West End
Outreach Services

6-10-2023

DATE



Budget Summary			
Contractor: Forks Community Hospital West End Outreach Services			
Contract No:		KC-051-22	
Contract Period:		01/01/22 - 12/31/2023	
Expenditure	Previous	Changes this Contract	Current
Period 1 01/01/22 - 12/31/22			
Crisis Response Services: MH/SUD ITA and Mobile Crisis Outreach- \$7,650 per month (GFS/MHBG/SABG)	\$91,800.00	\$0.00	\$91,800.00
Certified Peer Counselor Crisis Team Enhancement- Program Costs up to \$1,909 per month (MHBG)	\$22,908.00	\$0.00	\$22,908.00
Crisis Services Performance Metric- \$405 per month for each month the Performance Metric is met, not to exceed \$4,050 (MHBG)	\$4,050.00	\$0.00	\$4,050.00
Jail Services Operations- Program Costs not to exceed \$4,000 (GFS)	\$4,000.00	\$0.00	\$4,000.00
Peer Transition from Incarceration Program- Program Costs up to \$2,366.66 per month (MHBG/SABG)	\$28,400.00	\$0.00	\$28,400.00
Behavioral Health Enhancement Funds- \$957.89 per month (GFS)	\$11,494.68	\$0.00	\$11,494.68
LR/CR Outpatient Monitoring- \$410 per month per authorized individual (GFS)	\$4,920.00	\$0.00	\$4,920.00
LRA Treatment Services Add-on- \$600 per month per authorized individual for services listed within 5c in Crisis Statement of Work (GFS)	\$7,200.00	\$0.00	\$7,200.00
Period 1 Budget Total	\$174,772.68	\$0.00	\$174,772.68
Expenditure	Previous	Changes this Contract	Current
Period 2 01/01/23 - 06/30/2023			
Crisis Response Services: MH/SUD ITA and Mobile Crisis Outreach- \$8,186 per month (GFS/MHBG/SABG)	\$49,116.00	\$0.00	\$49,116.00
Certified Peer Counselor Crisis Team Enhancement- Program Costs up to \$1,909 per month (EH MHBG)	\$11,454.00	\$0.00	\$11,454.00
Next Day Appointment for Urgent Behavioral Health Follow-up: Staff Costs up to \$1,600 per month (EH MHBG)	\$9,600.00	\$0.00	\$9,600.00
Jail Services Operations- Program Costs not to exceed \$2,000 (GFS)	\$2,000.00	\$0.00	\$2,000.00
Peer Transition from Incarceration Program- Program Costs up to \$2,366.66 per month (EH MHBG/SABG)	\$14,199.96	\$0.00	\$14,199.96
Behavioral Health Enhancement Funds- \$957.89 per month (GFS)	\$5,747.34	\$0.00	\$5,747.34
LR/CR Outpatient Monitoring- \$440 per month per authorized individual (GFS)	\$2,640.00	\$0.00	\$2,640.00
LRA Treatment Services Add-on- \$650 per month per authorized individual for services listed within 6c in Crisis Statement of Work (GFS)	\$3,900.00	\$0.00	\$3,900.00
Period 2 Budget Total	98,657.30	\$0.00	\$98,657.30

Period 3 07/01/23 - 12/31/2023			
Crisis Response Services: MH/SUD ITA and Mobile Crisis Outreach- \$8,186 per month (GFS/SABG)	0.00	\$49,116.00	\$49,116.00
Certified Peer Counselor Crisis Team Enhancement- Program Costs up to \$1,500 per month (EH MHBG)	0.00	\$9,000.00	\$9,000.00
Next Day Appointment for Urgent Behavioral Health Follow-up: Staff Costs up to \$1,600 per month (GFS)	0.00	\$9,600.00	\$9,600.00
Jail Services Operations- Program Costs not to exceed \$2,000 (GFS)	0.00	\$2,000.00	\$2,000.00
Peer Transition from Incarceration Program- Program Costs up to \$1,300 per month (EH MHBG/SABG)	0.00	\$7,800.00	\$7,800.00
Behavioral Health Enhancement Funds- \$957.89 per month (GFS)	0.00	\$5,747.34	\$5,747.34
LR/CR Outpatient Monitoring- \$510 per month per authorized individual (GFS)	0.00	\$3,060.00	\$3,060.00
LRA Treatment Services Add-on- \$750 per month per authorized individual for services listed within 6c in Crisis Statement of Work (GFS)	0.00	\$4,500.00	\$4,500.00
Period 2 Budget Total	0.00	\$90,823.34	\$90,823.34
Contract Total	273,429.98	90,823.34	364,253.32



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2022

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 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).

PRODUCER Parker, Smith & Feek, LLC. 2233 112th Avenue NE Bellevue, WA 98004	CONTACT NAME:		
	PHONE (A/C, No, Ext): 425-709-3600 FAX (A/C, No): 425-709-7460 E-MAIL ADDRESS:		
INSURED Clallam County Public Hospital District #1 530 Bogachiel Way Forks, WA 98331-9120	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Physicians Insurance A Mutual Company		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Retro Date: 7/1/1985 <input checked="" type="checkbox"/> Retention: NIL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			300008005	08/01/2022	08/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Healthcare Professional Liability			300008005	08/01/2022	08/01/2023	\$1,000,000 Per Claim \$5,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Exhibit Only.

CERTIFICATE HOLDER**CANCELLATION**

West End Outreach Services 551 Bogachiel Way Forks, WA 98331	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 Allison Griesel

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- West End Outreach Services

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