

**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 Believe in Recovery, 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-059-22, and executed on January 10, 2022, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:
 \$32,217.50
2. **Attachment B.a: CJTA Quarterly Report** is added
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, 2022.

Dated this 18 day of April, 2022.

**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY ADMINISTRATOR,
Its Administrative Entity**

Karen Goon

Karen Goon, County Administrator

**CONTRACTOR:
Believe in Recovery**

Gabrhea Caudill

Name: Gabrhea Caudill
Title: Administrator

I attest that I have the authority to sign
this contract on behalf of Believe in
Recovery.

4-18-22
DATE

CRIMINAL JUSTICE TREATMENT ACCOUNT

QUARTERLY PROGRESS REPORT

Please respond to each question and submit to: sagnew@co.kitsap.wa.us and jkron@co.kitsap.wa.us

Report Quarter

1st State Fiscal Quarter (July 1st-Sept 30th)

2nd State Fiscal Quarter (Oct 1st-Dec 31st)

3rd State Fiscal Quarter (Jan 1st- March 31st)

4th State Fiscal Quarter (Apr 1st- June 30th)

Name of Agency completing Report:

Please enter your agency status for each item.

1. Contractor ensured all CJTA-funded services were reported through Provider 1 Operating System and Supplemental Transaction?
 Yes No
2. Contractor has made attempts to expand access to Recovery Support Services for the intended population?
 Yes No
3. Does the Contractor use CJTA funding to provide services for individual in a Therapeutic Court Program?
 Yes No
If Yes, please indicate the number of individuals who were admitted into the program during this quarter who are receiving medication assisted treatment or medications for opioid use disorder:

If Yes, please indicate what medications the individuals admitted into the program during this quarter are receiving (e.g. Buprenorphine, Methadone, Naltrexone):

ATTACHMENT B.a: CJTA Quarterly Report

4. Is there any indication that the Therapeutic Court programs benefitting from CJTA are denying access to, or requiring titration from, any medications for opioid use disorder?

Yes No

Please enter any additional comments here:

5. CJTA funding used in the local, county, city, or tribal jail?

Yes No

If Yes, please indicate any barriers to providing treatment services and transitioning individuals into the community:

6. List any other significant accomplishments.

7. List any training or technical assistance needs.

8. Summarize any barrier(s) encountered and plans to overcome the barrier(s) with timeline.

9. Please include any other comments you would like to convey to the HCA Contract Manager:

Completed By:

Date:

ATTACHMENT C: BUDGET/RATE SHEET

Budget Summary			
Contractor: Believe in Recovery			
Contract No:		KC-059-22-A	
Contract Period:		01/01/22 - 12/31/22	
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/22- 12/31/22			
CJTA	25,774.00	6,443.50	32,217.50
Period 1 Budget Total	25,774.00	6,443.50	32,217.50
Contract Total	25,774.00	6,443.50	32,217.50



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/17/2021

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 Van Wagner Agency 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797	CONTACT NAME: PHONE: (A/C No. Ext): 800-735-1588 FAX (A/C. No): 888-290-0302 E-MAIL ADDRESS: vanwagnerinsurance@sterlingnisk.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Great American Ins. Company of NY 22136 INSURER B: Great American Alliance Insurance Company 26832 INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES CERTIFICATE NUMBER: 1070362577 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

INSTR LTR	TYPE OF INSURANCE	ADDL (INS)	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:			GLP 127-79-09-05	5/24/2021	5/24/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC 380-63-40-00	5/24/2021	5/24/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 7,000,000 \$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Professional Liability			GLP 127-79-09-05	5/24/2021	5/24/2022	Each Incident 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Practice Locations
 3051 West Sims Way, Port Townsend WA 98368
 3907 Creekside Loop, Suite 110, Yaloma WA 98902

CERTIFICATE HOLDER FOR INFORMATIONAL PURPOSES ONLY	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
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Jolene Kron 7/13/21

Exclusions Search Results: Entities

No Results were found for

- Believe in Recovery

 **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 3/16/2022 6:05:26 PM EST on OIG LEIE Exclusions database.
Source data updated on 3/10/2022 8:00:00 AM EST