

## **CONTRACT AMENDMENT G**

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 "SBH-ASO", and **Kitsap Mental Health 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-136-20 and executed on May 11, 2020, and amendment on September 4, 2020, November 9, 2020, May 26, 2020, September 27, 2021, November 14, 2022, and October 23, 2023, shall be amended as follows:

Page 1 shall be amended as follows:

- **Contract Amount** is increased by \$418,886 increasing the contract total from \$1,031,860 to \$1,450,746.
    - Increase by \$137,506 for continuation Substance Use Peer
    - Increase by \$281,380 for continuation of service team
  - **Contract end date** is extended to June 30, 2025. Amended contract period January 1, 2021 – June 30, 2025.
  - **Attachment C:** Budget is deleted entirely and replaced as attached.
  - **Attachment C-5:** 2025 Deliverables table.
5. 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 Organization  
Kitsap County Department of Human Services  
614 Division Street, MS-23  
Port Orchard, WA 98366.

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

6. 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 March 15, 2024.

**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**

ATTEST:  
  
**Dana Daniels, Clerk of the Board**

3.10.25  
DATE

**CONTRACTOR: Kitsap Mental Health  
Services**

Monica Bernhard  
B3A6B7FEC5E75BE4E48319A8B285CF5 contractworks

Name: Monica Bernhard  
Title: Chief Executive Officer

02/13/2025

DATE



## ATTACHMENT C: BUDGET

### Budget Summary

Contractor: Kitsap Mental Health Services HARPS

Contract No: KC-136-20 G

Contract Period: 1/1/2020-6/30/2025

#### HARPS Subsidies

		Previous Budget	Changes this Amendment	Current Budget
Budget Period: 1/1/20-6/30/20				
	HARPS Team	81,020	0	81,020
	<b>Budget Total</b>	<b>81,020</b>	<b>0</b>	<b>81,020</b>
Budget Period: 7/1/20-6/30/21				
	HARPS Team	171,640	0	171,640
	<b>Budget Total</b>	<b>171,640</b>	<b>0</b>	<b>171,640</b>
Budget Period: 3/1/2021-6/30/2021				
	HARPS SABG Support	2,500	0	2,500
Budget Period: 7/1/2021-6/30/2022				
	HARPS Team	170,880	0	170,880
	<b>Budget Total</b>	<b>170,880</b>	<b>0</b>	<b>170,880</b>
Budget Period 7/1/2022-3/14/2023				
	HARPS SUD Peer (K5393-1)	80,000	0	80,000
Budget Period: 7/1/2022-6/30/2023				
	HARPS Team (K6181)	171,440	0	171,440
Budget Period: 9/1/2022-6/30/2023				
	HARPS SABG Support (K5393-2)	2500	0	2,500
	<b>Budget Total</b>	<b>253,940</b>	<b>0</b>	<b>253,940</b>
Budget Period 3/15/2023-3/14/2024				
	HARPS SUD Peer (K6754)	90,000	0	90,000
Budget Period: 7/1/2023-3/14/2024				
	HARPS SABG Support (K6754)	1250	0	1,250
	HARPS MHBG Support (K6754)	1250	0	1,250
Budget Period: 7/1/2023-6/30/2024				
	HARPS Team (K6917)	259,380	0	259,380

	<b>Budget Total</b>	<b>351,880</b>	<b>0</b>	<b>351,880</b>

Budget Period 3/15/2024-3/14/2025				
	HARPS SUD Peer (K6754-1)	0	109,996	<b>109,996</b>
Budget Period: 7/1/2024-6/30/2025				
	HARPS Team (K6917)	0	281,380	<b>281,380</b>
Budget Period 3/16/2025-6/30/2025				
	HARPS SUD Peer (ARPA SUD)	0	27,510	<b>27,510</b>
	<b>Budget Total</b>	<b>0</b>	<b>418,886</b>	<b>418,886</b>

<b>Contract Total</b>	<b>1,031,860</b>	<b>418,886</b>	<b>1,450,746</b>
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Revenue Source: Health Care Authority Contract K5393 [KC-302-20]; K6181 [KC-385-22]; K5393-1; K5393-2

Billed according to HARPS deliverables table.

Funded with Mental Health Block Grant Funds	CFDA 93.958
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Funded with Substance Abuse Block Grant Funds	CFDA 93.959
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Funded with ARPA SABG	CFDA 93.959
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## Attachment C-5

## KC-136-20-G: HARPS Deliverables Table

#	Description	Due Date	Rate	Total
	MHBG (K6917-02)			
1	Monthly State Psychiatric Hospital Referral Report.	15th of the month following each month of service	\$1,500 per report x 12 reports	\$18,000
2	2 FTEs PSH Fidelity Training Report	6/30/2025	\$20,000 per report x 1 reports	\$20,000
3	State Psychiatric Hospital Orientation	6/30/2025	\$20,000 per report x 1 report	\$20,000
4	Monthly HARPS Participant Log	15th of the month following each month of service	\$15,000 per report x 12 reports	\$180,000
5	Quarterly HARPS Report	20th of the month following the last month of each	\$7,500 per report x 4 report	\$30,000
6	Fidelity Review	6/30/2025	\$13,380 per report x 1 report	\$13,380
				<b>\$281,380</b>
	ARPA SABG (K6754-1)			
7	Monthly Participants Excel Log	March 2024-February 2025: 15th of the month following each month of service	\$9,166 per log x 11 logs	\$100,826
8	Monthly Participants Excel Log	March 2025: With final invoice	\$9,170 per log x 3 log	\$9,170
				<b>\$109,996</b>
	ARPA SABG			
9	Monthly Participants Excel Log	April-June 2025	\$9,170 per log x 1 log	\$27,510
				<b>\$27,510</b>
	<b>TOTAL</b>			<b>\$418,886</b>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2024

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

<b>PRODUCER</b> <b>Propel Insurance</b> 601 Union Street; Suite 3400 COM Senior Care Seattle, WA 98101-1371	<b>CONTACT NAME:</b> Rachel Reese <b>PHONE (A/C, No, Ext):</b> 206 262-4368 <b>E-MAIL ADDRESS:</b> rachel.reese@propelinsurance.com <b>FAX (A/C, No):</b> 866 577-1326														
<b>INSURED</b> <b>Kitsap Mental Health Services</b> 5455 Almira Drive NE Bremerton, WA 98311	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Ace American Insurance Company</td><td>22667</td></tr><tr><td>INSURER B : Ace Property and Casualty Insurance Co.</td><td>20699</td></tr><tr><td>INSURER C : Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Ace American Insurance Company	22667	INSURER B : Ace Property and Casualty Insurance Co.	20699	INSURER C : Illinois Union Insurance Company	27960	INSURER D :		INSURER E :		INSURER F :	
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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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CRLG25517337001	07/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CALH08619839001	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			XOOG25517416001 Auto Only	07/01/2024	07/01/2025	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			CRLG25517337001 WA Stop Gap	07/01/2024	07/01/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$2,000,000 E.L. DISEASE - POLICY LIMIT \$2,000,000
C	<input checked="" type="checkbox"/> Professional Liab			CRLG25517374001	07/01/2024	07/01/2025	\$2M Occ/\$4M Agg
C	<input checked="" type="checkbox"/> Abuse			CRLG25517374001	07/01/224	07/01/2025	\$1M Occ/\$1M Agg

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

SBH-ASO and Clallam, Jefferson and Kitsap Counties are named additional insured as respects insured's.

## CERTIFICATE HOLDER

## CANCELLATION


<b>Salish Behavioral Health</b> <b>Administrative Services</b> <b>Organization</b> <b>(SBH-ASO)/Kitsap County Attn:</b> <b>Risk Manager, 614 Division</b> <b>Port Orchard, WA 98366</b>	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> <b>AUTHORIZED REPRESENTATIVE</b> <i>Deanna Winchester</i>
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**Kitsap Mental Health Services**

 **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**

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