

## **CONTRACT AMENDMENT**

### **D**

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 North Sound Behavioral Health Administrative Services Organization, LLC., 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-325-20 and executed on September 28, 2020, amended on May 10, 2021, January 10, 2022, and February 10, 2023, shall be amended as follows:

1. **SECTION 1. EFFECTIVE DATE OF CONTRACT** shall be amended as follows:

The contract will become effective October 1, 2020 and terminate on June 30, 2024.

2. **SECTION 4. COMPENSATION**

4.2 The total amount payable under this Contract, by the SBHASO to the Contractor, in no event will exceed \$149,000.

3. **Exhibit B: Compensation** 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, 2024.

DATED this \_\_\_ day \_\_\_\_\_, 2023.

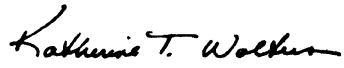
DATED this 8 day Jan, 2024.

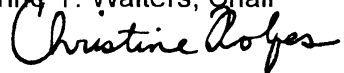
**CONTRACTOR:**

**NORTH SOUND BEHAVIORAL  
HEALTH ADMINISTRATIVE  
SERVICES  
ORGANIZATION, LLC.**

  
\_\_\_\_\_  
JanRose Ottaway Martin, Executive  
Director

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

  
\_\_\_\_\_  
Katherine T. Walters, Chair

  
\_\_\_\_\_  
Christine Rolfes, Commissioner

  
\_\_\_\_\_  
Charlotte Garrido, Commissioner



ATTEST:

  
\_\_\_\_\_  
Dana Daniels, Clerk of the Board

**EXHIBIT B: COMPENSATION**

<b>Services Provided</b>	<b>Timeline</b>	<b>Compensation</b>
<b>Phase 9-</b> North Sound BH-ASO IS on-going technical support (not to exceed 20 hours per month)	01/01/2024 – 6/30/2024	\$10,000 Per Calendar Quarter
<b>Phase 9</b> –North Sound BH-ASO IS on-going technical support that <b>exceeds</b> 20 hours per month	01/01/2023 – 12/31/2023	\$150 per hour

Total Maximum Compensation for Contract Period 1/1/24 - 6/30/24 is **\$25,000**.

# BINDER

(Summary of Coverage)

**MEMBER:**

North Sound Behavioral Health Administrative Services Organization  
 LLC  
 2021 E College Way, Ste 101  
 Mount Vernon, Washington 98273

**MEMORANDUM #**

2024-135-P-001

**EFFECTIVE:**

9/1/2023 through 8/31/2024

*This binder is subject to the terms and conditions as referenced in the Memorandum of Coverage.*

COVERAGE:	COVERAGE TYPE	LIMIT**	DEDUCTIBLE/ CO-PAY
<b>GENERAL LIABILITY</b> <i>General Liability; Professional Liability</i>	Each occurrence	\$20,000,000	\$1,000
<b>AUTO LIABILITY</b> <i>Hired and Non-Owned; Temporary Substitute</i>	Each occurrence	\$20,000,000	\$1,000
<b>PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY</b>	Each Wrongful Act Member Aggregate	\$20,000,000 \$20,000,000	\$1,000
<b>EMPLOYMENT PRACTICES LIABILITY</b>	Aggregate Per member	\$20,000,000	20% Co-pay*
<b>CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY</b>	Per Occurrence Member Aggregate	\$1,000,000 N/A	\$1,000
<b>NAMED POSITION COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY</b>	Per Occurrence Member Aggregate	N/A N/A	N/A N/A
<b>PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY</b>	Replacement Cost	Per Schedule with Enduris	Per Schedule with Enduris
<b>CYBER COVERAGE</b>	Member Aggregate APIP Program Aggregate	\$2,000,000 \$40,000,000	20% Co-pay* -
<b>AUTOMOBILE PHYSICAL DAMAGE</b>	Per Schedule with Enduris	N/A	N/A
<b>IDENTITY FRAUD EXPENSE REIMBURSEMENT</b>	Per Occurrence Member Aggregate	\$25,000 \$25,000	\$0

*\*Co-pay may be waived as per Memorandum of Coverage*

*\*\*Subject to limits and sub-limits as noted in the Memorandum of Coverage*




*Sheryl Brandt*  
 Authorized Representative  
 Executive Director

Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

## Exclusions Search Results: Entities

No Results were found for

- North Sound Behavioral Health Administrative Services Organizatio

 **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 11/3/2023 5:07:32 PM EST on OIG LEIE Exclusions database.

Source data updated on 10/10/2023 8:00:00 AM EST

[Return to Search](#)