| Washington State Health Care Authority | **CONTRACT AMENDMENT BEHAVIORAL HEALTH – ADMINSTRATIVE SERVICES ORGANIZATION** | HCA Contract No.: K8346<br>Amendment No.: 04 |
|---|---|---|

**THIS AMENDMENT TO THE BEHAVIORAL HEALTH – ADMINISTRATIVE SERVICES ORGANIZATION CONTRACT** is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.

| **CONTRACTOR NAME** | **CONTRACTOR DOING BUSINESS AS (DBA)** |
|---|---|
| Kitsap County | Salish Behavioral Health Administrative Services Organization |
| **CONTRACTOR ADDRESS** | **WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)** |
| 614 Division Street, MS23<br>Port Orchard, WA 98366-4676 | 182-002-345 |

| **AMENDMENT START DATE** | **AMENDMENT END DATE** | **CONTRACT END DATE** |
|---|---|---|
| Date of Execution | June 30, 2027 | June 30, 2027 |

WHEREAS, HCA and Contractor previously entered into a Contract for behavioral health services, and;

WHEREAS, HCA and Contractor wish to amend the Contract to update requirements and provide editorial changes to the BH-ASO Contract to ensure clarity of Contract expectations.

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Under the list of 'Schedules' identified in this Contract, the reference to Schedule B, Trueblood Crisis Stabilization/Crisis Triage – (Carelon (Pierce and Southwest)), King, Salish, Spokane, and Thurston/Mason) is amended to read as follows:

   Schedule B, Trueblood Crisis Stabilization Unit/Crisis Relief Center/Crisis Services – (Carelon (Pierce and Southwest)), King, Salish, Spokane, and Thurston/Mason).

2. Section 1, Definitions, a new subsection 1.1, 23-Hour Crisis Relief Center (CRC) is added as follows:

   1.1 23-Hour Crisis Relief Center (CRC)

   "23-Hour Crisis Relief Center (CRC)" means a community-based facility or portion of a facility which is licensed or certified by the Department of Health and open 24 hours a day, seven days a week, offering access to mental health and substance use care for no more than 23 hours and 59 minutes at a time per patient, and which accepts all behavioral health crisis walk-ins and drop-offs from first responders, and individuals referred through the 988 system regardless of behavioral health acuity, and meets the requirements under RCW 71.24.916.

   All remaining subsections are subsequently renumbered and internal references updated accordingly.

3. Section 1, Definitions, 1.21 Behavioral Health Administrative Services Organization (BH-ASO), is amended to read as follows:

   1.21 Behavioral Health Administrative Services Organization (BH-ASO)

"Behavioral Health Administrative Services Organization (BH-ASO)" means an entity selected by HCA to administer behavioral health programs, including Crisis Services, in-home stabilization, and Facility-based Crisis Stabilization, including 23-Hour Crisis Relief Centers for Individuals in a defined Regional Service Area (RSA), regardless of an Individual's ability to pay, including Medicaid eligible members.

4. Section 1, Definitions, a new subsection 1.60, Crisis Stabilization (CSU) is added as follows:

1.60 Crisis Stabilization Unit (CSU)

"Crisis Stabilization Unit (CSU)" means a short-term facility or a portion of a facility licensed or certified by the Department of Health, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization, or to determine the need for involuntary commitment of an individual, and meets the requirements under RCW 71.24.645.

All remaining subsections are subsequently renumbered and internal references updated accordingly.

5. Section 1, Definitions, a new subsection 1.83, Facility-based Stabilization Services is added as follows:

1.83 Facility-based Stabilization Services

"Facility-based Stabilization Services" (also referred to as Crisis Stabilization Facilities) means Crisis Stabilization Services provided in a facility licensed by DOH and certified by DBHR as either CSU or CRCs.

All remaining subsections are subsequently renumbered and internal references updated accordingly.

6. Section 1, Definitions, subsection 1.178 Stabilization/Triage Services is removed in its entirety and replaced with the new definition in 1.83, Facility-based Stabilization Services. All remaining subsections are subsequently renumbered and internal references updated accordingly.

7. Section 15, Care Management and Coordination, 15.5, Care Coordination: Filing of an Unavailable Detention Facilities Report, subsection 15.5.6 is amended to read as follows:

15.5.6 HCA may initiate corrective action to ensure an adequate plan is implemented. An adequate plan may include development of LRAs to Involuntary Commitment, such as Crisis Stabilization, Crisis diversion, voluntary treatment, or relapse prevention programs reasonably calculated to reduce demand for evaluation and treatment.

8. Section 16, General Requirements for Service Delivery, 16.1 Special Provisions Regarding Behavioral Health Crisis Services, subsection 16.1.9.1 is amended to read as follows:

16.1.9.1 Crisis Stabilization staff shall have training in Crisis triage and management for Individuals of all ages and Behavioral Health conditions, including SMI, SED, SUDs, and co-occurring disorders.

9. Section 16, General Requirements for Service Delivery, 16.3 Prioritization of Contracted Services, subsection 16.3.1 is amended to read as follows:

16.3.1 The Contractor shall provide services in accordance with RCW 71.24.045. The Contractor shall prioritize state funds for Crisis Services, evaluation, and treatment services for Individuals ineligible for Medicaid, and services related to the administration of chapters 71.05 and 71.34 RCW. Available Resources shall then be used for voluntary inpatient services, Crisis Stabilization Services, and services for the priority populations defined in this Contract.

10. Section 17, Scope of Services – Crisis System, a new subsection 17.5 Facility-based Crisis Stabilization is added as follows:

17.5 Facility-based Crisis Stabilization

17.5.1 Facility-based Crisis Stabilization funding requirements:

17.5.1.1 Funding is provided in Great Rivers, Spokane, Pierce, North Sound and Greater Columbia regions. The Contractor shall support the startup, implementation, and non-Medicaid operations of 23-hour Crisis Relief Centers and Crisis Stabilization Units that began or will begin operations between July 1, 2025, and June 30, 2027.

17.5.1.2 BH-ASOs with multiple eligible facilities in their RSA should equitably fund the non-Medicaid operational costs of each facility, taking into account the rate difference between CRC chairs and CSU beds.

17.5.1.3 BH-ASOs with multiple eligible facilities in their RSA who choose to use these funds to support startup and implementation phases should consider the following before distributing funds:

17.5.1.3.1 The needs of specific cities and counties, prioritizing areas with higher identified needs for Behavioral Health Crisis Services.

17.5.1.3.2 Access to additional funding sources, prioritizing facilities with limited access to additional funding.

17.5.1.4 Facilities that receive funding for startup and implementation prior to receiving DOH certification must provide verification to the Contractor that they are pursuing certification as a CRC or CSU.

17.5.1.5 The Contractor will report how this funding is spent using the Non-Medicaid Spending Plan as identified in Section 5 of this Contract.

17.5.1.6 These funds may not be used for capital expenditures.

11. Section 31, Crisis Triage/Stabilization Centers and Increasing Psychiatric Residential Treatment Beds, is renamed to Crisis Stabilization Centers and Increasing Psychiatric Residential Treatment Beds and is amended to read as follows:

31 CRISIS STABILIZATION CENTERS AND INCREASING PSYCHIATRIC RESIDENTIAL TREATEMENT BEDS

31.1 General Requirements

31.1.1 For the Contractors that received a one-time start-up cost payment for either a Crisis Stabilization Center or to increase psychiatric residential treatment beds for Individuals transitioning from psychiatric inpatient settings the Contractor shall continue submitting quarterly reports to HCA at HCABHASO@hca.wa.gov, using the Crisis Stabilization and Increasing Psychiatric Bed Capacity reporting template provided by HCA. Reports are due thirty (30) calendar days after the end of the SFY quarter.

12. This Amendment will be effective as of the last date of signature shown below ("Effective Date").

13. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

14. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by both parties.

| CONTRACTOR SIGNATURE | PRINTED NAME AND TITLE | DATE SIGNED |
|---|---|---|
| | Oran Root, Chair, KC Commissioners | 6-24-26 |
| **HCA SIGNATURE** | **PRINTED NAME AND TITLE** | **DATE SIGNED** |
| Signed by: Annette Schuffenhauer 4F259FCAF7C2450... | Annette Schuffenhauer<br>Chief Legal Officer | 6/30/2026 |

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