

**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 Discovery Behavioral Health 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-357-22 and executed on July 25, 2022, and amended on the following July 24, 2023, October 14, 2024, and August 11, 2025, shall be amended as follows:

1. **Contract Term:** Extends end date from December 31, 2025, to June 30, 2026, for a new contract term of July 1, 2022, to June 30, 2026.
2. **Contract Amount:** Budget increased by \$217,500 from \$1,514,918 to \$1,732,418.
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.

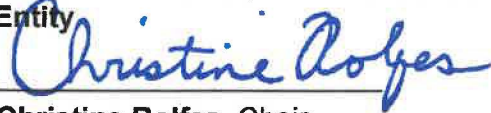
Discovery Behavioral Health

KC-357-22-D
UEI: LD6MNJ62JQD1

This amendment shall be effective January 1, 2026

Dated this 8 day of December, 2025.

**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

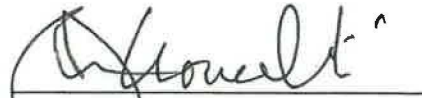
DATE 12/8/25

ATTEST



Dana Daniels, Clerk of the Board

**CONTRACTOR:
DISCOVERY BEHAVIORAL HEALTH**



Name: **Jim Novelli**

Title: **Chief Executive Officer**

I attest that I have the authority to sign
this contract on behalf of Discovery
Behavioral Health.

11/17/2025
DATE



Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in)

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

Check to verify the information is in contract:

- ☐ Subrecipient's name (must match the name associated with its unique entity identifier):
- ☐ Federal award identification:
- ☐ Subaward Budget Period Start and End Date:
- ☐ Amount of Federal Funds Obligated in the subaward:
- ☐ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:
- ☐ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
- ☐ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):
- ☐ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
- ☐ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:
- ☐ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

Budget Summary			
Contractor: Discovery Behavioral Health			
Contract No:		KC-357-22-D	
Contract Period:		7/1/2022 -6/30/2026	
Expenditure	Previous	Changes this Contract	Current
Period 1: 7/1/22 -06/30/23			
R.E.A.L. Program (GFS)	\$381,209.00	\$0.00	\$381,209.00
Period 1 Budget Total	\$381,209.00	\$0.00	\$381,209.00
Period 2: 7/1/23 -06/30/24	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$381,209.00	\$0.00	\$381,209.00
Period 2 Budget Total	\$381,209.00	\$0.00	\$381,209.00
Period 3: 7/1/24 -06/30/25	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$435,000.00	\$0.00	\$435,000.00
Retention Incentives	\$50,000.00	\$0.00	\$50,000.00
Additional vehicle purchase	\$50,000.00	\$0.00	\$50,000.00
Period 3 Budget Total	\$535,000.00	\$0.00	\$535,000.00
Period 4: 7/1/25 -12/31/25	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$217,500.00	\$0.00	\$217,500.00
Period 4 Budget Total	\$217,500.00	\$0.00	\$217,500.00
Period 5: 1/1/2026 - 6/30/2026	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$0.00	\$217,500.00	\$217,500.00
Period 5 Budget Total	\$0.00	\$217,500.00	\$217,500.00
Contract Total	\$1,514,918.00	\$217,500.00	\$1,732,418.00

Administration Fund limit: 10%



JEFFCOM-01

PSACKET

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2025

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

PRODUCER MHT Insurance 1904 Third Ave Suite 714 Seattle, WA 98101-1100	CONTACT NAME: Paul Sackett	
	PHONE (A/C, No, Ext): (206) 577-3443 FAX (A/C, No):	
	E-MAIL ADDRESS: psackett@mhtinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ACE American Insurance	
	INSURER B: ACE Property Casualty	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED

Jefferson Community Counseling
P.O. Box 565
Port Townsend, WA 98368

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 INSD	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	X	X	SVRD37802062003	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> GL, Emp Pra						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							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
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
B	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO	X	X	CALH0861703A003	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	X					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB			XOOG25510896003	7/1/2025	7/1/2026	AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			SVRD37802062003	7/1/2025	7/1/2026	PER STATUTE <input checked="" type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liabili	X		CRLG25510938003	7/1/2025	7/1/2026	Occurrence 2,000,000
A	Professional Liabili	X		CRLG25510938003	7/1/2025	7/1/2026	Aggregate 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
2025-2026 Certificate

CERTIFICATE HOLDER


CANCELLATION

Salish Behavioral Administrative Services
Organization
614 Division Street, MS-7
Port Orchard, WA 98366

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

Lawrence Paul Sackett



U.S. Department of Health & Human Services

Office of Inspector General

U.S. Department of Health & Human Services

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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.

Exclusions Search Results: Entities

No Results were found for

Discovery Behavior Health

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 10/8/2025 2:00:34 PM EST on OIG LEIE Exclusions database.

Source data updated on 9/10/2025 9:01:00 AM EST

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