

CONTRACT AMENDMENT

A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH 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 Avertest, LLC dba Averhealth, 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-415-24 and executed on September 9, 2024, shall be amended as follows:

1. Page 1 shall be amended as follows:
 - **Amount:** is increased by \$143,754, increasing the contract total from \$85,000 to \$228,754.
 - **Contract Term:** is extended from December 31, 2024, to December 31, 2025. For a new contract term of July 1, 2024 - December 31, 2025.
2. **GENERAL AGREEMENT: SECTION X. Duration:** shall be amended as follows: The termination date is being extended from December 31, 2024, to December 31, 2025. For a new contract term of July 1, 2024 – December 31, 2025.
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 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 upon January 1, 2025.

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


CHRISTINE ROLFES, Chair



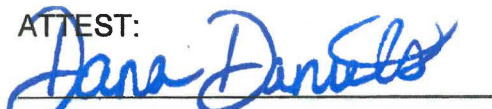
ORAN ROOT, Commissioner



KATHERINE T. WALTERS, Commissioner

DATE June 23, 2025

ATTEST:


Dana Daniels, Clerk of the Board

CONTRACTOR: Avertest, LLC dba
Averhealth



Name: Dominique Delagnes
Title: Chief Executive Officer

I attest that I have the authority to
sign this contract on behalf of
Averhealth.

6/2/2025

DATE

ATTACHMENT C- Budget KC-415-24-A

Contract Number: KC-415-22-A			
Contract Period: 7/1/24 – 12/31/25			
Expenditure	Previous	Changes this Contract	Current
Period 1: 7/1/2024 – 12/31/24			
UA Collection and Testing Services in accordance with Pricing Summary Below	\$85,000	\$0	\$85,000
Period 1 Budget Total	\$85,000	\$0	\$85,000
Period 1 1/1/2025 – 12/31/25			
UA Collection and Testing Services in accordance with Pricing Summary Below		\$143,759	\$143,754
Period 1 Budget Total	\$0	\$143,754	\$143,754
Period 1: 7/1/2024 – 12/31/24			
UA Collection and Testing Services in accordance with Pricing Summary Below		\$143,759	\$143,754
Period 1 Budget Total	\$0	\$143,754	\$143,754
Contract Total	\$85,000	\$143,754	\$228,754

The fundamental pricing under this contract is as follows:

*Above prices include 1 confirmation per 100 collected samples per month. Each additional confirmation will be charged at \$19.95/drug.

*Volume is calculated using prior three (3) months' average volume.

Price Summary by Service Option: 5 Standard + 2 Specialty	
	PCC Collections
2,500 Samples/Month	\$17.46
2,000 Samples/Month	\$19.52
1,500 Samples/Month	\$24.67
1,100 Samples/Month	\$32.60
800 Samples/Month	\$43.85
<i>*Volume below 800 samples per month is subject to billing at a higher price per sample</i>	

Service	Price per Unit of Service
Standard Screen Panel comprised of any of five (5) of the following assays plus ETG or other Specialty Assay: Amphetamines (amphetamines, ecstasy, methamphetamines), barbiturates, benzodiazepines, cannabinoids (THC), cocaine, ecstasy, methadone, methamphetamine, opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone), PCP, and propoxyphene	Please see above table. * Pricing is based on various estimated volumes of samples per month. If the volume is less, pricing may increase. *Pricing for the initial year of service. Each subsequent year will increase by 3%.
Standard Drug Add-on List: Amphetamines (amphetamines, ecstasy, methamphetamines), barbiturates, benzodiazepines, cannabinoids (THC), cocaine, ecstasy, methadone, methamphetamine, opiates (morphine, heroin, hydrocodone, hydromorphone, oxycodone, oxymorphone), PCP, and propoxyphene	\$ 0.50/ test
Specialty Drug Add-on List: Buprenorphine, Carisoprodol, ETG, Fentanyl, Gabapentin, Heroin, Ketamine, LSD, Meperidine, Tramadol, or Zolpidem	\$2.50 / test
Synthetic Cannabinoids Urine Analysis	\$25.00 / test
Synthetic Stimulants Urine Analysis (Bath Salts)	\$35.00 / test
Standard Oral Fluid Panel (Benz, Coe, Meth, Opiates, & THC)	\$19.50 / panel
Oral Fluid Add-ons (buprenorphine, methadone, oxycodone, and tramadol)	\$1.00 / panel
BAC Only	\$3.00 / test
Hair Test	\$85.00 / panel
Standard Confirmation Test	\$19.95 / test
Expert Witness Testimony	\$750.00 / 2-day session
Litigation Packet	\$150.00 / packet
Case Management System	Included, No Charge
Random Selection	Included, No Charge
Client Notification System	Included, No Charge
Video Testimony	Included, No Charge
Training & Consultation Sessions	Included, No Charge

Participation in CSCD Staffing Sessions (if Option is selected)	Included, No Charge
Additional Invoice Analysis/Customization	TBD

Payment for UA collection and testing services shall occur in a sequential, three-tier compensation system, as follows:

1. First tier compensation: All Medicaid-eligible services shall first be billed for payment to the Managed Care Organization (MCO) appropriate for each Adult Drug Court or Veterans Treatment Court participant.
2. Second tier compensation: All services determined to be Medicaid ineligible shall be billed for payment to the Salish Behavioral Health Administrative Services Organization (SBHASO) according to a companion agreement and within the limits available through Criminal Justice Treatment Account (CJTA) grant funding.
3. Third tier compensation: Service and testing costs which are not otherwise covered by Medicaid (payor of first resort) or the SBHASO (payor of second resort) shall be submitted for payment to the Kitsap County Superior Court. Third-tier charges shall be billed monthly and directed to the Superior Court Administrator for payment.



CERTIFICATE OF LIABILITY INSURANCE

5/1/2026

DATE (MM/DD/YYYY)

4/29/2025

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 Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 1185 Avenue of the Americas, Ste. 2010 New York NY 10036 (646) 572-7300	CONTACT NAME:
	PHONE (A/C, No, Ext):
INSURED 1467144 Avertest, LLC DBA Averhealth 2400 Old Brick Road, Suite 142 Glen Allen VA 23060-5841	FAX (A/C, No):
	E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A: Evanston Insurance Company	NAIC # 35378
INSURER B: Trumbull Insurance Company	27120
INSURER C: Twin City Fire Insurance Company	29459
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 20741405**REVISION NUMBER:** XXXXXXXX

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 <input checked="" type="checkbox"/> DED: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	MKLV7PSM001730	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	42UENBL5S6X	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	MKLV7UHC00033	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	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	N/A	42WE BE7UA3	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 Liability	N	N	MKLV7PSM001730	5/1/2025	5/1/2026	\$1,000,000 Each Claim \$3,000,000 Aggregate \$10,000 Deductible

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

Salish Behavioral Health Administrative Services Organization is included as additional insured on the General Liability policy where required by written contract.

CERTIFICATE HOLDER**20741405**Salish Behavioral Health Administrative
Services Organization
614 Division Street, MS-23
Port Orchard WA 98366-4676**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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Averhealth

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