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Revision 2000-09-02  
**KC-486-20-D**  
CFDA#: 93.959

OCT 03 2023

## 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 True Star Behavioral 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-486-20, and executed on January 11, 2021, amended March 8, 2022, November 14, 2022 and March 13, 2023, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:  
\$97,389.86
2. **Attachment C: Budget** is deleted entirely and replaced as attached.
3. 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.

4. 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 July 1, 2023.

Dated this 23 day of October, 2023.

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

*Charlotte Garrido*

Charlotte Garrido, Chair

*Christine Rolfes*

CHRISTINE ROLFES, Commissioner

*Kathleen T. Walters*

Katie Walters, Commissioner

DATE 10/23/23

ATTEST *Dana Daniels*

Dana Daniels, Clerk of the Board

**CONTRACTOR:  
True Star Behavioral Health  
Services  
Board of Clallam County Commissioners**

*Mark Ozias*

Mark Ozias, Chair  
Clallam County Board of  
Commissioners

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

10/3/23  
DATE

Approved as to form only by  
*Bert Dee Boughton*  
Bert Dee Boughton  
Civil Deputy Prosecuting Attorney  
Clallam County



ATTACHMENT C: BUDGET/RATE SHEET

<b>Budget Summary</b>			
<b>Contractor: True Star Behavioral Health</b>			
<b>Contract No:</b>		<b>KC-486-20</b>	
<b>Contract Period:</b>		<b>01/01/21 - 12/31/23</b>	
<b>Expenditure</b>	<b>Previous</b>	<b>Changes this Contract</b>	<b>Current</b>
<b>Period 1: 01/01/21 - 12/31/21</b>			
CJTA	\$35,061.00	\$0.00	\$35,061.00
SUD Youth Services and Supports (DMA)	\$6,850.00		\$6,850.00
<b>Period 1 Budget Total</b>	<b>\$41,911.00</b>	<b>\$0.00</b>	<b>\$41,911.00</b>
<b>Period 2: 01/01/22 - 12/31/22</b>			
CJTA	\$23,061.20	\$0.00	\$23,061.20
<b>Period 2 Budget Total</b>	<b>\$23,061.20</b>	<b>\$0.00</b>	<b>\$23,061.20</b>
<b>Period 3: 01/01/23 - 12/31/23</b>			
CJTA	\$29,217.66	\$3,200.00	\$32,417.66
<b>Period 3 Budget Total</b>	<b>\$29,217.66</b>	<b>\$3,200.00</b>	<b>\$32,417.66</b>
<b>Contract Total</b>	<b>\$94,189.86</b>	<b>\$3,200.00</b>	<b>\$97,389.86</b>

# Exclusions Search Results: Entities

No Results were found for

- True Star Behavioral 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**

[Search Again](#)

Search conducted 8/22/2023 1:28:50 PM EST on OIG LEIE Exclusions database.

Source data updated on 8/10/2023 9:00:00 AM EST

[Return to Search](#)

**CERTIFICATE OF MEMBERSHIP IN THE WASHINGTON COUNTIES RISK POOL**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE JOINT SELF-INSURANCE LIABILITY COVERAGE AFFORDED BY THE WASHINGTON COUNTIES RISK POOL.

**MEMBER COUNTY:**

**Clallam County, Washington**  
 Attn: Tom Reys, Risk Manager  
 223 East Fourth St. Suite 16  
 Port Angeles, WA 98362

**Liability Coverage Afforded by the:**

Washington Counties Risk Pool  
 2558 RW Johnson Rd SW, Suite 106  
 Tumwater, WA 98512-6103

Clallam County (the "County") is a member of the Washington Counties Risk Pool (the "Pool"), as authorized by RCW 48 62 031, and the County is covered by the Pool's Joint Self-Insurance Liability Program. The Pool's Joint Self-Insurance Liability Program was created by interlocal cooperative agreement amongst the Pool's member counties to share risks by "jointly, self-insuring" certain third-party liabilities. The Pool is NOT an insurance company. Claims that are covered under a Memorandum of Liability Coverage ("MLC") from the Pool and were submitted under Chapter 4.96 RCW ("Actions against political subdivisions, municipal and quasi-municipal corporations") against the County, its employees, officers, volunteers and agents and/or actions in connection with or incidental to the performance of an agreement/contract which the County and/or its officers, employees or volunteers are found to be liable for will be paid by the Pool and/or the County.

**MLC NUMBER:**

**20232024RISKPOOL-CLCO**

**MLC EFFECTIVE DATE:**

10/1/2023

**MLC EXPIRATION DATE:**

10/1/2024

**LIMITS OF LIABILITY EACH OCCURRENCE**

**BI AND PD COMBINED:**

\$10,000,000

**TYPES OF LIABILITY COVERAGE AFFORDED:**

Including:

**General Liability**

- Bodily Injury
- Personal Injury
- Property Damage
- Errors and Omissions/Professional
- Advertising Injury

**Automobile Liability**

**DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE**

**CANCELLATION**

Various contracts to provide services

SHOULD THE ABOVE DESCRIBED MLC BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUER WILL ENDEAVOR TO PROVIDE THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION NOR LIABILITY OF ANY KIND UPON THE ISSUER OR ITS AGENTS OR REPRESENTATIVES.

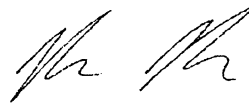
During the MLC Period 10/1/23 - 10/1/24

**CERTIFICATE HOLDER:**

**ISSUE DATE:**

**September, 11th 2023**

Salish Behavioral Health Administrative Services Organization (SBIASO)  
 Kitsap County  
 614 Division ST, MS-23  
 Port Orchard, WA 98366



Bryden Barbee, Risk Analyst