

851.25.021 2P
DEC 16 2025

Revision 2000-09-02

KC-486-20-G

UEI: LD6MNJ62JQD1

FAIN: N/A

ALN: N/A

CONTRACT AMENDMENT G

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, shall be amended as follows:

1. Budget increase of \$3,000 from \$202,064 to 205,064
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, 2025.

Dated this 12 day of January, 2026

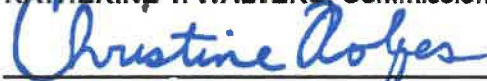
**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**



ORAN ROOT, Chair



KATHERINE T. WALTERS, Commissioner



CHRISTINE ROLFES, Commissioner

**CONTRACTOR: True Star
Behavioral Health Services**



Name: Mike French

**Title: Clallam County Board of
Commissioners**

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

DATE

DATE 1/12/26

ATTEST



Dana Daniels, Clerk of the Board



Approved as to Form Deputy Prosecutor




Attachment C: BUDGET

Budget Summary
Contractor: True Star Behavioral Health

Contract No:
Contract Period:

KC-486-20-F
01/01/21-12/31/25

Expenditure	und Source	Previous	Changes this contract	Current
Period 1: 01/01/21 • 12/31/21				
CJTA		\$ 35,061.00	\$ -	\$ 35,061.00
SUD Youth Services and Supports (OMA)		\$ 6,850.00		\$ 6,850.00
Period 1 Budget Total		\$ 41,911.00	\$ -	\$ 41,911.00
Period 2: 01/01/22 • 12/31/22				
CJTA		\$ 23,061.20	\$ -	\$ 23,061.20
Period 2 Budget Total		\$ 23,061.20	\$ -	\$ 23,061.20
Period 3: 01/01/23 • 12/31/23				
CJTA		\$ 32,417.66		\$ 32,417.66
Period 3 Budget Total		\$ 32,417.66		\$ 32,417.66
Period 4: 01/01/24 • 12/31/24				
CJTA		\$ 32,684.33	\$ -	\$ 32,684.33
Period 4 Budget Total		\$ 32,684.33		\$ 32,684.33
Period 5: 07/1/24 • 12/31/24				
CJTA		\$ -	\$ 1,200.00	\$ 1,200.00
SUD Outpatient			\$ 12,000.00	\$ 12,000.00
Period 5 Budget Total:		\$ -	\$ 13,200.00	\$ 13,200.00
Period 6: 01/01/25 • 12/31/25				
CJTA		\$ -	\$ 38,790.00	\$ 38,790.00
SUD Outpatient		\$ -	\$ 20,000.00	\$ 20,000.00
Period 6 Budget Total		\$ -	\$ 58,790.00	\$ 58,790.00
Period 7: 07/01/25 • 12/31/25				
CJTA			\$ 3,000.00	\$ 3,000.00
SUD Outpatient			\$ -	\$ -
Period 7 Budget Total			\$ 3,000.00	\$ 3,000.00
Contract Total		\$ 130,074.19	\$ 74,990.00	\$ 205,064.19

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 Reyes, 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: MLC EFFECTIVE DATE: MLC EXPIRATION DATE: LIMITS OF LIABILITY EACH OCCURRENCE BI AND PD COMBINED:	20242025RISKPOOL-CLCO 10/1/2024 1/1/2026 \$10,000,000
TYPES OF LIABILITY COVERAGE AFFORDED: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;">Including:</div> <div> <p><u>General Liability</u></p> <p>Bodily Injury Personal Injury Property Damage Errors and Omissions/Professional Advertising Injury</p> <p><u>Automobile Liability</u></p> </div> </div>	
DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE	CANCELLATION
Various contracts to provide services During the MLC Period 10/1/24 - 1/1/26	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.
CERTIFICATE HOLDER:	ISSUE DATE:
Salish Behavioral Health Administrative Services Organization (SBHASO) Kitsap County 614 Division ST, MS-23 Port Orchard, WA 98366	August 20th, 2024  Bryden Barbee, Senior Risk Analyst

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No Results were found for

> **True Star Behavioral Health Services**

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