

**CONTRACT AMENDMENT
A**

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 Kitsap County Fire Protection District No. 18 dba Poulsbo Fire Department, 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-574-22, and executed on January 19, 2023, shall be amended as follows:

1. **Page 1: Contract Term** is amended as follows:

December 1, 2022 – June 30, 2025.

2. **Attachment B: Statement of Work** is replaced as attached.
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.

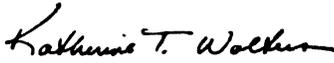
This amendment shall be effective October 1, 2023.

Dated this 27 day of November, 2023.

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



Charlotte Garrido, Chair

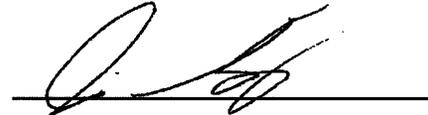


Katherine T. Walters, Commissioner



Christine Rolfes, Commissioner

**CONTRACTOR: Kitsap County Fire
Protection District No. 18 dba Poulsbo
Fire Department**



Name: James Gillard

Title: Fire Chief

I attest that I have the authority to sign
this contract on behalf of Poulsbo Fire
Department

11/1/23

DATE

DATE

11/27/23

ATTEST



Dana Daniels, Clerk of the Board

ATTACHMENT B: STATEMENT OF WORK- BEHAVIORAL HEALTH CO-RESPONDER PROGRAM

1. General Program Requirements

- a. The Behavioral Health Co-Responder will work in partnership with Poulsbo Fire to fulfill several duties that include:
 - i. Cultivating contacts, establishing, and maintaining positive, effective, and collaborative relationships with Poulsbo Fire Personnel, law enforcement agencies, other emergency medical response agencies, and community partners, in an effort to care for and assist individuals with chronic behavioral health disorders and in need of social services.
 - ii. Responding in person to calls for service with Poulsbo Fire Personnel to address behavioral health related issues and assist with de-escalation
 - iii. Assisting Poulsbo Fire Personnel with identifying the need for evaluation under RCW 71.05/71.34 based upon individual presentation
 - iv. Communicating with mental health and medical professionals to assist with coordination of care for individuals
 - v. Providing appropriate referrals to community members seeking services.
 - vi. Conducting outreach to high risk or vulnerable populations (i.e., individuals experiencing homelessness, severely and chronically mentally ill, older adults) with Poulsbo Fire Personnel
 - vii. Coordinating with social support agencies to encourage treatment and services retention for high service utilizers.

2. Licensed Behavioral Health Co-Responder Responsibilities

- a. Responding with Poulsbo Fire Personnel to dispatches involving individuals with identified behavioral health needs.
- b. Providing behavioral health assessment and triage within the community as part of the response team.
- c. Providing information about behavioral health support and treatment options and other available resources
- d. Utilizing and developing problem solving techniques with individuals.
- e. Sharing recovery-oriented education materials.
- f. Regularly coordinate with treatment providers to obtain information about their referral criteria, assessments, insurance requirements, payment structure, schedules, and availability for new clients
- g. Acting as liaison with social service organizations and provider agencies
- h. Responding to voice mails and inquiries in a timely manner.
- i. Actively participate in regional coordination meetings.
- j. Adhering to all reporting and record keeping requirements as defined by licensing body and regulatory agencies
- k. Adhering to all applicable statutes based upon professional credential(s).

3. Reporting Requirements

a. The following data elements shall be collected for each service provided. Data shall be submitted in a excel spreadsheet monthly, by the 10th of the month for the prior month of service.

- i. First and Last Name
- ii. Date of Contact
- iii. Date of Birth
- iv. Race
- v. Ethnicity
- vi. Gender identification
- vii. County of Residence
- viii. Insurance status
- ix. Housing status
- x. Reason for Referral
- xi. Referral Source
- xii. Location of Outreach
- xiii. Staff identification
- xiv. Mental Health or Substance Use need identified
 - i. Specify which
- xv. Disposition of Intervention
 - i. Referral for Goods (food, clothing, etc.)
 - ii. Referral for Services (Treatment, shelter, etc.)-Specify type(s)
- xvi. CARES specific follow-up utilizing this funding

b. A narrative description of programmatic successes and challenges shall be submitted on a quarterly basis. This quarterly report shall be submitted by the 10th of the month following the end of the quarter. Quarter 1 shall be October 1, 2023- December 31, 2023.

ATTACHMENT C: BUDGET

Budget Summary			
Contractor: Poulsbo Fire			
Contract No:		KC-574-22	
Contract Period:		12/01/22 - 06/30/2025	
Expenditure	Previous	Changes this Contract	Current
Period 1: 12/01/2022 - 06/30/2023			
Behavioral Health Co-Responder Program, Cost reimbursement (MHBG and SABG) CFDA 93.588 and 93.959	90,000.00	0.00	90,000.00
Period 1 Budget Total	90,000.00	0.00	90,000.00
Period 2: 07/01/23 - 9/30/23			
Behavioral Health Co-Responder Program, Cost reimbursement (MHBG and SABG) CFDA 93.588 and 93.959	0.00	0.00	0.00
Period 2 Budget Total	0.00	0.00	0.00
Period 3: 10/1/2023 - 6/30/2025			
Behavioral Health Co-Responder Program, Cost reimbursement (MHBG and SABG) CFDA 93.588 and 93.959	0.00	180,000.00	180,000.00
Period 3 Budget Total	0.00	180,000.00	180,000.00
Contract Total	90,000.00	180,000.00	270,000.00

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EVIDENCE OF COVERAGE

INSURED/PARTICIPANT:

Poulsbo Fire Department
911 NE Liberty Road
Poulsbo, WA 98370

MEMORANDUM#: 2024-00-615

EFFECTIVE: September 1, 2023 through August 31, 2024

This is to certify that the Memorandum of Coverage has been issued to the Insured/Participant for the period indicated.

CERTIFICATE HOLDER:

Lofall Community Corporation
PO Box 2315
Poulsbo, WA 98370

The Evidence of Coverage does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

COVERAGE:	PER OCCURRENCE LIMIT	AGGREGATE LIMIT
COMPREHENSIVE GENERAL LIABILITY	\$1,000,000	\$1,000,000
<i>Professional Liability</i>	\$1,000,000	\$1,000,000
<i>Personal Liability</i>	\$1,000,000	\$1,000,000
<i>Products – Complete Operation</i>	\$1,000,000	\$1,000,000
AUTO LIABILITY	N/A	N/A
<i>Combined Single Limit; Hired and Non-Owned; Temporary Substitute</i>	N/A	N/A
CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	N/A	N/A
<i>Per Occurrence Aggregate</i>	N/A	N/A
PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY		
<i>Property</i>	N/A	N/A
<i>Mobile Equipment</i>		
AUTOMOBILE PHYSICAL DAMAGE	N/A	N/A
OTHER COVERAGE: N/A	N/A	N/A

CANCELLATION:

Should any of the above described coverage be cancelled before the expiration date of thereof. Notice will be delivered in accordance with the provisions of the MOC.

MEMO:

Evidence of Member Coverage



Authorized Representative
July 27, 2023

enduris
WASHINGTON

sit 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

- Poulsbo Fire

 **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 10/12/2023 2:55:53 PM EST on OIG LEIE Exclusions database.
Source data updated on 10/10/2023 8:00:00 AM EST
[Return to Search](#)