

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 Mental 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-580-22 and executed on January 23, 2023, shall be amended as follows:

1. **Page 1 Amount** is amended as follows:
\$2,366,000
2. **Page 1 Contract Term** is amended as follows:
December 1, 2022 – December 31, 2024
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

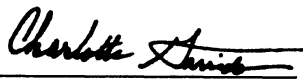
Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

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.

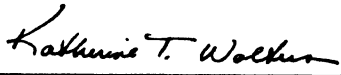
This amendment shall be effective January 1, 2024.

Dated this 27 day of November, 2023.

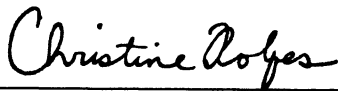
**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**



Charlotte Garrido, Chair



Katherine T. Walters, Commissioner



Christine Rolfes, Commissioner

**CONTRACTOR:
KITSAP MENTAL HEALTH
SERIVCES**

Monica Bernhard

B3A6B7FCE5E75BE4E48319A8B285CF5 contractworks

Name: Monica Bernhard

Title: Chief Executive Officer

I attest that I have the authority to sign
this contract on behalf of Kitsap
Mental Health Services.

11/07/2023

DATE

DATE 11 / 27 / 23

ATTEST



Dana Daniels, Clerk of the Board

ATTACHMENT C: BUDGET

Contractor:		Kitsap Mental Health Services		
Contract No:		KC-580-22-A		
Contract Period:		12/1/2022 - 12/31/2024		
Expenditure		Previous	Changes this	Current
Cost Category				
Period 1: 12/1/2022 - 02/28/2023				
Youth Mobile Crisis Team Start-up Costs - Cost Reimbursement (GFS)		166,000.00	\$0.00	\$166,000.00
Period 1 Total		166,000.00	\$0.00	\$166,000.00
Period 2: 03/01/2023 - 12/31/2023				
Youth Mobile Crisis Outreach and Stabilization Services (up to 14 days) for Non-Medicaid Managed Care youth - \$50,000 per month (GFS)		500,000.00	\$0.00	\$500,000.00
Youth Mobile Crisis Outreach for Medicaid Managed Care Enrollees - \$50,000 per month (Medicaid)		500,000.00	\$0.00	\$500,000.00
Period 2 Total		1,000,000.00	\$0.00	\$1,000,000.00
Period 3: 01/01/24 - 12/31/24				
Youth Mobile Crisis Outreach and Stabilization Services (up to 14 days) for Non-Medicaid Managed Care youth - \$50,000 per month (GFS)		0.00	\$600,000.00	\$600,000.00
Youth Mobile Crisis Outreach for Medicaid Managed Care Enrollees - \$50,000 per month (Medicaid)		0.00	\$600,000.00	\$600,000.00
Period 3 Total		0.00	\$1,200,000.00	\$1,200,000.00
Contract total		1,166,000.00	\$1,200,000.00	\$2,366,000.00

Client#: 81470

KITSMENT

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/12/2023

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

PRODUCER Propel Insurance 601 Union Street; Suite 3400 COM Senior Care Seattle, WA 98101-1371		CONTACT NAME: Rachel Reese PHONE (A/C, No, Ext): 206 262-4368 FAX (A/C, No): 866 577-1326 E-MAIL ADDRESS: Rachel.Reese@propelinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Scottsdale Insurance Company	NAIC # 41297
		INSURER B: AMCO Insurance Company	19100
		INSURER C: Allied Property and Casualty Ins. Co.	42579
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Kitsap Mental Health Services
 5455 Almira Drive NE
 Bremerton, WA 98311

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		OPS1586364	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BAPC3039803743	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CAA3039803743 Auto Only	07/01/2023	07/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		OPS1586364 WA Stop Gap	07/01/2023	07/01/2024	PER STATUTE 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 Liab		OPS1586364	07/01/2023	07/01/2024	\$2,000,000 Per Claim \$4,000,000 Aggregate

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

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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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- Kitsap Mental 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**

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