Revision 2000-09-02 KC-136-20-B CFDA#: 93.958

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CONTRACT AMENDMENT B

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 "SBH-ASO", 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-136-20, and executed on May 11, 2020 and amended on September 14, 2020, shall be amended as follows:

- Page 1 shall be amended as follows:
 - Attachment C-2 Deliverables Table for July 1, 2020-June 30, 2021 is deleted in its entirety and replaced as attached.
 - Contract Amount remains unchanged at \$252,660.
 - Contract end date remains unchanged for contract period January 1, 2020 to June 30, 2021.
- 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 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.

2. 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, 2020.

SALISH BEHAVIORAL HEALTH ORGANIZATION, By

KITSAP COUNTY BOARD OF COMMISSIONERS, Its Administrative Entity

CHARLOTTE GARRIDO, Chair

ROBERT GELDER, Commissioner

CONTRACTOR: Kitsap Mental Health Services

DocuSigned by:

BCC56C3FC823434

Name: Joe Roszak

Title: Executive Director

10/14/2020

DATE

EDWARD E. WOLFE, Commissioner

ATTEST:

Dana Daniels, Clerk of the Board

11-9-2020

DATE

HARPS Deliverables Table

July 1, 2020 - June 30, 2021 revised 9/20

Goal	Task	Performance Measure	Due Date*	Payment	Total	KMHS	SBHASO
1	Weekly updates on number of referrals from state psychiatric hospitals (Western State Hospital and Eastern State Hospital)	Send a Word Document via email to the HCA HARPS Program Manager with the number of individuals referred by the State Hospital(s), date of the referral, and current housing status for participants referred by the state hospitals. (Do NOT include any identifying personal information in the updates)	Tuesday of each following week	\$200 per HARPS team weekly update x 4 weeks per month x 12 month for a maximum of 12 months	\$9,600	\$4,800	\$4,800
2	At least two (2) FTE from the HARPS team attend an HCA facilitated training event on the SAMHSA model Evidence-Based Practice of Permanent Supportive Housing (EBH PSH)	Sign in sheet verifying program staff attended the HCA facilitated EBP PSH Training Event	by 6/30/2021	1 payment of \$5,000 for EBP PSH Training	\$5,000	\$5,000	\$0
3	Document HARPS Landlord Outreach and Engagement Activities in monthly HARPS Participant Excel Log using the Landlord Outreach Tab submitted to the HCA through the FTP site, or an alternative acceptable secured email transmission no later than the 15th of following month.	At least 5 landlord/property manager contacts documented in the Landlord Outreach Tab of the Monthly HARPS Participant Excel Log Report the submitted to HCA and approved by the Program Manager.	Due by the 15th of each following month	12 months (assuming full staffing and start of services July 1st) @ \$4,000 per report received and approved	\$48,000	\$42,000	\$6,000

4	Document and submit monthly HARPS Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Exhibit xxx Monthly HARPS Participant Excel Log 7.1.2017. Monthly and aggregate information is needed on HARPS subsidies. Monthly HARPS Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.	Monthly HARPS Participant Excel Log Report submitted to HCA via secure process and approved by the Program Manager	Due by the 15th of each following month	12 months (assuming full staffing and start of services July 1st) @ \$4,000 per monthly HARPS participant Excel log received	\$48,000	\$42,000	\$6,000
	Quarterly report with results of the project activities for the period including a participant success story with a signed media release. Report shall include:	Due by the 20th of the month following the quarter	Quarterly HARPS Report submitted to HCA and approved by the program manager.	4 quarterly reports (assuming start of services 7/1/2019) @ \$8,000 per report	\$32,000	\$30,000	\$2,000
	Describe staff development activities for reporting period (including orientation and training). Indicate:	Quarter 1, July- September, report due October 20th					
5	Any other project activities or events, including meetings with local Continuums of Care, Coordinated Entry Programs, Peer Bridger's, housing, and housing services providers meetings.	Quarter 2, October- December, report due January 20th					
	Date(s)/duration of the training or meeting	Quarter 3, January- March, report due April 20th	•				
	Subject of the training or meeting						
	Discuss value/impact on the pilot project. A Participant Success Story	Quarter 4, April-June, report due July 20th					

				TOTAL	\$190,44	\$171,64	\$18,800
7	One (1) HARPS team member shall participate as a reviewer in one (1) PSH cross-site fidelity review (in- person or virtually) to be facilitated by the Department's HARPS Program Manager.	A copy of the consensus scored report with recommendations from the fidelity review team and travel expenditures	by 6/30/2021	Minimum of one (1) FTE participant in at least one (1) cross-site fidelity review @ \$5,840	\$15,840	\$5,840	\$0
6	Document expenditures of SUD only subsidies and submit monthly HARPS SUD Participant Excel log report detailing HARPS enrolled participants that receive services and/or subsidies using Monthly SUD Only Excel Log. Monthly HARPS SUD Participant Excel report of number of individuals enrolled, actively receiving supportive housing supportive services, housed and number of individuals achieving 6 months of housing retention. (Retention may consist of moving into different dwellings but continually housed). Payment will be pro-rated for unfilled positions based upon 3 FTE.	Monthly HARPS Participant SUD Excel Log Report submitted to HCA via secure process and approved by the Program Manager.	Due by the 15th of each following month	12 months (assuming full staffing and start of services July 1 ^{st)} @ \$3,500 per monthly HARPS participant Excel log received and approved by DBHR Program Manager	\$42,000	\$42,000	\$0

SAM Search Results List of records matching your search for:

Search Term: KITSAP MENTAL HEALTH SERVICES* Record Status: Active

KITSAP MENTAL HEALTH SERVICES ENTITY

Status: Active

DUNS: 021312129

+4:

CAGE Code: 0NL52

DoDAAC:

Expiration Date: 07/06/2021

Has Active Exclusion?: No

Debt Subject to Offset?: No

Address: 5455 ALMIRA DR

City: BREMERTON

State/Province: WASHINGTON **Country: UNITED STATES**

ZIP Code: 98311-8330

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