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 Discovery Behavioral Health, 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-357-22, and executed on July 25, 2022, shall be amended as follows:

- 1. Page 1: Contract Term is amended as follows: July 1, 2022 June 30, 2024
- 2. **Page 1: Amount** is amended as follows: \$762,418
- 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 July 1, 2023.

Dated this 24 day of July , 2023.

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

Charlotte Garrido, Chair

NOT PRESENT

Katherine T. Walters, Commissioner

Christine Rolfes, Commissioner

DATE

7-24-23

ATTEST

Dana Daniels, Clerk of the Board

CONTRACTOR:
Discovery Behavioral Health

Name: Jim Novelli

Title: Executive Director

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

DATE



ATTACHMENT C: BUDGET

| Budget S | ummary | | | | | | | | | | |
|---|------------|--------------------------|------------|--|--|--|--|--|--|--|--|
| Contractor: Discovery Behavioral Health | | | | | | | | | | | |
| Contract No: | KC-357-22- | Λ | | | | | | | | | |
| Contract Period: | | | | | | | | | | | |
| Expenditure | Previous | Changes this Contract | Current | | | | | | | | |
| Period 1: 7/1/22 -06/30/23 | | | | | | | | | | | |
| R.E.A.L. Program (GFS) | 381,209.00 | 0.00 | 381,209.00 | | | | | | | | |
| Period 1 Budget Total | 381,209.00 | 0.00 | 381,209.00 | | | | | | | | |
| Period 2: 7/1/23 -06/30/24 | | | | | | | | | | | |
| R.E.A.L. Program (GFS) | 0.00 | 381,209.00 | 381,209.00 | | | | | | | | |
| Period 2 Budget Total | 0.00 | 381,209.00 | 381,209.00 | | | | | | | | |
| Contract Total | 381,209.00 | 381,209.00 | 762,418.00 | | | | | | | | |

Administration Fund limit: 10%

JEFFCOM-01

PSACKET



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/30/2022

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(lest must have ADDITIONAL INSURED provisions or be endorsed.

| l t | f SUBROGATION IS WAIVED, subjecting the subjection of the subjection of the subjection of the subject of the su | ct to o the | the cert | terms and conditions of ificate holder in lieu of su | ich ont | inreament(e) | | require an endorsemen | t. As | tatement on | | | |
|--|--|----------------|-------------|--|--|--------------------------------------|-----------------------------------|---|-------|--|---|--|--|
| PRODUCER MHT Insurance | | | | CONTACT Paul Sackett PHONE PHO | | | | | | | | | |
| | | | | | | | | | | 1904 Third Ave Suite 714 Seattle, WA 98101-1100 | | | |
| | , | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | | | |
| l | | | | | INSURER A : Philadelphia Indemnity Ins.Co. | | | | 18058 | | | | |
| INSURED Jefferson Community Counseling P.O. Box 565 Port Townsend, WA 98368 | | | | | INSURER B: | | | | | | | | |
| | | | | | INSURER C: | | | | | | | | |
| | | | | | INSURER D: | | | | | | | | |
| | | | | | INSURER E : | | | | | | | | |
| | | | | | | INSURER F | | | | | | | |
| CC | COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: | | | | | | | | | | | | |
| 11 | 'HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI PER | REM TAIN | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A | NY CONTRA | CT OR OTHER | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | CT TO | WHICH THIS | | | |
| INSP LTR | TYPE OF INSURANCE | ADDL | SUBF | POLICY NUMBER | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIMIT | 3 | | | | |
| Ā | | | | | | | | EACH OCCURRENCE | s | 1,000,000 | | | |
| | CLAIMS-MADE X OCCUR | х | x | RENEWAL OF PHPK228 | 5549 | 7/1/2022 | 7/1/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 300,000 | | | |
| | X Profes Liab, Emp Pra | `` | | | | | | MED EXP (Any one person) | s | 5,000 | | | |
| | | | | | | | | PERSONAL & ADVINJURY | s | 1,000,000 | | | |
| | GENT AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | s | 3,000,000 | | | |
| | POLICY PROF LOC | l | | | | | | PRODUCTS - COMP/OP AGG | \$ | 3,000,000 | | | |
| | OTHER: | | | | | | | | s | | | | |
| Α | ANY AUTO | | x | | 35549 7/1/2022 | | 7/1/2023 | COMBINED SINGLE LIMIT (Ea accident) | Ş | 1,000,000 | | | |
| | | | | RENEWAL OF PHPK228 | | 7 / 1/2022 | | BODILY INJURY (Per person) | S | | | | |
| 1 | X OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | S | | | | |
| | X KURES ONLY X NONSYMED | | | | | | | PROPERTY DAMAGE (Per accident) | S | | | | |
| | | | | | | | | | S | | | | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | s | 2,000,000 | | | |
| | EXCESS LIAB CLAIMS-MADE | X | X | RENEWAL OF PHUB771 | 582 | 7/1/2022 | 7/1/2023 | AGGREGATE | s | 2,000,000 | | | |
| | X DED RETENTIONS 10,000 | ļ | | | | | | | \$ | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | x | DENEMAL OF DUDYORS | 35549 7/1/2022 | 74/0000 | 7/1/2023 | PER X OTH- | | | | | |
| | ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) | N/A | | RENEWAL OF PHPK228 | | /11/2022 | | E.L. EACH ACCIDENT | \$ | 1,000,000 | | | |
| | (Mandatory in NH) | 1 | | | | | | E.L. DISEASE - EA EMPLOYEE | S | 1,000,000 | | | |
| A | DÉSCRIPTION OF OPERATIONS below Professional Liabili | | <u> </u> | RENEWAL OF PHPK228 | 2640 | 7/1/2022 | 7/4/0002 | E.L. DISEASE - POLICY LIMIT | S | 1,000,000 | | | |
| A | Professional Liabili | | | RENEWAL OF PHPK228 | | 7/1/2022 | 7/1/2023 7/1/2023 | Occurence | | 1,000,000 | | | |
| Α | FIOIESSIOIIAI LIABIII | | | RENEWAL OF FIFR226 | 3349 | 11112022 | //1/2023 | Aggregate | | 3,000,000 | | | |
| DES Salis | l CRPTION OF OPERATIONS / LOCATIONS / VEHICI sh Behavioral Administrative Services C | ES (A | conti | 1991, Additional Remarks Schedu on is named an additional i | le, may b insure d | o attached if mor I for the dutie | o space is requir s perform by | ed) the named insured. | | | | | |
| | | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANCELLATION | | | | | | | | |
| Salish Behavioral Administrative Services Organization 614 Division Street, MS-7 Port Orchard, WA 98366 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZE > REPRESENTATIVE | | | | | | | | |
| | | | | | | | | | | | 1 | | |

Exclusions Search Results: Entities 9

No Results were found for

• Discovery Behavioral Health

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 6/7/2023 3:17:33 PM EST on OIG LEIE Exclusions database. Source data updated on 5/10/2023 9:00:00 AM EST Return to Search