Revision 2000-09-02 KC-580-22-A CFDA#:

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

Charlite Xt

Charlotte Garrido, Chair

Katherine T. Wolker

Katherine T. Walters, Commissioner

Christine Rolfes, Commissioner

DATE 11

ATTEST

Dana Daniels, Clerk of the Board

### CONTRACTOR: KITSAP MENTAL HEALTH SERIVCES

Monica Bernhard B3A6B7FECE5E75BE4E48319A8B285CF5 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

### ATTACHMENT C: BUDGET

Contractor:	Kitsap Mental Health Services					
Contract No:	KC-580-22-A 12/1/2022 - 12/31/2024					
Contract Period:						
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 - <b>\$50,000 per month (Medicaid)</b>	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 - <b>\$50,000 per month (Medicaid)</b>	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#:	81	47	C
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ACORD.

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

KITSMENT

C B	ER1 ELC	CERTIFICATE IS ISSUED AS A M TIFICATE DOES NOT AFFIRMATIN DW. THIS CERTIFICATE OF INSU RESENTATIVE OR PRODUCER, A	ELY OR N	NEGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND OR ALT	R T	HE COVERA	GE AFFORDED BY THE	POLIC	THIS IES
IN If	IPO SUI	ORTANT: If the certificate holder is BROGATION IS WAIVED, subject certificate does not confer any rig	an ADDI to the terr	FIONAL INSURED, the pol ms and conditions of the p	policy, certain of such endors	poli	cies may requ			
PRO	DUC	ER			CONTACT Rac	hel	Reese			
	-	l Insurance			PHONE (A/C, No, Ext): 20	6 26	62-4368	FAX (A/C, No):	866 5	77-1326
		nion Street; Suite 3400			E-MAIL ADDRESS: Rac	hel.	Reese@pro	pelinsurance.com		
co	MS	Senior Care			INSURER(S) AFFORDING COVERAGE				NAIC #	
Sea	ittle	e, WA 98101-1371			······································				41297	
INSL	RED	)							19100	
		Kitsap Mental Health Serv	vices		INSURER C : Allie				-	42579
		5455 Almira Drive NE			INSURER D :		• • •			
		Bremerton, WA 98311			INSURER E :					
					INSURER F :					
CO			TIFICATE	NUMBER	INSURER F :			REVISION NUMBER:		
COVERAGES 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 SUBF		POLICY (MM/DD/Y	EFF YYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY		OPS1586364				EACH OCCURRENCE	\$2,00	0,000
		X CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ <b>300</b> ,	000
								MED EXP (Any one person)	\$5,00	0
								PERSONAL & ADV INJURY	\$2,00	0,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,00	0,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,00	0,000
		OTHER:							\$	
С				BAPC3039803743	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	<sub>\$</sub> 1,00 \$	0,000	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	Х							PROPERTY DAMAGE (Per accident)	\$ \$	
В		UMBRELLA LIAB OCCUR		CAA3039803743	07/01/2	023	07/01/2024	EACH OCCURRENCE	\$2,00	0.000
	Х	-		Auto Only				AGGREGATE	\$2,00	
		DED RETENTION \$	4						\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Α		ORKERS COMPENSATION		OPS1586364	07/01/2	07/01/2023 07/01	07/01/2024	PER OTH- STATUTE ER	Ψ	
~		D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE		WA Stop Gap			23 07/01/2024	E.L. EACH ACCIDENT	s <b>1.00</b>	0.000
	OFF	FICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE		
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$1,000		
A Professional Liab		OPS1586364	07/01/2	07/01/2022		4 \$2,000,000 Per Claim		0,000		
^				010100004	07/01/2	023	07/01/2024	\$4,000,000 Aggregate		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHI	⊥ ⊥ CLES (ACOR	⊥ D 101, Additional Remarks Sched	l ule, may be attache	l if m	Lore space is requ	ired)		
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 REF	RES	ENTATIVE			

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