



SPOKANE COUNTY

**CONTRACT AMENDMENT  
Mental Health Services  
Program:**

This Agreement is by and between SPOKANE COUNTY, a political subdivision of the State of Washington, by and between SPOKANE REGIONAL SUPPORT NETWORK, (SCRSN), A DIVISION OF SPOKANE COUNTY COMMUNITY SERVICES, HOUSING, AND COMMUNITY DEVELOPMENT DEPARTMENT (CSHCD), (hereinafter "SCRSN"), and Contractor (hereinafter "Contractor") identified below and jointly referred to, as the "Parties" in the manner set forth herein.

**CONTRACTOR INFORMATION:**

**Contractor Name:** Pend Oreille County Counseling Services  
**Contractor Address:** P.O. Box 5055, Newport WA 99156  
**Contractor Contact:** Annabelle Payne **Phone:** (509) 447 - 5651 **Fax:** (509) 477 - 2671  
**Contractor E-Mail:** apayne@pendoreille.org

**SCRSN INFORMATION:**

**Division:** Spokane County Community Services Housing and Community Development Department  
**Contact:** Suzie McDaniel **E-Mail:** smcdaniel@spokanecounty.org  
**Address:** 312 W. 8<sup>th</sup> Avenue, Spokane WA 99204  
**Phone:** (509) 477-4510 **Fax:** (509) 477-6827

**Additional Contacts:**

**Division:** Spokane County Community Services Housing and Community Development Department  
**Contact:** Christine Barada **E-Mail:** cbarada@spokanecounty.org  
**Address:** 312 W. 8<sup>th</sup> Avenue, Spokane WA 99204  
**Phone:** (509) 477-7561 **Fax:** (509) 477-6827

**AMENDMENT START DATE:** 07/01/15 **AMENDMENT END DATE:** 09/30/15

**FUNDING:**

<b>Source:</b> Medicaid Funds	<b>Amount:</b> \$1,115,016.26
<b>Source:</b> Non-Medicaid Funds	<b>Amount:</b> \$ 101,808.00
<b>Source:</b> Non-Medicaid Funds (Jail Services)	<b>Amount:</b> \$ 5,076.00

**Total Funding:** \$1,221,900.26

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The terms and conditions of this Agreement are an integration and representation of the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings and communications, oral or otherwise regarding the subject matter for this Agreement between the parties. The parties signing below represent they have read and understand this Agreement, and have the authority to execute this Agreement. This Agreement shall be binding on CSHCD only upon signature by Spokane County.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE
<i>Annabelle S. Payne</i>	Annabelle S. Payne Director	August 19, 2015

PASSED AND ADOPTED this 15th day of September, 2015.

BOARD OF COUNTY COMMISSIONERS  
OF SPOKANE COUNTY, WASHINGTON



ATTEST:

*Ginna Vasquez*  
Ginna Vasquez  
Clerk of the Board  
**15 - 07 13**

*Todd Mielke*  
Todd Mielke, Chair  
*Shelly O'Quinn*  
Shelly O'Quinn, Vice-Chair  
*Al French*  
Al French, Commissioner

**Recitals: For valuable consideration and the promises contained herein, Contract No. 15MH1721, dated January 13, 2015, is hereby amended as stated below:**

1. Effective July 1, 2015, Exhibit H Funding Schedule is deleted and replaced with Exhibit H Funding Schedule attached hereto and incorporated herein by reference, for the purpose of adding a one-time payment totaling Forty-Two Thousand Seven Hundred Eighty-Four Dollars (\$42,784.00) for a Telemed System and Installation.
- 2 This amendment shall be effective as of July 1, 2015.

**Except as specifically amended by this amendment to the agreement, all terms of the agreement shall remain in full force and effect.**



**Spokane County Community Services and Housing and Community Development  
Spokane County Regional Support Network  
Contract Funding Schedule for January 2015 to September 2015  
Exhibit H**

Provider Agency: Pend Oreille Counseling Services  
Effective Date: 7/1/2015  
Contract No: 15MH1721(2)

	Monthly Rate	Funding Sources		TOTAL
		Medicaid	Non-Med	
<b>January 2015 to March 2015 (3 Months)</b>				
Outpatient Medicaid	110,164.00	330,492.00		330,492.00
Crisis Medicaid	5,666.00	16,998.00		16,998.00
Outpatient Non Medicaid	645.00		1,935.00	1,935.00
Crisis Non Medicaid	10,667.00		32,001.00	32,001.00
Jail Non Medicaid	564.00		1,692.00	1,692.00
<b>Total Funding</b>	<b>\$127,706.00</b>	<b>\$347,490.00</b>	<b>\$35,628.00</b>	<b>\$389,118.00</b>
<b>April 2015 to June 2015 (3 Months)</b>				
1x True-Up Payment Oct14-Dec14 Contract(Outpatient)		9,244.96		9,244.96
1x True-Up Payment Oct14-Dec14 Contract(Crisis)		10,092.30		10,092.30
Outpatient Medicaid	110,164.00	330,492.00		330,492.00
Crisis Medicaid	5,666.00	16,998.00		16,998.00
Outpatient Non Medicaid	645.00		1,935.00	1,935.00
Crisis Non Medicaid	10,667.00		32,001.00	32,001.00
Jail Non Medicaid	564.00		1,692.00	1,692.00
<b>Total Funding</b>	<b>\$127,706.00</b>	<b>\$366,827.26</b>	<b>\$35,628.00</b>	<b>\$402,455.26</b>
<b>July 2015 to September 2015 (3 Months)</b>				
1x Payment for Telemed system (Note 1)		42,784.00		42,784.00
Outpatient Medicaid	110,164.00	330,492.00		330,492.00
Crisis Medicaid	5,666.00	16,998.00		16,998.00
Outpatient Non Medicaid	645.00		1,935.00	1,935.00
Crisis Non Medicaid	10,667.00		32,001.00	32,001.00
Jail Non Medicaid	564.00		1,692.00	1,692.00
<b>Total Funding</b>	<b>\$127,706.00</b>	<b>\$390,274.00</b>	<b>\$35,628.00</b>	<b>\$425,902.00</b>
Contract Performance Goal Incentive (Jan 15-Sep 15)				
1% Performance Goal Incentive		\$10,425.00		10,425.00
<b>Total Contract Funding January 2015 to September 2015</b>		<b>\$1,115,016.26</b>	<b>\$1,06,884.00</b>	<b>\$1,221,900.26</b>

**Purpose for Amendment Notes:**

(1) Telemed System and Installation, totalling \$42,784, One time Payment. Psychiatrist will be funded in Oct 2015 contract period.

Contract Check figures	
Funding @ 15MH1721(1)	\$1,179,116.26
1X Payment for Telemed System	\$42,784.00
<b>Total Funding 15MH1721 (1)</b>	<b>\$1,221,900.26</b>