



CONTRACT AMENDMENT SMHC

DSHS CONTRACT NUMBER:
1269-61321
Amendment No. 07

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number
Contractor Contract Number

CONTRACTOR NAME Southwest Washington Behavioral Health Regional Support Network		CONTRACTOR doing business as (DBA) SW WA Behavioral Health	
CONTRACTOR ADDRESS PO Box 664 Vancouver, WA 98666-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 603-234-000	DSHS INDEX NUMBER 146529
CONTRACTOR CONTACT Connie Mom-Chhing	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS connie.mom-chhing@swbh.org

DSHS ADMINISTRATION Behavioral Health and Service Integration	DSHS DIVISION Division of Behavioral Health and Recovery	DSHS CONTRACT CODE 1685LS-69
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DSHS CONTACT NAME AND TITLE Thomas Gray Mental Health Program Administrator	DSHS CONTACT ADDRESS 4500 10th Avenue SE Lacey, WA 98503
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DSHS CONTACT TELEPHONE (360) 725-1314	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS graytr@dshs.wa.gov
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IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No	CFDA NUMBERS
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AMENDMENT START DATE 07/01/2014	CONTRACT END DATE 12/31/2015
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PRIOR MAXIMUM CONTRACT AMOUNT \$24,888,427.00	AMOUNT OF INCREASE OR DECREASE \$-156,504.00	TOTAL MAXIMUM CONTRACT AMOUNT \$24,731,923.00
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REASON FOR AMENDMENT:
CHANGE OR CORRECT MAXIMUM CONTRACT AMOUNT

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:
 Additional Exhibits (specify): Exhibit C

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE 	PRINTED NAME AND TITLE Connie Mom-Chhing, CEO	DATE SIGNED 7/14/14
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DSHS SIGNATURE 	PRINTED NAME AND TITLE Michael Rice, DBHR Contracts Supv.	DATE SIGNED 7/16/14
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This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. Amend the Total Maximum Agreement Amount, by a decrease of \$156,504, for a revised Total Maximum Contract Amount of \$24,731,923.
2. Amend the Agreement by replacing Exhibit C, Funding (attached).

All other terms and conditions of this Contract remain in full force and effect.

Revised July 2014 - EXHIBIT C - Funding

SW Washington Behavioral Health RSN				
State Only Contract				
July 2014 to June 2015				
	July Revised Monthly Payments July 2014 to June 2015	July Revised Monthly Payments July 2014 to June 2015	Monthly Difference	12 Month Difference
State Only*	\$590,038	\$576,996	(\$13,042)	(\$156,504)
ECS	\$4,167	\$4,167	\$-	\$-
PACT	\$14,479	\$14,479	\$-	\$-
PALS	\$28,899	\$28,899	\$-	\$-
Jail Services	\$15,273	\$15,273	\$-	\$-
Diversion	\$-	\$-	\$-	\$-
ITA	\$-	\$-	\$-	\$-
Total	\$652,856	\$639,814	(\$13,042)	(\$156,504)

*State only funding includes Community Inpatient, Direct Care Wage, Double Staff and a decrease in State only funding with a corresponding increase in Federal Block Grant within the calculation.

