



CONTRACT AGREEMENT
Behavioral Health Services
Non-Medicaid:
26ASOQBH-03

This Agreement is made and entered into by, and between **GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO**, hereinafter referred to as "GCBH", the Network Provider identified below, hereinafter referred to as the "Contractor". Governed by chapter 41.05 RCW and Title 182 WAC.

CONTRACTOR INFORMATION:

Contractor Name: Quality Behavioral Health

Contractor Address: 900 7th Street Clarkston, WA 99403

CEO or Director Contact: Cicily Zornes, Ex. Dir. Alt. Contact: Danika Gwinn, Clinical Dir.

E-Mail: czornes@qbhs.org

Alt. Email: dgwinn@qbhs.org

Phone: (509) 758 - 3341

Phone: (509) 758 - 3341

Fax: (509) 769 - 6055

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TAX ID #	UBI #	DUNS #
91-1156943	600-425-853	605784727

ASO (Administrative Service Organization):

Greater Columbia Behavioral Health, LLC BH-ASO
 101 N. Edison St., Kennewick, WA 99336
 Phone: (509) 737-2475 Fax: (509) 737-4165
 Website: GCBHLLC.ORG

Primary Contact: Jennifer Daniel E-Mail: jenniferd@gcbh.org Direct Line: (509) 737-2472
 Alternate Contact: Karen Richardson E-Mail: karenr@gcbh.org Direct Line: (509) 737-2457

AMENDMENT START DATE: 07/01/2025

AMENDMENT END DATE: 06/30/2027

AMENDMENT START DATE: 01/01/2026

AMENDMENT END DATE: 06/30/2027

AMENDMENT START DATE: 07/01/2026

AMENDMENT END DATE: 06/30/2027

AMENDMENT START DATE: 10/01/2026

AMENDMENT END DATE: 06/30/2027

CONTRACTED SERVICES:

<u>FUND SOURCE</u>	<u>CONTRACTED</u>	<u>ALN # (if applicable)</u>
CJTA (Criminal Justice Treatment Account)	X	
Crisis Triage/Stabilization		
DCA (Dedicated Cannabis Account)	X	
E&T Discharge Planners		
Inpatient Hospital		
Jail Services	X	
MHBG (Mental Health Block Grant)	X	93.958
Opioid		
Program for Assertive Community TX (PACT)		
Peer Bridger		
SABG (Substance Abuse Block Grant)	X	93.959
Secure Detox		
State Funding (non-Medicaid)	X	
Step-down Residential		
SUD Recovery Navigator Program	X	
SUD Residential		
Trueblood Misdemeanor Diversion Fund	X	
WM		

EXHIBITS	CONTRACTED	
When the box(s) are marked with an X, the following exhibits are attached to and incorporated into this Agreement by reference:		
Exhibit A – Alien Emergency Medical	X	
Exhibit B - Committees	X	
Exhibit C - Contract Service Grid	X	
Exhibit D - Criminal Justice Treatment Account (CJTA)	X	
Exhibit D-1 - Criminal Justice Treatment Account (CJTA TEMPLATE)	X	
Exhibit E - Crisis System	X	
Exhibit F - Crisis Triage Stabilization Centers and MH Stepdown Beds- Comprehensive		
Exhibit G - Crisis Triage/Stabilization Facility - Lourdes		
Exhibit H - Data Use, Security, and Confidentiality	X	
Exhibit I - Dedicated Cannabis Account (DCA)	X	
Exhibit J - Evaluation & Treatment Services (E&Ts)-Comprehensive Healthcare		
Exhibit K - Funding – GCBH	X	
Exhibit L - Jail Proviso Services	X	
Exhibit L-1 - Jail Proviso Services TEMPLATE	X	
Exhibit M - Medicare/Medicaid IAE SCHEDULE	X	
Exhibit M - Medicare/Medicaid IAE WA State Approval LTR an DUA 21628	X	
Exhibit M - Medicare/Medicaid IAE Medicare Attachment A	X	
Exhibit M - Medicare/Medicaid IAE Info Exchange Agreement for Disclosure of Medicare Part D Data	X	
Exhibit M - Medicare/Medicaid IAE Medicare Part D-Conflict of Interest Attestation	X	
Exhibit N - Mental Health Block Grants (MHBG)	X	
Exhibit O - Opioid Treatment Program (OTP) Substance Use Disorder (SUD)		

Exhibit P - PACT Program – Mental Health (Non-Medicaid)		
Exhibit Q - Peer Bridger Program		
Exhibit Q-1 - Peer Bridger Program MANUAL		
Exhibit R - Qualified Service Organization Business Associate Agreement	X	
Exhibit S - Service Area Matrix	X	
Exhibit T - Sliding Fee Schedule	X	
Exhibit U - Statement of Work	X	REVISED 09/30/2026
Exhibit V - Substance Use Disorder Block Grant (SUPTSR)	X	
Exhibit W - SUD Co-Occurring Residential Treatment		
Exhibit X - Tribal Coordination for Crisis & Involuntary Commitment Evaluation Services	X	
Exhibit Y - Withdrawal Management Detoxification Services		
Exhibit Z - Deliverables	X	
Exhibit BB – Trueblood Misdemeanor Diversion Fund Report	X	
Exhibit CC – Inpatient Psychiatric Services		
Exhibit DD – Secure Detox Statement of Work		
Exhibit EE – SUD Residential Statement of Work		
Exhibit FF –SUD Recovery Navigator Program	X	
Exhibit GG – Recovery Community Services		
Exhibit HH – New Journeys Model FEP S/O		
Exhibit II – Youth Mobile Crisis Team	X	
Exhibit JJ – Recovery Cafe		

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 GCBH only upon signature by GCBH.

IN WITNESS WHEREOF, the parties have signed this executed Agreement:

GREATER COLUMBIA BEHAVIORAL HEALTH, LLC

GCBH Chairman, Executive Board

Date

Approved as to Content:

GCBH Co-Director/QM/CCO

Date

Approved as to Form:

GCBH Legal Counsel

Date

Content/Form Prepared by:

GCBH Accounting/Auditor/Contracts

Date

Content/Form and Fiscal Review:

GCBH Co-Director/ Finance Director

Date

FOR CONTRACTOR:

Signature

Date

Printed Name

Title

QUALITY BEHAVIORAL HEALTH

Network Provider Name

Contract Number 26ASOQBH-03 between Greater Columbia Behavioral Health (GCBH) and the Contractor is hereby amended as follows:

Revised Contract Terms

- 1. QBH will be the sole contracted provider of Crisis Services for Whitman County effective October 01, 2026.**

All other terms and conditions of Contract Number 26ASOQBH-03 remain unchanged and shall remain in full force and effect.