

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, LLC
(NORTH SOUND BH-ASO)
CONTRACT AMENDMENT 8**

CONTRACT #NORTH SOUND BH-ASO- COMPASS HEALTH-ICCN-23

Based on the Agreement of the parties to the above-referenced Contract between the North Sound Behavioral Health Administrative Services Organization, LLC (North Sound BH-ASO) and Compass Health (Provider) dated February 24, 2023, (as amended by North Sound BH-ASO and Provider dated January 2, 2025, collectively the “Contract”) is hereby amended as follows:

The purpose of this amendment is to add/remove/replace definitions and to provide funding for January 1, 2025, to June 30, 2025:

By mutual agreement of the parties, the following language is added to the agreement:

- **Add the following new definitions to *Article 1 – Definitions*:**

“Behavioral Health Service Provider” means a public or private agency that provides mental health, substance use disorder, or co-occurring disorder services to persons with Behavioral Health disorders as defined under this section and receives funding from public sources. This includes, but is not limited to hospitals licensed under chapter 70.41 RCW; Evaluation and Treatment Facilities; community mental health service delivery systems or community Behavioral Health programs as defined in RCW 71.24.025; licensed or certified Behavioral Health agencies under RCW 71.24.037; an entity with a Tribal attestation that it meets minimum standards or a licensed or certified Behavioral Health agency as defined in RCW 71.24.025; facilities conducting competency evaluations and restoration under chapter 10.77 RCW; approved substance use disorder treatment programs as defined in this section; Secure Withdrawal Management and Stabilization Facilities as defined in this section; and correctional facilities operated by state, local, and Tribal governments.

“Certified Peer Specialist (CPS)” means a person who meets the certification requirements as set forth in RCW 18.420.050 and is certified under chapter 18.420 RCW to engage in the practice of Peer Support Services.

“Certified Peer Specialist Trainee (CPST)” means a person who meets the certification requirements as set forth in RCW 18.420.060 and is working toward the supervised experience requirements to become a Certified Peer Specialist under chapter 18.420 RCW.

“Medical Clearance” as defined in chapter 71.34 RCW and chapter 71.05 RCW means that a physician or other health care Provider, including an Indian health care Provider, has determined that an Individual is medically stable and ready for

referral to the Designated Crisis Responder or facility. For an Individual presenting in the community, no Medical Clearance is required prior to investigation by a Designated Crisis Responder.

“Substance Use Prevention, Treatment, and Recovery Services (SUPTRS)” means the federal Substance Use Prevention, Treatment, and Recovery Services block grant program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.

- **Remove 1.32 Substance Abuse Block Grant (SABG)**, which reads SABG means the Federal Substance Abuse Block Grant Program authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.
- **Replace 1.3 Certified Counselor**, which reads “Certified Peer Counselor (CPC) means Individuals who: have self-identified as a consumer of behavioral health services; have received specialized training provided/contracted by HCA’s, Division of Behavioral Health and Recovery (DBHR); have passed a written/oral test, which includes both written and oral components of the training; have passed a Washington State background check; have been certified by DBHR; and are a registered Agency Affiliated Counselor with the Department of Health (DOH).” **with the following:**

Certified Peer Counselor (CPC) means a person who meets certification requirements as set forth in WAC 182-115-0200 to engage in the practice of Peer Support Services until December 31, 2025.
- **Replace 1.8 Culturally Appropriate Care**, which reads “Culturally Appropriate Care means health care services provided with Cultural Humility and an understanding of the patient’s culture and community, and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences (ACEs).” **with the following:**

“Culturally Appropriate Care” means the practice of being sensitive to a person’s cultural identity or heritage. Health care services are provided with Cultural Humility and an understanding of the patient’s culture and community and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences (ACEs).
- **Replace 1.9 Designated Crisis Responder**, which reads “Designated Crisis Responder means a person designated by the county or other authority authorized in rule, to perform the civil commitment duties described in Chapter 71.05 RCW.” **with the following:**

“Designated Crisis Responder (DCR)” means a Mental Health Professional appointed by county, by an entity appointed by the county, or by HCA in consultation with a Tribe or after meeting and conferring with an Indian health Care Provider, to perform the duties specified in chapter 71.05 RCW.
- **Replace 1.10 Emergent Care**, which reads “Emergent Care means services that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others or grave disability according to RCW 71.05.143.” **with the following:**

“Emergent Care” means services that, if not provided, would likely result in the need for crisis intervention or hospital evaluation due to concerns of potential danger to self, others, or grave disability according to RCW 71.05.153. Crisis response shall occur within two hours from referral.

- **Replace 1.17 Less Restrictive Alternative (LRA) Treatment Order**, which reads “Less Restrictive Alternative (LRA) Treatment Order means if a court determines that an Individual committed to an inpatient Facility meets criteria for further treatment but finds that treatment in a less restrictive setting is a more appropriate placement and is in the best interest of the Individual or others, an LRA order may be issues. The LRA order remands the Individual to outpatient treatment by a Behavioral Health service provider in the community who is responsible for monitoring and providing LRA treatment. The Individual must receive at least a minimum set of services and follow the conditions outlined in the LRA order. The length of an LRA order is usually 90 or 180 days but in certain cases can be for up to one year. (RCW 71.05.23). An LRA order may be extended by a court.” **with the following:**

“Less Restrictive Alternative (LRA) Treatment” means if a court determines that an Individual committed to an inpatient Facility meets criteria for further treatment but finds that treatment in a less restrictive setting is a more appropriate placement and is in the best interest of the Individual or others, an order may be issued. The order remands the Individual to outpatient treatment by a Behavioral Health service Provider in the community who is responsible for providing Treatment. The Individual must receive at least a minimum set of services and follow the conditions outlined in the order. Less restrictive treatment includes treatment pursuant to a less restrictive alternative (LRA) treatment order under RCW 71.05.240 (90-day) or RCW 71.05.320 (180-day); treatment pursuant to a conditional release under RCW 71.05.340 (365-day); and treatment pursuant to an assisted outpatient treatment order under RCW 71.05.148 (up to 18-months). Additional less restrictive alternative treatment can be sought via petition in consultation with DCR services (CR to LRA or AOT/LRA to LRA or AOT/AOT to AOT).

- **Replace 1.27 Peer Bridger**, which reads “ Peer Bridger means a trained Peer Support specialist who offers Peer Support Services to participants in State hospitals and inpatient mental health facilities prior to discharge and after their return to their communities. The Peer Bridger must be an employee of a behavioral health agency license by the Washington State Department of Health (DOH) that provides Recovery services.” **with the following:**

“Peer Bridger” means a trained individual who offers peer services to participants in state hospitals and inpatient mental health facilities prior to discharge and after their return to their communities. The Peer Bridger must be an employee of a Behavioral Health agency licensed by DOH that provides Recovery services. Until December 31, 2026, a Peer Bridger is a Certified Peer Counselor, and also beginning July 1, 2025, a Peer Bridger may be a Certified Peer Specialist or Certified Peer Specialist Trainee.

- **Replace** *Exhibit E(g) – Compass Health_ICCN_Budget* with *Exhibit E(h) – Compass Health_ICCN_Budget*
- **Add** *Exhibit F_Schedule A_SOC Grant to Enhance MRSS_North Sound BH-ASO_Snohomish*

ALL TERMS AND CONDITIONS OF CONTRACT SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS AMENDMENT IS EXECUTED BY THE PERSONS SIGNING BELOW, WHO WARRANT THAT THEY HAVE THE AUTHORITY TO EXECUTE THIS AMENDMENT.

THIS AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF FINAL SIGNATURE BY THE PARTIES.

NORTH SOUND BH-ASO, LLC

COMPASS HEALTH

JanRose Ottaway Martin Date
Executive Director

Tom Sebastian Date
Chief Executive Officer

North Sound Behavioral Health Administrative Services Organization Behavioral Health Enhancement Funds Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
BHEF Proviso Funds	\$	200,000.00
Total	\$	200,000.00
Expenses		
Retention and Recruitment	\$	200,000.00
Total	\$	200,000.00
Budget Amount	\$	200,000.00
Expenses		-
Balance	\$	200,000.00

North Sound Behavioral Health Administrative Services Organization Community Outreach and Recovery Support CORS Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
General Funds State Funding	\$	92,606.50
Total	\$	92,606.50
Expenses		
Whatcom County CORS	\$	92,606.50
Total	\$	92,606.50
Budget Amount	\$	92,606.50
Expenses		-
Balance	\$	92,606.50

North Sound Behavioral Health Administrative Services Organization Crisis Services Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
General Funds State	\$	2,702,522.50
MCO Funds	\$	2,702,522.50
Total	\$	5,405,045.00
Expenses		
Crisis Services	\$	5,405,045.00
Total	\$	5,405,045.00
Budget Amount	\$	5,405,045.00
Expenses		-
Balance	\$	5,405,045.00

North Sound Behavioral Health Administrative Services Organization Child/Youth Crisis Outreach Team Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
GFS Proviso Funds Six Month		599,835.95
MCO Funds	\$	550,000.00
Total	\$	1,149,835.95
Expenses		
Child/Youth Crisis Team Six Month	\$	1,149,835.95
Total	\$	1,149,835.95
Budget Amount	\$	1,149,835.95
Expenses		-
Balance	\$	1,149,835.95

North Sound Behavioral Health Administrative Services Organization Child/Youth Crisis Outreach Team Cost Reimbursement Budget Compass Health		
Three Month Budget July 1, 2025 to September 30, 2025		
Revenues		
MRSS Federal Grant <i>Carryover</i> Funds		454,659.00
MRSS Federal Grant <i>Available</i> Funds	\$	194,220.00
Total	\$	648,879.00
Expenses		
Child/Youth Crisis Team Staff Costs	\$	648,879.00
Total	\$	648,879.00
Budget Amount	\$	648,879.00
Expenses		-
Balance	\$	648,879.00

North Sound Behavioral Health Administrative Services Organization E&T Discharge Planners Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
GFS Discharge Planners Proviso Funds	\$	26,829.00
General State Funds	\$	44,700.00
Total	\$	71,529.00
Expenses		
E&T Discharge Planners	\$	71,529.00
Total	\$	71,529.00
Budget Amount	\$	71,529.00
Expenses		-
Balance	\$	71,529.00

North Sound Behavioral Health Administrative Services Organization San Juan County HARPS Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
HARPS Funds	\$	3,430.00
Total	\$	3,430.00
Expenses		
San Jaun Housing Assistance	\$	3,430.00
Total	\$	3,430.00
Budget Amount	\$	3,430.00
Expenses		-
Balance	\$	3,430.00

North Sound Behavioral Health Administrative Services Organization PACT Services Capacity Funded Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
PACT Proviso Funds (8 Slots)	\$	204,885.00
General Funds State (7 Additional Slots)	\$	179,274.48
Total	\$	384,159.48
Expenses		
PACT Services	\$	384,159.48
Total	\$	384,159.48
Budget Amount	\$	384,159.48
Expenses		-
Balance	\$	384,159.48

PACT Case Rate \$4,268.44

North Sound Behavioral Health Administrative Services Organization Whatcom County Crisis Stabilization Cost Reimbursement Budget Compass Health		
Six Month Budget July 1, 2025 to December 31, 2025		
Revenues		
General Funds State Funding	\$	500,000.00
Total	\$	500,000.00
Expenses		
Whatcom County Triage	\$	500,000.00
Total	\$	500,000.00
Budget Amount	\$	500,000.00
Expenses		-
Balance	\$	500,000.00

SCHEDULE A
SYSTEM OF CARE (SOC) GRANT TO ENHANCE
MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS)
NORTH SOUND BH-ASO (SNOHOMISH)

Purpose:

This federal grant funding is provided for North Sound Behavioral Health Administrative Services Organization (BH-ASO) to participate in performing non-reimbursable, required or allowable activities of a System of Care Expansion and Sustainability grant awarded to HCA by the Substance Abuse and Mental Health Services Administration (SAMHSA). Activities include the development of infrastructure and the delivery of services.

These funds will help North Sound BH-ASO align current systems with the Mobile Response and Stabilization Services (MRSS) model.

These funds will enable providers to hire staff to enhance existing youth Mobile Rapid Response Crisis Teams (MRRCT) to provide the stabilization phase of MRSS as allowed in the current state plan for commercially insured, uninsured, or fee for service youth for up to 8 weeks (through 56 days) in Snohomish County for non-Medicaid clients.

Grant funds may be leveraged to provide services for commercially insured or non-Medicaid youth, ages 0-20. Eligibility for stabilization services for youth and families will be determined by medical necessity, as established by the care provider.

The Contractor shall follow the existing BH-ASO contract for Crisis Services and refer to the current Healthcare Authority (HCA) MRRCT Program Guide for MRSS model fidelity guidance.

- 1) System of Care (SOC) grant funding must be used to enhance existing youth mobile crisis and stabilization teams under the crisis contract to build toward MRSS model fidelity.
- 2) MRSS refers to a continuum of prevention, early intervention, crisis, and stabilization services for youth, families, and caregivers in which the caller defines the crisis. Initial youth mobile crisis services cover up to 72 hours of crisis response. Community-based and in-home stabilization services may be provided for youth, and their families, and caregivers, depending on medical necessity, for up to eight (8) weeks in a home or community-based setting.
- 3) Goals for the SOC MRSS program can include:
 - a) Building staff capacity to respond to crises face-to-face as defined by the family, youth, young adult, or caregiver;
 - b) Working toward increased face-to-face response for every caller;
 - c) Developing robust stabilization services as teams build greater capacity;
 - d) Building capacity to respond in person to crises 24 hours a day, seven days a week, 365 days per year;

- e) Building and maintaining capacity to provide stabilization coverage for youth, families, and caregivers 24 hours a day, seven days a week, 365 days per year;
- f) Infusing SOC values (family driven, youth oriented, community-based, and culturally and linguistically appropriate services) into MRSS service delivery and working with youth and family led organizations to partner on design and implementation;
- g) Providing training to service providers in aspects of SOC development and implementation including evidence-based, practice-based, or community-defined interventions.
- h) Contractors may also utilize staffing to provide outreach, engagement, and collaborative partnerships with child serving community partners such as Law Enforcement, Emergency Departments, Department of Children, Youth, and Families (DCYF), Schools, community-based organizations, and other systems partners to best meet needs from a youth and family centric approach.

Encountering

Please refer to the most recent version of Service Encounter Reporting Instructions (SERI) for guidance on encountering and reporting for youth mobile crisis and stabilization services. Please reach out to the contract manager with any questions.

Reporting:

Recipients of SOC funding are required to complete the following reporting on a quarterly basis:

Infrastructure Development, Prevention, and Mental Health Promotion (IPP) indicators: these are indicators by which HCA and SAMHSA measure the overall success of grant activities and include measures on policy development (PD1), workforce development (WD2 & WD5), types/targets of practices (T3), outreach (O1) and access (AC1). DBHR and RDA will provide guidance on the applicable IPP measures and reporting procedures.

Quarterly reports correspond with the following dates in alignment with federal fiscal year (FFY): Reports are due January 15 (Quarter 1 - October 1 through December 31); April 15 (Quarter 2 - January 1 through March 31); July 15 (Quarter 3 - April 1 through June 30); October 15 (Quarter 4 - July 1 through September 30). SOC MRSS quarterly reports must be submitted to HCABHASO@hca.wa.gov. All report templates are located at: <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/model-managed-care-contracts>.

Administrative Data Collection Requirements: All Contractors will be required to complete monthly submissions of client lists to DSHS RDA on the last business day of the month using either the managed file transfer (MFT) process or through the REDCap platform. RDA will provide training and guidance on the collection and submission of these client lists. The purpose of the administrative data collection is to allow RDA and the SOC project team to track cross-systems involvement and better understand treatment needs, outcomes, and services for the population being served.

Contractors and subcontractors will be required to participate in at least one monthly Mobile Response and Stabilization Design and Implementation Meeting to share updates, progress on goals, challenges and barriers, and potential solutions. Staff from A Common Voice COPE

Project and Washington State Community Connectors (WSCC) will join at least one monthly Implementation Team Meeting to strategize and design the rollout of MRSS in the region and to provide feedback on the statewide rollout.

Contractor and Subcontractors will work with DBHR, WSCC, and The Center of Parent Excellence (COPE) project to infuse SOC values (family-led, youth-oriented, community-based, and culturally and linguistically appropriate services) into all aspects of the MRSS model in accordance with the SOC program.

Invoicing: The Contractor shall invoice HCA on the approved A-19 on a quarterly basis, no later than forty-five (45) calendar days after the final month of service for each quarter or as agreed upon between the Contractor and HCA. The Contractor may break out the services portion of the reimbursement amount as a monthly line-item expense (Goal 1) on the quarterly invoice.

Funding: The Contractor will utilize the A-19 invoice provided specific to the MRSS program for submission of expenditures. A-19 invoices must be submitted with quarterly reports to HCABHASO@hca.wa.gov. Funding is available for each budget period of the grant project on the federal fiscal cycle (October 1 through September 30) across the span of the project grant period. Each year of funding for this grant is contingent on annual Notices of Award as approved and issued by SAMHSA. Federal funding year amounts covering the contracted state fiscal year period will be detailed in Exhibit A. Funding is available for each budget period of the grant project.

Schedule of Funding

Funding is provided according to the FFY and will be dispersed as follows:

	Annual federal grant budget incremental period 3 per NOA FFY25	Carryover Approved FFY25	Annual federal grant budget incremental period 4 per NOA FFY26
North Sound, Schedule A	July 1, 2025, to September 30, 2025	July 1, 2025, to September 30 2025	October 1, 2025, to September 30, 2026
Total Contract Amount	\$194, 220	\$454,659	\$95,547

North Sound BH-ASO Schedule, Mobile Response and Stabilization Services			
Goal#	Task	Performance Measure/Deliverable	Funding Available for 2025 and 2026
#1	Expansion and retention of MRSS services by supporting staffing and programmatic costs to enhance youth mobile crisis response and stabilization according to the MRSS model.	Submit required encounter reporting and supplemental transactions.	Total funding available is: \$194,220 during; July 1, 2025, to September 2025; and \$454,659 carryover funds during July 1, 2025, to September 30, 2025. \$95,547 during October 1, 2025, to September 30, 2026.
	Completion of required and/or allowable grant activities that result in the development of infrastructure and delivery of services. Federal grant funds not allocated for direct services must be documented as redirected for required or allowable activities of the grant and captured in quarterly reporting data.	Submit monthly client lists to RDA through either MFT or REDCap platform.	Must be billed by A-19 invoice and can be billed upon completion of contract deliverables.
	The Contractor may best determine staffing patterns needed to enhance youth mobile crisis team and allocate funding to salaries for FTEs providing direct services as part of the MRSS model. Federal funds may not be used to supplant Medicaid.	Submit quarterly reports to HCABHASO@hca.wa.gov with the minimum following IPP indicators.	Subcontractor must track the time and effort of staff providing stabilization services. Documentation does not need to be submitted with invoicing, but HCA may request the information if needed to reconcile actual expenses for the program.

North Sound BH-ASO Schedule, Mobile Response and Stabilization Services			
Goal#	Task	Performance Measure/Deliverable	Funding Available for 2025 and 2026
	The Contractor shall share a memo with HCA once staffing patterns have been finalized and will update HCA on changes and proposed solutions to meet staffing needs throughout the performance period.	IPP#1 (PD1) Number of Policy Changes completed as a result of the SOC grant.	Fringe benefit rates must be broken out as an actual cost and as a percentage of personnel costs.
		IPP#2 (WD2) The number of people in the mental health and related workforce trained in mental health related practices and activities consistent with the goal of the SOC grant. The SOC grant expects sites implementing MRSS to ensure direct care staff have obtained trainings required in Washington, and to seek continuing education in mental health as appropriate. The SOC grant allows the contractor to support training the internal and external workforce.	Travel costs will be based on the federal mileage rate.
		IPP #3 (WD5) The number of family members or caretakers who provide mental health related services and activities as a result of the grant. The SOC grant expects sites implementing MRSS to employ peers consistent with the MRRCT Program Guide.	Administrative and overhead expenses must be detailed per provider, documented in the accounting general ledger, and included in the invoicing and include travel, supplies, equipment and indirect costs.
		IPP#4 (T3) The number of Individuals receiving evidence-based mental health related services as a result of the grant. The SOC grant expects sites implementing MRSS as an evidence-based service to strive	Indirect and Administrative costs may not exceed the federal de minimis rate of 10%.

North Sound BH-ASO Schedule, Mobile Response and Stabilization Services			
Goal#	Task	Performance Measure/Deliverable	Funding Available for 2025 and 2026
		to serve 150 individuals in FFY25 and 200 individuals in FFY26.	
		IPP #5 (O1) The number of Individuals contacted through program outreach efforts.	
		IPP #6 (AC1) The number and percentage of Individuals receiving mental health or related services after referral.	
		<p>Narrative description of the project progress and challenges and barriers to include:</p> <ol style="list-style-type: none"> 1. A timeline for MRSS team expansion and progress toward milestones of the timeline; 2. Current staffing log of personnel changes, hiring and current staffing levels; 3. Progress made toward development and implementation of a sustainability plan; 4. Trainings, community outreach, and educational presentations to build awareness of behavioral health needs/services and MRSS across the community; 5. Efforts to develop or maintain collaborative partnerships that strengthen MRSS program/services; 6. Efforts to incorporate trauma-informed and evidence-based practices into care and services; 7. The total number of unduplicated Individuals receiving MRSS indirectly as a result of the grant; and 	

North Sound BH-ASO Schedule, Mobile Response and Stabilization Services			
Goal#	Task	Performance Measure/Deliverable	Funding Available for 2025 and 2026
		8. Or other components of expansion and quality enhancement efforts determined by the contractor as important to report.	

North Sound BH-ASO Administrative and Direct Service Costs			
Goal#	Task	Performance Measure/Deliverable	Funding Available for FFY2025 and FFY 2026
#2	<p>North Sound BH-ASO will support the MRSS program by providing the following:</p> <ul style="list-style-type: none"> Staffing and programmatic support to facilitate implementation of the MRSS model in Snohomish County. 	<p>Provide quarterly reports on the most recent template provided by HCA.</p> <p>Quarterly reports will include at a minimum of the following reporting elements:</p> <ul style="list-style-type: none"> Current staffing log of personnel changes, hiring and current staffing levels; Specifics of how the MRSS enhancement funds meet the objectives outlined in the BH-ASO approved plan to enhance and expand MRSS services; Description of coordination efforts with community-based providers; Description of how the program is enhancing the ability to meet the needs of urban and rural communities; and Description of how the program is coordinating MRSS enhancements with tribal partners, community hospitals, and other behavioral health services. 	<p>North Sound BH-ASO has determined and agreed they will not receive 10% admin cost for MRSS work for FFY 2025 through FFY 2026. North Sound will pass all federal funds in this contract to their Subcontractor with the full grant amount of \$194,220 FFY25, \$454,659 carryover FFY25 and \$95,547 FFY 26.</p> <p>Fringe benefit rates must be broken out as an actual cost and as a percentage of personnel costs annually.</p>

North Sound BH-ASO	Funding Available FFY 2025 (July 1, 2025, to September 30, 2025)	Carryover Funds FFY 2025 (July 1, 2025, to September 30, 2025)	Funding Available FFY 2025 (October 1, 2025, to September 30, 2026)
Federal Fiscal Year Total:	\$194,220	\$454,659	\$95,547