

CONTRACT AMENDMENT

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This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Reflections Counseling Services Group, hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-489-20, and executed on December 7, 2020, amended January 10, 2022, September 27, 2022, January 3, 2023, and August 17, 2023, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:
\$418,361.86
2. **Page 1 Contract Term** is amended as follows:
January 1, 2021 – December 31, 2024
3. **Attachment B-2: Statement of Work**- Transportation Support is added.
4. **Attachment C: Budget** is deleted entirely and replaced as attached.
5. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366
Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.
6. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

This amendment shall be effective January 1, 2024

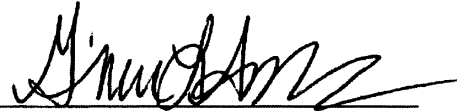
Dated this 13 day of NOVEMBER, 2023.

**SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF
COMMISSIONERS, Its Administrative
Entity**



Eric Baker, Acting County Administrator

**CONTRACTOR:
Reflections Counseling Services
Group**



Name: G'Nell Ashley
Title: Administrator

DATE 11/13/2023

I attest that I have the authority to sign
this contract on behalf of Reflections
Counseling Services Group.

11/9/2023
DATE

ATTACHMENT B-2: STATEMENT OF WORK- TRANSPORTATION SUPPORT

The Contractor may provide transportation support to individuals to and from treatment related events including support and recovery focused activities.

Eligibility

- A. Individuals who do not qualify for Medicaid.
- B. Individuals on Medicaid who cannot access Medicaid transportation services.
 - i. Must include client specific documentation of attempt to use Medicaid transportation and denial of services or reason the individual is unable to access Medicaid funded transportation services.
- C. Drivers must have:
 - i. A valid driver's license.
 - ii. Active insurance.

Independent Transportation Agencies

Independent transportation agencies must ensure any provider including transportation network companies and individual drivers meet specific minimum requirements.

Those minimum requirements are:

- A. Each provider or individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the U.S. Department of Health and Human Services.
- B. Each such provider has in place a process to address any violation of a state drug law.
- C. Each such provider has in place a process to disclose to the SBH-ASO the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Vehicle Purchase

Funds provided for vehicle purchases may be used for the following purposes:

- A. Purchasing a vehicle to be used in the delivery of behavioral health services.
- B. Purchasing and/or installation of additional safety/security equipment for vehicle
- C. Purchasing a vehicle maintenance plan or maintenance services.

Documentation

Documentation must be submitted with invoices for reimbursement:

1. SBHASO Transportation Tracker
2. Receipts or mileage log

ATTACHMENT C: BUDGET

Budget Summary			
Contractor: Reflections Counseling Services Group			
Contract No:		KC-489-20	
Contract Period:		01/01/21 - 12/31/24	
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21			
SUD Outpatient Services and Supports (SABG)	20,000.00	0.00	20,000.00
SUD Youth Services and Supports (DMA)	6,300.00		6,300.00
CJTA	35,061.00	0.00	35,061.00
Period 1 Budget Total	61,361.00	0.00	61,361.00
Period 2: 10/1/21- 06/30/22			
REAL Program Operations (GFS)	247,038.00	0.00	247,038.00
Period 2 Budget Total	247,038.00	0.00	247,038.00
Period 3: 01/01/22- 12/31/22			
CJTA	39,061.20	0.00	39,061.20
Period 3 Budget Total	39,061.20	0.00	39,061.20
Period 4: 01/01/23 - 12/31/23			
CJTA	32,417.66	0.00	32,417.66
CJTA Jail Program	4,800.00	0.00	4,800.00
Period 4 Budget Total	37,217.66	0.00	37,217.66
Period 5: 01/01/24 - 12/31/24			
CJTA	0.00	32,684.00	32,684.00
Transportation Support (SABG)	0.00	1,000.00	1,000.00
Period 5 Total	0.00	33,684.00	33,684.00
Contract Total	384,677.86	33,684.00	418,361.86



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Van Wagner Agency 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797	CONTACT NAME: PHONE (A/C, No, Ext): 800-735-1588 FAX (A/C, No): 888-290-0302 E-MAIL ADDRESS: vanwagnerinsurance@sterlingrisk.com														
License#: BR-1418528 REFLCOU-01	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Great American Insurance Company</td> <td style="text-align: center;">16691</td> </tr> <tr> <td>INSURER B: Great American Alliance Insurance Company</td> <td style="text-align: center;">26832</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great American Insurance Company	16691	INSURER B: Great American Alliance Insurance Company	26832	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Reflections Counseling Services Group 3430 E. Highway 101, Ste. 3 Port Angeles WA 98362-0072															

COVERAGES CERTIFICATE NUMBER: 559250844 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PAC 429-73-67-09	8/1/2023	8/1/2024	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 3,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 3,000,000	PRODUCTS - COMP/OP AGG	\$ 3,000,000		\$		
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							<table style="width: 100%;"> <tr><td></td><td style="text-align: center;">PER STATUTE</td><td style="text-align: center;">OTH-ER</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>		PER STATUTE	OTH-ER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Salish Behavioral Health Administrative Services Organization is included as a additional insured as required by written contract but only with respects to services provided by the named insured.


CERTIFICATE HOLDER Salish Behavioral Health Administrative Services Organization Kitsap County Dept of Human Services 614 Division Street Port Orchard WA 98366	CANCELLATION 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 REPRESENTATIVE
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- Reflections Counseling Services Group

 **If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

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Source data updated on 10/10/2023 8:00:00 AM EST

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