

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 Cedar Grove Counseling, Inc., a Washington for-profit corporation, 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-058-21, and executed on January 25, 2021, amended on January 10, 2022, September 12, 2022, and January 19, 2023, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:
\$144,840.76
2. **Attachment B-1: Statement of Work- Substance Use Disorder Outpatient Treatment** is added.
3. **Attachment C: Budget** is deleted entirely and replaced as attached.
4. 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:

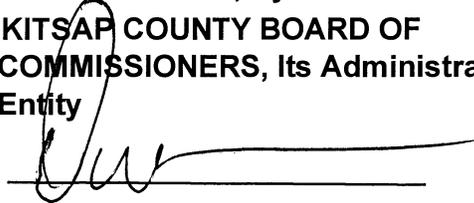
Program Lead, Salish Behavioral Health Administrative Services Organization
Kitsap County Department of Human Services
614 Division Street, MS-23
Port Orchard, WA 98366

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.
5. 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 July 1, 2023.

Dated this 4 day of August, 2023.

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



Doug Washburn, Human Services
Director

**CONTRACTOR:
Cedar Grove Counseling**



Name: Gill Orr
Title: Owner

I attest that I have the authority to sign
this contract on behalf of Cedar Grove
Counseling.

8/3/23
DATE

ATTACHMENT B-1: Statement of Work- Substance Use Outpatient Services

1. Purpose.

Contractor shall provide services to promote treatment, intervention and recovery for adults and youth with substance use disorder, in accordance with Federal and State Substance Abuse Block Grant (SABG) and Designated Marijuana Account (DMA) requirements. Funding under this statement of work was awarded through an RFP process.

2. Eligibility

a. Contractor shall provide non-crisis behavioral health services (see Level of Care Policy), within available resources, to Individuals who meet financial eligibility standards.

- i. An Individual may be served if they do not qualify for Medicaid,
- ii. have income up to two-hundred-twenty percent (220%) of the federal poverty level,
- iii. meet the medical necessity criteria (when applicable) for all services provided to them,
- iv. and meet at least one of the following:
 1. Are uninsured,
 2. Have insurance, but are unable to pay the co-pay or the deductible for services,
 3. Are using excessive Crisis Services (three (3) crisis contacts within 30 days) due to inability to access non-crisis behavioral health services,
 4. Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a Substance Use Disorder.
 5. Youth presenting without a parent.

b. Contractor will conduct inquiry regarding each individual's continued financial eligibility no less than once per month and document such in the individual record.

3. Priority Population

- a. SABG services shall be provided in the following priority order to:
- i. Pregnant individuals injecting drugs,
 - ii. Pregnant individuals with substance use disorder,

- iii. Women with dependent children
 - iv. Individuals injecting drugs.
- b. Contractor shall provide SABG services, within available resources, in no particular order to the following additional priority populations:
- i. Postpartum women up to one (1) year, regardless of pregnancy outcome,
 - ii. Patients transitioning from residential care to outpatient care,
 - iii. Youth,
 - iv. Legal Offenders

4. Treatment Services and Supports

- a. Services are to be provided in accordance with contract budget and within available resources.

b. Treatment Services

- i. Contractor will provide outpatient treatment services as indicated above.
- ii. Subject to availability of funds, eligible Individuals must not be denied regardless of their:
 - 1. Drug(s) of choice
 - 2. Use of legally prescribed medications
 - 3. Use of over the counter nicotine cessation products or participation in a nicotine replacement therapy regimen.

c. Ensure Interim Services

- i. Within 48 hours of seeking treatment.
- ii. To include:
 - 1. Counseling on the effects of alcohol and drug use on the fetus for the pregnant woman
 - 2. Prenatal care for the pregnant woman
 - 3. Human immunodeficiency virus (HIV) and tuberculosis (TB) education
 - 4. TB treatment services if necessary for Individuals Using Intravenous Drugs
- iii. Ensure each individual who requests and is in need of treatment for intravenous drug use and/or PPW are admitted to programs of such treatment not later than fourteen (14) days after making the request for admission.

d. Outreach Services

- i. May be specifically designed to reduce transmission of HIV and encourage IUID to undergo treatment.
- ii. Supporting individuals who have challenges engaging in services under the traditional treatment model.
- iii. Provide community-based intervention to increase access to treatment and recovery.

e. Tuberculosis screening.

- i. The Contractor must directly or through arrangement with other public entities, make tuberculosis services available to each individual receiving SUD treatment. The services must include counseling, testing, education and providing for referring infected with tuberculosis for appropriate medical evaluation and treatment.
- ii. The Contractor must conduct case management activities to ensure the Individual receives tuberculosis services.

f. Services Specific to Pregnant, Parenting, and Post-partum Women (PPW)

- i. Contractor will publicize the availability of treatment services to PPW at the facilities as well as the fact that PPW receive priority admissions.
- ii. PPW receiving treatment are treated as a family unit.
- iii. The following services are provided directly, or arrangements are made for provision to the following services with sufficient case management and transportation to ensure women and their children have access to services as follows:
 1. Primary medical care for women, including referral for prenatal care and childcare while the women are receiving such services.
 2. Primary pediatric care including immunization for their children.
 3. Gender specific SUD treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting are provided.
 4. Provide, directly or through arrangement, childcare to Individual participating in treatment activities and support activities to include support groups, parenting education, and other supportive activities as recommended in treatment plan.
 5. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their

developmental needs, their issues of sexual abuse, physical abuse and neglect.

iv. Additional Assessment Services Specific to PPW

1. Standard assessment must also include review of gestational age of fetus, mother's age living arrangements and family support data.
2. A pregnant woman who is unable to access residential treatment due to lack of capacity and is in need of detoxification, can be referred to a Chemical Using Pregnant (CUP) program for admission, typically within 24 hours.

v. Childcare

1. Childcare services are delivered by childcare providers licensed or certified by the Department of Early Learning in accordance with WAC 170-296A.
2. Contractor shall provide the parent with information to assist in selection of an off-site childcare provider when on-site childcare is not available. This must include direction to the DEL website for information on services and information on selecting childcare providers.

g. Opiate Substitution Therapy (OST)

- i. OST providers must maintain accreditation from the Center for Substance Abuse Treatment (CSAT) and comply with all current Federal and State regulatory requirements.

h. Recovery Supports

- i. Recovery supports are a broad range of non-clinical services that assist individuals and families to initiate, stabilize, and maintain long-term Recovery from behavioral health disorders including mental illness and SUDs.
- ii. Recovery supports must be provided within the guidelines of Federal Block Grants.

5. Waitlist and Capacity Management

- a. If SUD treatment services are not available due to limitations in a Contractor's capacity the Individual is referred to another Provider.
- b. Contractor must report to SBHASO when they have reached 90% of agency capacity.
- c. SBHASO requires all Contractors to screen for SABG priority populations and maintain appropriate wait lists. SBHASO includes SABG priority

population and waiting list criteria on the authorization request form that Contractor must complete and submit. SBHASO maintains a waitlist and coordination of care is arranged with the provider network.

6. Charitable Choice requirements must be followed.

a. Faith-Based Organizations (FBO) Contractors may:

- i. Retain authority over its internal governance
- ii. Retain religious terms in its name
- iii. Select board members on a religious basis
- iv. Include religious reference in the mission statement and other governing documents.
- v. Use space in its facilities.

b. Faith-Based Organizations (FBO) Contractors must:

- i. Facilitate a referral to an alternative provider within a reasonable time frame when requested by an individual.
- ii. Reports to SBHASO all referrals made to other providers.
- iii. Provide individuals with a notice of their rights.
- iv. Provide recipients with a summary of services that includes any inherently religious activities.
- v. Funds received from Federal Block grants must be segregated in a manner consistent with Federal regulations.
- vi. No funds may be expended for religious activities such as worship, religious instruction or proselytization.
- vii. In delivering services, FBO cannot discriminate against current or prospective program participants based upon:
 1. Religion
 2. Religious belief
 3. Refusal to hold a religious belief
 4. Refusal to actively participate in a religious practice.
- viii. If the Contractor is an FBO they must:
 1. Use generally accepted auditing and accounting principles to account for SABG funds similar to other nongovernmental organizations.
 2. Segregate Federal funds form non-Federal funds.
 3. Subject Federal funds to audits by the government.
 4. Apply Charitable Choice requirements when other funds are commingled with SABG.

7. Independent Peer Review Required

- a. Contractors must participate in the statewide independent peer review process when requested by DSHS as outlined in the SABG. Treatment

programs will be reviewed by SUDP's as experts in the field of Substance Use Disorder treatment.

- b. Contractors will be included in a pool of peer reviewers annually. If identified, the Contractor will participate in the peer review process under the direction of the Department of Health.

ATTACHMENT C: Budget

Budget Summary			
Contractor: Cedar Grove Counseling			
Contract No:		KC-058-21-D	
Contract Period:		01/01/21 - 12/31/23	
Expenditure	Previous	Changes this Contract	Current
Period 1: 01/01/21 - 12/31/21			
CJTA	35,061.00	0.00	35,061.00
CJTA Jail Program	20,801.00	0.00	20,801.00
Period 1 Budget Total	55,862.00	0.00	55,862.00
Period 2: 01/01/22 - 12/31/22			
CJTA	39,061.10	0.00	39,061.10
CJTA for Prosocial Activities for Drug Court Participants	7,500.00	0.00	7,500.00
Period 2 Budget Total	46,561.10	0.00	46,561.10
Period 2: 01/01/23 - 12/31/23			
CJTA	29,217.66	3,200.00	32,417.66
CJTA for Prosocial Activities for Drug Court Participants	7,500.00	0.00	7,500.00
Transportation Support, cost reimbursement, in accordance with SUD Recovery Supports Requirements (SABG)	0.00	2,500.00	2,500.00
Period 3 Budget Total	36,717.66	5,700.00	42,417.66
Contract Total	139,140.76	5,700.00	144,840.76



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/25/2023

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 have ADDITIONAL INSURED provisions or 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 Callis & Associates, Inc. 802 East 1st Street, Ste 3 Port Angeles WA 98362		CONTACT NAME: Kayla Furford PHONE (A/C, No, Ext): (360) 452-2314 FAX (A/C, No): (360) 452-1701 E-MAIL ADDRESS: certificatecallisinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Philadelphia Insurance Company	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED Cedar Grove Counseling Inc. DBA: Cedar Grove Recovery Services, Inc 806 S Vine St Port Angeles WA 98362-7982			

COVERAGES **CERTIFICATE NUMBER:** CL2352509216 **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			PHPK2540354	05/23/2023	05/23/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 3,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> ANY AUTO						Professional Liability \$ 1,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per person) \$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> EXCESS LIAB						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence Only. Refer to policy(s) for all applicable terms, conditions, endorsements and exclusions.

CERTIFICATE HOLDER

CANCELLATION

Salish Behavioral Health Administrative Services Organization 614 Division St Port Orchard WA 98366	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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No Results were found for

➤ Cedar Grove Counseling Inc

 **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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