

CONTRACT AMENDMENT D

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 Service Group herein after "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-361-22 and executed on August 8, 2022, and amended on July 24, 2023, October 14, 2024, August 11, 2025, and shall be amended as follows:

1. **Contract Term:** Extends end date from December 31, 2025, to June 30, 2026, for a new contract term of July 1, 2022, to June 30, 2026.
2. **Contract Amount:** Budget increased by \$217,500 from \$1,514,918 to \$1,732,418.
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 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 January 1, 2026.

Dated this 8 day of December, 2025

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



Christine Rolfes, Chair



Oran Root, Commissioner



Katherine T. Walters, Commissioner

DATE 12/8/25

ATTEST



Dana Daniels, Clerk of the Board

CONTRACTOR:
REFLECTIONS COUNSELING
SERVICE GROUP



Name: **G'Neil Ashley**
Title: **Administrator**

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

11/19/2025
DATE



Kitsap County Face Sheet

For Sub-recipient Contracts Using Federal Awards

CFR 200.332 Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the information provided below. A pass-through entity must provide the best available information when some of the information below is unavailable. A pass-through entity must provide unavailable information when it is obtained. Required information includes:

(Fill in)

Subrecipient's unique entity identifier:

Federal Award Identification Number (FAIN):

Federal Revenue Award Date:

Subaward Period of Performance Start and End Date:

Check to verify the information is in contract:

- ☐ Subrecipient's name (must match the name associated with its unique entity identifier):
- ☐ Federal award identification:
- ☐ Subaward Budget Period Start and End Date:
- ☐ Amount of Federal Funds Obligated in the subaward:
- ☐ Amount of Federal Funds Obligated to the sub by the pass-through entity, including the current financial obligation:
- ☐ Total Amount of the Federal Award committed to the subrecipient by the pass-through entity:
- ☐ Federal award project description, as required by the Federal Funding Accountability and Transparency Act (FFATA):
- ☐ Name of the Federal agency, pass-through entity, and contact information for awarding official of the pass-through entity:
- ☐ Dollar amount made available under each Federal award and the Assistance Listings Number at the time of disbursement:
- ☐ Indirect cost rate for the Federal award (including if the de minimis rate is used in accordance with § 200.414):

Budget Summary			
Contractor: Reflections Counseling Services Group			
Contract No:		KC-361-22-D	
Contract Period:		7/1/2022 - 6/30/2026	
Expenditure	Previous	Changes this Contract	Current
Period 1: 7/1/22 -06/30/23			
R.E.A.L. Program (GFS)	\$381,209.00	\$0.00	\$381,209.00
Period 1 Budget Total	\$381,209.00	\$0.00	\$381,209.00
Period 2: 7/1/23 -06/30/24	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$381,209.00	\$0.00	\$381,209.00
Period 2 Budget Total	\$381,209.00	\$0.00	\$381,209.00
Period 3: 7/1/24 -06/30/25	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$435,000.00	\$0.00	\$435,000.00
Retention Incentives*	\$50,000.00	\$0.00	\$50,000.00
Additional vehicle purchase	\$50,000.00	\$0.00	\$50,000.00
Period 3 Budget Total	\$535,000.00	\$0.00	\$535,000.00
Period 4: 7/1/25 -12/31/25	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$217,500.00	\$0.00	\$217,500.00
Period 4 Budget Total	\$217,500.00	\$0.00	\$217,500.00
Period 5: 1/1/2026 - 6/30/2026	Previous	Changes this Contract	Current
R.E.A.L. Program (GFS)	\$0.00	\$217,500.00	\$217,500.00
Period 5 Budget Total	\$0.00	\$217,500.00	\$217,500.00
Contract Total	\$1,514,918.00	\$217,500.00	\$1,732,418.00

Administration Fund limit: 10%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2025

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
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

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 :

License#: BR-1418528
REFLCOU-01

INSURED
Reflections Counseling Services Group
Services Group
3430 E. Highway 101, Ste. 3
Port Angeles WA 98362-0072

COVERAGES

CERTIFICATE NUMBER: 1233132265

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.

INSTR	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	PAC 429-73-67-11	8/1/2025	8/1/2025	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 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CAP F34-28-89-01	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EXC 490-03-39-01	8/1/2025	8/1/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y	Y	PAC 429-73-67-11	8/1/2025	8/1/2026	Each Occurrence/Agg 1M/3M

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

CANCELLATION

Salish Behavioral Health Administrative Services
Organization
Kitsap County Dept of Human Services
614 Division Street
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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✦ **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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