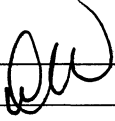




Meeting Date: KG  
 Agenda Item No: \_\_\_\_\_

<u>Kitsap County Board of Commissioners</u>	
<b>Office/Department:</b> Human Services	
<b>Staff Contact:</b> Stephanie Lewis, SBH-ASO Administrator, (360) 337-4422 Doug Washburn, Director of Human Services, (360) 337-4526	
<b>Agenda Item Title:</b> Contract KC-489-20, Amendment B, between Kitsap County and Reflections Counseling Services Group to update the Statement of Work and increase funding for treatment and recovery support services to individuals with substance use disorders in Clallam County.	
<b>Recommended Action:</b> Move the County Administrator execute contract KC-489-20, Amendment B, with Reflections Counseling Services Group.	
<b>Summary:</b>	<p>This state funded contract amendment with Reflections Counseling Services Group increases funding and updates the Statement of Work for Criminal Justice Treatment Account. This amendment increases funding by \$4,000 increasing the contract total to \$347,460. The contract period remains unchanged as January 1, 2021 – December 31, 2022.</p> <p>This amendment replaces Attachment B-1: Statement of Work for Criminal Justice Treatment Account. This amendment replaces Attachment C: Budget/Rate sheet in its entirety.</p> <p>This contract provides funding for substance use disorder treatment and recovery support services. Funds provided under Criminal Justice Treatment Account (CJTA) to be used in accordance with the Clallam County CJTA committee priorities to a minimum of 25 individuals in Clallam County.</p> <p>Kitsap County is the administrative entity for the Salish Behavioral Health Administrative Services Organization (SBH-ASO), which was formed by Clallam, Jefferson, and Kitsap Counties under the Community Mental Health Services Act (RCW 71.24) in order to provide Community Behavioral Health Services to the citizens of the constituent counties. The SBH-ASO the Executive Board approves entering into this contract.</p>
<b>Attachments:</b>	<ol style="list-style-type: none"> <li>1. Contract Review Sheet</li> <li>2. KC-489-20-B</li> <li>3. Attachment B-1: Statement of Work for Criminal Justice Treatment Account</li> <li>4. Insurance</li> <li>5. Debarment</li> </ol>
<b>Fiscal Impact for this Specific Action</b>	
<b>Expenditure required for this specific action:</b>	\$4,000
<b>Related Revenue for this specific action:</b>	\$4,000
<b>Cost Savings for this specific action:</b>	NA
<b>Net Fiscal Impact:</b>	100% Grant Funded

<b>Source of Funds:</b>		SBHASO non-Medicaid	
<b>Fiscal Impact for Total Project – NA</b>			
<b>Fiscal Impact (DAS) Review</b>			
<b>Office/Departmental Review &amp; Coordination</b>			
<b>Office/Department</b>	<b>Elected Official/Department Director</b>		
Human Services	Doug Washburn		
<b>Contract Information</b>			
Contract Number	Date Original Contract or Amendment Approved	Amount of Original Contract Amendment	Total Amount of Amended Contract
KC-489-20	December 7, 2020	\$61,361	
KC-489-20-A	January 10, 2022	\$282,099	\$343,460
KC-489-20-B	Pending	\$4,000	\$347,460



**Kitsap County**  
**CONTRACT REVIEW SHEET**  
(Chapter 3.56 KCC)

<b>A. CONTRACT INFORMATION</b>					
1. Contractor	Reflections Counseling Services Group				
2. Purpose	To update the Statement of Work and increase funding for treatment and recovery support services to individuals with substance use disorders in Clallam County.				
3. Contract Amount	\$4,000	Disburse	<input checked="" type="checkbox"/>	Receive	<input type="checkbox"/>
4. Contract Term	January 1, 2021 to December 31, 2022				
5. Contract Administrator	Stephanie J. Lewis	Phone	(360) 337-4422		
Approved:	Doug Washburn	Date	09/12/2022		
	Department Director				
<b>B. AUDITOR – ACCOUNTING INFORMATION</b>					
1. Contract Control Number	KC-489-20-B				
2. Fund Name	SBHASO non-Medicaid				
3. Payment from-Revenue to CC/Account Nbr	1971.5415				
4. Encumbered By	Susanne Yost	Date	09/19/2022		
<b>C. AUDITOR'S ACCOUNTING – GRANTS REVIEW</b> <i>Signature required only if contract is grant funded</i>					
1.	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved			
Reviewer	Susanne Yost	Date	09/19/2022		
2. Comments:					
<b>D. ADMINISTRATIVE SERVICES DEPARTMENT – RISK MANAGER REVIEW</b>					
1.	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved			
Reviewer	Anastasia Johnson	Date	9/20/2022		
2. Comments:	Amendment Only				
<b>E. ADMINISTRATIVE SERVICES DEPARTMENT – BUDGET MANAGER REVIEW</b> <i>Signature required only if contract is for \$50,000 or more, OR it will be signed by board of commissioners (regardless of dollar amount)</i>					
1.	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved			
Reviewer	Aimée Campbell	Date	09/12/2022		
2. Comments:					
<b>G. PROSECUTING ATTORNEY</b>					
1.	<input checked="" type="checkbox"/> Approved as to Form	<input type="checkbox"/> Not Approved as to Form			
Reviewer	Alan L. Miles	Date	2022-09-21		
2. Comments:					
<b>H. CERTIFICATION BY CONTRACT ADMINISTRATOR: THIS CONTRACT IS READY FOR CONSIDERATION BY THE AUTHORIZED CONTRACT SIGNER.</b> <i>(For contract signing authority, see KCC 3.56.075)</i>					

Contract Administrator:  
Date Approved by Authorized Contract Signer:  
RETURN SIGNED ORIGINALS TO:

Date 9/9/22  
Date 9/27/22 KG  
Steven Bachtel @ MS-29 3534

## **CONTRACT AMENDMENT B**

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, and amended January 10, 2022, shall be amended as follows:

1. **Page 1: Amount** is amended as follows:

\$347,460.20

2. **Attachment B-1: Statement of Work for Criminal Justice Treatment Account** is deleted and replaced as attached.
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, 2022.

Dated this 27<sup>th</sup> day of Sept, 2022.

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

Karen Goon

Karen Goon, County Administrator

**CONTRACTOR:  
Reflections Counseling Services  
Group**

G'Nell Ashley

Name: G'Nell Ashley

Title: Administrator

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

9/21/2022  
DATE

## ATTACHMENT B-1: Statement of Work for Criminal Justice Treatment Account

### **Criminal Justice Treatment Account (CJTA)**

1. In RSAs where funding is provided, the Contractor shall be responsible for treatment and Recovery Support Services using specific eligibility and funding requirements for CJTA in accordance with RCW 71.24.580 and RCW 2.30.030. CJTA funds must be clearly documented and reported in accordance with section 9.3.1.8.
2. The Contractor shall implement any local CJTA plans developed by the CJTA panel and approved by HCA and/or the CJTA Panel established in 71.24.580(5)(b).
3. CJTA Funding Guidelines:
  - a. In accordance with RCW 2.30.040, if CJTA funds are managed by a Drug Court, then it is required to provide a dollar-for-dollar participation match for services to Individuals who are receiving services under the supervision of a drug court.
  - b. No more than 10 percent of the total CJTA funds can be used for the following support services combined:
    - i. Transportation; and
    - ii. Child Care Services.
4. The contractor may not use more than 30 percent of their total annual allocation for providing treatment services in jail.
5. Services that can be provided using CJTA funds are:
  - a. Brief Intervention (any level, assessment not required);
  - b. Acute Withdrawal Management (ASAM Level 3.2WM);
  - c. Sub-Acute Withdrawal Management (ASAM Level 3.2WM)
  - d. Outpatient Treatment (ASAM Level 1);
  - e. Intensive Outpatient Treatment (ASAM Level 2.1);
  - f. Opiate Treatment Program (ASAM Level 1);
  - g. Case Management (ASAM Level 1.2);
  - h. Intensive Inpatient Residential Treatment (ASAM Level 3.5);
  - i. Long-term Care Residential Treatment (ASAM Level 3.3);
  - j. Recovery House Residential Treatment (ASAM Level 3.1);
  - k. Assessment (to include Assessments done while in jail);

ATTACHMENT B-1: Statement of Work for Criminal Justice Treatment Account

- I. Interim Services;
- m. Community Outreach;
- n. Involuntary Commitment Investigations and Treatment;
- o. Room and Board (Residential Treatment Only);
- p. Transportation;
- q. Childcare Services;
- r. Urinalysis;
- s. Treatment in the jail, limited to 8 sessions that may include:
  - i. Engaging individuals in SUD treatment;
  - ii. Referral to SUD services;
  - iii. Administration of Medications for the treatment of Opioid Use Disorder (MOUD) to include the following
    - 1. Screening for medications for MOUD
    - 2. Cost of medications for MOUD
    - 3. Administration of medications for MOUD
  - iv. Coordinating care;
  - v. Continuity of care; and
  - vi. Transition planning.
- t. Employment services and job training;
- u. Relapse prevention;
- v. Family/marriage education;
- w. Peer-to-peer services, mentoring and coaching;
- x. Self-help and support groups;
- y. Housing support services (rent and/or deposits);
- z. Life skills;
- aa. Spiritual and faith-based support;

ATTACHMENT B-1: Statement of Work for Criminal Justice Treatment Account

bb. Education; and

cc. Parent education and child development.

6. The County SJTA Committee shall participate with SBHASO and with the local legislative authority for the county to facilitate the planning requirement as described in RCW 71.24.580(6).

7. MAT in Therapeutic Courts

Per RCW 71.24.580, "If a region or county uses criminal justice treatment account funds to support a therapeutic court, the therapeutic court must allow the use of all medications approved by the federal food and drug administration for the treatment of opioid use disorder as deemed medically appropriate for a participant by a medical professional. If appropriate medication-assisted treatment resources are not available or accessible within the jurisdiction, the Health Care Authority's designee for assistance must assist the court with acquiring the resource."

1. The Contractor, under the provisions of this contractual agreement, will abide by the following guidelines related to CJTA and Therapeutic Courts:

- a. The Contractor must have policy and procedures allowing Participants at any point in their course of treatment to seek FDA-approved medication for any substance use disorder and ensuring the agency will provide or facilitate the induction of any prescribed FDA approved medications for any substance use disorder.
- b. The Contractor must have policy and procedures in place ensuring they will not deny services to Enrollees who are prescribed any of the Federal Drug Administration (FDA) approved medications to treat all substance use disorders.
- a. The Contractor may not have policies and procedures in place that mandate titration of any prescribed FDA approved medications to treat any substance use disorder, as a condition of participants being admitted into the program, continuing in the program, or graduating from the program, with the understanding that decisions concerning medication adjustment are made solely between the participant and their prescribing provider.
- b. The Contractor must notify the SBHASO if it discovers that a CJTA funded Therapeutic program is practicing any of the following:
  - i. Requiring discontinuation, titration, or alteration of their medication regimen as a precluding factor in admittance into a Therapeutic Court program;
  - ii. Requiring participants already in the program discontinue MOUD in order to be in compliance with program requirements;



ATTACHMENT B-1: Statement of Work for Criminal Justice Treatment Account

- iii. Requiring discontinuation, titration, or alteration of their MOUD medication regimen as a necessary component of meeting program requirements for graduation from a Therapeutic Court program.
- c. All decisions regarding an individual's amenability and appropriateness for MOUD will be made by the individual in concert with the Individuals medical professional.

8. CJTA Quarterly Progress Report

- a. The Contractor will submit a CJTA Quarterly Progress Report within thirty (30) calendar days of the state fiscal quarter end using the reporting template. CJTA Quarterly Progress Report must include the following program elements:
  - i. Number of Individuals served under CJTA funding for that time period;
  - ii. Barriers to providing services to the criminal justice population;
  - iii. Strategies to overcome the identified barriers;
  - iv. Training and technical assistance needs;
  - v. Success stories or narratives from Individuals receiving CJTA services; and
  - vi. If a therapeutic court provides CJTA funded services: the number of admissions of Individuals into the program who were either already on medications for opioid use disorder, referred to a prescriber of medications for opioid use disorder, or were provided information regarding medications for opioid use disorder.

ATTACHMENT C: BUDGET/RATE SHEET

<b>Budget Summary</b>			
<b>Contractor: Reflections Counseling Services Group</b>			
<b>Contract No:</b>	<b>KC-489-20</b>		
<b>Contract Period:</b>	<b>01/01/21 - 12/31/22</b>		
<b>Expenditure</b>	<b>Previous</b>	<b>Changes this Contract</b>	<b>Current</b>
<b>Period 1: 01/01/21 - 12/31/21</b>			
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
<b>Period 1 Budget Total</b>	<b>61,361.00</b>	<b>0.00</b>	<b>61,361.00</b>
<b>Period 2: 10/1/21- 06/30/22</b>			
REAL Program Operations (GFS)	247,038.00	0.00	247,038.00
<b>Period 2 Budget Total</b>	<b>247,038.00</b>	<b>0.00</b>	<b>247,038.00</b>
<b>Period 3: 01/01/22- 12/31/22</b>			
CJTA	35,061.20	4,000.00	39,061.20
<b>Period 3 Budget Total</b>	<b>35,061.20</b>	<b>4,000.00</b>	<b>39,061.20</b>
<b>Contract Total</b>	<b>343,460.20</b>	<b>4,000.00</b>	<b>347,460.20</b>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/9/2022

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).

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

**COVERAGES**

CERTIFICATE NUMBER: 523118036


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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 429-73-67-08	8/1/2022	8/1/2023	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"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	PAC 429-73-67-08	8/1/2022	8/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EXC 426-35-57-00	8/1/2022	8/1/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 7,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability	Y	Y	PAC 429-73-67-08	8/1/2022	8/1/2023	Each Occurrence 1,000,000 Aggregate 3,000,000

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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# Exclusions Search Results: Entities

No Results were found for

- 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**

[Search Again](#)

Search conducted 9/9/2022 12:48:54 PM EST on OIG LEIE Exclusions database.

Source data updated on 9/8/2022 8:00:00 AM EST

[Return to Search](#)