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, executed on December 7, 2020, with amendment dates on January 10, 2022, September 27, 2022, January 3, 2023, August 17, 2023, November 13, 2023, and March 24, 2025 shall be amended as follows:

1. **Contract amount** Budget increase of $17,400 from $497,352 to $514,752

2. **Attachment C:** Budget is deleted entirely and replaced as attached

3. 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, 2025

Dated this 10 day of NOV, 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 11/10/25

ATTEST

Dana Daniels, Clerk of the Board

BOARD OF COMMISSIONERS STATE OF WASHINGTON KITSAP COUNTY

CONTRACTOR:
Reflections Counseling Services Group

Name: G'Nell Ashley
Title: Administrator

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

10/24/2025
DATE

KC-489-20-G
Face Sheet: NA - State Funding

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: N/A

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):

Attachment C: Budget

Budget Summary				
Contractor: Reflections Counseling Services Group				
Contract No:		**KC-489-20-G**		
Contract Period:		**07/01/21 - 12/31/25**		
Expenditure	**Fund Source**	**Previous**	Changes this Contract	**Current**
Period 1: 01/01/21 - 12/31/21				
SUD Outpatient Services and Supports (SABG)		$20,000.00	0	$20,000.00
SUD Youth Services and Supports (DMA)		$6,300.00		$6,300.00
CJTA		$35,061.00	0	$35,061.00
Period 1 Budget Total		**$61,361.00**	0	**$61,361.00**
Period 2: 10/1/21- 06/30/22				
REAL Program Operations (GFS)		**$247,038.00**	0	$247,038.00
Period 2 Budget Total		**$247,038.00**	0	**$247,038.00**
Period 3: 01/01/22- 12/31/22				
CJTA		$39,061.00	0	$39,061.00
Period 3 Budget Total		**$39,061.00**	0	**$39,061.00**
Period 4: 01/01/23 - 12/31/23				
CJTA		$32,418.00	0	$32,418.00
CJTA Jail Program		$4,800	0	$4,800.00
Period 4 Budget Total		**$37,218.00**	0	**$37,218.00**
Period 5: 01/01/24 - 12/31/24				
CJTA		$32,684.00	0	$32,684.00
Transportation Support (SABG)		$1,000.00	0	$1,000.00
Period S Total		**$33,684.00**	**0**	**$33,684.00**
Period 6: 7/1/24-12/31/24				
CJTA		$-	$1,200.00	$1,200.00
SUD Outpatient		$-	$12,000.00	$12,000.00
Period 6 Total		**$-**	**$13,200.00**	**$13,200.00**
Period 7: 1/1/25-12/31/25				
CJTA	GFS	$-	$38,790.00	$38,790.00
CJTA Pro-Social	GFS	$-	$6,000.00	$6,000.00
SUD Outpatient	GFS	$-	$20,000.00	$20,000.00
Transportation	SABG	$-	$1,000.00	$1,000.00
Period 7 Total		**$-**	**$65,790.00**	**$65,790.00**
Period 8: 7/1/25 - 12/31/25				
CJTA			$3,000.00	$3,000.00
Retention			$14,400.00	$14,400.00
Period 8 Total			**$17,400.00**	**$17,400.00**
Contract Total		**$418,362.00**	**$96,390.00**	**$514,752.00**

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

License#: BR-1418528

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 :	

INSURED
REFLCOU-01
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	PAC 429-73-67-11	8/1/2025	8/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	Y	Y	CAP F34-28-89-01	8/1/2025	8/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	UMBRELLA LIAB X OCCUR X EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $	Y	Y	EXC 490-03-39-01	8/1/2025	8/1/2026	EACH OCCURRENCE AGGREGATE $	$ 2,000,000 $ 5,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Professioinal Liability	Y	Y	PAC 429-73-67-11	8/1/2025	8/1/2026	Each Occurance/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

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

Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@oig.hhs.gov.

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 9/15/2025 5:17:57 PM EST on OIG LEIE Exclusions database.
Source data updated on 9/10/2025 9:01:00 AM EST

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