

**AMENDMENT No. 1 TO AGREEMENT FOR  
CERTIFIED PEER SUPPORT SPECIALIST SERVICES  
PROJECT ABLE**

**Contract No. HHS24079GS**

December

**THIS AMENDMENT** is made and entered into this 15th day of ~~October~~ 2024, by and between YAMHILL COUNTY, a political subdivision of the State of Oregon, acting by and through its Health and Human Services Department (“County”), and Project Able, an Oregon nonprofit corporation located at 1599 State Street, Salem, OR 97301 (“Contractor”) (collectively, the “Parties”).

WHEREAS, The Parties executed a services contract on October 20, 2017, pursuant to Board Order No. 17-322 for peer support specialist development, certified peer support services and facilitation of partnership wraparound teams (the “Contract”); and

WHEREAS, The Parties now wish to amend the Contract as described herein; and now, therefore

THE PARTIES hereby agree to amend the Contract as follows (new language is indicated by underlined font and deleted language is indicated by strike-out font):

1. Section 6 entitled “Payment” is amended to read as follows:

“A. **Compensation for Services.** As compensation for performing the Services, following receipt and approval of billing documents, Contractor shall receive a payment of ~~\$10,475.00~~ \$13,827.00 per month, effective December 15, 2024. The monthly rate will be prorated for partial months beginning August 15, 2024, ~~August 2017 and August 2018~~. In addition, Contractor will be reimbursed up to \$12,000.00 per 12 month period starting August 15, 2024, for cost of public transportation or taxi services utilized by Contractor’s staff to accompany clients for services and supports provided under this Agreement. County agrees to make payment within thirty days of receipt and approval of billing documents.

**Risk Sharing.** If Contractor works less than 328 hours in a month, County shall invoice Contractor for the reduced number of hours at a rate of \$37.99 per hour. If Contractor works more than 400 hours in a month, Contractor shall invoice County for the additional hours at a rate of \$37.99 per hour.

B. Billing documents must be received by County at a minimum quarterly and within four (4) months of the date of service unless the claim meets one of the cases listed under OAR 410-141-3420 (1)(a) in which case claim must be submitted within twelve (12) months of the date of service. Should Yamhill CCO or OHA set more stringent submission timelines during the duration of this Agreement, the new timelines will apply. Routine claims not received as described above will be denied. Contractor must submit denied claims for reprocessing within 90 days of the original denial unless the claim meets one of the cases listed in OAR 410-141-3430, (4) (a) (C). The maximum amount payable for performance of Services under this Agreement for the period of August 15, 2024 through August 14, 2025 is prorated to \$137,700.00 ~~\$164,516.00.~~”

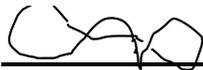
2. The section of Exhibit B entitled "Peer Crisis Service Part A – Contractors Duties" is amended to read as follows:

"2. Contractor will provide certified Peer Support Specialists (PSS) on-site at the Peer-Assisted Crisis Center facility ~~70~~ 84 hours per week for the duration of this contract. Peer Support Specialists will:"

Except as expressly amended above, all other terms and conditions of the original contract are still in full force and effect. The Contractor certifies that the representations, warranties, and certifications contained in the original contract are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this Amendment.

IN WITNESS WHEREOF, the parties hereto have executed, or caused to be executed, this Amendment No. 1 on the date indicated by their duly authorized officials.

**PROJECT ABLE**

  
\_\_\_\_\_  
Signature

Clay Peterson  
\_\_\_\_\_  
Name (printed)

Executive Director of Project ABLE  
\_\_\_\_\_  
Title

11/27/2024  
\_\_\_\_\_  
Date

**YAMHILL COUNTY**

Signed by:  
  
\_\_\_\_\_  
Signature

Lindsay Berschauer  
\_\_\_\_\_  
Name (printed)

Chair, County Commissioners  
\_\_\_\_\_  
Title

12/13/2024  
\_\_\_\_\_  
Date

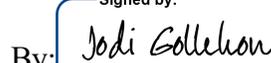
Signed by:  
  
\_\_\_\_\_  
Signature

Lindsey Manfrin  
\_\_\_\_\_  
Name (printed)

HHS Director, Public Health Administrator  
\_\_\_\_\_  
Title

12/13/2024  
\_\_\_\_\_  
Date

APPROVED AS TO FORM

Signed by:  
  
By: \_\_\_\_\_ Assistant County Counsel  
\_\_\_\_\_  
Signature

**Approved by the BOC on:12/12/24**

**via Board Order No.:24-355**