

June 13, 2024

B.C.C. Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
 Clackamas County

**Approval of Amendment #1 extending the term and increasing funding of a Local Subrecipient Grant Agreement with Project Quest for Non-Opioid Pain Management Services. Amendment value is \$121,600 for six months. Agreement value increased to \$466,600 for 29 months. Funding is through the Oregon Health Authority. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	Original Agreement approved January 5, 2023, Agenda Item 20230105 III.D.8; Amendment #01 briefed at Issues June 11, 2024		
<b>Performance Clackamas</b>	Ensuring safe, healthy, and secure communities through the provision of mental health and substance use services.		
<b>Counsel Review</b>	Yes	<b>Procurement Review</b>	No
<b>Contact Person</b>	Mary Rumbaugh	<b>Contact Phone</b>	503-742-5305

**EXECUTIVE SUMMARY:** The Behavioral Health Division of the Health, Housing and Human Services Department requests the approval of Amendment #01 to a Local Subrecipient Grant Agreement with Project Quest dba Quest Center for Integrative Health for non-opioid pain management services as known as Quest Center’s Wellness, Integrity, and Sustainable Health or W.I.S.H. Program. The program is an integrated medical and behavioral health program designed to treat chronic pain through the use of non-opioid interventions. The program integrates acupuncture, yoga, mental health, medication management, treatment for substance abuse disorder, nutrition, and peer support in a community setting. This Amendment will allow for the completion of a formal procurement process.

The funding provided for Quest Center’s W.I.S.H. Program addresses two of the five major priorities identified by the U.S. Department of Health and Human Services in response to the national opioid crisis:

- Improving access to treatment and recovery services, and
- Advancing better practices for pain management.

Amendment #01 adds \$121,600.00 for six additional months of services expiring December 31, 2024. This Amendment increases the maximum agreement value to \$466,600.00.

**RECOMMENDATION:** Staff respectfully requests that the Board of County Commissioners approve this Amendment and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

*Rodney A. Cook*

Rodney A. Cook  
 Director of Health, Housing and Human Services

For Filing Use Only

## Local Subrecipient Amendment

Subrecipient Agreement Number: 10761

Board Order Number: \_\_\_\_\_

Department/Division: H3S/Behavioral Health

Amendment No. 01

Subrecipient: Project Quest dba Quest Center for Integrative Health

Amendment Requested By: Mary Rumbaugh

Changes:  Scope of Service  
 Agreement Time

Agreement Budget  
(X) Other: Various updates to Exhibits A and B

### Justification for Amendment:

This Amendment #01 is entered into by and between Clackamas County ("COUNTY") and Project Quest dba Quest Center for Integrative Health ("SUBRECIPIENT") and will become part of that local subrecipient agreement ("Agreement") originally entered by and between the parties on January 5, 2023.

This Amendment #01 extends the term of the Agreement six (6) months through December 31, 2024 to allow for the completion of a formal procurement process, and adds to the maximum compensation available through this Agreement.

Maximum compensation is increased \$121,600.00 to a revised value of \$466,600.00. This Amendment #01 is effective upon signature and continues through December 31, 2024.

Except as amended hereby, all other terms and conditions of the contract remain in full force and effect. The County has identified the changes with "***bold/italic***" font for easy reference.

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**Project Quest dba Quest Center for Integrative Health #10761 – W.I.S.H. Program**

*Local Subrecipient Grant Agreement – Amendment #01*

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**AMEND Section 1, Term and Effective Date:**

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and approved as required by applicable law. Funds issued under this Agreement may be used to reimburse SUBRECIPIENT for expenses approved in writing by COUNTY relating to the project incurred no earlier than **August 1, 2022** and not later than **June 30, 2024**, unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.

**TO READ:**

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and approved as required by applicable law. Funds issued under this Agreement may be used to reimburse SUBRECIPIENT for expenses approved in writing by COUNTY relating to the project incurred no earlier than **August 1, 2022** and not later than **December 31, 2024**, unless this Agreement is sooner terminated or extended pursuant to the terms hereof. No grant funds are available for expenditures after the expiration date of this Agreement.

**AMEND Section 4, Grant Funds:**

4. **Grant Funds.** This is a non-federal subrecipient agreement. COUNTY's funding for this Agreement is the **Community Mental Health Program Intergovernmental Agreement** issued to COUNTY by OHA. The maximum, not to exceed, grant amount COUNTY will pay is **\$345,000.00**.

**TO READ:**

4. **Grant Funds.** This is a non-federal subrecipient agreement. COUNTY's funding for this Agreement is the **Community Mental Health Program Intergovernmental Agreement** issued to COUNTY by OHA. The maximum, not to exceed, grant amount COUNTY will pay is **\$466,600.00**.

**AMEND Section 5, Disbursements:**

5. **Disbursements.** Disbursements will be made according to the following schedule:

\$345,000.00 to be paid at a case rate amount through monthly invoicing. See **Exhibit B, Compensation** for further detail.

Failure to comply with the terms of this Agreement may result in withholding of payment.

**TO READ:**

5. **Disbursements.** Disbursements will be made according to the following schedule:

**\$466,600.00 to be paid through monthly invoicing.** See **Exhibit B, Compensation** for further detail.

Failure to comply with the terms of this Agreement may result in withholding of payment.

**AMEND EXHIBIT A, SCOPE OF WORK:**

**Project Quest dba Quest Center for Integrative Health #10761 – W.I.S.H. Program**

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**Background**

SUBRECIPIENT’s mission is to “provide integrative healthcare services, education and inclusive community support to people seeking a wellness-focused approach to full living”. COUNTY is providing funds to support SUBRECIPIENT’s Wellness, Integrity, and Sustainable Health Pain Management Program or W.I.S.H. Program. The W.I.S.H. Program is an integrated medical and behavioral health program designed to treat chronic pain through the use of non-opioid interventions. The treatment program integrates acupuncture, yoga, mental health, medication management, treatment for substance abuse disorder, nutrition, and peer support in a community setting.

**Statement of Work**

SUBRECIPIENT shall:

- Provide W.I.S.H. Program Services with the goal of increasing individuals’ quality of life
- Provide Program Services to individuals who are uninsured or under insured, to include, but not limited to:
  - Individuals whose insurance coverage does not cover these benefits
  - Individuals who do not have access to insurance, either due to inability to verify citizenship or because they cannot afford insurance
  - Individuals who are insured through Medicare
- Provide Services to up to up ten (10) unique individuals each month.
- Work collaboratively with individuals’ primary care physicians to ensure program is tailored to address pain management needs.
- Submit encounter data to COUNTY’s Third Party Administrator, Performance Health Technologies, LTD.

**Reporting Requirements**

SUBRECIPIENT shall submit reports to include the following:

- Total number of individuals served
- % of individuals that reported less pain, on average
- % of individuals that reported an increased ability to do normal work
- % of individuals that reported a better mood
- % of individuals that reported they are sleeping better

SUBRECIPIENT shall provide reports according to the following schedule:

<b>Report Due</b>	<b>Reporting Period</b>
October 14, 2022	August 1 – September 30, 2022
January 14, 2023	October 1 – December 31, 2022
April 14, 2023	January 1 – March 31, 2023
July 14, 2023	April 1 – June 30, 2023
October 14, 2023	July 1 – September 30, 2023
January 14, 2024	October 1 – December 31, 2023

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April 14, 2024	January 1 – March 31, 2024
July 14, 2024	April 1 – June 30, 2024

**TO READ:**

**Background**

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  - Individuals who are insured through Medicare
- Provide Services to up to up ten (10) unique individuals each month.
- Work collaboratively with individuals’ primary care physicians to ensure program is tailored to address pain management needs.
- Submit encounter data to COUNTY’s Third Party Administrator, ***Ayin Health Solutions, Inc., formerly known as Performance Health Technologies, LTD.***

**Reporting Requirements**

SUBRECIPIENT shall submit reports to include the following:

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April 14, 2024	January 1 – March 31, 2024
July 14, 2024	April 1 – June 30, 2024
<b>October 14, 2024</b>	<b>July 1 – September 30, 2024</b>
<b>January 14, 2024</b>	<b>October 1 – December 31, 2024</b>

***SUBRECIPIENT shall submit all required reporting to COUNTY via email to [BHContractReporting@clackamas.us](mailto:BHContractReporting@clackamas.us).***

**AMEND EXHIBIT B, COMPENSATION:**

- a. Payment for all Work performed under this Agreement shall be subject to the provisions of ORS 293.462 and shall not exceed the total maximum sum of **\$345,000.00**.

SUBRECIPIENT shall be compensated at the **rate of \$1,500.00 per month per client**, up to ten (10) clients. Monthly invoicing shall not exceed \$15,000.00.

- b. SUBRECIPIENT will submit **monthly invoices by the 10<sup>th</sup> day of the month** following the month Services were provided.

All invoices and supporting documentation shall be sent by email or mail to:

[BHAP@clackamas.us](mailto:BHAP@clackamas.us)

Clackamas County Behavioral Health Division  
 Accounts Payable  
 2051 Kaen Road, Suite #154  
 Oregon City, Oregon 97045

When submitting electronically, designate SUBRECIPIENT name and Agreement **#10761** in the subject of the email.

- c. Payments shall be made to SUBRECIPIENT, within thirty (30) days, following the COUNTY’s review and approval of invoices submitted by SUBRECIPIENT. SUBRECIPIENT shall not submit invoices for, and the COUNTY will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Agreement, the amendment must be fully effective before SUBRECIPIENT performs Work subject to the amendment.

**TO READ:**

- a. Payment for all Work performed under this Agreement shall be subject to the provisions of ORS

**Project Quest dba Quest Center for Integrative Health #10761 – W.I.S.H. Program**

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293.462 and shall not exceed the total maximum sum of **\$466,600.00**.

SUBRECIPIENT shall be compensated for ***up to ten (10) client per month***.

- b.** SUBRECIPIENT will submit **monthly invoices by the 10<sup>th</sup> day of the month** following the month Services were provided.

All invoices and supporting documentation shall be sent by email or mail to:

[BHAP@clackamas.us](mailto:BHAP@clackamas.us)

Clackamas County Behavioral Health Division  
Accounts Payable  
2051 Kaen Road, Suite #154  
Oregon City, Oregon 97045

When submitting electronically, designate SUBRECIPIENT name and Agreement **#10761** in the subject of the email.

- c.** Payments shall be made to SUBRECIPIENT, within thirty (30) days, following the COUNTY's review and approval of invoices submitted by SUBRECIPIENT. SUBRECIPIENT shall not submit invoices for, and the COUNTY will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Agreement, the amendment must be fully effective before SUBRECIPIENT performs Work subject to the amendment.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE**

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed by their duly authorized officers.

**CLACKAMAS COUNTY**

**PROJECT QUEST DBA QUEST CENTER FOR INTEGRATIVE HEALTH**

By: \_\_\_\_\_

By: *[Signature]*

Its: \_\_\_\_\_

Its: *Director of Finance*

Dated: \_\_\_\_\_

Dated: *5/24/24*

Approved as to form:

By: *[Signature]*  
County Counsel

Dated: *5/28/2024*