

To request translation or disability-related accommodations, please contact us at **BHContracts@clackamas.us** | 503-742-5335

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **BHContracts@clackamas.us** | **503-742-5335**

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **BHContracts@clackamas.us** | **503-742-5335**

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **BHContracts@clackamas.us** | 503-742-5335

如需翻译服务或残障相关的协助，请与我们联系：**BHContracts@clackamas.us** | **503-742-5335**

Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **BHContracts@clackamas.us** | **503-742-5335**



Clackamas County
www.clackamas.us

July 9, 2026

BCC Agenda Item: _____

Board of County Commissioners
Clackamas County

Approval of a Local Subrecipient Grant Agreement with Cascadia Health for residential treatment services. Agreement Value is \$68,300 for 18 months. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review: Previous Agreement Approved 20240912 I.C.4

Performance Clackamas: Healthy People

Counsel Review: Yes – Andrew Naylor

Procurement Review: N/A

Contact Person: Karen Kern

Contact Phone: 503-742-5335

EXECUTIVE SUMMARY: The Behavioral Health Division of the Health, Housing and Human Services Department requests the approval of a Local Subrecipient Grant Agreement with Cascadia Health for residential treatment services for eligible Clackamas County residents. Cascadia provides these services at three facilities in Clackamas County and works collaboratively with the County to provide treatment planning, admission and discharge authorizations, and referrals for clients to specialty health services.

Cascadia Health is a not-for-profit agency that delivers whole health care – integrated mental health and addiction services, primary care, and housing – to promote and support the well-being of the communities served. For more than thirty-five years, Cascadia has been the community health and housing safety net provider for Oregonians of all ages experiencing mental health and addiction challenges, trauma, poverty, and homelessness.

This Agreement, effective January 1, 2026 through June 30, 2027, has a maximum value of \$68,300.00.

RECOMMENDATION: Staff respectfully requests that the Board of Commissioners approve this Agreement (12438) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh
Director of Health, Housing and Human Services

For Filing Use Only

CLACKAMAS COUNTY, OREGON LOCAL SUBRECIPIENT GRANT AGREEMENT	
Program Name: Residential Treatment Services H3S Agreement: #12438 Program Number: 400602 Behavioral Health System of Care	
This Agreement is between Clackamas County , Oregon, acting by and through its Department of Health, Housing and Human Services, Behavioral Health Division (“COUNTY”), and Cascadia Health (“SUBRECIPIENT”), an Oregon Nonprofit Corporation.	
Clackamas County Data	
Grant Accountant: Lorrie Biggs	Program Manager: David Sant
Clackamas County – Finance 2051 Kaen Road Oregon City, OR 97045 503-742-5421 LBiggs@clackamas.us	Clackamas County – Behavioral Health Division 2051 Kaen Road, Suite 154 Oregon City, OR 97045 503-742-5335 DSant@clackamas.us
Subrecipient Data	
Finance/Fiscal Representative: Shanti Villarreal	Program Representative: Hali Mendez
Cascadia Health PO Box 8459 Portland, OR 97207 503-963-7766 Shanti.villarreal@cascadiahealth.org	Cascadia Health PO Box 8459 Portland, OR 97207 503-963-7766 contracts@cascadiahealth.org

RECITALS

1. Clackamas County, as a Community Mental Program (“CMHP”), was awarded an Intergovernmental Agreement, agreement number 44300-00054282, on January 27, 2026 (the “IGA”) for the Financing of Community Mental Health Programs with the State of Oregon, acting by and through its Oregon Health Authority (“OHA”). The IGA obligates the COUNTY to operate or contract for the operation of community addictions and mental health programs in accordance with the policies, procedures and administrative rules of OHA. COUNTY is required to contract for the provision of residential treatment services.
2. SUBRECIPIENT is a not-for-profit agency that delivers whole healthcare – integrated mental health and addiction services, primary care, and housing – to promote hope and support the well-being of the communities served. For more than thirty-five (35) years, SUBRECIPIENT has been the community health and housing safety net provider for Oregonians of all ages experiencing mental health and addiction challenges, trauma, poverty, and homelessness. COUNTY was authorized to establish an agreement with SUBRECIPIENT following the approval of a non-competitive grant award request. COUNTY is limited to contracting with residential treatment service providers licensed by OHA. SUBRECIPIENT is a licensed provider. COUNTY has maintained a long-standing contractual relationship with SUBRECIPIENT for residential treatment services as well as several outpatient services.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 2 of 31

3. This subrecipient grant agreement (“Agreement”) of financial assistance sets forth the terms and conditions pursuant to which SUBRECIPIENT agrees on delivery of Services.

NOW THEREFORE, according to the terms of this Local Grant Agreement the COUNTY and SUBRECIPIENT agree as follows:

AGREEMENT

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and will terminate on **June 30, 2027**, unless sooner terminated or extended pursuant to the terms hereof. Eligible expenses for this Agreement may be charged during the period beginning **January 1, 2026** and expiring **June 30, 2027**, subject to additional restrictions set forth below and to the exhibits attached hereto, and 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.
2. **Program.** The Program is described in **Exhibit A, Subrecipient Scope of Work & Performance Reporting**, attached hereto and incorporated by this reference herein. SUBRECIPIENT agrees to carry out the Program in accordance with the terms and conditions of this Agreement and according to SUBRECIPIENT scope of work in Exhibit A.
3. **Standards of Performance.** SUBRECIPIENT shall perform all activities and programs in accordance with the requirements set forth in this Agreement and all applicable laws and regulations. Furthermore, SUBRECIPIENT shall perform all activities and programs in with the requirements of the **Community Mental Health Program (“CMHP”) IGA** that is the source of the grant funding and other required information in Exhibits A-G, which are attached to and made a part of this agreement by this reference. SUBRECIPIENT shall further comply with any and all terms, conditions, and other obligations as may be required by the applicable local or State agency providing funding for performance under this Agreement, whether or not specifically referenced herein. SUBRECIPIENT agrees to take all necessary steps, and execute and deliver any and all necessary written instruments, to perform under this Agreement including, but not limited to, executing all additional documentation necessary to comply with applicable State funding requirements.
4. **Grant Funds.** COUNTY’s funding for this Agreement is the **2026-27 Intergovernmental Agreement for the financing of Community Mental Health Programs, Agreement Number 44300-00054282** issued to COUNTY by the Oregon Health Authority (“OHA”). The maximum, not to exceed, grant amount that the COUNTY will pay is **\$88,790.00**. This is a cost reimbursement grant, the award is conditional and disbursements will be made in accordance with the schedule and requirements contained in **Exhibit C, Required Financial Reporting and Payment Request**. Failure to comply with the terms of this Agreement may result in COUNTY declaring the Agreement in default and pursuing any and all remedies available to it at law, in equity, or under this Agreement including, but not limited to, withholding of payment. Funds advanced and unspent must be returned to COUNTY within 30 days of the end of termination period in Section 1 if award conditions are not met.
 - 4.1. **State Funds: \$88,790.00** in State funds are provided through the IGA with OHA.
5. **Amendments.** The terms of this Agreement shall not be waived, altered, modified, supplemented, or amended, in any manner whatsoever, except by written instrument signed by both parties. **SUBRECIPIENT must submit a written request including a justification for any amendment to COUNTY in writing at least forty-five (45) calendar days before this Agreement expires.** No payment will be made for any services performed before the beginning eligible expense date or after the expiration date of this Agreement. If the maximum compensation amount is increased by amendment, the amendment must be fully executed before SUBRECIPIENT performs work subject to the amendment.
6. **Termination.** This Agreement may be suspended or terminated prior to the expiration of its term as

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 3 of 31

follows:

- a. At COUNTY’s discretion, upon thirty (30) days’ advance written notice to SUBRECIPIENT;
- b. Immediately upon written notice to SUBRECIPIENT if SUBRECIPIENT fails to comply with any term of this Agreement;
- c. At any time upon mutual agreement by COUNTY and SUBRECIPIENT;
- d. Immediately upon written notice provided to SUBRECIPIENT that COUNTY has determined funds are no longer available for this purpose;
- e. Immediately upon written notice provided to SUBRECIPIENT that COUNTY lacks sufficient funds, as determined by COUNTY in its sole discretion, to continue to perform under this Agreement; or
- f. Immediately upon written notice to SUBRECIPIENT if SUBRECIPIENT is in default under this Agreement.

Upon completion of the Program or upon termination of this Agreement, any unexpended balances shall remain with COUNTY.

7. **Effect of Termination.** The expiration or termination of this Agreement, for any reason, shall not release SUBRECIPIENT from any obligation or liability to COUNTY, or any requirement or obligation that:

- a. Has already accrued hereunder;
- b. Comes into effect due to the expiration or termination of the Agreement; or
- c. Otherwise survives the expiration or termination of this Agreement.

Following the termination of this Agreement, SUBRECIPIENT shall promptly identify all unexpended funds and return all unexpended funds to COUNTY. Unexpended funds are those funds received by SUBRECIPIENT under this Agreement that (i) have not been spent or expended in accordance with the terms of this Agreement; and (ii) are not required to pay allowable costs or expenses that will become due and payable as a result of the termination of this Agreement.

8. **Funds Available and Authorized.** COUNTY certifies that it has received an award sufficient to fund this Agreement. SUBRECIPIENT understands and agrees that payment of amounts under this Agreement is contingent on COUNTY receiving appropriations or other expenditure authority sufficient to allow COUNTY, in the exercise of its sole administrative discretion, to continue to make payments under this Agreement.

9. **Future Support.** COUNTY makes no commitment of future support and assumes no obligation for future support for the activity contracted herein except as set forth in Section 8.

10. State Procurement Standards

- a) COUNTY’s performance under the Agreement is conditioned upon SUBRECIPIENT’s compliance with, and SUBRECIPIENT shall comply with, the obligations applicable to public contracts under the Local Contract Review Board (“LCRB”) regulations (Appendix C of Clackamas County Code, located at <http://www.clackamas.us/code/>), which are incorporated by reference herein.
- b) Procurements for goods and services under this award shall use processes as outlined below:

\$0-\$5,000	Direct procurement	One vendor contact
\$5,000-\$50,000	Intermediate procurement	Obtain & document three quotes, award on best value
\$50,000-\$150,000	Intermediate Plus procurement	Issue request for quotes or other appropriate form of solicitation, award on best value

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 4 of 31

+\$150,000	Formal	Formal solicitation process following written procurement policies
------------	--------	--

- c) All procurement transactions, whether negotiated or competitively bid and without regard to dollar value, shall be conducted in a manner so as to provide maximum open and free competition. All sole-source procurements in excess of \$5,000 must receive prior written approval from COUNTY in addition to any other approvals required by law applicable to SUBRECIPIENT. Justification for sole-source procurement in excess of \$5,000 should include a description of the project and what is being contracted for, an explanation of why it is necessary to contract noncompetitively, time constraints and any other pertinent information. Intergovernmental agreements are excluded from this provision.
 - d) SUBRECIPIENT must maintain written standards of conduct covering conflicts of interest and governing the performance of its employees engaged in the selection, award and administration of contracts. If SUBRECIPIENT has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, SUBRECIPIENT must also maintain written standards of conduct covering organizational conflicts of interest. SUBRECIPIENT shall be alert to organizational conflicts of interest or non-competitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. Contractors that develop or draft specifications, requirements, statements of work, and/or Requests for Proposals (“RFP”) for a proposed procurement must be excluded by SUBRECIPIENT from bidding or submitting a proposal to compete for the award of such procurement. Any request for exemption must be submitted in writing to COUNTY.
 - e) SUBRECIPIENT agrees that, to the extent they use contractors or subcontractors, SUBRECIPIENT shall use small, minority-owned, and/or women-owned businesses when possible.
11. **No Duplicate Payment.** SUBRECIPIENT may use other funds in addition to the grant funds to complete the Program; provided, however, SUBRECIPIENT may not credit or pay any grant funds for Program costs that are paid for with other funds and would result in duplicate funding.
12. **Non-supplanting.** SUBRECIPIENT must ensure funds provided in this Agreement are used to supplement and not supplant moneys budgeted or received from any other source for the same activities.
13. **General Agreement Provisions.**
- a) **Non-appropriation Clause.** If payment for activities and programs under this Agreement extends into COUNTY’s next fiscal year, COUNTY’s obligation to pay for such work is subject to approval of future appropriations to fund the Agreement by the Board of County Commissioners.
 - b) **Indemnification.** SUBRECIPIENT agrees to indemnify, defend and hold harmless COUNTY, and its elected officials, officers, employees, and agents, from and against all claims, actions, losses, liabilities, including reasonable attorney and accounting fees, and all expenses incidental to the investigation and defense thereof, arising out of or based upon (1) SUBRECIPIENT’s negligent or willful acts or those of its employees, agents, or those under SUBRECIPIENT’s control; or (2) SUBRECIPIENT’s acts or omissions in performing under this Agreement including, but not limited to, any claim by State or Federal funding sources that SUBRECIPIENT used funds for an ineligible purpose. SUBRECIPIENT is responsible for the actions of its own agents and employees, and COUNTY assumes no liability or responsibility with respect to SUBRECIPIENT’s actions, employees, agents or otherwise with respect to those under its control.

To the extent permitted by applicable law, SUBRECIPIENT shall defend (in the case of the State of Oregon and the Oregon Health Authority, subject to ORS chapter 180), save and hold

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 5 of 31

harmless the State of Oregon, the Oregon Health Authority, the County, and their officers, employees, and agents from and against all claims, suits, actions, losses damages, liabilities, costs and expenses of any nature whatsoever resulting from, arising out of or relating to the operations of SUBRECIPIENT or its officers, employees, subcontractors, or agents under this Agreement.

- c) **Assignment.** This Agreement may not be assigned in whole or in part without the prior express written approval of COUNTY.
- d) **Independent Status.** SUBRECIPIENT is independent of COUNTY and will be responsible for any federal, state, or local taxes and fees applicable to payments hereunder. SUBRECIPIENT is not an agent of COUNTY and undertakes this work independent from the control and direction of COUNTY excepting as set forth herein. SUBRECIPIENT shall not seek or have the power to bind COUNTY in any transaction or activity.
- e) **Notices.** Any notice provided for under this Agreement shall be effective if in writing and (1) delivered personally to the addressee or deposited in the United States mail, postage paid, certified mail, return receipt requested, (2) sent by overnight or commercial air courier (such as Federal Express), (3) sent by electronic mail with confirming record of delivery confirmation through electronic mail return-receipt, or by confirmation that the electronic mail was accessed, downloaded, or printed. Notice will be deemed to have been adequately given three days following the date of mailing, or immediately if personally served. For service by facsimile or by electronic mail, service will be deemed effective at the beginning of the next working day.
- f) **Governing Law.** This Agreement, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon and the ordinances of Clackamas County without regard to principles of conflicts of law. Any claim, action, or suit between COUNTY and SUBRECIPIENT that arises out of or relates to the performance of this Agreement shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. In no event shall this section be construed as a waiver by the COUNTY of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment of the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. SUBRECIPIENT, by execution of this Agreement, hereby consents to the personal jurisdiction of the courts referenced in this section.
- g) **Severability.** If any provision of this Agreement is found to be illegal or unenforceable, this Agreement nevertheless shall remain in full force and effect and the provision shall be stricken.
- h) **Counterparts.** This Agreement may be executed in any number of counterparts, all of which together will constitute one and the same Agreement. Facsimile copy or electronic signatures shall be valid as original signatures.
- i) **Third Party Beneficiaries.** Except as expressly provided in this Agreement, there are no third party beneficiaries to this Agreement. The terms and conditions of this Agreement may only be enforced by the parties.
- j) **Binding Effect.** This Agreement shall be binding on all parties hereto, their heirs, administrators, executors, successors and assigns.
- k) **Integration.** This Agreement contains the entire Agreement between COUNTY and SUBRECIPIENT and supersedes all prior written or oral discussions or Agreements.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 6 of 31

- l) **No Attorney Fees.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Agreement, each party shall be responsible for its own attorneys' fees and expenses.

- m) **Debt Limitation.** This Agreement is expressly subject to the limitations of the Oregon Constitution and Oregon Tort Claims Act and is contingent upon appropriation of funds. Any provisions herein that conflict with the above referenced laws are deemed inoperative to that extent.

- n) **Survival.** All rights and obligations shall cease upon termination or expiration of this Agreement, except for the rights and obligations set forth in Article II, Sections 3, 7, 13 (a), (b), (c), (f), (g), (i), (j), (k), (l), and (m), and all other rights and obligations which by their context are intended to survive.

14. Agreement Documents.

This Agreement consists of the following documents, which are attached and incorporated by reference herein:

- Exhibit A: SUBRECIPIENT Scope of Work & Performance Reporting
- Exhibit B: SUBRECIPIENT Program Budget
- Exhibit C: Required Financial Reporting and Payment Request
- Exhibit D: General Administrative Requirements and Terms & Conditions
- Exhibit E: Insurance Requirements
- Exhibit F: Qualified Service Organization Business Associate Agreement

In the event of a conflict between the terms of any exhibits to this Agreement, interpretations shall be based on the following order of precedence:

- This Agreement
- Exhibit F
- Exhibit D
- Exhibit E
- Exhibit A
- Exhibit C
- Exhibit B

(Signature Page Follows)

Cascadia Health – Residential Treatment Services
Local Subrecipient Grant Agreement – H3S #12438
Page 7 of 31

SIGNATURE PAGE TO SUBRECIPIENT GRANT AGREEMENT

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

CLACKAMAS COUNTY

By: _____

Its: _____

Dated: _____

CASCADIA HEALTH

Firmado por:
By: James Schroeder
56D8B56008F042D...

Its: James Schroeder, President-CEO

Dated: 6/10/2026

Approved for Legal Sufficiency:

By: 
County Counsel

Dated: 06/11/2026

EXHIBIT A
SUBRECIPIENT SCOPE OF WORK AND PERFORMANCE REPORTING

PROGRAM NAME: Residential Treatment Services	H3S #12438
SUBRECIPIENT: CASCADIA HEALTH	

- 1. SUBRECIPIENT shall provide residential treatment services within the scope of SUBRECIPIENT’s licenses and certification, and the licenses, certifications, and training of employed and contracted staff providing direct services under the Agreement.**

- 2. In alignment with the Oregon Health Authority’s Service Priorities, SUBRECIPIENT shall for the purpose of provision of services funded by this Agreement follow the Service Priorities described below:**
 - A. SUBRECIPIENT shall give first priority in providing services to each of the following:**
 - i. Aid and Assist – Individuals who the court:**
 1. Has reason to doubt are fit to proceed by reason of incapacity (as defined in ORS 161.360) under ORS 161.365;
 2. Has determined lack the fitness to proceed under ORS 161.370 but has not yet determined what action to take under ORS 161.370(2)(c);
 3. Has found to lack fitness to proceed under ORS 161.370 and are committed to the custody of the superintendent of the Oregon State Hospital (OSH); or
 4. Had determined lack of fitness to proceed under ORS 161.370 and are ordered to engage in community restoration services.
 5. Has determined to have no substantial probability of gaining or regaining fitness under ORS 161.367 and who are being discharged to the community.
 - ii. Psychiatric Security Review Board (PSRB) – Individuals who:**
 1. Are found guilty except for insanity of a criminal offense under ORS 161.327 or responsible except for insanity under ORS 419C.529; or
 2. Are committed as extremely dangerous persons with qualifying mental disorders under ORS 426.701, or recommitted under ORS 426.702.
 - iii. Civil Commitment – Individuals who:**
 1. Are currently committed to the Oregon Health Authority (OHA) for treatment under ORS 426.130 or recommitted to OHA under ORS 426.307;
 2. Are diverted through the civil commitment process to voluntary treatment, conditional release, outpatient commitment, and assisted outpatient treatment (AOT) as described in ORS 426.125 through ORS 426.133, or ORS 426.237; or
 3. Required emergency hold, custody, or secure transport services under ORS 426.228, ORS 426.231, ORS 426.232 and ORS 426.233, or are being held on a warrant of detention pending a civil commitment hearing under ORS 426.070.
 - B. SUBRECIPIENT shall give second priority in providing services to individuals who are eighteen (18) years or older, and have a mental illness(es), including co-occurring mental**

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 10 of 31

- B.** SUBRECIPIENT shall coordinate with COUNTY on referral of clients to specialty behavioral health services or to a higher intensity of service. Specifically:
 - i.** SUBRECIPIENT shall coordinate with COUNTY on both the admission and discharge of clients to psychiatric acute care or sub-acute psychiatric care.
 - ii.** SUBRECIPIENT shall coordinate with COUNTY on referral of clients to crisis respite services, particularly as those services are used to divert the admission of the Client to acute care.
 - iii.** SUBRECIPIENT shall coordinate with COUNTY to obtain Long Term Care Determination for appropriate clients.
- C.** SUBRECIPIENT shall participate in client staffing with COUNTY and the Oregon Health Authority (“OHA”) on a regular, scheduled or ad hoc basis in order to ensure most appropriate care.

6. Standards of Care

COUNTY promotes resilience in and recovery of the clients it serves. COUNTY supports a system of care that promotes and sustains a client’s recovery from a mental health condition by identifying and building upon the strengths and competencies within the person to assist them in achieving a meaningful life within their community. Consistent with these values and pursuant to residential licensing standards under Chapter 309, Division 035 of the Oregon Administrative Rules, SUBRECIPIENT shall:

- A.** Provide services in a manner that assures continuity and coordination of the health care service provided each client;
- B.** Comply with the following timelines upon receipt of a referral;
 - i.** Contact the referent within **forty-eight (48) hours** with decision of whether to screen the referred client;
 - ii.** Conduct screening within **fourteen (14) calendar days** from receipt of referral; and
 - iii.** Determine whether to accept the referral, and complete the referral cover sheet and return it to the referent within **seventy-two (72) hours** of the screening.
- C.** Not discriminate against clients because of source of income, race, color, national origin, religion, creed, marital status, sex or sexual orientation (except as may be limited by room arrangement), age (except under eighteen (18) years), familial status, or disability in addition to the mental or emotional disorder;
- D.** Practice and treat all clients using that degree of care, skill and diligence which is used by ordinarily careful providers in the same or similar circumstances in the provider’s community or a similar community (see ORS 677.095);
- E.** Ensure that clients are served in the most normative, least restrictive, least intrusive and most cost effective level of care appropriate to their diagnosis and current symptoms, degree of impairment, level of functioning, treatment history, and extent of family and community supports;
- F.** Assure that an adequate number of staff are available at all times to meet the treatment, health and safety needs of clients;
- G.** Advise or advocate on behalf of clients in regard to treatment options, without restraint from COUNTY;
- H.** Provide clients with access to services without undue delay and as soon as necessary in light of client’s mental health condition;

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 11 of 31

- I. Ensure that all personnel providing services to clients under this Agreement are properly trained and qualified to render the services they provide. SUBRECIPIENT shall arrange for continuing education of personnel rendering services under this Agreement as necessary to maintain such competence and satisfy all applicable licensing, certification or other regulatory requirements; and
- J. Maintain facilities and equipment appropriate for provision of services to clients of a type and quality consistent with administrative rules promulgated by the State of Oregon Department of Human Services and the Americans with Disabilities Act.

7. Staff Standards

- A. SUBRECIPIENT shall ensure the following for all staff employed as part of this Agreement:
 - i. Successful criminal background check through the State of Oregon Background Check Unit (BCU) compliant with ORS Chapter 181 and OAR 407-007-0000 to OAR 407-007-0370.
 - ii. Positive clearance through the General Services Administration System of Award Management (SAM) at time of hire and monthly thereafter.
 - iii. Positive clearance through the Office of Inspector General (OIG) List of Excluded Individuals/Entities at time of hire and monthly thereafter.
 - iv. Document and certify that staff education, degrees, licenses, certifications, work experience, competence and supervision are adequate to permit staff to perform assigned duties.

8. Reporting and Performance Reporting

- A. Reporting
 - i. SUBRECIPIENT shall maintain record of disbursements of Personal Incidental Fund monies to clients. Record shall contain dates, disbursement amounts, and client signature acknowledging receipt of funds. SUBRECIPIENT shall make the record available for review upon request by COUNTY.
 - ii. Mandated State Data System Reporting. All individuals receiving services under this Agreement must be enrolled and that individual’s record maintained in ROADS (Resilience Outcomes Analysis and Data Submission), the mandated state data system, as required in OAR 309-019-0135(1)(e).
- B. Performance Reporting
 - i. SUBRECIPIENT shall submit performance reports quarterly. Reports shall be submitted to COUNTY no later than thirty (30) days following the end of each reporting period. Due dates for reports are as follows:

Reporting Schedule		
	Reporting Period	Report Due
1st Report	January 1 – March 31, 2026	No later than April 30, 2026
2nd Report	April 1 – June 30, 2026	No later than July 30, 2026

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 12 of 31

3rd Report	July 1 – September 30, 2026	No later than October 30, 2026
4th Report	October 1 – December 31, 2026	No later than January 30, 2027
5th Report	January 1 – March 31, 2027	No later than April 30, 2027
6th Report	April 1 – June 30, 2027	No later than July 30, 2027

- ii. As required by OHA, SUBRECIPIENT shall provide for the subject quarter:
 - 1. The number of cases/episodes/occurrences, by age group:
 - a. Ages 0-17
 - b. Ages 18-25
 - c. Ages 26+
 - 2. The unduplicated count of individuals screened for Medicaid eligibility, by age group:
 - a. Number of individuals Medicaid eligible
 - i. Ages 0-17
 - ii. Ages 18-25
 - iii. Ages 26+
 - b. Number of individuals not Medicaid eligible
 - i. Ages 0-17
 - ii. Ages 18-25
 - iii. Ages 26+
 - c. Total number of individuals screened (including unknown or undetermined eligibility)
 - i. Ages 0-17
 - ii. Ages 18-25
 - iii. Ages 26+
 - 3. The aggregate number of individuals, funded through this Agreement, screened for 1915i Home and Community-Based Services during the reporting quarter.
 - a. Number of individuals screened
 - i. Number of individuals needing residential treatment
 - ii. Number of individuals who receive housing support services
 - b. Number of individuals potentially eligible
 - i. Number of individuals needing residential treatment
 - ii. Number of individuals who receive housing support services
 - c. Number of individuals referred
 - i. Number of individuals needing residential treatment
 - ii. Number of individuals who receive housing support services
 - 4. The aggregate number of individuals, funded through this Agreement, who were discharged from residential treatment during the reporting quarter.
 - a. Number of individuals discharged from residential treatment services
 - i. SUD Residential
 - ii. Residential Treatment Home

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 14 of 31

- iii. Number in Priority 3
- iv. Number in Priority 4
- h. Number of individuals who received cleaning and pest management services
 - i. Number in Priority 1
 - ii. Number in Priority 2
 - iii. Number in Priority 3
 - iv. Number in Priority 4
- i. Number of individuals who received interpreter services
 - i. Number in Priority 1
 - ii. Number in Priority 2
 - iii. Number in Priority 3
 - iv. Number in Priority 4
- j. Number of individuals who received other services
 - i. Number in Priority 1
 - ii. Number in Priority 2
 - iii. Number in Priority 3
 - iv. Number in Priority 4
- k. If individuals received “other” services, describe the services/assistance

iii. SUBRECIPIENT shall submit reports electronically to:

BHContractReporting@clackamas.us

Or by mail to:

Clackamas County Behavioral Health
Contract Reporting
2051 Kaen Road, Suite 154
Oregon City, OR 97045

9. Additional Requirements

Subject to the terms and conditions of this Agreement, SUBRECIPIENT may use grant funds to compensate for residential housing services provided to SUBRECIPIENT’s clients. Such compensation must be at the applicable state rate, and only to the extent permitted by applicable law. Such compensation shall only be for housing, and not for any mental health or medical treatment services.

Cascadia Health – Residential Treatment Services
Local Subrecipient Grant Agreement – H3S #12438
Page 15 of 31

EXHIBIT B
SUBRECIPIENT PROGRAM BUDGET

PROGRAM NAME: Residential Treatment Services	H3S #12438
SUBRECIPIENT: CASCADIA HEALTH	

FUND DESCRIPTION	NOT TO EXCEED VALUE
Formerly Service Element MHS 20 Funds	\$4,290.00
Formerly Service Element MHS 28 Funds – Funds Room & Board, PIF, Treatment, Medication, Guardianship	\$84,500.00
TOTAL	\$88,790.00

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 16 of 31

**EXHIBIT C
REQUIRED FINANCIAL REPORTING AND PAYMENT REQUEST**

1. SUBRECIPIENT will submit a monthly Request for Reimbursement H3S Agreement **#12438**.
2. Requests for reimbursement shall be submitted by the **12th of the month** for the previous month. The final request for reimbursement shall be submitted by July 12, 2027 for June 2027 expenses.
3. Reimbursements shall be based on current authorized State rates for Room & Board, Personal Incidental Fund (“PIF”), and Tier payments, which may be amended from time to time, or pre-approved additional expenses for Clackamas County clients residing at SUBRECIPIENT facility. Reimbursements shall not exceed total identified in **Exhibit B, SUBRECIPIENT Program Budget** of this Agreement. Supporting documentation must be retained for expenses for which reimbursement is claimed and for all expenses reported. Documentation required includes logs for room and board charges, proof of incidental expense payouts to clients, and any other documentation that supports prior-approved expenses and invoices. This documentation should be readily available for review upon request or site visit by COUNTY, State of Oregon officials, and/or auditors.
4. Request for Reimbursement shall be submitted electronically to:

BHAP@clackamas.us
5. Invoices are subject to the review and approval of the Program Supervisor. Payment is contingent on compliance with all terms and conditions of this Agreement, including reporting requirements.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 17 of 31

**EXHIBIT D
GENERAL ADMINISTRATIVE REQUIREMENTS AND TERMS & CONDITIONS**

1. Status

a) COUNTY has determined:

Entity is a non-federal subrecipient Entity is a contractor Not applicable

2. Administrative Requirements. SUBRECIPIENT agrees to its status as a subrecipient, and accepts among its duties and responsibilities the following:

- a) **Financial Management.** SUBRECIPIENT shall use adequate internal controls and maintain necessary sources documentation for all costs incurred.
- b) **Revenue Accounting.** Grant revenue and expenses generated under this Agreement should be recorded in compliance with generally accepted accounting principles and/or governmental accounting standards. This requires that the revenues are treated as unearned income or “deferred” until the compliance requirements and objectives of the grant have been met. Revenue may be recognized throughout the life cycle of the grant as the funds are “earned.” All grant revenues not fully earned and expended in compliance with the requirements and objectives at the end of the period of performance must be returned to COUNTY within 15 days.
- c) **Change in Key Personnel.** SUBRECIPIENT is required to notify COUNTY, in writing, whenever there is a change in SUBRECIPIENT key administrative or programmatic personnel and the reason for the change. Key personnel include but are not limited to: Executive Director, Finance Director, Program Manager, Bookkeeper, or any equivalent to these positions within the organization.
- d) **Cost Principles.** SUBRECIPIENT shall only use grant funds for eligible costs set forth in Exhibit A. Costs disallowed by the funding agency listed in the body of this Agreement shall be the liability of the SUBRECIPIENT.
- e) **Period of Availability.** SUBRECIPIENT may charge to the award only allowable costs resulting from obligations incurred during the funding period.
- f) **Match.** Matching funds are not required for this Agreement.
- g) **Budget.** SUBRECIPIENT use of funds may not exceed the amounts specified in the Exhibit B: Subrecipient Program Budget. At no time may budget modification change the scope of the original grant application or Agreement.
- h) **Indirect Cost Recovery.** Indirect cost recovery is not available on this award.
- i) **Payment.** SUBRECIPIENT must submit a final request for payment no later than twelve (12) days after the end date of this Agreement. Routine requests for reimbursement should be submitted as specified in Exhibit C: Required Financial Reporting and Payment Request.
- j) **Performance Reporting.** SUBRECIPIENT shall comply with reporting requirements as specified in Exhibit A: SUBRECIPIENT Scope of Work & Performance Reporting.
- k) **Financial Reporting.** Upon execution of this Agreement, SUBRECIPIENT will submit completed Exhibit C: Required Financial Reporting and Payment Request on a monthly basis.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 18 of 31

- l) Closeout.** COUNTY will closeout this award when COUNTY determines that all applicable administrative actions and all required work have been completed by SUBRECIPIENT. SUBRECIPIENT must liquidate all obligations incurred under this award and must submit all financial, performance, and other reports as required by the terms and conditions of OHA IGA #44300-00054282 and/or COUNTY, no later than 90 calendar days after the end date of this Agreement.
- m) Monitoring.** SUBRECIPIENT agrees to allow COUNTY access to conduct site visits and inspections of financial records for the purpose of monitoring. COUNTY, OHA, and their duly authorized representatives shall have access to such financial records and other books, documents, papers, plans, records of shipments and payments and writings of SUBRECIPIENT that are pertinent to this Agreement, whether in paper, electronic or other form, to perform examinations and audits and make excerpts and transcripts. Monitoring may be performed onsite or offsite, at COUNTY's discretion. Depending on the outcomes of the financial monitoring processes, this Agreement shall either a) continue pursuant to the original terms, b) continue pursuant to the original terms and any additional conditions or remediation deemed appropriate by COUNTY, or c) be de-obligated and terminated.
- n) Record Retention.** SUBRECIPIENT will retain and keep accessible all such financial records, books, documents, papers, plans, records of shipments and payments and writings for a minimum of six (6) years from the end of program date, or such longer period as may be required by OHA or applicable state law, following final payment and termination of this Agreement, or until the conclusion of any audit, controversy or litigation arising out of or related to this Agreement, whichever date is later.
- o) Certification of Compliance with Grant Documents.** SUBRECIPIENT acknowledges that it has read the award conditions and certifications for OHA IGA #44300-00054282, that it understands and accepts those conditions and certifications, and that it agrees to comply with all the obligations, and be bound by any limitations applicable to the Clackamas County, as COUNTY, under those grant documents.

3. Default

- a) Subrecipient's Default.** SUBRECIPIENT will be in default under this Agreement upon the occurrence of one or more of the following:

 - a.** SUBRECIPIENT fails to use the grant funds for eligible purposes described in Exhibit A;
 - b.** Any representation, warranty or statement made by SUBRECIPIENT in this Agreement or in any documents or reports relied upon by COUNTY to measure the Program, the expenditure of grant funds or the performance by SUBRECIPIENT is untrue in any material respect when made;
 - c.** After thirty (30) days' written notice with an opportunity to cure, SUBRECIPIENT fails to comply with any term or condition set forth in this Agreement;
 - d.** A petition, proceeding, or case is filed by or against SUBRECIPIENT under federal or state bankruptcy, insolvency, receivership, or other law.
- b) County's Default.** COUNTY will be in default under this Agreement if, after thirty (30) days' notice and opportunity to cure, COUNTY fails to perform a material obligation under this Agreement provided, however, that failure to disburse grant funds due to lack of appropriation shall not constitute a default of COUNTY.

4. Remedies

- a) County's Remedies.** In the event of SUBRECIPIENT's default, COUNTY may, at its option, pursue any or all remedies available to it under this Agreement, at law, or in equity including, but not limited to: (1) withholding SUBRECIPIENT grant funds until compliance is met; (2) reclaiming

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 19 of 31

grant funds in the case of omissions or misrepresentations in financial or programmatic reporting; (3) requiring repayment of any funds used by SUBRECIPIENT in violation of this Agreement; (4) termination of this Agreement; (5) declaring SUBRECIPIENT ineligible for receipt of future awards from COUNTY; (6) initiation of an action or proceeding for damages, declaratory, or injunctive relief.

- b) Subrecipient's Remedies:** In the event COUNTY is in default, and whether or not SUBRECIPIENT elects to terminate this Agreement, SUBRECIPIENT's sole remedy for COUNTY's default, subject to the limits of applicable law or in this Agreement, is reimbursement for eligible costs incurred in accordance with this Agreement, less any claims COUNTY may have against SUBRECIPIENT. In no event will COUNTY be liable to SUBRECIPIENT for expenses related to termination of this Agreement or for any indirect, incidental, consequential or special damages.

5. HIPAA Compliance.

SUBRECIPIENT shall comply with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"), which include the Standards for the Privacy of Individually Identifiable Health Information (the "Privacy Rule"), the Standards for Electronic Transactions, and the Security Rule (45 C.F.R. Parts 160–64), and the Privacy provisions (Subtitle D) of the Health Information Technology for Economic and Clinical Health Act and its implementing regulations (the "HITECH Act") (collectively, and as amended from time to time, the "HIPAA Rules"), together with the regulations governing disclosure of substance use disorder information under 42 C.F.R. Part 2. SUBRECIPIENT shall further execute the Qualified Service Organization Business Associate Agreement attached hereto as Exhibit G and incorporated by this reference herein.

6. Compliance with Applicable Laws

- a) Public Policy.** SUBRECIPIENT expressly agrees to comply with all public policy requirements, laws, regulations, and executive orders issued by the Federal government, to the extent they are applicable to the Agreement: (i) Titles VI and VII of the Civil Rights Act of 1964, as amended; (ii) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended; (iii) the Americans with Disabilities Act of 1990, as amended; (iv) Executive Order 11246, "Equal Employment Opportunity" as amended; (v) the Health Insurance Portability and Accountability Act of 1996; (vi) the Age Discrimination in Employment Act of 1967, as amended, and the Age Discrimination Act of 1975, as amended; (vii) the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended; (viii) all regulations and administrative rules established pursuant to the foregoing laws; and (ix) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations.
- b) Compliance With Applicable Law.** SUBRECIPIENT shall comply with all applicable federal, state and local laws, regulations, executive orders, and ordinances, as such may be amended from time to time.
- c) Conflict Resolution.** If potential, actual or perceived conflicts are discovered among federal, state and local statutes, regulations, administrative rules, executive orders, ordinances or other laws applicable to this Agreement, SUBRECIPIENT may in writing request COUNTY to resolve the conflict. SUBRECIPIENT shall specify if the conflict(s) create a problem for the Program. COUNTY shall undertake reasonable efforts to resolve the issue but is not required to deliver any specific answer or product. SUBRECIPIENT shall remain obligated to independently comply with all applicable laws and no action by COUNTY shall be deemed a guarantee, waiver, or indemnity for non-compliance with any law.
- d) Confidential Information.** SUBRECIPIENT acknowledges that it and its employees and agents may, in the course of performing their obligations under this Agreement, be exposed to or acquire information that the County desires or is required to maintain as confidential, including information

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 20 of 31

that is protected under applicable law, including Personal Information (as “Personal Information” is defined in ORS 646A.602(11)). SUBRECIPIENT agrees to hold any and all information that it is required by law or that the County marks as “Confidential” to be held in confidence (“Confidential Information”), using at least the same degree of care that SUBRECIPIENT uses in maintaining the confidentiality of its own confidential information, and will use the Confidential Information for no purpose other than in the performance of this Agreement, or as may be permitted under applicable law, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. SUBRECIPIENT further agrees to take reasonable measures to safeguard such information and to follow all applicable federal, state and local regulations regarding privacy and obligations of confidentiality.

- e) **Mileage reimbursement.** If mileage reimbursement is authorized in SUBRECIPIENT budget or by the written approval of COUNTY, mileage must be paid at the rate established by SUBRECIPIENT’s written policies covering all organizational mileage reimbursement or at the IRS mileage rate at the time of travel, whichever is lowest.

7. Dispute Resolution.

The parties will attempt in good faith to informally resolve any dispute arising out of this Agreement. This may be done at any management level, including at a level higher than persons directly responsible for administration of the Agreement. In addition, the parties may agree to utilize a jointly selected mediator or arbitrator (for non-binding arbitration) to resolve the dispute short of litigation. Each party will bear its own costs incurred for any mediation or non-binding arbitration.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 21 of 31

**EXHIBIT E
INSURANCE**

During the term of this Agreement, SUBRECIPIENT shall maintain in full force at its own expense, each insurance noted below:

1. Workers Compensation. SUBRECIPIENT, its subcontractors, if any, and all employers providing work, labor, or materials under this Agreement are subject employers under the Oregon Workers' Compensation Law, and shall either comply with ORS 656.017, which requires said employers to provide workers' compensation coverage that satisfies Oregon law for all their subject workers, or shall comply with the exemption set out in ORS 656.126. SUBRECIPIENT shall maintain employer's liability insurance with limits of \$500,000 each accident, \$500,000 disease each employee, and \$500,000 each policy limit.

2. Professional Liability. **Required by County** **Not required by County**

Professional Liability insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000. This is to cover damages because of personal injury, bodily injury, death, or damage to property caused by error, omission or negligent acts related to the professional services to be provided under this Agreement. The policy must provide extending reporting period coverage for claims made within two years after this Agreement is completed.

If this box is checked Professional Liability limits shall be \$2,000,000 per occurrence and \$4,000,000 in annual aggregate.

3. General Liability. **Required by County** **Not required by County**

General Liability insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage for the protection of the **County and the State of Oregon, and its officers, elected officials, agents, and employees.** It shall include contractual liability coverage for the indemnity provided under this Agreement.

If this box is checked General Liability limits shall be \$2,000,000 per occurrence and \$4,000,000 in annual aggregate for bodily injury/death, and \$200,000 per occurrence and \$600,000 annual aggregate for property damage.

4. Automobile Liability. **Required by County** **Not required by County**

Commercial Automobile Liability insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each accident for Bodily Injury, Death, and Property Damage, including coverage for owned, hired, or non-owned vehicles, as applicable.

Commercial Automobile Liability insurance limits shall be \$2,000,000 per occurrence and \$4,000,000 in annual aggregate for bodily injury/death, and \$200,000 per occurrence and \$600,000 annual aggregate for property damage.

Personal Automobile Liability insurance limits shall be not less than \$250,000/occurrence, \$500,000/aggregate, and \$100,000/property damage.

5. Physical Abuse and Molestation Liability. **Required by County** **Not required by County**

Physical Abuse and Molestation Liability insurance with a combined single limit of not less than \$1,000,000 each claim, incident, or occurrence, with an annual aggregate limit of \$2,000,000.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 22 of 31

Coverage shall be provided through either general liability or professional liability coverage. Proof of Sex Abuse/Molestation insurance coverage must be provided.

6. Privacy and Network Security. **Required by County** **Not required by County**

Privacy and Network Security coverages shall be obtained and maintained to provide protection against liability for (a) system attack; (b) denial or loss of service attacks; (c) spread of malicious software code; (d) unauthorized access and use of computer systems; and (e) liability from the loss or disclosure of confidential data with limit of \$1,000,000 per claim/annual aggregate.

If this box is checked Privacy and Network Security limit shall be at least \$4,000,000.

7. Additional Insured Provision. The insurance, other than Professional Liability (except to the extent it only applies to Commercial General Liability exposures), Workers' Compensation, Personal Automobile Liability and Pollution Liability Insurance, shall include **Clackamas County and the State of Oregon, and their officers, elected officials, agents, and employees** as an additional insured.

8. Primary Coverage Clause. SUBRECIPIENT's insurance shall apply as primary and will not seek contribution from any insurance or self-insurance maintained by, or provided to, the additional insureds listed above. This must be noted on the insurance certificate.

9. Cross-Liability Clause. A cross-liability clause or separation of insureds condition will be included in all general liability, professional liability, pollution and errors and omissions policies required by this Agreement.

10. "Tail" Coverage. If any of the required insurance policies is on a "claims made" basis, such as professional liability insurance, SUBRECIPIENT shall maintain either "tail" coverage or continuous "claims made" liability coverage, provided the effective date of the continuous "claims made" coverage is on or before the effective date of the Agreement, for a minimum of twenty-four (24) months following the later of: (i) SUBRECIPIENT's completion and COUNTY's acceptance of all Services required under the Provider Agreement; or (ii) the expiration of all warranty periods provided under the Agreement. Notwithstanding the foregoing 24-month requirement, if SUBRECIPIENT elects to maintain "tail" coverage and if the maximum time period "tail" coverage reasonably available in the marketplace is less than the 24-month period described above, then SUBRECIPIENT may request and COUNTY may grant approval of the maximum "tail" coverage period reasonably available in the marketplace. If COUNTY approval is granted, SUBRECIPIENT shall maintain "tail" coverage for the maximum time period that "tail" coverage is reasonably available in the marketplace.

11. Self-insurance. SUBRECIPIENT may fulfill one or more of its insurance obligation herein through a program of self-insurance, provided that SUBRECIPIENT's self-insurance program complies with all applicable laws, provides coverage equivalent in both type and level to that required in this Exhibit, and is reasonably acceptable to COUNTY. SUBRECIPIENT shall furnish an acceptable insurance certificate to COUNTY for any insurance coverage required by this Agreement that is fulfilled through self-insurance. Stop-loss insurance and reinsurance coverage against catastrophic and unexpected expenses may not be self-insured.

12. Certificates of Insurance. SUBRECIPIENT shall furnish evidence of the insurance required in this Agreement. SUBRECIPIENT will maintain the insurance in full force throughout the duration of this Agreement. No Agreement shall be in effect until the required certificates have been received, approved, and accepted by COUNTY. A renewal certificate will be sent to COUNTY ten (10) days prior to coverage expiration which references "Clackamas County Agreement 24-021" in the certificate description. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to COUNTY. SUBRECIPIENT shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

Certificate Holder should be:

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 23 of 31

Clackamas County, 2051 Kaen Road, Oregon City, Oregon 97045

Certificates of Insurance shall be submitted electronically or by mail to:

BHContracts@clackamas.us

Clackamas County Behavioral Health Division
Attn: Contracts
2051 Kaen Road, Suite 154
Oregon City, OR 97045

- 13. Insurance Carrier Rating.** Coverages provided by SUBRECIPIENT must be underwritten by an insurance company deemed acceptable by COUNTY. Insurance coverage shall be provided by companies admitted to do business in Oregon or, in the alternative, rated A- or better by Best's Insurance Rating. COUNTY reserves the right to reject all or any insurance carrier(s) with an unacceptable financial rating.
- 14. Waiver of Subrogation.** SUBRECIPIENT agrees to waive their rights of subrogation arising from the Work performed under this Agreement.
- 15. Notice of cancellation or change.** There shall be no cancellation, material change, exhaustion of aggregate limits, reduction of limits, or intent not to renew the insurance coverage(s) without thirty (30) days written notice from SUBRECIPIENT or its insurer(s) to COUNTY at the following address: Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City, OR 97045 or BHContracts@clackamas.us.
- 16. Insurance Compliance.** COUNTY will be entitled to enforce SUBRECIPIENT compliance with the insurance requirements, and will take all reasonable steps to enforce such compliance. Examples of "reasonable steps" include issuing stop work orders (or the equivalent) until the insurance is in full force, terminating the Agreement as permitted by the Agreement, or pursuing legal action to enforce the insurance requirements. In no event shall COUNTY permit a SUBRECIPIENT to work under this Agreement when COUNTY is aware that SUBRECIPIENT is not in compliance with the insurance requirements.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 24 of 31

EXHIBIT F
QUALIFIED SERVICE ORGANIZATION BUSINESS ASSOCIATE AGREEMENT

This Qualified Service Organization Business Associate Agreement (“Agreement”) is entered into upon signature (“Effective Date”) by and between **Clackamas County, on behalf of its Department of Health, Housing and Human Services, Behavioral Health Division** (“Covered Entity”) and **Cascadia Health** (“Business Associate”) in conformance with the Health Insurance Portability and Accountability Act of 1996 and its regulations (“HIPAA”), and Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 (“Confidentiality Rule”).

RECITALS

Whereas, the Covered Entity has engaged the services of the Business Associate as defined under 45 CFR §160.103 for or on behalf of the Covered Entity;

Whereas, the Covered Entity may wish to disclose Individually Identifiable Health Information to the Business Associate in the performance of services for or on behalf of the Covered Entity as described in a Services Agreement (“Services Agreement”);

Whereas, such information may be Protected Health Information (“PHI”) as defined by the HIPAA Rules promulgated in accordance with the Administrative Simplification provisions of HIPAA;

Whereas, the Parties agree to establish safeguards for the protection of such information;

Whereas, the Covered Entity and Business Associate desire to enter into this Agreement to address certain requirements under the HIPAA Rules **and** the Confidentiality Rule;

Now, therefore, the parties hereby agree as follows:

SECTION I – DEFINITIONS

- 1.1 “Breach” is any unauthorized acquisition, access, use or disclosure of Unsecured PHI, unless the Covered Entity demonstrates that there is a low probability that the PHI has been compromised. The definition of Breach excludes the following uses and disclosures:
 - 1.1.1 Unintentional access by a Covered Entity or Business Associate in good faith and within a Workforce member’s course and scope of employment or placement;
 - 1.1.2 Inadvertent one time disclosure between Covered Entity or Business Associate Workforce members; and
 - 1.1.3 The Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.
- 1.2 “Covered Entity” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to, 45 CFR §160.103.
- 1.3 “Designated Record Set” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to 45 CFR §164.501.
- 1.4 “Disclose” or “disclosure” shall have the meaning given to such terms under the Confidentiality Rule, 42 CFR §2.11.
- 1.5 “Effective Date” shall be the Effective Date of this Agreement.
- 1.6 “Electronic Protected Health Information” or “Electronic PHI” shall have the meaning given to such term at 45 CFR §160.103, limited to information of the Covered Entity that the Business Associate creates, receives, accesses, maintains or transmits in electronic media on behalf of the Covered Entity under the terms and conditions of this Agreement.
- 1.7 “Health Care Operations” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to, 45 CFR §164.501.
- 1.8 “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules codified at 45 CFR Part 160 and Part 164.
- 1.9 “Individual” shall have the meaning given to such term in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- 1.10 “Individually Identifiable Health Information” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to 45 CFR §160.103.
- 1.11 “Program” shall have the meaning given to such term under the Confidentiality Rule, 42 CFR §2.11.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 25 of 31

- 1.12 “Protected Health Information” or “PHI” means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the HIPAA Rules, 45 CFR §160.103 and §164.501.
- 1.13 “Protected Information” shall mean PHI provided by the Covered Entity to Business Associate or created, maintained, transmitted or received by Business Associate on Covered Entity’s behalf.
- 1.14 “Qualified Service Organization” shall have the meaning defined under the Confidentiality Rule, 42 CFR §2.11.
- 1.15 “Records” shall have the meaning defined under the Confidentiality Rule 42 CFR §2.11.
- 1.16 “Required by Law” shall have the meaning given to such phrase in 45 CFR §164.103.
- 1.17 “Secretary” shall mean the Secretary of the Department of Health and Human Services or his or her designee.
- 1.18 “Security Incident” shall have the meaning given to such phrase in 45 CFR §164.304.
- 1.19 “Unsecured Protected Health Information” shall mean protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in accordance with 45 CFR §164.402.
- 1.20 Workforce means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Covered Entity or Business Associate, is under the direct control of such Covered Entity or Business Associate, whether or not they are paid by the Covered Entity or Business Associate.

SECTION II – OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE

The Business Associate agrees to the following:

- 2.1 Not to use or further disclose PHI other than as permitted or required by this Agreement or as Required by Law;
- 2.2 To use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI, to prevent use or disclosure of PHI other than as provided for by this Agreement;
- 2.3 To mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of the requirements of this Agreement;
- 2.4 To immediately report to the Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any Security Incident of which it becomes aware;
- 2.5 In accordance with 45 CFR §§164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agent, including a subcontractor, that creates, receives, maintains, or transmits PHI on behalf of the Business Associate agrees in writing to the same restrictions, conditions and requirements that apply to the Business Associate with respect to such PHI. Notwithstanding the preceding language of this subsection, Business Associate acknowledges that PHI obtained by the Business Associate relating to individuals who may have been diagnosed as needing, or who have received, substance use disorder treatment services, diagnosis or referral for treatment shall be maintained and used only for the purposes intended under this Agreement and in conformity with all applicable provisions of the Confidentiality Rule. This information received from the Covered Entity, is protected by the Confidentiality Rule and therefore the Business Associate is specifically prohibited from re-disclosing such information to agents or subcontractors without specific written consent of the subject Individual;
- 2.6 To provide access, at the request of the Covered Entity, and in the time and manner designated by the Covered Entity, to PHI in a Designated Record Set, to the Covered Entity or, as directed by the Covered Entity, to the Individual or the Individual’s designee as necessary to meet the Covered Entity’s obligations under 45 CFR §164.524; provided, however, that this Section is applicable only to the extent the Designated Record Set is maintained by the Business Associate for the Covered Entity;
- 2.7 To make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the request of the Covered Entity or an Individual, and

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 26 of 31

- in the time and manner designated by the Covered Entity; provided, however, that this Section is applicable only to the extent the Designated Record Set is maintained by the Business Associate for the Covered Entity;
- 2.8 To make internal practices, books and records, including policies and procedures on PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, the Covered Entity available to the Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary's determining the Covered Entity's and the Business Associate's compliance with the HIPAA Rules;
- 2.9 To document such disclosures of PHI and information related to such disclosures as would be required for the Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
- 2.10 To comply with the confidentiality, disclosure and re-disclosure requirements of the Confidentiality Rule as applicable including, but not limited to, the prohibition not to disclose records in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority unless authorized by written consent of the patient in accordance with the Confidentiality Rule;
- 2.11 To resist any efforts in judicial proceedings any efforts to obtain access to the PHI protected by the Confidentiality Rule except as expressly provided for in the Confidentiality Rule;
- 2.12 To provide to the Covered Entity or an Individual, in a time and manner designated by the Covered Entity, information collected in accordance with Section 2.9 of this Agreement, to permit the Covered Entity to respond to a request by an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
- 2.13 That if it creates, receives, maintains, or transmits any Electronic PHI on behalf of the Covered Entity, it will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI, and it will ensure that any agents (including subcontractors) to whom it provides such electronic PHI agrees to implement reasonable and appropriate security measures to protect the PHI. The Business Associate will report to the Covered Entity any Security Incident of which it becomes aware;
- 2.14 To retain records related to the PHI hereunder for a period of six (6) years unless this Agreement is terminated prior thereto. In the event of termination of this Agreement, the provisions of Section VII of this Agreement shall govern record retention, return or destruction;
- 2.15 To promptly notify the Covered Entity of a Breach of Unsecured PHI as soon as practicable, but in no case later than 10 calendar days, after the discovery of such Breach. A Breach shall be treated as discovered as of the first day on which such Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or agent of Business Associate. The notification shall include, to the extent possible, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used, or disclosed during the Breach in addition to the information required in Section V. In addition, Business Associate shall provide the Covered Entity with any other available information that the Covered Entity is required to include in the notification to the individual under 45 CFR §164.404(c); and
- 2.16 To the extent Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligations.

SECTION III – THE PARTIES AGREE TO THE FOLLOWING PERMITTED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE:

- 3.1 The Covered Entity and the Business Associate agree that this Agreement constitutes a Qualified Service Organization Agreement as required by the Confidentiality Rule. Accordingly, information obtained by the Business Associate relating to Individuals who may have been diagnosed as needing, or who have received, substance use disorder treatment services, diagnosis or referral for treatment shall be maintained and used only for the purposes intended under this Agreement and in conformity with all applicable provisions of the Confidentiality Rule.
- 3.2 Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 27 of 31

- 3.3 Except as otherwise limited in this Agreement, the Business Associate may use or disclose PHI to perform functions, activities or services for, or on behalf of, the Covered Entity as specified in the Services Agreement, provided that such use or disclosure would not violate the Confidentiality or HIPAA Rules if done by the Covered Entity; and,
- 3.4 Except as otherwise limited in this Agreement, the Business Associate may:
- a. **Use for management and administration.** Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate so long as such use is also permitted by the Confidentiality Rule; and,
 - b. **Disclose for management and administration.** Disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required by Law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached. PHI that is also subject to the Confidentiality Rule cannot be disclosed to a third party except as permitted under the Confidentiality Rule.
 - c. **42 CFR Part 2 prohibits unauthorized use or disclosure of Records.** PHI that is also subject to the Confidentiality Rule cannot be disclosed to a third party except as permitted under the Confidentiality Rule. If a patient has provided written consent to all future uses and disclosures for treatment, payment, and health care operations, Business Associate may use and disclose those records for treatment, payment, and health care operations as permitted by HIPAA regulations, until such time as patient revokes such consent in writing. Each disclosure made by Business Associate pursuant to a patient's written consent must include the following written statement: "42 CFR Part 2 prohibits unauthorized use or disclosure of these records." Each disclosure made by Business Associate pursuant to a patient's written consent must also be accompanied by a copy of the consent.

SECTION IV – NOTICE OF PRIVACY PRACTICES

- 4.1 If requested, the Covered Entity shall provide the Business Associate with the notice of privacy practices that the Covered Entity produces in accordance with 45 CFR §164.520, as well as any changes to such notice. The Covered Entity shall (a) provide the Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect the Business Associate's permitted or required uses and disclosures; (b) notify the Business Associate of any restriction to the use or disclosure of PHI that the Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restrictions may affect the Business Associate's use or disclosure of PHI; and (c) not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Covered Entity, except as set forth in Section 3.3 above.

SECTION V – ADDITIONAL CONFIDENTIALITY RULE REQUIREMENTS

- 5.1 **Accounting of records.** In order to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures under the Confidentiality Rule, Business Associate must, upon request, provide Covered Entity an account of all disclosures made pursuant to an Individual's consent in the three (3) years prior to the date of the request (or such shorter time period if chosen by the Individual). This includes the requirement to provide an account of all disclosures for treatment, payment, and health care operations. Such accounting must be provided by Business Associate, to Covered Entity, no later than ten (10) business days from the date Covered Entity notifies Business Associate of the request.
- 5.2 **Privacy protection of records.** In order to permit Covered Entity to respond to a request by an Individual to restrict use and disclosure of records, Business Associate must, if requested by Covered Entity, restrict uses and disclosures of an Individual's records.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 28 of 31

SECTION VI – BREACH NOTIFICATION REQUIREMENTS

- 6.1 With respect to any Breach, the Covered Entity shall notify each individual whose Unsecured PHI has been, or is reasonably believed by the Covered Entity to have been, accessed, acquired, used, or disclosed as a result of such Breach, except when law enforcement requires a delay pursuant to 45 CFR §164.412. This notice shall be:
- a. Without unreasonable delay and in no case later than 60 calendar days after discovery of a Breach.
 - b. By notice in plain language including and to the extent possible:
 - 1) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - 2) A description of the types of Unsecured PHI that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - 3) Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;
 - 4) A brief description of what the Covered Entity and/or Business Associate involved is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches; and,
 - 5) Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
 - c. By a method of notification that meets the requirements of 45 CFR §164.404(d).
 - d. Provided notice to the media when required under 45 CFR §164.406 and to the Secretary pursuant to 45 CFR §164.408.
- 6.2 Business Associate shall promptly provide any information requested by Covered Entity to provide the information described in Section 6.1.
- 6.3 Covered Entity may, in its sole discretion, require Business Associate to provide the notice of Breach to any individual or entity required by applicable law to receive such notice.

SECTION VII – TERM AND TERMINATION

- 7.1 **Term.** The term of this Agreement shall be effective as of the date set forth above in the first paragraph and shall terminate when all of the PHI provided by the Covered Entity to the Business Associate, or created, maintained, transmitted or received by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- 7.2 **Termination for Cause.** Upon the Covered Entity's knowledge of a material breach of this Agreement by the Business Associate, the Covered Entity shall provide an opportunity for the Business Associate to cure the breach or end the violation. The Covered Entity shall terminate this Agreement and the Services Agreement if the Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity, or immediately terminate this Agreement if cure is not reasonably possible.
- If the Business Associate fails to cure a breach for which cure is reasonably possible, the Covered Entity may take action to cure the breach, including but not limited to obtaining an injunction that will prevent further improper use or disclosure of PHI. Should such action be taken, the Business Associate agrees to indemnify the Covered Entity for any costs, including court costs and attorneys' fees, associated with curing the breach.
- Upon the Business Associate's knowledge of a material breach of this Agreement by the Covered Entity, the Business Associate shall provide an opportunity for the Covered Entity to cure the breach or end the violation. The Business Associate shall terminate this Agreement and Services Agreement if the Covered Entity does not cure the breach or end the violation within the time specified by the Business Associate, or immediately terminate this Agreement if the Covered Entity has breached a material term of this Agreement if cure is not reasonably possible.

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 29 of 31

7.3 Effect of Termination.

- a. **Return or Destruction of PHI.** Except as provided in Section 6.3(b), upon termination of this Agreement, for any reason, the Business Associate shall return, or if agreed to by the Covered Entity, destroy all PHI received from the Covered Entity, or created, maintained or received by the Business Associate on behalf of the Covered Entity and retain no copies. This provision shall apply to PHI that is in the possession of subcontractors or agents of the Business Associate.
- b. **Return or Destruction of PHI Infeasible.** In the event that the Business Associate determines that returning or destroying PHI is infeasible, the Business Associate shall provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of the PHI is infeasible, the Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such PHI. In addition, the Business Associate shall continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI to prevent use or disclosure of the PHI, for as long as the Business Associate retains the PHI.

SECTION VIII – GENERAL PROVISIONS

- 8.1 **Regulatory references.** A reference in this Agreement to the Confidentiality Rule, HIPAA Rules or a section in the HIPAA Rules means that Rule or Section as in effect or as amended from time to time.
- 8.2 **Compliance with law.** In connection with its performance under this Agreement, Business Associate shall comply with all applicable laws, including but not limited to laws protecting the privacy of personal information about Individuals.
- 8.3 **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time. All amendments must be in writing and signed by both Parties.
- 8.4 **Indemnification by Business Associate.** Business Associate agrees to indemnify, defend and hold harmless the Covered Entity and its commissioners, employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as “Indemnified Party,” against all actual and direct losses suffered by the Indemnified Party and all liability to third parties arising from or in connection with Business Associate’s acts and omissions in performing under this Agreement, including any breach of Section II and III of this Agreement. Business Associate’s indemnification, defense, and hold harmless obligations hereunder include, but are not limited to, indemnifying, defending, and holding Covered Entity harmless from any civil or criminal claims, allegations, actions, or proceedings brought by the U.S. Department of Health and Human Services, or a State or federal government agency, against Covered Entity that allege Covered Entity violated either HIPAA Rules or Confidentiality Rules and that allegation arises from or is related to Business Associate’s services provided under this Agreement. Accordingly, on demand, Business Associate shall reimburse any Indemnified Party for any and all actual and direct losses, liabilities, fines, penalties, costs or expenses (including reasonable attorneys’ fees) which may for any reason be imposed upon any Indemnified Party by reason of any suit, claim, action, proceeding or demand by any third party which results for Business Associate’s breach hereunder. The obligation to indemnify any Indemnified Party shall survive the expiration or termination of this Agreement for any reason.
- 8.5 **Remedies in Event of Breach.** Business Associate acknowledges and agrees that irreparable harm will result to County, and to County business, in the event of breach by Business Associate of any of the terms and conditions contained in this Agreement. As such, in the event of breach of this Agreement, County will be entitled to enjoin and restrain Business Associate from any continued violation of this Agreement. Furthermore, in the event of breach of this Agreement by Business Associate, County is entitled to reimbursement and indemnification from Business Associate for County’s expenses and costs, including notices the County is required to give as a result of any unpermitted use or disclosure of PHI and/or Records, fees and penalties imposed by state or federal agencies, and County’s staff time and costs that were reasonably incurred as a result of Business Associate’s breach. The remedies contained in this Section are in addition to

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 30 of 31

- (and do not supersede) any action for damages and/or any other remedy County may have for breach of any part of this Agreement. This provision shall survive termination of the Agreement.
- 8.6 **Governing Law and Venue.** This Agreement, and all rights, obligations, and disputes arising out of it, shall be governed and construed in accordance with the laws of the State of Oregon and the ordinances of Clackamas County without regard to principles of conflicts of law. Any claim, action, or suit between County and Business Associate that arises out of or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court for Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United State District Court for the District of Oregon. In no event shall this section be construed as a waiver by the County of any form of defense or immunity, whether sovereign immunity, governmental immunity, immunity based on the Eleventh Amendment to the Constitution of the United States or otherwise, from any claim or from the jurisdiction of any court. Business Associate, by execution of this Agreement, hereby consents to the personal jurisdiction of the courts referenced in this section.
- 8.7 **Survival.** The respective rights and obligations of Business Associate under Section II of this Agreement shall survive the termination of the Services Agreement and this Agreement.
- 8.8 **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to first comply with the Confidentiality Rule and second to comply with the HIPAA Rules.
- 8.9 **No Attorney Fees.** In the event any arbitration, action or proceeding, including any bankruptcy proceeding, is instituted to enforce any term of this Agreement, each party shall be responsible for its own attorneys' fees and expenses.
- 8.10 **Further Assurances.** Business Associate shall take all necessary steps, and execute and deliver any and all necessary written instruments, including amendments to this Agreement, as may be required to comply with HIPAA Rules and/or the Confidentiality Rule, as determined by Covered Entity in its reasonable discretion.

(Signature Page for QSOBAA Follows)

Cascadia Health – Residential Treatment Services

Local Subrecipient Grant Agreement – H3S #12438

Page 31 of 31

SIGNATURE PAGE FOR QUALIFIED SERVICE ORGANIZATION BUSINESS ASSOCIATE AGREEMENT

The Parties hereto have duly executed this Agreement as of the Effective Date as defined here above.

Business Associate

Cascadia Health

Covered Entity

Clackamas County

Firmado por:
By: James Schroeder
Authorized Signature

By: _____

Title: James Schroeder, President-CEO

Title: _____

Date: 6/10/2026

Date: _____