

October 2, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of an Amendment to a Subrecipient Grant Agreement with ColumbiaCare Services for behavioral health care to clients residing at their facilities. Amendment has no fiscal impact and extends by 6 months. Total Agreement Value is \$555,000 for 2 years. Funding is through the Oregon Health Authority. No County General Funds are involved.

Previous Board Action/Review	Agreement September 12, 2024, Agenda Item 20240912 I.C.5		
Performance Clackamas	Healthy People		
Counsel Review	Yes – Sarah Foreman	Procurement Review	No
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 Amendment #01 to a Federal Subrecipient Grant Agreement with ColumbiaCare Services, Inc., for residential treatment services for eligible Clackamas County clients. ColumbiaCare provides these services at seven 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.

ColumbiaCare Services, Inc. is a not-for-profit agency that works to promote the whole health and wellness of individuals and communities by developing progressive systems of behavioral health care facilities, housing, and service programs in collaboration with providers of social, judicial, health care, and veterans' services.

This amendment #01 extends the term of the agreement by six (6) months. The amendment, effective upon signature through December 31, 2025, with the agreement's maximum value remaining \$555,000.00.

RECOMMENDATION: Staff respectfully requests that the Board of Commissioners approve this amendment #01 (11512) 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

Subrecipient Amendment

Subrecipient Agreement Number: 24-045 (H3S 11512)

Board Order Number:

Department/Division: H3S – Behavioral Health

Amendment No. 01

Subrecipient: ColumbiaCare Services, Inc.

Amendment Requested By: Elise Thompson

Changes: ☐ Scope of Service
☒ Agreement Time

☐ Agreement Budget
☒ Other: Updates Exhibits A, D, and I

Justification for Amendment:

This Amendment #01 is entered into by and between Clackamas County ("COUNTY") and Cascadia Health ("SUBRECIPIENT") and will become a part of that subrecipient agreement ("Agreement") originally entered by and between the parties on September 12, 2024.

This Amendment #01 extends the term of this Agreement six months through December 31, 2025.

This Amendment #01 also updates the County's Program Manager, Exhibit A, Subrecipient Scope of Work and Performance Reporting, Exhibit D, Required Financial Reporting and Payment Request and Exhibit I, 20 CFR 200.332(a) Required Information.

This amendment is entered into as of July 01, 2025, and continues through December 31, 2025.

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.

AMEND Clackamas County Program Manager:

Program Manager: Josh Thomas
Clackamas County – Behavioral Health Division
2051 Kaen Road, Suite 154
Oregon City, OR 97045
(503) 741-5960
JThomas@clackamas.us

TO READ:

Program Manager: <i>David Sant</i>
Clackamas County – Behavioral Health Division
2051 Kaen Road, Suite 154
Oregon City, OR 97045
<i>(503) 742-5335</i>
<i>DSant@clackamas.us</i>

AMEND Agreement, Section 1, Term and Effective Date:

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and will terminate on **June 30, 2025**, unless sooner terminated or extended pursuant to the terms hereof. Eligible expenses for this Agreement may be charged during the period beginning **January 1, 2024** and expiring **June 30, 2025**, 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. This Agreement may be extended for two additional years at County's sole discretion.

TO READ:

1. **Term and Effective Date.** This Agreement shall become effective on the date it is fully executed and will terminate on **December 31, 2025**, unless sooner terminated or extended pursuant to the terms hereof. Eligible expenses for this Agreement may be charged during the period beginning **January 1, 2024** and expiring **December 31, 2025**, 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. This Agreement may be extended for two additional years at County's sole discretion.

AMEND Section 1 of EXHIBIT A, SUBRECIPIENT SCOPE OF WORK AND PERFORMANCE REPORTING:

1. Facility providing Residential Treatment Services

- Alder Creek
- Autumn Ridge
- Bridgestone
- Johnson Creek
- Kellogg Creek
- Mossy Meadows

- Fieldstone

TO READ:

2. Facility providing Residential Treatment Services

- Alder Creek
- Autumn Ridge
- Bridgestone
- Fieldstone
- Johnson Creek

AMEND Section 2. of EXHIBIT D, REQUIRED FINANCIAL REPORTING AND PAYMENT REQUEST:

2. Requests for reimbursement shall be submitted by the **10th of the month** for the previous month. The final request for reimbursement shall be submitted by July 10, 2025 for June 30, 2025 expenses.

TO READ:

2. Requests for reimbursement shall be submitted by the **10th of the month** for the previous month. The final request for reimbursement shall be submitted by **January 10, 2026** for **December 2025** expenses.

AMEND EXHIBIT I, 2 CFR 200.332(a) REQUIRED INFORMATION:

Federal award identification	
SUBRECIPIENT Name:	COLUMBIACARE SERVICES, INC.
SUBRECIPIENT Unique Entity Identifier:	FJFAQ3KBM2M8
Federal Award Identification Number (FAIN):	B09SM089648
Federal award date:	Not Available
Period of Performance (This Agreement):	January 1, 2024 – June 30, 2025
Budget Period (This Agreement):	January 1, 2024 – June 30, 2025
Total amount of all federal funds obligated by this action:	\$10,000.00
Total amount of all federal funds obligated to SUBRECIPIENT during the current fiscal year:	
Amount of federal funds from this FAIN committed to SUBRECIPIENT:	Not Available
Pass-through entity identifying number:	24-045

ColumbiaCare Services, Inc. – Residential Treatment Services

Federal Subrecipient Grant Agreement 24-045 (BH #11512) – Amendment #01

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Name of pass-through entity:	Clackamas County
Contact information for awarding official of the pass-through entity:	Mary Rumbaugh maryrum@clackamas.us
Federal awarding agency:	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
Federal award program name:	Mental Health Block Grant
Is Award for Research and Development?	No
Assistance Listing Number (ALN) & Title:	93.958; Mental Health Block Grant (MHBG)
SUBRECIPIENT indirect cost rate on this Agreement:	Indirect cost recovery is not available on this award.

TO READ:

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SUBRECIPIENT Unique Entity Identifier:	FJFAQ3KBM2M8
Federal Award Identification Number (FAIN):	B09SM089648
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Total amount of all federal funds obligated by this action:	\$10,000.00
Total amount of all federal funds obligated to SUBRECIPIENT during the current fiscal year:	
Amount of federal funds from this FAIN committed to SUBRECIPIENT:	Not Available
Pass-through entity identifying number:	24-045
Name of pass-through entity:	Clackamas County
Contact information for awarding official of the pass-through entity:	Mary Rumbaugh maryrum@clackamas.us

Federal awarding agency:	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
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SUBRECIPIENT indirect cost rate on this Agreement:	Indirect cost recovery is not available on this award.

(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

ColumbiaCare Services, Inc.

By: _____

By: *Stanley Carter*

Its: _____

Its: *Chief Executive Officer*

Dated: _____

Dated: *8/28/25*

Approved for Legal Sufficiency:

By: *Sarah Foreman*
Sarah Foreman (Sep 3, 2025 07:18:56 PDT)

County Counsel

Dated: *Sep 3, 2025*