

October 16, 2025

BCC Agenda Date/Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of an Amendment to a Subrecipient Grant Agreement with Cascadia Health for additional months of behavioral health residential treatment services. Amendment Value is \$67,500 for 6 months. Total Agreement Value is \$182,000 for 2 years. Funding is through the Oregon Health Authority. No County General Funds are involved.**

<b>Previous Board Action/Review</b>	Original Agreement - September 12, 2024, Agenda Item 20240912 I.C.4		
<b>Performance Clackamas</b>	Safe, Secure, and Livable Communities.		
<b>Counsel Review</b>	Yes – Sarah Foreman	<b>Procurement Review</b>	No
<b>Contact Person</b>	Karen Kern	<b>Contact Phone</b>	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 Cascadia Health for residential treatment services for eligible Clackamas County clients. Cascadia provides these services at three facilities in Clackamas County and collaborates with the County to facilitate 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 – integrating mental health and addiction services, primary care, and housing – to promote and support the well-being of the communities it serves. 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 Amendment #01 extends the term of the Agreement six (6) months and adds \$67,500.00 for the additional months of services. The Amendment, effective upon signature through December 31, 2025, increases the Agreement's maximum value to \$182,500.00.

**RECOMMENDATION:** Staff respectfully requests that the Board of Commissioners approve this Amendment 01 (11511) 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: 24-044 (H3S 11511)	Board Order Number:
Department/Division: H3S – Behavioral Health	Amendment No. 01
Subrecipient: Cascadia Behavioral Healthcare, Inc.	Amendment Requested By: Mary Rumbaugh
Changes: <input type="checkbox"/> Scope of Service <input checked="" type="checkbox"/> Agreement Time	<input checked="" type="checkbox"/> Agreement Budget (X) Other: Updates Exhibits B, 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, and adds \$67,500.00 for the additional months of services. The new maximum value of the Agreement is \$182,500.00.

This Amendment #01 also updates the County’s Program Manager, Exhibit B, Subrecipient Program Budget, Exhibit D, Required Financial Reporting and Payment Request and Exhibit I, 20 CFR 200.332(a) Required Information.

This amendment is effective as of July 1, 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.

---

**Cascadia Health – Residential Treatment Services**

Federal Subrecipient Grant Agreement 24-044 (BH #11511) – Amendment #01

Page 2 of 7

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

**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 Agreement, Section 4, Grant Funds:**

4. **Grant Funds.** COUNTY's funding for this Agreement is the Mental Health Block Grant (Assistance Listing Number ["ALN"] #: 93.958 issued to COUNTY by Oregon Health Authority (OHA). The maximum, not to exceed, grant amount COUNTY will pay is **\$115,000.00**. This is rate reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in **Exhibit D: Required Financial Reporting and Payment Request**. Failure to comply with the terms of this Agreement may result in withholding of payment. Funds advanced and unspent must be returned to

**Cascadia Health – Residential Treatment Services**

Federal Subrecipient Grant Agreement 24-044 (BH #11511) – Amendment #01

Page 3 of 7

COUNTY within thirty (30) days of the end of termination period in Section 1 if award conditions are not met.

4.1. **Federal Funds: \$10,000.00** in federal funds are provided through the Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 44300-0002004) (**ALN 93.958**) issued to COUNTY by the State of Oregon acting by and through its OHA. The State of Oregon receives funds through the Mental Health Block Grant (MHBG) from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration.

4.2. **Other Funds: \$105,000.00** in State funds are provided for funding of other items in the program budget.

**TO READ:**

4. **Grant Funds.** COUNTY's funding for this Agreement is the Mental Health Block Grant (Assistance Listing Number ["ALN"] #: 93.958 issued to COUNTY by Oregon Health Authority (OHA). The maximum, not to exceed, grant amount COUNTY will pay is **\$182,500.00**. This is rate reimbursement grant and disbursements will be made in accordance with the schedule and requirements contained in **Exhibit D: Required Financial Reporting and Payment Request**. Failure to comply with the terms of this Agreement may result in withholding of payment. Funds advanced and unspent must be returned to COUNTY within thirty (30) days of the end of termination period in Section 1 if award conditions are not met.

4.1. **Federal Funds: \$10,000.00** in federal funds are provided through the Intergovernmental Agreement for the Financing of Community Mental Health, Addiction Treatment, Recovery & Prevention, and Problem Gambling Services (Agreement No. 44300-0002004) (**ALN 93.958**) issued to COUNTY by the State of Oregon acting by and through its OHA. The State of Oregon receives funds through the Mental Health Block Grant (MHBG) from the U.S. Department of Health and Human Services, Office of Substance Abuse and Mental Health Services Administration.

4.2. **Other Funds: \$172,500.00** in State funds are provided for funding of other items in the program budget.

**AMEND EXHIBIT B, SUBRECIPIENT PROGRAM BUDGET:**

<b>PROGRAM NAME: Residential Treatment Services</b>	<b>AGREEMENT No. 24-044</b>
Funding Source: Community Mental Health Block Grant (ALN 93.958)	
<b>SUBRECIPIENT: CASCADIA HEALTH</b>	

<b>SERVICE ELEMENT</b>	<b>NOT TO EXCEED VALUE</b>
MHS 20 – Federal Funds	\$10,000.00
MHS 28 – State Funds	\$105,000.00
<b>TOTAL</b>	<b>\$115,000.00</b>

MHS 20 Federal Funds – Funds shall be utilized to fund room & board, and personal, incidental funds monies for eligible clients.

MHS 28 State Funds – Funds shall be utilized for retainer payments which include, but not limited to, supervision, medical, and other authorized expenses for eligible clients.

**Cascadia Health – Residential Treatment Services**

Federal Subrecipient Grant Agreement 24-044 (BH #11511) – Amendment #01

Page 4 of 7

**TO READ:**

<b>PROGRAM NAME: Residential Treatment Services</b> Funding Source: Community Mental Health Block Grant (ALN 93.958)	<b>AGREEMENT No. 24-044</b>
<b>SUBRECIPIENT: CASCADIA HEALTH</b>	

<b>SERVICE ELEMENT</b>	<b>NOT TO EXCEED VALUE</b>
MHS 20 – Federal Funds	\$10,000.00
MHS 28 – State Funds	<b><i>\$172,500.00</i></b>
<b><i>TOTAL</i></b>	<b><i>\$182,500.00</i></b>

MHS 20 Federal Funds – Funds shall be utilized to fund room & board, and personal, incidental funds monies for eligible clients.

MHS 28 State Funds – Funds shall be utilized for retainer payments which include, but not limited to, supervision, medical, and other authorized expenses for eligible clients.

**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:**

<b>Federal award identification</b>	
<b>SUBRECIPIENT Name:</b>	CASCADIA HEALTH
<b>SUBRECIPIENT Unique Entity Identifier:</b>	R833VXZMDFR1
<b>Federal Award Identification Number (FAIN):</b>	B09SM089648
<b>Federal award date:</b>	Not Available
<b>Period of Performance (This Agreement):</b>	January 1, 2024 – June 30, 2025
<b>Budget Period (This Agreement):</b>	January 1, 2024 – June 30, 2025

**Cascadia Health – Residential Treatment Services**

Federal Subrecipient Grant Agreement 24-044 (BH #11511) – Amendment #01

Page 5 of 7

<b>Total amount of all federal funds obligated by this action:</b>	\$10,000.00
<b>Total amount of all federal funds obligated to SUBRECIPIENT during the current fiscal year:</b>	
<b>Amount of federal funds from this FAIN committed to SUBRECIPIENT:</b>	Not Available
<b>Pass-through entity identifying number:</b>	24-044
<b>Name of pass-through entity:</b>	Clackamas County
<b>Contact information for awarding official of the pass-through entity:</b>	Mary Rumbaugh maryrum@clackamas.us
<b>Federal awarding agency:</b>	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
<b>Federal award program name:</b>	Mental Health Block Grant
<b>Is Award for Research and Development?</b>	No
<b>Assistance Listing Number (ALN) &amp; Title:</b>	93.958; Mental Health Block Grant (MHBG)
<b>SUBRECIPIENT indirect cost rate on this Agreement:</b>	Indirect cost recovery is not available on this award.

**TO READ:**

<b>Federal award identification</b>	
<b>SUBRECIPIENT Name:</b>	CASCADIA HEALTH
<b>SUBRECIPIENT Unique Entity Identifier:</b>	R833VXZMDFR1
<b>Federal Award Identification Number (FAIN):</b>	B09SM089648
<b>Federal award date:</b>	Not Available
<b>Period of Performance (This Agreement):</b>	<i>January 1, 2024 – December 31, 2025</i>
<b>Budget Period (This Agreement):</b>	<i>January 1, 2024 – December 31, 2025</i>
<b>Total amount of all federal funds obligated by this action:</b>	\$10,000.00
<b>Total amount of all federal funds obligated to SUBRECIPIENT during the current fiscal year:</b>	

**Cascadia Health – Residential Treatment Services**

Federal Subrecipient Grant Agreement 24-044 (BH #11511) – Amendment #01

Page 6 of 7

<b>Amount of federal funds from this FAIN committed to SUBRECIPIENT:</b>	\$10,000
<b>Pass-through entity identifying number:</b>	24-044
<b>Name of pass-through entity:</b>	Clackamas County
<b>Contact information for awarding official of the pass-through entity:</b>	Mary Rumbaugh maryrum@clackamas.us
<b>Federal awarding agency:</b>	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
<b>Federal award program name:</b>	Mental Health Block Grant
<b>Is Award for Research and Development?</b>	No
<b>Assistance Listing Number (ALN) &amp; Title:</b>	93.958; Mental Health Block Grant (MHBG)
<b>SUBRECIPIENT indirect cost rate on this Agreement:</b>	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**

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

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

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

**CASCADIA BEHAVIORAL HEALTHCARE, INC.**

By: James Schroeder

Its: James Schroeder / President-CEO

Dated: 09/09/2025

Approved as to Legal Sufficiency:

By: Sarah Foreman  
Sarah Foreman (Sep 10, 2025 15:22:03 PDT)

County Counsel

Dated: Sep 10, 2025