

December 18, 2025

BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of an Amendment to a Revenue Intergovernmental Agreement with Oregon Health & Science University for the Oregon Care Coordination Program. Amendment value is \$78,312 for 1 year. Total agreement value is \$156,624.00 for 2 years. Funding is through OHSU Grant Funds. No County General Funds are involved.

Previous Board Action/Review	Original Agreement March 20, 2025 Agenda Item, 250320IID1		
Performance Clackamas	Safe, Secure, and Livable communities		
Counsel Review	Yes – Ryan Hammond	Procurement Review	No
Contact Person	Kim La Croix	Contact Phone	971-806-0004

EXECUTIVE SUMMARY: The Clackamas County Public Health Division (CCPHD) of the Health, Housing, and Human Services Department requests approval of Amendment #1 to the Revenue Intergovernmental Agreement with Oregon Health & Science University (OHSU) for the Oregon Care Coordination Program (CaCoon).

CCPHD received grant funding from OHSU to continue the Oregon Care Coordination Program (CaCoon). This grant allows CCPHD to provide a community Health Nurse to facilitate community-based and family-centered care coordination for children with special needs. Specific services include needs assessment, coordination of healthcare and other services, and knowledge of comprehensive local services. CaCoon services support vulnerable children in accessing the services they need and in improving their quality of life and health outcomes. Children served by the CaCoon program make fewer emergency department visits and have higher rates of immunizations, well-child care, and dental care.

Amendment #1 extends the term by 1 year and adds funding. This Amendment is effective October 1, 2025, per OHSU.

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RECOMMENDATION: Staff respectfully requests that the Board of County Commissioners approve Amendment 1 to the Agreement (11969) and authorize Chair Roberts or his designee to sign on behalf of Clackamas County.

Respectfully submitted,

Mary Rumbaugh

Mary Rumbaugh,
Director of Health, Housing, & Human Services

FDP SUBAWARD AMENDMENT Amendment Number 1			
Pass-through Entity (PTE)		Subrecipient	
Institution/Organization ("PTE") Entity Name: Oregon Health & Science University Contact Email Address: spasub@ohsu.edu Principal Investigator: Ben Hoffman		Institution/Organization ("Subrecipient") Entity Name: Clackamas County acting by and through its Health, Housing, and Human Services Department, Public Health Division Contact Email Address: kwebb@clackamas.us Principal Investigator: Cassandra Stewart UEI: NVWKAVB8JND6	
Project Title: Title V FY2024-2029 "Maternal and Child Health Services Block Grant"			
PTE Federal Award No. via OHA 184038		Federal Awarding Agency: DHHS HRSA Maternal and Child Hlth Bureau via OHA	
Cumulative Budget Period(s): Start Date: 10/01/2024 End Date: 09/30/2026		Amount Funded This Action: \$78,312.00	Subaward No: 1029202_CLACKAMAS
Effective Date of Amendment: 10/01/2025	Total Amount of Federal Funds Obligated to Date: \$156,624.00	Subject to FFATA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Automatic Carryover: N/A - Fixed

Amendment(s) to Original Terms and Conditions

This Amendment revises the above-referenced Subaward Agreement as follows:

The "Subaward Budget Period" end date listed in the Subaward Agreement is hereby amended from 09/30/2025 to 09/30/2026.

An additional \$78,312.00 is awarded to Subrecipient. Accordingly, the "Amount Funded This Action" and "Incrementally Estimated Total" in the Subaward Agreement are both hereby amended from \$78,312.00 to \$156,624.00.

Attachments A-I, A-II, A-III, B, C, D, and E in the Subaward Agreement are hereby replaced in their entirety with Attachments A-I, A-II, B, C-I, C-II, and D, attached hereto.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

For clarity: all amounts stated in this amendment are in United States Dollars.

By an Authorized Official of PTE _____ Date: _____ Dawn M. Geoppinger Subout Grants & Contracts Administrator	By an Authorized Official of Subrecipient _____ Date: _____ Name: Title:
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