To request translation or disability-related accommodations, please contact us at **publichealthcontract@clackamas.us** | **503-742-5350**.

Si quiere solicitar servicios de traducción o adaptaciones para la discapacidad, contáctenos en/al **publichealthcontract@clackamas.us** | **503-742-5350**.

Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **publichealthcontract@clackamas.us** | **503-742-5350**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **publichealthcontract@clackamas.us** | **503-742-5350**.

如需翻译服务或残障相关的协助，请与我们联系：
publichealthcontract@clackamas.us | **503-742-5350**。

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 **publichealthcontract@clackamas.us** | **503-742-5350.**

Clackamas County
www.clackamas.us

Health, Housing & Human Services
CLACKAMAS COUNTY

Mary Rumbaugh
Director

December 03, 2026 BCC Agenda Date/Item: _____

Board of County Commissioners
Clackamas County

Approval of Amendment #2 to a Revenue Agreement with Trillium Community Health Plan, Inc. for Community-based Public Health Services. Amendment value is $150,000 and 1 year and 9 months. Total Contract Value is $300,000.00 for 4 years. Funding through Trillium Community Health Plan, Inc. No County General Funds are involved.

Previous Board Action/Review Original Agreement Approved and Signed by BCC on January 23; 202520250123 II.D.2
Amendment #01 – December 18, 2025, Agenda item 251218IVG10
Performance Clackamas: Healthy People
Counsel Review: Yes: Andrew Naylor **Procurement Review:** No
Contact Person: Kim La Croix, Public Health Director **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 #2 to the Revenue Intergovernmental Agreement with Trillium Community Health Plan, Inc. for Community-based Public Health Services.

Trillium Community Health Plan, Inc. is a Coordinated Care Organization in Oregon that manages healthcare for Oregon Health Plan (Medicaid) members within Clackamas County. Through this agreement, the Public Health Division of the Health, Housing & Human Services Department provides the following:

- Tuberculosis screening, treatment, and case management
- Community health improvement projects
- Communicable disease prevention activities
- Coordination of County-operated regional maternal and child health services

This amendment extends the County's revenue-generating Administrative Services Agreement with Trillium Community Health Plan, Inc., and adds funding, which allows the Public Health Division to continue receiving reimbursement for services provided to Trillium members.

For Filing Use Only

RECOMMENDATION: Staff respectfully request that the Board of County Commissioners approve Amendment #2 to the Personal Services Agreement (11905) 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

CENTENE® Corporation

AMENDMENT NO. 2

TO ADMINISTRATIVE SERVICES AGREEMENT CC #11905

TRILLIUM COMMUNITY HEALTH PLAN AND CLACKAMAS COUNTY

This Amendment to Administrative Services Agreement ("**Amendment**") is made as of this April 1, 2026, by and between County of Clackamas, Oregon, a municipal corporation ("**County**" or "**Vendor**" or "**Provider**") and Trillium Community Health Plan, Inc. an affiliate of Centene Management Company, LLC ("**Trillium**" or "**Health Plan**") (each a "Party") and collectively the "**Parties**") with reference to the following facts:

A. County and Health Plan entered into a Administrative Health Services Agreement effective January 1, 2024 which may have been amended in accordance with its terms (the "Agreement");

B. County and Health Plan desire to modify certain terms and conditions contained in the Agreement as provided in this Amendment;

NOW, THEREFORE, in consideration of the mutual promises, covenants, agreements and other undertakings set forth herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereby agree as follows:

1. Definitions: Defined terms used in this Amendment shall have the same meaning as in the Agreement unless otherwise specifically defined herein.

2. Section 22. Term and Termination: The term of this Administrative Services Agreement is hereby extended effective April1, 2026 through December 31, 2028.

3. Exhibit A "Scope of Services" and its attached Exhibits A-1 through A-4 are hereby deleted in their entirety and replaced with the attached Exhibit A and its attached Exhibits A-1 through A-4, which are incorporated into the agreement by reference.

Except as amended and modified by this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect. This Amendment may not be modified except in writing signed by both parties hereto. This Amendment, the Agreement, together with its attachments, as previously amended in each case, constitute the entire agreement of the

parties with respect to the subject matter contained therein and supersede any and all prior or contemporaneous agreements between the parties, whether oral or written, concerning the subject matter contained herein.

ACKNOWLEDGE AND AGREED:

TRILLIUM COMMUNITY HEALTH PLAN, INC

By: Justin T. Lyman
Justin T. Lyman (Oct 19, 2026 08:22:22 PDT)
Name: Justin T. Lyman
Title: CFO
Date: 10/19/2026

Notice Address:

7700 Forsyth Blvd
St. Louis, MO 63105
Attention: Enterprise Procurement
Email: procurement-notices@centene.com

COUNTY OF CLACKAMAS, OREGON:

By:_____
Name:_____
Title:_____
Date:_____

Notice Address:

2051 Kaen Road
Suite 154
Oregon City, OR 97045
Attention: **Jeanne Weber**
Email: **JWeber2@Clackamas.us**

Approved for legal sufficiency:

11/10/2026

Andrew Naylor, Assistant County Counsel

LIST OF EXHIBITS

Exhibit A – Scope of Services
- Exhibit A-1: Community Health Assessment and Community Health Improvement Plan
- Exhibit A-2: Regional Perinatal Continuum of Care
- Exhibit A-3: Disease Prevention and Community Based Organization Capacity Building
- Exhibit A-4: Tuberculosis Treatment and Case Management

Exhibit B – Compensation Schedule
Exhibit C – Oregon Health Plan Product Attachment

EXHIBIT A

SCOPE OF SERVICES

County shall provide the services set out in this Exhibit A, Scope of Services, and its attachments, in addition to the other services and obligations outlined in the Agreement.

I. Public Health Programs:
Exhibit A-1: Community Health Assessment and Community Health Improvement Plan
Exhibit A-2: Regional Perinatal Continuum of Care
Exhibit A-3: Regional Disease Prevention & Community-based Organization Capacity Building
Exhibit A-4: Tuberculosis Treatment and Case Management

II. Other County Public Health Services Administration: Oversight of public health services and programs (e.g., Program Supervisors) and contract compliance (e.g., reporting, fiscal management); non-clinical public health (e.g., perinatal continuum of care, community health needs assessment) services, programs, contractors (e.g., Health Officer) and staff (e.g., nurses, senior program coordinators, program supervisors).

III. Flexible Services:
County and Health Plan may mutually agree to add from time to time, as attachments to Exhibit A-1: Community Health Assessment and Community Health Improvement Plan, programs funded by the County with Community Health Assessment and Community Health Improvement Plan funding under Exhibit B Compensation schedule that qualify as Health Plan Flexible Services expenses (as Flexible Services are defined in the Health Plan's OHP Contract). Such schedule(s) shall include all necessary information to identify such program(s) as qualifying as a Flexible Service expense.

EXHIBIT A-1

COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN

I. **Purpose**. Advance coordinated regional and local health improvement efforts by supporting development of a Community Health Assessment (CHA) and implementation of Community Health Improvement Plan (CHIP) strategies in accordance with OAR 410-141-3730.

II. **Services**. County will collaborate with Trillium in Trillium's development of: (a) a Community Health Assessment (CHA) through participation in the Healthy Columbia Willamette Collaborative and as described in Exhibit K, Section 6 of the CCO Contract; and (ii) a Community Health Improvement Plan (CHIP) for the implementation of health activities in accordance with OAR 410-141-3730 and as described in Exhibit K, Section 7 of the CCO Contract. Payment that County receives for the above-described services shall be used to support implementation of CHIP activities for local and regional CHIP priorities. Funds will be allocated to support CHIP projects identified by the strategic CHIP workgroups that may include grants, pre-identified CHIP strategies, CHIP planning, and CHIP community engagement initiatives.

III. **Benchmarks**. County will submit semi-annual progress reports to Trillium in the form and format requested. Reports will summarize progress on CHA development and CHIP implementation activities and will include updates on funded community projects, outcomes achieved, and lessons learned.

IV. **Separate Accounting**. County will maintain books to show the project funds separately and keep adequate records to substantiate all project funds' expenditures. County will make these books and records available to Trillium at reasonable times for review and audit upon Trillium's request and will comply with all reasonable requests by Trillium for information and interviews regarding County's use of the project funds. Trillium may, at Trillium's own expense, conduct an independent financial and programmatic audit of County's expenditures under this investment and County will cooperate with any such audit.

V. **Reporting**. County will provide Trillium with semi-annual narrative reporting on progress toward performance benchmarks and semi-annual fiscal reporting that includes a description of County's financial administration of the funds. Reports

will be submitted to Trillium according to the following reporting schedule:

Reporting Period	Report Due
January 1-June 30	Narrative and fiscal report: Annually, August 15
July 1– December 31	Narrative and fiscal report: Annually, February 15

EXHIBIT A-2
REGIONAL PERINATAL CONTINUUM OF CARE

I. Purpose. Health care investment in a perinatal continuum of care infrastructure and county-based services to families supports the healthy development of families and young children within our communities. Public Health prevention services—including evidence-based home visiting and WIC programs—address social, emotional and educational determinants of health, physical health and development, and social-emotional well-being. Prevention services decrease the use of emergency medical services, decrease child abuse and incarceration rates, increase family self-sufficiency, increase graduation and employment rates, reduce risk factors that lead to chronic conditions, increase immunization rates, improve utilization of a medical home, and result in savings in health care costs. County-based services provide education, physical and behavioral health screenings, parent support, early identification of problems and service referrals to improve maternal, family, and community health outcomes. With an emphasis on supporting individuals and communities at highest risk for poor health outcomes, including low-income families, first-time families, and families with children who have special health needs.

II. Services. County shall undertake the following services related to the perinatal continuum of care:

a. **Perinatal Prevention Systems Coordination and Planning**. County will continue their following efforts:

i. Participation and collaboration in regional Perinatal Continuum of Care meetings.

ii. Building the necessary infrastructure (e.g., assessment, evaluation, planning, performance management, billing) to align and expand equity-focused and trauma-informed perinatal prevention services.

iii. Implementation of continuous quality improvement projects to strengthen service delivery, coordination, and outcomes.

b. Public Health Home Visiting and expanded service navigation.
County will make the nurse home visiting programs (Babies First! CaCoon and Family Connects) available to support high-risk pregnancies and infants. County will continue to strengthen community partnerships and referral systems to support high-risk families and pregnancies.

c. Women, Infant and Children (WIC) Services.
County will make available WIC services to provide breastfeeding and nutrition expertise and support. County will prioritize enrolling Medicaid eligible pregnant women, specifically within high-risk, underserved areas within Clackamas County.

d. **Immunization Services.** County will assess and expand access to childhood immunization services for Medicaid members across Clackamas County. Education and outreach to increase vaccine uptake in the community.

III. Benchmarks. County shall report on the following service benchmarks:

a. Perinatal Prevention System Coordination and Planning.

i. Build and maintain relationships with culturally specific partners serving communities of color.

ii. Continue to implement the outreach and development plan integrating Family Connects.

iii. Completed referral processes for Connect Oregon and internal WIC/NHV intake and enrollment system.

b. Public Health Home Visiting and expanded service navigation

i. Completed referral processes for Connect Oregon.

c. WIC Services

i. Number of prenatal WIC participants from Oregon Health Plan in total and by age groups.

ii. Demographic information on participants (languages spoken, race/ethnicity)

d. Immunization Services

i. Facilitate linkages with community partners and health care providers.

ii. Coordinate education and outreach to increase vaccine confidence and improve vaccination rates among families most impacted by health inequities.

iii. Percentage of two-year-olds in Clackamas County who are up to date on recommended immunizations.

iv. Maternal Tdap and flu immunizations rates

IV. Separate Accounting. County will maintain books to show the project funds separately and keep adequate records to substantiate all project funds' expenditures. County will make these books and records available to Trillium at reasonable times for review and audit upon Trillium's request and will comply with all reasonable requests by Trillium for information and interviews regarding County's use of the project funds. Trillium may, at Trillium's own expense, conduct an independent financial and programmatic audit of County's expenditures of this investment and County will cooperate with any such audit.

V. Reporting. County will provide Trillium with semi-annual narrative reporting on progress toward performance benchmarks and semi-annual fiscal reporting that includes a description of County's financial administration of the funds. Reports will be submitted to Trillium according to the following reporting schedule:

Reporting Period	Report Due

January 1-June 30	Narrative and fiscal report: Annually, August 15
July 1– December 31	Narrative and fiscal report: Annually, February 15

EXHIBIT A-3

DISEASE PREVENTION AND COMMUNITY BASED ORGANIZATION CAPACITY BUILDING

I. **Purpose.** Increase accessibility of community based organizations to reduce transmission of viral hepatitis, HIV, syphilis and other infections through improved testing and treatment services. Improve the knowledge and self-efficacy of Clackamas County residents living in communities with high-risk of overdose through the Doorhanger Project.

II. **Services.** County shall distribute HIV/syphilis testing and treatment supplies and provide technical assistance to three community partners. County shall distribute informational doorhangers to high-risk housing complexes, connecting people to services and resources for overdose prevention.

III. **Benchmarks.** County shall report bi-annually on service benchmarks which shall include the following:
    a. Quantitative:
        i. Number of overdose prevention doorhangers distributed
    b. Qualitative:
        i. Participant self-reported confidence to be able to respond to an overdose
        ii. Technical assistance report on HIV/STI partners

IV. **Separate Accounting.** County will maintain books to show the project funds separately and keep adequate records to substantiate all project funds' expenditures. County will make these books and records available to Trillium at reasonable times for review and audit upon Trillium's request and will comply with all reasonable requests by Trillium for information and interviews regarding County's use of the project funds. Trillium may, at Trillium's own expense, conduct an independent financial and programmatic audit of County's expenditures under this investment and County will cooperate with any such audit.

V. **Reporting**. County will provide Trillium with semi-annual narrative reporting on progress toward performance benchmarks and semi-annual fiscal reporting that includes a description of County's financial administration of the funds. Reports

will be submitted to Trillium according to the following reporting schedule:

Reporting Period	Report Due
January 1-June 30	Narrative and fiscal report: Annually, August 15
July 1– December 31	Narrative and fiscal report: Annually, February 15

EXHIBIT A-4

TUBERCULOSIS TREATMENT AND CASE MANAGEMENT

I. Purpose: In order to make advantageous use of the system of public health care and services available through local health departments and other publicly supported programs and to ensure access to public health care and services through contract under ORS 414.153, Coordinated Care Organizations (CCOs) shall have agreements with publicly funded providers for authorization of payment for point of contact services in the following categories:

a. Communicable diseases such as Tuberculosis

II. Services:

a. Services covered under the Agreement include:
   i. Treatment for active and latent TB which may include, but is not limited to, the following:
      - TB screening and testing
      - Contact investigations
      - TB education, medication management, and treatment
      - Directly observed therapy (DOT)
      - Specimen/sputum collection
      - Laboratory and radiology monitoring
      - Comprehensive nursing assessments
      - Coordination with infectious disease providers
      - Home and community visits related to TB treatment
      - Services associated with ensuring compliance of treatment plan and medication adherence
      - Services related to TB treatment
   ii. Screening for tuberculosis for each member with symptoms or high risk
   iii. Referrals for social related needs, services, and programs.

b. Services that are excluded from this Agreement include:

   i. Pharmaceutical costs,
   ii. Costs covered by state grants to support public health activities, and

iii. Services provided and billed under any of Contractor's existing contracts.

III. Benchmarks: County will provide data on treatment for active and latent TB (e.g., total active TB cases, DOT visits completed, sputum samples collected, TB screenings (e.g., LTBI cases identified, contacts to cases screened), and Trillium members served if available.

IV. Separate Accounting. County will maintain County's books so as to show the funding for Services separately and will keep adequate records to substantiate all expenditures of the funding. County will make these books and records available to Health Plan at reasonable times for review and audit upon Health Plan request and will comply with all reasonable requests by Health Plan for information and interviews regarding County's use of the funding. Health Plan may, at Health Plan own expense, conduct an independent financial and programmatic audit of County's expenditures of this investment and County will cooperate with any such audit.

V. Reporting. County will provide Trillium with semi-annual narrative reporting on progress toward performance benchmarks and semi-annual fiscal reporting that includes a description of County's financial administration of the funds. Reports will be submitted to Trillium according to the following reporting schedule:

Reporting Period	Report Due
January 1-June 30	Narrative and fiscal report: Annually, August 15
July 1– December 31	Narrative and fiscal report: Annually, February 15

EXHIBIT C

COMPENSATION SCHEDULE

Health Plan shall pay County for the Services described in Exhibit A at the rates set forth in the tables below. The rates set forth in this Exhibit apply only to the rate period identified in the applicable table. The Parties acknowledge that the rates and Services may require adjustment over time and agree to review the rates and scope of Services no more than annually. Any modifications to rates or Services shall be mutually agreed upon in writing and shall maintain alignment with ORS 414.153 and the services provided under this Agreement.

Service	January 1, 2026-December 31, 2028 Rate
1. Community Health Assessment and Community Health Improvement Plan	$0.278 PMPM
2. Regional Perinatal Continuum of Care	$0.494 PMPM
3. Regional Disease Prevention and CBO Capacity Building	$0.115 PMPM
Total Public Health Programs PMPM	**$0.887 PMPM**
4, Other County Admin	$0.444 PMPM
TOTAL PUBLIC HEALTH PROGRAMS AND ADMINISTRATIVE PAYMENTS PMPM	**$1.331 PMPM**

Service	January 1, 2026-December 31, 2028 Rate
5. Tuberculosis Treatment and Case Management	$0.12 PMPM

TOTAL TB PAYMENTS PMPM	**$0.12 PMPM**

Payment Schedule:

- PMPM Services: Per member Per Month ("PMPM") payments shall be auto-generated by the Health Plan based on the number of Clackamas County OHP enrollees with CCO plan types CCOA, CCOB, CCOE, and CCOG, eligible and assigned to Trillium on/by the 15th day of each month.