

# County-CCO Agreements: Analysis of Issues and Guidance for Development

## Introduction

The purpose of this document is to help county officials understand how to implement Section 24 of HB 3650, Partnering with County Government, in order to create the robust partnerships between counties and Coordinated Care Organizations (CCOs) necessary for achieving the Triple Aim at the local level. The county responsibilities defined in Section 24 are presented in the following matrix and links each responsibility with a systems issue and potential outcome measures. The first part of the matrix covers the realm of public health and the second part of the matrix addresses mental health and addictions.

In the context of a rapid transformation of our publicly funded healthcare system, this document is intended to serve as an implementation guidepost for both CCO leadership and county officials who must work in collaboration to construct efficient and effective public health, mental health and addictions systems. These guidelines are also intended for developing a written agreement or memorandum of understanding (MOU) that CCOs and their partnering counties could use to comply with Section 24 and more broadly, to advance the larger health care system transformation intended by HB 3650. The outcome metrics included in these agreements must mirror any requirements that are enacted by the Oregon Legislature in 2012.

The county's responsibility of assuring that the local system of care is responsive to the needs of the community is crucial to the CCO's success. Specifically, counties collect and report population-based data from multiple systems, manage advisory groups and public meetings, and coordinate public health, mental health, primary care, and criminal justice systems. County mental health programs and public health departments are experienced in addressing health disparities and conducting community assessments to determine the top health issues in the community. Because counties have this wide range of expertise, the county's role in ensuring the CCO's achievement of outcomes established by the Oregon Legislature may include formal representation in CCO governance or on the Community Advisory Council. A working partnership with the county will allow the CCO to maximize the benefit of local public resources and the community-based human services safety net.

Section 24 of HB 3650 outlines the partnership role between County government and CCOs in the realms of:

- Public Health [Sub-Sections 24(1) through (3)]; and
- Mental Health [Sub-Section 24(4)].

## The CCO/ Local Public Health Authorities<sup>1</sup> (LPHA) Partnership

Under Section 24 (1) – (3) of HB 3650, and included in ORS 414.153 (amended), Coordinated Care Organizations are able to make advantageous use of the local public health system in Oregon for preventative services that health departments are delivering. Here is a list of services that agreements should be focused on and the reference to the statute:

- ORS 414.153 (1) the state shall require and approve agreements between CCOs and county health departments for point of contact immunizations, sexually transmitted diseases, and other communicable disease services delivered.
- ORS 414.153 (2) the state shall allow enrollees in CCOs to receive from fee-for-service providers: family planning services, HIV/AIDS services and maternity case management (if the Oregon Health Authority determines CCOs cannot adequately provide maternity case management service).
- ORS 414.153 (3) the state shall encourage and approve agreements between CCOs and county health departments for authorization and payment of: maternity case management, well-child care, prenatal care, school-based clinics, health services for children in schools, and screening services for early detection of health care problems among low- income women and children, migrant workers and other special population groups.

Public health departments must continue to meet the statutory requirements to “assure activities necessary for the preservation of health or prevention of disease.” The public health system is designed to prevent disease and disability. It is of critical importance for public health to be integrally connected with health systems in Coordinated Care Organizations to support attainment of the Triple Aim. However, local public health also has a responsibility for critical functions not included in Coordinated Care Organizations. These functions include community prevention, environmental health, communicable disease surveillance and continued work on addressing social determinants of health, all of which are required to meet the broad population health needs under statute.

Local Public Health Departments across Oregon have skills, knowledge and expertise in evidenced-based primary prevention interventions that could be of value for Coordinated Care Organizations working to achieve the Triple Aim. Cost saving opportunities exist if Coordinated Care Organizations and public health departments collaborate on preventive health strategies together. Health Departments have experience using community health workers to address disparities in communities by working with youth and vulnerable people using strategies such as home visiting to achieve better health outcomes.

Another opportunity for Coordinated Care Organizations and local health departments to work together will be on community health assessments and health improvement plans. While not a

<sup>1</sup> According to Oregon Revised Statute 431.416 the Local Public Health Authority shall “assure activities necessary for the preservation of health or prevention of disease in the areas under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include but not be limited to: (a) Epidemiology and control of preventable diseases and disorders; (b) Parent and child health services, including family planning clinics as described in ORS 435.205; (c) Collection and reporting of health statistics (d) Health information and referral services; and (e) Environmental health services. “

part of HB 3650, the movement toward voluntary accreditation of local health departments in Oregon, and the IRS requirement for non-profit hospitals to work with public health on their community health assessments, has given local health departments the backing to embrace an important role in the community. Local health departments across Oregon are in the midst of beginning and completing community health assessments, health improvement plans, and strategic plans – the three pre-requisites for applying for national accreditation. These pre-requisites are community based and health departments are working with many local partners to complete these important actions. Connecting with CCOs on these actions will improve the health of the whole communities in which CCOs are operating.

Partnership agreements with local public health authorities should include:

- Payment for point of contact services outlined above.
- Access to health metrics data to support the public health role of assessing and assuring the health of the community by creating and implementing local policies that focus on the issues causing disease and reduced quality of life.
- Coordination between CCOs and local public health entities regarding community health assessments and health improvement plans.

#### The CCO/Local Mental Health Authorities (LMHA) Partnership

Under Section 24(4) of HB 3650, the State is directed to “recognize the responsibility of counties under ORS 430.620” (the LMHA statute) and is charged with requiring written agreements between CCOs and LMHAs. HB 3650 specifies three major requirements for these partnership agreements:

1. Establish agreed upon outcomes;
2. Adopt a plan to finance and maintain the mental health safety net<sup>2</sup>;
3. Adopt a plan to finance and maintain efficient and effective management of 5 particular LMHA responsibilities, which are:
  - i. Management of children and adults at risk of entering/transitioning from Oregon State Hospital (OSH) or residential care.
  - ii. Care coordination of residential services for children and adults.
  - iii. Management of the mental health crisis system.
  - iv. Management of a variety of community-based specialized services including supported housing, supported education, and EASA/EAST.
  - v. Management of specialized services to reduce recidivism in the criminal justice system.

Local Mental Health Authorities must also continue to meet their statutory responsibilities in the following three areas: 1) ensuring access to specialty services for individuals and families with complex mental health and addictions disorders (wrap-around services such as supported housing and early psychosis intervention) which currently do not exist in the private sector; 2) local, regional and state systems coordination with the Oregon State Hospital and the

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<sup>2</sup> The Local Mental Health Safety Net includes community crisis services, involuntary commitment services, ensuring the continuum of care, and transition services within and between health and public safety systems and levels of care.

Psychiatric Security Review Board, corrections and criminal justice, housing, child welfare, seniors and people with disabilities; and 3) critical safety and quality control services such as 24-hour crisis response, abuse investigation and reporting, civil commitment investigation and support, residential treatment facilities siting and planning, disaster planning, etc.<sup>3</sup>

### Overarching elements for all partnership agreements

Each County-CCO agreement will be unique to the community and to the CCO; however, these overarching elements should be universal:

1. Target populations and overall system coordination should include individuals across the age spectrum with mental illness, addictions and co-occurring disorders.
2. Mental health, addictions and public health prevention<sup>4</sup>, screening and early intervention activities should be included throughout the system.
3. Authorization, financing and reporting systems should be simple, flexible, and responsive to minimize administrative burden, and to enhance service delivery and access to care.
4. Agreements need to include joint financing and accountability for the local safety net.
5. Outcome measures should also include the CCO's impact on local systems (public safety or criminal justice, child welfare, education, housing, and employment).
6. Agreements should identify point people for the CCOs and for the mental health and public health authorities.
7. Agreements should clearly identify allowable administrative costs and functions.
8. Agreements should outline how the sharing of protected health information will be facilitated and how access to data will be managed between entities on an individual and aggregate basis.

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<sup>3</sup> See appendix for complete list of LMHA responsibilities.

<sup>4</sup> The term "prevention" includes: Primary prevention – strategies that seek to prevent the occurrence of disease or injury, generally through reducing exposure or risk factor levels; risk reduction; Secondary prevention – strategies that seek to identify and control disease processes in their early stages before signs and symptoms develop (screening and treatment); Tertiary prevention – strategies that prevent disability by restoring individuals to their optimal level of functioning after a disease or injury is established and damage is done.

<b>System Needs/ Issues</b>	<b>CCO/County Partnership Tasks</b>	<b>Potential Outcomes Measures</b>
<b>HB 3650, Section 24(1)-(3) – Public Health</b>		
Immunizations	Develop agreements for provision of immunizations at existing points of contact services.	<ol style="list-style-type: none"> <li>1. Increase in the number of children who are fully immunized by the age of two.</li> <li>2. Immunizations are integrated into point of contact services.</li> <li>3. Increase the percentage of population immunized.</li> </ol>
Sexually transmitted disease (STD) point-of-contact services	Develop agreement for STD point of contact services.	
Other communicable disease point-of-contact services	Develop agreement for communicable disease point of contact services.	
Family planning services	Develop agreement for family planning point of contact services.	Reduce teen pregnancy and reduce unintended pregnancies.
HIV/AIDS prevention services	Develop agreement for HIV/AIDS point of contact services.	
Maternity case management	Develop agreements for the delivery of maternity case management point of contact services.	Reduce the number of women who have delayed or no prenatal care.
Well-child care	Develop agreement for well-child care, with local health departments that deliver primary care.	
Prenatal care	Develop agreements for prenatal care, with local health departments that deliver prenatal care.	Improve the outcomes of pregnancy.

<b>System Needs/ Issues</b>	<b>CCO/County Partnership Tasks</b>	<b>Potential Outcomes Measures</b>
School-based clinics	Develop agreements for health services delivered in school-based clinics, with local health departments that run school-based clinics.	
Health care and services for children provided through schools and Head Start programs	Develop agreements for health services delivered in school-based clinics, with local health departments that run school-based clinics.	
Screening services to provide early detection of health care problems among low income women and children, migrant workers, and other special population groups	Develop agreements for screening services that are delivered as a part of Babies First!, and CaCoon.	Increase the number of screening services and increase the number of referrals into other services.

<b>System Needs/ Issues</b>	<b>CCO/County Partnership Tasks</b>	<b>Potential Outcomes Measures</b>
<b>HB 3650, Section 24(4) – Mental Health &amp; Addictions</b>		
<p>1. Management of children and adults at risk of entering or who are transitioning from the Oregon State Hospital or from residential care</p>	<p>A. Develop agreement(s) and financing that preserve and build upon the successes of the Children’s System Change Initiative and the Adult Mental Health Initiative.</p> <p>B. Eligible children and adults receive Exceptional Needs Care Coordination, Person-Centered Planning, Child and Family Team Facilitation, wraparound supports including home-based services, day treatment, respite care and use of family advocates and peer support specialists.</p> <p>C. Ensure the system of care for adults with severe and persistent mental illness is maintained and supported.</p> <p>D. Agreement(s) will identify who will manage the systems of care for adults and children, and the panel of providers.</p> <p>E. Agreement(s) will identify how physical health services can be integrated and a plan for identifying the person-centered primary care homes for severely mentally ill adults and children.</p>	<p>i. Establish a baseline census of CCO members in the Oregon State Hospital; maintain or reduce that number.</p> <p>ii. Identify the number of members and type of transition or support services provided pre- and post-admission.</p> <p>iii. Monitor the percentage of individuals receiving services who are in the child welfare system.</p>

<b>System Needs/ Issues</b>	<b>CCO/County Partnership Tasks</b>	<b>Potential Outcomes Measures</b>
2. Care coordination of residential services and supports for adults and children	<p>A. Agreement(s) need to assure the appropriate utilization of facility-based residential care through agreements to coordinate services and supports to address diversion, discharge planning and step down from facility-based care.</p> <p>B. Agreement(s) need to assure the financing and authorization of such supports and services.</p> <p>C. Agreement(s) need to assure that the physical health needs of facility residents are met.</p>	<p>i. Length of stay (# of bed days) in residential care: establish a baseline and maintain or reduce length of stay.</p> <p>ii. Establish a baseline then maintain or reduce re-admission rate.</p>
3. Management of a single Mental Health/Addiction Crisis System for the community	<p>A. Develop agreement(s) to blend OHP and non-OHP funding to support a crisis system without barriers to care.</p> <p>B. Identify who will manage a single, unified system of crisis care accessible to everyone regardless of insurance status or ability to pay and in close coordination with law enforcement and emergency departments.</p>	<p>i. 24-hour per day access to crisis assessment by a Qualified Mental Health Professional (QMHP).</p> <p>ii. Establish the baseline and then maintain or reduce CCO member utilization of local emergency departments for mental health and addictions reasons.</p>

<b>System Needs/ Issues</b>	<b>CCO/County Partnership Tasks</b>	<b>Potential Outcomes Measures</b>
<p>4. Approval and evaluation of community-based specialized services, including but not limited to, supported employment and education, supported housing services, early psychosis programs, assertive community treatment or other types of intensive case management programs and home-based services for children and adults</p>	<p>A. Agreement(s) need to assure continued support and enhancement of the community mental health system of care developed to support individuals who are disabled by their mental health condition.</p> <p>B. Financing needs to allow for services provided by peer support specialists, navigators, and community mental health workers.</p> <p>C. Agreement(s) should support the ability of behavioral health clinics to be the person-centered primary care home for seriously mentally ill adults.</p> <p>D. Wellness activities that address the physical health risk factors highly represented in the mentally ill population should be foundational.</p>	<p>i. Access to evidence-based programs: establish a baseline, then maintain or increase utilization of services.</p>

<b>System Needs/ Issues</b>	<b>CCO/County Partnership Tasks</b>	<b>Potential Outcomes Measures</b>
<p>5. Management of specialized services to reduce recidivism of individuals with mental health and addictions disorders in the criminal justice system.</p>	<p>A. Agreement(s) shall require a multi-disciplinary treatment planning team and a community planning team for this population.</p> <p>B. Agreement(s) shall assure the continued support of existing programs for its members which have proven successful locally at diverting people with mental illness and addictions from the criminal justice system. Examples include:</p> <ul style="list-style-type: none"> <li>• Treatment Courts</li> <li>• Treatment services provided through the Community Corrections Departments</li> <li>• Discharge/release planning and assuring access to needed supports, including reach-in services for transitioning offender populations</li> </ul>	<p>i. Establish a baseline of CCO members with serious mental illness and addictions in the criminal justice system, then maintain or reduce that number.</p> <p>ii. Establish a baseline and increase the number of criminal justice-involved CCO members with behavioral health disorders who are linked to a person-centered primary care home and receiving behavioral health services</p>

**MENTAL HEALTH AND ADDICTIONS**  
**Local Mental Health Authority (LMHA) /Community Mental Health Program (CMHP) Roles**

SERVICES		SYSTEMS	
INTEGRATED SERVICES	SPECIALTY SERVICES	SYSTEMS MANAGEMENT	SYSTEMS COORDINATION
<p>Services integrated with physical and dental health to support <b>Patient-Centered Health Home</b></p>	<p>Specialty Services are provided for people with <b>more complex Mental Health and Addictions Disorders</b></p>	<p>LMHA/CMHP as <b>Service Planner, Quality Assurance and Safety Net</b></p>	<p>LMHA/CMHP <b>Coordination and Consultation with Community Partners</b></p>
<ul style="list-style-type: none"> <li>• Behavioral Health Consultation</li> <li>• Individual, group and family counseling</li> <li>• Peer-delivered services</li> <li>• Medication management</li> <li>• Care Coordination with other health services and social services</li> </ul> <p>Services can be provided or contracted through CMHP or primary care clinic</p>	<p>More intense services described on the left <b>plus:</b></p> <ul style="list-style-type: none"> <li>• Case Management</li> <li>• Supported housing</li> <li>• Supported employment</li> <li>• Supported education</li> <li>• Early psychosis programs</li> <li>• Community skill-training: budgeting, shopping, food prep, use of public transport, accessing social activities, and spiritual life</li> </ul> <p>Services are provided or contracted through CMHP and delivered in the community</p>	<ul style="list-style-type: none"> <li>• 24/7 crisis response</li> <li>• Pre-commitment investigation and court testimony for commitment</li> <li>• Abuse investigation and reporting</li> <li>• Co-management of Oregon State Hospital patients, referral and discharge</li> <li>• Jail liaison and release planning</li> <li>• Psychiatric Security Review Board (PSRB) discharge planning and supervision of community placements</li> <li>• Facility siting and community planning</li> <li>• Service development and contracting</li> <li>• Licensing /oversight of residential facilities</li> <li>• Statutory biennial community needs assessment and state plan for mental health and addictions services</li> <li>• Assurance of quality in a system of care</li> <li>• Workforce development</li> <li>• Primary and secondary prevention activities</li> <li>• Disaster planning and training</li> <li>• Peer program development</li> </ul>	<ul style="list-style-type: none"> <li>• Commissions on Children and Families</li> <li>• Local offices of Department of Human Services: Seniors &amp; People with Disabilities Children, Adults and Families</li> <li>• Local Health Departments</li> <li>• Local Mental Health and Alcohol and Drug Planning Committees</li> <li>• Schools, district offices and ESDs</li> <li>• Local public safety – sheriff, police and courts</li> <li>• Community Corrections</li> <li>• Oregon Youth Authority</li> <li>• Emergency food and shelter services</li> <li>• City and county housing authorities</li> <li>• Community emergency preparedness entities</li> <li>• NAMI, DDA and other support groups</li> </ul>

## Appendix B

### Local Public Health

#### Local Public Health Authority/ Local Health Department Roles

Services	Population Interventions		
Specialty Services	Community Prevention	Health Surveillance	Community Collaboration
Clinical Services delivered (or assured) by local health departments	Interventions delivered by local health departments to keep populations healthy	Activities designed to identify needs in the community	Local community groups that public health works with on a regular basis
<ul style="list-style-type: none"> <li>• Immunization Services</li> <li>• School-Based Health Centers</li> <li>• Sexually Transmitted Disease Clinics</li> <li>• Family Planning Services</li> <li>• Communicable Disease Services</li> <li>• HIV/AIDS prevention services</li> </ul>	<ul style="list-style-type: none"> <li>• Community Prevention Policy Work (tobacco &amp; obesity)</li> <li>• Restaurant Inspections</li> <li>• Water Inspections</li> <li>• Climate Change</li> <li>• Home Visiting</li> <li>• Women, Infants and Children supplemental nutrition</li> <li>• Teen Pregnancy Prevention</li> <li>• Case Management (Tuberculosis, HIV, Maternity)</li> <li>• All-hazard emergency planning</li> <li>• Enforcement of public health laws</li> <li>• Communicable disease surveillance, investigation and report</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor public health indicators</li> <li>• Community Health Assessment</li> <li>• Health Improvement Plan</li> <li>• Annual Plan</li> <li>• Dept Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Local Boards of Health</li> <li>• Federally Qualified Health Centers</li> <li>• Community-based Orgs</li> <li>• Day Care Centers, Schools and Education Service Districts</li> <li>• Higher Education</li> <li>• Commission on Children and Families</li> <li>• Local Offices of Department of Human Services &amp; Oregon Health Authority</li> <li>• Local Public Safety</li> <li>• Community Corrections</li> <li>• Community Mental Health Programs</li> <li>• Health Plans</li> <li>• Local Hospitals and clinical services</li> <li>• Multi-disciplinary Teams for Child Abuse</li> <li>• Local businesses</li> </ul>

Local Public Health works for the preservation of health or prevention of diseases where we live, work, learn and play

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