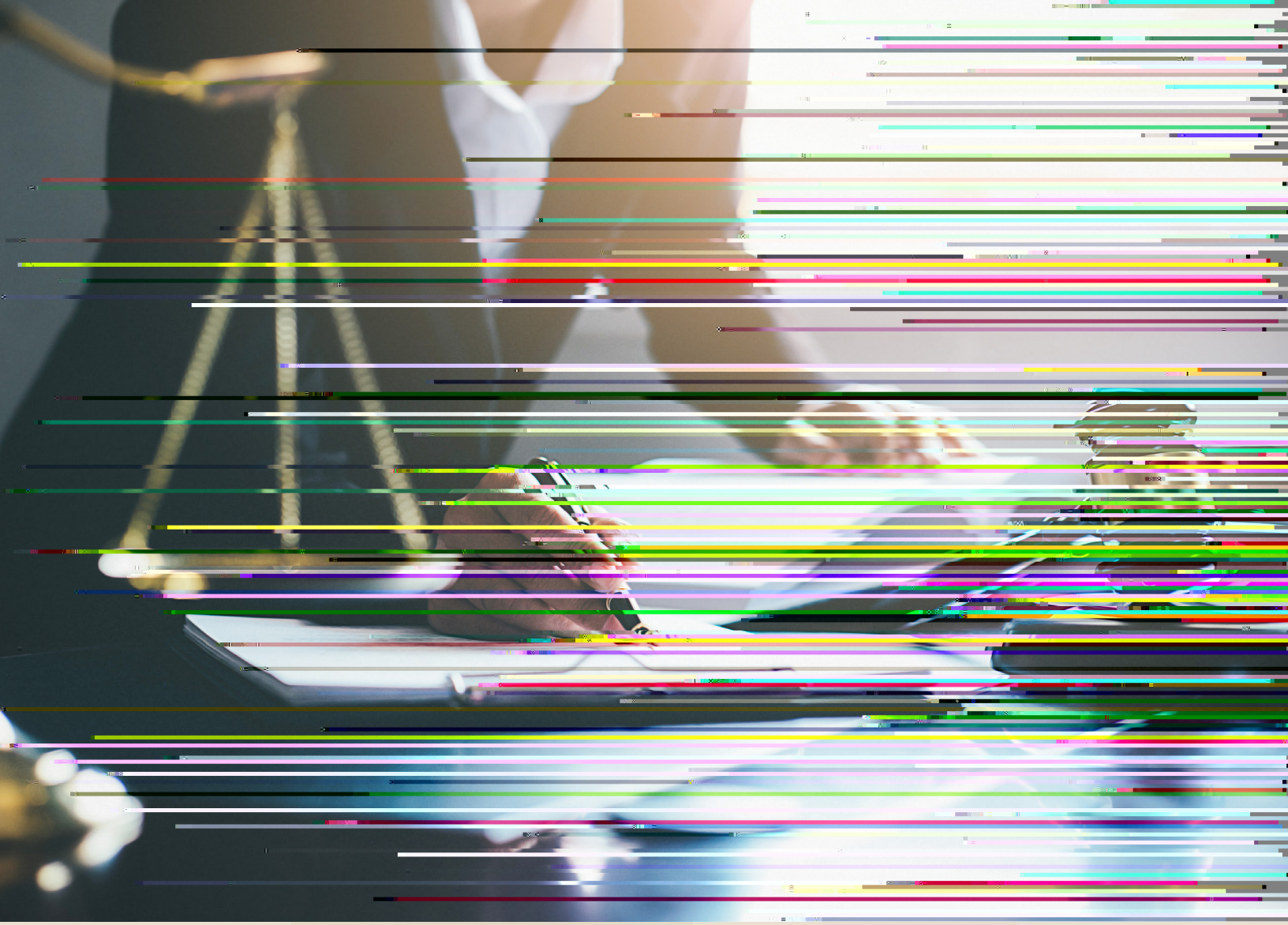


CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

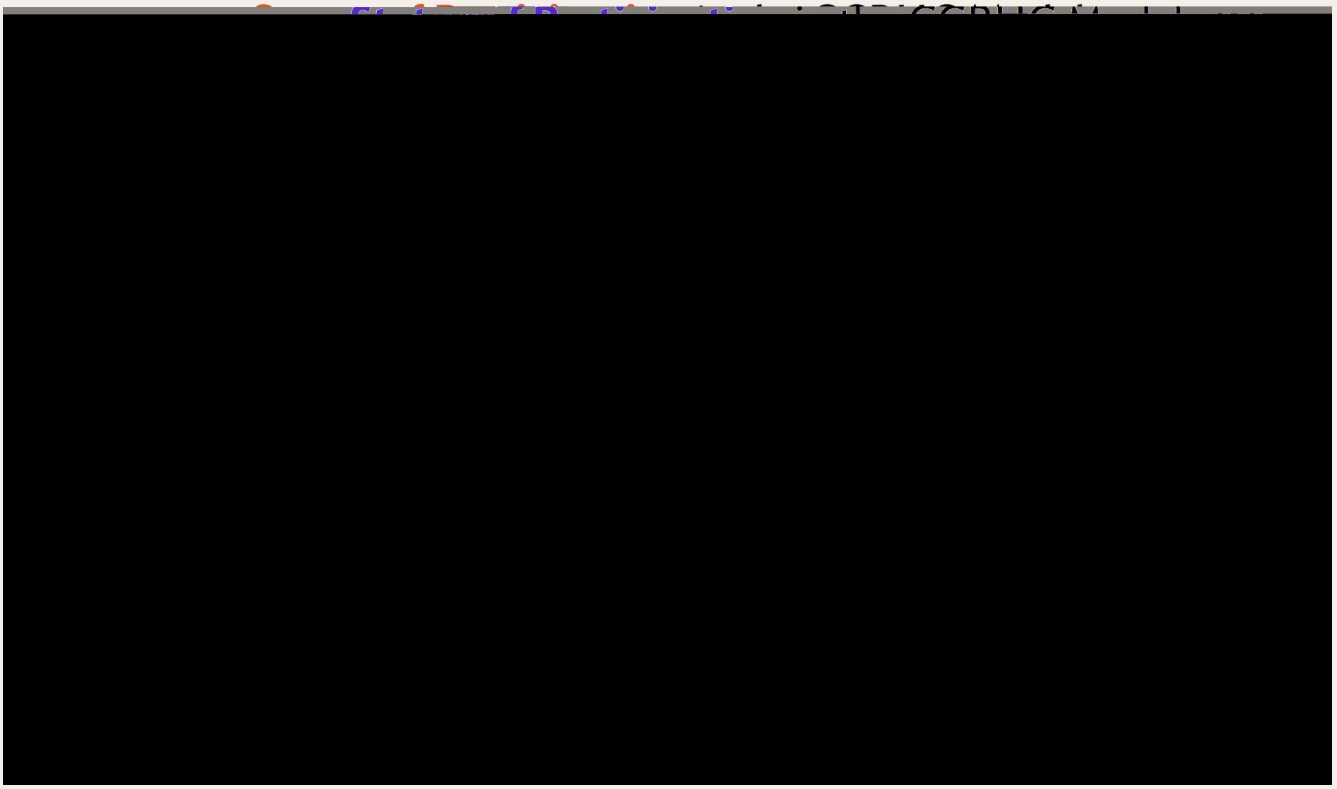
AND THE JUSTICE SYSTEMS

From police departments to courts of law, the CCBHC model provides a mechanism

Overview

In 2017, eight states launched a demonstration program to create a new model for mental health (MH) and substance use (SU) treatment service delivery called Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC model, which today extends to over 430 clinics across 42 states, raises the bar for the delivery of services by providing clinics with a financial foundation to expand access to care and improve coordination with community partners such as law enforcement, courts and the civil and criminal legal systems (justice settings). This model for care delivery allows sta to provide services outside the four walls of the clinic, including through 24/7/365 crisis response. To date, the model has resulted in reduced emergency department visits, hospitalization, incarceration and homelessness among clients served by the program, among other positive outcomes.[1, 2]

Among the innovative features of the CCBHC model are its requirements related to CCBHCs' partnerships with criminal justice agencies, along with flexibility for CCBHCs to deliver services in various non-clinical settings such as courts, police o ces and peoples' homes. By embedding health care sta in certain justice settings, the CCBHC model holds the potential to absorb certain costs (city-, county- and state-level) that the justice systems may incur for those services and potentially prevent incarceration or recidivism by enabling greater access to treatment and support for justice-involved individuals. The enhanced services and tn2 (or 36 t)or th



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- The **CCB C D** today includes 10 states where state-certified CCBHCs receive a special

The Justice and Public Health Systems Challenge that CCBHCs Work to Solve

Having a MH or SU condition is not illegal, nor are individuals with these conditions inherently dangerous to the public. Yet far too

activities to ensure continuity of care upon reentry and 63% have increased outreach and engagement e□orts to individuals who have justice involvement or are at risk of being involved with the justice systems.

An alarming 84.2% of people with MH or SU concerns have co-occurring physical health conditions, such as hypertension and diabetes. These conditions often go unaddressed, leading to significantly higher rates of mortality among this population compared to the public. These complex care needs are also high cost to jails and prisons and may not be a part of the contract with their correctional health care vendor with variability by locality and by state. CCBHCs provide physical health services and have shown to decrease cholesterol and hemoglobin A1C rates, reducing risks related to hypertension and diabetes respectively, while also treating SMIs and SUDs with evidence-based care.

C, E Prior to a person arriving in jail or prison, law enforcement and 911 operators must use significant resources in responding to crises for those with MH/SU issues. A report from the Treatment Advocacy Center found that law enforcement agencies, specifically police and sheri□ o□ces, spend 10% of their total budget on transporting persons with MH needs, amounting to around $918 million nationwide in one year's time. These data do not show the costs of incarceration, costs for the courts or the costs of community supervision. CCBHCs are required to deliver a defined scope of crisis services, including 24/7 crisis response, mobile crisis services and crisis stabilization. Most CCBHCs (91%) are going beyond these core requirements with additional services and activities, including crisis call lines, co-responder models in collaboration with law enforcement and more. More than half of CCBHCs reported adding these services because of CCBHC certification, an indicator of the expanded scope of crisis response resources now available in CCBHCs' communities.

F C, The availability of clinical sta□ who can screen, assess and diagnose a person's MH/SU conditions correlates to the time someone waits in a jail pretrial for appointment of specialized defense counsel and for an evaluation for a problem-solving court (i.e., specialty court) or specialized behavioral health docket. These long wait times not only negatively a□ect the health of the individual by delaying care, but they also backlog the court system and add costs. CCBHCs can embed sta□ into the courts to coordinate care with 50% of CCBHCs o□ering same-day services and 84% o□ering services within a week.

Published in 2014, a six-year study on mental health courts (MHC) found that while MHCs are very e□ective and created a return on investment for the justice systems, individuals involved in these programs personally incurred an average of $4,000 annually with the highest costs for persons with co-occurring MH/SU conditions. Beyond specialty courts, research completed by the Task Force with partners such as the Council of State Governments shows the complex steps that a person takes through the courts in a criminal case and provided recommendations to improve caseflow management within the Judicial system, including access to technology and data sharing.

CCBHCs provided person-centered, integrated care for their clients regardless of their ability to pay while absorbing costs in the justice systems for services such as screening and assessments as well as the court liaisons who are coordinating access to care. CCBHCs can also provide technology to members of the judicial system (e.g., iPad, tablets) to immediately connect someone with sta□ who can conduct a screen and provide appropriate information to decision-makers to help inform them and provide more availability of justice and health care options. The scope of services that CCBHCs are required to provide can be coordinated with the courts or delivered directly within those justice settings.

Justice Partnerships are a Requirement of the CCBHC Model

CCBHCs' advances in coordinating care with community partners have been widely hailed as one of the most important benefits of the model. Care coordination may be defined as deliberately organizing a client's care activities and sharing information among all the participants concerned with a client's care to achieve safer and more e□ective care outcomes.

The CCBHC statutory requirements outline specifically which partnerships, through formal contracts or otherwise, are required, including but not limited to "schools, child welfare agencies and ." SAMHSA defines juvenile and criminal justice agencies to include drug, mental health, veterans and other specialty courts. CCBHCs have also worked closely with the larger court systems, as the courtroom is the penultimate opportunity to refer individuals to treatment prior to sentencing. CCBHCs are also required to develop protocols with local law enforcement in responding to MH/SU-related emergencies.

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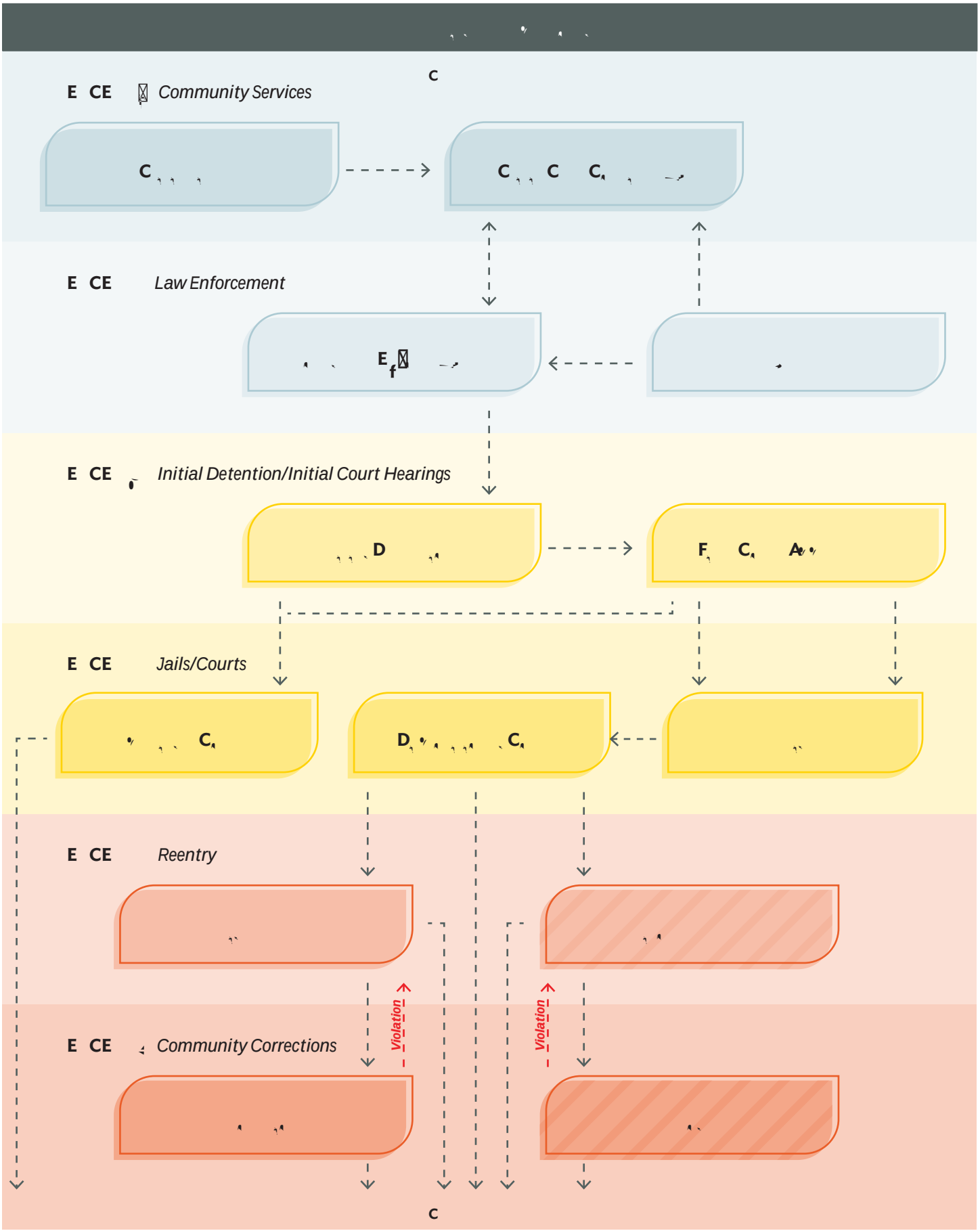
Juvenile justice agencies	52%	44%
Adult criminal justice agencies/courts	68%	29%
Mental health/drug courts	76%	24%
Law enforcement	53%	47%

The federal CCBHC guidance creates a foundation on which states can build, tailor and enhance the CCBHC model to meet their own communities' needs. States may require additional specific partnerships to meet their populations and systems' needs. For example, the judicial system, as the third branch of government in each state, may join the planning process with the legislative and executive branches when states are taking action to establish the CCBHC model statewide and can support a pre-implementation needs assessment highlighting gaps and opportunities for justice-involved individuals in the state. The courts may also work to inform and train judges on the CCBHC model.

CCBHCs must establish care coordination partnerships with law enforcement and with juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts).[36] In practice, CCBHCs are engaging in additional

CCBHCs and the Sequential Intercept Model

The Sequential Intercept Model (SIM) was developed by Policy Research Associates (PRA)[38] as a conceptual means to inform community-based responses to the involvement of individuals with MH/SU needs within justice systems.[39] NCSC has broadened this model[40] to reflect needs within the civil legal system as well as social needs of people with MH/SU conditions such as housing and healthy meals. meals.2 (em as w)12u and healthy


E CE Community Services
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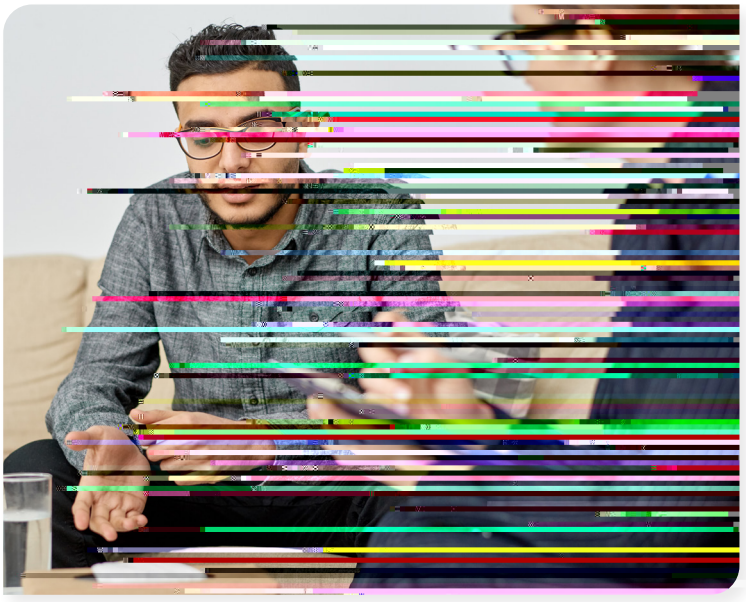
How the CCBHC Model Funds Care in Justice Settings



CCBHCs' activities are supported through two funding streams: 1) an enhanced Medicaid payment rate known as the prospective payment system (PPS) that covers the costs associated with CCBHCs' enhanced requirements and activities and 2) grant funding that provides a fixed sum to enable clinics to carry out the activities of a CCBHC during the two-year term of the grant. Some CCBHCs receive only the PPS, others receive only the grant and some may receive both.

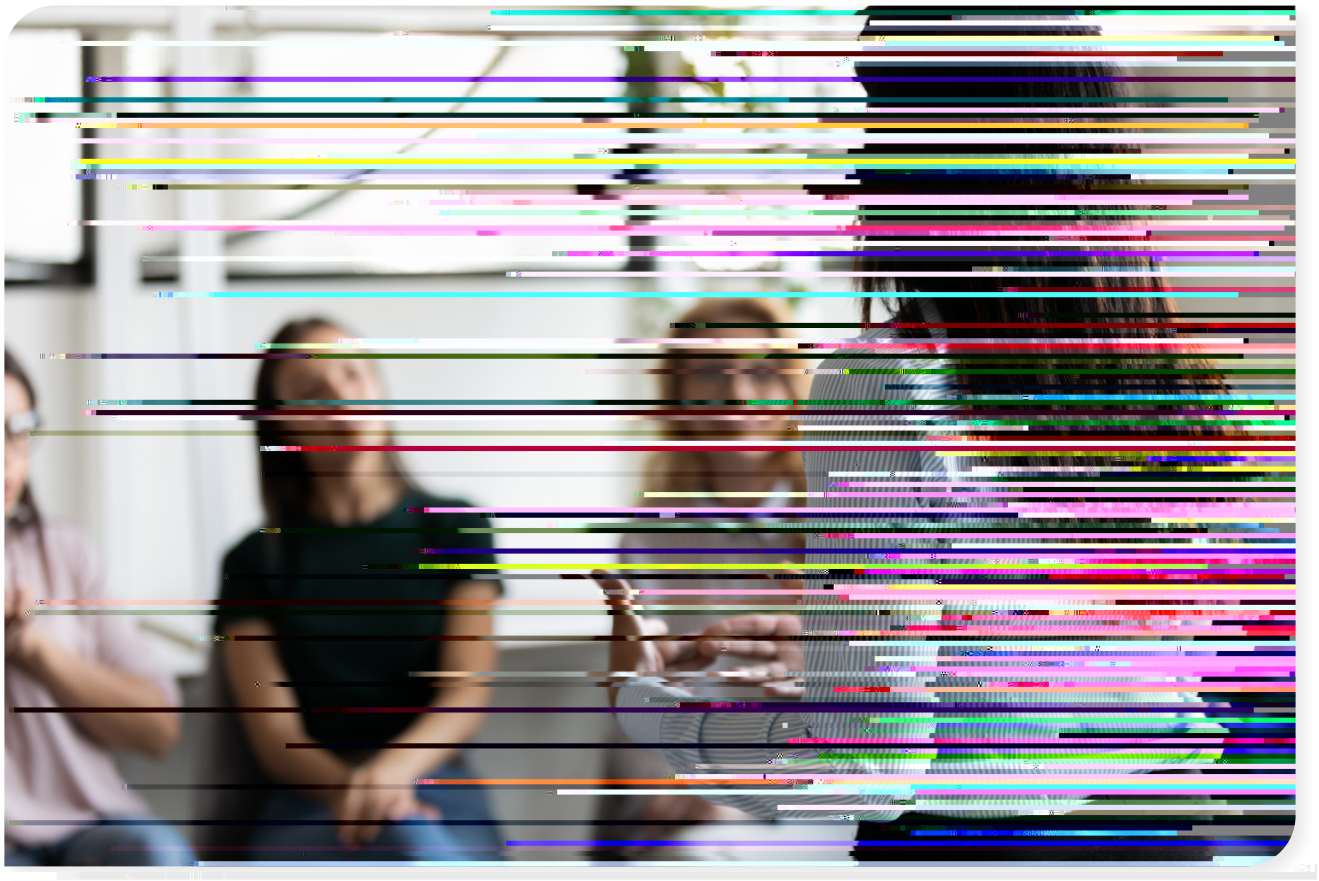
CCB C Medicaid, as a form of health insurance for indigent populations, splits states' health care costs with the federal government at a minimum of 50% of the costs for those enrolled. This division in costs varies state by state and can extend as high as 100% of costs being covered federally for some populations or services.[52] CCBHCs that are eligible for Medicaid PPS – either because they are a state-certified demonstration site or because their state has independently implemented CCBHC PPS in Medicaid – receive a daily or monthly payment rate expressly structured to reflect CCBHCs' anticipated costs of expanding access and services, including costs that are not billable under traditional payment sources such as outreach, partnership building or technology.

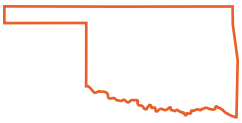
Some states have leveraged this opportunity to maximize federal financial support for previously state-funded activities by building these activities – when considered Medicaid-allowable – into the CCBHCs' scope of services. Within justice and judicial divisions of government, many of the programs that connect people with MH or SU conditions to treatment services are currently paid for either through time-limited grants or by a line-item within city, county or state budgets. The CCBHC model thus holds potential to draw down additional federal funds to support these activities while freeing up state, county or city funds and establishing a pathway for sustainability for time-limited, grant-supported activities. For example, Missouri's state-funded Community Mental Health Liaison program, an initiative that leverages clinic sta working closely with the justice systems (including courts and police) to help direct consumers into care, was added to the state's CCBHC program, allowing the state to expand the program while drawing down a federal match for these services.

A A CCB C E These grants are awarded directly to individual clinics receiving a fixed sum of up to $4 million for two years to carry out the activities of a CCBHC. While federal grant funding is time-limited and therefore not sustainable over the long term, it can provide a springboard for states to initiate CCBHC implementation with a PPS through a State Plan Amendment or Medicaid waiver. Grant funding may also be used to pay for activities not otherwise allowable in Medicaid, such as delivery of services within jails and prisons.

Case Studies: CCBHC Alignment With the SIM

Identifying CCBHCs' e□ects in di□erent justice settings can be di□cult as public health and public safety budgets are managed separately with separate data tracking systems and indicators for success. Two CCBHCs have data on their impacts to the justice systems and how those within justice settings have also supported increased access to care for people with MH/SU challenges. The CCBHCs profiled, Grand Lake Mental Health Center in Nowata, Okla., and Integral Care in Austin, Texas, are two examples of how the CCBHC model supports all sectors of the justice systems. While these are local-level e□orts, they were supported by state-level actions: Oklahoma joined the CCBHC demonstration and received the PPS rate structure and Texas moved forward independently of the demonstration with statewide support from the executive and legislative branches of government.





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Unparalleled innovations for rural justice partnerships

Grand Lake Mental Health Center (GLMHC), a rural CCBHC in northeast Oklahoma that serves 12 counties, is embedded in every part of the SIM within their communities. In an interview with sta at the CCBHC, the chief executive o cer, Larry Smith, identified that much of their success has been built o the ability to be embedded within the justice system at no cost to those partners. GLMHC states that the success of these e orts, including the ability to share and reduce costs, has established a trust upon which the clinic and justice divisions have grown more diverse programs within its CCBHC.

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Law enforcement o cers can reach out to the CCBHC seven days a week, 24 hours a day via tablets embedded in every patrol car that link o cers to trained mental health counselors when responding to calls involving individuals with MH/SU challenges. GLMHC has also opened a 24-hour crisis drop-in facility where o cers can bring individuals in distress rather than taking them to jail or driving them to a psychiatric hospital — sometimes previously requiring trips to multiple hospitals to find an open bed. Through these partnerships, the CCBHC has been able to save law enforcement o cers in Northern Oklahoma 275 days of continuous driving — that is approximately 6,600 hours of sta time. In its first three years, the program produced a 99% reduction in emergency psychiatric hospitalizations, producing an estimated $14.9 million in savings.

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According to GLMHC, Oklahoma's average length of time between a case being filed in the court and final disposition for a person with a MH/SU-related charge is around seven months. GLMHC, in partnership with the county commissioner and district attorney, has decreased this time to approximately 80 days in Rogers County, the site of a pilot pretrial release project. GLMHC has established a shared savings program with the Rogers County jail whereby the jail pays the clinic half of what it would cost to keep someone incarcerated in return for GLMHC taking responsibility for that individual's MH/SU care. To date, the pilot has saved money for the county, reduced or eliminated jail time for eligible persons held pretrial and provided additional financial support for justice-related work.

This program has saved participants 1,761 days in jail, which equates to more than $68,000 saved for the jail. The program provides weekly updates to the district attorney on the progress of the individuals' health with these programmatic outcomes:

- More than one-third (35%) of those in the program make it to their final disposition without any technical violations;
- Approximately half of the remaining clients may have an unintended technical violation with the remaining half reo ending; and
- While not all clients are able to reach their final disposition without issues, all judges may access to the complexity of needs of the individual to know if jail is the best solution.

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Although the jail and court e orts are in one county, GLMHC is on a multi-disciplinary team within justice-specific collaborations in all twelve counties where they can identify opportunities for engagement in care. This includes community corrections supports within probation and parole e orts, including connecting care for those with sex o ender charges. In six of their counties, GLMHC conducts o ender screenings to support these justice divisions with the information on the individuals care needs even if they do not continue into treatment through their CCBHC. GLMHC has county partnerships with one county for local probation and parole and with six counties for federal probation and parole. These relationships include conducting the urine analyses for those with SU screening requirements.

EG A CA E E A

State actions to establish and expand the CCBHC model with local innovations

Integral Care, an Austin-based CCBHC that serves Travis County, provides robust services in every part of the SIM with outstanding outcomes. Data were acquired through National Council's 2021 Impact Survey as well as CCBHC and Court data received through the State of Texas' Department of Health and Human Services.

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The CCBHC has two mobile crisis teams and a walk-in psychiatric urgent care clinic. In December 2019, the City of Austin and Integral Care launched the Crisis Call Diversion program to help divert people experiencing a MH crisis from an automatic police dispatch in situations where there is no imminent risk of harm or death. The program embeds Integral Care clinicians into the Austin Police Department (APD) 911 Call Center, allowing clinicians to receive direct transfer of calls from 911 call takers when a caller is in an MH crisis. In 2020, the Crisis Call Diversion program handled 747 total calls, with 82% resulting in a complete diversion from law enforcement. As part of the MH/SU support provided to law enforcement, Crisis Center Counselors also provide telehealth services for first responders that are already on scene or enroute when they need a rapid response/consultation from a MH professional. In an eight-month review of the program, the total cost avoidance for law enforcement was $1.64 million (approximately $2,900 per diverted call).[53]

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The CCBHC participates in the County Behavioral Health and Criminal Justice Advisory Committee, which is a collaborative of city and county health and criminal justice entities to ensure people get the care and treatment they need at every step of the criminal justice process. Integral Care redirects individuals from the criminal justice system to community-based treatment through the Mental Health Bond Program, the County's Pre-trial Services. In 2020, 1,417 unduplicated individuals received face to face services through the program and were provided transitional supports (e.g., housing, employment and transportation).

Integral Care's Community Competency Restoration Program supports justice-involved adults who have been found

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