



# CCBHC SUCCESS CENTER

## THE CCBHC MODEL AND THE JUSTICE SYSTEMS

A solution for state and local policymakers linking mental health and substance use care for justice-involved

From police departments to courts of law, the [Certified Community Behavioral Health Clinic \(CCBHC\)](#) model provides a mechanism to coordinate, deliver – and often pay for – mental health and substance use services for justice-involved persons. Since launching the model in 2017, CCBHCs have supported communities and states in reducing unmet need for care, improving access to medication-assisted substance use treatment, diverting people in crisis from hospitals, emergency departments and jails, and expanding the mental health and substance use workforce.

Due to their financing model and comprehensive scope of services, CCBHCs are positioned to provide specific support to law enforcement, jails, courts and community supervision partners. The CCBHC criteria offer both standardized requirements and flexibility to tailor individual clinics' activities to the unique needs of their community. Among these criteria are required partnerships between CCBHCs and **juvenile and criminal justice agencies and facilities as well as law enforcement partners**.

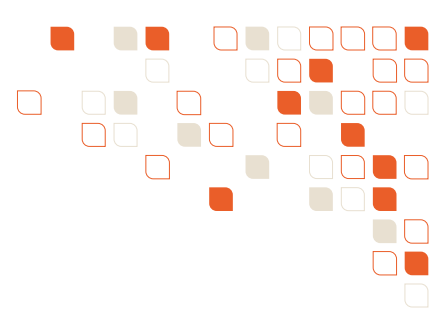
CCBHCs provide health care staff, technology and trainings to justice settings often **at no-cost to the justice sector**. Specifically, [data from CCBHCs](#) has revealed that:

- 76% of CCBHCs participate with in **specialty courts, specifically mental health, drug and veterans' courts**.
- 72% of CCBHCs **train law enforcement and corrections officers** in Mental Health First Aid (MHFA), Crisis Intervention Team (CIT) or other mental health and substance use disorder (SUD) awareness trainings.
- 70% of CCBHCs **provide pre-release supports** such as screening, referrals or other activities to ensure continuity of care upon re-entry from a jail or prison.
- 63% of CCBHCs have **enhanced outreach and service delivery programs** to expand access to care among individuals who have or are at risk of criminal justice system involvement.

[The Sequential Intercept Model \(SIM\)](#), developed by Policy Research Associates (PRA), is a conceptual means to inform community-based responses to the involvement of individuals with mental health and substance use needs within criminal justice systems. [National Center for State Courts](#) has broadened this model to reflect needs within the civil justice system as well as coinciding social needs of people with mental health and substance use conditions such as housing and healthy meals. CCBHCs support justice system partners at each intercept of the SIM.



Components of the SIM as outlined by PRA		The CCBHC Care Delivery Model
0	<b>Mobile crisis outreach teams and co-responders</b>	CCBHCs are required to provide crisis response services, including 24-hour mobile crisis response and crisis stabilization services. EDs and local justice agencies are required care coordination partners for CCBHCs. The CCBHC model has supported clinics in engaging in co-responder initiatives (38%), dispatching Mental Health/Substance Use response teams in lieu of law enforcement (19%), establishing crisis drop-off facilities to allow officers to transition an individual more quickly to clinical treatment rather than hospitalization or jail (33%) and working with EDs to divert individuals in crisis to outpatient services where clinically appropriate (79%).
	<b>Emergency department (ED) diversion</b>	
	<b>Police-friendly crisis services, including deflection services</b>	
1	<b>Dispatcher training</b>	The CCBHC funding model supports clinics in working with 911 and law enforcement when MH/SU-related calls are made with 72% of CCBHCs provide training to law enforcement or corrections officers in MHFA, CIT or related trainings that support officers in responding to individuals with MH/SU needs. Many CCBHCs (20%) provide officers with tablets to deliver telehealth support when interacting with an individual with a MH/SU need and 13% partner with 911 to have relevant calls rerouted to a MH/SU response team. CCBHCs are required to develop a crisis plan with each consumer and to have an established protocol specifying their role with law enforcement in the provision of crisis services.
	<b>Specialized police responses</b>	
	<b>Intervening with high-need persons and providing follow-up post-crisis</b>	
2	<b>Screening, assessments and diagnoses for MH/SU conditions</b>	Screening, assessment and diagnosis are required core services for CCBHCs. Two-thirds (63%) of CCBHCs increased their efforts to engage with individuals who have justice system involvement or are at risk of being involved with the justice systems, and 83% have targeted outreach to consumers who were previously incarcerated in order to bring them into treatment. Many CCBHCs (34%) have initiated data-sharing activities with law enforcement and/or local jails to support improved collaboration.
	<b>Data initiatives between the justice systems and MH/SU providers</b>	
	<b>Pretrial diversion to reduce episodes of incarceration with local treatment</b>	
3	<b>Court diversion programs for persons with MH/SU needs, including but not limited to specialty courts</b>	CCBHCs are required to establish care coordination partnerships with juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts). While 33% of CCBHCs deliver direct services in courts, police offices and other justice-related facilities, 98% of CCBHCs accept referrals from courts, with 76% actively participating in specialty courts. And although Medicaid funding cannot be used to deliver direct services in jails, many CCBHCs are providing jail-based services through grants or other sources of funding. CCBHCs are also required to partner with local Veterans' Affairs facilities to support military members as their care is a component of CCBHCs' required scope of service.
	<b>Jail-based programming and health care services</b>	
	<b>Collaboration with specialist from the Veterans Health Administration</b>	
4	<b>Transition planning by the jail or in-reach providers</b>	More than two-thirds (70%) of CCBHCs coordinate with local jails to provide pre-release screening, referrals or other activities to ensure continuity of care upon individuals' re-entry to the community from jail. Through their partnerships with jails and prisons, CCBHCs support warm hand-off supports from correctional settings to community-based settings to reduce risks of harms, including overdose, suicide or other adverse events. CCBHCs have staff that can also work to enroll or re-enroll individuals into benefits like Medicaid to ensure their services are covered.
	<b>Medication and prescription access upon release from jail or prison</b>	
	<b>Warm hand-offs from corrections to providers increases engagement</b>	
5	<b>Specialized community supervision caseloads of people with MH needs</b>	The extent of CCBHCs' relationships with community supervision has not been fully documented, but at least 5% of CCBHCs include corrections staff such as external probation and parole offers on treatment teams to create a plan to support successful outcomes for individuals with MH/SU needs. CCBHCs must ensure MAT and MH medications are part of individuals' treatment plans where necessary. The majority (89%) of CCBHCs offer direct access to MAT (with the remainder partnering with other organizations to deliver this service), compared with only 56% of SU treatment facilities nationwide. CCBHCs create community partnerships with organizations that provide job training, housing and other needed supports within their communities.
	<b>Medication-assisted treatment for people with SUDs</b>	
	<b>Access to recovery supports, benefits, housing and competitive employment</b>	



# RECOMMENDATIONS FOR STATES

By ensuring all community members' access to comprehensive mental health and substance use care and strengthening clinics' relationships with criminal justice partners, the CCBHC model represents a promising key to success in states' efforts to save lives and alleviate burdens on the justice system. As many states establish task forces, working groups and committees to solve the growing needs for mental health and substance use care delivery as well as similar groups for justice-focused solutions, the CCBHC model should be at the top of the list for consideration as a state creates a strategic plan to address growing rates of suicide, overdose and incarceration. The National Council for Mental Wellbeing recommends that state leaders:

1. **Adopt the CCBHC model:** Through legislative or executive actions, establish CCBHC as part of the state's Medicaid programs, with prospective payment (PPS) available to state-certified CCBHCs.
2. **Include All Justice and Judicial Partners:** Engage with court officials, law enforcement officials and other leaders within the justice systems when identifying system gaps and establishing CCBHC criteria to address unmet needs within the state.
3. **Be Innovative in Service and Program Development:** Consider how to support and incentivize CCBHC-justice system partnerships beyond the minimum federal criteria through collaborative efforts with the judicial system, law enforcement, crisis responders and others engaged in working with individuals at each point in the SIM at the local and state levels.

For more information and to obtain support with further exploring or initiating the CCBHC model, please visit [the National Council's CCBHC Success Center](#).

