

## How Community Behavioral Health Providers are Supporting Police and Reducing Recidivism

A disproportionate number of individuals with serious mental illness (SMI) and/or substance use disorders (SUD) encounter the criminal justice system each year in America. In 2012, jails and prisons housed 10 times as many persons with SMI than state hospitals, highlighting that individuals with serious mental illness, like schizophrenia, bipolar disorder, or severe depression, are more likely to encounter the justice system than receive behavioral health services<sup>i</sup>. Individuals living with SMI who have consistent access to high-quality treatment and adhere to their medications are less likely to encounter the criminal justice system<sup>ii</sup>. Community-based treatment lowers the chances of reincarceration, decreases the burden on jails and prisons to provide mental health services, and improves outcomes for these individuals by providing evidence-based treatment that can help them avoid arrest.

Community behavioral health clinics have been chronically underfunded for many years, and often rely on state or local grants to provide services for justice-involved clients who are uninsured. But in eight states we are seeing improved access and collaboration as a law passed in 2014 established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs) and these entities, a new provider type in Medicaid, have a funding mechanism that allows for increased service offering and flexibility.

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*“When you bring [an individual with serious mental illness] to the emergency room, you have to sit there for hours. It is keeping police officers from doing their field work. We are making it easier for police officers, so they can focus on the job we cannot do.” – CPC Behavioral Healthcare, New Jersey*

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CCBHCs provide a comprehensive range of addiction and mental health services to vulnerable individuals including 24/7 crisis response. In return, CCBHCs receive a Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are currently in operation in eight states selected for participation in the Section 223 demonstration (also known as the CCBHC demonstration or the Excellence in Mental Health Act demonstration): Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon, and Pennsylvania. CCBHCs in the eight participating states began operations in either April or July 2017.

### **Partnerships and Information Sharing Between Law Enforcement and CCBHCs Improves Care, Reduces Recidivism, and Can Save Money**

One of the innovative ways CCBHCs have expanded access to care is through partnerships with criminal justice agencies. CCBHCs are a vehicle for expanded access to intensive community-based services for individuals with untreated severe mental illness or addiction. CCBHCs were established to fill the gap in unmet need and expand access to community-based treatment for these populations. Expanded service offerings and increased flexibility available from CCBHCs can help to decrease incarcerations, rearrests, and provide comprehensive, high-quality behavioral

health services in communities where prisons and jails may serve as de facto treatment facilities for individuals with SMI and/or SUDs. CCBHCS are now addressing untreated mental health disorders and decreasing many other community problems.

The National Council for Behavioral Health, through a series of quantitative interviews<sup>iii</sup>, found that CCBHCs have strengthened relationships with local courts, law enforcement, probation officers, jails and prisons to better support corrections staff and police officers, while also providing high-quality, integrated care to individuals in need. These expanded partnerships have resulted in new programs and unprecedented information sharing between law enforcement and behavioral health staff that improves care, reduces recidivism, and has the potential to save significant money.

### **New Funding Stream Allows for More Mental Health and Addiction Support to Police and Corrections Where They Need It**

The key element of the CCBHC program that permits for these collaborative programs to take place and for clinics to have the financial and staff resourcing to complete them is the Prospective Payment System (PPS). This payment based on the costs of expanding services and increasing the number of individuals served allows for new flexibility to support criminal justice partners. Off-site positions and traditionally unpaid for services of care coordination, jail-based services and treatment for individuals being discharged from incarceration without qualifying for Medicaid can now be built into the CCBHCs cost calculation. Multiple CCBHCs shared they had previously been providing key services at

## **Innovative CCBHC Coordination**

### **Diversion Crisis Support**

Cascadia Behavioral Healthcare, a CCBHC in Oregon developed an Urgent Walk-In Clinic (UWIC) as a place for police officers to bring individuals who are in crisis and need behavioral health treatment, rather than booking them in jail. The UWIC provides assessment and coordination to decrease an individual's future engagement with police and the District Attorney.

### **Law Enforcement Center Liaison**

With new resources as a CCBHC, Family Guidance Center in Missouri created a Law Enforcement Center Liaison position; a full-time position located in their local jail, to work as a discharge planner with individuals who are set to be released from incarceration. The Liaison also completes assessments, connects individuals to needed behavioral health treatment and provides crisis services or mental health services on site at the correctional facility.

### **On-Site Treatment at Probation Offices**

Prior to becoming a CCBHC Endeavor Health Services in New York was approached by their local probation offices for their expertise, but could not have partnered due to funding limitations. They now have behavioral health professionals embedded in the Erie County Probations Offices and can offer clinical treatment, assessments and blood draws on site.

### **On-Site Treatment at Probation Offices**

Ramsey County Mental Health Center in Minnesota has targeted its resources as a CCBHC and installed a Mental Health Professional at the Adult Probation Center who can meet with individuals on sit at the time of referral. They can have conversations about the services they need and conduct assessments. In six months, the on-site mental health professional has seen about 50 people.

a financial loss, because their clients and law enforcement partners so desperately needed them. CCBHCs are now expanding evidence-based services and can be compensated for their work, increasing their contribution to the community and helpfulness for law enforcement.

CCBHCs can be more flexible with where their staff provide services and a client's ability to pay. This has contributed to increased coordination with criminal justice agencies, as many CCBHCs have been invited to work alongside law enforcement and probation officers and in local jails. Historically, a lack of funding and workforce shortages impact the availability of onsite services but with CCBHC status behavioral health organizations can hire additional staff and be more flexible.

#### **CCBHCs Are Helping Law Enforcement and Corrections Address Opioids and Chronic Physical Conditions**

"CCBHC funding has allowed us to fully fund the services we have and now we can expand and focus on areas that were always secondary," shared Endeavor Health Services, a CCBHC in New York. They are now able to offer services that are especially valuable for criminal justice partners on site such as blood draw labs and medication assisted treatment for SUDs, like opioid addiction, while renewing focus on other critical diagnoses such as HIV and hepatitis. Northeast Treatment Centers in Pennsylvania reported CCBHC funding allow them to offer more intensive treatment services for justice-involved clients. Now if clients are not making their appointments, providers can physically go to the client for treatment. They are also able to engage new provider types, like peer support specialists who are

#### **Case Study: Family Guidance Center, Missouri**

Buchanan County, Missouri experienced an increase in mental illness and a 38 percent increase in suicide attempts in the past two years. Local law enforcement needed support to manage the community's needs and the police department reached out to behavioral health providers, like Family Guidance Center, for help. 40 percent of individuals going into jail in Buchanan County are known to have a mental health disorder and 80 percent of the jail population has a substance use disorder. While there were multiple programs in place prior to CCBHC status, including mental health liaisons coordinating with law enforcement and local courts, there was difficulty sustaining these efforts due to funding shortages.

Family Guidance Center has been able to expand their programs as a CCBHC to now have a full-time master's degree clinician, the Law Enforcement Center Liaison, stationed in the jail. They are alerted to each new discharge and meets with them prior to release, helping to enroll them in Medicaid if they qualify, linking them to treatment and helping to set appointments. Individuals are leaving incarceration with supports proven to decrease recidivism already in place. Most clients who are released from corrections facilities are not Medicaid eligible but still require services and Family Guidance Center as a CCBHC can now keep doing the previously unpaid work required to reduce recidivism and keep the community safe.

*Klamath Basin Behavioral Health, in Oregon, has partnered closely with corrections and their local jail to provide services on site in probation offices and at the jail. They receive copies of booking reports daily and identify clients with treatment history for targeted follow-up and complete check-ins with anyone who has been incarcerated. They work to link these individuals to services in the community, complete behavioral health assessments and develop or adjust treatment plans.*

*Klamath County now has the lowest recidivism rate in Southern Oregon, and estimates they are **saving the state \$2.5 million** in prison beds.*

licensed counselors actively in recovery, making their interventions more effective. They have more flexibility and can expand their community based engagement services through events, education and do not need other funding sources to be proactive. Previously, community behavioral health providers were dependent on grant or philanthropic funds to be proactive.

Klamath Basin Behavioral Health in Oregon now has the staff resources as a CCBHC to attend every arraignment as a behavioral health resource to the local judge, have a treatment presence in the local jail and be present to coordinate with the local Sheriff, Corrections and District Attorney's offices. "In the past, the reimbursement rate would not cover the cost of sending out a peer for a session. Previously we could not offer peer services [licensed counselors currently in recovery that support addiction treatment] because it was a financial loss to us even though it is an effective treatment," reported Spectrum Health and Human Services, a CCBHC in New York. They are now able to offer peer services and have a targeted case manager built into their rates, even though the services themselves are not reimbursable.

Integrated behavioral health and physical health care are another hallmark of the CCBHC program, and CCBHC sites are now able to offer a wider array of services to better treat the whole individual. CCBHCs offer both mental health and substance use treatment in conjunction with physical health services. Being able to offer physical health services, especially with justice-involved clients, to identify chronic untreated health conditions or providing blood draws are a huge value add. Many physical health conditions, like chronic pain, can contribute to addictions or negatively impact mental wellness of a client. Blood draws are supportive to probation officers and Endeavor Health Services, a CCBHC in New York, can now to complete them on site at probation offices while also providing mental health assessments and appointment scheduling.

### **Expanded Detox and Crisis Services in the Community Give Law Enforcement More Options Than Just Hospitals or Jail**

In addition to physical health services, CCBHCs are now able to offer addiction services including ambulatory detox, which is a cost-effective and safe service to help individuals detox from drugs or alcohol, and other evidence-based interventions to deal with addictions, like medication-assisted treatment for opioid use disorder. All CCBHCs are

### **Case Study: Ramsey County Mental Health Center, Minnesota**

Ramsey County has partnered with local correctional facilities and are improving outcomes for the county. Ramsey County identified a high need for mental health and chemical health interventions for justice-involved clients with a low to moderate risk of reoffending. These individuals would historically receive a referral, and then not actually make it into the clinic for their appointment. Now, Ramsey County has strategically installed a mental health professional on site at the probation offices on days when most individuals are required to report. They can see clients same-day, on-site at their probation offices when referred for services. "We now have a detox center too; when an individual shows up to probation intoxicated they don't have to arrest them, they can be transported to detox."

### **Case Study: CPC Behavioral Healthcare, New Jersey**

CPC Behavioral Healthcare in New Jersey is now able to offer intensive treatment services and can integrate their traditional behavioral health service offerings with physical health care. They have augmented their team to include a bi-lingual Licensed Social Worker as a Municipal Court Liaison to help to refer individuals to services in lieu of charges, or to postpone charges for those known to the courts and get them into treatment. They also reported that transportation had historically been a serious issue for many clients and now they are able to transport clients when needed. Crisis services, which are available on evenings and weekends, are supporting reentry and decreasing rearrests. They have also increased prescribers and providers in specific high-need neighborhoods to decrease wait times and increase accessibility.

required to provide ambulatory detox services, which may be new for their geographic area. CCBHC status made it possible "to increase recovery and addiction treatment capacity in very short order, less than a 6-month window" for Catholic Charities Trenton, in New Jersey. Their ambulatory detox services are reducing the burden on law enforcement and local emergency rooms, and results in additional care coordination among providers and support to county jails and probations offices. This new ability to be a partner in providing a full spectrum of substance use treatment, beyond just detoxification, has a tremendous impact on law enforcement. Catholic Charities has used their CCBHC funding to create memorandums of understanding with local criminal justice agencies to fill the gaps of needed behavioral health services. In addition, Catholic Charities is now capturing more data than ever before, including recidivism, reentry and adherence to treatment services.

Cascadia Behavioral Healthcare, a CCBHC in Oregon, established two new programs to assist police officers when they encounter an individual in crisis, including a 24-hour 7-day a week crisis response service and an Urgent Walk-In Clinic. Community Counseling Solutions, a CCBHC in Oregon, has funded a crisis-only position that responds to mental health and addiction emergencies when called upon by police, criminal justice agencies and jails. The crisis workers are contacted through the local police dispatch center. Strong Ties, a CCBHC in New York, now has a liaison designated to attend the weekly mental health court intake proceedings, so individuals admitted to the mental health court can meet with a professional on site to schedule intake appointments and coordinate with the health home care manager.

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*In Oklahoma, Grand Lake Mental Health now offers an outpatient treatment program that targets justice-involved clients at high-risk of mental health or addiction crisis who have not yet received a court order for services.*

*In the nine months since the program started, 18 individuals have been in the program and there have been zero rearrests and only one re-hospitalization/relapse.*

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CCBHCs can explore the full potential of partnerships with criminal justice agencies now that the key issues of funding and staffing have been addressed by the CCBHC model. When provided the flexibility to provide services offsite and expand service offerings, CCBHCs are reaching out to build relationships that not only provide significant support to local law enforcement, courts, jails and prisons, but also result in healthier communities with lower criminal justice costs. From dealing with increased suicide attempts, responding to an increase in overdoses or working side-by-side with probation officers, CCBHCs are helping to relieve the burden on criminal justice agencies to be the de facto mental health and addiction service provider in their area. When behavioral health providers are able to respond to mental health crises, engage in mental health courts, and serves as a diversion or reentry partner, they save the community money and save police and corrections officers' time.

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<sup>i</sup> Torrey, E. F., Zdanowicz, M. T., Kennard, A. D., Lamb, H. R., Eslinger, D. F., Biasotti, M. C., & Fuller, D. A. (2014). The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey. Retrieved from <http://www.treatmentadvocacycenter.org/storage/documents/treatment-behindbars/treatment-behind-bars.pdf>

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<sup>ii</sup> Robertson, A. G., Swanson, J. W., Van Dorn, R. A., Swartz, M. S. (2014). Economic Grand Rounds: Treatment Participation and Medication Adherence: Effects on Criminal Justice Costs of Persons with Mental Illness. *Psychiatric Services*, 65(10). Retrieved from <https://doiorg.proxygw.wrlc.org/10.1176/appi.ps.201400247>

<sup>iii</sup> In November 2017, the National Council for Behavioral Health surveyed CCBHCs about the impact of their participation in the program to date; 47 of the 67 participating CCBHCs across the United States provided responses. Of the 47 CCBHCs that responded, 21 responded yes to implementing new care delivery or outreach partnerships with criminal justice agencies, jails, prisons, or courts since the program began. The National Council then interviewed 12 of the CCBHCs to understand what partnerships and programs had been established with criminal justice agencies and their impact on the community. Interviewees were asked seven questions related to their criminal justice-focused programs and services, relationships, data collection, and funding.