



Certified Community Behavioral Health Clinics (CCBHCs) and the State Courts

“Moving forward, we need to foster new collaborations among our criminal justice, family justice and health care systems. CCBHCs have a critical part in achieving these goals by linking participants with community service and treatment providers.”

– Hon. Lawrence Marks, Chief Administrative Judge of the Courts, State of New York
NATCON21 “CCBHCs: An Ideal Model for Effective Diversion Strategies,” May 4, 2021

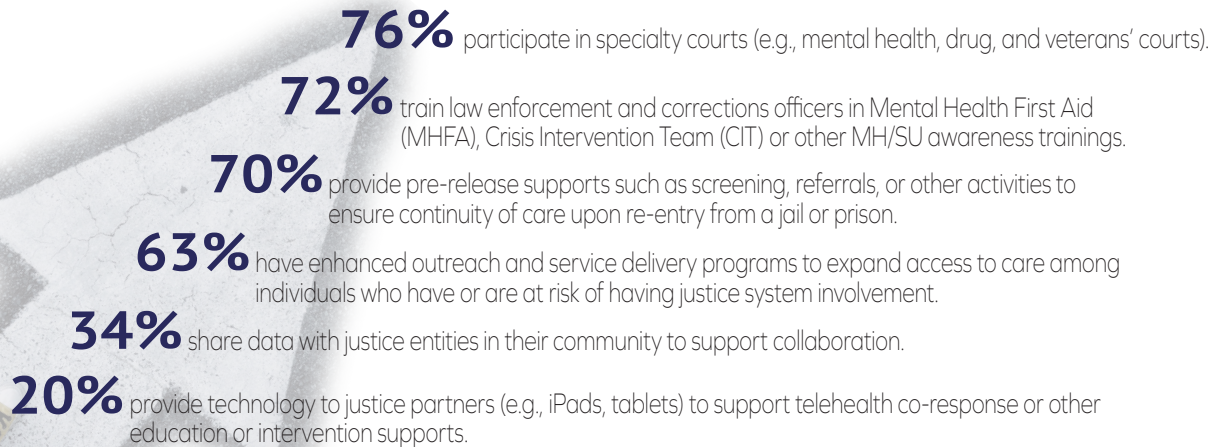


The CCBHC model extends to over 430 clinics across 42 states. This Court Leadership Brief explains the CCBHC model, provides advice to the national court community on how to engage the CCBHCs in court operations, and links to a more comprehensive publication titled Certified Community Behavioral Health Clinics and the Justice Systems (2021), a report by the National Council for Mental Wellbeing to the National Judicial Task Force to Examine State Courts’ Response to Mental Illness. The following information is an abstract of the report referenced above.

OVERVIEW – WHAT ARE CCBHCS?

CCBHCs deliver 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. This model for care delivery allows staff to provide 24/7/365 crisis response and services outside the clinic, including in non-clinical settings (e.g., jails and courts).

WHY SHOULD COURTS REACH OUT TO CCBHCS?



HOW ARE CCBHC'S ESTABLISHED?

CCBHCs may be established via multiple pathways:

- The CCBHC Demonstration today includes 10 states where state certified CCBHCs receive a special Medicaid payment rate designed to cover their costs of expanding services to fully meet communities' needs, with 66 clinics participating in the CCBHC demonstration as of September 2021 and up to 18 more expected to join by January 2022.
- CCBHC Expansion Grantees receive up to \$4 million directly from the Substance Abuse and Mental Health Services Administration (SAMHSA) to carry out the activities of a CCBHC but are not part of a statewide CCBHC initiative and do not receive an enhanced Medicaid payment rate.
- States have the option to independently implement CCBHCs statewide in Medicaid. Four demonstration states have used this option to expand CCBHC participation beyond the demonstration.

WHAT SOLUTIONS INVOLVE CCBHCS?

Seventy percent of CCBHCs provide pre-release screening, referrals, or other activities to ensure continuity of care upon reentry and 63% have increased outreach and engagement efforts to individuals who have justice involvement or are at risk of being involved with the justice systems. The availability of clinical staff 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 affect the health of the individual by delaying care, but they also backlog the court system and add costs. CCBHCs can embed staff into the courts to coordinate care with 50% of CCBHCs offering same-day services and 84% offering services within a week.

CCBHCs provide 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 for the court liaisons who are coordinating access to care.

CCBHCS AND THE SEQUENTIAL INTERCEPT MODEL (SIM)

Due to their unique financing model and comprehensive scope of services, CCBHCs are well-positioned to provide support to law enforcement, jails, courts, and other justice system partners at each stage of the Sequential Intercept Model (SIM).

HOW ARE CCBHCS FUNDED?

CCBHCs' activities are supported through two funding streams:

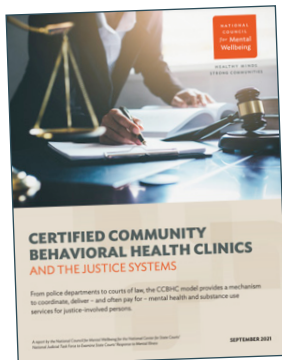
1. An enhanced Medicaid payment rate known as the **Prospective Payment System** (PPS) that covers the costs associated with CCBHCs' enhanced requirements and activities, and
2. **grant funding** that provides a fixed sum to enable clinics to carry out the activities of a CCBHC during the two-year term of the grant.

RECOMMENDATIONS FOR STATE AND TRIAL COURT LEADERS

The National Council recommends that state leaders:

1. **Establish the CCBHC model statewide:** adopt the CCBHC model as part of their state Medicaid programs, with PPS available to state certified CCBHCs.
2. **Include justice officials in CCBHC planning:** 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. **Create innovative CCBHC partnerships:** consider how to support and incentivize public health-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.

INFORMATION AND SUPPORT



For more information and to obtain support with further exploring or initiating the CCBHC model, please visit the [Certified Community Behavioral Health Clinic \(CCBHC\) Success Center \(thenationalcouncil.org\)](https://www.thenationalcouncil.org) and the [CCBHC State Impact Report](#).



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