Certified Community Behavioral Health Clinics: Supporting Criminal Justice Systems and Professionals

For many communities across the U.S. the largest provider of mental health or addiction treatment is not a clinic – but a jail or prison. For decades, criminal justice agencies have strained their personnel and budgets to make up for the lack of available community-based treatment. The current opioid epidemic and rising rates of suicide threaten to further drain resources from the criminal justice and emergency service systems.

Fortunately, there is an effort underway to permanently address the underfunding of community behavioral health treatment through the expansion of Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are a new type of health care provider that must provide a wide array of evidence-based behavioral health services and create partnerships with community stakeholders, including law enforcement agencies, in exchange for a payment rate that covers their costs of expanding service lines, improving the availability of crisis care, and serving new patients. In the short time that CCBHCs have existed, they have shown tremendous results in dramatically expanding access to mental health and addiction treatment. Building a behavioral health system that can actually meet the needs of its community has enormously positive implications for the criminal justice system.

Specifically, the growth of CCBHCs means:

**Certified Community Behavioral Health Clinics or CCBHCs** refer to federally-recognized clinics that provide a comprehensive range of addiction and mental health services to vulnerable individuals.

Congress enacted the CCBHC program, which launched in 2017 in eight states, to fill the gaps in unmet need for addiction and mental health care and expand access to comprehensive, community-based treatment.

**Reduced Criminal Justice Costs and Recidivism.** Sadly, individuals with mental illness or addiction are more likely to encounter police than they are to receive treatment. Once in jail or prison, these individuals tend to stay longer and cycle back into jail or prison more frequently than their counterparts without behavioral health disorders. This problem takes a lot of time and resources away from police departments and already overcrowded correctional facilities. With treatment, these individuals can re-enter the community successfully or even avoid police encounters altogether.

**Having a Place to Take People in Crisis.** Often individuals with mental illness or addiction end up in jail or prison because there simply is nowhere else for them to go. However, CCBHCs are required to provide 24/7 crisis services as well as services to help individuals safely detox from drugs and alcohol. CCBHCs have established partnerships with criminal justice agencies so individuals experiencing a mental health or addiction crisis can be immediately placed into these services, instead of having to go to jail or the hospital.

Importantly, CCBHCs have almost universally adopted medication-assisted treatment (MAT), which is considered the gold standard of opioid addiction treatment. Not only does MAT put individuals on the road to recovery, the medications used in MAT immediately reduce an individual’s risk of opioid overdose, resulting in less 911 calls to police departments.
**Funding for Effective Diversion and Reentry Programs:** The flexibility of the CCBHC’s funding model allows CCBHCs to engage with criminal justice agencies like never before. Their staff can participate in vital diversion and reentry programs by responding to mental health and addiction crises outside the four walls of the clinic, participating in mental health and drug courts, and working side-by-side with probation officers.

**Bottom Line:** 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. Yet, the current CCBHC program is limited to just eight states over two years. You can help bring CCBHCs to your community by joining the National Council for Behavioral Health in urging Congress to extend the life of this important program by passing the [Excellence in Mental Health and Addiction Treatment Expansion Act](#).

**What CCBHCs Are Saying**

The National Council for Behavioral Health recently interviewed 12 CCBHCs to understand what partnerships and programs had been established with criminal justice agencies and their impact on the community. The following are brief excerpts from those interviews in which CCBHC leaders were asked about their criminal justice-focused programs and services, relationships, data collection, and funding.

**“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, a CCBHC located in New Jersey

**Case Study: Grand Lake Mental Health Center, Oklahoma**

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.

**Case Study: Klamath Basin Behavioral Health, Oregon**

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.