

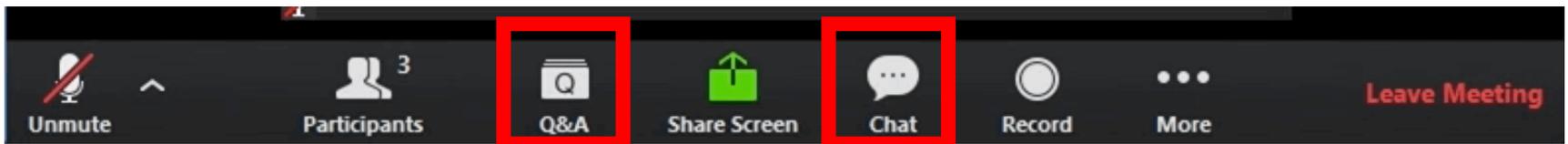
Integrated Care & Law Enforcement: Lessons Learned from Certified Community Behavioral Health Clinics (CCBHCs)

Tuesday, July 20th, 2021
2pm-3:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**

Type in a **comment** in the **chat box**

Located at the bottom of your screen.
We'll answer as many questions as we can during today's session.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Law Enforcement Agency (LEA) professional
- Other (specify in chat box)

Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Law Enforcement Agency (LEA) or setting
- Other (specify in chat box)

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

Introductions



Jennifer Bronson, Ph.D.
Senior Director of Consulting
and Research, NRI

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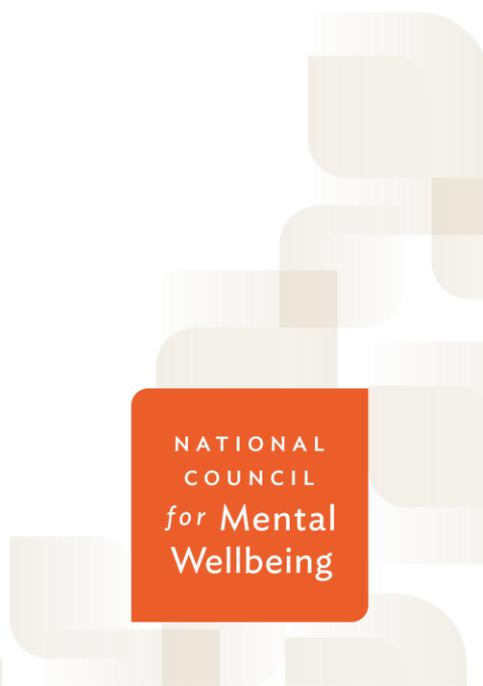
Objectives

After this webinar, participants will be able to:

- **Recognize** the connection between integrated care, including physical health, mental health and substance use challenges services, and law enforcement agencies.
- **Be familiar with** barriers to collaboration between integrated care organizations and law enforcement agencies.
- **Recognize how** partnerships between integrated care organizations and law enforcement agencies show positive outcomes for people in crisis and officers themselves.
- **Understand** the relationship between these partnerships and issues related to racial disparities and crisis services, as well as partnership strategies and approaches.

Agenda

- Research Team Introductions
- Rationale for Integrating Care with Law Enforcement
- Rationale for the Current Research Project
- Guiding Research Questions
- Methodology
- Findings
- Presentation Take-Aways
- Q&A



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NRI and the Research Team (1/2)

- **NRI** - National Association of the State Mental Health Program Directors Research Institute
- Founded in 1987
- Non-profit 501(c)(3) organization
- NRI Mental Health & Criminal Justice Research Center



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NRI and the Research Team (2/2)

- Project Director – Jennifer Bronson, PhD
- Senior Research Associate – Robert Shaw, MA
- Research Associate – Lance Washington, MA



Jennifer Bronson, Ph.D.
Senior Director of Consulting
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Robert Shaw, M.A.
Senior Research
Associate, NRI



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Rationale for Integrating Behavioral Health Care with Law Enforcement

People with mental health and substance use challenges **are overrepresented** in criminal justice system and law enforcement settings

Source: Center for Health and Justice, 2013; Willison et al., 2018

Number of justice-involved people with mental health issues is almost **four times** that of the general population

Source: Bronson and Berzofsky, 2017; Willison et al., 2018

Need for alternatives to law enforcement and criminal justice settings to safely divert people with mental health and substance use challenges

Source: Willison et al., 2018

Formerly incarcerated populations are **at increased risk for serious and complex chronic health conditions** and may require coordinated care with other health care professionals

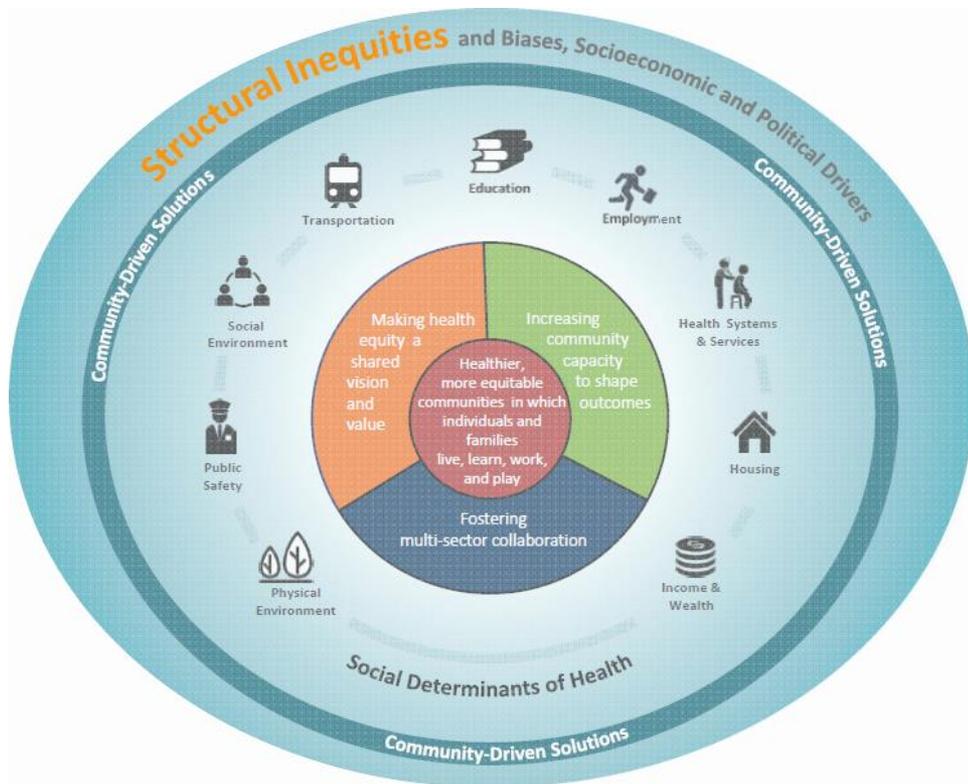
Source: SAMHSA, 2019

Approximately 40% of **incarcerated individuals** have **at least one chronic health condition**, such as diabetes or hypertension

Source: SAMHSA, 2019

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Rationale for Integrating Behavioral Health Care with Law Enforcement: Health Inequities



Source: Jones, CP 2002, National Academies of Sciences, Engineering, and Medicine. 2017

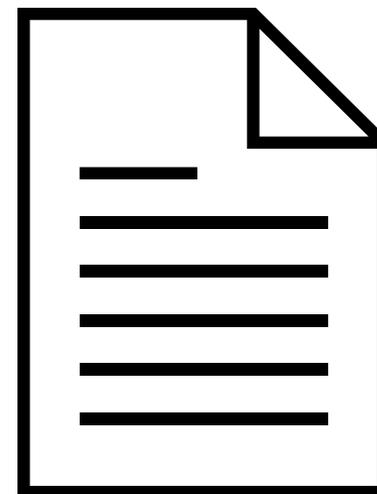
Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of protections and supports

Partnerships between law enforcement and integrated health care organizations are a **strategy to address health inequities**

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Rationale for the Current Research Project

- To **explore what is known about partnerships** between Certified Community Behavioral Health Clinics (CCBHCs) and law enforcement agencies.
- To **understand differences in partnerships** across CCBHCs, as well as **barriers and successes**.
- To **share findings** with those interested in integration between healthcare, including mental health and substance use challenges services, and law enforcement agencies and settings.



Guiding Research Questions

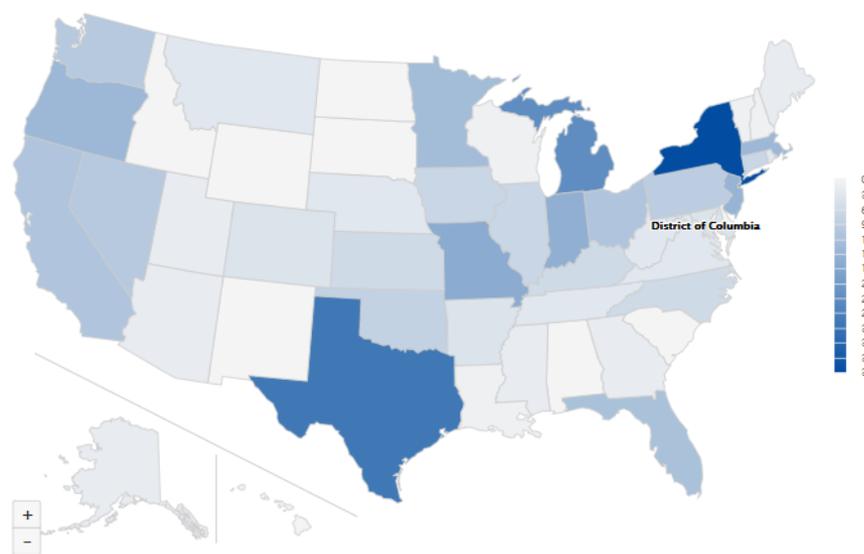
What is the role for CCBHCs in law enforcement “space” to obtain better outcomes for people in the community who are experiencing a mental health crisis?



Is there a relationship between these partnerships and issues related to racial disparities and crisis services?

What is a Certified Community Behavioral Health Clinic (CCBHC)?

- “A CCBHC is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community. CCBHCs provide care for people with unmet needs” (National Council Impact Report, 2021).
- The CCBHC program started in 2017.
- There are currently 431 CCBHCs in 41 states, Washington D.C., and Guam (as of July 2021).



Source: [CCBHC Success Center](#)

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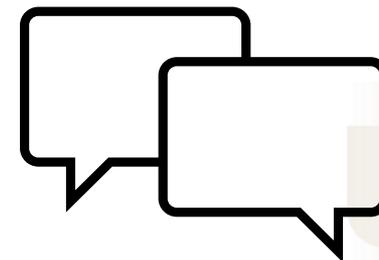
Methodology

Data source:

- National Council's CCBHC Impact Survey (2021)
- Interviews with participating CCBHCs
 - Indicated they had partnerships with law enforcement agencies (LEAs)
 - Open to participating in interviews

Methodology:

- Interviews were conducted via Microsoft Teams in March-April 2021
- Interviews lasted 60 minutes, about questions
- Two notetakers and video recording
- Notes and recordings were analyzed and coded for themes and patterns
- Interviews with CCBHCs are ongoing, with a target of 12 more



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CCBHC Impact Report Data

- Partnerships between CCBHCs, Law Enforcement & Criminal Justice agencies are working to meet the need for crisis intervention and diversion from corrections.
- 95% of CCBHCs are engaged in one or more innovative practices in collaboration with law enforcement (LE) and criminal justice (CJ) agencies:
 - Specialty courts (76%)
 - Training (72%)
 - Care coordination (70%)
 - Enhanced outreach and service delivery (63%)
 - Data-sharing (34%)
 - Co-response (32%)
 - Technology (20%)

Source: [CCBHC Impact Report](#)

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Participating CCBHCs - First Round of Interviews

1. Community Health Resources - Connecticut
2. Comprehensive Healthcare - Washington
3. Endeavor Health Services - New York
4. FCC Behavioral Health - Missouri
5. Four County Mental Health Center - Kansas
6. Grand Lake Mental Health Center - Oklahoma
7. Oaks Integrated Care - New Jersey
8. Saginaw County CMH Authority - Michigan

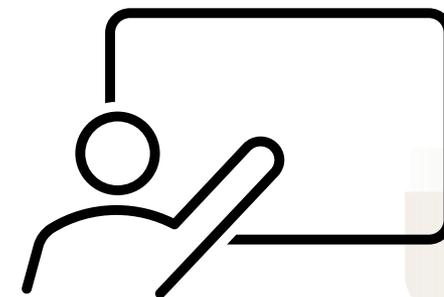


Participating CCBHC Characteristics

- Leaned rural, but urban and suburban were also represented.
- Length of time as a CCBHC varied.
- Not all LEAs or counties in a CCBHC catchment area participated in a particular LE/CCBHC program.
- Many CCBHCs had existing LE collaborations before becoming an official CCBHC.
- Respondents were typically senior level executives or directors.
- Large catchment areas.

Findings – Justice/CCBHC Partnerships (1/2)

- Trainings to Law Enforcement
 - Mental Health First Aid (n=3)
 - CIT (n=7)
 - Other trainings – PRO-ACT, QPRT(T), Roll Call
- 24/7 crisis response (n=3)
- Jail-based services (n=4)
- Specialty court or court-based programs (n=7)

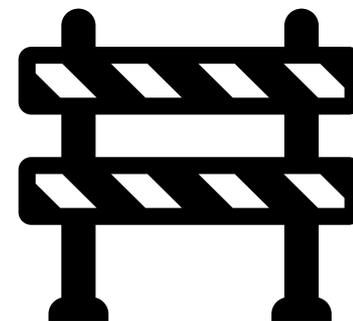


Findings – Justice/CCBHC Partnerships (2/2)

- Care coordination (n=8)
- Co-responder model (n=4)
- Data sharing (n=3)
- Other misc. initiatives - Hoarding task force;
gun violence task force;
trauma task force

Findings – Barriers to Partnerships (1/2)

- Law enforcement culture – universally mentioned
 - “Catch the bad guys,” “Not social workers”
 - Resistance to community policing models
 - Stigma about people with mental illness
 - Police unions
 - Concerns for clinician safety
- Funding
- Aligning police shifts with MH shifts; proper coverage
- Divert to *what?*



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Findings - Barriers to Partnerships (2/2)

- Community stigma around mental illness
- Rural challenges
 - Small LEAs and time off for training
 - Transportation of people
- Racial tensions
- Recruiting mental health practitioners to do this type of crisis work.

Findings - How Were Barriers Overcome? (1/2)

- A liaison position filled by a retired or former LEO
 - Translation
 - Trust
- Make it easy and convenient for LE/LEAs to participate and partner.
 - Ex: Bring the CIT training to them; offer flexible training schedules
 - Ex: Incorporated training into the community college's LE training program.
- Clear and frequent communication.
- Patience
- Cross-training MH clinicians in CIT or LE procedures.

Findings - How Were Barriers Overcome? (2/2)

- There was a champion for the partnership/program.
- Identifying the “right” officers to work with.
- Harnessing existing local or state initiatives.
- “Seizing the moment”.
- The outcomes spoke for themselves and LE saw the value!
- “The relationship became solution spaces”

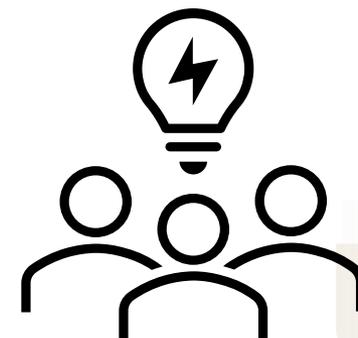
The Most Popular Strategy for Getting in the Door Was to ...

- BRING FOOD!!
- And then BRING IT AGAIN!



Unintended Benefits of the Partnership

- Officer wellness and trauma support programs
 - Several CCBHCs now offer programs to support officer wellness and address job-related trauma.
 - Initiated by LE.
- Organic growth - other counties/LEAs saw benefits and asked to participate.
- Requests to expanded CIT training - emergency dispatchers, firefighters, etc.
- Reduction in stigma around mental health.
- Other (non-CCBHC) community programs are now working better.



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What Did We Learn About Racial Injustice? (1/2)

- Almost all (n=5) reported that racial tensions of some sort were an issue for this work.
- CCBHCs reported that some LEAs were more sensitive than others about race.
- The Black Lives Matter protests in the summer of 2020 directly impacted several of the CCBHCs and their LEA partnerships.



What Did We Learn About Racial Injustice? (2/2)



- Shooting death of Milton Hall (2014) was a catalyst for Saginaw to develop LE/CCBHC partnerships.
- A medical emergency involving a Black man was a catalyst for Oaks.
- At least one CCBHC is actively evaluating racial inequities within the organization.

Outcomes of Partnerships (1/2)

Where outcome data were available, all the CCBHCs reported **significant program success**. Examples include:

- Reductions in ED visits
- Reductions in arrests
- Less adverse police encounters
 - “Newark didn’t fire a single bullet in all of 2020” (Oaks)
 - No use of deadly force (Endeavor)
- Reductions in response time
- “Zero complaints!”



Outcomes of Partnerships (2/2)



- LE are now integrated into the MH system.
- LE came to appreciate the MH staff
 - they feel more confident in handling MH calls;
 - the atmosphere is supportive;
 - relieved to pass it off to an expert.
- None of the CCBHCs lost a LEA partner, only growth!
 - Endeavor reported a 300% increase in partnerships
- One CCBHC helps the LEAs with public relations to message what they are doing well (Saginaw).
- Improved communication between essential players.

Lessons Learned

- Don't forget about insurance!! (In NY, clinician and LE ride in separate cars)
- Be flexible about offering CIT training; make the partnership convenient
- Start with the low hanging fruit.
- Translation and bridging cultures can be done with a liaison position
- Relationship building is KEY!
 - Communicate a lot
 - Pull people in
 - Build ground-level trust
- Collect the right data to show the partnership works.



Presentation Take-Aways

- CCBHCs have a valuable role to play in law enforcement space.
 - Resource to help LEAs implement new policing models to better serve those in crisis.
- CCBHCs/LE partnerships show positive outcomes for people in crisis and the officers themselves.
- Racial tensions can be a motivating factor for partnership development; tragedy spurred action.
- It is hard work, with supremely rewarding outcomes.
- “If you build it, they will come ...”

TAKE AWAY

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Thank you!

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Questions, Comments?



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References

- **NRI - National Association of the State Mental Health Program Directors Research Institute**
- **Communities in Action: Pathways to Health Equity.** National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Washington (DC): National Academies Press (US); 2017 Jan 11. Center for Health and Justice, 2013
- Jones, C. P. (2002). Confronting institutionalized racism. *Phylon* (1960-), 7-22.
- Substance Abuse and Mental Health Services Administration (2019). Principles of Community-Based Behavioral Health Services for Justice-Involved Individuals: A Research-based Guide.
- Willison et al. (2018). Using the Sequential Intercept Model to Guide Local Reform
- Bronson and Berzofsky (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12
- James and Glaze (2006). Mental Health Problems of Prison and Jail Inmates, U.S. Department of Justice
- Certified Community Behavioral Health Clinic (CCBHC) Success Center

Tools & Resources

- [NRI - National Association of the State Mental Health Program Directors Research Institute – Criminal Justice Publications](#)
- [Certified Community Behavioral Health Clinic \(CCBHC\) Success Center](#)
- [Map of CCBHCs in states](#)
- [CCBHC Impact Report](#)
- [Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs](#)
- Participating CCBHCs:
 - Community Health Resources - Connecticut
 - Comprehensive Healthcare - Washington
 - Endeavor Health Services - New York
 - FCC Behavioral Health - Missouri
 - Four County Mental Health Center - Kansas
 - Grand Lake Mental Health Center - Oklahoma
 - Oaks Integrated Care - New Jersey
 - Saginaw County CMH Authority - Michigan

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Upcoming CoE Events:

CoE Office Hours: Integrated Care & Law Enforcement: Lessons Learned from Certified Community Behavioral Health Clinics (CCBHCs)

[Register here for Office Hours](#) on July 22, 2-3pm ET

CoE Webinar: Providing Inclusive & Integrated Services to LGBTQ+ Individuals

[Register here for Webinar](#) on July 27, 1-2pm ET

CoE Webinar: Strategies for Supporting the Needs of LGBTQ+ Youth

[Register here for Webinar](#) on July 29, 1-2pm ET

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Thank You

Questions?

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