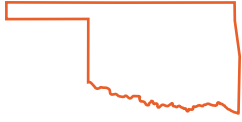




Case Studies: CCBHC Alignment With the SIM

Identifying CCBHCs' effects in different justice settings can be difficult as public health and public safety budgets are managed separately with separate data tracking systems and indicators for success. Two CCBHCs have data on their impacts to the justice systems and how those within justice settings have also supported increased access to care for people with MH/SU challenges. The CCBHCs profiled, Grand Lake Mental Health Center in Nowata, Okla., and Integral Care in Austin, Texas, are two examples of how the CCBHC model supports all sectors of the justice systems. While these are local-level efforts, they were supported by state-level actions: Oklahoma joined the CCBHC demonstration and received the PPS rate structure and Texas moved forward independently of the demonstration with statewide support from the executive and legislative branches of government.





GRAND LAKE MENTAL HEALTH CENTER (OKLAHOMA) *Unparalleled innovations for rural justice partnerships*

Grand Lake Mental Health Center (GLMHC), a rural CCBHC in northeast Oklahoma that serves 12 counties, is embedded in every part of the SIM within their communities. In an interview with staff at the CCBHC, the chief executive officer, Larry Smith, identified that much of their success has been built off the ability to be embedded within the justice system at no cost to those partners. GLMHC states that the success of these efforts, including the ability to share and reduce costs, has established a trust upon which the clinic and justice divisions have grown more diverse programs within its CCBHC.

Intercepts 0 to 1 – Community services and law enforcement

Law enforcement officers can reach out to the CCBHC seven days a week, 24 hours a day via tablets embedded in every patrol car that link officers to trained mental health counselors when responding to calls involving individuals with MH/SU challenges. GLMHC has also opened a 24-hour crisis drop-in facility where officers can bring individuals in distress rather than taking them to jail or driving them to a psychiatric hospital — sometimes previously requiring trips to multiple hospitals to find an open bed. Through these partnerships, the CCBHC has been able to save law enforcement officers in Northern Oklahoma 275 days of continuous driving — that is approximately 6,600 hours of staff time. In its first three years, the program produced a 99% reduction in emergency psychiatric hospitalizations, producing an estimated \$14.9 million in savings.

Intercepts 2 to 3 – Courts and jails

According to GLMHC, Oklahoma's average length of time between a case being filed in the court and final disposition for a person with a MH/SU-related charge is around seven months. GLMHC, in partnership with the county commissioner and district attorney, has decreased this time to approximately 80 days in Rogers County, the site of a pilot pretrial release project. GLMHC has established a shared savings program with the Rogers County jail whereby the jail pays the clinic half of what it would cost to keep someone incarcerated in return for GLMHC taking responsibility for that individual's MH/SU care. To date, the pilot has saved money for the county, reduced or eliminated jail time for eligible persons held pretrial and provided additional financial support for justice-related work.

This program has saved participants 1,761 days in jail, which equates to more than \$68,000 saved for the jail. The program provides weekly updates to the district attorney on the progress of the individuals' health with these programmatic outcomes:

- More than one-third (35%) of those in the program make it to their final disposition without any technical violations;
- Approximately half of the remaining clients may have an unintended technical violation with the remaining half reoffending; and
- While not all clients are able to reach their final disposition without issues, all judges may access to the complexity of needs of the individual to know if jail is the best solution.

Intercepts 4 to 5 – Reentry and community corrections

Although the jail and court efforts are in one county, GLMHC is on a multi-disciplinary team within justice-specific collaborations in all twelve counties where they can identify opportunities for engagement in care. This includes community corrections supports within probation and parole efforts, including connecting care for those with sex offender charges. In six of their counties, GLMHC conducts offender screenings to support these justice divisions with the information on the individuals care needs even if they do not continue into treatment through their CCBHC. GLMHC has county partnerships with one county for local probation and parole and with six counties for federal probation and parole. These relationships include conducting the urine analyses for those with SU screening requirements.



INTEGRAL CARE (TEXAS)

State actions to establish and expand the CCBHC model with local innovations

Integral Care, an Austin-based CCBHC that serves Travis County, provides robust services in every part of the SIM with outstanding outcomes. Data were acquired through National Council’s 2021 Impact Survey as well as CCBHC and Court data received through the State of Texas’ Department of Health and Human Services.

Intercepts 0 to 1 – Community services and law enforcement

The CCBHC has two mobile crisis teams and a walk-in psychiatric urgent care clinic. In December 2019, the City of Austin and Integral Care launched the Crisis Call Diversion program to help divert people experiencing a MH crisis from an automatic police dispatch in situations where there is no imminent risk of harm or death. The program embeds Integral Care clinicians into the Austin Police Department (APD) 911 Call Center, allowing clinicians to receive direct transfer of calls from 911 call takers when a caller is in an MH crisis. In 2020, the Crisis Call Diversion program handled 747 total calls, with 82% resulting in a complete diversion from law enforcement. As part of the MH/SU support provided to law enforcement, Crisis Center Counselors also provide telehealth services for first responders that are already on scene or enroute when they need a rapid response/consultation from a MH professional. In an eight-month review of the program, the total cost avoidance for law enforcement was \$1.64 million (approximately \$2,900 per diverted call).⁵³

Intercepts 2 to 3 – Courts and jails

The CCBHC participates in the County Behavioral Health and Criminal Justice Advisory Committee, which is a collaborative of city and county health and criminal justice entities to ensure people get the care and treatment they need at every step of the criminal justice process. Integral Care redirects individuals from the criminal justice system to community-based treatment through the Mental Health Bond Program, the County’s Pre-trial Services. In 2020, 1,417 unduplicated individuals received face to face services through the program and were provided transitional supports (e.g., housing, employment and transportation).

Integral Care’s Community Competency Restoration Program supports justice-involved adults who have been found incompetent to stand trial. Services include social and life skills training, case management, MH testing, legal education and access to medicine. The CCBHC operates a Forensic Assertive Community Treatment (FACT) team, an evidence-based, intensive, multi-disciplinary, team-based intervention to reduce recidivism rates for people with SMI and to reduce over-utilizing law enforcement, jail, local emergency and hospital services. The FACT team served 193 unduplicated clients in 2020. Housing placements are a key indicator of the successful impact of the FACT program, and more than 30% of participants are permanently housed within six months of enrollment. In 2019 those enrolled in FACT experienced a 10% reduction in overall arrests and a 46% reduction in jail bed days.

Intercepts 4 to 5 – Reentry and community corrections

The CCBHC provides pre-release screening, referrals and other activities to ensure continuity of care upon reentry from jail. They also support individuals supporting their enrollment (or re-enrollment) for services such as Medicaid, Medicare or applications for disabilities as well as screenings for any other unmet social need. Integral Care has relationships with many other local organizations and businesses, including the department of transportation, to support broad care coordination efforts in the county. For community-based care, this CCBHC provides access to all medications for OUD, reducing risks of overdose and or recurrence of use.