

# **Certified Community Behavioral Health Clinics and the Sequential Intercept Model**

**March 23, 2022**

**Criminal Justice, Mental Health, and Substance Abuse  
Technical Assistance Center**





UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**  
Criminal Justice, Mental Health, and  
Substance Abuse Technical Assistance Center

## **CJMHSA TAC Quarterly Webinar**

### **March 23, 2022 10:30 A.M.**

### **Agenda**

#### **USF CJMHSA TAC Quarterly Webinar Introduction & TAC Updates**

- Abby Shockley, MPH, Director, CJMHSA TAC

#### **“Certified Community Behavioral Health Clinics and the Sequential Intercept Model”**

- Samantha Holcombe, MPH, Senior Director, Practice Improvement & Consulting, National Council for Mental Wellbeing
- Jessica Sullivan, PsyD, CCBHC Director, Centerstone
- Mark Smith, JD, Manager of Medical Services & Adult Recovery Services, Centerstone
- Bethany Van Waardhuizen, LMHC, Qualified Supervisor MHC, Director of Forensic Services, Centerstone



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# The CCBHC Model:

*How Certified Community Behavioral Health Clinics  
Partner with the Justice Sectors*

March 23, 2022

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## Defining the CCBHC model

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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 to ensure health equity and high-quality care for underserved populations.



Standard  
definition



**Raises the bar for service  
delivery**



Evidence-based  
care



**Guarantees the most effective clinical  
care for consumers and families**



Quality  
reporting



**Ensures accountability and  
continuous quality improvement**



Prospective  
payment system



**Covers anticipated CCBHC costs**

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# CCBHC Criteria

## CCBHC Criteria

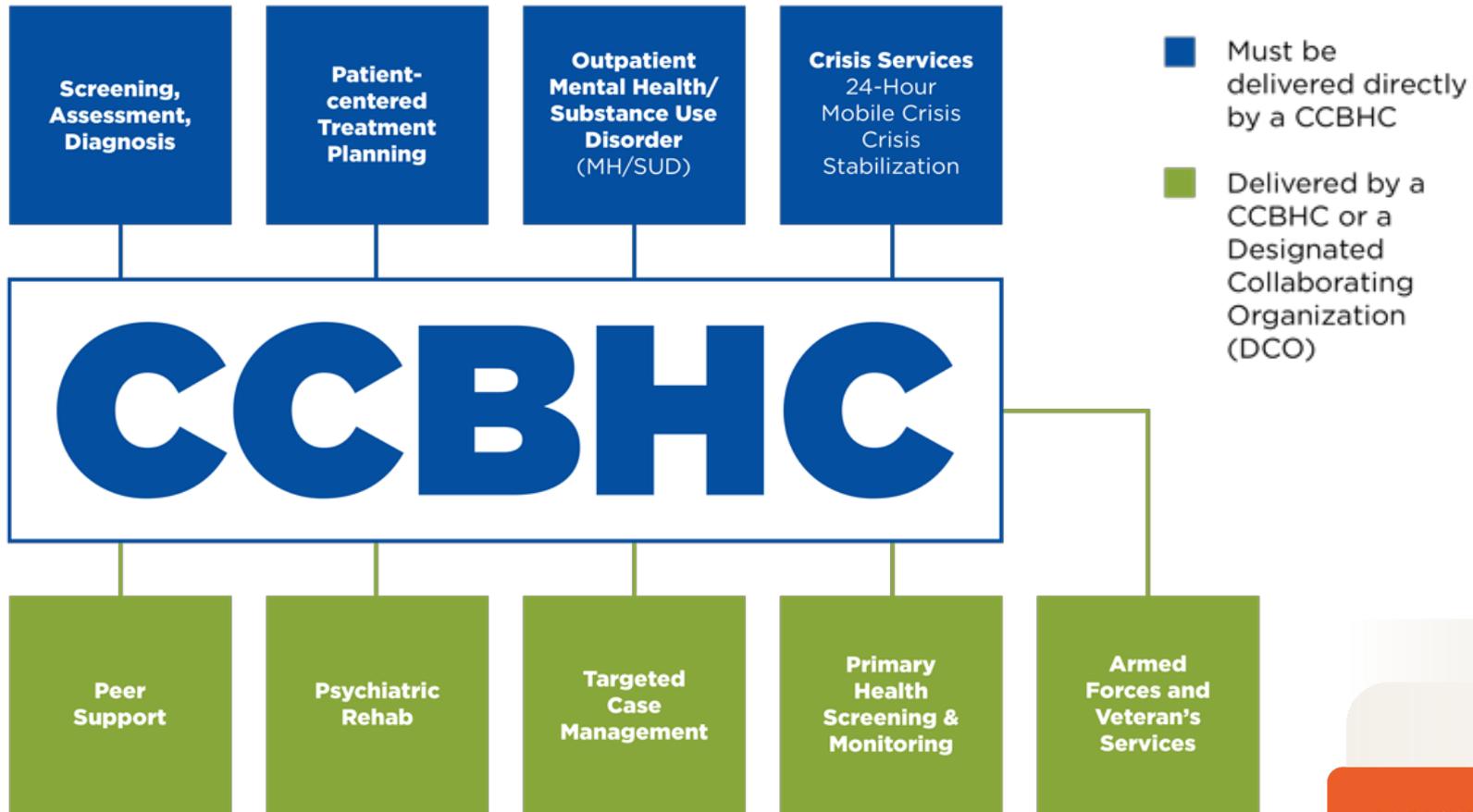
1. **Staffing**
2. **Availability & Accessibility of Services**
3. **Care Coordination**
4. **Scope of Services**
5. **Quality & Other Reporting**
6. **Organizational Authority, Governance and Accreditation**

## CCBHC Criteria, relating to the Justice System

1. Embed staff for co-responder efforts, coordinate care in justice settings and provide on-site services
2. Utilize mobile, in-home and telehealth services to meet clients where they are
3. Required partnerships with criminal justice agencies, child welfare and other divisions
4. 24/7/365 mobile crisis response are required with additional services to support crisis care
5. Required follow-up by the CCBHC for moments of crisis or other clinical care needs to track outcomes
6. Clinics and states may build off the model to tailor to justice-specific needs

Note: This presentation contains a summary of selected CCBHC certification criteria. To view the full criteria: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)

# CCBHC Scope of Services



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# Section 223 of the Patients Access to Medicare Act (PAMA) of 2014

The CCBHC statutory requirements outline specifically which partnerships, through formal contracts or otherwise, are required, including but not limited to “schools, child welfare agencies, and **juvenile and criminal justice agencies and facilities.**”

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines “juvenile and criminal justice agencies” to include drug, mental health, veterans, and other specialty courts.

Proportion of CCBHCs with Justice System Partnerships, as of 2019		
Care Coordination Partner	Proportion of CCBHCs with a <b>Formal</b> Relationship	Proportion of CCBHCs with an <b>Informal</b> Relationship
Juvenile justice agencies	52%	44%
Adult criminal justice agencies/courts	68%	29%
Mental health/drug courts	76%	24%
Law enforcement	53%	47%

<https://aspe.hhs.gov/system/files/pdf/263986/CCBHCImpFind.pdf>

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## The Growth of the CCBHC Model

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# The CCBHC Landscape

## Three implementation options:

1. Federal grant funding (Approx. 400 grantees currently)
2. Medicaid demonstration (10 states approved to join)
3. Independent state implementation via Medicaid SPA or waiver

### CCBHC Medicaid Demonstration

Authorized through **Sept. 30, 2023**

8 states launched their demo in 2017

2 states launched the demo recently

Congress may pass legislation to allow any state or territory the opportunity to apply to join the demo for a 4-year period

### SAMHSA CCBHC Expansion Grants

Yearly funds appropriated since 2018

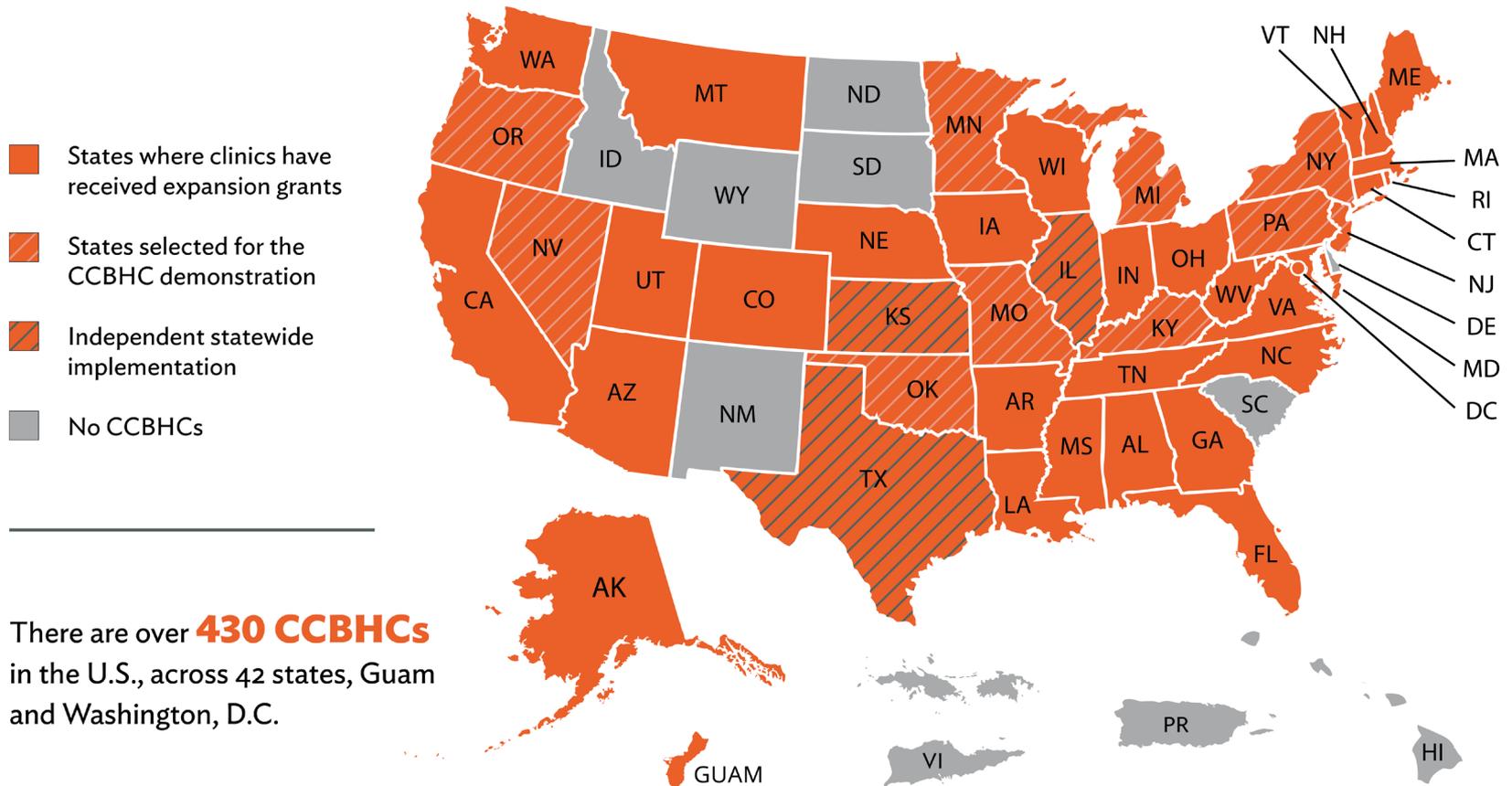
Grantees in 42 states, DC & Guam

Recently released NOFO due May 17, 2022

States are taking executive and legislative actions to support the model independently, giving grantees sustainability

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## Status of Participation in the CCBHC Model

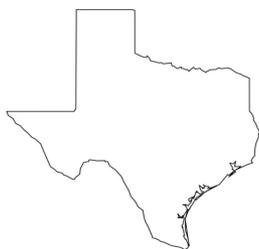


# CCBHCs' State Impact Over Time



## Missouri

- Hospitalizations **dropped 20%** after 3 years, ED visits **dropped 36%**
- Overall access to BH services **increased 23% in 3 years**, with veteran services **increasing 19%**
- **In 1 year, 20% decrease** in cholesterol; **1.48-point Hgb A1c decrease**
- **Justice involvement with BH populations decreased 55% in 1 year**



## Texas

- The CCBHC model in Texas is projected to save **\$10 billion by 2030**
- **In 2 years, there were no wait lists** at any CCBHC clinic
- **40% of clients** treated for cooccurring SUD and SMI needs, compared to 25% of other clinics

# CCBHCs' State Impact Over Time (cont.)



## New York

- All-cause readmission dropped **55%** after year 1
- BH inpatient services show a **27% decrease** in monthly cost
- **BH ED services show a 26% decrease in monthly cost**
- Inpatient health services **decreased 20%** in monthly cost
- ED health services **decreased 30%** in monthly cost
- **24% increase** in BH services for children and youth

### *Endeavor Health Services (New York)*

“In just the first 72 days of [CCBHC] operations, our team did 50 hospital diversions [and] 6 arrest diversions... Hospital emergency department visits are estimated at \$500 per visit and an admission at \$10,000 so we estimate **we saved at least \$372,500** for just the hospital diversions if approximately 70% were admitted. **Annually that would work out to approximately \$1.8 million in savings.** Additional savings to the system were realized from the 6 arrest diversions as well in the first few weeks of the program.”

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# Key highlights from National Council's survey of active CCBHCs



## LEADING A BOLD SHIFT IN MENTAL HEALTH & SUBSTANCE USE CARE

CCBHC IMPACT REPORT, MAY 2021

- After adopting the model, **clinics on average are serving 17% more people** than before becoming a CCBHC. In total, CCBHCs are serving an estimated **1.49 million people nationwide**.
- **70%** of CCBHCs offer **two or more** forms of medication-assisted treatment (MAT), the most effective treatment for opioid use disorder; **Only 29%** of substance use clinics nationwide offer two or more forms of MAT. Offering multiple forms of MAT is crucial, as some treatments work better than others for different people.
- **50%** of CCBHCs provide same-day access, **84%** see patients within one week, and **93%** see patients within 10 days. The national average wait time for behavioral health services is **48 days**.
- **79%** coordinate with hospitals and emergency departments to prevent avoidable admissions when individuals are in crisis

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# SUD-focused Staffing and Service Expansions with Justice-involved Populations

- 100% of CCBHCs employ SUD specialists and peer support specialists
  - Half of CCBHCs added peer services as a direct result of certification
- 46% of CCBHCs added MAT as a result of certification; nearly all (92%) offered MAT by end of Year 2
- 83% of CCBHCs targeted outreach and engagement efforts to individuals who were **previously incarcerated** by end of year 2
- 45% of CCBHCs offered telehealth services in **courts, police offices, other criminal justice-related facilities**
- Proportion of CCBHCs offering:
  - Supported employment: 82%
  - Supported housing: 79%
  - Supported education: 68%

# Highlighted SUD Care Coordination Partnerships

- SUD residential treatment facilities (95%)
- Medical detoxification facilities (90%)
- Ambulatory detoxification facilities (81%)
- Post-detoxification step-down facilities (76%)
- MAT providers for SUD (87%)
- **Juvenile justice agencies (92%)**
- **Law enforcement entities (95%)**
- **Mental health, treatment and drug courts (94%)**
- Homeless shelters (90%); Housing agencies (96%)
- Employment services/supported employment (88%)
- Consumer operated/peer service provider organizations (86%)

# Partnering with Law Enforcement & Criminal Justice Agencies

Research-based Practices in Justice Collaborations	Percent of CCBHCs
Participate in mental health court, drug court, or veterans' court	<b>76%</b>
Train law enforcement or corrections officers in Mental Health First Aid, CIT, or other mental health/SUD awareness training	<b>72%</b>
Provide pre-release screening, referrals, or other activities to ensure continuity of care upon re-entry to community from jail	<b>70%</b>
Increased outreach and/or access to individuals with or at risk of criminal legal system involvement	<b>63%</b>
Initiated data or information sharing with law enforcement or local jails to support improved collaboration	<b>34%</b>
Embed a clinician or peer specialist with law enforcement officers responding to mental health/SUD calls	<b>32%</b>
Provide telehealth support to law enforcement officers responding to mental health/SUD calls	<b>20%</b>

# Making Crisis Services & Supports Available to All

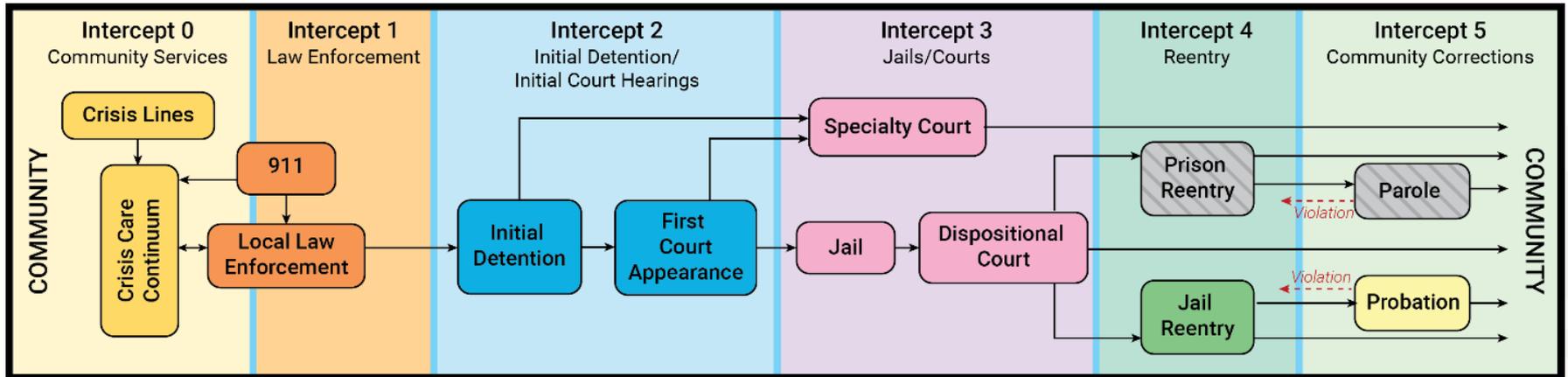
- **100%** of CCBHCs offer crisis response services.
  - **51%** newly added crisis services as a result of certification.
- Required crisis activities: 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- **91%** are engaging in one or more research-based practices in crisis response, incl.:
  - Coordinates with hospitals/emergency departments to support diversion from EDs and inpatient (79%)
  - Behavioral health provider co-responds with police/EMS (e.g., clinician or peer embedded with first responders) (38%)
  - Operates a crisis drop-in center or similar non-hospital facility for crisis stabilization (e.g., 23-hour observation) (33%)
  - Mobile behavioral health team responds to relevant 911 calls instead of police/EMS (e.g., CAHOOTS or similar model) (19%)
  - Partners with 911 to have relevant calls routed to CCBHC (17%)

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**Justice Partnerships:  
*A requirement of the CCBHC model***

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# Sequential Intercept Model (SIM)



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# Intercept 0: Community Services

o	<b>Mobile crisis outreach teams and co-responders</b>	CCBHCs are required to provide crisis response services, including 24-hour mobile crisis response and crisis stabilization services. EDs and local justice agencies are required care coordination partners for CCBHCs. The CCBHC model has supported clinics in engaging in co-responder initiatives (38%), dispatching MH/SU response teams in lieu of law enforcement (19%), establishing crisis drop-off facilities to allow officers to transition an individual more quickly to clinical treatment rather than hospitalization or jail (33%) and working with emergency departments to divert individuals in crisis to outpatient services where clinically appropriate (79%). <sup>43</sup>
	<b>Emergency department (ED) diversion</b>	
	<b>Police-friendly crisis services, including deflection services</b>	

# Intercept 1: Law Enforcement

1	<b>Dispatcher training</b>	<p>The CCBHC funding model supports clinics in working with 911 and law enforcement when MH/SU-related calls are made with 72% of CCBHCs provide training to law enforcement or corrections officers in MHFA, CIT or related trainings that support officers in responding to individuals with MH/SU needs. Many CCBHCs (20%) provide officers with tablets to deliver telehealth support when interacting with an individual with a MH/SU need, and 13% partner with 911 to have relevant calls rerouted to a behavioral health response team. CCBHCs are required to develop a crisis plan with each consumer and to have an established protocol specifying their role with law enforcement in the provision of crisis services.</p>
	<b>Specialized police responses</b>	
	<b>Intervening with high-need persons and providing follow-up post-crisis</b>	

# Intercept 2: Initial Detention/Initial Court Hearings

2	<b>Screening, assessments and diagnoses for MH/SU conditions</b>	Screening, assessment and diagnosis are required core services for CCBHCs. Two-thirds (63%) of CCBHCs increased their efforts to engage with individuals who have criminal legal system involvement or are at risk of being involved with the criminal legal system, <sup>44</sup> and 83% have targeted outreach to consumers who were previously incarcerated in order to bring them into treatment. <sup>45</sup> Many CCBHCs (34%) have initiated data-sharing activities with law enforcement and/or local jails to support improved collaboration. <sup>46</sup>
	<b>Data initiatives between the justice systems and MH/SU providers</b>	
	<b>Pretrial diversion to reduce episodes of incarceration with local treatment</b>	

# Intercept 3: Jails/Courts

3	<b>Court diversion programs for persons with MH/SU needs, including but not limited to specialty courts</b>	<p>CCBHCs are required to establish care coordination partnerships with juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts). While 33% of CCBHCs deliver direct services in courts, police offices and other justice-related facilities,<sup>47</sup> 98% of CCBHCs accept referrals from courts,<sup>48</sup> with 76% actively participating in specialty courts.<sup>49</sup> And although Medicaid funding cannot be used to deliver direct services in jails, many CCBHCs are providing jail-based services through grants or other sources of funding. CCBHCs are also required to partner with local Veterans' Affairs facilities to support military members as their care is a component of CCBHCs' required scope of service.</p>
	<b>Jail-based programming and health care services</b>	
	<b>Collaboration with specialist from the Veterans Health Administration</b>	

# Intercept 4: Reentry

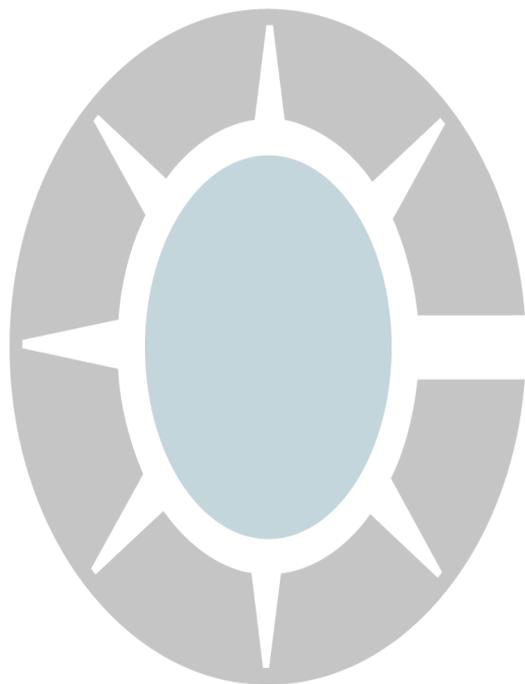
4	<b>Transition planning by the jail or in-reach providers</b>	<p>More than two-thirds (70%) of CCBHCs coordinate with local jails to provide pre-release screening, referrals or other activities to ensure continuity of care upon individuals' re-entry to the community from jail. Through their partnerships with jails and prisons, CCBHCs support warm hand-off supports from correctional settings to community-based settings to reduce risks of harms, including overdose, suicide or other adverse events. CCBHCs have staff that can also work to enroll or re-enroll individuals into benefits like Medicaid to ensure their services are covered.</p>
	<b>Medication and prescription access upon release from jail or prison</b>	
	<b>Warm hand-offs from corrections to providers increases engagement</b>	

# Intercept 5: Community Corrections

5	<b>Specialized community supervision caseloads of people with MI</b>	<p>The extent of CCBHCs' relationships with community supervision has not been fully documented, but at least 5% of CCBHCs include corrections staff such as external probation and parole offers on treatment teams to create a plan to support successful outcomes for individuals with MH/SU needs.<sup>50</sup> CCBHCs must ensure MAT and MH medications are part of individuals' treatment plans where necessary. The majority (89%) of CCBHCs offer direct access to MAT (with the remainder partnering with other organizations to deliver this service), compared with only 56% of SU treatment facilities nationwide.<sup>51</sup> CCBHCs create community partnerships with organizations that provide job training, housing and other needed supports within their communities.</p>
	<b>MAT for people with SUDs</b>	
	<b>Access to recovery supports, benefits, housing and competitive employment</b>	

# Resources

- [CCBHC Success Center](#): National Council's hub for data, implementation support and advocacy to support the Certified Community Behavioral Health Clinic initiative.
- [CCBHC-Expansion Grantee National Training and Technical Assistance Center](#): National Council operates the CCBHC-E NTTAC with funding from SAMHSA to provide CCBHC-Expansion Grantees with training and technical assistance related to implementation of the CCBHC model, evidence-based practices, certification and sustainability.
- Resource: [CCBHCs and the Justice Systems](#)



***Centerstone  
Certified Community  
Behavioral Health Clinic  
(CCBHC)***



# Program Services

- Military services
- Forensic case management
- Outpatient mental health and substance use services
- Primary care services
- Patient-centered treatment planning
- Crisis intervention services – 24hr mobile crisis teams and 24 hour Access
- Screen, assessment, diagnosis and risk management
- Care coordination
- Peer support specialists
- Wellness program
- Community Support Services
  - Supported Employment
  - Financial Literacy
  - Benefits Counseling
  - ESL classes



# Program Benefits/Outcomes

- Increase scope of services
- Improve quality of care
- Improve access to care
- Increase number of individuals engaged in treatment
- Reduce the following:
  - Emergency room visits
  - Incarceration
  - Suicide
  - Inpatient admissions
  - Homelessness
  - Unemployment
  - Number of arrests



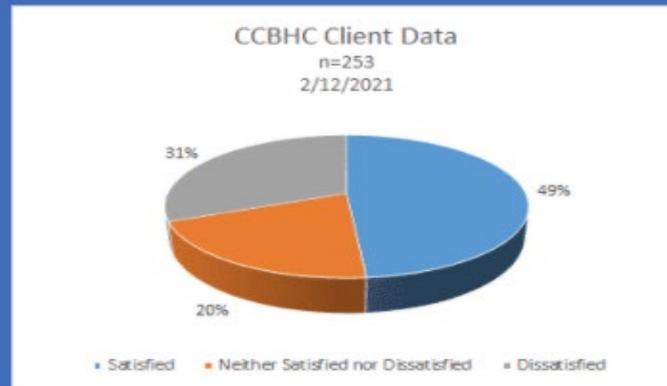
# Community Partners

- Manatee County Sheriff's Department
- Safe Children Coalition
- School District of Manatee County
- Florida Department of Juvenile Justice
- CenterPlace Health
- Gulfcoast South Area Health Education Center
- CareerSource
- Sarasota Business Exchange
- AllCare Health
- Sarasota and Manatee County Chamber of Commerce
- New College of Florida and University of South Florida
- Women's Resource Center
- Turning Points
- Sarasota Memorial Hospital Outpatient Clinic
- Manatee County Rural Health



## Did you know?

Of the new CCBHC adult surveyed clients, 31% are dissatisfied with their health.

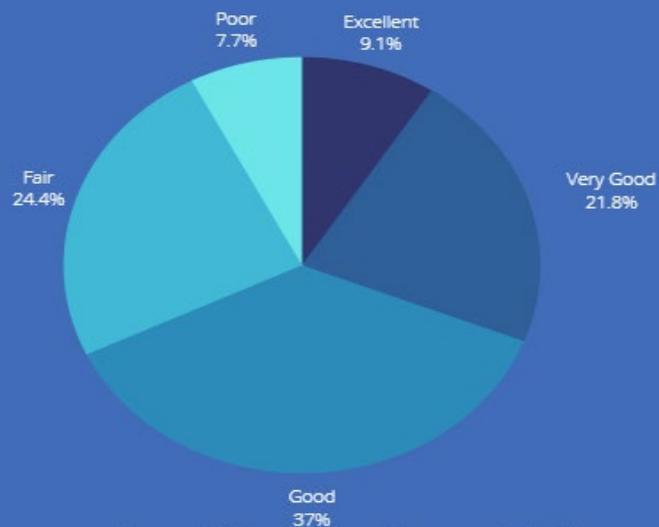


Source: National Outcome Measures  
Internal Use Only  
CCBHC Florida Evaluation, February 12th, 2021



## Did you know?

After receiving services for 6 months, 68% of CCBHC clients rated their overall health as good, very good, or excellent.



Source: National Outcome Measures (n=506)

Internal Use Only

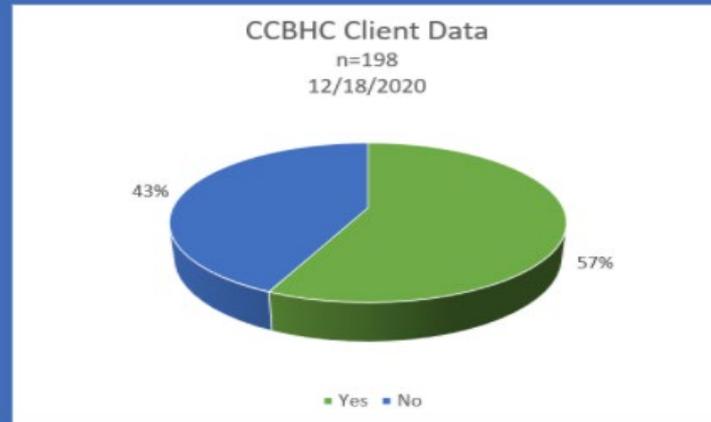
CCBHC Florida Evaluation, January 21st, 2021



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## Did you know?

Of the new CCBHC surveyed clients, 43% reported serious psychological distress.



Source: National Outcome Measures  
Internal Use Only  
CCBHC Florida Evaluation, December 18th, 2020



## Did you know?

After 6 months of receiving services, CCBHC adult clients reported improved depression and anxiety outcomes.



*\*Notes statistically significant difference from baseline to reassessment.*

Source: National Outcome Measures (n=133)

Semi-Annual Report Matched Pairs

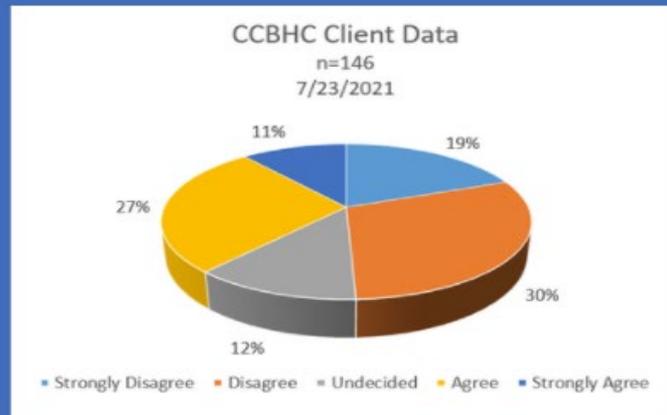
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CCBHC Florida Evaluation, October 29th, 2021



## Did you know?

After receiving services for 6 months, 38% of CCBHC clients agreed that their symptoms are not bothering them.

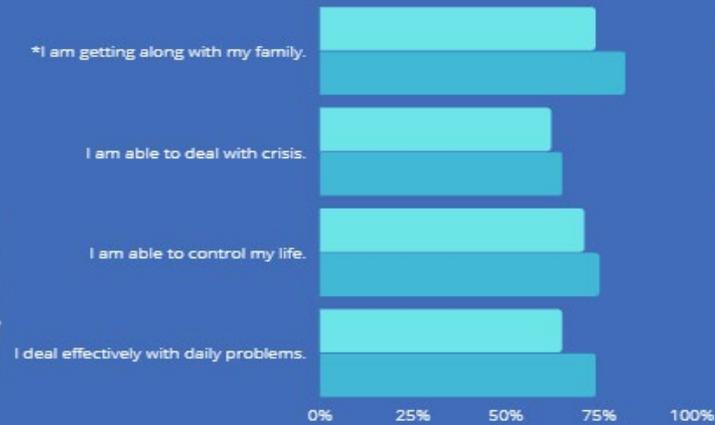


Source: National Outcome Measures  
Internal Use Only  
CCBHC Florida Evaluation, July 23rd, 2021



## Did you know?

After 6 months of receiving services, adult clients reported agreement in the improvement of daily functioning.



*\*Notes statistically significant difference from baseline to reassessment.*

Source: National Outcome Measures (n=133)

Semi-Annual Report Matched Pairs

Internal Use Only

CCBHC Florida Evaluation, November 19th, 2021

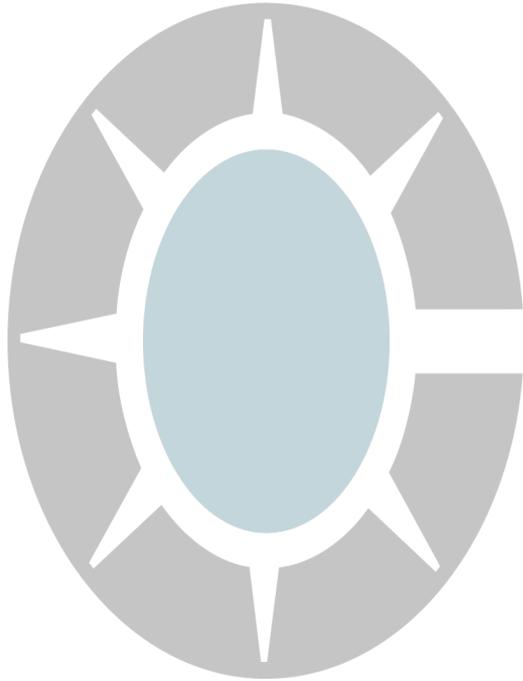


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# Comprehensive Treatment Court (CTC)

- Partnership with the Twelfth Judicial Circuit in Sarasota and Manatee Counties
- Who We Serve:
  - Adults charged with a qualifying offense (Certain Felony/Misdemeanors)
  - Diagnosed with serious mental illness
  - Unable to meet their own basic needs without additional skills or support
  - Unable to participate in outpatient treatment due to a significant barrier to treatment such as homelessness, untreated symptomatic mental illness, or no access to transportation
- Providing Care:
  - The CTC staff provide support to the clients via counseling, medication management and case management and develop a full discharge plan by collaborating with other community partners to link to resources.
  - Centerstone of Florida provides the services to and in connection with the Court, oversees CTC participants' court proceedings
- Success Story



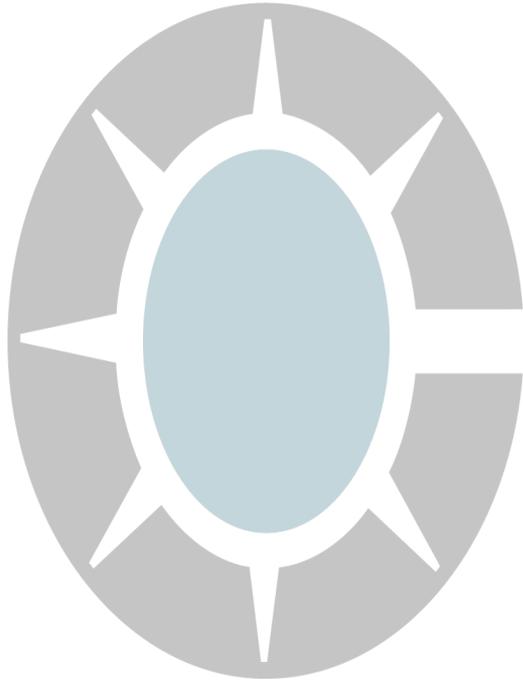


**Thank you!**



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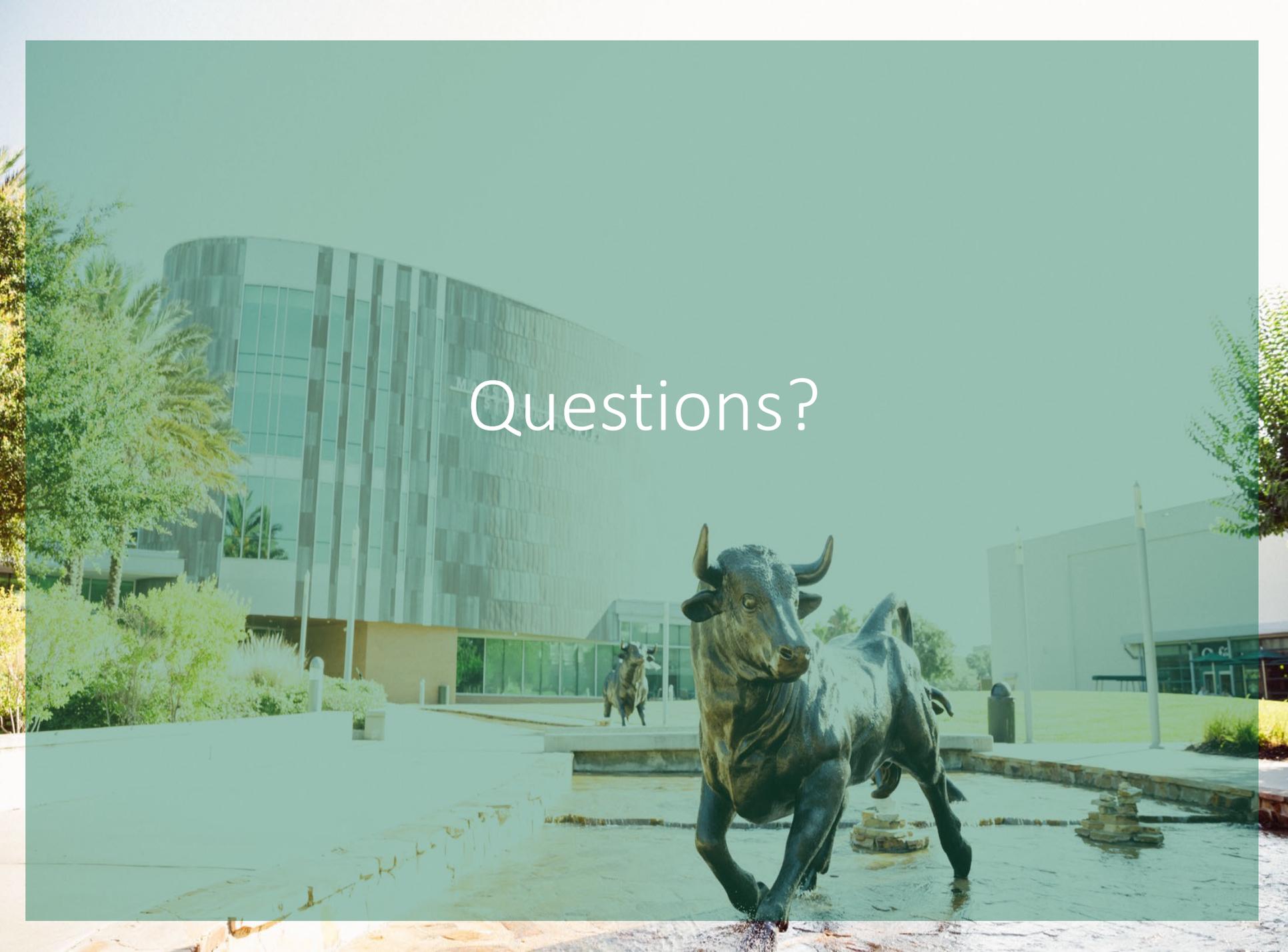
Centerstone is a not-for-profit health system providing mental health and substance use disorder treatment. Services are available nationally through the operation of outpatient clinics, residential programs, the use of telehealth, and an inpatient hospital. Centerstone also features specialized programs for the military community, therapeutic foster care, children's services, and employee assistance programs. Centerstone's Research Institute provides guidance through research and technology, leveraging the best-practices for use in all our communities. Centerstone's Foundation secures philanthropic resources to support the work and mission of delivering care that changes people's lives.



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A photograph of a modern building with a large bronze bull sculpture in the foreground, overlaid with a semi-transparent teal filter. The building has a curved facade with large glass windows and a metallic finish. The bull sculpture is in the foreground, running through a shallow pool of water. The word "MCS" is visible on the building's facade. The word "Questions?" is overlaid in white text in the center of the image.

Questions?