EXCELLENCE IN MENTAL HEALTH AND ADDICTION TREATMENT EXPANSION ACT (S. 1905/H.R. 3931)

There is a growing workforce crisis in the addictions field limiting patients' ability to receive care. The Excellence in Mental Health and Addiction Treatment Act is a two-year, eight-state initiative to expand Americans' access to community-based addiction and mental health care. It transforms our treatment system from a patchwork of underfunded, overburdened organizations struggling to meet their communities' needs to a thriving array of Certified Community Behavioral Health Clinics (CCBHCs) that meet core standards for comprehensive, high-quality treatment. We call on Congress to expand this important program.

Bipartisan Support in Congress and the Administration. Bipartisan legislation to expand the CCBHC model was introduced as S. 1905/H.R. 3931 in the 115th Congress. In February, President Trump requested additional support for CCBHCs as part of his Fiscal Year 2019 budget request to Congress. In the FY 2018 omnibus spending package signed into law this March, Congress included $100 million in new funding to supplement the CCBHC model. Despite this new grant funding, additional action is needed to authorize an extension of the scope and length of the initiative.

WHY DO WE NEED EXCELLENCE IN MENTAL HEALTH AND ADDICTION TREATMENT EXPANSION ACT?

CCBHCs are strengthening states' response to the opioid crisis. Addiction care is a central part of CCBHCs' services, including: screening for substance use disorders, detoxification, outpatient addiction treatment, peer support services and other addiction recovery services. More than 80 percent of CCBHCs report launching or expanding medication-assisted treatment (MAT) since launching in mid-2017. CCBHCs have hired hundreds of new addiction clinicians, enabling them to increase their number of patients served, work with community partners to expand use of naloxone, the overdose reversal drug, launch other new opioid treatment initiatives and provide linkage to other health care services.

CCBHCs complement and extend grant-based investments. The CCBHC model generates sustainability for opioid and mental health treatment grants, enabling these federal dollars to have an impact well beyond the grant cycle. It does so by building evidence-based practices into CCBHCs' service requirements and supporting them with a Medicaid payment rate that covers the cost of expanding services to previously untreated populations. CCBHCs are required to serve all individuals who walk through their doors, regardless of ability to pay.

BOTTOM LINE
CCBHCs expand access to comprehensive addiction and mental health services

REQUEST
Cosponsor the Excellence in Mental Health and Addiction Treatment Expansion Act

“Prior to CCBHC we had no recovery services whatsoever. Due to our CCBHC work, we have opened addiction services and trained all mental health and chemical dependency providers in dual-diagnosis care, integrated treatment planning [and] substance use screening.”

CCBHC survey respondent, Nov. 2017

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CCBHCs aren't just business as usual. Certified clinics provide an increased scope of services, including evidence-based outpatient mental health and substance use services, 24-hour crisis care, primary care screening and monitoring and care coordination across health care settings. They must work with law enforcement officers, criminal justice systems, veterans’ organizations, child welfare agencies, schools and others to ensure no one falls through the cracks. Through outcome monitoring and quality bonus payments, clinics are held accountable for patients’ progress, while engaging patients outside the four walls of the clinic and leveraging technology for improved outcomes.

Eleven more states are poised and ready to participate. Despite widespread interest, 11 states that planned to implement CCBHCs have been shut out of the program due to the eight-state limit. Meanwhile, the two-year timeframe means that current participants will see their progress in expanding access to addiction and mental health care stripped away when the program ends. S. 1905/H.R. 3931 would expand the CCBHC initiative to include these 11 states for a full two years, while also extending the original eight states by one year.

**COSPONSORS**

**S. 1905**
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**LAW ENFORCEMENT, VETERANS, ADDICTION AND MENTAL HEALTH ORGANIZATIONS ENDORSING THE CCBHC MODEL**

- Addiction Policy Forum
- Active Minds, Inc.
- American Art Therapy Association
- American Association for Marriage and Family Therapy
- American Association of Child and Adolescent Psychiatry
- American Association of Pastoral Counselors
- American Association of Psychoanalysis in Clinical Social Work
- American Association on Health and Disability
- American College of Emergency Physicians
- American Counseling Association
- American Dance Therapy Association
- American Foundation for Suicide Prevention
- American Group Psychotherapy Association
- American Mental Health Counselors Association
- American Occupational Therapy Association
- American Orthopsychiatric Association
- American Osteopathic Association
- American Psychological Association
- American Psychiatric Association
- American Society of Addiction Medicine

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LAW ENFORCEMENT, VETERANS, ADDICTION AND MENTAL HEALTH ORGANIZATIONS ENDORSING THE CCBHC MODEL  CURRENT AS OF 4/10/2018

Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Association of Recovery Schools
Child Welfare League of America
Clinical Social Work Association
Clubhouse International
Coalition for Supporting Housing
Community Behavioral Healthcare Association of Illinois
Community Oriented Correctional Health Services
Depression and Bipolar Support Alliance
Eating Disorders Coalition
EMDR International Association
Emergency Nurses Association
Faces and Voices of Recovery
Facing Addiction
Families USA
Family-Focused Treatment Association
Family-Run Executive Director Leadership Association
First Focus Campaign for Children
Foster Family-Based Treatment Association
Give an Hour
Global Alliance for Behavioral Health and Social Justice
Hazelden Betty Ford Institute for Recovery Advocacy
International Bipolar Support Alliance
Legal Action Center
Major County Sheriffs’ Association
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Alliance to Advance Adolescent Health
National Alliance to End Homelessness

National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of Anorexia Nervosa and Associated Disorders
National Association of Counties
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Police Organizations
National Association of Social Workers
National Board for Certified Counselors
National Coalition for Maternal Mental Health
National Council for Behavioral Health
National Disability Rights Network
National Guard Association of the United States
National Health Care for the Homeless Council
National Fraternal Order of Police
National League of Nursing
National Register for Health Service Psychologists
Network for Social Work Management
New Jersey Association of Mental Health and Addiction Agencies, Inc.
No Health without Mental Health
Psychiatric Rehabilitation Association
Sandy Hook Promise
School Social Work Association of America
Shatterproof
The Jewish Federations of North America
The National Alliance to Advance Adolescent Health
The Trevor Project
Treatment Communities of America
Trinity Health
Young People in Recovery

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