



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 CURRENT AS OF 4/10/2018

S. 1905

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

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
ENDORING 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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