



THE EXPAND EXCELLENCE IN MENTAL HEALTH ACT

The Excellence in Mental Health Act demonstration — created as part of the Protecting Access to Medicare Act of 2014 — is a two-year, eight-state initiative to expand Americans’ access to community-based mental health and addiction care. It lays the foundation for transformation of our delivery system by setting standards for Certified Community Behavioral Health Clinics (CCBHCs) and establishing a Medicaid payment rate that supports the costs of their comprehensive service array. Unfortunately, 11 states poised and ready to transform their delivery systems were forced to stop in their tracks due to the current eight-state limit on participation. Meanwhile, the program’s two-year limit means that current participants could see their coverage and access gains stripped away when the demonstration ends. Bipartisan legislation to expand the demonstration was introduced as S. 2525/H.R. 4567 in the 114th Congress.

BOTTOM LINE

CCBHCs expand access to comprehensive mental health and substance use services

WHY DO WE NEED TO EXPAND THE IMPLEMENTATION OF CCBHCs?

CCBHCs are transforming our overburdened, underfunded mental health and addiction treatment system. The lack of available treatment services is draining resources from criminal justice and emergency service systems and fueling the huge treatment gap that exists among people with addictions. Two-thirds of people incarcerated in our jails and prisons meet the criteria for a substance use disorder. Law enforcement agencies consistently report increasing encounters with individuals experiencing acute psychiatric symptoms — leading directly to a “boarding” crisis in hospital emergency rooms in large and small cities.

REQUEST

Cosponsor the Expand Excellence in Mental Health Act when it is introduced

CCBHCs are helping to strengthen states’ response to the opioid addiction crisis. Addiction care is embedded throughout the CCBHC range of services, which includes screening for substance use disorders, detoxification, outpatient addiction services, peer support services and other addiction recovery services at state discretion. Importantly, most states participating in the CCBHC program have also made medication-assisted treatment (MAT) a required service. MAT is a highly effective method of treating opioid addiction that combines use of medications with counseling and behavioral therapies.

CCBHCs aren’t just business as usual. Certified clinics provide 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. CCBHCs are supported by a sustainable Medicaid payment rate that — unlike current grant funding and dimly low reimbursement rates — supports the actual costs of expanding evidence-based services, engaging patients outside the four walls of the clinic and leveraging technology for improved outcomes.

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More states are poised and ready to participate. Nineteen states went through the year-long planning process and applied to participate in the demonstration, but only eight could be selected. Every state that wishes to create and sustain quality service systems should be able to do so. By allowing all interested states to participate in the program, Congress could expand capacity in the behavioral health system to care for more Americans and alleviate the growing pressure on our nation's jails and emergency rooms. Congress can also ensure we don't slide backward on CCBHCs' coverage and access gains by extending the duration of the demonstration beyond the current two-year limit.

ENDORISING ORGANIZATIONS OF THE EXCELLENCE ACT [S.2525/H.R.4567] IN THE 114TH CONGRESS

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| Iraq and Afghanistan Veterans of America | Eating Disorders Coalition |
| National Guard Association | Families USA |
| National Sheriffs Association | First Focus Campaign for Children |
| National Federation of Police | The Jewish Federations of North America |
| American Art Therapy Association | Legal Action Center |
| American Association for Marriage and Family Therapy | Mental Health America |
| American Association of Child and Adolescent Psychiatry | NAADAC, the Association for Addiction Professionals |
| American Association on Health and Disability | National Alliance on Mental Illness |
| American Association of Pastoral Counselors | The National Alliance to Advance Adolescent Health |
| American Dance Therapy Association | National Alliance to End Homelessness |
| American Foundation for Suicide Prevention | National Association for Rural Mental Health |
| American Group Psychotherapy Association | National Association of Counties |
| American Mental Health Counselors Association | National Association of County Behavioral Health and Developmental Disability Directors |
| American Occupational Therapy Association | National Association of Social Workers |
| American Orthopsychiatric Association | National Association of State Mental Health Program Directors |
| American Psychological Association | National Council for Behavioral Health |
| Anxiety and Depression Association of America | National Disability Rights Network |
| Association for Ambulatory Behavioral Healthcare | No Health Without Mental Health |
| Association for Behavioral Health and Wellness | School Social Work Association of America |
| Clinical Social Work Association | Treatment Communities of America |
| Coalition for Supportive Housing | |
| Depression and Bipolar Support Alliance | |

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