

Support

the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824/H.R. 1767)

BOTTOM LINE



CCBHCs expand access to comprehensive addiction and mental health services.

REQUEST



Co-sponsor the Excellence in Mental Health and Addiction Treatment Expansion Act

In 2014, the bipartisan **Excellence in Mental Health Act** began to address the desperate need for treatment for addictions and mental illnesses by establishing criteria for Certified Community Behavioral Health Clinics (CCBHCs), which provide a comprehensive range of addiction and mental health services to the communities they serve, especially vulnerable individuals. In return, CCBHCs receive a bundled Medicaid payment rate that allows them to expand services to previously untreated populations.

Since 2017, clinics in eight states have been piloting this approach and are leading a bold shift to transform community services into a comprehensive and responsive array of clinics that provide accessible patient-centered care. However, with CCBHC demonstration funding set to expire on June 30, 2019, access to these lifesaving treatments — and the lessons learned for the nation at-large — could be lost without immediate Congressional action.

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 screenings and monitoring and care coordination across health care settings. They are required to work with law enforcement officers, criminal justice systems, veterans' organizations, child welfare agencies, schools and other community organizations to ensure no one falls through the cracks. Through outcome monitoring and quality bonus payments, clinics are held accountable for high-quality outcomes that incorporate patients' participation in decision-making about their care and leverage technology as a viable treatment option.



"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**

CCBHCs Generating Positive Results

In less than two years, CCBHCs have shown tremendous progress building a comprehensive, robust behavioral health care system that can meet the treatment demand. According to surveys of CCBHC providers conducted by the National Council for Behavioral Health, certified clinics are achieving the following outcomes:

- **Increased Clinical Staff to Meet Community Needs** — Forty-seven of the clinics surveyed hired 2,143 new staff — an average of 48 new staff per CCBHC — with a focus on psychiatrists specializing in addictions, and children and adolescents.

- **Served More People Who Need Mental Health Services** — In the first year alone, CCBHCs cared for nearly 400,000 people with mental illnesses and addiction disorders. Patient caseloads have increased by nearly 25 percent based on expanded staff capabilities and new programs, with most of the increase from individuals seeking services for the first time.
- **Reduced Appointment Wait Times** — Most CCBHCs (78 percent) can offer an appointment within a week after an initial call or referral compared to the national average of up to 48 days.
- **Expanded Access to Addiction Care, Strengthened Opioid Crisis Response** — All CCBHCs have either launched new addiction treatment services or expanded the scope of their addiction care and 92 percent have expanded access to medication-assisted treatment for opioid use disorders.

CCBHCs Serve an Important and Unmet Need

Recent data from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate only 43.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care. The remainder are served in homeless shelters, hospital emergency rooms and penal institutions, which serve as the largest inpatient psychiatric facilities in the U.S. Only one in 10 Americans with an addiction disorder receives treatment in any given year.¹

CCBHCs are available to any individual in need of care, regardless of their ability to pay, including people with serious mental illness, opioid use disorders, serious emotional disturbance, long-term chronic addiction, substance use disorders and complex health profiles.

Bipartisan Support in Congress and the Administration

Bipartisan legislation to expand the CCBHC model was introduced as S. 824/H.R. 1767 in the 116th Congress. The legislation seeks to extend the CCBHC demonstration program in the original eight states (Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, Oregon and Pennsylvania) for two years and expand it to 11 additional states. As the nation continues to struggle to provide care for people with opioid use or mental health disorders, this step will ensure more individuals get effective care and enable important analysis and learning that can be shared nationwide.

In Fiscal Year 2018, Congress appropriated grant monies to help organizations in 12 additional states build readiness to become CCBHCs. Currently, organizations in 20 states are operating or preparing to operate as CCBHCs. While these grantees do not receive the same sustainable payment as those in the original demonstration, they are building the infrastructure to perform as a CCBHC should the program expand.

We urge all members of Congress to support this important bipartisan legislation
that is saving lives today and will make our communities safer in the future.

Co-sponsors: Current as of 05/10/2019

S. 824

AK: Dan Sullivan (R)
CO: Cory Gardner (R)
IA: Joni Ernst (R)
KS: Pat Roberts (R)
MI: Debbie Stabenow (D)*
MN: Amy Klobuchar (D)
MN: Tina Smith (D)
MO: Roy Blunt (R)*
NC: Thom Tillis (R)
NJ: Robert Menendez (D)
NY: Chuck Schumer (D)
OK: James Inhofe (R)
OR: Ron Wyden (D)
RI: Sheldon Whitehouse (D)

H.R. 1767

CA: Doris Matsui (D-06)*
CA: Mark DeSaulnier (D-11)
CA: Lucille Roybal-Allard (D-40)
IL: Rodney Davis (R-13)
IN: Andre Carson (D-07)
MA: Joseph Kennedy III (D-04)
MA: Seth Moulton (D-06)
MA: Stephen Lynch (D-08)
MI: Debbie Dingell (D-12)
MN: Angie Craig (D-02)
MN: Betty McCollum (D-04)
MN: Ilhan Omar (D-05)
MN: Tom Emmer (R-06)
MN: Collin Peterson (D-07)

MN: Pete Stauber (R-08)
MO: Blaine Luetkemeyer (R-03)
NJ: Donald Norcross (D-01)
NJ: Josh Gottheimer (D-05)
NJ: Albio Sires (D-08)
NJ: Bill Pascrell (D-09)
NM: Ben Ray Lujan (D-03)
NY: Peter King (R-02)
NY: Kathleen Rice (D-04)
NY: Gregory Meeks (D-05)
NY: Grace Meng (D-06)
NY: Yvette Clarke (D-09)
NY: Jose Serrano (D-15)
NY: Sean Patrick Maloney (D-18)
NY: Paul Tonko (D-20)

NY: Elise Stefanik (R-21)
NY: John Katko (R-24)
NY: Brian Higgins (D-26)
OK: Markwayne Mullin (R-02)*
OK: Tom Cole (R-04)
OK: Kendra Horn (D-05)
OR: Suzanne Bonamici (D-01)
OR: Earl Blumenauer (D-03)
OR: Peter DeFazio (D-04)
OR: Kurt Schrader (D-05)
PA: Brian Fitzpatrick (R-01)
PA: Mary Gay Scanlon (D-05)
PA: Susan Wild (D-07)

*denotes Lead Sponsor in 116th Congress

¹ Park-Lee, E., Lipari, R. N., Hedden, S. L., Kroutil, L. A., & Porter, J. D. (2017, September). Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health. NSDUH Data Review. Retrieved from <https://www.samhsa.gov/data/>