Dear Senators Blunt and Stabenow and Representatives Lance and Matsui:

The undersigned national mental health and substance use disorder organizations in the Mental Health Liaison Group are writing today to thank you for your leadership in authoring the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1950/H.R.3931) — legislation to expand the Certified Community Behavioral Health Center (CCBHC) demonstration program authorized in Section 223 of the Protecting Access to Medicare Act that is based on your Excellence in Mental Health Act. Expanding the duration of this demonstration and allowing more states to participate will help increase access to critical addiction and mental health services for thousands of people, including active duty military personnel, veterans, and their families.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), nationwide only half of people with a mental health condition receive any treatment, and even worse, just ten percent of individuals with a substance use disorder receive treatment for their disease. The lack of ready access to behavioral health services has a profound impact across American life. Two-thirds of inmates 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 community hospital emergency rooms in cities large and small. Further, as the opioid epidemic continues to ravage communities across the country, many people lack access to evidence-based addiction care.

CCBHCs are dramatically expanding patients’ access to timely and quality behavioral health services. 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. CCBHCs are supported by a sustainable Medicaid payment rate that — unlike current grant funding and dismally low reimbursement rates — supports the actual costs of expanding evidence-based services, hiring a well-trained workforce and leveraging technology for improved outcomes. Additionally, the CCBHC demonstration allows clinics to be innovative in their service delivery by using mobile crisis teams, home visits, and outreach workers to meet patients where they are.

Importantly, CCBHCs offer states a new tool to address the nationwide 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 chosen at state discretion. Importantly, most states participating in the CCBHC demonstration have 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.
Nineteen states in the South, the Northeast, the Midwest and the West Coast, urban and rural, Red and Blues states, all applied for the chance to expand access to community-based addiction and mental health care. Unfortunately, due to statutory limits, only eight states were selected to participate in the demonstration, meaning eleven states that were poised and ready to transform their delivery systems were forced to stop in their tracks. Meanwhile, the program’s two-year limit means that current participants could see their coverage and access gains stripped away when the demonstration ends. Your legislation will ensure that each planning grant state that is ready to transform their delivery systems can realize this incredible opportunity and that millions will continue to receive the care they need.

Thank you for your outstanding support and continued dedication to millions of Americans living with mental illness and addiction. The Mental Health Liaison Group pledges to fight side-by-side with you to ensure the passage of this important legislation.

Sincerely,

American Art Therapy Association
American Association of Child and Adolescent Psychiatry
American Association on Health and Disability
American Association for Psychoanalysis in Clinical Social Work
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Psychological Association
American Society of Addiction Medicine
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition
EMDR International Association
Global Alliance for Behavioral Health and Social Justice
The Jewish Federations of North America
Mental Health America
NAADAC, the Association of Addiction Professionals
National Alliance on Mental Illness
National Association for Children’s Behavioral Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association for Rural Mental Health
National Association of Social Workers
National Coalition for Maternal Mental Health
National Council for Behavioral Health
National Disability Rights Network
National Health Care for the Homeless Council
National Register of Health Service Psychologists
No Health Without Mental Health
School Social Work Association of America
Treatment Communities of America
Trevor Project