

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.

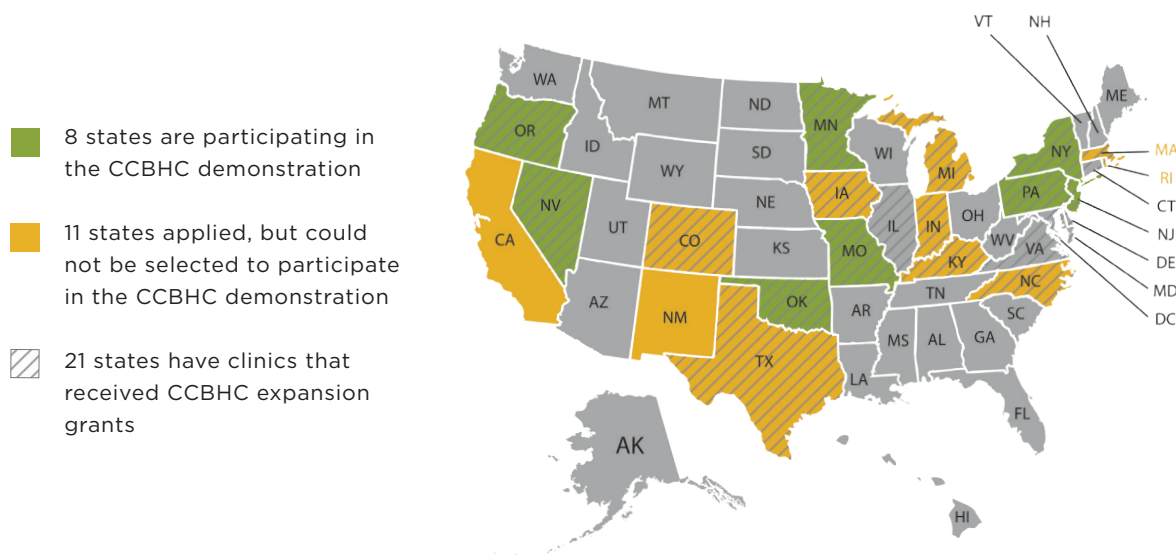
REQUEST



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

In 2014, the bipartisan [Excellence in Mental Health and Addiction Treatment Expansion Act](#) began to address the desperate demand for treatment of 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, including 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 shift in care that is desperately needed in every state in our nation. However, with CCBHC demonstration funding expiring on September 13, 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

In the states that currently have certified clinics, they 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 other community organizations to ensure no one falls through the cracks. Through outcome monitoring and quality bonus payments, clinics are held accountable for patients' improvement, while engaging patients wherever needed and leveraging technology for improved quality and effective care that every American deserves, not just those in the states with certified clinics.

CCBHC Are Generating Positive Results

In less than two years, CCBHCs have shown tremendous progress in 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 centers are:

- **Expanding Access to Addiction Care and Strengthening Response to the Opioid Crisis** — 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 (MAT) for opioid use disorders.
- **Serving More People Needing Mental Health Services** — In the first year alone, CCBHCs cared for nearly 400,000 people with serious mental illnesses and addiction disorders and patient caseloads increased by nearly 25 percent based on expanded staff capabilities and new programs, with the greatest increase coming from individuals seeking services for the first time.
- **Reducing Appointment Wait Times** — Most CCBHCs (78 percent) can offer an appointment within a week after an initial call or referral; the national average is up to 48 days.



“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, November 2017**

CCBHCs Serve an Important and Unmet Need

Recent data from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that only 64.1 percent of all people living with serious mental illnesses like schizophrenia, bipolar disorders and major clinical depression receive behavioral health care. 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, including (but not limited to) people with serious mental illness, opioid use disorders, serious emotional disturbance, long-term chronic addiction and substance use disorders and complex health profiles representing a fundamental level of quality mental health and addiction care that should be available to anyone in any state.

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 individuals with opioid use or mental health disorders, this step will ensure more people will get effective care and enable important analysis and learning that can be shared nationwide.

Since Fiscal Year 2018, Congress has annually appropriated grant monies to help organizations across 13 states build readiness to become CCBHCs. To date, there are organizations in 21 states operating or preparing to operate as CCBHCs. Because they recognize the quality of care this brings to the mental health and addiction community, they are building the infrastructure and capacity to perform as a CCBHC should the program be expanded to include those states or all states.

¹ Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

