February 5, 2019

The Honorable Mitch McConnell  The Honorable Charles Schumer
Majority Leader  Minority Leader
United States Senate  United States Senate
Washington, DC 20510  Washington, DC 20510

The Honorable Nancy Pelosi  The Honorable Kevin McCarthy
Speaker  Minority Leader
U.S. House of Representatives  U.S. House of Representatives
Washington, D.C. 20515  Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi and Minority Leader McCarthy:

As you identify legislative priorities for the 116th Congress, the undersigned organizations urge you to act quickly to extend and expand the Certified Community Behavioral Health Clinic (CCBHC) demonstration. As our country continues to confront an addiction crisis, it is clear that too little has been done to build sustainable addiction treatment capacity in our communities and states. Congress’ recent opioid package was an important first step in addressing this issue; however, the package’s grant funding will only provide time-limited support for services. Now is the time to make the long-term investment in the full continuum of care for addiction needed to address both the root causes and the results of the opioid epidemic – just as we have done for the AIDS epidemic.

Congress established Certified Community Behavioral Health Clinics in the 2014 bipartisan Excellence in Mental Health Act. Since launching in 2017, CCBHCs have dramatically improved access to community-based addiction and mental health care in the eight states where they operate, particularly opioid addiction services. CCBHCs have hired hundreds of new addiction-focused clinicians, expanded medication-assisted treatment (MAT) and other addiction services, and reduced patient wait times. However, with the CCBHC demonstration set to end in mid-2019, access to these lifesaving treatments could be lost.

Results from a new National Council for Behavioral Health report shows that states face a looming crisis in access to care with the CCBHC demonstration set to end on March 31, 2019 in Oregon and Oklahoma and June 30, 2019 in Minnesota, Missouri, Nevada, New Jersey, New York and Pennsylvania. Specifically, the report shows that the end of the CCBHC program would result in 9,100 patients losing access to medication-assisted treatment (MAT) and that 3,000 clinicians and staff would be laid off. Patients would lose timely access to services with 77 percent of CCBHCs reporting that they would have to re-establish a waitlist for services, while others would lose access to care entirely with over half of CCBHCs reporting that they will have to turn people away from care.
Importantly, certification requirements require that CCBHCs coordinate care with partners in the criminal justice system and veteran’s organizations. In communities where CCBHCs are up and running, sheriffs and police officers now have access to on-the-ground support from trained mental health and addiction professionals, alleviating the burden on front-line officers and helping people get access to the correct level of treatment. **If Congress does not act quickly to extend the life of CCBHC program, CCBHCs will be forced to end partnerships with criminal justice agencies, which have been a vital tool in helping communities reduce recidivism and connect people to the right level of care.**

The Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931) would ensure that states and clinics do not see their progress in expanding mental health and addiction care stripped away in the coming months. The bill would extend current CCBHCs’ activities for one more year and expand the program to eleven more states that applied but were excluded from participation by the eight-state limit in the current law. We hope that Congress will act swiftly to reintroduce this measure in the House and Senate in 2019.

**In conclusion, we urge you to invest in the promising CCBHC model as a means to address the opioid epidemic and the broader behavioral health crisis in America by supporting the reintroduction and passage of the Excellence in Mental Health and Addiction Treatment Expansion Act.** Thank you for your leadership in addressing this critical issue.

Sincerely,

American Art Therapy Association  
American Association of Child and Adolescent Psychiatry  
American Association on Health and Disability  
American Association for Marriage and Family Therapy  
American Association for Psychoanalysis in Clinical Social Work  
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 Psychiatric Association  
American Psychological Association  
American Society of Addiction Medicine  
Anxiety and Depression Association of America  
Association for Ambulatory Behavioral Healthcare  
Association for Behavioral Health and Wellness  
California Consortium of Addiction Programs & Professionals  
Campaign for Trauma-Informed Policy and Practice  
Child Welfare League of America  
Children and Adults with Attention-Deficit Hyperactivity Disorder
Cities Thrive Coalition
Clinical Social Work Association
Clubhouse International
Connecticut Certification Board
Council on Alcoholism & Drug Abuse (CADA) of Northwest Louisiana
Depression and Bipolar Support Alliance
Eating Disorders Coalition
EMDR International Association
Faces and Voices of Recovery
Global Alliance for Behavioral Health and Social Justice
Illinois Association of Behavioral Health
International OCD Foundation
The Jewish Federations of North America
Mental Health America
NAADAC, the Association of Addiction Professionals
National Alliance to Advance Adolescent Health
National Alliance on Mental Illness
National Association for Children’s Behavioral Health
National Association of Counties
National Association of County Behavioral Health and Developmental Disability Directors
National Association for Rural Mental Health
National Association of Social Workers
National Association of State Mental Health Program Directors
National Coalition for Maternal Mental Health
National Council for Behavioral Health
National Disability Rights Network
National Eating Disorders Association
National Federation of Families for Children’s Mental Health
National Health Care for the Homeless Council
National League for Nursing
National Legal Aid & Defender Association
National Register of Health Service Psychologists
No Health Without Mental Health
A New PATH (Parents for Addiction Treatment & Healing)
Psychotherapy Action Network
Residential Eating Disorders Consortium
School Social Work Association of America
The Kennedy Forum
Treatment Communities of America
Trevor Project
Young People in Recovery