**February \_\_, 2020**

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| The Honorable Mitch McConnell  Majority Leader  United States Senate  Washington, DC 20510 | The Honorable Nancy Pelosi  Speaker  U.S. House of Representatives  Washington, DC 20515 |
| The Honorable Charles Schumer  Minority Leader  United States Senate  Washington, DC 20510 | The Honorable Kevin McCarthy  Minority Leader  U.S. House of Representatives  Washington, DC 20515 |

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

The undersigned organizations are writing to **urge you to extend and expand the Certified Community Behavioral Health Clinic (CCBHC) demonstration before the May 22, 2020 expiration deadline.** As our country continues to confront an addiction crisis, it is clear we have not built the necessary and sustainable addiction treatment capacity across our nation. Congress has shown leadership in extending the Excellence Act demonstration program, which is an important step in addressing this issue. However, **now is the time to make the long-term investment in expanding the program’s addiction and mental health care services to the additional 11 states ready to participate in this demonstration.**

Since launching in 2017, CCBHCs dramatically improved access to community-based addiction and mental health care in the eight states where they operate, particularly in regard to increasing opioid addiction services. CCBHCs hired hundreds of new addiction-focused clinicians, expanded medication-assisted treatment (MAT), and reduced patient wait times. Since March 31, 2019, Congress has acted to extend the demonstration six times (HR 1839, S. 2047, HR 3253, HR 4378, HR 3055, HR 1865). In addition, the Grassley/Wyden bill, the Prescription Drug Pricing Reduction Act of 2019 (S. 2543) continues the existing demonstration for two years and adds all 11 pending states. **However, with the CCBHC demonstration set to end in May 22, 2020, access to these lifesaving treatments could be lost.**

Results from a National Council for Behavioral Health report show that states face a looming crisis in access to care if the CCBHC demonstration ends on May 22, 2020. **Specifically, the end of the CCBHC program would result in 9,100 patients losing access to medication-assisted treatment (MAT) and 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, and over half of CCBHCs reporting that they will have to turn people away from care.

CCBHC certification requires coordinated care with partners in the criminal justice system and veteran’s organizations. In communities with CCBHCs, sheriffs and police officers now have 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.

Currently, California, Colorado, Indiana, Iowa, Kentucky, Massachusetts, Michigan, New Mexico, North Carolina, Rhode Island and Texas are on the waitlist to participate in this important demonstration.

**If Congress does not allow the additional states to participate in the CCBHC program, clinics in those states will not have the opportunity to create this vital partnership with law enforcement that helps reduce recidivism and connect people to the right level of care.**

The Excellence in Mental Health and Addiction Treatment Expansion Act (S. 824/H.R. 1767) would ensure that states do not see their progress in expanding mental health and addiction care stripped away in the coming months. The bill extends the current CCBHCs’ activities for two more years and expands the program to 11 more states that applied but were excluded from participation by the eight-state limit in the current law.

**We urge Congress to act swiftly to extend and expand the program before the May deadline.** Thank you for your leadership in addressing this critical issue.

Sincerely,

American Art Therapy Association

American Association of Child and Adolescent Psychiatry

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

Children and Adults with Attention-Deficit Hyperactivity Disorder

Clinical Social Work Association

Depression and Bipolar Support Alliance

Eating Disorders Coalition

Global Alliance for Behavioral Health and Social Justice 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 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 League for Nursing

National Register of Health Service Psychologists

No Health Without Mental Health

School Social Work Association of America

The Kennedy Forum

Treatment Communities of America

Trevor Project