

January 25, 2019

The Honorable **Senator Ron Wyden**
The Honorable **Senator Jeff Merkley**

The Honorable **Representative Suzanne Bonamici**
The Honorable **Representative Greg Walden**
The Honorable **Representative Earl Blumenauer**
The Honorable **Representative Peter DeFazio**
The Honorable **Representative Kurt Schrader**

Dear Senators Wyden and Merkley, and Representatives Bonamici, Walden, Blumenauer, DeFazio, and Schrader:

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](#) show 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.

An important certification requirement is 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, CCBHC partnerships with criminal justice agencies will be weakened, which would have a detrimental effect on the great progress we have made in reducing recidivism and connecting 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.

Additionally, we would love for you to visit our 12 CCBHCs when you are in Oregon to see the progress made in our behavioral health system for yourselves! Please feel free to contact Cherryl Ramirez, Association of Oregon Community Mental Health Programs, at (503) 399-7201 or cramirez@aocmhp.org, or Heather Jefferis, Oregon Council For Behavioral Health, at (971) 804-4620 or heather@ocbh.org to schedule a visit at a CCBHC and for any other information about our CCBHC demo.

Sincerely,

Cherryl Ramirez
Association of Oregon Community
Mental Health Programs

Heather Jefferis
Oregon Council For
Behavioral Health

