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Rep. Leonard Lance
US House of Representatives
2352 Rayburn House Office Building
Washington, DC 20515

Sen. Debbie Stabenow United States Senate 731 Hart Senate Office Building Washington, DC 20510

Rep. Doris Matsui
US House of Representatives
2311 Rayburn House Office Building
Washington, DC 20515

Dear Sens. Blunt and Stabenow and Reps. Lance and Matsui:

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing more than 37,000 psychiatric physicians nationwide, we are writing in support of a bill you introduced earlier this year, the Excellence in Mental Health and Addiction Treatment Expansion Act (S. 1905/H.R. 3931).

As you know, the Protecting Access to Medicare Act enabled a limited number of states to seek Medicaid reimbursement for Certified Community Behavioral Health Center (CCBHC) demonstration programs. CCBHCs offer a wide range of addiction and mental health services, subject to certain staffing, governance, data and quality reporting requirements. The CCBHC model emphasizes the provision of 24-hour crisis care with evidence-based practices, coordination of services amongst providers, and addressing a patient's comorbid physical conditions, all of which are critical aspects of an effective mental health care system.

According to early data, CCBHCs have proven effective in expanding access to mental health and substance use disorder services, especially in underserved communities.¹ Because many states with existing CCBHC demonstration programs identified individuals suffering from opioid addiction as a key target population for the demonstration, these states have overwhelmingly reported that the added funding has enabled clinics to expand their ability to treat patients suffering from substance use disorders.²

¹ National Council for Behavioral Health, <u>CCBHC Demonstration</u>: <u>Early Results Show Expanded Access to Care, Increased Scope of Services</u> (November 2017), <u>available at</u>: <u>https://www.thenationalcouncil.org/wpcontent/uploads/2017/11/National-CCBHC-survey-write-up-FINAL-11-28-17.pdf</u>.

Despite the progress enabled by state CCBHC demonstration programs, much work remains to be done in ensuring adequate access to mental health and substance use disorder services. According to recent SAMHSA data, less than half of individuals with any mental illness received mental health services, while less than 11% of individuals with substance use disorder received specialty substance use treatment services.³ We believe your bill sensibly supports a model of care with demonstrably beneficial effects by expanding the number of states that can be approved for funding for CCBHC programs, as well as extending the length of the states' demonstration programs.

Your bill represents a key strategy in expanding access to mental health services and combating the current opioid crisis. We look forward to assisting you in your efforts to advance this bill. We hope that the voice of our members, the physicians who provide and oversee the provision of mental health and substance use disorder services, can be helpful in gathering additional support for this bill. If you have any questions, please contact Ashley Mild, Interim Chief of Government Relations, at amild@psych.org, or at (703) 907-8645.

Sincerely,

Saul Levin, MD, MPA, FRCP-E

Saul Levin, us, men

CEO and Medical Director

³ Substance Abuse and Mental Health Services Administration, <u>Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2016 National Survey on Drug Use and Health</u> (Sept. 2017), <u>available at:</u> https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm.