



Children's Behavioral Health Services Annual Report

Calendar Year 2025

Submitted to the Joint Standing Committee on
Health and Human Services

Prepared by:
Children's Behavioral Health Services
Office of Behavioral Health
Maine Department of Health and Human Services

Table of Contents

Introduction	3
CBHS 2025 Program Highlights.....	3
DOJ Settlement Agreement	3
Increasing Service Accessibility	4
Certified Community Behavioral Health Clinics (CCBHCs).....	5
School-Based Tele-Behavioral Health Pilot	5
Multi-Dimensional Family Therapy (MDFT)	6
High Fidelity Wraparound Center of Excellence	6
Therapeutic Intensive Homes (TIH) Program	7
Trauma-Focused Cognitive Behavioral Therapy Trainings.....	7
Positive Parenting Program (Triple P) Online Pilot	8
Youth Substance Use Disorder Treatment and Peer Recovery Coaching	8
Quality and Consistency	9
CBHS Quality Assurance Tools.....	9
Legislative Reporting.....	10
Pediatric Behavioral Health Partnership.....	10
Pediatric Behavioral Health Partnership Financial Sustainability Report.....	11
Psychiatric Residential Treatment Facility Services	11
Crisis System and Emergency Department Data	12
Service Waitlist and Accessibility Data	13
Resolves 2025, ch. 522 (LD 1745) Report Back	15
Children’s Residential Services Gap Analysis.....	16
Support for Assertive Community Treatment (ACT) Services	17
Children Experiencing Homelessness	17
Crisis Receiving Centers and Children’s Behavioral Health Urgent Care	18
Update on Services that Are Needed and Unavailable	18
Conclusion	19

Introduction

Calendar year 2025 was foundational for CBHS. After achieving a Settlement Agreement with the U.S. Department of Justice (DOJ) in December 2024, a primary focus for the team this year has been understanding the Agreement and developing a plan toward implementation. The Agreement directly aligns with Children's Behavioral Health Services' (CBHS') strategic priorities of increasing accessibility, availability, and quality and consistency of children's behavioral health services.

CBHS hired a Principal Settlement Manager this year to oversee and advance work under Settlement Agreement. Together with key partners from the Office of Behavioral Health (OBH), Office of MaineCare Services (OMS), Office of Child and Family Services (OCFS), Maine Center for Disease Control & Prevention (Maine CDC), Assistant Attorneys General, community partners, and U.S. DOJ staff, CBHS has developed and posted its extensive Settlement Agreement [Implementation Plan](#)¹. This Plan is a roadmap for how DHHS will improve access to community-based care and prioritize returning children from out-of-home placements.

Implementing the Agreement a major step toward continued system improvements and it will take time for the efforts to turn into lasting systemic change. CBHS is focused on advancing new services and processes in addition to enhanced data from these efforts to support data-informed, strategic investments to address service gaps. CBHS is proud of its work in 2025 and energized by the important work to come in 2026 and beyond to ensure that children are assessed and matched with clinically appropriate services, receive them at the right time, and ultimately achieve better outcomes with their families at home and in their communities.

CBHS 2025 Program Highlights

DOJ Settlement Agreement

2025 marked the first full year of work under Maine's Children's Behavioral Health Services Settlement Agreement with the U.S. DOJ. This year focused on building the foundational systems, tools, and workforce needed to ensure that children with behavioral health disabilities can access timely community-based services and avoid unnecessary out-of-home placements.

A major achievement was the development and publication of the Settlement Agreement Implementation Plan on November 1st, outlining a multi-year roadmap to strengthen service coordination, expand community-based and crisis services, enhance workforce capacity, and modernize quality assurance. DHHS also drafted the [Settlement Agreement Data Collection and Analysis Plan](#)², which was finalized and published publicly on December 31, 2025. The Plan will guide routine monitoring of access, timeliness, and outcomes required under the Agreement.

¹ https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Settlement%20Agreement%20Implementation%20Plan_11-1-2025%20FINAL_0.pdf

² <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Settlement%20Agreement%20Data%20Collection%20and%20Analysis%20Plan%20Submitted%2012-31-2025.pdf>

To support this system improvement and transformation, DHHS launched statewide workforce training in 2025, including Wraparound Planning Principles training for all children’s care coordinators and High-Fidelity Wraparound training for those providing the most intensive levels of coordination, which is discussed below in more detail. These efforts build the workforce needed to implement the new service-planning model.

With major planning and infrastructure work completed, 2026 will mark the beginning of early Agreement implementation as DHHS continues strengthening monitoring, quality assurance, and service capacity to ensure that children with behavioral health disabilities can remain safe in their homes and communities.

Increasing Service Accessibility

As noted in previous annual reports, CBHS’s core principle of accessibility addresses how youth and families engage in seeking and gaining access to children’s behavioral health services. Known challenges in our system have included children and families’ inconsistent assessing of service needs across the state, a lack of knowledge of how to access services, and a lack of a centralized location to find behavioral health resources.

To address these challenges, CBHS began work in 2025 on two major initiatives that will launch in 2026 and continue beyond: the Single Assessment and a CBHS communications campaign.

The Single Assessment, launched on February 2, 2026, establishes a new statewide process through which children seeking medium and high-intensity behavioral health services will have access to an independent clinical assessment. The assessment uses a validated instrument supported by the American Academy of Child and Adolescent Psychiatry to determine the clinically appropriate level of care and recommended service models based on the child’s identified needs. Launched alongside the Single Assessment, the Coordinated Service Plan (CSP) provides a standardized way to organize and track services and supports for children based on identified needs and clinical recommendations. In addition to supporting care coordination, information from CSPs will contribute to statewide understanding of service access and utilization, helping inform future planning and strategic improvements to the children’s behavioral health system. Together, these tools will replace the current fragmented referral process and ensure that children are connected to the right services from the start.

The Single Assessment process is family-driven, with youth participation encouraged as developmentally appropriate. As part of the process, families who do not already have care coordination will be offered care coordination services and will receive clear information about recommended service options to support informed choice.

Together, these changes are expected to improve the quality and consistency of service recommendations and strengthen the service selection process. In addition, the Single Assessment will generate key data on service needs and demographics, supporting identification of service gaps and informing future planning and investment decisions across the state.

CBHS is also partnering with Pulse Marketing, a Maine-based marketing firm awarded via RFP, to create a communications campaign centered around streamlining children’s behavioral health information and having clear communication with CBHS audiences, of which children and families are central, on behavioral health services and how to access them. Along with messaging, media toolkits, and earned media such as radio and

television, Pulse is supporting CBHS in developing a new website organized in a manner accessible for families so they may be able to find the information they need, when they need it. The work on this campaign is just getting started and will culminate in 2026.

Certified Community Behavioral Health Clinics (CCBHCs)

Families navigating children's behavioral health services can encounter fragmented systems, long wait times, and difficulty accessing coordinated, evidence-based care – particularly when services span mental health, substance use treatment, physical health, and family supports. The Certified Community Behavioral Health Clinic (CCBHC) model addresses these challenges by creating a more accessible, coordinated, and family-centered system of care. By integrating key services, including care coordination, case management, peer and family support, physical health monitoring, and mental health and substance use treatment, within a single organization, CCBHCs reduce barriers and help families more easily connect to the supports they need, regardless of insurance status or ability to pay.

To advance this model in Maine, on March 1, 2025, DHHS successfully implemented a Section 223 CCBHC Medicaid Demonstration with three community behavioral health organizations, added another on July 1, 2025, and added a fifth at the end of 2025. Current CCBHC providers include Sweetser, Spurwink, Kennebec Behavioral Health, Community Health and Counseling Services, and Aroostook Mental Health Services. These five providers offer services to over 4,000 Maine youth across 10 counties.

Together with OMS, current and prospective CCBHCs, and community partners, CBHS will continue working to expand infrastructure and capacity of the CCBHC model in 2026, including reimbursing costs of service based on regional needs during the mandated rebasing process, emphasizing outcomes monitoring, delivering comprehensive coordinated care using evidence-based practices, ensuring 24/7 access to services and supports appropriate to the needs of the individual and communities, and fulfilling a mandate to serve all regardless of ability to pay, insurance coverage, or town of residence. These efforts are continually driven by the goal of ensuring families can access timely, high-quality care that is responsive to local needs.

School-Based Tele-Behavioral Health Pilot

Children across Maine, particularly in rural and underserved communities, continue to face significant barriers to accessing timely behavioral health care resulting in unmet needs that disrupt a child's ability to succeed at school and at home. The School-Based Tele-Behavioral Health Pilot was developed in collaboration with the Maine CDC to address these gaps by bringing services directly to where children already are - at school. The program pairs a licensed clinician providing services via telehealth with an in-person Community Health Worker (CHW) embedded within the school. This team-based approach was intentionally designed to reduce delays in care, strengthen communication between schools and families, and create a more coordinated and supportive system for children with emotional and behavioral health needs. While services are delivered in a school setting, the program operates throughout the year, ensuring continuity of care for children and families beyond the academic calendar.

The pilot concluded in 2025 and initial analysis has shown encouraging outcomes. Two hundred and sixty-four (264) students participated in the pilot with the majority (79.2 percent) in grades four through nine. In total, students accessed 5,408 therapy sessions with an 84.6 percent adherence rate (appointments kept) and 98.4 percent completion rate. Sessions focused on social and emotional issues, behavioral issues, family dynamics, and psychological distress. CHWs engaged and supported 222 students, which is notable as their integration

into the schools became a support to all students, not just those engaging in therapy. Families and clinicians reported this pilot reduced costs to the family, reduced stress for the client and family, reduced missed appointments, and reduced travel time to appointments. Parents, CHWs, and school staff felt engaging in the program increased a student's sense of belonging in the school community, engagement in class activities, and academic performance. By addressing both clinical and practical barriers to care, the clinician–CHW partnership helps children receive timely support while empowering families to navigate services more effectively.

Two participating agencies have sustained this model through their CCBHCs, and CBHS continues to explore further integration and expansion under other CCBHCs.

Multi-Dimensional Family Therapy (MDFT)

Families impacted by youth substance use and co-occurring mental health needs require treatment approaches that address the whole family system rather than focusing solely on the individual child. Multi-Dimensional Family Therapy (MDFT) was prioritized to meet this need. MDFT is a developmentally appropriate youth treatment that addresses substance use and mental health concerns with a family-centered approach. MDFT incorporates System of Care principles; is culturally informed and validated; and uses individual, family, and parent-only sessions to increase protective factors and decrease risk factors, including substance use.

This year, two clinicians in Maine completed MDFT certification, another is actively working on certification, and one supervisor has begun supervisory training. An MDFT training team supported the next phase of implementation at Aroostook Mental Health Services (AMHC), and AMHC now has the first fully certified MDFT team in the state. In collaboration with OMS, a rate study was launched in November to develop a reimbursement mechanism under MaineCare and inform future sustainability and expansion of MDFT services across Maine.

In 2026, CBHS will continue to support integrating MDFT into Maine's behavioral health system. The MDFT service rate is scheduled to be developed, accompanied by corresponding updates to the MaineCare Benefits Manual (MCBM) Section 65 policy to cover the new service. Also in 2026, AMHC plans to train two additional clinicians to join its certified MDFT team, increasing access to services.

Maine's children's behavioral health system has been challenged by workforce deficits leading to increased wait times for services and service deserts where certain models of care do not exist. CBHS is looking to address gaps by introducing new models of care for children and families, including High Fidelity Wraparound and Therapeutic Intensive Homes to help enhance service availability and flow between levels of care.

High Fidelity Wraparound Center of Excellence

To address workforce readiness challenges, in 2023, CBHS started developing a Center of Excellence (COE) to serve as a training, fidelity, and resource hub for providers intending to deliver High-Fidelity Wraparound (Hi-Fi Wrap) services. Hi-Fi Wrap addresses gaps experienced by families whose children require intensive, coordinated care across multiple systems but do not meet criteria for inpatient or residential placement. Without a structured care coordination model, families frequently report having to navigate services on their own, repeating their stories across providers and experiencing inconsistent supports. Hi-Fi Wrap is a team-based care planning approach that brings together family, friends, community members, professionals, and cross-system supports to create a plan aligned with the family's vision, strengths, culture, and needs.

Through the COE, CBHS has initiated a substantial training program through partnerships with the National Wraparound Implementation Center (NWIC), which is housed at the University of Connecticut's Innovations Institute, and Youth MOVE National, a national leader in youth-led advocacy. In 2025, the COE provided trainings to 34 agencies in Maine, completing introductory training for 22 people in Peer Connect, 39 people in PEARLS, and 163 people in Hi-Fi Wrap. Currently, 53 care coordinators are trained to implement Hi-Fi Wrap, and one agency is ready to implement the model with a fully trained team as soon as services are established under MaineCare. Thirty individuals have also completed trainings to become certified Hi-Fi Wrap supervisors, including 15 Youth Peer Support (YPS) and 38 Family Peer Support (FPS) supervisors. These program expansions were made possible through the continued development of COE training staff. In 2025, the COE hired all 15 planned Hi-Fi Wrap coaches and began Hi-Fi Wrap training with seven new agencies.

In 2026, Hi-Fi Wrap will be adopted under MaineCare policy, allowing youth and families to receive these care coordination services. The COE will continue providing opportunities for Hi-Fi Wrap, PEARLS, and Peer Connect trainings. To date, three providers have successfully completed all requirements to deliver High-Fidelity Wraparound: The Opportunity Alliance, Clarvida, and Kennebec Behavioral Health.

Therapeutic Intensive Homes (TIH) Program

Children and youth with severe emotional and behavioral needs often experience placement instability or are served in restrictive, out-of-state, or institutional settings due to the limited availability of in-home treatment options. These placements can disrupt a youth's relationships and make it difficult to remain connected to their communities. To address these gaps, CBHS laid the groundwork in 2024 to adopt the Therapeutic Intensive Homes (TIH) program using the Treatment Foster Care–Oregon (TFC-O) model. TIH, an intensive family-based treatment, will serve as an alternative to institutional, residential, and group care placements for children and youth with severe emotional and behavioral disorders.

Throughout 2025, CBHS has been preparing agencies to implement the TFC-O model in Maine. CBHS held monthly meetings with agencies and our consultant team and provided agencies with catalyst funding to develop the model within their organizations. Four agencies have begun readiness work, which includes assessing feasibility, identifying internal program champions, reviewing funding plans, establishing recruitment strategies, and developing communications plans. Several agencies have initiated recruitment efforts for staff and foster families, and some have sent current staff to clinical trainings held by program experts in Oregon. To ensure sustainability and system alignment, CBHS has continued to grow the TIH Maine Implementation Leadership Team adding representatives from child welfare, juvenile corrections, child licensing, Acentra Health, MaineCare, and quality assurance specialists.

Over the next year, CBHS and OMS aim to work toward adopting the TIH program model in policy.

Trauma-Focused Cognitive Behavioral Therapy Trainings

Children and families impacted by trauma often face long waitlists or limited access to clinicians trained in evidence-based trauma treatment, particularly in rural areas. To address this gap, CBHS offered a three-day basic Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) training program to agencies in September 2024 and offered consultation calls in June 2025 to solidify the earlier foundation. Practitioners were also offered advanced training options in 2025 through programs on complex trauma and parental substance misuse, as well as supervisory courses. Two cohorts of practitioners have completed training, and sixty-three (63)

practitioners are now eligible to deliver TF-CBT as certified practitioners. These efforts directly address workforce shortages and improve families' access to timely, effective trauma treatment.

Positive Parenting Program (Triple P) Online Pilot

In 2025, CBHS continued to expand the implementation of the Triple P – Positive Parenting Program across Maine to help parents in understanding and addressing behavioral concerns exhibited by their children. Two cohorts of practitioners completed training and accreditation in February 2025, and an additional cohort completed accreditation in June 2025.

The Triple P Online (TPOL) and Teen Triple P Online (Teen TPOL) programs were successfully rolled out to all OCFS districts between January and July 2025, expanding the initial launch in 2024. This expansion ensures families involved with child welfare can access self-directed, evidence-based parenting tools without long wait times. The initiative to provide information and enrollment support to families on the Home and Community Based Treatment (HCT) referral management list remains ongoing. Looking ahead to 2026, CBHS is planning the launch of additional Triple P Online programs and to complete the statewide launch of Triple P Online to the general public. CBHS will also support upcoming MaineCare Benefits Manual Section 65 policy changes that will allow Triple P interventions to be reimbursed by MaineCare as stand-alone services. Finally, CBHS will launch a Maine Triple P Positive Parenting Program website to improve public access to Triple P Online, connect families with practitioners, and promote engagement statewide.

Youth Substance Use Disorder Treatment and Peer Recovery Coaching

Youth and families affected by substance use disorders often face limited access to developmentally appropriate treatment and peer support, compounded by workforce shortages and stigma. In response, CBHS has continued to advance youth Substance Use Disorder (SUD) treatment and recovery services through multiple training, resource, and workforce initiatives. The two contracts awarded through the 2024 RFA to expand adolescent in-person outpatient community-based treatment concluded on June 30, 2025, marking a full year of enhanced service capacity. CBHS completed its second nine-month ECHO (Extension for Community Healthcare Outcomes) training series for primary care providers in May 2025, engaging 134 participants from 89 agencies. Building on this momentum, CBHS partnered with the non-profit Co-Occurring Collaborative Serving Maine (CCSME) to launch another ECHO series for behavioral and mental health providers that ran from August through December 2025 with high levels of attendance. CBHS also subsidized clinicians pursuing certification in the Adolescent Community Reinforcement Approach (A-CRA), with three clinicians completing certification in 2025.

Also in 2025, the Youth Peer Recovery Coach Program, offered by Healthy Acadia in Washington and Hancock counties, continued to expand its capacity and reach, hiring a coordinator and two full-time, trained youth peer recovery coaches. The coaches provided both group and one-on-one support in local high schools, summer camps, and community settings, engaging 21 youth in formal recovery coaching and 61 in additional informal interactions. In recognition of the program's growing impact, the pilot was extended through June 30, 2026.

Quality and Consistency

Children and families rely on Maine’s System of Care to deliver services that are consistent, effective, and aligned with best practices regardless of where they live or which provider they access. To ensure this consistency, CBHS has strengthened quality assurance (QA) processes in alignment with the Settlement Agreement and broader system improvement goals. The driving purpose of this work is clear: youth and families deserve services that are reliable, accountable, and responsive to their needs.

CBHS Quality Assurance Tools

In 2025, CBHS reviewed and revised its QA processes and tools to ensure alignment with Settlement Agreement requirements and to create a more transparent, structured review framework. CBHS engaged the Maine Parent Federation and G.E.A.R. Parent Network (Gaining Empowerment Allows Results) to gather input on the QA process and ensure family and youth perspectives are meaningfully reflected in review standards and expectations. Following these engagement efforts, CBHS launched Enhancing Quality through Intentional Provider Partnerships (EQuIPP), an initiative focused on building stronger relationships with providers statewide, emphasizing technical assistance, shared problem-solving, and continuous quality improvement. Additionally, to promote greater transparency and data-driven improvement, the CBHS data team developed a QA review scoring dashboard that allows both the Department and providers themselves to identify strengths, trends, and areas for improvement more clearly and consistently. By standardizing scoring and reporting, the dashboard supports more actionable feedback and helps ensure that quality expectations are applied equitably across programs.

In 2025, CBHS also conducted its first round of QA reviews for Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Home and Community Treatment (HCT) programs across four agencies. Final reporting is currently in development and will inform targeted technical assistance and improvement efforts. These reviews are designed not only to assess compliance, but to identify opportunities to strengthen fidelity to evidence-based models, improve service delivery, and ultimately enhance outcomes for youth and families.

Recognizing the significant impact residential settings have on youth outcomes, in 2025, CBHS continued refining its Child Residential Care Facility (CRCF) QA process to strengthen the depth and consistency of site reviews. This process incorporates comprehensive chart reviews, on-site observations, staff interviews, family interviews, and direct youth interviews and observation.

Throughout the year, CBHS Residential Specialists conducted visits to in-state CRCFs and successfully completed reviews at 18 out-of-state facilities serving Maine youth. Findings from in-state reviews highlighted promising practices, including clinicians providing trauma-focused psychoeducation to youth and the development of highly individualized and detailed crisis plans tailored to each child’s needs. Out-of-state reviews also identified sound clinical models of care. Several providers demonstrated meaningful family inclusion practices, ensuring families remain engaged in treatment planning and decision-making. Facilities reflected a consistent therapeutic philosophy across staff and settings, with youth voice and choice embedded throughout programming, including in property improvements and shared space renovations. For example, at one facility, the development of a new school building was designed to closely replicate a public-school environment, further supporting educational continuity and normalcy for youth in placement.

To ensure ongoing consistency and proactive oversight, CBHS has developed a 2026 visitation schedule that will allow for at least one annual visit to each in-state and out-of-state CRCF serving Maine youth.

Legislative Reporting

Pediatric Behavioral Health Partnership

Children and families across Maine often rely on pediatric primary care providers as their first, and sometimes only, point of contact for behavioral health concerns. In rural communities, limited access to child psychiatrists and specialty services can delay identification, treatment, and follow-up care, increasing stress for families and placing additional strain on primary care practices. CBHS developed the Maine Pediatric and Behavioral Health Partnership (MPBHP) to educate, support, and empower pediatric care providers throughout Maine, with a particular focus on rural areas. This mission is accomplished through a combination of web-based and in-person training, as well as telephonic peer-to-peer consultations with child psychiatric experts.

Table 1: Number of Diagnoses Through the Pediatric Behavioral Health Partnership

MPBHP Diagnosis and Number Diagnosed - FY25	
Anxiety Disorders	47
Attention-Deficit/Hyperactivity Disorder (ADHD)	36
Depressive Disorders	31
Disruptive, impulse-control, and conduct disorders	20
Autism Spectrum Disorder (ASD)	9
Trauma and stressor-related disorders	11
Obsessive-compulsive and related disorders	11
Feeding and eating disorders	8
Schizophrenia spectrum and other psychotic disorders	11
Neurodevelopmental disorders (including developmental delay and intellectual disabilities)	3

MPBHP strengthens the pediatric workforce through accessible, practice-based education and real-time psychiatric consultation, helping providers feel confident screening, managing, and coordinating care for children with behavioral health concerns. As of April 30, 2025, the MPBHP has enrolled 110 total practices and 846 individual providers, most commonly pediatricians, family medicine physicians, and advanced practice nurses.

The program’s ECHO learning model further supports children and families by fostering a connected community of providers who learn from one another while strengthening clinical skills. A total of 87 providers attended ECHO training sessions, with 62 providers participating in more than one session. The program’s outreach has also enrolled eight of the state’s eleven school-based health centers. In 2026, planned initiatives

include supporting the development of resource toolkits for pediatricians, the addition of an ECHO series focused on school-based health clinics, and partnering with the New England Children's Behavioral Health Network to share ideas and resources with other Pediatric Mental Health Care Access Programs (PMHCAs) in the region.

Pediatric Behavioral Health Partnership Financial Sustainability Report

Pursuant to Public Law 2023, Ch. 339, *An Act to Support the Maine Pediatric and Behavioral Health Partnership Program*, DHHS is required to report to the Joint Standing Committee on Health and Human Services on the funding sources and financial sustainability of the Pediatric and Behavioral Health Partnership Program. The program is currently funded through the federal Health Resources & Services Administration's Pediatric Mental Health Care Access Program (PMHCA) grant. The grant provides the program with \$1,458,763, which is matched by \$175,165 in state general funds. This funding will expire at the end of September 2026.

This year, CBHS partnered with other PMHCAs in a Community of Practice initiative led by the National Network of Child Psychiatry Access Programs. This engagement led to the development of a dedicated MPBHP fiscal sustainability workgroup in November. Workgroup members, including representatives of CBHS, OMS, the DHHS Commissioner's Office, MaineHealth, Northern Light Health, MCD Global Health, and the American Academy of Pediatrics, are exploring options for future funding beyond September. The workgroup is also developing an impact report and promotional video to outline ongoing program success to potential funders. The group will continue to meet regularly throughout 2026 as planning takes form.

Psychiatric Residential Treatment Facility Services

Children facing the most acute and complex behavioral health needs often require a level of care that cannot be safely or effectively delivered in community-based settings. For these youth, timely access to intensive, therapeutic inpatient services is critical to stabilization, recovery, and reunification with family. Psychiatric Residential Treatment Facilities (PRTFs) are non-hospital-based facilities designed to meet this need for youth under age 21. Services in a PRTF include active treatment, intensive psychiatric monitoring, rehabilitative therapies such as individual, group, and family therapy, and medical supervision 24 hours a day, seven days a week. These facilities are designed for youth whose clinical needs cannot be met through lower levels of care.

Pursuant to Resolve 2025, Ch. 522, *An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine* and Resolve 2023, Ch. 78, *Resolves Requiring Reports from the Department of Health and Human Services Regarding the Implementation of Secure Psychiatric Residential Treatment Facility Services*, DHHS is required to submit a report to the Joint Standing Committee on Health and Human Services on progress in developing a children's PRTF in Maine. This section in the CBHS annual report fulfills that requirement.

In 2025 MaineCare completed the PRTF rate determination process and posted final draft rates on the Office of MaineCare Services' Rate System Reform [webpage](https://www.maine.gov/dhhs/oms/providers/mainecare-rate-system-reform)³. Concurrently, CBHS issued a Request for Applications (RFA) to establish a PRTF and in March awarded the contract to Sweetser, the sole applicant. However, material and construction estimates increased significantly in the time between Sweetser's application and awarding of the contract. In early 2026, the governor proposed to fund the cost difference in the State Budget.

³ <https://www.maine.gov/dhhs/oms/providers/mainecare-rate-system-reform>

Crisis System and Emergency Department Data

Under Public Law 2021, Ch. 191, *An Act To Address Maine's Shortage of Behavioral Health Services for Minors*, DHHS is required to report on children's utilization of the behavioral health crisis system and work with hospitals to identify children with behavioral health needs who remain in hospital emergency departments (EDs) after no longer meeting psychiatric hospital level of care. This section fulfills that requirement.

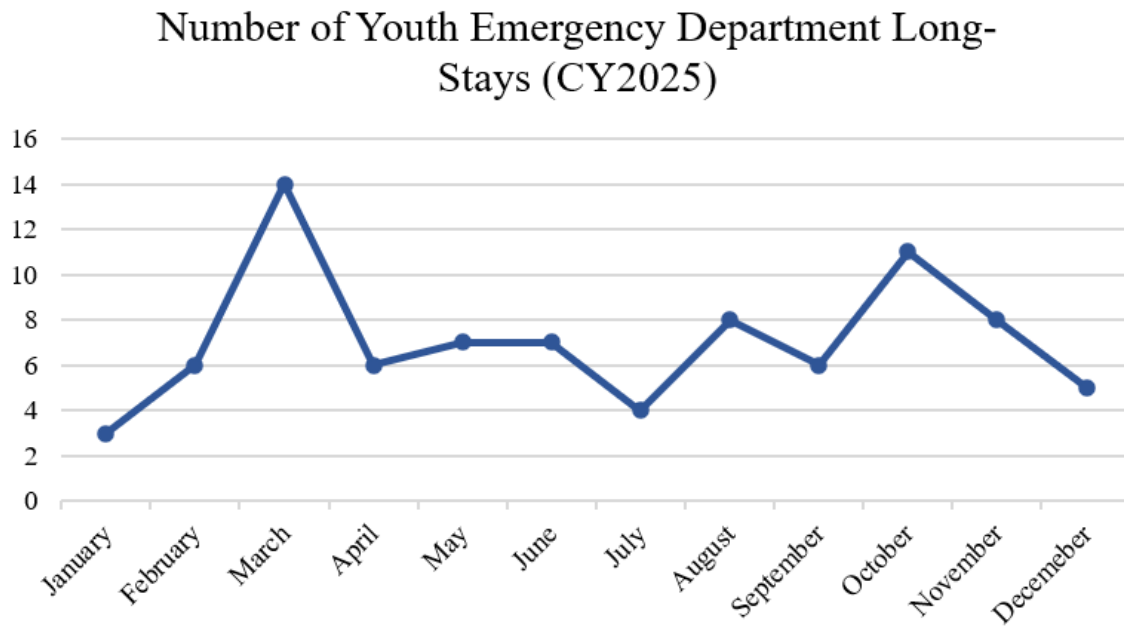
In calendar year 2025, the Maine Crisis Line (MCL)/988 recorded 6,557 contacts by or on behalf of youth in crisis. There were 2,597 initial mobile crisis encounters for youth conducted by regional mobile crisis teams. Of these, 87 percent of encounters occurred within one hour. The average time to initial response for youth mobile crisis encounters was 32 minutes.

In calendar year 2025, 27 hospitals regularly reported data on youth who entered EDs seeking care for behavioral health needs, met inpatient level of care, and remained in the EDs past the time they were deemed medically fit to leave. Overall, providers indicated 675 visits for youth with a behavioral health need. The reporting data through December of 2025 shows that 140 visits for a behavioral health need resulted in an ED stay. Of these, 85 cases remained for more than forty-eight (48) hours after no longer meeting psychiatric hospital level of care; the average length of stay for those remaining more than 48 hours in emergency departments was 14 days.

Table 2: Number of Days Youth Remained in Emergency Departments After No Longer Meeting Psychiatric Hospital Level of Care

Days Remaining in ED	# of Youth CY 2024	# of Youth CY 2025
Less than or equal to 7 days	133	119
Between 8-14 Days	2	14
Between 15-21 Days	2	4
Between 22-28 Days	1	1
Between 29-45 Days	1	1
Between 45-60 Days	0	0
More than 60 Days	7	1
Total	146	140

Figure 1: Number of Cases Remaining in EDs More Than 48 Hours After No Longer Meeting Psychiatric Hospital Level of Care (CY2025)



Service Waitlist and Accessibility Data

In 2025, program enrollment in Home and Community Treatment (HCT) fluctuated across months without a discernible causal trend. An average of 320 youth received HCT services per month. The waitlist for HCT services decreased by 15 percent during 2025, from 421 youth on a waitlist in January to 359 youth in December. The monthly average length of wait for HCT services in 2025 was 140 days and the monthly median wait was 88 days.

Figure 2: Youth Receiving HCT Monthly

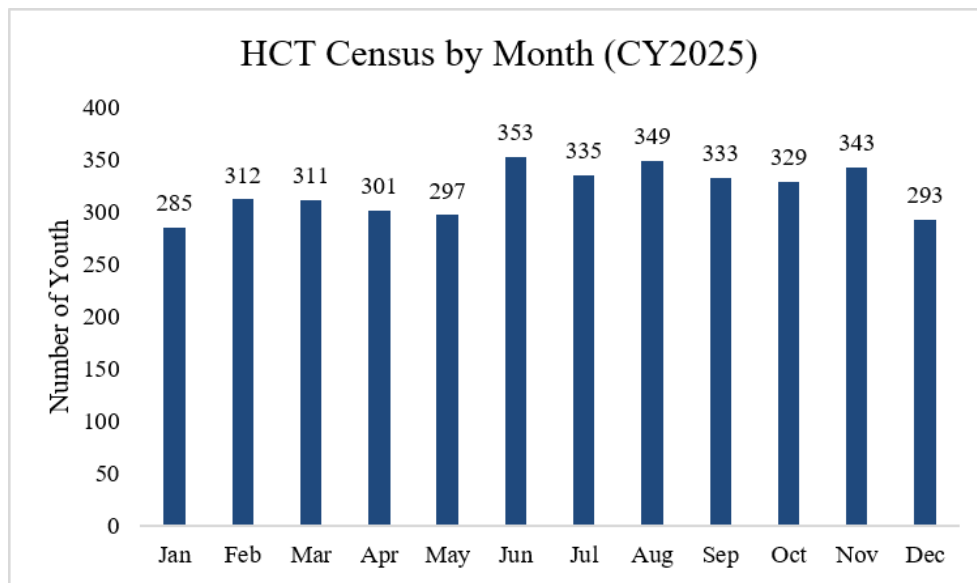
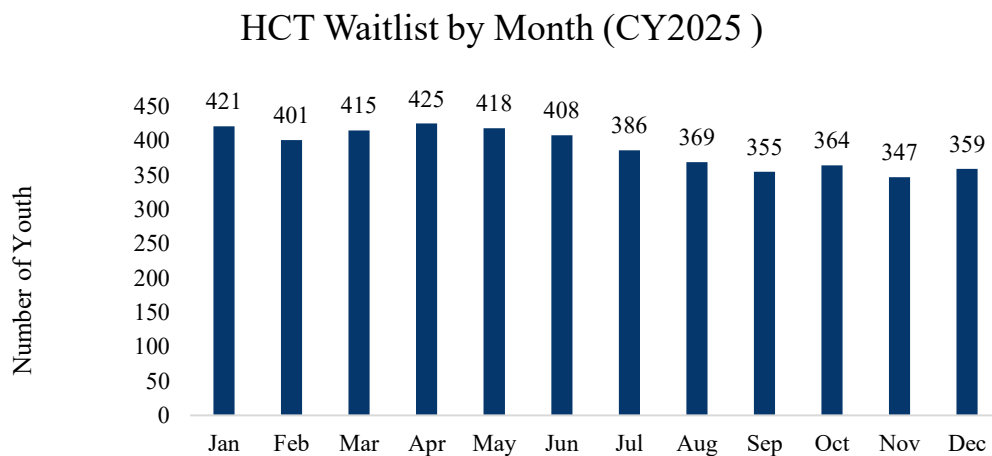


Figure 3: Monthly Waitlist for HCT



Rehabilitative Community Support (RCS) program enrollment increased by 11 percent between January and December of 2025. An average of 968 youth received RCS each month, current through December of 2025. Among these, 82 percent received basic services, while 18 percent received specialized services. The waitlist for basic RCS decreased by 12 percent during 2025, while the waitlist for specialized RCS programs saw a marginal increase of 4 percent. The monthly average length of wait in 2025 was 121 days for basic RCS and 288 days for specialized RCS, while the monthly median wait was 72 days for basic RCS and 173 days for specialized RCS.

Figure 4: Youth Receiving Basic and Specialized Rehabilitative Community Support

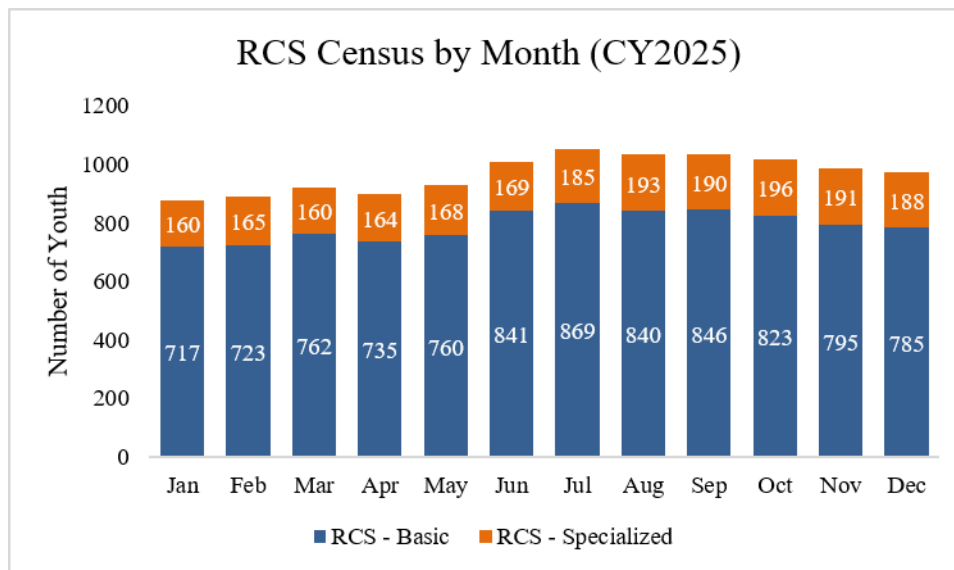
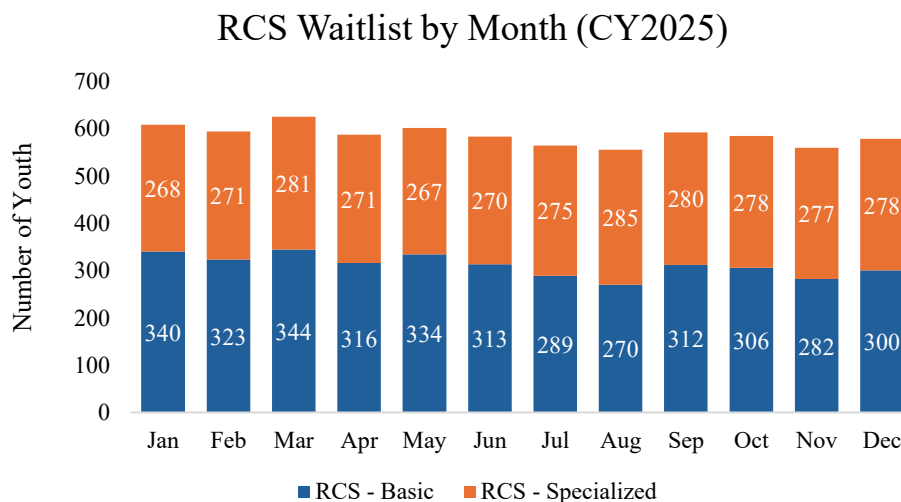


Figure 5: Monthly Waitlist for Basic and Specialized Rehabilitative Community Support



Resolves 2025, ch. 522 (LD 1745) Report Back

Pursuant to Resolve 2025, Ch. 522, *An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine*, DHHS is required to report to the Joint Standing Committee on Health and Human Services on several CBHS data and policy efforts. Many of these updates are included throughout this annual report, including current information on waitlists for children's programs, an update on efforts to implement a high fidelity wraparound service for children, an update on the implementation of multidimensional treatment foster care services, an update on efforts to support existing home and community treatment (HCT) services, an update on efforts to support school-based treatment services programs, an update on the development of the level of care provided by a psychiatric residential treatment facility (PRTF) for children, and an update on the federal certified community behavioral health clinic (CCBHC) Medicaid demonstration program. The

remaining legislative updates are included in the section below, including a gap analysis that describes all of the children's residential beds and programs added and removed since 2018, an update on efforts to support Assertive Community Treatment (ACT) services, the number of children who are experiencing homelessness, and an update on the services that are needed and unavailable causing children to remain in hospital emergency departments and inpatient settings awaiting behavioral health services after they are cleared for discharge.

Children's Residential Services Gap Analysis

CBHS, under its report to the Joint Standing Committee of Health and Human Services entitled, [A Report on Children's Residential Treatment Services and Implementation of the Department's Strategic Priorities for Children's Behavioral Health Services](#)⁴, pursuant to Resolve 2023, ch. 158, *Resolve, to Require the Department of Health and Human Services to Report on Children's Residential Treatment Services and Implementation of the Department's Strategic Priorities for Children's Behavioral Health Services*, examined the history of residential care services in Maine, capacity trends, gaps, and challenges currently experienced in this delivery system of care. This work included a data review and a series of meetings with Maine's residential providers to collaboratively review the data, refine data points, and identify areas of need. Details of this work are in the report (linked above), and a summary of challenges resulting in loss of capacity noted by providers is below:

- **Meeting the needs of high-acuity youth** - while there is demonstrable demand for residential care, many in-state providers do not feel resourced and equipped to meet the level of need presented by some youth referred to their facilities. Providers have declined referrals as a result.
- **Lack of appropriate referrals** - providers also reported receiving fewer referrals of lower acuity youth who would fit within their service design and current milieu.
- **Staffing shortages, hiring challenges, and turnover** - providers referenced workforce challenges as a constraint across several job classifications needed to staff CRCF facilities, including clinicians, behavioral health professionals, board-certified behavioral analysts, registered behavior technicians, and nursing roles.
- **Financial challenges** - providers articulated the following financial challenges to Department:
 - Inability to bill for home visits or extended time away from program. While the rate methodology includes an occupancy adjustment for planned time out of the program, this adjustment is not sufficient to cover lost revenue for children on home visits, who are hospitalized, or who have eloped overnight. MaineCare policies prevent the provider from billing for these days, even if the youth was in program the majority of the day;
 - Reimbursement rates that have not kept pace with inflation, including for standard room and board and temporary high intensity staffing;
 - Standardized reimbursement rates that do not provide optimal flexibility to support programming for individualized need, i.e. high acuity youth or medically complex youth; and
 - Issues with Family Transition Specialist billing during AfterCare services; for example, being unable to bill when families refuse AfterCare services or when sessions are declined or cancelled due to weather.
- **Licensing compliance issues** - CRCF facilities are licensed and subject to significant regulatory oversight in order to comply with Maine law and promote the safety and appropriate treatment of youth in their care.

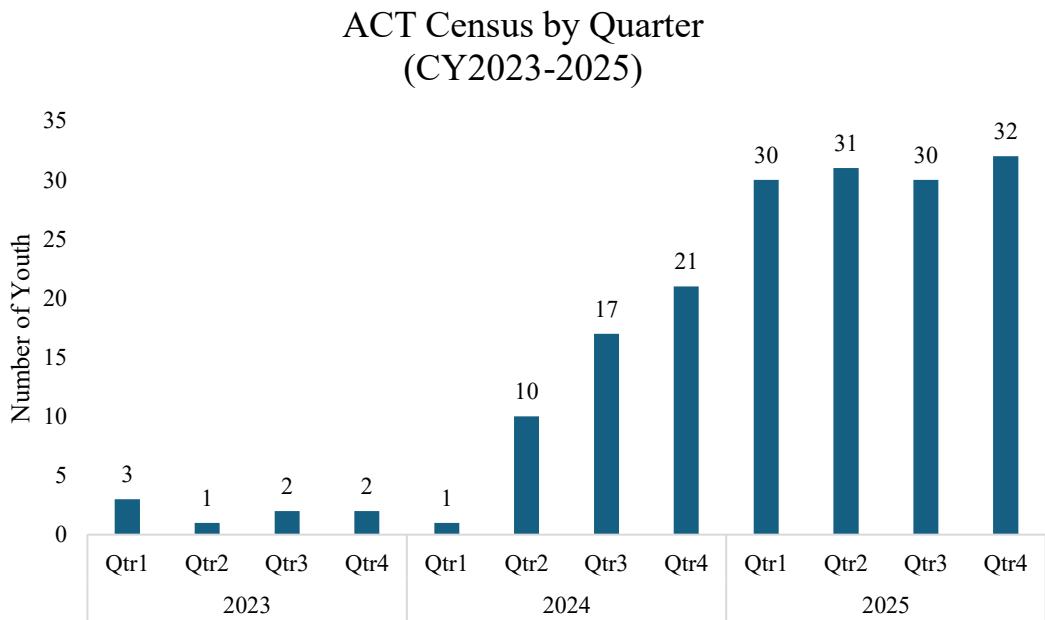
⁴ <https://legislature.maine.gov/doc/11829>

Understanding these challenges above, Aroostook Mental Health Services temporarily closed operation of their 10-bed mental health facility in fall 2025, citing licensing and safety challenges.

Support for Assertive Community Treatment (ACT) Services

In 2025, CBHS awarded via RFA one-time catalyst funding to Sweetser to support implementation of a children’s Assertive Community Treatment (ACT) team and workforce hiring and retention. In addition to hiring and supporting key required positions, Sweetser also established relief clinicians, case managers, and supervisory staff to ensure continuity of services, which is especially important given the small size of children’s ACT teams. These additional roles helped prevent service interruptions due to staff changes or leave and strengthened overall program capacity, as seen in Figure 6 below. As a result of these efforts, Sweetser exceeded its service goal of 25 clients and was providing services to 31 children and their families at the end of the funding period. In 2026, CBHS will work to pilot children’s ACT team(s) in the Lewiston or Bangor areas, pursuant to Resolves 2026 ch. 199, *Resolve, to Expand Child Assertive Community Treatment*.

Figure 6: Quarterly Children’s ACT Services Census Data 2023-2025



Children Experiencing Homelessness

CBHS holds contracts with three regional providers to deliver statewide services for youth experiencing homelessness, including shelter, transitional living, drop in, and outreach services. Per Maine’s Homeless Management Information System (HMIS) Point in Time data from January 2026, there were 161 clients under the age of 18 in all emergency shelter, safe havens, or transitional housing projects in the state. This count does not represent any homeless service providers that do not use HMIS, such as domestic violence providers.

Crisis Receiving Centers and Children's Behavioral Health Urgent Care

Crisis receiving centers in Maine serve clients aged 14 and above. In 2025, OBH expanded the number of crisis receiving centers in Maine and CBHS worked with its colleagues to support the children and adolescents served. Spurwink's Lewiston Crisis Center is ramping up, currently offering outpatient services. The facility is undergoing renovation to include group space, private rooms, a nursing station, a kitchen, and a dedicated space to serve children 14 and up. Spurwink's Cumberland County Crisis Center continues to be fully operational for 24/7 crisis services. Community Health and Counseling Services (CHCS) is operating the Penobscot County Crisis Center, which also houses their CCBHC services. Also currently undergoing renovations, the crisis center will have a separate entrance and a dedicated space that includes group space, private rooms, a nursing station, a kitchen, and space for children 14 and up.

In Bangor, CHCS also operates a Children's Behavioral Health Urgent Care Clinic through their CCBHC. It serves youth ages 0 to 17 in need of immediate mental health support walk-in services six days a week (12pm-8pm). The Urgent Care Clinic supports youth experiencing anxiety, depression, suicidality, and other behavioral health needs through assessment of needs, follow up support, and coordination of direct admission to higher levels of care from within their community, successfully supporting youth's needs in their community and diverting from ED utilization. The walk-in also provides connections to community-based services such as outpatient mental health treatment, Home and Community Treatment (HCT), and Rehabilitative Community Services (RCS). A unique aspect of Urgent Care is their ability to provide clinical support to youth while connections are being made with community-based providers, assuring there is no gap in care.

Update on Services that Are Needed and Unavailable

Analyzing and addressing gaps in the children's behavioral health service system are a high priority for the Department and the Settlement Agreement. As described previously in this report, the Settlement Agreement creates a new process for identifying clinically appropriate medium- to high-intensity services via the Single Assessment process. While this process is set to roll out February 2026, one of the key outcomes of the new assessment process will be the data collected from each assessment. CBHS will be able to see the service demand for all medium- to high-intensity services and the communities in which they are needed. This information will greatly enhance CBHS's ability to make data informed decisions and to address true gaps in the system, rather than relying on anecdote and troubled data sets. CBHS looks forward to this new process rolling out in 2026. In addition to the Single Assessment, part of the Settlement Agreement is focused on workforce gap analysis, which is supported through our consultant, Inspired Consulting. The workforce gap analysis will use industry-standard approaches and structured methods for improvement to compare demand for services with available workforce supply. The process moves through four steps—Current State Exploration, Future State Needs, Analysis, and Findings—which together provide a pathway for identifying where Maine's workforce is insufficient and for developing strategies to close those gaps, ensuring children can safely remain in their homes and communities with the services they need. To learn more about CBHS's plans for workforce analysis, please see our [Settlement Agreement Implementation Plan](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Settlement%20Agreement%20Implementation%20Plan_11-1-2025%20FINAL_0.pdf)⁵.

⁵ https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Settlement%20Agreement%20Implementation%20Plan_11-1-2025%20FINAL_0.pdf

Conclusion

In 2025, the Settlement Agreement continued to take center stage for CBHS, transitioning from foundational planning toward implementation. While many foundation building steps continued to be a priority, namely the development of the [Implementation Plan](#)⁶, [Data Collection and Analysis Plan](#)⁷, developing the [Single Assessment](#)⁸ process, and supporting work with MaineCare to develop and propose all of the rules to implement the many planned system enhancements, CBHS also supported broader DHHS initiatives like CCBHC, having enrolled five providers to deliver community-based behavioral health services, serving 10 counties and over 4,000 youth. These are major accomplishments, and CBHS is grateful for its partners engaged with and supporting efforts to increase accessibility of behavioral health care, one of the main tenants of the CBHS strategic priorities.

As we move into 2026, rules will be promulgated and critical supports like the Single Assessment and High-Fidelity Wraparound will begin to come online for Maine’s children and families, filling another crucial gap in our service delivery system. CBHS will be initiating a communications campaign designed to share information on behavioral health services tailored to meet families where they are and develop a new accessible website for sharing family friendly information and resources in 2026.

CBHS continues to appreciate the large number of committed stakeholders, including youth and families with lived experience, providers, advocacy groups, and others, who have dedicated time and resources to advancing improvements in the CBHS system of care. Thousands of Maine children and families are benefitting from the work done to improve the system and OBH believes that together this partnership can continue to grow and strengthen, ensuring sustainable, long term, and ever-evolving system improvement.

CBHS Strategic Priorities & DOJ Agreement Alignment		
Improving Accessibility <i>Strengthening how youth and families access behavioral health services</i>	Improving Availability <i>Strengthening and expanding services</i>	Improving Quality & Consistency
✓ Implement Single Assessment ✓ Strengthen Care Coordination supported by Wraparound principles ✓ Implement Public Education Campaign ✓ Maine Pediatric Behavioral Health Partnership	✓ Implement and provide training in evidence-based models of care: • High-Fidelity Wrap Around • Multi-Dimensional Family Therapy • Adolescent Community Reinforcement Treatment Approach (ACR-A) • Triple P (Positive Parenting Program) • Trauma-Focused Cognitive Behavioral Therapy • Therapeutic Intensive Homes (TIH) ✓ Provide catalyst funding to increase service availability: • MST and FFT catalyst contracts • Youth SUD catalyst contracts • ACT Catalyst Funding ✓ Establish Psychiatric Residential Treatment Facility (PRTF) ✓ Crisis System Reform – Improving Crisis Services ✓ Implement CCBHCs ✓ Pilot Pediatric Urgent Care	✓ Quality Assurance Reviews ✓ Expanding provider training ✓ Expanding data & monitoring of outcomes of service delivery ✓ Revision of Rights of Recipients ✓ Providing Professional Training and Certification

Note: Items in red are part of the DOJ Settlement Agreement

22

⁶ https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Settlement%20Agreement%20Implementation%20Plan_11-1-2025%20FINAL_0.pdf

⁷ <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Settlement%20Agreement%20Data%20Collection%20and%20Analysis%20Plan%20Submitted%2012-31-2025.pdf>

⁸ <https://www.maine.gov/dhhs/obh/support-services/childrens-behavioral-health/single-assessment/families>