



Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

~ Officers ~

David McCluskey, President
Community Care

Kelly Barton, 1st Vice-President
MaineHealth Behavioral Health

Robert Descoteaux, 2nd Vice-President
MaineGeneral

Kara Hay, Secretary
Penquis CAP Inc.

Eric Meyer, Past President
Spurwink

~ Alliance Members ~

Andwell Health Partners
Aroostook Mental Health Center
Assistance Plus
Brighter Heights Maine
Catholic Charities, Maine
Clarvida Maine
Co-occurring Collaborative
Serving Maine
Christopher Aaron Center
Common Ties Mental Health
Community Concepts, Inc.
Community Health & Counseling
Services
COR Health
Crisis & Counseling Centers
Crossroads Maine
Day One
Kennebec Behavioral Health
KidsPeace of Maine
MaineGeneral Behavioral
Healthcare
Milestone Recovery
NAMI Maine
NFI North, Inc.
Northern Light / Acadia
Portland Recovery Community
Center
Progress Center
Rumford Group Homes
Sunrise Opportunities
Sweetser
Wellspring, Inc.
Wings for Children & Families
Woodfords Family Services

Testimony in Support of
Resolve, to Support the Full Implementation of Certified Community
Behavioral Health Clinics in the State – LD 721

April 9, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and honorable members of the Committee on Health and Human Services. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing Maine's community-based behavioral health agencies who provide much-needed mental health and substance use services to over 80,000 children, adults, and families annually. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in strong support of LD 721, "Resolve, to Support the Full Implementation of Certified Community Behavioral Health Clinics in the State," and thank Representative Graham for bringing this important legislation forward.

I also wanted to thank this Committee for its unanimous support of LD 63 earlier this session, which was an important first step in solidifying Maine's participation as one of just 10 new states awarded entry to the federal CCBHC demonstration program. The transfer of existing funding between DHHS offices approved by LD 63 enabled the model to begin implementation last month with three CCBHC providers. However, additional funding is needed by the final July implementation deadline for the last two pre-approved CCBHC providers to join the model, continue their services, and achieve full implementation.

This is where LD 721 comes before you today – as a critical piece of companion emergency legislation to LD 63. LD 721 enables all five existing and already state-approved CCBHCs to participate in the program so that they can not only maintain current operations at a time of unprecedented behavioral health demand and staffing shortages but expand their clinical workforce and reach to improve access to care for the thousands of individuals and families they serve.

CCBHCs are a transformative and bipartisan approach to community behavioral health that receive flexible funding to provide expanded access to comprehensive, high-quality mental health and substance use services. CCBHCs have been shown to be effective at generating cost savings in across the country, including in states such as Missouri and Oregon, through timely access to care and reductions in emergency department utilization, hospitalizations, and law enforcement encounters.¹ CCBHCs participating in the federal demonstration also receive a significant enhanced

Federal Medical Assistance Percentage (FMAP) from CMS that helps fuel recruitment and retention initiatives and targeted service and population expansions.

As you'll hear from others this afternoon, Maine's grant-funded CCBHCs – Aroostook Mental Health Center, Community Health and Counseling Services, Kennebec Behavioral Health, MaineHealth Behavioral Health, Spurwink, and Sweetser – have been tremendously successful to date in addressing behavioral health outcomes and access to care. Maine CCBHCs have reported increases in serving children, veterans, and rural communities. Importantly, as our state continues grapple with a children's behavioral health system in crisis, CCBHCs represent a key resource of low-barrier preventative care and were cited in the U.S. Department of Justice's November settlement agreement with the state.ⁱⁱ Further, 75% of CCBHCs in Maine reported an increase in access to substance use disorder treatment and several CCBHCs have been able to begin enhancing access to crisis response services. Maine cannot afford to lose progress made to its behavioral health system thanks to this initial CCBHC uptake.

LD 721 comes before the Committee today as a representation of years of strong collaboration and close partnership between the CCBHC provider community and the Department on this transformational and innovative model. CCBHCs in Maine are at the proverbial 1-yard line, and this legislation will complete the process and enable improved access to care, expanded community-based services, and program stability to better meet the behavioral health needs of Mainers across the state.

I respectfully urge this Committee to continue its track-record of strong, bipartisan support for CCBHCs and vote "Ought to Pass" on this critical last step of the CCBHC implementation process. An investment in CCBHCs today is an investment in growing our behavioral health workforce, reducing waitlists, and unlocking the full cost savings and service expansion potential of CCBHCs in Maine.

Thank you for the opportunity to provide testimony this afternoon. I would be happy to answer any questions from the Committee.

Respectfully,



Adam Bloom-Paicopolos, MPP
Executive Director

ⁱ National Council for Mental Wellbeing. 2024 CCBHC Impact Report. June 2024.

ⁱⁱ U.S. Department of Justice. Justice Department Secures Agreement with Maine to Ensure Children with Behavioral Health Disabilities Can Live at Home. November 2024.

CCBHC Fact Sheet: Maine

The Certified Community Behavioral Health Clinic (CCBHC) model is delivering the resources our nation needs to transform our communities' access to care for mental health and substance use challenges. CCBHCs are clinics that receive flexible funding to provide expanded access to comprehensive, high-quality mental health and substance use services.

The following data was collected from all five of Maine's five CCBHCs as part of the National Council for Mental Wellbeing's 2024 CCBHC Impact Survey. Maine's CCBHCs have been successful in:



Expanding Timely Access to Care: The most commonly reported client increases among Maine's CCBHCs were among uninsured people, children/youth, and veterans or members of the military.



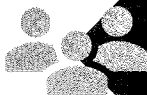
Serving Children, Youth, and Families: 60% of CCBHCs in Maine are providing services in various school settings. Similarly, 60% of CCBHCs in Maine reported an increase in the number of children and youth served.



Expanding Access to Substance Use Care: 75% of CCBHCs in Maine reported an increase in the number of individuals engaged in Medication Assisted Treatment (MAT) for Opioid Use Disorder (MOUD).



Making Crisis Services and Supports Available to All: By becoming a CCBHC in Maine, 20% of respondents were able to add mobile crisis response, crisis stabilization, and/or a crisis call line, and 60% established collaborative activities with the 988 Suicide and Crisis Lifeline.



Investing in the Workforce: The CCBHCs model is alleviating the impact of the workforce shortage by enabling clinics to increase hiring. 100% of CCBHCs in the state have either hired or transitioned staff and/or created new positions.

IMPACT HIGHLIGHTS



Expanding timely access to care

CCBHCs continue to close the treatment gap that leaves millions of people in the US unable to access lifesaving mental health and substance use care.

- Today, CCBHCs serve an estimated **3 million people**, representing continued yearly growth since the inception of the model.
- Access gains were particularly pronounced among Medicaid CCBHCs, which expanded their number of people served by an average of **33%**.
- The most commonly reported access expansions were among children/youth, uninsured people and those without a prior source of outpatient care.



Expanding access to substance use care

CCBHCs are addressing the nation's opioid crisis and surging demand for substance use care by expanding access to a wide range of services, such as medication-assisted treatment (MAT).

- **87%** of Medicaid CCBHCs and established grantees offer one or more forms of MAT for opioid use disorder, compared to **64%** of substance use treatment facilities nationwide.
- **68%** of CCBHCs reported that their number of clients engaged in MAT for opioid use disorder has increased since becoming a CCBHC, with **29%** reporting increases of **20%** or higher.



Investing in the workforce

The CCBHC model is alleviating the impact of the behavioral health workforce shortage by enabling clinics to increase hiring.

- Medicaid CCBHCs and established grantees hired **11,292** new staff positions, or a median of **15** new positions per clinic.
- Hiring was greatest among Medicaid CCBHCs, which reported a median of **22** new positions per clinic.
- Licensed clinicians, peer support specialists, care coordinators and nurses were among the most commonly hired staff.



Coordination and integration with primary care

CCBHCs work closely with primary care partners, using multiple strategies to coordinate and integrate care — with the result that access to primary care is increasing among individuals served.

- Half of CCBHCs exceed minimum requirements by making comprehensive primary care available on-site.
- **76%** of CCBHCs reported that referrals to primary care have increased since becoming a CCBHC, including 30% reporting that referrals have increased by **20%** or more.



Making crisis services and supports available to all

CCBHCs are expanding the availability of services across the crisis continuum directly and through partnerships with 988 call centers, mobile crisis response providers and state-sanctioned crisis systems.

- More than **80%** of CCBHCs were already working in partnership with 988 Suicide and Crisis Lifeline call centers as of March 2024, well ahead of their July 2024 deadline.
- **29%** of CCBHCs were able to add mobile crisis response as a result of certification, an indication of the expansion of mobile crisis availability in their communities. The greatest gains in mobile crisis availability were found among Medicaid CCBHCs and rural CCBHCs.



Improving collaboration with criminal justice agencies

CCBHCs and grantees work with law enforcement agencies and other partners to improve outcomes for people who are involved or at risk of involvement with the criminal justice system.

- Nearly all CCBHCs and grantees (**98%**) are actively engaged in one or more innovative activities in partnership with criminal justice agencies, such as providing services in partnership with courts (**86%**), increasing outreach to people with criminal legal system involvement (**63%**), or training law enforcement officers in Mental Health First Aid or other awareness training (**59%**).



Meeting children, youth and families where they are

CCBHCs are increasing access for children and youth through an expanded workforce, targeted services and community partnerships.

- **68%** of Medicaid CCBHCs and established grantees reported the number of children/youth they serve has increased, including **24%** that indicated the increases to their number of child/youth clients were substantial.
- The vast majority of CCBHCs (**83%**) provide services on-site in one or more schools, childcare or other youth-serving settings.



Addressing health disparities and social determinants of health

CCBHCs and grantees reported that the model has helped them engage in targeted access expansions for people who have been historically underserved and address social determinants of health in their communities.

- CCBHCs engaged in a wide array of strategies to address health disparities, including increasing screening for unmet social needs that affect health (**81%**), increasing outreach to individuals who have historically been underserved or underrepresented (**75%**), and hiring staff who are demographically representative of the population they serve (**75%**).
- CCBHCs are making particularly focused efforts to support access among veterans, people experiencing homelessness and those who are involved or at risk of involvement with the criminal justice system.
- The vast majority of CCBHCs (**91%**) proactively assist clients with finding or maintaining stable housing.

WHAT THEY ARE SAYING:

Law Enforcement on CCBHCs

NATIONAL COUNCIL
for Mental Wellbeing

INTRODUCTION

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a **comprehensive range of mental health and substance use services**. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. One of the innovative ways CCBHCs have expanded access to care is through partnerships with criminal justice agencies. **CCBHCs help decrease** incarcerations, rearrests, and provide comprehensive, high-quality behavioral health services to justice-involved populations. Below are select quotes from the law enforcement community on how the CCBHC model spurs innovative partnerships.



Hearing this from our local provider feels like a miracle, because for the past several years my pie-in-the-sky dream has been that one day our community would have access to a 24-7 crisis drop-in facility staffed by mental health professionals, where our officers can drop someone off and know they will get detoxified, receive medical treatment, and get connected to community-based treatment that might keep them from the next overdose. The fact that this is becoming a reality for our community is an absolute game changer.”

— **Rick McCubbin**, Chief of Police, Shepherdsville, Kentucky Police Department, Congressional Briefing Testimony



The CCBHC demonstration changed everything. Once Burrell [Behavioral Health Clinic] became a CCBHC, they had more resources for staffing to support the round-the-clock crisis response line on our tablets and Burrell had enough funds to upgrade to a more secure telehealth platform on the tablets. They were able to invest more time in community outreach and partnership building, as well as increasing access to their services and reducing wait times for people who needed outpatient care. The work they do with individuals who otherwise would have ended up in jail could be continued and expanded.”

— **Paul Williams**, Chief of Police, Springfield Police Department, State of Missouri, Congressional Briefing on Law Enforcement & Certified Community Behavioral Health Clinics: Increasing Access to Treatment, Decreasing Recidivism, December 4, 2018¹

¹ 2021 CCBHC and Justice Systems Report: <https://www.thenationalcouncil.org/resources/2021-ccbhc-and-justice-systems-report-certified-community-behavioral-health-clinics/>