



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

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Testimony in Support of

An Act Making Supplemental Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government – LD 2212

February 17, 2026

Good morning, Senator Rotundo, Representative Gattine, Senator Ingwersen, Representative Meyer, and distinguished members of the Committees on Appropriations and Financial Affairs and Health and Human Services: My name is Charlotte Warren. I am a resident of Hallowell, a policy associate at Moose Ridge Associates, and here to testify on behalf of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing 34 of Maine's community-based behavioral health agencies who provide mental health and substance use services to over 120,000 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's Executive Director, Adam Bloom-Paicopolos, I am here today to speak in support of LD 2212 and to offer additional comment on what is missing from the budget.

We sincerely appreciate that Governor Mills' administration has reflected some of the rising costs of care in its Office of Behavioral Health and MaineCare budget proposals, including \$62 million in FY2026 and \$54 million in FY2027 for health care cost increases and \$14.7 million for the federal cost shift to MaineCare and SNAP. These investments recognize real pressures facing our behavioral health system.

However, given the impending impacts of H.R. 1, *we absolutely need to do more* to protect our continuum of care and ensure adults, children, and families with behavioral health needs maintain access to quality treatment and services. H.R. 1 cuts nearly \$1 trillion from Medicaid nationally—an estimated \$5 billion to Maine over the next decade. As you all know well, Medicaid is the single largest payer of behavioral health services in the country, funding a quarter of all mental health and substance use disorder treatment. The changes created by HR 1, combined with CoverME marketplace losses, mean that upwards of **50,000 Mainers could become newly uninsured**. Maine's rural hospitals and behavioral health providers, which depend disproportionately on MaineCare revenue, are particularly vulnerable.

That's why we urge the Committees to include funding for our Certified Community Behavioral Health Clinics in the State in the supplemental budget. Specifically, LD 721 provides \$2 million in one-time state funding that would draw down between \$7 million and \$17 million in enhanced federal matching funds to support the full implementation, workforce development, and long-term sustainability of Maine's CCBHCs.

CCBHCs are the behavioral health safety net—the equivalent of FQHCs for physical health—providing comprehensive, same-day access to mental health services, substance use disorder treatment, and physical health screening for anyone who walks in the door, with a sliding fee scale. Maine joined the federal Medicaid CCBHC demonstration in 2024 with five approved agencies (Aroostook Mental Health Center, Community Health and Counseling Services, Sweetser, Kennebec Behavioral Health, and Spurwink), and the results have been remarkable. Please see the attached one pager on CCBHCs to learn more about their successes.

As H.R. 1's changes to MaineCare and CoverME take effect, CCBHCs are already anticipating increased demand—particularly among newly uninsured clients. With upwards of 50,000 Mainers facing loss of coverage, CCBHCs will be the lifeline ensuring Mainers maintain access to behavioral health care in their communities. Notably, H.R. 1 itself exempts CCBHC services from new Medicaid cost-sharing requirements—underscoring that even Congress recognizes these clinics as essential infrastructure.

LD 721 received unanimous, bipartisan support at every step of the legislative process—from the HHS Committee to both the House and Senate floors—as emergency legislation in the first session. CCBHCs are a proven, cost-effective investment that every Maine legislator agreed was necessary and urgent. We hope you agree that it belongs in this budget.

Thank you for the opportunity to speak today. As mentioned, I have attached a one-pager containing the three priorities the Alliance views as critical needs for Maine's behavioral health continuum of care. I'm happy to answer any questions. Thank you.

Respectfully,

Charlotte Warren, M.A.Ed., M.S.W.



Supporting Certified Community Behavioral Health Clinics (CCBHCs) in Maine

CCBHCs are delivering critical resources to transform access to behavioral health care for communities across Maine. CCBHCs receive flexible funding to provide 24/7 expanded access to comprehensive, high-quality mental health and substance use services.

LD 721 ensures the full implementation, workforce development, and long-term sustainability of Maine's CCBHCs – expanding access to behavioral healthcare for more than 10,000 Mainers statewide.



Serving Special Populations: 60% of CCBHCs in Maine reported an increase in the number of children served, while several sites are focused on growing their veteran-focused services.



Expanding Access to Care: CCBHCs expand access to care by an average of 33% – in Maine, CCBHCs have expanded access to substance use disorder treatment by 75%.



Growing the Workforce: 100% of CCBHCs in Maine have either hired or transitioned staff and have or plan to create new clinician positions.



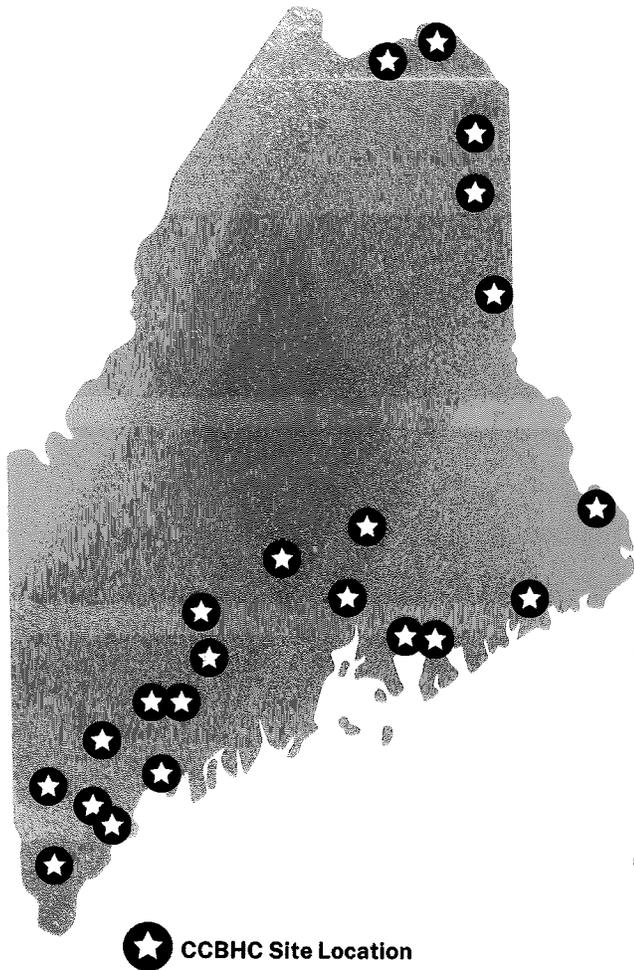
Improving Law Enforcement Collaboration: 98% of CCBHCs nationwide are engaged in one or more partnership initiatives with local criminal justice agencies (e.g., outreach, trainings, court referrals).



Reducing Costs: CCBHCs generate cost savings by reducing utilization of more costly services and coordinating care for physical conditions – CCBHCs help decrease emergency department usage by almost 60%.



Supporting Certified Community Behavioral Health Clinics (CCBHCs) in Maine



In 2024, Maine joined 17 other states in the federal Medicaid CCBHC demonstration program with five approved CCBHC agencies:

- Aroostook Mental Health Center (Aroostook, Washington, & Hancock Counties)
- Community Health and Counseling Services (Piscataquis & Penobscot Counties)
- Sweetser (Brunswick, Lewiston, & Sanford)
- Kennebec Behavioral Health (Somerset & Kennebec Counties)
- Spurwink (Cumberland County)

→ *CCBHCs provide 10 core services across outpatient mental health, SUD treatment, peer support, crisis services, children's services, veteran care, and physical health.*

→ *As changes from HR.1 to MaineCare and CoverME begin, CCBHCs are anticipating increased demand, particularly among uninsured clients.*

→ *LD 721 received unanimous, bipartisan support in the HHS Committee and on the House and Senate floors during the first session.*

Sources:

<https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/>

<https://www.thenationalcouncil.org/wp-content/uploads/2025/04/CCBHC-One-Pager-April-2025-UPDATED.pdf>