

Maine's DHHS Certified Community Behavioral Health Clinic (CCBHC) Overview

Presentation for Maine Pediatric & Behavioral Health Partnership Program

Department of Health and Human Services

Thursday, March 27, 2025



Overview and Learning Objectives

Overview: This session will provide an overview of the development of the Certified Community Behavioral Health Clinic (CCBHC) model in Maine and its impact on behavioral health service delivery for children and families. Participants will gain insight into the goals and structure of the CCBHC initiative.

Learning Objectives:

1. Knowledge of the CCBHC model development in Maine.
2. Awareness of availability and accessibility of services offered by CCBHCs.

The CCBHC Model

- CCBHCs are behavioral health organizations certified by the State that meet federal and state criteria to receive a daily or monthly rate tied to quality to expand the scope of mental health & substance use services available in their communities.
- CCBHC is not a new service, rather, is an innovative, more integrative model of service delivery that includes a required scope of services, supports, and standards as follows:



Staffing



Availability & Accessibility of Services



Care Coordination



Scope of Services



Quality & Other Reporting



Organizational Authority, Accreditation & Governance

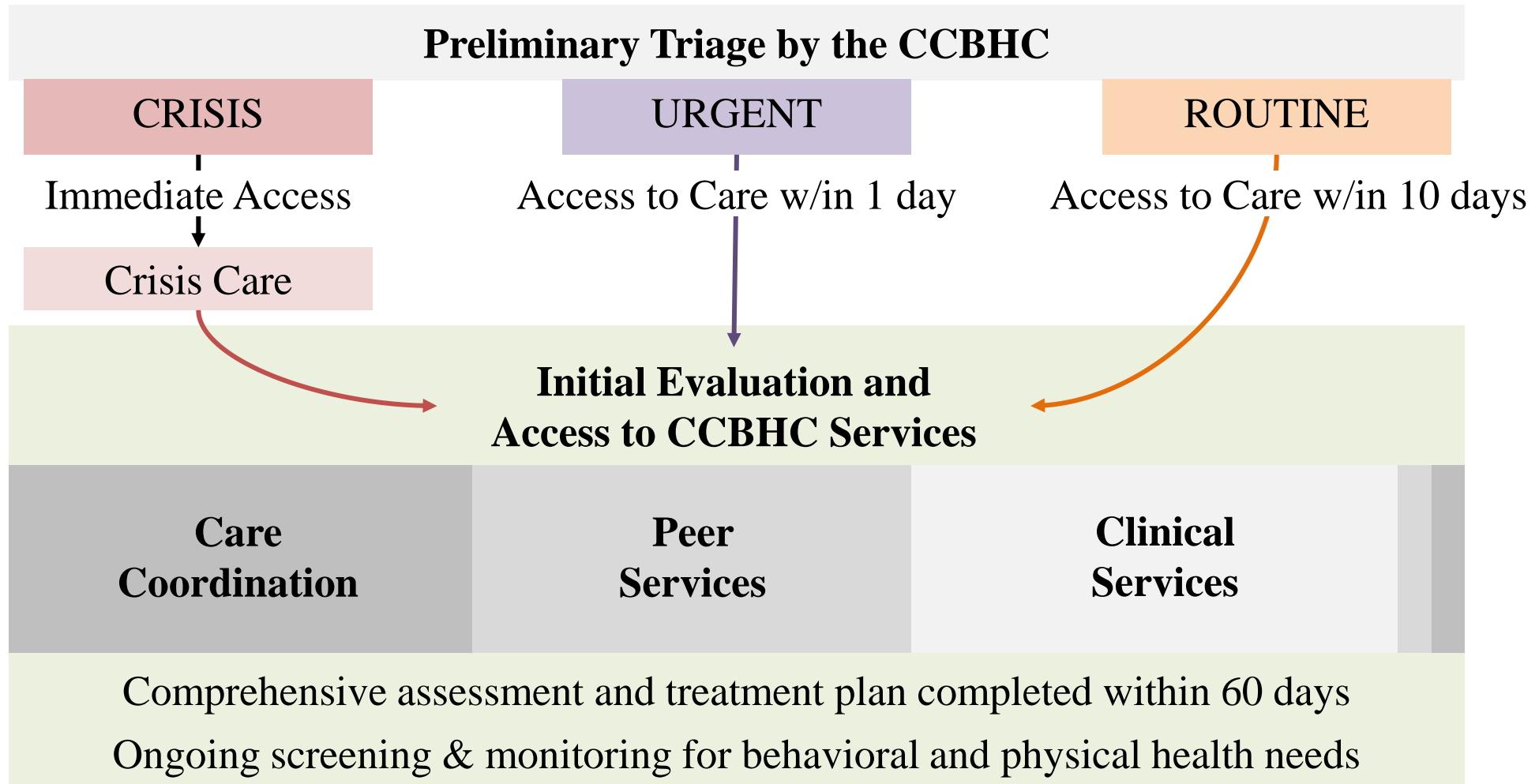


Required and Allowable Services

In addition to the nine (9) federally required core services identified on the previous slide, States have discretion to include additional services and supports within the State's CCBHC model that are tailored to the communities in which they serve as identified through a Community Needs Assessment.

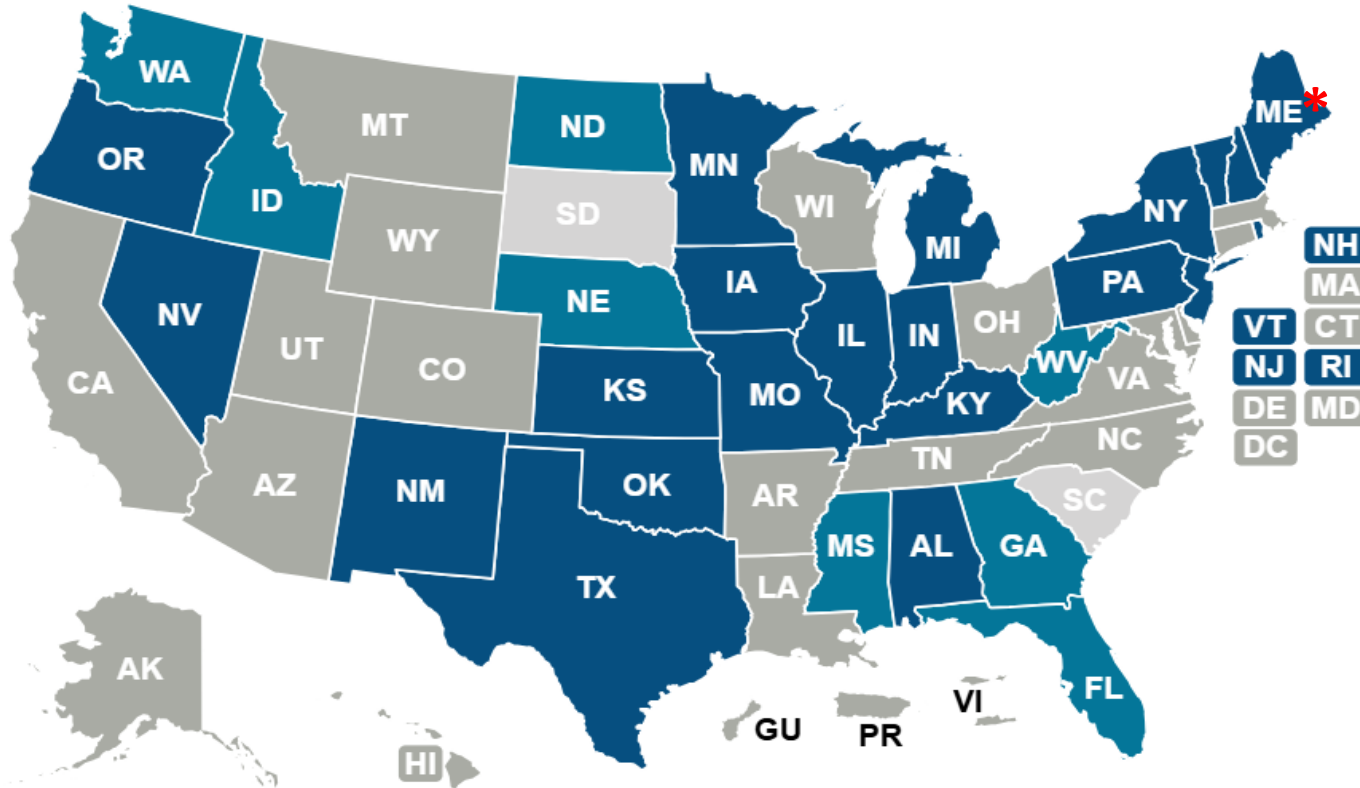


The CCBHC Model Enhances Access to Care



CCBHC Nationally

- More than 500 CCBHCs are operating in 46 states, plus Puerto Rico, Washington D.C. and Guam.
- [18 States, including Maine, are participating in the Federal CMS & SAMHSA CCBHC Demonstration Program](#)



- Implemented CCBHC (Medicaid Demonstration, SPA, and/or Waiver)
- Enacted legislation or budget authority to support State CCBHC implementation and has formal implementation effort underway
- Only Clinics have received SAMHSA CCBHC Grants (No Medicaid Activities)
- No CCBHC Activities

***Maine was accepted into the CCBHC Medicaid Demonstration in June 2024**

Map source: <https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-locator/>

National Outcome Highlights: Access

According the National Council for Mental Wellbeing 2024 Impact Report:

- 76% of CCBHCs reported that referrals to primary care have increased since becoming a CCBHC, including 30% reporting that referrals have increased by 20% more
- 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 increase 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

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

National Outcome Highlights: SDOH

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 Drivers of Health (SDOH) 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%).

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

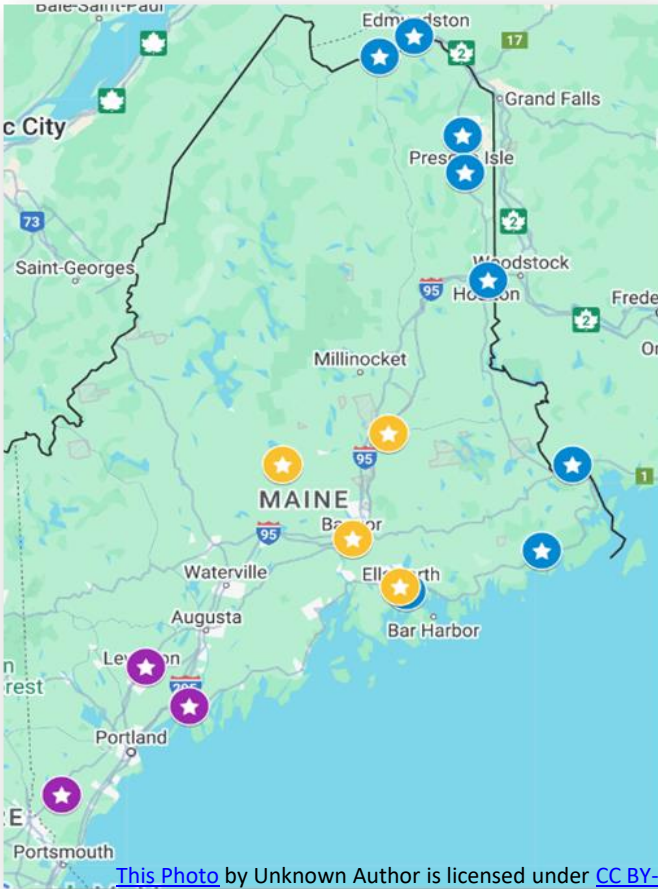
The 223 Demonstration and Maine

As one of the 10 additional States to be accepted into the Federal CCBHC Demonstration Program in June 2024, Maine is provided the opportunity to:

- Improve the behavioral health of their citizens by providing community-based mental health and substance use disorder treatment
- Further integrate behavioral health with physical health care, utilizing evidence-based practices on a more consistent basis
- Improve access to high-quality care.
- Receive enhanced federal match on CCBHC reimbursed services

Source: https://www.samhsa.gov/sites/default/files/grants/pdf/other/sm-16-001-fact-sheet_1.pdf

State of Maine CCBHC Demonstration Implementation

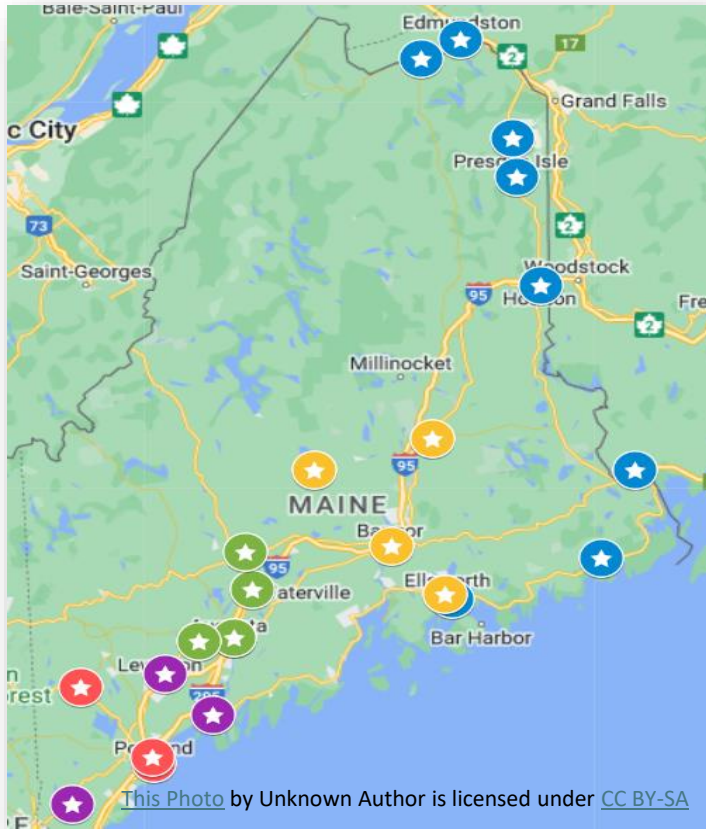


Demonstration implementation began March 1, 2025, with an initial cohort of three participating agencies in 8 County areas:

- AMHC: Aroostook, Hancock, Washington
- CH&CS: Hancock, Penobscot, Piscataquis
- Sweetser: York, Cumberland, Androscoggin

Aroostook Mental Health Center (AMHC) Sites
Community Health and Counseling Services
(CH&CS) Sites
Sweetser Sites

State of Maine CCBHC Demonstration Implementation



Aroostook Mental Health Center (AMHC) Sites
Community Health and Counseling Services (CH&CS) Sites
Kennebec Behavioral Health (KBH) Sites
Spurwink Sites
Sweetser Sites

- Implementation is expected to expand with a second cohort of two additional agencies anticipated to join the Demonstration July 1, 2025:
 - KBH: Kennebec & Somerset
 - Spurwink: Cumberland
- The five participating organizations will offer the CCBHC model of care across 10 Service Areas by County and 23 sites in total
- Maine DHHS closely partnered with these organizations over the last three years to develop a comprehensive CCBHC model for the State

State of Maine CCBHC Model

- The Demonstration opportunity allows expansion of access to required and allowable evidence-based practices for youth, families, and adults and was informed by individuals with lived experience



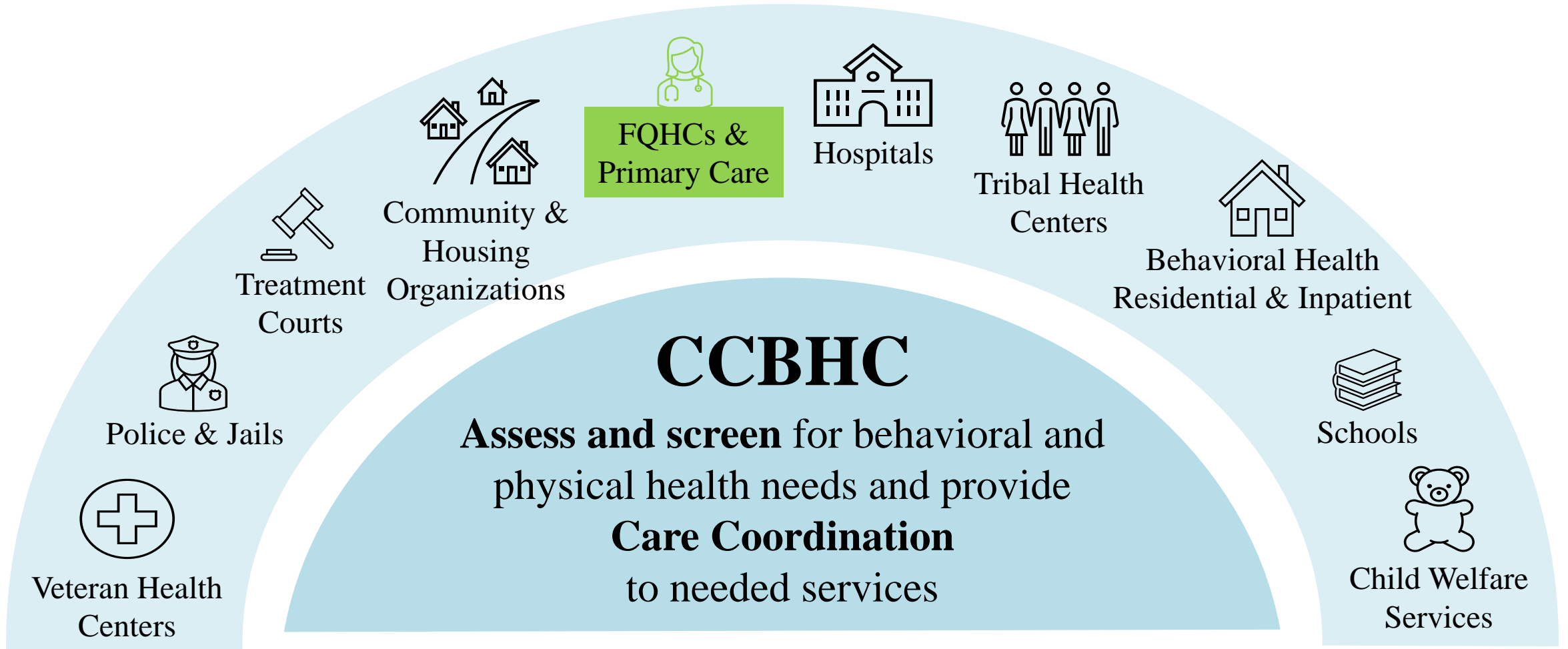
- Maine's model aims to increase outpatient behavioral health services to individuals with co-occurring mental health and/or substance use disorders and intellectual and developmental disabilities

Maine CCBHCs: Evidence-Based Practices

The State has offered training opportunities in several required and allowable evidence-based practices such as:

- **Systemic, Therapeutic, Assessment, Resources, and Treatment (START) Model** for Care Coordination with a focus on coordinating care for people ages 6 years old and up who have intellectual/developmental disabilities and mental health needs
- **Collaborative Assessment and Management of Suicidality (CAMS)** which is an evidence-based approach to treating people suffering from serious thoughts of self-harm
- **Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)** offering tailored interventions for anxiety, depression, trauma, and conduct-related issues
- **Positive Parenting Program (Triple P):** guidance and support for families with children experiencing behavioral challenges
- **Adolescent Community Reinforcement Approach (A-CRA)** which is developmentally-appropriate behavioral treatment for youth and young adults ages 12 to 24 years old with substance use disorders
- **Multidimensional Family Therapy (MDFT):** an intensive in-home program for youth ages 9-18 presenting with substance abuse issues

CCBHC Partnerships for Care Coordination



Maine CCBHCs

What CCBHCs offer in their service area:

- Outreach and engagement of vulnerable populations, including those that are unhoused or housing insecure
- Care coordination and community partnerships to address Social Drivers of Health gaps
- Adult, Youth, and Family Peer Support to connect with others who have lived experience
- Medication prescribing for psychiatric, and substance use diagnoses
- Case management services for individuals who are eligible for more intensive support to achieve treatment/service goals
- Employment connections and support and other rehabilitation services (Individual Placement and Support)
- Walk-in support for crisis and urgent needs
 - Note: Days and times of walk-in support access vary depending on CCBHC location
- Physical health screenings and follow-up

Required Standardized Screening

- Depression: PHQ-9 or PHQ-9M
- Suicidality (e.g. Columbia Suicide Severity Rating Scale)
- Co-Occurring Disorders: SBIRT (e.g. CRAFFT2.1+N for youth, AUDIT)
- Social Drivers of Health:
 - ✓ Maine selected: Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE®) as the standardized tool for this measure



In addition to the Federal Requirements above, Maine is requiring for children ages 0-5, the Ages and Stages Questionnaire (ASQ) and/or a referral to *Maine's Help Me Grow!*

(<https://www.maine.gov/dhhs/ocfs/support-for-families/child-development>) program is offered to the caregiver

Maine CCBHCs

CCBHC is a community-based model and can bill MaineCare for services provided in the community (in homes, schools, shelters, community centers, etc.)

Maine has also allowed the following services (non-exhaustive list) in the CCBHC Model:

- Assertive Community Treatment (ACT) for children, as well as eligible adults
 - For children: an intensive community-based outpatient treatment program with a multi-disciplinary team of providers that supports eligible children
- Multisystemic Therapy (MST)
 - An evidence-based technique designed to reduce out-of-home placements through the use of intensive in-home and community-based interventions
- Home, Community, and School Youth Services
 - Offers flexibilities for delivering individualized treatment and support for children, youth, and families that are not currently included in other sections of MaineCare policy

Note: Not all CCBHCs offer all “allowable” services, which are determined through a Community Needs Assessment that must be completed at least every 3 years, within their clinic models.

Access to Care

Referrals can be made by anyone by contacting a participating CCBHC directly by:

- Phone
- On-Line referral portal or FAX as provided on the agency's website
- Treatment Connection: <https://www.treatmentconnection.com/>
 - Note: Enrolling with Treatment Connection/Openbeds is a requirement for all CCBHCs; however, since each CCBHC may be in different phases of program development, this function may not be available for all CCBHCs at this time
- CCBHCs may offer walk-in hours on specific days at certain times
 - Please contact the CCBHC serving in the designated county catchment for this information as needed

Access to Care - Example

Example of potential referral and what the person may expect:

- 14-year-old Sarah presents at a regularly scheduled check-up. She is currently on medications to treat symptoms of depression and indicates that she has been feeling better regarding depression symptoms but has increasing anxiety. Her caregiver reports that a “vape” was found in the bathroom that Sarah denied was hers.
- You are aware that her family has struggled with food and housing insecurity.
- There is a CCBHC serving in the county in which Sarah lives.
- You ask Sarah if she would be interested in being connected with this agency that could assist with accessing:
 - Youth Peer Support
 - Support for her and her family to assist with food and housing needs
 - Medication Management
 - Co-Occurring mental health and substance use screening and treatment

Access to Care – Intake Example

- Sarah and/or her caregivers agree to being referred to the CCBHC serving in the County in which they reside.

CCBHC access options:

- You are concerned that Sarah is in a state of **Crisis** (i.e. noticing fresh cuts on her wrist, discussing preoccupation with death)
 - **Contact Mobile Crisis Service (988) for an immediate Crisis Assessment**
 - Sarah may be connected with stabilization services and continuing care by the CCBHC in the community where she lives
 - ❖ Other (can present in-person):
 - Crisis Receiving Center in Cumberland County
 - Children's Behavioral Health Urgent Care Walk-in Clinic in Penobscot County

Access to Care – Intake Example

You are concerned about the disclosed substance use (unsure as to the substance/frequency of the “vaping”) while also taking psychotropic medication(s) and believe an evaluation and connection with co-occurring treatment/support services would be beneficial for Sarah’s well being. This may be:

- An **URGENT** need for access to care:
 - If the CCBHC is providing walk-in hours, Sarah may present in-person at the clinic
 - If indicated by the referral information, the CCBHC will conduct a preliminary “triage” that may include screenings such as:
 - PHQ-9
 - SBIRT
 - Sarah also indicates that she would like to be connected with support/treatment right away
 - Based on the screening outcomes, the CCBHC may connect Sarah with services such as medication management, Youth Peer Support, and an appointment for outpatient MH/SUD therapy while continuing to complete a comprehensive assessment and development of a comprehensive treatment plan OR (cont...)

Access to Care – Intake Example (cont.)

- A **ROUTINE** need for access to care:
Required screenings are conducted and Sarah would be connected with indicated services/supports within 10 days while continuing to complete a comprehensive assessment and developing a comprehensive treatment plan



[dreamstime.com](https://www.dreamstime.com)

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How CCBHCs May Collaborate with Primary Care

- Reconciliation of Medications across providers
- Including Primary Care Providers in Behavioral Health treatment planning
- Sharing Crisis/Safety Plans
- Facilitate family psychoeducation:
 - Understanding of symptoms being treated
 - Changes in medication
 - Monitoring for improvement and side effects of treatment
 - Facilitating changes in Comprehensive Treatment Plan
- Some agencies may incorporate additional support staff, such as Community Health Workers (CHWs), into their CCBHC model depending on assessed community needs.

How CCBHCs May Collaborate with Primary Care

- Provide First-line psychosocial care for children prescribed antipsychotic medications
 - Quality Measure
- Provide follow-up behavioral healthcare for children prescribed ADHD medication
 - Quality Measure
- Assist with coordinating metabolic monitoring for children taking antipsychotic medications
 - Quality Measure
- Assist with monitoring behavioral and/or physical changes during treatment
- Facilitate connecting back with Primary Care as needed
- Facilitate access to appointments
- Assist with connecting to other Primary and/or Specialty Care providers if needed
- Other?



Resources

For more information on CCBHC:

<https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>

<https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/ccbhc>

<https://ccsme.org/ccbhc-maine/>

<https://www.thenationalcouncil.org/program/ccbhc-success-center/>



Contact and Engagement

General Questions and Contact Information:

CCBHC_DHHS@maine.gov

Sybil.Mazerolle@maine.gov

Kellie.Pelletier@maine.gov

