



Community Health and Counseling Services

Collaborative Partnerships Supporting Individuals with Co-Occurring Disorders

*Enhancing Care Through
Collaboration and Partnership*

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Community Health and Counseling Services

- Founded in 1883
- Providing Home Health, Hospice, and Behavioral Health services
- BH programs including mobile and residential crisis, treatment foster care, outpatient mental health care, case management, and a range of specialized programs across the state



Community Health and Counseling Services

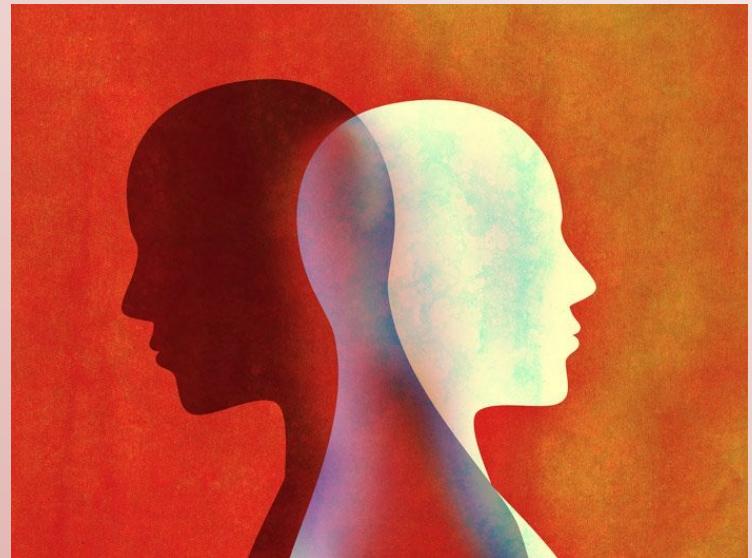
The organization that ultimately became known as CHCS was founded in 1883 by a group of women from 24 local church groups to organize and consolidate charitable work being done in the Bangor area, and has grown and developed since that time into an organization providing a broad range of needed health and social services to the state of Maine

CHCS has offices in Manchester, Dover-Foxcroft, Lincoln, Machias, Bangor, Ellsworth, Houlton, and Presque Isle, and provides a range of services statewide.

Services broadly include home health, hospice care, and behavioral health services for individuals across the lifespan

Substance Use Disorder Services at CHCS Past and Present

- Depth of experience and programs in mental health services across the lifespan, from child and family-based work to intensive services for adults with severe MH conditions.
- System of care historically siloed, with MH and SUD treatment being separated, while in reality the two are inextricably intertwined
- Some SUD specific programs have included:
 - Dual Recovery ICI Team (early 2000s)
 - SUD Counseling within ACT
 - Outpatient MAT
 - OPTIONS
 - SUD Treatment at PCJ
 - SUD Consultation with OCFS



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Maine's Opioid Crisis Impetus for Change and Opportunity for Improvement

In response to the skyrocketing rate of overdose deaths in Maine, the OPTIONS program was implemented

OPTIONS program aims to reduce barrier to access to care, promote awareness, and meet individuals where they are at, particularly individuals at high risk of overdose, including unhoused individuals and those recently released from treatment or incarceration.

Subsequently, CHCS also received a demonstration grant to aid in development of a CCBHC, which emphasizes comprehensive and coordinated care for behavioral health, and collaboration across organizations within a community to best meet the needs of the population

OPTIONS

In the Bangor area, the OPTIONS program focused attention on ways to best reach the large unhoused community, due to the high rates of substance use and elevated overdose risk among that population.

CCBHC

CCBHC demonstration model allowed for formalized partnerships with other organizations to better coordinate and meet the needs of clients, collaborating rather than competing to best serve the community.



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Building Partnerships and Collaboration

- Complex MH, SUD, Medical, and Resource needs among individuals who are unstably housed with active substance use, one of our populations of primary focus
- These needs can't be met by any one organization or program alone.
- CCBHC DCOs: PCHC (FQHC), Wellspring (SUD)
- OPTIONS: Collaboration with PCHC for street medicine and low barrier SUD treatment, which developed and expanded over time into its present form
- This pre-existing collaboration allowed for more rapid response to this population in light of the HIV/HepC cluster, and allowed for further expanding collaborations to meet this new area of need.

Collaboration and Partnerships

PCHC Hope House Clinic

Wellspring Detox and Outpatient

Wabanaki Health and Wellness

Together Place Peer Recovery

Bangor Area Recovery Network

City of Bangor Public Health

St. Joseph Healthcare



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Moving Forward

Formalizing and Expanding under the CCBHC Model of Care

Expanding Services to Address Unmet Needs

- Not reinventing the wheel, but filling gaps
- Incorporating core SUD services into CCBHC
- Collaborating with partners to ensure seamless coordination of care
- Developing and expanding in response to identified needs and gaps in resources

Expanding Access to Reach Underserved Areas

- Bringing comprehensive resources and supports to rural and underserved parts of the state
- Integrating Recovery Coaching, SUD assessment and treatment, and other core services, providing access to supports that previously have not been available in some communities
- Developing strong collaborations with local resources in rural communities: Recovery centers in Sangerville, Lincoln, Ellsworth, primary care offices and hospitals offering MAT and other treatment



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Questions, Comments, or Discussion

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