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April 5, 2023

Senator Joseph Baldacci, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 540, *An Act to Establish Peer Respite Centers for Adults with Mental Health Challenges in Maine*

Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information for the Committee's consideration regarding LD 540, *An Act to Establish Peer Respite Centers for Adults with Mental Health Challenges in Maine*. The Department would like to thank Representatives Rana, Osher, Perry, and Senator Tipping for highlighting the need for an expansion of peer services in Maine's continuum of care.

OBH currently funds ten (10) peer centers across the state. These provide drop-in access to connection and community building services, peer facilitated groups, and employment supports. These centers are open 40 hours a week during typical business hours in Sanford, Biddeford, Portland, Rumford, Augusta, Bangor (2), Rockland, Caribou, and Madawaska.

The peer centers funded by OBH share many characteristics with peer respite centers. Both are voluntary and operate on a self-report model for participant inclusion, meaning participants are not required to provide proof of a diagnosis to access support. They also share a similar approach to negotiating programming, supports, and expectations around conduct with participants. They differ in that peer center participants typically receive services a few days at a time during opening hours, whereas peer respite center guests have access to private rooms and the centers are open 24 hours a day, 7 days a week, 365 days a year.

Within the crisis system, peer respite centers have a documented record of providing both crisis and 'pre-crisis' supports and diversions from traditional, more restrictive, and more costly crisis services such as Emergency Departments, crisis stabilization units, and crisis residential services. Respite centers are often located in single family homes in residential neighborhoods and do not require proof of diagnosis, psychiatric history, or medication to access support. They are staffed by individuals with lived experience and strive to provide a safe space in which each person can find the balance and support needed to turn what is so often referred to as a 'crisis', into a learning and growth opportunity. To that end, peer respite programs operate from a values-driven (rather than rules-driven) place with no mandatory bedtimes, curfews, groups, meetings, and so on. Peer respite centers do not use forced treatment or coercion and approach each person with genuine curiosity and learning about how they have made meaning of their experiences. Guests

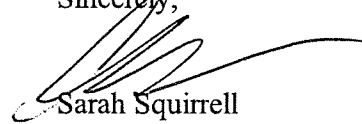
at peer respite centers are free to come and go to attend work, classes, and other important appointments, and use other supportive services while utilizing peer respite supports.

Maine does not currently have a peer respite center or peer crisis respite center. Sweetser operated a three (3) bed peer run crisis respite in Brunswick, Maine, known as the Learning and Recovery Center, between 2002 and 2015. Peer crisis respite centers represent SAMHSA best practice, as outlined in the *Roadmap to the Ideal Crisis System*, and align with the Department's crisis reform efforts. They offer community-based crisis services that divert individual from more restrictive and expensive settings.

As Maine contemplates the creation of peer crisis respite centers, it will be important to consider the financial sustainability of the services and support their distinction from shelters.

Thank you again for the opportunity to provide information. Should you have any questions or need additional information that the Department can provide, we are happy to be of service.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Squirrell', with a long, sweeping horizontal line extending to the right.

Sarah Squirrell

Director

Office of Behavioral Health