

April 5,2023

Good day, Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Victoria McCarty. I am from Augusta, and I wish as a person with mental health challenges to testify in favor of **LD 540 - “An Act to Establish Peer Respite Services for Adults with Mental Health Challenges in Maine**

Peer respite can be described as “a voluntary, short-term, overnight program that provides community-based, trauma-informed, and person-centered crisis support and prevention 24 hours a day in a homelike environment to individuals with mental health conditions who are experiencing acute distress, anxiety, or emotional pain that if left unaddressed may lead to the need for inpatient hospital services.”

The Advantages of Peer-run Crisis Respites Are:

- Peer Respites contribute to restoration of hope for individuals.
- Provides meaningful employment for persons with disabilities.
- Peer Respite alternatives are working well in other states such as California, Florida, Georgia, Iowa, Massachusetts, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Vermont, and Wisconsin.
- Peer Respite is empowering, less traumatic.
- The Focus is on strength-based approaches that encourage growth and recovery.
- Enables continuity of care and life in community.

<http://www.nasmhpd.org/sites/default/files/Peer%20Run%20Respite%20slides.revised.pdf>

LEGISLATIVE ANALYSIS AND PUBLIC POLICY ASSOCIATION

Peer Respites as an ALTERNATIVE to Hospitalization. February 2021

<https://legislativeanalysis.org/wp-content/uploads/2021/02/Peer-Respites-as-an-Alternative-to-Hospitalization-FINAL.pdf>

Peer Respite Resources

<https://livelearninc.net/respite-research>

In an article published in Psychiatry Online entitled: **The Effectiveness of a Peer-Staffed Crisis Respite Program as an Alternative to Hospitalization** a study assessed whether peer-staffed crisis respite centers implemented in New York City in 2013 as an alternative to hospitalization reduced emergency department (ED) visits, hospitalizations, and Medicaid expenditures for individuals enrolled in Medicaid.

“In the first year following crisis respite services, clients experienced fewer hospitalizations and had lower total Medicaid expenditures compared with individuals with similar characteristics who received inpatient treatment for a psychiatric crisis

during the same time period. Previous studies have demonstrated the value of peer services in other contexts, including longer-term residential treatment, outpatient mental health care, and the delivery of services intended to change health-related behaviors (4,7,12). Studies have found that peer services can reduce client depression and increase hope compared with typical care (4,13). They also have shown that peer supports increase rates of engagement in care (4,14). This study extends that literature by using a well-matched comparison group and rigorous methods to quantify the potential impact of peer-staffed crisis respite services on hospitalizations and total Medicaid expenditures.”

Published Online: 3 Aug 2018 <https://doi.org/10.1176/appi.ps.201700451>

Peer Respite have been shown to be a win-win alternative for everyone involved. Our peers in other states have expressed great satisfaction when utilizing peer respites because it comes down to being able to exercise choice with dignity and respect instead of coercion. This makes for many more positive outcomes.

Therefore, I urge you to please vote “ought to pass” LD 540. Thank you.

Sincerely,

Victoria McCarty

Augusta