

May 9, 2025

Good morning, Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Victoria McCarty, and I am a resident of Augusta and a person with the lived experience of mental health issues who along with many of my fellow peers would benefit greatly from being able to have a peer respite center available to us when needed.

Thank you for the opportunity to testify in strong support of **LD 1843: “An Act to Provide Peer Respite for Individuals with Mental Health Care Needs.”**

Maine urgently needs more compassionate, community-based mental health supports. LD 1843 directs the Department of Health and Human Services to establish a peer-run respite center in a high-need area, as determined by crisis usage data. This center would be fully staffed and operated by individuals with lived experience of mental health challenges, using the Intentional Peer Support Model.

The Peer Respite Model has been proven to work and considered to be an effective evidenced based process and has as others will testify today the following positive healing attributes:

- Peer respite is a voluntary, short-term, overnight program offering 24/7, non-clinical crisis supports in a homelike setting.
- It does not replace clinical services but provides a vital alternative for those seeking help outside traditional systems.
- Peer-run respites are managed by trained peer support specialists, creating a respectful, consensual environment where support is offered without coercion.
- These programs have operated successfully in other states, including Massachusetts, Vermont, and New York, and were previously available in Maine from 2002–2017.

Benefits for Individuals and the System

- Peer respites reduce emergency room and crisis stabilization unit visits, allowing people to stay in their communities.
- They are cost-effective: a median 7-day inpatient psychiatric stay in Connecticut costs \$27,681–\$40,611, while a similar stay at Afiya Respite in Massachusetts costs just \$3,196.
- Studies show that after a peer respite stay, the odds of needing inpatient or emergency services drop by 70%.
- Guests report high satisfaction, and peer respites offer evidence-based training like Alternatives to Suicide and Wellness Recovery Action Planning.

Peer-Run Respite Are Evidence-Based

Peer crisis respites support a comprehensive crisis care system, expanding the options available to individuals in crisis

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes peer respite as a key component of the crisis services continuum. Peer-run respites provide a humane, voluntary, and effective alternative to hospitalization, improving outcomes and reducing costs. In closing LD 1843 is a practical, evidence-based step to expand Maine's mental health crisis response options. By investing in peer-run respite, Maine can reduce costly hospitalizations, improve satisfaction, and offer hope and dignity to those in crisis.

In closing, here is a link to a detailed study done through the auspices of SAMHSA

<https://library.samhsa.gov/sites/default/files/cfri-financing-peer-crisis-pep23-10-02-001.pdf>

I urge members of this Committee to vote in support of LD 1843 and help restore this vital resource to our state. Thank you.

Sincerely,

Victoria McCarty, Augusta, Maine

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