



# **Alliance for Addiction and Mental Health Services, Maine**

## ***The unified voice for Maine's community behavioral health providers***

Malory Otteson Shaughnessy, Executive Director

### **Testimony in Support of LD 540**

### **"An Act to Establish Peer Respite Centers for Adults with Mental Health Challenges in Maine"**

**Sponsored by Representative Ambureen Rana**

**April 5, 2023**

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Good morning Senator Baldacci, Representative Meyer, and hardworking members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers, providing services to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in support of LD 540, "An Act to Establish Peer Respite Centers for Adults with Mental Health Challenges in Maine." The proposal directs the department to establish through contracts two peer respite centers in the State for persons 18 years of age or older. Further, the proposal funds the establishment of the two peer respite centers. The proposal states that the centers must provide 24-hour intentional peer support to persons in need of mental health services on a voluntary, short-term basis. Additionally, the centers must be in geographically diverse locations in the State that have populations with a high utilization rate of crisis services.

A peer respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward. They operate 24 hours per day in a homelike environment. Successful peer respites are currently operating in many states. Studies have found a 70% reduction in inpatient or emergency services use<sup>1</sup> and that peer respites strengthen self-sufficiency and social connectedness.<sup>2</sup>

According to the US Department of Health and Human Services Substance Abuse and Mental Health Services Administration, "Utilization of peer support is, by now, a common practice in many fields. In the medical world of today, for example, there is scarcely a specialty where peer support is not recognized as a valuable adjunct to professional medical and social interventions. Improved outcomes are particularly notable when peer support services are provided to people with chronic conditions that require long-term self-management. Thus, the peer recovery support services offered by RCSP grant projects and others stand in a long, well-documented, and copied evidence-based tradition."<sup>3</sup>

Thank you for the opportunity to testify in support of this important proposal. I urge you to vote ought to pass. I'd be happy to answer any questions you have for me.

1. Croft, B., & Isvan, N. (2015, June). Impact of the 2nd story peer respite program on use of inpatient and emergency services. *Psychiatric Services*, 66(6), 632-637.

2. Croft, B., Weaver, A., & Ostrow, L. (2021). Self-reliance and belonging: Guest experiences of a peer respite. *Psychiatric Rehabilitation Journal*, 44(2), 124-131.

3. SAMSHA. Accessed on 04.01.2023. <https://store.samhsa.gov/sites/default/files/sma09-4454.pdf>