



Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in **strong support of LD 1843, "An Act to Provide Peer Respite for Individuals with Mental Health Care Needs"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We are happy to be here to present the possibility of peer respite to you all today. This committee has heard and supported previous versions of this bill, and we are trying again in a smaller capacity to recommend good and sound evidence-based programming needed in Maine. This program is a crucial part of the community support aspect of the continuum of care for those living with mental health care needs. We know from research and from our own lived experiences that hospitalization is not always the right answer. For many people, it can be traumatic, disempowering, and alienating. Peer respite provides an alternative, one that respects a person's autonomy and helps them navigate difficult moments without the loss of freedom and connection that often accompany involuntary or emergency treatment.

In 2002 the only peer respite in Maine was opened in Brunswick and was available for anyone regardless of where they lived and was of no cost to the individual. It was funded by what we now call the Office of Behavioral Health, DHHS. It closed in 2017. The CCSM has been advocating for a return to Maine ever since. I was fortunate enough to be one of the individuals that ran the program in Brunswick. I saw how many individuals experienced significant support and did not need inpatient or high intensity support after a stay as a guest in the respite program. I saw individuals move forward in their recovery and would be happy to share more about my experience running this program.

In 2024, SAMSHA released the new working draft for crisis services definitions/best practices and peer respite is in there, link below (go to page 71) as part of the continuum of crisis services that are meant to be part of each state's crisis system.



Across the country, peer respite programs in now 47 sites throughout 13 states and have shown real results: fewer hospitalizations, fewer emergency visits, and better long-term recovery. More importantly, they save lives, and they do so in a way that centers humanity, not just symptoms. Maine's history of integrating peer support services is admirable and we hope to continue to grow those options for those in need. LD 1843 is a necessary addition to the amazing peer services our state offers. We hope through testimony and thoughtful research, you'll agree, and vote **ought to pass on LD 1843**.

Thank you for the work you do and your consideration of this bill.

We will gladly join the work session to provide any additional information needed.

Sincerely,

Simonne M. Maline

Executive Director

Model Behavioral Health Crisis Service Definitions

What is a Peer Respite? - Hope and Healing Center and Institute

Directory of Peer Respite - National Empowerment Center

Peer Respite – Live & Learn, Inc.

Peer Run Respite for Connecticut