

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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March 27, 2024

Simonne Maline, Executive Director  
Consumer Council System of Maine  
219 Capitol St, Suite 7  
Augusta, ME 04330

Dear Ms. Maline,

Thank you for your issue statement dated November 17, 2023, regarding dedicated mental health peer services funding. The Department recognizes the importance of maintaining funding and other supports for mental health peer services and the need for dedicated funding to be retained for additional supports in the event of organizational closures. We also agree that ensuring access to and funding for peer services is an imperative part of the State's overall mental and behavioral health service delivery system.

Primary issues outlined by the Council focus on the closure of the Waterville Mental Health Peer Recovery Center and the reallocation of the funds outside similar peer recovery services, the need for a protocol within the Office of Behavioral Health (OBH) to ensure peer recovery funding reallocations, and the ability for programs to carry funds over to forthcoming fiscal years. With respect to the Waterville Peer Recovery Center Closure, OBH is unfortunately unable to fully control the decisions of providers outside of contractual and related requirements. Challenges at this center were brought to our attention in 2021, including low participant utilization, low attendance at regularly scheduled groups, high facility costs due to the age of the building and accompanying repairs needed. Some of these difficulties were likely a result of the pandemic we faced during that time; however, we were later informed that participants were finding support in other centers' online offerings, particularly those available at the LINC Center in Augusta due to the proximity to Waterville.

OBH remains determined to ensure access to peer recovery services. Our Social Services Recovery Manager worked with NAMI's leadership to explore options including increased outreach and engagement activities, staff support, greater facilitation of online groups, and more; however, it became evident that there were too many barriers for NAMI to continue operations. In response, OBH promptly commenced efforts to find a provider that may be able to assume provision of those services, including discussions with Motivational Services, Inc. who operate the LINC Peer Center in Augusta. Motivational Services unfortunately encountered the same complications as NAMI, citing issues with the building and substantial repair costs. Motivational Services sought out alternative locations, however due to limited supply and the increase in rents throughout the state, they ultimately were unable to proceed with assuming those services. Inflation more generally, increases in rents and related costs are unavoidable and may continue to pose ongoing obstacles in expanding peer centers,

though we remain committed to researching and developing practical resolutions to mitigate these limitations.

As it pertains to funding allocations, supports for peer recovery services have increased since the NAMI closure as that funding was reallocated to other centers, and will increase again in fiscal year 2024-2025 as part of the RFP process. Furthermore, OBH does not plan to reduce the overall allocation for the purposes of the RFP in 2024, or with the impending closure of the Biddeford peer center. We acknowledge challenges with the number of peer recovery centers and encourage greater discussion between the Department, CCSM, and others in the mental health and recovery fields to explore a true hub and spoke model of recovery services. In the interim, we are diligently working toward ensuring stability in the existing services available for a strong foundation to build from. While the quantity of centers could be improved, it's essential to preserve the quality of those remaining centers and services available during this venture.

Regarding a protocol for funding reallocations and the ability for programs to carry funds over, OBH will continue internal discussions and is not opposed to further external discussion on this matter with the Council. Assistance from providers and organizations in more resource-based requests, more prudent demonstrations of funding needs, and similar areas will also serve to move us closer to this goal.

The OBH Recovery Program team would like to propose dedicating an upcoming monthly meeting with the Council to a discussion on these concerns and start conversations on how we can collaborate on improvements and growth in recovery service provisions. If amenable, it could remain as an ongoing agenda topic to prioritize addressing these concerns as timely and effectively as practicable. As outlined in our parity in peer recovery response, we also continue to work toward improving access to and availability of peer recovery services through strategic engagement, targeted focus to areas most in need, and enhancing the quality of and access to these services.

Sincerely,

*Sarah Squirrell*

Sarah Squirrell  
Director, Office of Behavioral Health