



CCSM Issues Development Subcommittee Final Board Approved 08-25-2023

Parity of Peer Recovery Centers (mental health and substance use)

The Issue:

Currently in Maine there are 20 SUD Recovery Centers in existence or coming into being. Almost all the SUD Recovery Centers have come into being in the last few years.

Conversely, on the Mental Health Recovery Center side, we are seeing fewer centers.

Parity would improve access to mental health recovery centers without reducing available funding for existing centers.

The Office of Behavioral Health (OBH) issued an RFP for mental health peer recovery centers in the Spring of 2023. In June, we were informed that the RFP had been cancelled. Current contracts would continue for another year and a new RFP would be posted in the Spring of 2024 to fund 9 centers. There had been 11 peer recovery centers until last year when NAMI Maine closed the Waterville Peer Recovery Center in 2022 and now Biddeford Peer Recovery Center is slated to close in 2023 due to what was written in the most recent RFP, excluding multiple centers in a designated region.

For some historical context, there was an RFP for peer centers over 5 years ago that landed the community in the same place. Bids were submitted and then OBH canceled and reposted the RFP. We clearly have a disconnect between what OBH wants and what bidders submitted. Education on RFP writing is clearly need for all.

We want to emphasize the need for more recovery opportunities NOT less! We do not want to have to fight our fellow peers for our very existence and growth!

Recommendations:

1. We need to increase the number of mental health peer recovery centers, so that they are geographically diverse and a better representation of the communities that use them. If OBH does not foresee the resources needed to increase capacity, we would ask that they put in the Governor's budget and/or legislative request for additional funds to be included in the next budget cycle.
2. There are no transportation services to get individuals to the centers so if they are not nearby then they will be underutilized. We truly need to have an in-depth conversation about how we may be able to address this issue.



3. We recommend that an RFI/or some other community dialog process be utilized before OBH starts with writing the new RFP. This will inform OBH on what is desired from the community and educate centers on what the vision is from OBH. This should be done in full partnership with the full peer community including MAPSRC (Maine Association of Peer Recovery Centers).
4. The vision be defined collaboratively between OBH and the peer community. That vision needs to be clearly articulated in the next RFP process.
5. We recommend that there is education and technical assistance (the COSP model) provided to mental health peer recovery centers so that they can fully participate in the writing process of RFPs. There is inconsistent collaboration among peer center managers, staff and participants. This creates significant variation in how leadership engages their centers in the RFP writing process.
6. Organizational leadership may need education on what a true consumer operated program means.

Expected Outcomes:

There will be more mental health peer recovery centers in Maine to meet the needs of the greatest number of peers. If OBH works with other entities to create transportation resources, then centers will truly be utilized by the greatest number of community members. Greater availability of centers and transportation will assist in the personal recovery journey that many people ask for and need in their lives. When the OBH vision is shared with everyone, then we would have a more successful RFP process.