Janet T. Mills
Governor

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Simonne Maline, Executive Director
Consumer Council System of Maine
219 Capitol St, Suite 7
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Dear Ms. Maline,

Thank you for your issue statement dated August 25, 2023 regarding the parity of peer recovery centers. The Department recognizes the significance of parity and accessibility of peer recovery centers for mental health services throughout all communities within our state. While we understand this is an ongoing endeavor with room for improvement, we hope the following information demonstrates current efforts focused on expanding upon a strong foundation for greater development and enhancement of mental health peer recovery services in support of that objective.

Primary issues outlined by the Council include a disparity between SUD and mental health peer recovery centers, the RFP issued in 2023, the need for a greater number of mental health peer recovery centers, lack of transportation to centers, a more informed RFP process led by public and community input, and education on RFPs, particularly more education and technical assistance for mental health peer recovery center staff for better participation in the RFP process.

As it pertains to the disparity between SUD and mental health recovery centers, we understand the concern and can explain some nuances that lay within this divergence. If we view these through the hub and spoke model lens, mental health peer recovery centers on average receive more funding than their SUD counterparts. The discrepancy is primarily a result of the hub component, where the SUD centers have one centralized agency or provider ("hub") with multiple "spokes" or subcontractors (providers). Having a centralized agency with more resources for the subagencies or providers may also assist in more success with the RFP process. OBH staff has been working with centers on strategic engagement to better target their resources and marketing for recruiting additional staff, including reviewing materials and offering feedback and assistance with planning, as well increased diversity and inclusion. Our goal is to identify populations in need and more directly focus on the places they congregate to advance support and recognition of this effort. We do this in part because recovery centers are often more successful when there is a sense of ownership over the space and activities are organized around the central concept of recovery.

While the Biddeford Peer Recovery Center is closing, there will still be ten mental health peer recovery centers as we are sole-sourcing Wabanaki Health and Wellness in further support of the Wabanaki people. Regarding the closure of the NAMI Waterville location, OBH agrees that the loss

of this center is challenging, however we unfortunately have little to no control over a center voluntarily ending their contracts or services and take efforts to prevent this to every extent possible. This also applies to the requested consolidation of the York County centers by MBH as well.

It's equally important for us to not exclusively focus on the quantity of centers, but also on the quality of service the existing centers provide. If we shift our attention narrowly to quantity, the quality of the current centers may suffer as a result until such time additional funds could be awarded. If we decrease the quality for the sake of quantity, it may be more difficult to obtain additional funding as evidence supporting the benefit of the centers and services provided would be negatively impacted. While this is a multifaceted situation that may take time, we are dedicated to working toward a resolution that improves both the quantity and quality of the centers and services provided therein. Improving existing centers to show evidence of their success and impact on communities will have a much stronger chance of supporting requests for additional funding in the future.

We are also utilizing other resources to expand mental health peer recovery services in all communities which are outlined in detail below. These serve to not only expand the services but meet people where they are which can mitigate concerns raised over transportation services. The Department is devoted to investing further through low-barrier walk-in care within the coming years as well, which we can update CCSM on as we progress. Service systems and crisis services are self-defined, so no matter where an individual is in crisis there will be peer support available. Additionally, we are also seeking to expand employment opportunities in the field, increase investment for technical assistance to centers, and advance an overall expansion of the service continuum.

Regarding transportation, this is a complex matter that would require considerable external resources. We could potentially try to reallocate funding or request additional funding for greater transportation services, however as outlined above, this may have unintended consequences for the quality of the centers and services, and funding may not be guaranteed. Some peer recovery centers offer telehealth, and there are other alternative resources including:

- Behavioral Health Home (BHH) – launched in 2014 where peers are part of the multidisciplinary BHH team
- ACT – Maine mandated peers as part of the Acute Community Treatment model
- Peer in Emergency Departments – expanded from two to five emergency rooms in 2021 with two more locations to be served through telehealth in the next year
- Crisis receiving center – peers comprise most staff at Spurwink's center in Portland
- Mobile crisis – peers will be added to mobile crisis teams as part of the redesigned co-responder model in 2024
- CCHBC – Certified Community Behavioral Health Clinics will have qualified providers who offer access to peer services under the new CCHBC model

These all offer more support through various means and services to supplement peer recovery centers and may allow for longer-term sustainability and quality of care in otherwise seemingly underserved areas. One other issue we could discuss further is an approach to MaineCare reimbursement coverage. If transportation services were covered under MaineCare more individuals would be able to utilize them without a complete infrastructure overhaul by the Department.

Due to the nature of RFPs and the restrictions on releasing information, it is difficult to comprehensively respond to certain items in this issue statement. As a general matter, the Department stands by its decision to rescind the 2023 RFP for further review and reconsideration in approach, requirements, and information before reissuance in 2024 as it is in the best interest of all involved. We are determined to improve access to mental health peer recovery services and centers and assure CCSM that this was done in furtherance of that shared mission.

It is worth recognizing that the Department also needs continued engagement, cooperation, and collaboration from providers. Some centers may voluntarily choose to respond for expansion while others may decide to consolidate or exit the sector entirely. Similarly, some centers may have staff drafting responses with minimal participant input which can render them more inarticulate and less structured, while others may be written by host agencies and be overly clinical and misaligned with the COSP model and values of Intentional Peer Support. While the Department is willing to assist if we can, this is ultimately an area for improvement centers and their agencies may need to be more proactive and directly involved with. The Department and DCM feel it may be advisable for peer recovery centers to onboard someone with RFP, contract, or legal experience, or utilize their counsel when responding to RFPs. There is a bidders' conference for social service RFPs, but the questions must be relevant to the RFP subject matter and do not offer general writing or technical guidance. There are also multiple free or low-cost resources online that could be utilized to help familiarize staff with understanding RFP requirements, headers, details, and specifics required for consideration.

RFPs must remain confidential from initial drafting through publishing to ensure a competitive and equitable process for all potential bidders. They may submit questions during the Q&A period under rule 18-554, Ch. 110, Section (2)(A)(iv) which states that bidders' conferences are allowed, and DAFS issues RFIs that are typically open for at least one month to allow interested parties to help the State better understand marketplaces or specific subject matters. The goal of DAFS, DCM, OBH, and DHHS in whole is to coordinate RFPs and manage contracts with the greatest degree of consistency, accountability, equity, and cost-effectiveness. We strive to ensure that the delivery of services meets the needs of consumers, and the Department and DCM are committed to a procurement management system that ensures the best value, best practices, and is in support of the DHHS mission while remaining compliant with State and Federal statute, rules, and regulations.

The Department is expanding upon our existing work to help centers better understand the vision we have for them and the services they provide. The expectation is that this work will assist agencies in articulating their proposals during the next RFP process and involve the agency leadership for further discussions. Topics include outreach and engagement, developing strategic partnerships, diversity, implementing individual placement and support in center activities, and developing the shared vision for the center in partnership with its participants. OBH staff spends substantial time with center staff and leadership alike to discuss their visions for these services, and though there may sometimes be a disconnect between necessary and desired services, each have their unique benefit. Expanding upon more of the "wants" can ultimately detract from the foundational services these centers provide which are intended to integrate individuals into the community, foster more self-sufficiency, and promote individual growth and success. These discussions and feedback received are then also incorporated into our RFP processes. Moreover, OBH has regular conversations with

IPSAC, MAPSRC, the QIC, and the Consumer Council where comments and recommendations from these entities are incorporated into our RFP drafting processes along with performance measures related to peer services and deliverables. We are currently formulating a plan to create a shared vision through greater member engagement and look forward to discussing this goal further in our meetings.

Though the Department may not be able to provide specific education on RFP writing or the RFP in question, we continue to promote available resources and support to the greatest extent. We also actively encourage centers to conduct their own FACIT assessment and related trainings with OBH providing resources for those and offering additional advice on their benefits. Trainings and resources include information and guidance on the use of the FACIT/COSP models; peer leadership training covering budgeting, strategic partnerships, peer supervision, and fostering inclusive teams; and the Peer Support 101 course open to anyone interested in learning more about peer support, certification, and other topics. There are other trainings available or coming soon which include several to be launched by the Peer Training Network connected to what was outlined in the most recent RFPs and specific deliverables, and training by Randy Morrison with the Co-Occurring Collaborative Serving Maine's peer leadership program covering peer supervision. The Department is similarly engaging peer center managers and their host agencies in more discourse on the RFPs and important metrics with extensive outreach conducted resulting in a sizable enrollment rate. We have also had discussions with four centers on related matters with more scheduled in the coming months. Though we cannot directly use RFP language in these trainings we are aligning the content in developing strategic partnerships, diversity, outreach and engagement strategies, operations, peer support, and our mutually shared visions.

While it may not be possible to meet all requests received, the Department is committed to working with CCSM, peer recovery centers, other individuals, and agencies on improving this process along with the quality and quantity of mental health peer recovery centers throughout the state. These centers provide an invaluable service to individuals in recovery, and we want to ensure that access to these resources is available for all who need them regardless of where they are in their recovery process or their community.

Sincerely,

Sarah Squirrell

Sarah Squirrell
Director, Office of Behavioral Health