Janet T. Mills
Governor

Sara Gagné-Holmes
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February 26, 2025

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 January 14, 2025 and received by the Department on February 18, 2025 regarding the lack of flexible hours in mental health peer support and recovery centers. The primary issue pertains to the lack of variation in hours of operations at these centers and the need for alternative schedules to allow for greater accessibility among and availability for peers, including those seeking more periodic support and who are otherwise unable to attend during regular business hours.

The first and second recommendations proposed by the Council are the establishment of evening and weekend schedules and additional hours or other strategic distribution of operating hours to allow for evening and weekend timeframes.

- Mental Health Peer Centers are currently required to be open a *minimum* of forty (40) hours per week, setting a mandatory baseline and allowing centers flexibility to operate beyond that standard.[1] In the newest RFP, language amendments require assurance that administrative staff are available during business hours and that centers are open a minimum of forty (40) hours per week, excluding State holidays and administrative closings. Additionally, the centers shall ensure operation according to community needs, *including evenings and/or weekends*, *to accommodate participant needs at the Center's discretion.* Where OBH sets standard expectations and allows for center autonomy based on operational, community, and client needs, there may be future opportunities for the Council, advocates, or others to engage with specific centers on an as-needed basis.
- Similarly, Recovery Community Centers are currently required to be open a minimum of forty (40) hours per week. The newest RFP contained similar language in a requirement that the centers operate for a minimum of forty (40) hours per week, Monday through Friday, *to accommodate the participants' availability*. This does not require weekend hours

[1] The Office of Behavioral Health does not dictate centers' hours of operations outside of certain requirements set forth in our contractual agreements, respecting that providing such flexibility is important for retaining centers (and staffing within) throughout the state as well as meeting the community's needs.

but note that many centers offer programming outside standard business hours to varying extents, with two (2) open seven (7) days a week.[2]

- Though some parameters regarding availability remain, there are extenuating circumstances that are worth considering including, but not limited to, workforce at centers. Many centers already face workforce challenges and by requiring expanded hours or Department-imposed schedules, they may experience additional difficulties. This is, in part, why a minimum standard threshold is set, allowing for centers' tailoring based on individual center operational and client needs.

The third recommendation is for crisis data, including the trends regarding use of each crisis service, collected by the Department to be published on a public-facing website to support data-driven decisions.

- The Department believes data transparency and public-facing data is a beneficial tool, however, further consideration and discussion may be warranted. Though crisis and peer services do intersect, they are not necessarily proxies for one another, and additional evaluation into the depth of the relationship between the two is recommended and preferred before utilizing data alone (i.e., without contextual analysis) for specific decisions or service modifications.
- The Department also remains committed to diligent planning for the next era of data transparency and accountability after the resolution of the Consent Decree. The OBH data team welcomes thoughts and ideas from partners on what data would be helpful, subject to confidentiality laws and other limitations. Part of this engagement means evaluating various perspectives from providers throughout the behavioral health sphere and working toward a final product that will most effectively meet the needs of the Department and our partner communities alike. If helpful, a representative from the OBH data team may be able to attend a standing DHHS/CCSM meeting to start such conversation and can continue that collaboration throughout this longer-term process.

The Council's expected outcomes include offering flexible hours at peer support centers that reflect the needs of individuals utilizing this support system as well as a decrease in the likelihood of unnecessary interventions, such as police involvement, emergency service needs (ER/ED), or unexpected demands on services such as crisis receiving centers.

- While expanded hours may reduce the utilization of certain more restrictive services, OBH has seen these peer centers unintentionally serve to fill systemic gaps related to increased housing and traditional service shortages experienced both in Maine and nationally. Consequently, it appears these centers are often taking on more than their true intent and purpose. OBH has become increasingly engaged with providers to prevent and mitigate this mission creep and are hesitant to support changes in services or operations that may

[2] PRCC is open Monday through Saturday from 8am to 8pm and Sunday from 8am to 12pm, and BARN is open seven (7) days a week from 10am to 8pm.

further exacerbate those challenges without comprehensive and intentional evaluation, deliberation, and conversation[3].

- We appreciate the references provided and agree that programs such as HARP and Peer Bridger sound like excellent initiatives, though it's unclear how additional operating hours of peer centers would achieve the same results. PeerLink feels more relevant to what Maine currently has, and has considered in recent years, such as mental health peer centers, consumer-run advocacy organization(s), and potential peer respite centers. Of note regarding the data included in the first resource link, much was collected prior to 2019 and as a result, prior to the COVID pandemic which still has lingering impacts on state and federal resources, as well as the general inflationary environment on a national level, further straining resources and service provision at the same or increased level without additional means to account for these and related changes.
- With specific regard to peer respite centers, OBH notes LD 540 was proposed in the 131st Legislature that would have established two (2) adult peer respite centers in Maine offering 24-hour intentional peer support to individuals in need of mental health services; however, the bill did not reach the final stages for enactment and required substantial financial investment which may continue to be a barrier for similar reasons as referenced above[4]. The Department acknowledges that peer crisis respite centers represent SAMHSA best practice and align with OBH's crisis reform efforts; however, financial sustainability of the services and greater distinction from shelters and other peer centers are likely to remain as obstacles to further progress.
- Though Maine does not currently have peer respite centers, OBH can and will continue to leverage the resources available to their fullest extent including, but not limited to:
    - The eight (8) existing peer centers and Intentional Peer Support Warmline which, similar to the Maine Crisis Line, offers 24/7 mental health support.
    - The Maine CCBHC Demonstration will provide comprehensive care planning, peer and family support services, case management, outpatient behavioral health services, psychiatric rehabilitation services, physical health monitoring, care coordination and outreach with crisis services available 24/7.
    - Multiple provisions of P.L. 2023, c. 643 (LD 2214, 131st) are in the planning stage to further low-barrier service provision throughout the state[5].
- As the Council stated, the goal is to reduce unexpected demands on 24/7 services such as receiving centers, however, between the forthcoming expansion of centers throughout the

[3] One example is centers becoming impromptu warming centers for individuals experiencing homelessness, which the Housing First Program can also serve to alleviate once fully operational. Centers have informed our office of increases in center attendees who are uninterested in program engagement, at times leading to barriers to those who are purposefully seeking peer services and negatively impacting the center's dynamic of a true community center as intended.

[4] For example, the Sweetser Brunswick Peer Crisis Respite Overnight Program which closed in 2015.

[5] These include: a statewide network of community-based crisis receiving centers, starting with Penobscot and Androscoggin counties; strengthening and expanding mental health mobile crisis response services to provide 24/7 services, including the incorporation of mobile outreach peer support specialists, certified intentional peer support specialists, and recovery coaches.

state, mobile crisis expansion, and CCBHCs, there will be more resources available to mitigate an increase and, at a minimum, ideally be successful in diverting individuals away from police or emergency service interventions. These expansion efforts may also inadvertently divert less engaged attendees from peer centers to these other centers and resources that are better suited to offer additional supports and services, alleviating the perceived and/or stated burdens on peer centers so they may utilize their resources more effectively, ensuring their services are available for those specifically seeking such participation.

The Department recognizes the importance of ongoing refinement to the operation of Mental Health Peer Centers and Recovery Community Centers, while appreciating how much has been accomplished in recent years, as well as our continued implementation planning and resource evaluation for future improvements to the greatest possible extent. Maine is a state of innovators who have mastered the art of repurposing what is available to meet needs under even the most challenging of times, and for coming together to problem-solve as a community. This is to say that while OBH will continue pursuing all available options and resources, we in turn recommend the Council add this topic to an upcoming MAPSRC meeting agenda wherein OBH, the Council, and center managers can further discuss barriers and opportunities for non-standard hours and other possible alternatives. OBH will continue reviewing crisis data trends for further discussion and evaluation of any other viable, pragmatic, and evidence-based improvements that may be attainable.

Sincerely,

Sarah Squirrell

Sarah Squirrell
Director
Office of Behavioral Health
Maine Department of Health and Human Services