

Good Morning, Chairman Abeler and Committee Members

I am Melinda Shamp. I am a tax payer. I am a person living in recovery from a mental health challenge & a family member.

I am a proponent for Senate File # 1960: establishing Peer Respite Services in Wadena County and on the White Earth Reservation.

Straight away, I am requesting that an oral amendment be made to SF 1960 adding the word “co-occurring” before the term “substance abuse disorder”.

Section 1. APPROPRIATION. \$700,000 in fiscal year 2018 is appropriated from the general fund to the commissioner of human services for two grants to provide peer-run respite services in Wadena County and on the White Earth Reservation for individuals with a mental illness or a co-occurring substance abuse disorder.

Rationale: The word “co-occurring” assures that peer respite services are supporting people with mental illness or a mental illness co-occurring with substance abuse holistically--not in fragments. It reduces the risk that legislation will be misinterpreted resulting in unintentional use of this appropriation for people only with substance abuse disorders. There are resources for people with only substance abuse disorders.

Currently, when people living with mental illness and co-occurring substance abuse disorders, or their loved ones, notice minor changes in functioning, they typically seek out help informally, and formally through local hospital emergency rooms & local law enforcement. **Often, they are learning there are no services to meet their needs until they experience a higher level of crisis or decompensation that gains them eligibility for MN public healthcare or MA – funded MH services** such as crisis response & stabilization, ACT teams, or subacute services known as (IRTS) intensive residential treatment services, **if they are eligible, AND if these services are available OR have capacity to serve**. Otherwise, people are in a holding pattern until symptoms subside, or worsen until they are eligible for **acute level of care associated with Hospitalization, or become incarcerated in county jails, state or federal prisons.**

Lack of access to early community-based prevention / interventions, such as peer respite services, contributes to costly, unnecessary, & damaging trauma. People go through losses in housing, education, employment, relationships, community life, cultural engagement, and ongoing mental health service & supports. **There are costs incurred in trying to re-establish oneself following discharges. This becomes a struggle to get back to what matters—living a life worth living. For so many, this could have been avoided.**

Instead, we blame people for not getting help earlier—a difficult thing to do when we do not invest in community prevention / early intervention approaches such as peer respite services. Approaches endorsed by people in recovery from mental illness and co-occurring substance abuse disorders. **In addition, delaying access to early prevention / intervention such as peer respite services adds to the costs associated with extended delays** in regional treatment centers, hospitals, and re-entry following incarceration. People continue to live in institutions long after they do not meet the level of care needs for those services.

Some Background on Peer Respite Services: In 2017, there are now 20 consumer-run and staffed Peer Respite Services (PRS) programs in 11 states. Since 2014, three (3) PRS programs have been operational in Wisconsin. **These are:**

- home-like facilities run by and for Adults who have lived experience of mental health and/or co-occurring substance use disorders.
- Serve as a short-term, residential resource option for up to 5 consecutive days available 365/24/7.
- Assist adults experiencing an increase in mental health symptoms, stressors, or exacerbations, and who need support and supportive services to aid in their recovery and thereby avert crises, avoid hospitalization, incarceration, and losses within community life.
- Aligns with MN MH systems transformation efforts focused on improving quality of care and outcomes for individuals with mental health and co-occurring substance use disorders.

Based upon national findings on Peer Respite Services, it is anticipated that there will be:

- Reductions in the use of higher level of care MH services and other resources such as law enforcement between 40%-70%. Source: Recovery Innovations, Inc. / Arizona
- Sustaining of community living, i.e., remaining in secured housing, education, jobs, social networks, and connected to mental health service and supports.
- Diminished risk of repetitive trauma to the person, their family, and friends & getting on with living a life worth living.

THANK You for Listening...