



Senate

General Assembly

File No. 308

February Session, 2024

Senate Bill No. 370

Senate, April 8, 2024

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING PEER-RUN RESPITE CENTERS FOR PERSONS EXPERIENCING A MENTAL HEALTH CRISIS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2024*) (a) As used in this section:

2 (1) "BIPOC" means a person who is black, indigenous or a person of
3 color;

4 (2) "Peer-run organization" means a nonprofit organization that (A)
5 is controlled and operated by persons who have psychiatric histories or
6 have experienced other life-interrupting challenges, (B) provides a place
7 for support and advocacy for persons who experience similar
8 challenges, including, but not limited to, peer respite services and peer
9 support services, and (C) does not provide clinical mental health
10 services, or provides clinical mental health services but such services
11 constitute less than ten per cent of the services provided by the entity;

12 (3) "Peer-run respite center" means a facility that is operated by a

13 peer-run organization in a safe, physical space that employs peer
14 support specialists to provide peer respite services and peer support
15 services for persons age eighteen and older who are experiencing
16 emotional or mental distress, either as an immediate precursor to or as
17 part of a mental health crisis;

18 (4) "Peer respite services" means voluntary, trauma-informed, short-
19 term services provided to adults in a home-like environment that are the
20 least restrictive of individual freedom, culturally competent and focus
21 on recovery, resiliency and wellness;

22 (5) "Peer support services" means assistance that promotes
23 engagement, socialization, recovery, self-sufficiency, self-advocacy,
24 development of natural supports and identification of personal
25 strengths;

26 (6) "Peer support specialist" means a person who has a psychiatric
27 history or has experienced similarly life-interrupting challenges, who
28 has experience in the provision of peer respite services and peer support
29 services and has the training required in regulations adopted by the
30 Commissioner of Mental Health and Addiction Services pursuant to
31 subsection (f) of this section; and

32 (7) "TQI+" means persons who identify as transgender, queer or
33 questioning, intersex or other gender identities.

34 (b) The Commissioner of Mental Health and Addiction Services shall
35 establish a peer-run respite center program. Such program shall include,
36 but need not be limited to, the establishment of not less than eight peer-
37 run respite centers and one peer-run technical assistance center.

38 (c) The peer-run respite centers shall be located as follows:

39 (1) One in each of the mental health regions, designated pursuant to
40 section 17a-478 of the general statutes;

41 (2) One in mental health region two or four, which shall be
42 established to serve persons who are members of the TQI+ community.

43 Such peer-run respite center shall be managed, operated and controlled
44 by members of the TQI+ community who have psychiatric histories or
45 related lived experience;

46 (3) One in mental health region two or four, which shall be
47 established to serve BIPOC persons. Such peer-run respite center shall
48 be managed, operated and controlled by members of the BIPOC
49 community who have psychiatric histories or related lived experience;
50 and

51 (4) One in mental health region two or four, which shall be
52 established to serve Spanish-speaking persons. Such peer-run respite
53 center shall be managed, operated and controlled by members of the
54 Spanish-speaking community and who have psychiatric histories or
55 related lived experience.

56 (d) The peer-run technical assistance center established by the
57 commissioner pursuant to this section shall (1) assist peer-run respite
58 centers in hiring and recruiting peer support specialists and other staff;
59 (2) promote community awareness of peer-run respite centers; (3)
60 evaluate and identify the need for peer respite services in communities
61 throughout the state; (4) evaluate the effectiveness and quality of peer
62 respite services in the state; (5) convene peer respite services meetings
63 throughout the state to facilitate networking, collaboration and shared
64 learning; (6) consult peer-run respite centers regarding development of
65 peer respite services; (7) develop resources to support the supervision
66 of peer support specialists; and (8) in consultation with peer-run respite
67 centers and stakeholders in the TQI+, BIPOC and Spanish-speaking
68 communities, develop recommendations regarding (A) best practices
69 for delivering peer respite services, (B) training requirements for peer
70 support specialists, including specialized training requirements
71 depending on the population that such specialists serve, and (C) the
72 establishment of a program fidelity tool to measure the extent to which
73 the delivery of peer respite services in the state adheres to the provisions
74 of this section and best practices for the delivery of peer respite services.

75 (e) The commissioner shall contract with peer-run organizations to

76 operate the peer-run respite centers and peer-run technical assistance
77 center.

78 (f) The commissioner shall adopt regulations, in accordance with the
79 provisions of chapter 54 of the general statutes, to implement the
80 provisions of this section. Such regulations shall include, but need not
81 be limited to, training requirements for peer support specialists,
82 including specialized training requirements depending on the
83 population that such specialists serve.

84 (g) Not later than October 1, 2025, and annually thereafter, the
85 commissioner shall report, in accordance with the provisions of section
86 11-4a of the general statutes, to the joint standing committee of the
87 General Assembly having cognizance of matters relating to public
88 health regarding the program. Such report shall identify any barriers to
89 implementing the program established pursuant to this section and
90 include recommendations for addressing such barriers. The
91 commissioner shall post such report on the Department of Mental
92 Health and Addiction Services' Internet web site.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2024	New section

PH *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
Mental Health & Addiction Serv., Dept.	GF - Cost	See Below	Up to \$5.5 million

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a significant cost to the Department of Mental Health and Addiction Services (DMHAS) to establish a peer-run respite center program. The bill requires at least eight peer-run respite centers and one peer-run technical assistance center, resulting in a cost to DMHAS of approximately \$5.5 million. While the bill is effective 10/1/24, costs may not be incurred in FY 25 as the process to request proposals and finalize contracts is anticipated to take several months. DMHAS must contract with nonprofit peer-run organizations to operate the centers and report on the program annually beginning 10/1/25.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**SB 370*****AN ACT CONCERNING PEER-RUN RESPITE CENTERS FOR PERSONS EXPERIENCING A MENTAL HEALTH CRISIS.*****SUMMARY**

This bill requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to establish a peer-run respite center program. The program must include at least eight peer-run respite centers and one peer-run technical assistance center.

Under the bill, the respite centers must employ specialists with relevant experience and training to provide peer respite and support services for adults experiencing emotional or mental distress right before or during a mental health crisis. Generally, “peer respite services” are trauma-informed, short-term services focused on recovery, resiliency, and wellness. Among other things, “peer support services” promote engagement, socialization, recovery, and self-sufficiency.

The commissioner must contract with nonprofit peer-run organizations to operate the respite centers and technical assistance center.

The bill requires one respite center in each of the state’s five mental health regions. There also must be three centers (located in the South Central or North Central mental health regions) operated by and for specific populations, as follows: (1) one for the TQI+ community (i.e., people who identify as transgender, queer or questioning, intersex, or other gender identities); (2) one for the BIPOC community (i.e., people who are black, indigenous, or people of color); and (3) one for Spanish-speaking people.

The bill sets several responsibilities for the peer-run technical assistance center, such as (1) helping the respite centers in hiring and recruiting staff and (2) developing recommendations on certain matters in consultation with the respite centers and certain stakeholders.

The bill requires the DMHAS commissioner to adopt implementing regulations, including training requirements for peer support specialists, with specialized requirements depending on the populations they serve. She also must annually report on the program.

EFFECTIVE DATE: October 1, 2024

PEER-RUN RESPITE CENTER PROGRAM

Peer-Run Respite Centers, Peer Support Specialists, and Services

The bill requires the peer-run respite centers to be operated by peer-run organizations in a safe physical space. The centers must employ peer support specialists with a psychiatric history or who have experienced comparable life-interrupting challenges. The specialists must have (1) experience in providing peer respite and support services and (2) the training required by DMHAS regulations under the bill.

These peer support specialists must provide peer respite and support services for adults experiencing emotional or mental distress either as an immediate precursor to or as part of a mental health crisis.

Under the bill, “peer respite services” are voluntary, trauma-informed, short-term services provided in a home-like environment that are the least restrictive of individual freedom, culturally competent, and focus on recovery, resiliency, and wellness. “Peer support services” means assistance that promotes engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of personal strengths.

Each of the population-specific centers (for the TQI+ community, BIPOC community, and Spanish-speaking people) must be operated and controlled by members of these communities who have psychiatric histories or related lived experience.

Peer-Run Organizations Operating the Respite Centers

Under the bill, the peer-run respite centers must be operated by nonprofit peer-run organizations. These organizations must (1) be controlled and operated by people who have psychiatric histories or experienced similar life-interrupting challenges, (2) provide a place for support and advocacy for people experiencing similar challenges, and (3) not have clinical mental health services comprise 10% or more of their services.

Peer-Run Technical Assistance Center

Under the bill, the peer-run technical assistance center must do the following:

1. help peer-run respite centers hire and recruit peer support specialists and other staff;
2. promote community awareness about the respite centers;
3. evaluate and identify the need for peer respite services throughout the state;
4. evaluate the effectiveness and quality of peer respite services in the state;
5. hold peer respite services meetings throughout the state to facilitate networking, collaboration, and shared learning;
6. consult the respite centers on developing peer respite services; and
7. develop resources to support the supervision of peer support specialists.

In addition, the technical assistance center, in consultation with the respite centers and stakeholders in the TQI+, BIPOC, and Spanish-speaking communities, must develop recommendations on the following:

1. best practices for delivering peer respite services;
2. training requirements for peer support specialists, including specialized requirements depending on the population they serve; and
3. creating a program fidelity tool to measure the extent to which the delivery of peer respite services in the state aligns with the bill’s requirements and best practices for these services.

DMHAS Annual Reporting Requirement

The bill requires the DMHAS commissioner to annually report on the program, starting by October 1, 2025. The report must identify barriers to implementing the program and recommended ways to address them. She must report to the Public Health Committee and also post the report on the department’s website.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 37 Nay 0 (03/20/2024)