Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: SB-370
Title: AN ACT CONCERNING PEER-RUN RESPITE CENTERS FOR PERSONS EXPERIENCING A MENTAL HEALTH CRISIS.
Vote Date: 3/20/2024
Vote Action: Joint Favorable
PH Date: 3/13/2024
File No.: 308

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill requires the Department of Mental Health and Addition Services (DMHAS) to establish a peer-run respite center program with at least 8 centers and one peer-run technical center. The centers must be operated by nonprofit peer-run organizations. Peer respite services are voluntary and promote engagement, socialization, recovery, and self-sufficiency. There must be a center in each of the state's five mental health regions, and three centers that serve the TQI+ community, Black, Indigenous, or People of Color (BIPOC) community and one for Spanish-speaking people. The peer-run technical center must help respite centers in hiring and recruiting staff and, in consultation with the respite centers and certain stakeholders, develop recommendations. DMHAS must also adopt implementing regulations as well as reporting annually any barriers to implementation with recommendations to address them.

RESPONSE FROM ADMINISTRATION/AGENCY:

Nancy Navarretta, Commissioner, Department of Mental Health and Addiction Services:
DMHAS will be opening Connecticut's first peer respite in early spring in New Britain. The program will offer a space for individuals providing them with caring relationships, support for activating self-care, increasing hope, empowerment, social functioning, and quality of life. It will be staffed 24/7 by certified peer specialists who utilize best practice models. For DMHAS to establish the facilities outlined in the bill would incur a significant unbudgeted fiscal impact and for this reason, DMHAS cannot support the bill as written.

NATURE AND SOURCES OF SUPPORT:

Jordan Fairchild, Executive Director, Keep the Promise Coalition:
She commented that people in crisis calling 988 are often met with police and forced hospitalization which contributes to their crisis. There are multiple involuntary measures when people are hospitalized for a mental health crisis like taking away their cell phone and other personal belongings. They are not able to leave the psychiatric ward. This type of treatment does not address any of the actual issues that are contributing to their crisis. People discharged from hospitals are 100 times more likely than average to die by suicide. Peer run respites are a community-based alternative for people in mental health crises proving them an opportunity to avoid going to an inpatient psychiatric facility or facing emergency hospitalization. The peer support staff are specialists who have similar experience and provide 24/7 mental health support. The programs are voluntary and are operated in home-like environments. A study in California found that people who stayed at a peer respite center were seventy percent (70%) less likely to utilize inpatient psychiatric services in the future. The Department of Public Health (DPH) reports that the median cost of an inpatient psychiatric hospitalization is $40,611 and the cost of a peer respite stay is typically between $3,000-$4,000. Jordan would feel safe being supported by her peers in the trans community instead of going to the hospital.

The Connecticut Hospital Association (CHA):
The growing demand for mental health and substance use services as well as the severe behavioral health workforce shortage has resulted in an ongoing crisis. In 2023 the average daily number of patients in the emergency departments seeking treatment for behavioral health disorders was 161 and during that same year, the average daily number of evaluated adult behavioral health patients awaiting an inpatient bed was 53. Current efforts by DMHAS to place mental health peers and peer recovery coaches in emergency departments and grow the workforce to enable 24-hour coverage in community organizations is supported by CHA. CHA would like the committee to leverage the impact of the existing behavioral health system to enact additional measures to improve access to care. In addition, CHA would like to see implemented the Medicaid reimbursement collaborative care model service which to date has taken no action. They would also like to see the Department of Social Services (DSS) extend both the Interim Rate Add-on for Acuity and Revised Discharge Delay Policy and the Pediatric Inpatient Services: Interim Voluntary Value-Based Payment Opportunity beyond their current expiration date of December 31,2024. Finally, CHA would like to see increasing Medicaid rates for partial hospitalization programs, intensive outpatient programs, and in-home psychiatric care programs which will allow hospitals to discharge patients in a timely and safe manner.

Andy Beltran, Chief Medical Officer, Hispanic Health Council:
As a resident in training, he can recall countless times where he had to follow decisions that offered subpar treatment to patients. He has seen that culture and language are significant barriers as undocumented patients don't feel safe in a hospital setting. The best predictor of a positive outcome has always been a strong therapeutic alliance and yet, he has seen unemphatic decisions based on cold and rigid protocols that often lack clinical and human intuition. Patients coming from disenfranchised backgrounds will feel safer and more supported by their peers in these centers.

Thomas Burr, Public Policy Manager, NAMI Connecticut Inc.:
He provided data from Afiya a peer respite center which indicated that 92% of its guests reported improvement to their emotional health and 62% of guests reported greater satisfaction with their coping skills.

Michaela Fissel, Executive Director, Advocacy Unlimited Inc.:
She stated that 90% of the state's allocation of dollars goes towards institutionally rooted services. Putting this money toward a peer respite experience if far more effective and efficient. The U.S. Center for Medicaid & Medicare Services (CMS) sees peer respite as an evidenced-based model of care. She sees peer respites as a continuum of care that includes a holistic approach and allows people to create a life worth living. 15 other states have peer-run respite programs and Connecticut currently has none.

Other Testimony in Support:
57 others wrote in support of this legislation.

NATURE AND SOURCES OF OPPOSITION:

None Expressed

Reported by: Piotr Kolakowski **Date: 3/27/2024**