Good afternoon Senator Osten, Representative Walker, and distinguished members of the Appropriations Committee,

My name is Jennifer Tirado and I am a Peer Support Advocate who lives with a mental health diagnosis. This means that I use my lived experience to help support others with similar challenges.

I am here to testify in regards to Bill HB05048 the proposed 2025 budget for DMHAS. I stand in support of funding for Peer Respite centers as well as increased funding for Peer-driven mental health models in general. Peer support workers, also known as Recovery Support Specialists, encourage self-determination and the dignity of risk in the psychiatric world. We are a much needed element of advocacy.

In mental health treatment, we often name suicide and mental health challenges as "crises". However, many peer workers, clinicians, and other advocates see that there is an even deeper crisis in this state: how we treat people who are navigating distressing experiences. Instead of providing true connection, care and a real sense of safety, we are spending the most resources on methods of crisis management that can be forceful and even carceral in nature.

I've been in the Human Services field for over a decade and I'm the Coordinator of Connecticut's Alternatives to Suicide Network. This network is based on a harm reduction approach to distressing experiences. Consent and human rights are the cornerstone of our philosophy. Our Network is facilitated fully by people with direct, lived experience.

My personal lived experience and various peer roles I've had, allow me a nuanced perspective on these matters as well as being able to get to know others who share some of these experiences. And in our most vulnerable moments, many of us do not feel safe asking for help in the state of Connecticut. This is because we know that the use of force will be part of, and may even take over, the conversation.

If Connecticut is serious about suicide prevention and aiding those who deal with mental health crises, it is absolutely imperative to consider peer respite centers as a viable option in care. And no, I'm not talking about respite centers who just hire peers but are run by clinicians. We mean centers that are fully peer-run. This is the only true definition of this model.

Firstly peer respite centers save money. A study in 2021 found that the cost of an inpatient psychiatric hospital stay is 10x more expensive than that of a peer respite stay.

The long-term costs are also much lower. When people receive care in a peer respite, they are 70% less likely to return to an inpatient hospital, thus cutting future costs.

I've attached citations to these studies further along in this testimony.

In my life and work, I've seen the same narratives reflected in different perspectives over and over again. In our worst moments, we need connection and a sense of purpose. The psychiatric system as it exists in this state and its approach to crisis, through its overreliance on force, is one that too often alienates the very people it seeks to help.

In my role, I've spoken to many people who come to our support groups because they're having scary experiences and feel that they have nowhere else to go. Most of them have been through the traditional crisis system and haven't gotten the help they were promised. Some of them were even worse off after being hospitalized. I've interacted with individuals who've lost jobs and subsequently, housing, when they were hospitalized. The great irony is we are surrounded by messages and platitudes by that same system telling us we're "not alone".

A JAMA Psychiatry 2017 study found that people who stay in a psychiatric hospital are over 100x greater risk to die by suicide than the general population Once many of us get to know the system as it stands, we may never want to seek help there again.

We ask for these Affinity peer respite centers in addition to the general peer respite because people of color, LGBTQ+ , and Spanish-speaking individuals are disproportionately affected by mental health crises. Often they are the ones who are treated with the most force and even more stigma than others who do have these intersecting identities.

Those of us with lived experience are faced with the question of, "where do we go when we want to talk about deeply distressing experiences -- where we won't be locked up in a ward? Where we can sit and be listened to by those who understand know we're coming from?"

It's time to take a completely different approach than we have before. There are currently 15 other states who are already implementing peer respite centers and show us that it is possible.

It's a powerfully healing experience when you're in deep distress and the person across from you can honestly say: "I get it."

We need legislators to help make this happen. We need the support of clinicians and psychiatrists who know that change in our system is needed.. We need to see that deaths of despair can only be prevented with openness, a willingness to accept critique, and the ability to evolve. Investing in peer respite centers need to play a role in that much needed change. We urge the distinguished members of the Appropriations

committee join us in investing in change that is cost-effective, evidence-based, and compassionate.

Thank you for your consideration and the opportunity to share my lived experience.

Jennifer L. Tirado

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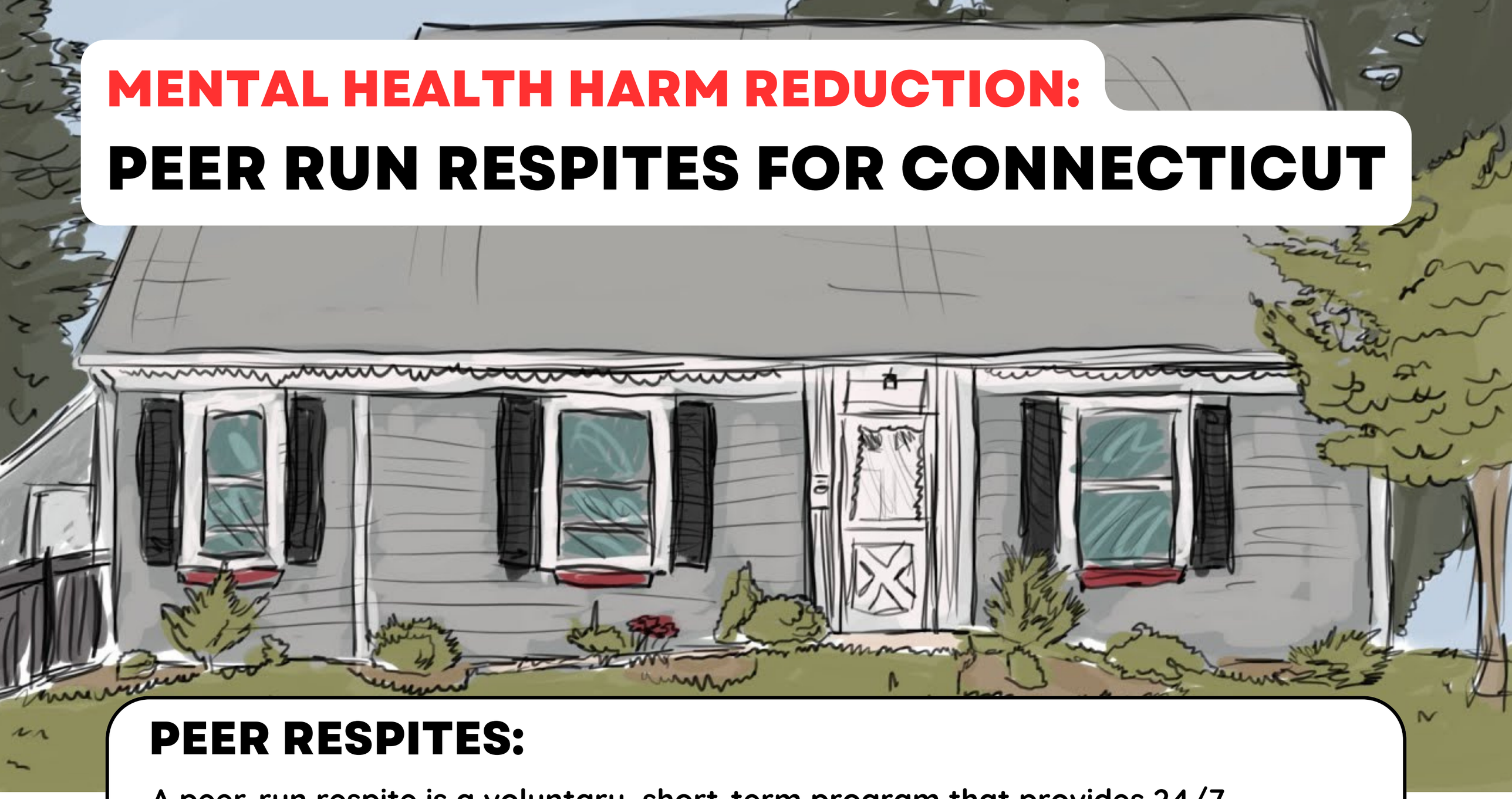

MENTAL HEALTH HARM REDUCTION:
PEER RUN RESPITES FOR CONNECTICUT

PEER RESPITES:

A peer-run respite is a voluntary, short-term program that provides 24/7 community-based, non-clinical (non-medical) mental health crisis support as an alternative to inpatient hospitalization.

It is operated in a home-like environment by peer support specialists, who have lived experience with mental distress, crisis, and life altering challenges. Peer Support is recognized by the U.S. Center for Medicaid & Medicare Services (CMS) as an evidenced-based model of care.

15

15 other states have **peer-run** respite programs, **Connecticut currently has none.** This needs to change.

ADDRESSING MENTAL HEALTH DISPARITIES:

How can Connecticut support mental health? Create 8 peer run respites in Connecticut, including three affinity-specific respites for BIPOC, Transgender, and Spanish speaking communities in order to best support mental health in a voluntary, person centered, and culturally informed manner.

Further, CT can create a technical assistance center to support CT's peer respites and other peer services in program implementation and training.

UPDATED JANUARY 2024 BY KEEP THE PROMISE COALITION
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ADVOCACY AND ACTION FOR CONNECTICUT'S MENTAL HEALTH

PEER RESPITES NOW!

People are nearly 100x more likely than average to die by suicide following discharge from psychiatric hospitalizations. (1)

This is unacceptable.

In contrast, peer respites lead to a decreased risk of suicide compared to inpatient clinical settings.

- 92% of guests reported improvements to their emotional health,
- 62% reported improved coping skills. (2)

Most peer respite guests return to the community following their stay, resulting in fewer hospitalizations long-term:

70% The odds of using any inpatient or emergency services were 70% lower following a respite stay. (3)

94% Return home or to family or friends after staying at a peer run respite. (4)

HARM REDUCTION: WHY PEER RESPITES WORK

In traditional mental health services, conversations about suicide and self-injury often result in forced treatment. **This causes many people to avoid services altogether.** (5-6)

In contrast, support offered at a peer respite is consensual and person-centered, even if conversations turn to suicide or self injury. This builds trust with community, and encourages people to seek support in difficult times.

Contrary to popular belief, allowing for open discussions about suicide and self-injury likely **decreases the likelihood of suicide.** (7)

This is considered a harm reduction approach, as it seeks to support individuals as they navigate this distress.

THE COST OF CARE IN CT

Our current mental health crisis services are overwhelmed and costly. (8) Peer-run respites are less costly and often more effective than the alternatives.

The median inpatient psychiatric stay in the CT costs $40,611 and lasts 7 days (9). **In comparison, the same length stay at Afiya, a respite in Massachusetts is $3,196.**

SCAN THE QR CODE OR CLICK HERE TO VIEW OUR CITATIONS AND LEARN MORE

Peer Respite Fact Sheet Citations

1. Suicide Rates After Discharge From Psychiatric Facilities https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5710249/
2. Afiya Peer Respite Annual Report FY17 https://qualityrights.org/wp-content/uploads/Afiya-annual-report-fy-17-alt.pdf
3. Impact of 2nd story peer respite program on use of inpatient and emergency services https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201400266
4. Afiya Peer Respite Annual Report FY21
5. Physical Harm and Death in the Context of Coercive Measures in Psychiatric Patients: A Systematic Review. https://www.frontiersin.org/articles/10.3389/fpsyt.2019.00400/full
6. Experiences of involuntary psychiatric admission decision-making: a systematic review and meta-synthesis of the perspectives of service users, informal carers, and professionals https://www.sciencedirect.com/science/article/abs/pii/S0160252720301047?via%3Dihub
7. The benefits and risks of asking research participants about suicide: A meta-analysis of the impact of exposure to suicide-related content https://www.sciencedirect.com/science/article/abs/pii/S0272735818301351?via%3Dihub
8. DMHAS Final Approps Questions FY 23 https://www.cga.ct.gov/app/related/20230213_2022%20Subcommittee%20Documents/20220202_2022%20Health%20Subcommittee%20Work%20Session%20Documents/DMHAS%20Final%20Approps%20Questions%20FY%2023.xlsx.pdf
9. DPH Hospitalization Statistics 2021 https://portal.ct.gov/dph/Health-Information-Systems--Reporting/Hisrhome/Hospitalization-Statistics