

---

## 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)