

SB 370 -- Redline

PH Joint Favorable to File No. 308 -- AN ACT CONCERNING PEER-RUN RESPITE CENTERS FOR PERSONS EXPERIENCING A MENTAL HEALTH CRISIS.

Deletions ~~struck~~ · Insertions underlined

Senate General Assembly ~~Raised~~File-Bill No.

370308 February Session, 2024 ~~LCQ~~Senate Bill No.

2518370 ReferredSenate, toApril 8, 2024 The Committee on ~~PUBLIC~~Public HEALTHHealth Introducedreported by:through SEN.

(PH)ANWAR ANof ACTthe CONCERNING3rd PEER-RUNDist., RESPITEChairperson CENTERSof FORthe PERSONSCommittee EXPERIENCINGon Athe MENTALpart HEALTHof CRISIS-the Senate, that the bill ought to pass.

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

(3) "Peer-run respite center" means a facility that is operated by a ~~peer-run~~SB370 organization/ inFile a safe, physical space that employs peer support specialists to provide peer respite services and peer support ~~LCQ 2518 1 of 4 Bill~~ No.

370308 services1 forSB370 personsFile ageNo. eighteen and older who are experiencing emotional or mental distress, either as an immediate precursor to or as part of a mental health crisis;

308 peer-run organization in a safe, physical space that employs peer support specialists to provide peer respite services and peer support services for persons age eighteen and older who are experiencing emotional or mental distress, either as an immediate precursor to or as part of a mental health crisis; SuchSB370 peer-run/ respiteFile center shall be managed, operated and controlled by members of the TQI+ community who have psychiatric histories or ~~LCQ 2518 2 of 4 Bill~~ No.

370308 related2 livedSB370 experience;File No.

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

(e) The commissioner shall contract with peer-run organizations to ~~operate~~SB370 the/ peer-runFile respite centers and peer-run technical assistance ~~LCQ 2518 3 of 4 Bill~~ No.

370308 center-3 SB370 File No.

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

Section 1 October 1, 2024 New section PH Joint Favorable ~~LCQ~~SB370 2518/ 4File ofNo.-4

308 4 SB370 File No.

308 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 GF - Cost See Below Up to \$5.5 Serv., Dept.

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.

DMHASmustcontractwithnonprofitpeer-runorganizationstooperate 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.

SB370 / File No.

308 5 SB370 File No.

308 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.

SB370 / File No.

308 6 SB370 File No.

308 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.

SB370 / File No.

308 7 SB370 File No.

308 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:

SB370 / File No.

308 8 SB370 File No.

308 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 thePublic Health Committee and also post thereport on the department's website.

COMMITTEE ACTION Public Health Committee Joint Favorable Yea 37 Nay 0 (03/20/2024) SB370 / File No.

308 9