



General Assembly

February Session, 2024

Raised Bill No. 370

LCO No. 2518



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

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*