S.194

Introduced by Senators Hooker, Lyons, Chittenden, Perchlik, Pollina and Ram Hinsdale

Referred to Committee on

Date:

Subject: Health; mental health; peer-operated respite centers

Statement of purpose of bill as introduced: This bill proposes to: (1) establish the creation of peer-operated respite centers; and (2) establish a combined community center and peer-operated respite center pilot program.

An act relating to peer-operated respite centers

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. FINDINGS

The General Assembly finds that:

(1) Emergency department lengths of stay for patients with psychiatric diagnoses have increased dramatically since 2015.

(2) Currently, there are plans to add additional inpatient psychiatric beds to reduce prolonged waits for psychiatric patients in Vermont emergency departments.

(3) However, a significant number of patients who visit a Vermont emergency department for psychiatric diagnoses do not require inpatient

admission. Therefore, even after new inpatient capacity is built, it remains imperative that Vermont explore alternative care settings, including enhanced community-based care settings for some of these patients.

(4) Peer-operated respite centers can serve as alternative care settings for patients with psychiatric diagnoses who do not require inpatient admission.

(5) Peer-operated respite centers can serve as a step-down alternative for individuals leaving the hospital who no longer need hospital care but are not yet ready to return home. Currently, many patients seeking mental health treatment are unable to leave the hospital because there are not suitable step-down facilities available.

(6) In control group research studies, guests of peer-operated respite centers were 70 percent less likely to use inpatient or emergency services. Respite days were associated with significantly fewer inpatient or emergency service hours. Respite guests showed statistically significant improvements in healing, empowerment, and satisfaction. Average psychiatric hospital costs were $1,075.00 for respite users compared to $3,187.00 for nonusers. Respite guests also experienced greater improvements in self-esteem, self-rated mental health symptoms, and social activity functioning compared to individuals in inpatient facilities.

(7) Vermont currently has one two-bed, peer-operated respite center, named Alyssum. Located in Rochester, Alyssum operated at 93 percent

capacity in fiscal year 2018, had five-day wait times for a bed, and drew guests from every Vermont county save Essex, Lamoille, and Grand Isle. In contrast, crisis respites run by designated agencies operated at 75 percent capacity in fiscal year 2018, below the Department of Mental Health's targeted 80 percent occupancy rate.

(8) Peer-operated respite centers are also more cost-effective than alternatives. A peer-operated respite center bed in 2018 cost $634.00 per night, whereas a designated crisis bed cost $693.00 per night, a designated hospital bed cost $1,425.00 per night, and a bed at the Vermont Psychiatric Care Hospital cost $2,537.00 per night.

(9) Many visitors to Vermont emergency departments seeking psychiatric treatment report that they feel socially isolated and lack social connectedness. They also report that they sometimes seek out inpatient hospitalization to ease this social isolation. Clients of Vermont's community mental health agencies also report lower "improved social connectedness from services" and lower "improved functioning from services" than their U.S. counterparts.

(10) Use of peer-operated respite centers results in lowered rates of Medicaid-funded hospitalizations and health expenditures for participants.

(11) There are currently two peer-run community centers in Vermont: Another Way, located in Montpelier, and Pathways Community Center,

located in Burlington. In fiscal year 2018, Another Way had 8,481 visitors (616 unique visitors) and Pathways Community Center had 3,616 visitors.

(12) There is some anecdotal information that pairing two-bed peer-operated respite centers with community centers results in a reduction in psychiatric emergency department visits, prolonged emergency department wait times for patients seeking mental health treatment, and inpatient admissions.

Sec. 2. 18 V.S.A. chapter 194 is added to read:

CHAPTER 194. PEER-OPERATED RESPITE CENTERS

§ 8251. LEGISLATIVE INTENT

It is the intent of the General Assembly that peer-operated respite centers established pursuant to this chapter achieve:

(1) a reduction in wait times at emergency departments for patients seeking mental health care;

(2) an increase in community-based, recovery-oriented, and geographically diverse mental health resources;

(3) an increase in employment opportunities for individuals who have experienced one or more mental health conditions; and

(4) better outcomes for Vermonters experiencing mental health conditions.

§ 8252. DEFINITIONS

As used in this chapter:

(1) "Department" means the Department of Mental Health.

(2) "Peer" has the same meaning as in section 7101 of this title.

(3) "Peer-operated respite center" means a voluntary, short-term, overnight program that provides community-based, trauma-informed, and person-centered crisis support and prevention 24 hours a day in a homelike environment to individuals with mental conditions who are experiencing acute distress, anxiety, or emotional pain that if left unaddressed may lead to the need for inpatient hospital services.

(4) "Peer-run organization" means an entity organized and operated on a nonprofit basis that is controlled and operated by individuals with lived experience of one or more mental health conditions and provides support and advocacy for individuals currently experiencing a mental health condition.

§ 8253. PEER-OPERATED RESPITE CENTERS

(a) Annually, the Department shall distribute funds to one or more peer-run organizations in each of the following cities and regions to ensure that a peer-operated respite center is established and maintained in each location:

(1) Bennington;

(2) Brattleboro;

(3) Burlington;

(4) Montpelier;

(5) Caledonia, Essex, or Orleans Counties;

(6) Rutland; and

(7) Windsor County.

(b) The Department shall adopt rules pursuant to 3 V.S.A. chapter 25 that address:

(1) the application process for peer-run organizations seeking to maintain and operate a peer-operated respite center;

(2) the Department's criteria for selecting successful applicants;

(3) operational standards for peer-operated respite centers; and

(4) annual reporting requirements for successful applicants.

(c) Annually on or before January 1, the Department shall submit a report to the House Committee on Health Care and to the Senate Committee on Health and Welfare summarizing the annual activities of the peer-operated respite centers, including any challenges that may be addressed through legislative action.

Sec. 3. PILOT; COMBINED COMMUNITY CENTER AND PEER-OPERATED RESPITE CENTER PROGRAM

(a) In fiscal year 2023, the Department of Mental Health shall establish a one-year pilot program by providing funds to a peer-run community center in both Burlington and Montpelier for the purpose of combining their efforts with

those peer-operated respite centers operating in Burlington and Montpelier pursuant to 18 V.S.A. chapter 194.

(b)(1) Peer-run community centers participating in the pilot program established in this section shall provide quarterly reports to the Department addressing how many individuals have been served under the pilot program, the nature of the services provided, the number of individuals likely diverted from emergency departments, and any other information the Department requests.

(2) On or before September 1, 2023, the Department shall submit a report to the House Committees on Appropriations and on Health Care and to the Senate Committees on Appropriations and on Health and Welfare detailing the total number of individuals served by the pilot program established in this section and any recommendations for expanding this program throughout the State.

(c) As used in this section:

(1) "Peer" has the same meaning as in 18 V.S.A. § 7101.

(2) "Peer-run community center" means a safe physical space where individuals with mental health conditions may convene to address the social isolation and lack of social connection common to many individuals with mental health conditions. A peer-run community center offers services, such as peer support; support groups; assistance in obtaining housing and

employment; transportation to outpatient appointments; art, music, and educational activities; meals; internet access; recreation; exercise; and showers.

Sec. 4. APPROPRIATIONS

(a) In fiscal year 2023, $3,500,000.00 is appropriated from the General Fund to the Department of Mental Health for the purpose of distributing $500,000.00 to each peer-operated respite center established pursuant to 18 V.S.A. chapter 194.

(b) In fiscal year 2023, $250,000.00 is appropriated from the General Fund to the Department of Mental Health for distribution to the peer-run community centers participating in the combined community center and peer-operated respite center pilot program established pursuant to Sec. 3 of this act.

Sec. 5. EFFECTIVE DATE

This act shall take effect on July 1, 2022.