

SENATE No. 1238

The Commonwealth of Massachusetts

PRESENTED BY:

Joanne M. Comerford

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act establishing peer-run respite centers throughout the Commonwealth.

PETITION OF:

NAME:

Joanne M. Comerford

DISTRICT/ADDRESS:

Hampshire, Franklin and Worcester

SENATE No. 1238

By Ms. Comerford, a petition (accompanied by bill, Senate, No. 1238) of Joanne M. Comerford for legislation to establish peer-run respite centers throughout the Commonwealth. Mental Health, Substance Use and Recovery.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Third General Court
(2023-2024)**

An Act establishing peer-run respite centers throughout the Commonwealth.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 19 of the General Laws is hereby amended by adding the following
2 section:-

3 Section 26. (a) As used in this section, the following words shall, unless the context
4 requires otherwise, have the following meanings:

5 “Department”, the department of mental health.

6 “Guests”, a person aged 18 and over who has been accepted by a peer-run respite center
7 and approved to stay at or receive services from the center.

8 “LGBTQIA+”, lesbian, gay, bisexual, transgender, queer, intersex, asexual, or other
9 gender identities and sexual orientations that individuals may identify as.

10 “Peer respites”, voluntary, short-term residential programs that provide community-
11 based, trauma-informed, person-centered support and prevention on a 24-hour basis in a

12 homelike environment to persons age 18 or older who are experiencing emotional or mental
13 distress either as an immediate precursor to or as a part of a crisis.

14 “Peer respite services”, voluntary, trauma-informed, short-term services provided to
15 persons age 18 or older, in a home-like environment, which are the least restrictive of individual
16 freedom, culturally competent, and focus on recovery, resiliency, and wellness.

17 “Peer-run organization”, a non-profit entity that is controlled and operated by individuals
18 who have psychiatric histories or have faced and navigated other life-interrupting challenges and
19 which provide a venue for support and advocacy for individuals who experience similar
20 struggles.

21 “Peer-run organizations”, shall mean all of the following: (a) organizations that specialize
22 in provision of peer support; (b) where a majority of their leadership, including both senior
23 leadership and the Board of Directors, identify as having psychiatric histories or navigating
24 similar life-interrupting challenges; (c) have specialized in provision of peer support for a
25 minimum of 5 years; and (d) do not provide any clinical mental health services or where clinical
26 mental health services make up less than 10 per cent of their primary services provided.

27 “Peer-run respite center”, a safe, physical space for people experiencing emotional or
28 mental distress that addresses the social isolation and lack of social connectedness that many
29 people say they feel. A peer-run respite center shall offer peer support and peer respite services
30 by peer supporters. All peer-run respite centers must be peer-run organizations and peer respites.

31 “Peer support services”, assistance that promotes engagement, socialization, recovery,
32 self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and
33 maintenance of skills learning in other support services.

34 “Peer supporters”, individuals who are trained in the provision of peer support services,
35 and who have psychiatric histories or have faced and navigated similarly life-interrupting
36 challenges. Such individuals shall be trained in and capable of providing community-based,
37 trauma-informed, person-centered peer support and peer respite services, as these terms are
38 defined herein.

39 (b) The department shall establish a minimum of 14 peer-run respite centers throughout
40 the Commonwealth, with each county having at least one peer-run respite center. The department
41 shall allocate and provide funding necessary for, and assist with the establishment of the peer-run
42 respite centers. All peer-run respite centers shall be peer-run organizations and shall constitute
43 peer respites.

44 (c) Two of the peer-run respite centers shall be established for the purpose of serving
45 LGBTQIA+ individuals. The LGBTQIA+ peer-run respite centers shall be managed, operated,
46 and controlled by individuals identifying as members of the LGBTQIA+ community who also
47 have psychiatric histories or related lived experience. The LGBTQIA+ peer-run respite centers
48 shall be located in Hampden County and Suffolk County.

49 (d) All peer-run respite centers shall employ peer supporters and be managed and
50 operated by individuals with psychiatric histories or lived experience with similarly life-
51 interrupting challenges. All peer supporters shall be required to receive and complete trainings as
52 required to perform the essential job functions of a peer supporter in this context. All peer
53 supporters working for the LGBTQIA+ peer respites shall also receive additional training
54 required to serve members of this community.

55 (e) Each peer-run respite center shall be equipped to provide guests with peer respite and
56 peer support services and required by regulations implementing the provisions of this section.
57 Each peer-run respite center shall be approved to and capable of providing guests with short-
58 term, temporary lodging consistent with the definition of peer respites, as well as the
59 requirements of this section and regulations implementing this section.

60 (f) The department shall only contract with peer-run organizations for the establishment
61 of peer-run respite centers under this section. Peer-run respite centers shall be responsible for the
62 provision, operation, and control of peer respite facilities, as well as peer respite and support
63 services.

64 (g) The department shall provide funding for all peer-run respite centers that is sufficient
65 to ensure that each peer-run respite center is capable of providing peer respite and peer support
66 services. In making such appropriations necessary for this purpose, the department shall consider
67 and account for funds needed for the purpose of: (i) recruiting peer supporters; (ii) training peer
68 supporters; (iii) supervising and overseeing peer supporters; and (iv) conducting informational
69 sessions and trainings on the functions and qualifications of peer supporters. Peer supporters
70 shall be compensated at a rate sufficient to ensure that highly trained and skilled peer supporters
71 will be retained, and to maximize positive impact of supports.

72 (h) The department shall work with existing peer-run organizations providing peer respite
73 services to identify training requirements, which may differ from training requirements for peer
74 supporters or peer specialists working in other contexts, as well as a fidelity tool to establish and
75 measure ongoing adherence to the basic components of each peer respite based on current
76 leading guides to peer respites.

77 (i) The department shall also work with existing peer-run organizations, as well as
78 stakeholders within the LGBTQIA+ community, to develop training requirements for individuals
79 seeking to work as peer supporters in LGBTQIA+ peer-run respite centers.

80 (j) The department, in consultation with existing peer-run organizations, shall develop
81 regulations for the establishment and operation of the peer-run respite centers. Such regulations
82 shall employ definitions and criteria consistent with this section.

83 (k) The department shall prepare an annual report on its progress towards implementing
84 this section. The report shall identify any challenges and barriers regarding implementation, and
85 detail the department's strategy for overcoming any identified challenges or barriers. The report
86 shall be provided to the committee on mental health, substance abuse and recovery, the
87 committee on public health, the house and senate committees on ways and means, and published
88 on the public website of the department no later than October 1 each year.