

**HB 2831 STAFF MEASURE SUMMARY**

**House Committee On Health Care**

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**Prepared By:** Oliver Droppers, LPRO Analyst

**Sub-Referral To:** Joint Committee On Ways and Means

**Meeting Dates:** 3/7

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**WHAT THE MEASURE DOES:**

Defines terms including “peer respite services” as voluntary, residential peer support provided in a home-like setting to individuals with mental illness who are experiencing acute distress, anxiety, or emotional pain that may lead to the need for inpatient hospital services. Requires the Oregon Health Authority (OHA) to fund one or more peer-run respite service centers. Authorizes OHA through rulemaking to establish funding criteria, data reporting and monitoring requirements, and investigation and assessment authority, to ensure quality of services. Allows OHA to collaborate with county mental health departments in support of respite services. Appropriates \$2.25 million from the General Fund. Declares emergency, effective on passage.

*REVENUE: May have revenue impact, but no statement yet issued.*

*FISCAL: May have fiscal impact, but no statement yet issued.*

**ISSUES DISCUSSED:**

**EFFECT OF AMENDMENT:**

No amendment.

**BACKGROUND:**

According to the federal Substance Abuse and Mental Health Services Administration (SAMHA), peer crisis respite service is a model that offers community-based support and prevention to help individuals at risk of or experiencing a mental health or psychiatric crisis by offering a recovery-oriented system. Such services offer an alternative to psychiatric hospitalization with a focus on peer-run wellness and recovery services that are short-term, safe, voluntary, and operate 24 hours per day in a home-like setting (e.g., hospital prevention or diversion). These centers are most often peer-run organizations with staff that have a lived experience of the behavioral health system with professional crisis support training (i.e., peer-support).

House Bill 2831 allows the Oregon Health Authority up to fund up three peer respite centers in Oregon.