

HB 2831 STAFF MEASURE SUMMARY

House Committee On Health Care

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Sub-Referral To: Joint Committee On Ways and Means

Meeting Dates: 3/7, 3/19

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: *No revenue impact.*

FISCAL: *Fiscal impact statement issued.*

ISSUES DISCUSSED:

- Provision of immediate to short-term respite services for individuals experiencing mental distress
- Ability for an individual to voluntarily check-in and access services at a peer-run respite center
- Community and emotional supports to help individuals avoid high-cost inpatient care settings
- Improved coordination for individuals with mental health diagnosis among health providers, hospitals, and public safety officers
- Types of professional staff that manage and provide services at peer-run respite services, culturally competency
- Number of patients admitted to the Oregon State Hospital
- Distinction and definition between peer-run directed services, certification, and peer-run respite centers
- Peer-run respite centers in other states

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.