

**B-Engrossed**  
**House Bill 2980**

Ordered by the House June 23  
Including House Amendments dated April 6 and June 23

Sponsored by Representatives HAYDEN, NOSSE; Representatives GRAYBER, NERON, REYNOLDS, SMITH DB

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires Oregon Health Authority to provide funding to peer-run organizations in Portland metropolitan area, southern Oregon region, **Oregon coast** and eastern and central Oregon region to operate peer respite centers to provide peer respite services to individuals with mental illness or trauma response symptoms who experience acute distress, anxiety or emotional pain that may lead to need for higher level of care. **Provides that at least one peer respite center receiving funding must participate in pilot project designed specifically to provide culturally responsive services to historically underrepresented communities.** Requires Oregon Health Authority to adopt criteria for peer respite centers that receive funding and to monitor compliance.

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to residential peer support for individuals with mental illness who are in crisis; and de-  
3 claring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1. (1) As used in this section:**

6 (a) **“Peer respite services” means voluntary, nonclinical, short-term residential peer**  
7 **support provided:**

8 (A) **In a homelike setting to individuals with mental illness or trauma response symptoms**  
9 **who are experiencing acute distress, anxiety or emotional pain that may lead to the need for**  
10 **a higher level of care such as psychiatric inpatient hospital services; and**

11 (B) **By a peer-run organization and directed and delivered by individuals with lived experi-**  
12 **ence in coping with, seeking recovery from or overcoming mental illness or trauma re-**  
13 **sponse challenges.**

14 (b) **“Peer-run organization” means an organization:**

15 (A) **In which a majority of the individuals who oversee the organization’s operation and**  
16 **who are in positions of control have received mental health services;**

17 (B) **That is fully independent, separate and autonomous from other mental health agen-**  
18 **cies; and**

19 (C) **That has the authority and responsibility for all oversight and decision-making on**  
20 **governance, financial, personnel, policy and program issues in the organization.**

21 (c) **“Peer support” means assistance provided by individuals who are current or former**  
22 **consumers of mental health treatment in:**

23 (A) **Addressing financial problems and other issues affecting the social determinants of**  
24 **health;**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (B) Managing trauma using natural supports; and

2 (C) Assisting with crisis management and coping with potential crisis situations.

3 (2)(a) The Oregon Health Authority shall provide funding to one or more peer-run or-  
4 ganizations to operate four peer respite centers to complement existing local crisis response  
5 services, one each to be located in the Portland metropolitan area, the southern Oregon re-  
6 gion, the Oregon coast and the central and eastern Oregon region. Each peer respite center  
7 shall provide up to two weeks of continuous peer respite services to six or fewer individuals.

8 (b) At least one of the peer respite centers must participate in a pilot project designed  
9 specifically to provide culturally responsive services to historically underrepresented com-  
10 munities, such as communities of color including Black, African American, Latino, Asian,  
11 Asian American or Pacific Islander communities, or to the nine federally recognized tribes  
12 in this state.

13 (3) The authority shall prescribe by rule the requirements for peer respite centers re-  
14 ceiving funding under this section and may require peer respite centers to provide data and  
15 other reports to enable the authority to monitor and evaluate the services provided by the  
16 peer respite centers.

17 (4) The authority shall collaborate with county behavioral health departments or con-  
18 tractors of county behavioral health departments to incorporate peer respite services into  
19 the continuum of care provided by the departments or contractors to individuals who are  
20 experiencing behavioral health crises or who may be at risk of experiencing behavioral health  
21 crises.

22 (5) As a condition of the receipt of funding, peer-run organizations must allow the au-  
23 thority or the authority's designees access to the peer respite centers to conduct investi-  
24 gations and assessments, as necessary, to ensure that residents receive the quality and scope  
25 of services required.

26 SECTION 2. In addition to and not in lieu of any other appropriation, there is appropri-  
27 ated to the Oregon Health Authority, for the biennium beginning July 1, 2021, out of the  
28 General Fund, the amount of \$6,000,000, which shall be expended for providing \$750,000 to  
29 each peer respite center each year as described in section 1 of this 2021 Act.

30 SECTION 3. Section 1 of this 2021 Act becomes operative on January 1, 2022.

31 SECTION 4. This 2021 Act being necessary for the immediate preservation of the public  
32 peace, health and safety, an emergency is declared to exist, and this 2021 Act takes effect  
33 on its passage.

34