On page 1 of the printed A-engrossed bill, delete lines 5 through 25.
On page 2, delete lines 1 through 27 and insert:

“SECTION 1. (1) As used in this section:
(a) ‘Peer respite services’ means voluntary, nonclinical, short-term residential peer
support provided:
(A) In a homelike setting to individuals with mental illness or trauma response symp-
toms who are experiencing acute distress, anxiety or emotional pain that may lead to the
need for a higher level of care such as psychiatric inpatient hospital services; and
(B) By a peer-run organization and directed and delivered by individuals with lived ex-
perience in coping with, seeking recovery from or overcoming mental illness or trauma re-
response challenges.
(b) ‘Peer-run organization’ means an organization:
(A) In which a majority of the individuals who oversee the organization’s operation and
who are in positions of control have received mental health services;
(B) That is fully independent, separate and autonomous from other mental health
agencies; and
(C) That has the authority and responsibility for all oversight and decision-making on
governance, financial, personnel, policy and program issues in the organization.
(c) ‘Peer support’ means assistance provided by individuals who are current or former
consumers of mental health treatment in:
(A) Addressing financial problems and other issues affecting the social determinants of
health;
(B) Managing trauma using natural supports; and
(C) Assisting with crisis management and coping with potential crisis situations.
(2)(a) The Oregon Health Authority shall provide funding to one or more peer-run or-
ganizations to operate four peer respite centers to complement existing local crisis response
services, one each to be located in the Portland metropolitan area, the southern Oregon re-
igion, the Oregon coast and the central and eastern Oregon region. Each peer respite center
shall provide up to two weeks of continuous peer respite services to six or fewer individuals.
(b) At least one of the peer respite centers must participate in a pilot project designed
specifically to provide culturally responsive services to historically underrepresented com-
munities, such as communities of color including Black, African American, Latino, Asian,
Asian American or Pacific Islander communities, or to the nine federally recognized tribes
in this state.
(3) The authority shall prescribe by rule the requirements for peer respite centers re-
receiving funding under this section and may require peer respite centers to provide data and
other reports to enable the authority to monitor and evaluate the services provided by the
peer respite centers.

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

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

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