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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

BHS 15-2022

CHAPTER 309

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

FILED

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ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Establishes Minimal Operational Standards For Services And Supports Offered By Peer Respite Programs

EFFECTIVE DATE: 08/08/2022 THROUGH 02/03/2023

AGENCY APPROVED DATE: 08/05/2022

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NEED FOR THE RULE(S):

These rules are necessary to establish operating standards for peer respite programs in Oregon. House Bill 2980 (2021) established peer respite programs in Oregon and directed the Oregon Health Authority to create administrative rules for these programs.

JUSTIFICATION OF TEMPORARY FILING:

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s).

This filing establishes peer respite programs, first created by House Bill 2980 (2021), and allow these programs to immediately begin operation in Oregon. Peer respite centers provide voluntary, non-clinical, short-term residential peer support to adults experiencing mental or emotional distress or a mental health crisis. People accessing peer respite centers can get support from others who have shared lived experiences and have navigated similar mental health needs. These low-barrier, community-based programs operate in home-like settings and can serve up to six overnight guests at a time. Each person can stay overnight for up to two weeks while they navigate their mental health challenges, stabilize their emotional state, and – if they desire – make plans and set goals for their continued well-being and recovery. The immediate establishment of these centers is critical to filling existing gaps in the continuum of mental health care for adults in Oregon. These programs represent a lower-cost, person-directed, and trauma-informed alternative to clinically-based care for adults experiencing mental health crisis or emotional distress. By operating under peer values and SAMHSA recovery principles, these programs will create another option for those who may not be comfortable engaging in services or treatment at clinical or medical facilities. Currently, there are limited community-based alternatives to hospital or emergency department care for people experiencing mental health crisis or emotional distress. This often results in people going without the support they need until they require emergency or involuntary hospital care. In some cases, these individuals encounter the criminal justice system while in crisis and are arrested or incarcerated. This program will provide additional, peer-delivered supports which people can access voluntarily and proactively before they are subject to more restrictive and intensive interventions.

(2) Who would suffer these consequences.

Failure to act promptly and establish temporary rules will result in serious prejudice to the public interest and adversely impact the parties concerned with the establishment of peer respite centers – specifically, adults with behavioral health needs and adults experiencing behavioral health crises. Families and community members of adults with behavioral health needs will also be adversely impacted. Peer respite programs will expand community-based supports available through the state and can be accessed by those who may not feel comfortable or safe accessing care in other settings like clinics and hospitals. These individuals may feel safer accessing support in a peer-respite setting, resulting in more people getting the support they need to feel well and live independently in their communities. In particular, people from marginalized and underserved communities including persons of color, veterans, and those identifying as LGBTQIA2S+ have experienced trauma, discrimination, and structural racism when accessing behavioral health care, which can present a barrier to accessing treatment from mainstream clinical or medical settings.

(3) Why or how failure to immediately take rulemaking action would cause these consequences;

Currently, there are limited resources and support for people experiencing behavioral health crisis or emotional distress in Oregon, and there are no peer-run options for this kind of support in the state. Peer respite programs will provide additional resources for mental health support, including for rural and remote communities and for people who are marginalized or underserved. Three of the peer respite programs will be established outside of the Portland Metro region, including programs in central / eastern Oregon and the Oregon coast, where there is a particular need for additional community-based resources. Taking immediate rulemaking action will allow the Oregon Health Authority to partner with peer-run organizations to quickly establish these programs and create an additional resource for adults with mental health needs. Failing to immediately take rulemaking action would delay the process of establishing and opening peer-respite programs and delay the availability of this resource in Oregon.

(4) How the temporary action will avoid or mitigate those consequences.

This temporary action will immediately allow these programs to begin operating in Oregon, bringing additional needed resources to communities around the state. These programs do not currently exist in Oregon. Once established, these programs will provide a low-barrier, easily accessible alternative to emergency room visits or hospitalization for individuals experiencing mental distress. Peer-respite programs serve people on a voluntary basis and those in need of support can self-refer for services. By providing a place for individuals to receive support before they reach a crisis point, this program could also result in the reduction of hospitalizations and incarcerations – two outcomes that disproportionately impact communities of color.

People who have been historically and are currently marginalized or underserved – including people of color, people who experience disability, people who experience significant mental health needs, veterans, and people who identify as LGBTQIA2S+ may not feel safe or comfortable seeking services from clinical or medical mental health providers. Past negative or traumatic experiences, including discrimination and racism, can create barriers to accessing care in mainstream behavioral health settings. Individuals who are not comfortable engaging in services or treatment at traditional medical facilities may feel more comfortable accessing support in a peer respite setting, resulting in more people getting the support they need to live independently in their communities. This program can provide a safe alternative to those settings and expand availability of mental health supports for people from marginalized communities or identities.

These programs will also expand the availability of culturally specific and culturally responsive mental health care in Oregon. Peer-delivered services (PDS) are community-based supports delivered by people with shared lived experiences and are grounded in principles of mutual support, self-determination, and honoring each person's unique worldview. When delivering peer services, PDS providers take their direction from the person they are supporting and

offer supports based on the self-identified strengths and needs of the person served. When delivered to fidelity, peer delivered services are, by definition, culturally and linguistically responsive. All peer respite programs will be required to deliver care that is culturally and linguistically responsive, ensures access to people experiencing disability, and is LGBTQIA2S+ affirming and inclusive. In addition, House Bill 2980 (2021) requires at least one of the four peer-respite programs to provide culturally and linguistically specific services, which are defined in the proposed rules as services designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

HB 2980: <https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB2980>

Meetings with community members with lived experience of mental health needs and behavioral health crisis.

Peer Respite Handbook: A guide to understanding, building, and supporting peer respites.

(<https://www.peerrespite.com/manuals>)

RULES:

309-020-0100, 309-020-0105, 309-020-0120, 309-020-0130

ADOPT: 309-020-0100

RULE SUMMARY: Establish purpose of 309-020 Peer respite programs.

CHANGES TO RULE:

309-020-0100

Purpose

These rules prescribe general minimum operational standards for services and supports provided by Peer Respite Programs.

Statutory/Other Authority: ORS 430.275

Statutes/Other Implemented: HB 2980 (2021)

RULE SUMMARY: Establishes definitions for 309-020 Peer respite programs.

CHANGES TO RULE:

309-020-0105

Definitions

(1) "Culturally and linguistically responsive services" means the provision of effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. ¶

(2) "Culturally and linguistically specific services" means provision of culturally and linguistically responsive services (defined above) designed for a specific population by a provider who shares the culture, language, or identity with the individual seeking services. ¶

(3) "Gender-affirming and responsive services" means services that holistically attends to but is not limited to transgender, gender-nonconforming, non-binary, Two Spirit and intersex people's physical, mental, and social health needs and well-being while respectfully affirming their gender identity. Gender-affirming care is sensitive and responsive to an individual's gender identities and expressions. Gender affirming care complies with non-discrimination laws. ¶

(4) "LGBTQIA2S+ affirming and inclusive services" means services that proactively create an environment that intentionally and purposefully supports members of the LGBTQIA2S+ community. LGBTQIA2S+ community members are treated with respect, dignity and have equitable access to services, supports, and opportunities in a manner that sustains their whole selves. ¶

(5) "Peer respite services" means voluntary, non-clinical, short-term residential peer support as defined in ORS 430.275. ¶

(6) "Peer-run organization" means a community-based organization as defined in ORS 430.275. ¶

(7) "Peer support" means assistance as defined in ORS 430.275. ¶

(8) "Recovery principles" means a set of principles and values that are holistic, strengths-based, mutually supportive, respectful, individualized and person-directed, and that support self-direction, empowerment, responsibility, and hope for people. ¶

(9) "Trauma-informed practices" means strengths-based practices that seek to understand trauma and how it impacts people's lives. Trauma-informed practices emphasize physical, psychological, and emotional safety for everyone and support people in having choice and control of their own lives.

Statutory/Other Authority: ORS 430.275

Statutes/Other Implemented: HB 2980 (2021)

ADOPT: 309-020-0120

RULE SUMMARY: Establishes Operational, Policy, and Service Support Requirements for 309-020, Peer respite programs.

CHANGES TO RULE:

309-020-0120

Operational, Policy, and Service Support Requirements

Operational and policy requirements shall include: ¶

(1) Peer respite programs shall be operated by peer-run organizations;¶

(2) Peer respite programs shall provide peer respite services and peer support according to recovery principles; and¶

(3) Peer respite programs shall maintain, implement, and formalize organizational policies and procedures that detail the following standards of service. Peer respite programs shall make these policies and procedures available to the Oregon Health Authority: ¶

(a) Peer Values and Recovery Principles;¶

(b) Culturally and Linguistically Responsive Services; ¶

(c) Culturally and Linguistically Specific Services, when offered by the program; ¶

(d) Accessibility for People with Intellectual and Developmental Disabilities; ¶

(e) Accessibility for People with Physical Disabilities; ¶

(f) Gender-affirming and Responsive Services; ¶

(g) LGBTQIA2S+ Affirming and Inclusive Services; ¶

(h) Trauma-Informed practices; and ¶

(i) Incident and Emergency Response plan.

Statutory/Other Authority: ORS 430.275

Statutes/Other Implemented: HB 2980 (2021)

ADOPT: 309-020-0130

RULE SUMMARY: Data Collection and Reporting Requirements for 309-020, Peer respite programs.

CHANGES TO RULE:

309-020-0130

Data Collection and Reporting Requirements

(1) Financial recordkeeping and reporting is required as follows: ¶

(a) Programs shall keep accurate books, records and accounts that are subject to inspection and audit by the Oregon Health Authority upon request; and ¶

(b) Additional financial reporting requirements shall be followed as outlined and pre-negotiated in each grant or funding agreement or contract. ¶

(2) Participant demographics and participant service and support reporting is required. Each program shall, at a minimum, collect and report on the following: ¶

(a) Number of people served on an annual basis; ¶

(b) Average duration of participant stay; ¶

(c) Demographic data on people served, including self-reported demographic data on race, ethnicity, gender identity, and age. Each program shall collect data in accordance with OAR 943 Division 070; and ¶

(d) Additional outcome reporting requirements shall be followed as outlined and pre-negotiated in each grant or funding agreement or contract.

Statutory/Other Authority: ORS 430.275

Statutes/Other Implemented: HB 2980 (2021)