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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 309
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: BEHAVIORAL HEALTH SERVICES

FILED
09/29/2022 9:52 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Establishes minimal operational standards for services and supports offered by peer respite programs.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/21/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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500 Summer St NE
Salem, OR 97301

Filed By:
Kalina Bathke
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 10/19/2022

TIME: 11:00 AM

OFFICER: Brandy Hemsley

ADDRESS: Due to COVID all meetings are virtual

Due to COVID all meetings are virtual

Salem, OR 97301

SPECIAL INSTRUCTIONS:

<https://www.zoomgov.com/j/1605803423?pwd=Q0RjS9KdEkzQnoxVXQ2emJJTndhQT09>

Meeting ID: 160 580 3423

Passcode: 998590

NEED FOR THE RULE(S)

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

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

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

ORS 430.275: https://www.oregonlegislature.gov/bills_laws/ors/ors430.html

Meetings with community members with lived experience of mental health needs and behavioral health crisis. Notes available up on request to Brandy Hemsley, brandy.l.hemsley@dhsaha.state.or.us

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

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

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

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. These proposed rules will require all peer-run respite programs to deliver care that is culturally and linguistically responsive, ensures access to people experiencing disability, and is LGBTQIA2S+ affirming and inclusive. In addition, ORS 430.295 requires 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.

By creating a safe space and resource for adults experiencing mental health crisis, this program will fill a gap in the continuum of care for adults with mental health needs. 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. By providing a place for individuals to receive support before they reach a crisis point, this program may lead to a reduction in the reduction of hospitalizations and incarcerations – two outcomes that disproportionately impact communities of color.

Peer respite centers represent a lower-cost, person-directed, and trauma-informed alternative to clinically based care for adults experiencing mental health needs. By operating under peer values and recovery principles developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), these programs will provide another option for those who are not comfortable engaging in services or treatment at clinical or medical facilities. These individuals may feel safer accessing support in a peer-respite setting, resulting in more people receiving 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, those identifying as LGBTQIA2S+ have experienced trauma, discrimination, and structural racism when accessing behavioral health care, which presents a barrier to accessing treatment from mainstream clinical or medical settings. This program will provide a safe alternative to those settings and expand availability of mental health supports for people from marginalized communities.

FISCAL AND ECONOMIC IMPACT:

The Oregon Health Authority does not anticipate that there will be a fiscal impact from the creation of these rules.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) None

(2)(a) None

(b) Peer-run organizations who receive funding to operate peer respite programs will be required to submit quarterly reports providing demographic and service data regarding their program participants.

(c) None

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules. These rules were developed in coordination with community members, peer-run organizations and community-based (501c3) organizations.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

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, HB 2980 (2021)

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 in section (1) of this rule set) 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, HB 2980 (2021)

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

(1) Operational and policy requirements shall include:// ¶

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

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

(c) 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, HB 2980 (2021)

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, HB 2980 (2021)

Statutes/Other Implemented: HB 2980 (2021)