Peer Respite Crisis Respites: Research & Practice Initiatives in the United States

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What are peer-run respites?

- Peer-run respites are crisis alternatives with the intended outcome of diverting hospitalization.
- They are staffed and operated by peers who have professional training in providing crisis support to build mutual, trusting relationships.
- Peer-run respites are usually located in a house in a residential neighborhood. They provide a safe, homelike environment for people to overcome crisis.
Overview of Operational Models

• **Peer-run** indicates that the board of directors is at least 51% peers
  – Peers staff, operate, and oversee the respite at all levels

• **Peer-operated** indicates that although the board is not a majority peers, the director and staff are peers
  – Often attached to a traditional provider

• **Mixed** are embedded in traditional provider but have peer staff
  – Peers do not have to be in leadership roles
Why have these “models”?  

• Traditional providers are trained in hierarchical power dynamics in treatment  
  – Psychiatrists on staff or consultation for peer-operated respites should be selected carefully and offered training in peer support modalities and shared/supported decision-making  

• Value-added of peer-run models  
  – May have the added value of employing peers in positions of prestige/control in addition to front-line  
  – Values of mutuality & equality in peer support may be even more important in crisis support
## Existing Peer Respites

<table>
<thead>
<tr>
<th>Name</th>
<th>State</th>
<th>Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Story</td>
<td>CA</td>
<td>Peer-operated</td>
</tr>
<tr>
<td>Peer Support Wellness &amp; Respite (Decatur)</td>
<td>GA</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Peer Support Wellness &amp; Respite (White)</td>
<td>GA</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Peer Support Wellness &amp; Respite (Bartow)</td>
<td>GA</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Afiya</td>
<td>MA</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Sweetser</td>
<td>ME</td>
<td>Peer-operated</td>
</tr>
<tr>
<td>Keya House</td>
<td>NE</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Stepping Stone</td>
<td>NH</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Rose House (Milton)</td>
<td>NY</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Rose House (Putnam)</td>
<td>NY</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Foundations</td>
<td>OH</td>
<td>Peer-run</td>
</tr>
<tr>
<td>Alyssum</td>
<td>VT</td>
<td>Peer-run</td>
</tr>
<tr>
<td>WV Mental Health Consumer Association</td>
<td>WV</td>
<td>Peer-run</td>
</tr>
</tbody>
</table>
Population flux

- CA
- GA
- MA
- ME
- NE
- NJ
- NH
- NY
- OH
- VT
- WV
- WI

- Closed
- Slated/Planned
- Existing peer-operated
- Existing peer-run

Lived Experience Research Network
RESEARCH
Deductive Evidence Base?

• Peer support is considered an EBP by SAMHSA and CMS
• Non-peer crisis interventions have a substantial evidence base
  – Soteria House
    • New program starting in VT
  – First Episode Psychosis interventions
    • Low-dose medication alternatives + wraparound supports
    • NIMH RAISE
  – Parachute NYC
    • Based some program design elements on existing peer-run respites
  – Crisis residential/respite (non-peer-operated)
• Peer-run respites = peer support + crisis alternatives
Research to-date: “Gold standard” RCT

- One RCT of a peer-run respite
  - The average improvement in symptom ratings was greater in the peer-run alternative
  - The peer-run alternative group had much greater service satisfaction
  - The study authors concluded that this alternative was “at least as effective as standard care” and a “promising and viable alternative”
Research to-date: Qualitative evaluation

• Qualitative evaluation of the Sweetser program in Maine
  – Guests reported learning new ways to deal with and thrive in the critical domains of self-definition, crisis, rituals/patterns of care, and relationships

• Evaluation of Rose House in NY
  – Guests reported peer-run respite supports were more client-centered and less restrictive, staff were more respectful, and that the respite felt less stigmatizing
  – Survey of 10 Rose House guests found that 7 had not used psychiatric inpatient hospitals since becoming involved with the respite
Research to-date: Self-evaluation

  - Developed own survey to understand guests experience/perspective and “Hopes for Stay” form
  - Had Afiya not been available...?
    - 56% would have gone to the hospital had Afiya not been available
    - 18% would have ended up at a traditional respite
    - 9% would have stayed with a family member/friend
    - 14% would have just stayed home
    - 9% would have had no other options
  - 100% reported that compared to hospital/ traditional respite, Afiya was welcoming, offered clear information, used respectful language and offered opportunities to connect with others
Research to-date: Propensity score matching methods

• Second Story Santa Cruz evaluation is one of the first to use a rigorous design that captures system, program, and individual level processes and outcomes
  – Preliminary results indicate that people who used the respite were 78% less likely than similar non-respite users to use inpatient and emergency services
Relationships to Other Supports

• In a 2012 survey, all respites reported that other providers either occasionally or frequently refer people to their services. None reported that providers never refer to them.

• They most frequently referred to housing and employment supports.

• Perhaps, to be maximally effective, respites should be in an organization/network of ongoing peer and wraparound supports.
PROGRAM DESIGN & RESEARCH
<table>
<thead>
<tr>
<th>Program evaluation component</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Organizational structure</td>
<td>Peer-run, Peer-operated, Mixed (and iterations thereof)</td>
</tr>
<tr>
<td>Processes of support</td>
<td>Commitment to mutuality</td>
</tr>
<tr>
<td>Interactions with other systems and stakeholders</td>
<td>Respites should be embedded in larger organization/system with other resources</td>
</tr>
<tr>
<td>Cost</td>
<td>Cost is NOT cost of a respite day vs. cost of a hospital day in a budget or billing statement</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Individual for guests and staff</td>
</tr>
<tr>
<td>Building a peer-to-peer community resource</td>
<td>Making other mutual support/self-help resources available to increase access</td>
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<tr>
<td>Program evaluation component</td>
<td>Evaluation consideration</td>
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<tr>
<td>Organizational structure</td>
<td>Program environment facilitates autonomy &amp; equality</td>
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<tr>
<td>Processes of support</td>
<td>Coercion &amp; control over guests</td>
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<tr>
<td>Interactions with other systems and stakeholders</td>
<td>Referrals to and from providers; use of other mutual/social support resources</td>
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<tr>
<td>Cost</td>
<td>Other service utilization</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Short-term “stabilization” and functioning; housing; “non-prosthetic” relationships</td>
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<tr>
<td>Building a peer-to-peer community resource</td>
<td>Long-term recovery, employment, community-engagement</td>
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<tr>
<td>Evaluation consideration</td>
<td>Measurement (Explanation/Examples)</td>
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<tr>
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<tr>
<td>Program environment facilitates autonomy &amp; equality</td>
<td>Community-Oriented Program Environment Scale (COPES)</td>
</tr>
<tr>
<td>Coercion &amp; control over guests</td>
<td>McArthur Coercion Scale</td>
</tr>
<tr>
<td>Referrals to and from providers; use of other mutual/social support resources</td>
<td>Counts from records are ideal; self-frequencies more reasonable often</td>
</tr>
<tr>
<td>Other service utilization</td>
<td>System-level data (county &amp; Medicaid) ideal; depends on program requirements</td>
</tr>
<tr>
<td>Short-term “stabilization” and functioning; housing; “non-prosthetic” relationships</td>
<td>More likely to be meaningful for people experiencing crisis after one-time stay</td>
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<td>Long-term recovery, employment, community-engagement</td>
<td>Many recovery measures out there that address these domains</td>
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Toolkit for Evaluating Peer-Run Respites

- Partnership between Lived Experience Research Network (LERN), Human Services Research Institute (HSRI), and National Empowerment Center (NEC)
- Collecting information from all existing respites about what measurement and designs they have used, challenges faced
- Will provide resource for other programs and evaluators about how to design peer-run respites evaluation
- Both supports programs & funders in their evaluation efforts and helps promote consistent measurement
Contact

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