PEER-RUN RESPITES IN THE CONTINUUM OF CARE
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ABSTRACT
Peer-run respites are an emerging form of acute residential crisis services for persons experiencing psychiatric crisis. There are currently 12 PRCRs across the country, with many peers in other states planning to implement programs in their localities. Peer-run respites are commonly staffed and operated by other people with lived experience of mental health recovery. Only recently have these programs in their current form come into existence, although peers have been providing crisis support to one another in their homes for several decades. Peer-run respites are usually located in a house in a residential neighborhood. They provide a safe, homelike environment for people to overcome crisis. The intended outcomes are diverting hospitalization by building mutual, trusting relationships between staff members and users of services, which facilitate resilience and personal growth.

OBJECTIVES & METHODS
Reducing utilization of psychiatric crisis services that are costly and provide limited opportunities for self-direction and recovery has become an important issue in public mental health. This study examined the experience of peer-run respites as part of the continuum of care for persons labeled with mental illness. Respite directors participated in a web-based survey to assess the perspectives on services, research, and policy. Results presented here are related to:
- peer-run respites as an alternative to emergency room and inpatient hospitalization
- relationships to traditional providers
- perspectives on Medicaid reimbursement
- evaluation requests and other needs related to the mental health system

Ten respite directors participated in a web-based survey to assess the perspectives on services, research, and policy. 1

ROLE IN THE SYSTEM

ALTERNATIVES OR ADJUNCTS TO HOSPITAL AND ER?
- Adjust only run peer-respite
- Adjust mostly use peer-respite and sometimes use hospitals/ER
- Adjust use both equally
- Alternative only use peer-respite
- Alternative mostly use peer-respite and sometimes use hospitals/ER
- Alternative use both equally

SUSTAINABILITY ISSUES

WILLINGNESS TO BE A MEDICAID PROVIDER
- Yes
- Yes – but we have concerns
- No
- We are already a Medicaid provider

CONCERNS ABOUT MEDICAID REIMBURSEMENT

WHAT PROGRAMS NEED TO BE EFFECTIVE

REFERRALS TO OTHER PROVIDERS

ANNOUNCEMENTS/CONTACT

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OBJECTIVES & METHODS

Artwork courtesy of research participant

1. One respite director runs two houses, so only completed once to avoid duplication of opinions. There was one non-respondent.