Peer Respite

a national perspective

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Milwaukee Mental Health Task Force
Defining peer respites
What are peer respites?

- Voluntary, short-term, overnight programs
- Operate 24 hours per day in a homelike environment
- Provide community-based, trauma-informed, and person-centered crisis support and prevention
- Staffed and operated by people with lived experience of the mental health system (peers)
How do peer respites work?

peer staff engage guests in mutual, trusting relationships

foster relationships in which individuals help themselves and others through mutual support

engage in advocacy to empower people to participate in their communities
Why are there peer respites?

Psychiatric emergency services...

traumatizing and counter-therapeutic, and do not build capacity to avert future psychiatric crises

internalized and social stigma, disruptions in relationships, and loss of meaningful opportunities

can be avoided if less coercive or intrusive supports are available in the community
Peer Respite Essential Features Survey
Peer Respite Growth

2010
N=11

2012
N=10
(12)

2014
N=17
(19)

2016
N=22
(33)
Minimum criteria defined by consensus panel

**Staffing**

- 100% of staff have lived experience of extreme states and/or the behavioral health system

**Leadership**

- All leaders have lived experience, and the job descriptions require lived experience of extreme states and/or the behavioral health system

**Governance**

- The peer respite is either operated by a peer-run organization OR has an advisory group with 51% or more members having lived experience of extreme states and/or the behavioral health system

**Consensus panel members:**
- Darby Penney, The Community Consortium
- Sera Davidow, Western Massachusetts Recovery Learning Community
- Chris Hansen, Intentional Peer Support
- Sally Zinman, California Association of Mental Health Peer-Run Organizations
- Bevin Croft, Human Services Research Institute
- Laysha Ostrow, Live & Learn
Peer Respite Essential Features Respondents

N=22

Included in Analysis: 67%

Excluded: 33%

Criteria Not Met:
- leadership, governance & staff, 9%
- leadership, 3%
- governance, 6%
- leadership & staff, 6%
- leadership & governance, 9%

Map of Survey Respondents

Number of Responding Peer Respites:
- 1
- 2
- 3
- 4
- 5
Annual operating budgets

- $500,000 or more
- $450,000 - $499,000
- $400,000 - $449,000
- $350,000 - $399,000
- $300,000 - $349,000
- $250,000 - $299,000
- $200,000 - $249,000
- $150,000 - $199,000
- $100,000 - $149,000

Bars represent the number of entities in each budget range for 2014 and 2016.
Proportion of funding from each source

- State: 46%
- County: 35%
- Managed Care contract: 7%
- Federal: 3%
- Guest: 3%
- Donations: 1%
- Medicaid: 0%
- Other: 4%
- Foundation: 1%
Training of peer respite staff

- Certified Peer Specialist Training
- Intentional Peer Support
- Wellness Recovery Action Planning
- Suicide Prevention and Response
- Other (Harm Reduction, Motivational...)
- Crisis Support
- Physical Wellness
- Trauma-Informed Supports
- In-House Respite Training
- Train-the-Trainer (IPS, WRAP, and...)
- CPR/First Aid/Safety
- Hearing Voices Network
- Cultural Competence/Diversity
- Substance Use Issues

Offer the Training - Require the Training
Policy on suicide

- **2014**:
  - No restriction: 16
  - Restriction on people who have a plan: 6
  - Other suicide policy: 3

- **2016**:
  - No restriction: 16
  - Restriction on people who have a plan: 3
  - Other suicide policy: 3
Policy on homelessness

- **2014**
  - Prohibits people without housing: 4
  - Other policy: 1
  - No restriction: 7
  - Prohibits people without housing unless they have a place to go after: 5
  - No restriction unless housing is the only reason for wanting to stay*: 0

- **2016**
  - Prohibits people without housing: 1
  - Other policy: 2
  - No restriction: 4
  - Prohibits people without housing unless they have a place to go after: 6
  - No restriction unless housing is the only reason for wanting to stay*: 9
Evidence for peer respite effectiveness
## Experimental: Consumer-run hospital alternative efficacy study

<table>
<thead>
<tr>
<th>Design</th>
<th>Results</th>
<th>Conclusions</th>
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| • Randomized control trial comparing peer respite to inpatient hospital | • Significantly greater service satisfaction than the hospital comparison group  
• Nonsignificant difference in symptom ratings in consumer-run alternative | • The study authors concluded that this alternative was “at least as effective as standard care” and a “promising and viable alternative.” |

Likelihood of PES use

Respite guests were 70% less likely to use inpatient and emergency services

But likelihood of PES use increased with each additional day of respite stay

Hours in PES

Respite days were associated with significantly fewer inpatient and emergency service hours

But the longer the stay, the more PES hours the guests were likely to use
Observational: Los Angeles County and Rose House, NY

LA County Department of Mental Health Innovations Study

• 98% of guests agreed that they liked coming to the program
• 94% agreed that the program helped them feel empowered to make positive life changes

Evaluation of Rose House in NY

• Guests reported peer 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
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Visit www.PeerRespite.net for:
• Directory of peer respites
• Compilation of research studies
• Resources to start and sustain peer respites
• Information on staff training
• Evaluation technical assistance

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