Peer Run Respite Homes

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Peer respite homes or centers have different models. One model, is a pure model where peers are the board of directors, make up the administration, as well as run the homes themselves. The "hybrid" model is one in which the respite is attached to a traditional provider organization and/or fewer than half of the board members are peers, the respite's director and staff do identify as peers. Some use the name peer-run crisis respite (PRCR).

Peer respites are voluntary, short-term, residential programs designed to support individuals experiencing or at risk of experiencing a mental health crisis. These programs are staffed and operated by peers with lived experience of the mental health system who have professional training in providing crisis support to build mutual, trusting relationships.

The following information and statistics are based on a report completed by the Human Services Research Institute (HSRI). The publication was developed by Bevin Croft at HSRI and Laysha Ostrowat of Live and Learn, Inc. and dated October 22, 2014. The name of this publication is Peer Respite Characteristics. During the summer and fall of 2014, they contacted 19 current and planned respite programs to participate in a survey with responses from 17 of them. Operating budgets varied from $150,000 to over $500,000. The most frequently reported budget (24% of all respondents) was in the range of $500,000 or more, though many programs are operating with lower budgets. The following funding sources were cited: 80% reported receiving some state funding, 50% received funding from county or local agencies, 3% got SAMHSA funding, only 1% reported getting monies from private foundations, and 0.44% received private donations. From the total operating budgets and the percentage of funding received from each source, it was calculated an estimate of how many "peer respite dollars" across the country are coming from each funding source. The total estimated dollars by funder across programs include:

State revenues or block grants $3,932,177

County or local behavioral health agency $1,405,588

SAMHSA $156,176

Private Foundation	$34,705
Private Donations	$24,294

Staffing patterns of the houses were reported and a mean value and a range was calculated. These are staff/volunteers that are available at certain times to support people in the house.

	Mean	Range (Min-Max)
Full-time peer staff	3.65	0-7
Part-time peer staff	5.71	1-13
Peer volunteers	3.1	0-22
Number of staff per shift on weekdays	2.12	1-4
Number of staff per shift on weekends	1.76	1-3
Number of staff per shift at night	1.18	1-2
Also employs non-peer staff (# of programs)	2	-

The following statistics were accumulated regarding "census". There were 15 respondents for this section. Peer respites open for less than a year were excluded from these analysis.

	Mean (or %)	Range (Min-Max)
Number of guests accommodated at once	4	2-8
Average length of stay	5.9	0-11
Maximum length of stay	9.0	5-29
Average program census	5.1%	29%-99%

The following statistics are regarding policies on suicidality with a sample size of 17. 47% had no restrictions related to suicidality. 35% prohibits people who are actively suicidal while 18% preferred not to say. There were also questions regarding homelessness with a sample size of 17. 41% said they had no restriction based on housing status while 24% prohibits people without housing. Some, 29%, prohibits people without housing unless they have a place to go and 6% preferred not to say.

Current and planned peer respite programs were located in the following states: California, Massachusetts, Georgia, New York, Maine, Ohio, Delaware, Vermont, New Jersey, Wisconsin, and Nebraska.

This concludes the summary of this report. Another document that is pertinent to the development of peer respite homes is at the same site called, Peer Respite Toolkit.

In March of 2015, 3 new peer respite homes had open houses in preparation for opening in Wisconsin. Wisconsin's Peer Run Respites are operated by non-profit organizations with support from the Division of Mental Health and Substance Abuse Services. Funding for the development and operation of peer run respites was included in Governor Scott Walker's package of mental health initiatives in the 2013-2015 biennial budget and legislation enacted as part of the Speaker's Task Force on Mental Health. In June 2014, following a competitive application process, each non-profit organization received $441,666,

The Iris Place, located in Appleton, WI, has 5 beds and is managed by NAMI-Fox Valley. As of June 1, 2015, Iris Place is the only respite home open. The remaining are: Solstice House in Madison which has 4 beds and managed by SOAR Case Management Services; and Grassroots Wellness, managed by Grassroots Empowerment Project which currently is searching the Chippewa Falls, Eau Claire, and Menomonie areas for a new location.

A list of peer run respite homes for reference and review include: Rose House in Milton, NY, founded in 2001 by Steve Miccio. In 2010, Steve opened a second Rose House, in Carmel Putnam, NY. Currently, he is working on developing other houses. Georgia Peer Support and Wellness Center has 5 centers across the state. Afiya Peer Respite in Massachusetts was the 1st house in that state. Hacienda of Hope and The Second Story are both of California. Keya House in Lincoln, Nebraska has been open since December of 2009. Each of these homes has a website.

Second Story opened its doors the fall of 2011 and was the first peer respite house in California, and the 7th peer respite in the nation. They were one of the homes in the HSRI study referenced earlier in this report. They found in this study, that Second Story guests were significantly less likely to use inpatient and emergency services when compared with similar mental health service users who did not visit the respite. Croft also presented some early results from a guest survey and in-depth interviews that focused on the individual guest experience of Second Story and its impact on their lives during a public meeting and report of her findings. On the whole, guests reported statistically significant improvements in wellness, quality of life, personal relationships and, importantly, connection to a community of peers after staying at Second Story, when compared to these factors before coming to the program.

The following quote was taken from the toolkit and submitted to the researchers from a peer respite director.

"If peer-delivered services want to change the mental health system, we will need to demonstrate that our methods and ways of doing things produce better outcomes than traditional services. It's not enough to measure satisfaction. Measuring satisfaction is a good place to start, but are we changing people's lives? Are people developing meaningful lives?"

HSRI says they will keep looking at the data and document the best practices for future respite programs. Second Story is a "hybrid" peer respite home and began with a 5 year SAMHSA grant. Yana Jacobs, who was instrumental in writing the application for the grant, is Senior Program Officer with the Foundation for Excellence in Mental Health Care, and says, "Establishing peer respites as an 'evidenced based practice' seems to be required by 'the mainstream' for both federal and state funding, and may provide the impetus for replication." Second Story continues as they have been promised funding from the Mental Health Services Act of California which was voted into legislation as a 1% tax on millionaires to help fund mental health programs statewide.

Another peer respite house which contributed to the HSRI document, The Peer Respite Toolkit, is Rose House. Steve Miccio states, "Shery Mead (peer consultant and author of Intentional Peer Support) was doing something in New Hampshire with respite. I contacted her and got her advice. We had an opportunity through some monies that were made available through the New York State Office of Mental Health to create our own respite – but we called it *hospital diversion* because we wanted it to be clear that it wasn't just a place to go to relax: it was a genuine way to keep people out of the hospital."

"There are three components of a peer-run hospital diversion program that are integral to its success" Miccio said. "One is the absolute belief in the values behind recovery and wellness. All of the staff here wholeheartedly believe that people can and will live a better life if educated and supported. The second is environment: people should feel at home here. In fact, they don't have to come to our House; we can deliver our services to their home. But a homelike environment is going to be a healthier place. We keep musical instruments, art equipment, books and comfortable furniture around. "

"The third piece," Miccio continued, "is engagement and mutuality: how we speak to one another, share our experiences and listen. We want people to feel validated, respected and comfortable talking, because that sense of connection is very important."

Like Steve Miccio, Daniel Fisher M.D., Ph.D., had an early traumatic experience with psychiatric hospitals. He was involuntarily hospitalized several times in his twenties and diagnosed with schizophrenia. He was a biochemist working at the National Institute of Mental Health on the neurochemistry of schizophrenia at the time. "It was the '70's," Dr. Fisher said, "I was a hippie and I was sent to the Naval Hospital and it was a horrible clash. They cut my hair and things went downhill from there. I was prohibited from receiving visitors and I felt like a prisoner." The only good thing to come out of the experience, he said, was that he left the hospital determined to become a psychiatrist and improve the situation for others. "I didn't feel anybody should be subjected to involuntary treatment." Dr. Fisher now serves as Executive Director of the National

Empowerment Center in Lawrence, Massachusetts. One of his projects has been to help establish a peer-run crisis respite called Aliya in Western Massachusetts.

At a peer-run crisis center (PRCR), trained peer staff can help individuals develop a recovery plan and work toward their goals. Individual goals might include stress reduction, finding short-term solutions for emotional situations, and developing living and coping skills that may reduce the chance of future crises. The PRCR might offer its own resources, such as support groups, individual meetings with a peer specialist, WRAP (Wellness Recovery Action Plan) training, Pathways to Recovery, and access to recreational or wellness activities as well as unstructured time. The respite will often take care of guests' personal needs, such as pet care, bill paying and anything else that will help them maintain their life in the community. Respites can also be used as a transition for people who are coming out of jail and looking to establish themselves.

Another quote from the Peer Respite Toolkit from a director . . . "What works at one respite center is not going to work at all of them. Economics plays a role, your location plays a role, even what part of the country you're in plays a big role in how your respite should or shouldn't be operated. I don't think they're all on the same page yet to understand that just because we do things one way here does not mean you have to do it that way. This is just what works for us."

And finally, Keya House, in Lincoln Nebraska. As stated earlier, Keya House celebrated its 5th year last December. The word "Keya" means "turtle" in Lakota, a Native American language. Keya is believed to be a symbol of good health and long life. Keya demonstrates the ability to adapt to changes and new surroundings by living in and out of water - a trait symbolizing the power of individuals to adapt to healthier activities and a new lifestyle. Keya is also accepting and uncomplaining, and it moves with a slow and steady pace forward-another trait symbolizing an individual's realization that health improvements don't happen quickly and it takes a steady pace of growth and change in order to recover and attain a state of wellness.

Keya's Vision Statement is as follows: The Mental Health Association of Nebraska, a consumer run organization, exists to make changes, to assure choices and to promote equal participation in society for consumers of mental health services and their families.

Keya House is governed and administrated by the Mental Health Association of Nebraska. Peer companions staff the 4 bedroom house, 24 hours per day. Guests must provide their own transportation, be at least 19 years of age, and live in Region V. Keya House also requires one to understand and sign a safety and responsibility contract. To date, the Keya House has seen: total number of guests (duplicated) 944, total number of guests (unduplicated) 368, total guest days 3,562. Average cost comparison for services (3,562) days: Keya House ($284/day) $1,011,608, Crisis Center ($600/day) $2,137,200*, Hospital ($1200/day) $4,274,400*.

*Does not include the cost of additional emergency services (police, etc.)

Funding comes from the Region V Mental Health Services through the Mental Health Association of Nebraska, MHA-NE, and grants.

When looking at outcomes, through the peer support model, all staff members are committed to the notion that creating and maintaining mutual and supportive peer relationships are the primary goal, while reducing costs and the need for acute care are secondary. Although many individual-level outcomes inherently self-defined, a number of individual-level domains may capture the peer respite's impact. These include measures such as quality of life, housing stability, and the development of social relationships and natural supports. These outcomes may be expected to change after a respite stay.

Although the peer respite's focus is explicitly non-clinical, it is possible that there be measureable improvements in clinical domains such as mental health related functioning and symptom severity. In the long-term, recovery domains such as employment, education, community and civic engagement are worth exploring, and there are many measures available to address those domains (Campbell-Orde, Chamberlin, Carpenter & Leff, 2005).

Referring again, to Keya House, it allows up to 5 day stays. Each guest has their own room with a locked door and a locked box. Guests are in charge of their own medications, including over the counter medications. They are responsible for their own food/meals but Keya House sometimes gets donations. The house is located in a neighborhood and although there was some trepidation from some neighbors, Keya Houses' guests have not had problems. Most, if not all peer run respite homes are in community neighborhoods. Rose House is on a farm and an article about Second Story indicated they are at peace with their neighbors.

Training opportunities for the peer companions at Keya House include: Intentional Peer Support, ASSIST, Trauma Informed Care, and Compassion Fatigue. Intentional Peer Support is a trauma-informed, peer-delivered training and supervision model that is used in many peer respites. Based on a detailed training program developed by peers, IPS uses reciprocal relationships to redefine help, with a goal of building community-oriented supports rather than creating formal service relationships (Mead, 2011). Intentional Peer Support or IPS was identified to be in use by at least Rose House, Second Story, and Keya House.

Some peer respites, like Keya House, offer consultations for new startups for a fee.

During my interview with a peer at Keya House, she revealed that they opened a new house in Lincoln on June 19, 2015. MHA-NE has been working with the Department of Corrections and their new house is for those leaving the jails and will help those who have been in jail to reintegrate into the community. The length of stay is estimated to be at 90 days or less.

Funding of peer run respite homes, such as Keya House, have yet to take insurance including Medicaid. If these hospital diversion options became insurance eligible then many more homes could be built.