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

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Protecting Health, Saving Lives—*Millions at a Time*

## 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”?

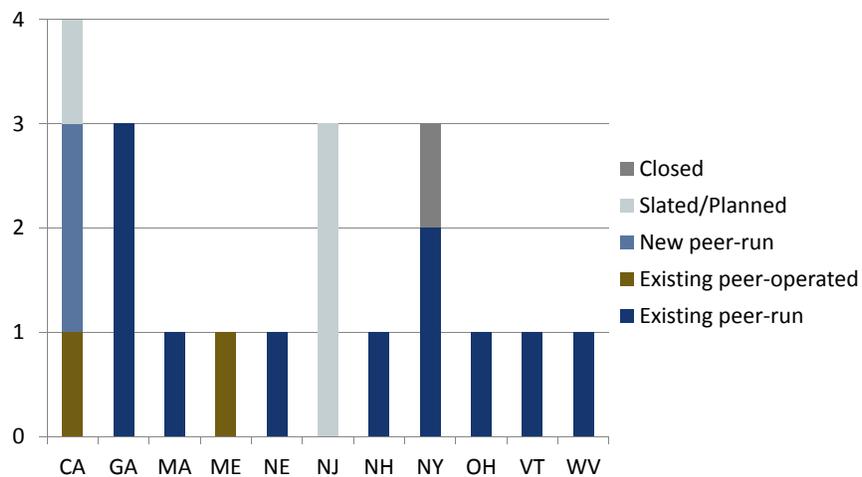
- Traditional providers are trained in hierarchical power dynamics in treatment
  - Psychiatrists on staff or consultation for peer-operated respites should be selected carefully and offered training in peer support modalities and shared/supported decision-making
- Value-added of peer-run models
  -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

Name	State	Model
Second Story	CA	Peer-operated
Peer Support Wellness & Respite (Decatur)	GA	Peer-run
Peer Support Wellness & Respite (White)	GA	Peer-run
Peer Support Wellness & Respite (Bartow)	GA	Peer-run
Afiya	MA	Peer-run
Sweetser	ME	Peer-operated
Keya House	NE	Peer-run
Stepping Stone	NH	Peer-run
Rose House (Milton)	NY	Peer-run
Rose House (Putnam)	NY	Peer-run
Foundations	OH	Peer-run
Alyssum	VT	Peer-run
WV Mental Health Consumer Association	WV	Peer-run

## Population flux



# RESEARCH

## Evidence based on deductive reasoning?

- Peer support is considered an EBP by SAMHSA and CMS; evidence for peer support & peer-run orgs
- 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

- **Mixed methods self-evaluation at Afiya in Mass.**
  - 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

- **Second Story Santa Cruz evaluation by HSRI 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
- **Using established statistical methods for observational comparison groups is a viable alternative in the absence of resources or culturally acceptability of randomization**



## 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
  - Occupancy rates are an important part of evaluating cost due to fixed costs
- They most frequently referred to housing and employment supports
  - Are respites helping maximize up-take of other interventions?
- Perhaps, to be maximally effective, respites should be in an organization/network of ongoing peer and wraparound supports



## PROGRAM DESIGN & RESEARCH



Program evaluation component	Definition
Organizational structure	Peer-run, Peer-operated, Mixed (and iterations thereof)
Processes of support	Commitment to mutuality
Interactions with other systems and stakeholders	Respite should be embedded in larger organization/system with other resources
Cost	Cost is NOT cost of a respite day vs. cost of a hospital day in a budget or billing statement
Outcomes	Individual for guests and staff
Building a peer-to-peer community resource	Making other mutual support/self-help resources available to increase access



Program evaluation component	Evaluation consideration
Organizational structure	Program environment facilitates autonomy & equality
Processes of support	Coercion & control over guests
Interactions with other systems and stakeholders	Referrals to and from providers; use of other mutual/social support resources
Cost	Other service utilization
Outcomes	Short-term "stabilization" and functioning; housing; "non-prosthetic" relationships
Building a peer-to-peer community resource	Long-term recovery, employment, community-engagement



Evaluation consideration	Measurement (Explanation/Examples)
Program environment facilitates autonomy & equality	Community-Oriented Program Environment Scale (COPES)
Coercion & control over guests	McArthur Coercion Scale
Referrals to and from providers; use of other mutual/social support resources	Counts from records are ideal; self-frequencies more reasonable often
Other service utilization	System-level data (county & Medicaid) ideal; depends on program requirements
Short-term “stabilization” and functioning; housing; “non-prosthetic” relationships	More likely to be meaningful for people experiencing crisis after one-time stay
Long-term recovery, employment, community-engagement	Many recovery measures out there that address these domains

## Toolkit for Evaluating Peer-Run Respite

- 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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