PEER RESPITES

a national perspective

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September 13, 2016

Milwaukee Mental Health Task Force

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Outline

I. Defining terms

II. Context: Peer support

II. Peer Respite Essential Features Survey

III. Evidence for peer respite effectiveness

IV. Next steps for peer respite

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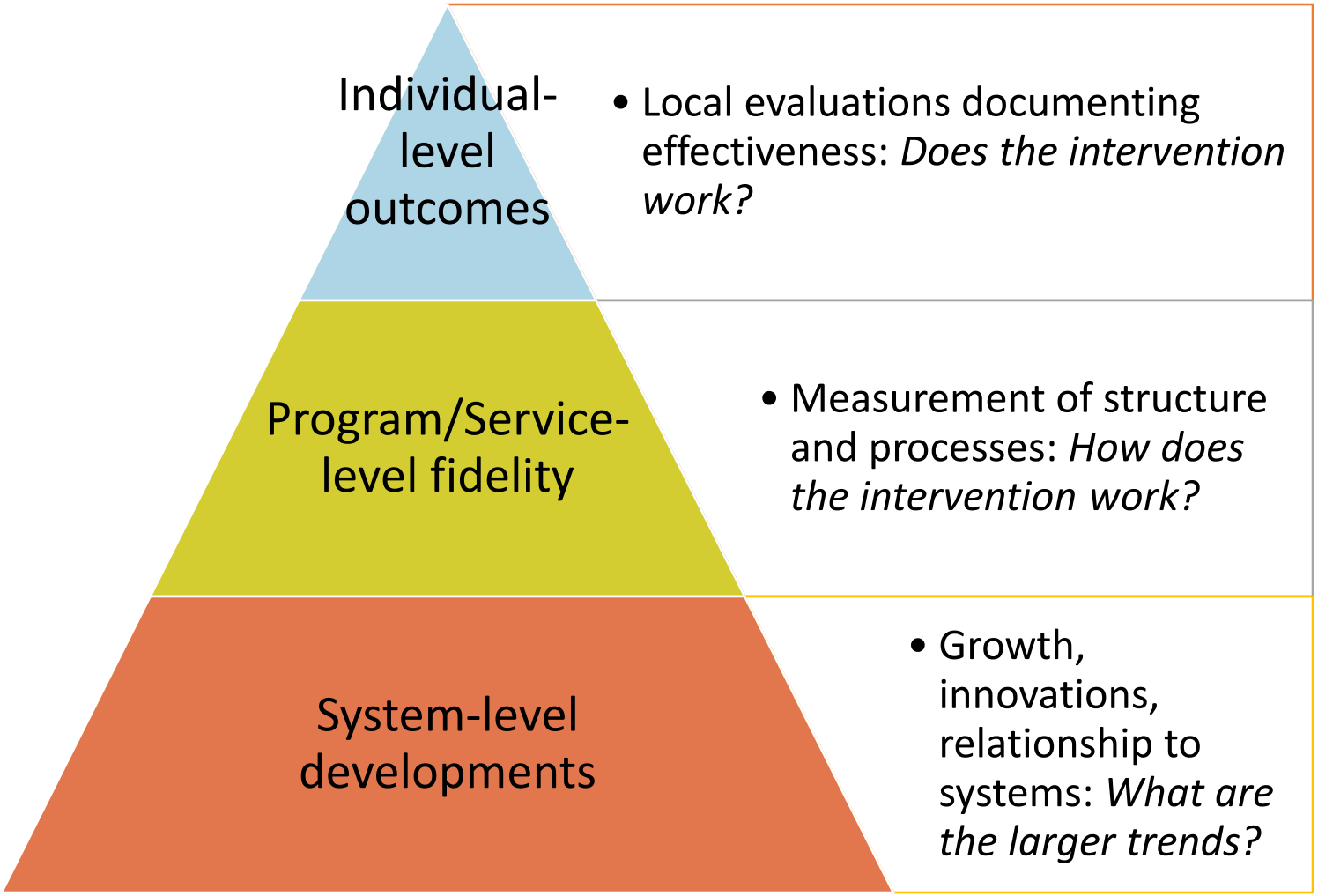
Research questions for peer support



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Defining peer respites

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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)

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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

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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

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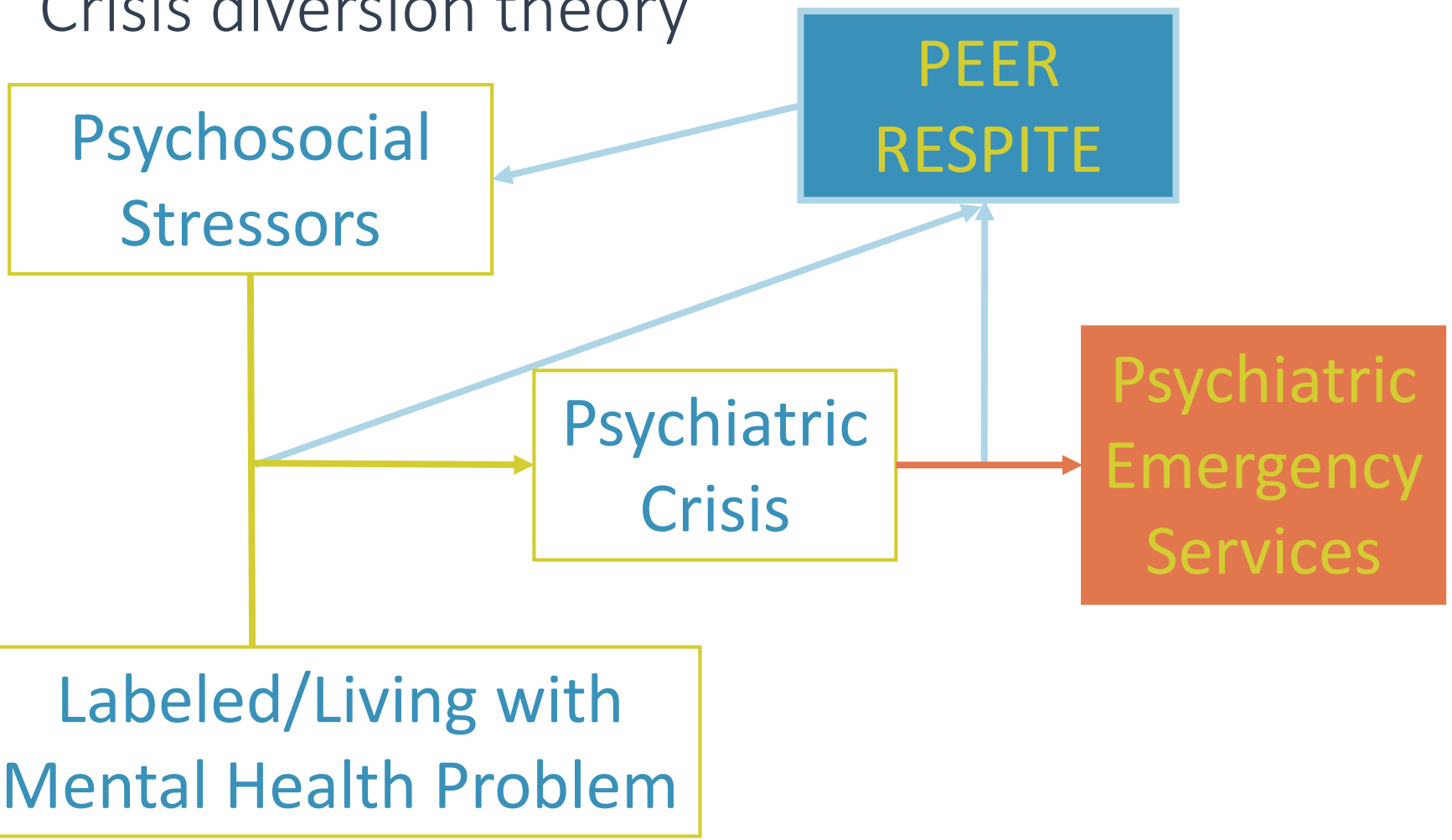
Crisis diversion theory



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Peer Support

People with lived experience creating mutual relationships based on respect, shared responsibility, and agreement of what is helpful

Increasing attention nationally and locally on implementing, evaluating, and regulating peer support practices

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Evidence for peer support

Studies have looked at the role of peers both as providers and as “add-ons” to existing mental health interventions

Studies are conducted in peer-run organizations and peer supports in traditional mental health settings

Consistent findings demonstrating the use of peer supports as beneficial in reducing hospitalizations

Evidence for promoting recovery outcomes such as community tenure, empowerment, and self-efficacy

Chinman et al (2014), Chinman, Weingarten, Stayner & Davidson (2001), Croft & Isvan (2015), Sledge et al, 2011; Klein, Cnaan, & Whitecraft, 1998; Min, Whitecraft, Rothbard, & Salzer, 2007; Nelson et al., 2007; Rogers et al., 2007

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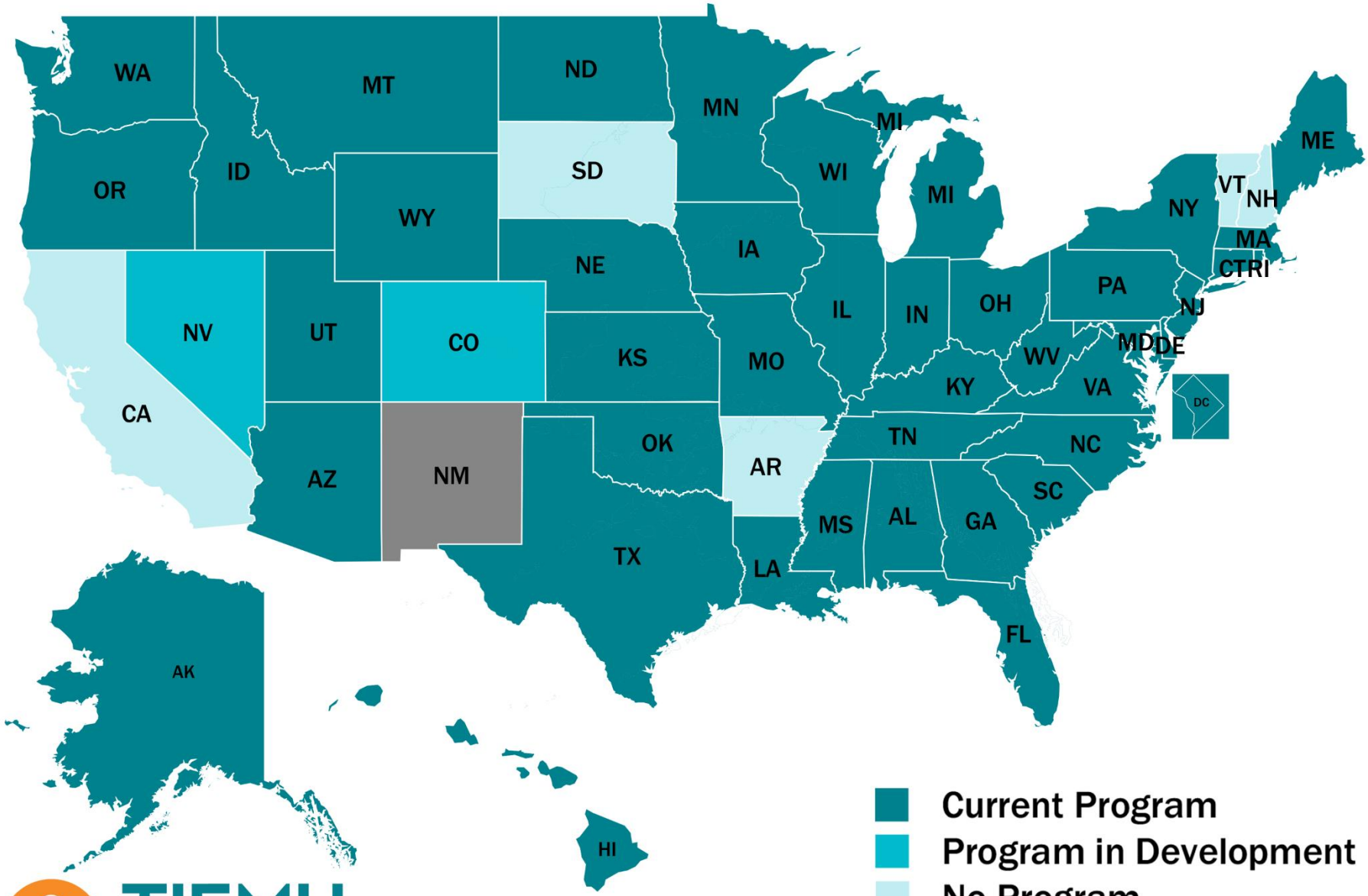
Map of Existing Peer Specialist Training and Certification Programs



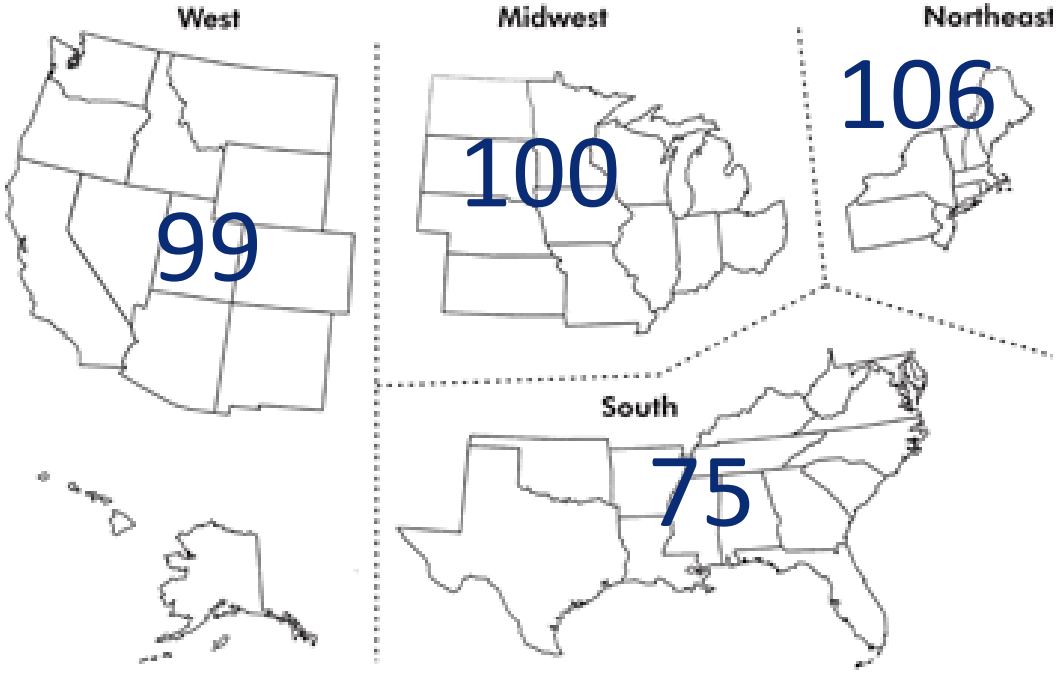
TIEMH
Texas Institute for Excellence in Mental Health

National Survey of Peer-Run Organizations (2012)

380 non-profit organizations or programs in 48 states & DC

Controlled and staffed by people with lived experience

Mutual support and advocacy to promote community-building and empowerment



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Willingness to be a Medicaid Provider

Response	Frequency N = 316	Percent
Yes, willing	52	16%
Yes, but have concerns	106	34%
No	87	28%
Don't know	71	22%

Ostrow, L., Steinwachs, D., Leaf, P.J., Naeger, S. (2015). Medicaid Reimbursement of Mental Health Peer-Run Organizations: Results of a National Survey. Administration and Policy in Mental Health.

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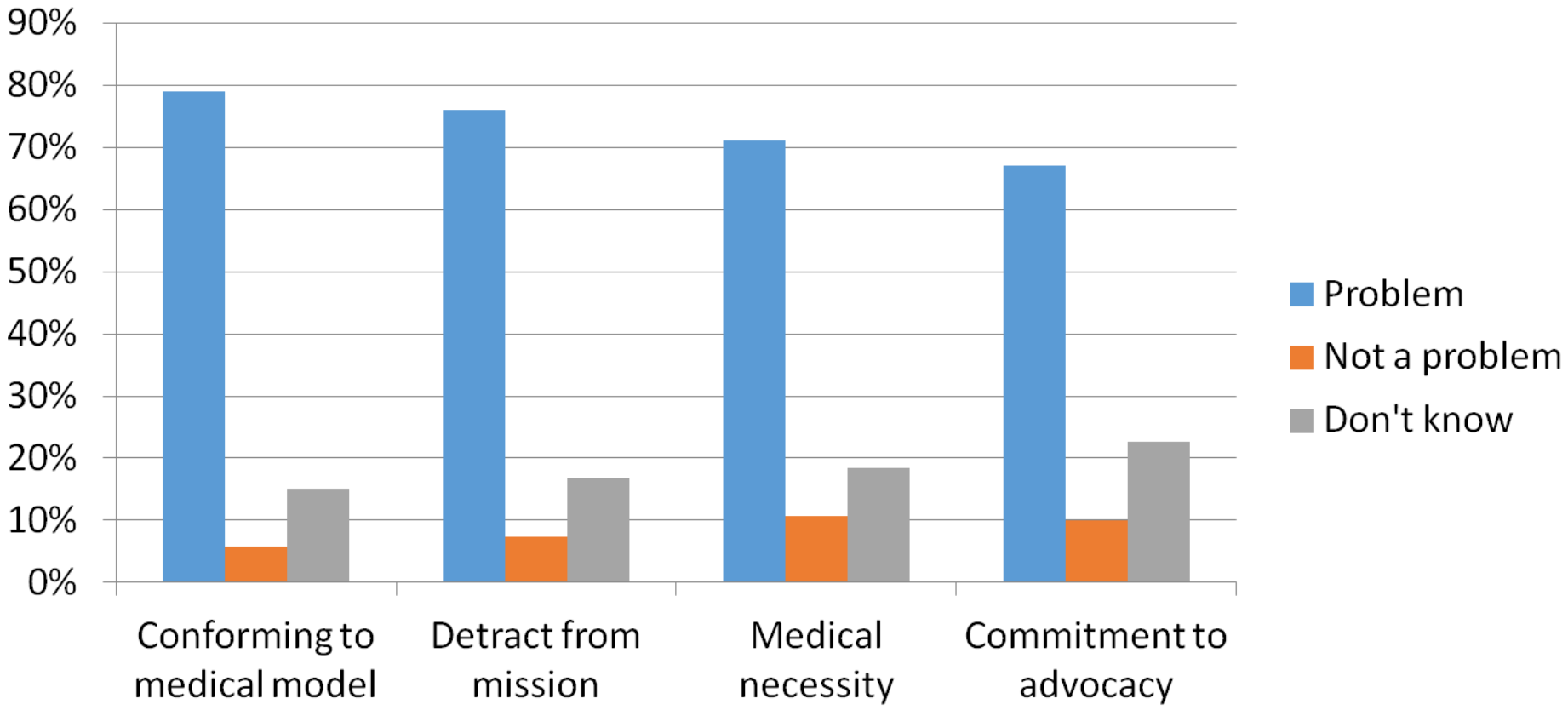
Value-Based Concerns about Medicaid



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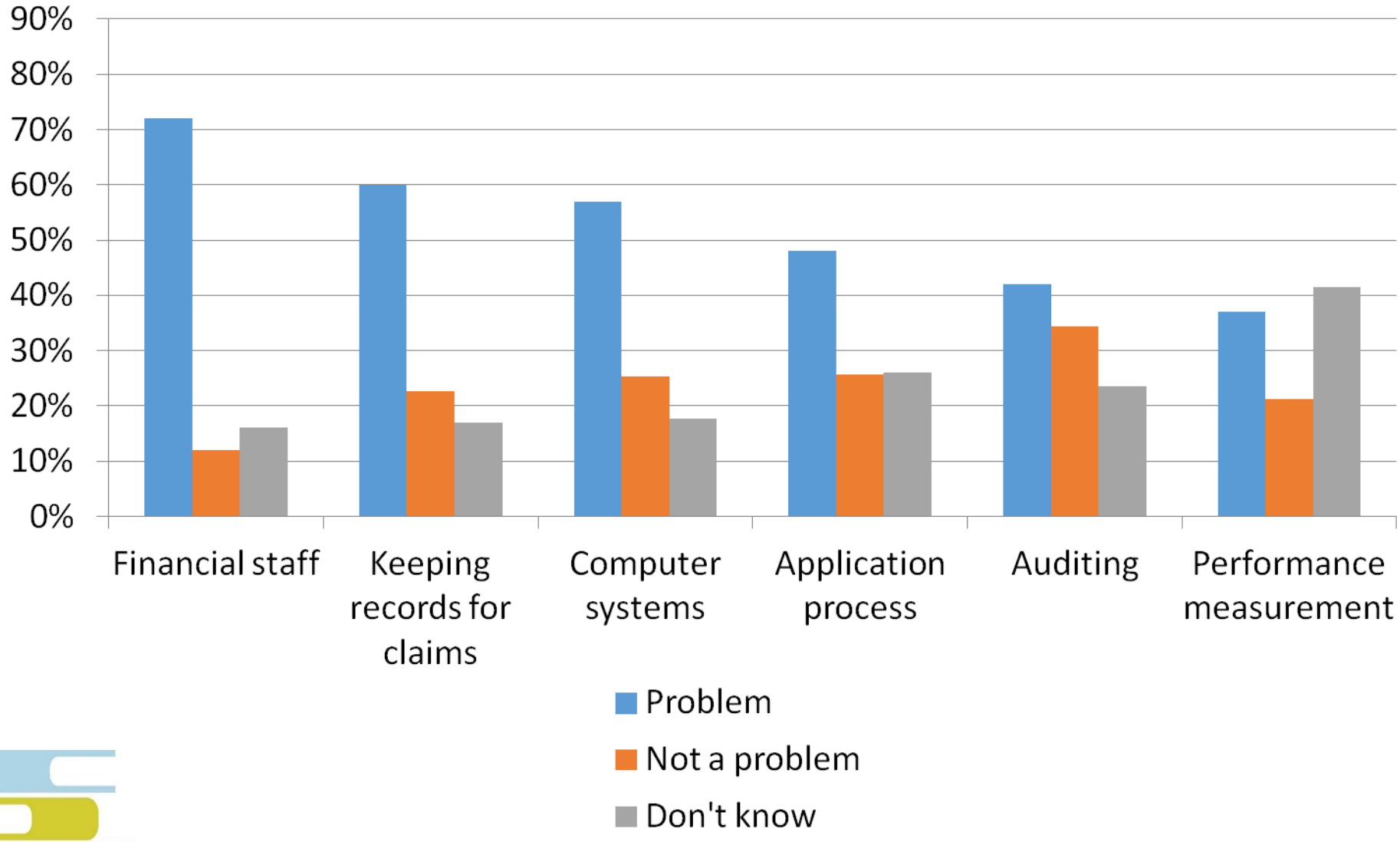
Practical Concerns about Medicaid



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The mechanisms of peer support

92% of peer-run organizations engage in advocacy, not just peer support

Peer-run organizations that are more “lateral”, participatory, and democratic have shown greater improvements in empowerment and stigma-reduction compared to those that are more hierarchical

“Do peer support services work?” AND “Under what specific conditions do peer support services work?”

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Ostrow, L. & Hayes, S. (2015); Segal, et al (2013); Chinman, et al. (2014)

Conclusions

Peer support and peer specialists are a way to increase system and workforce capacity

Provide opportunities for economic self-sufficiency, empowerment, and social equality

New policies to reimburse peer specialists and peer-run organizations risk medicalizing peer support

Financing systems for health care challenge the foundation of peer support in social justice advocacy

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California

Georgia

Massachusetts

Nebraska

New Hampshire

New Jersey

New York

Ohio

Peer Respite Essential Features Survey

Pennsylvania

Vermont

Wisconsin

Peer Respite Growth

2010
N=11

2012
N=10
(12)

2014
N=17
(19)

ER RESPIT

2016
N=22
(33)

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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

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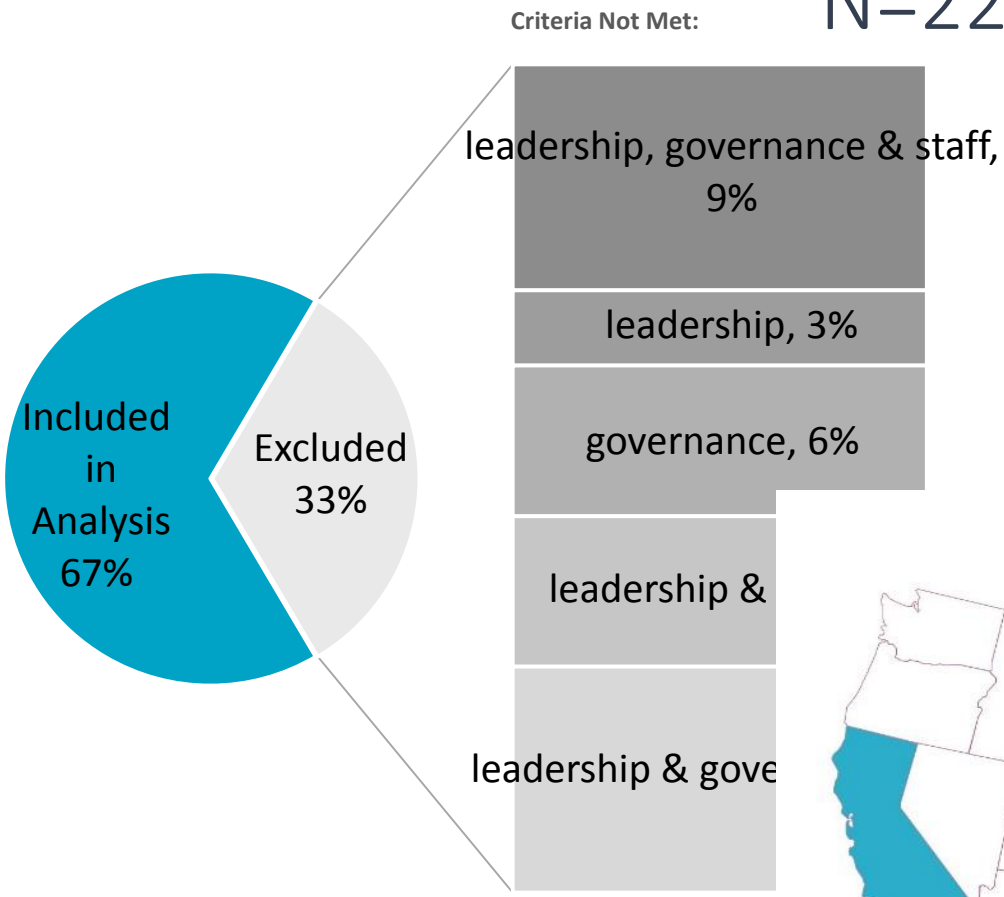
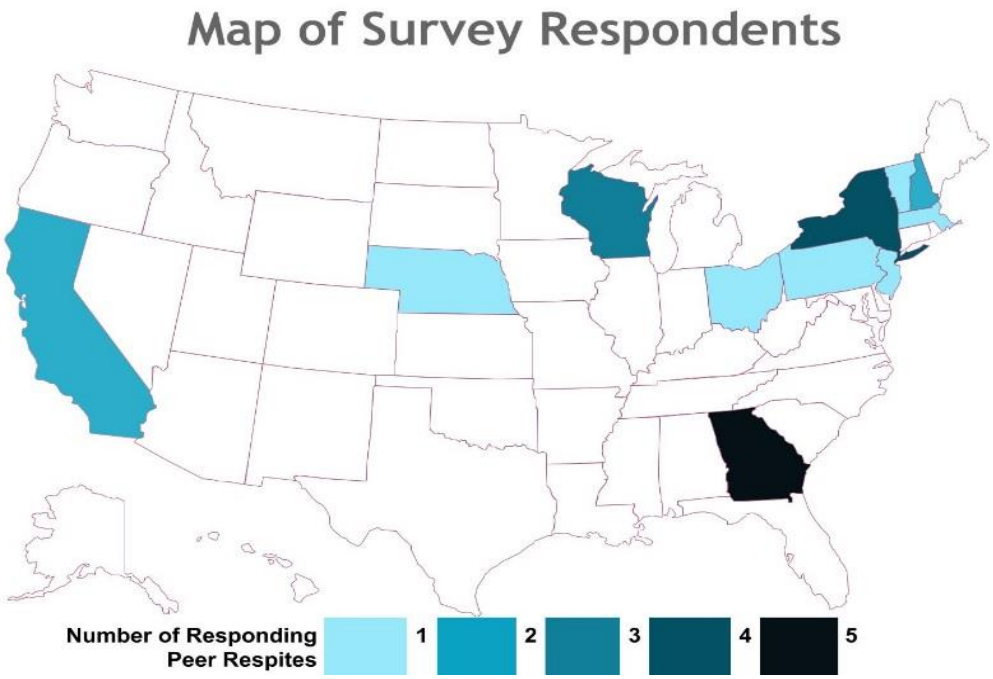
Peer Respite Essential Features Respondents N=22





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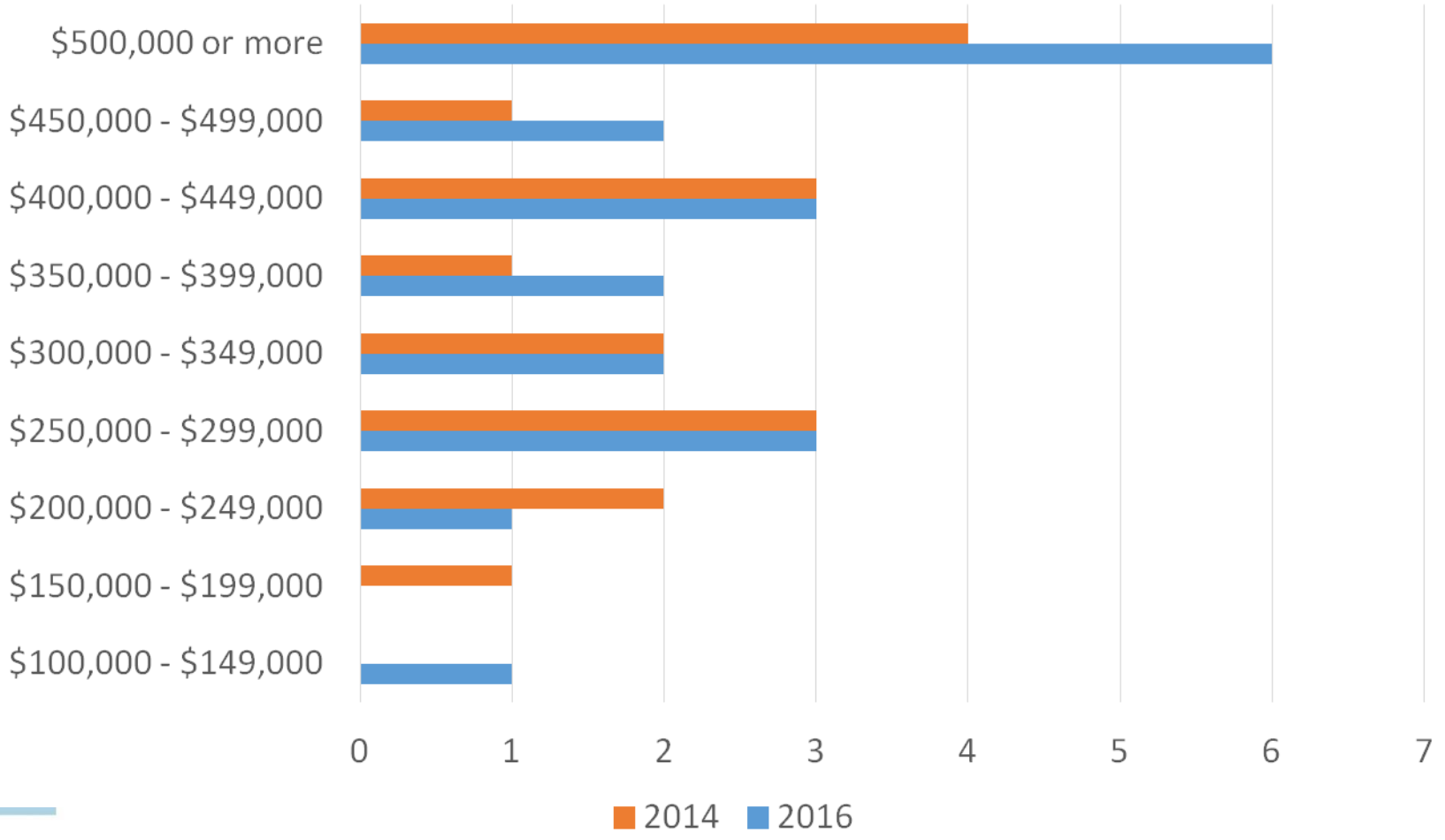
Annual operating budgets



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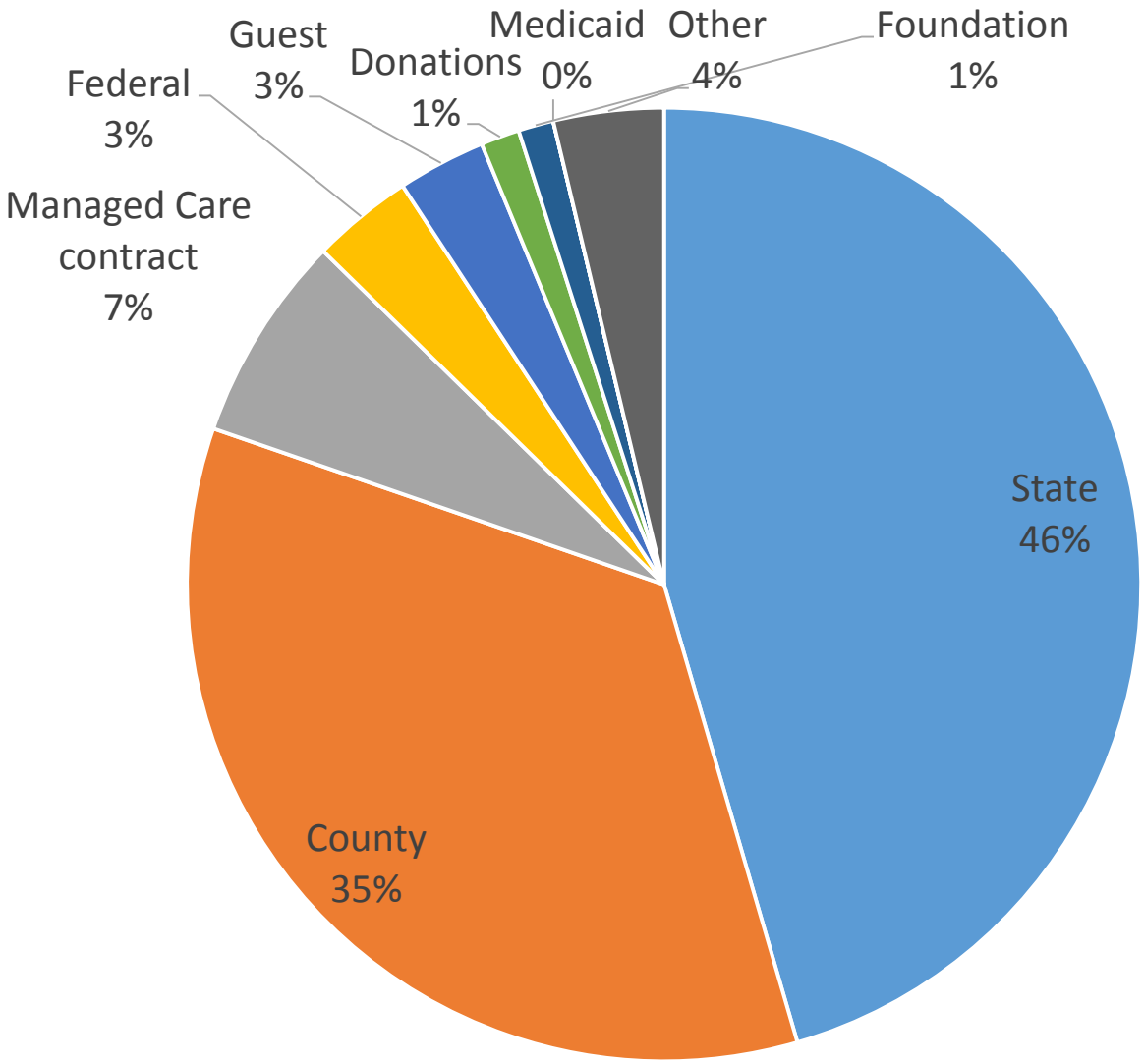
Proportion of funding from each source



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Training of peer respite staff

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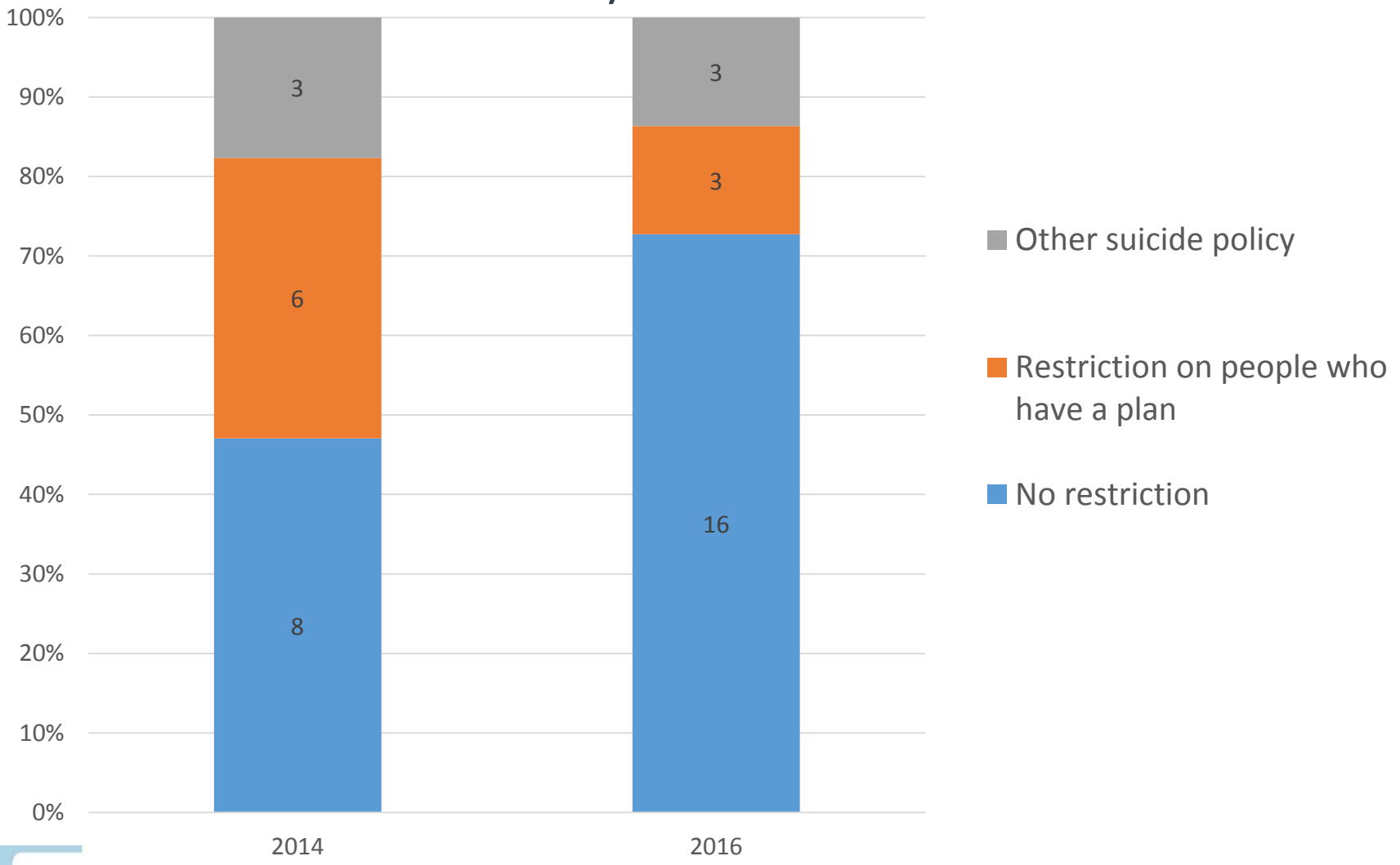
Policy on suicide



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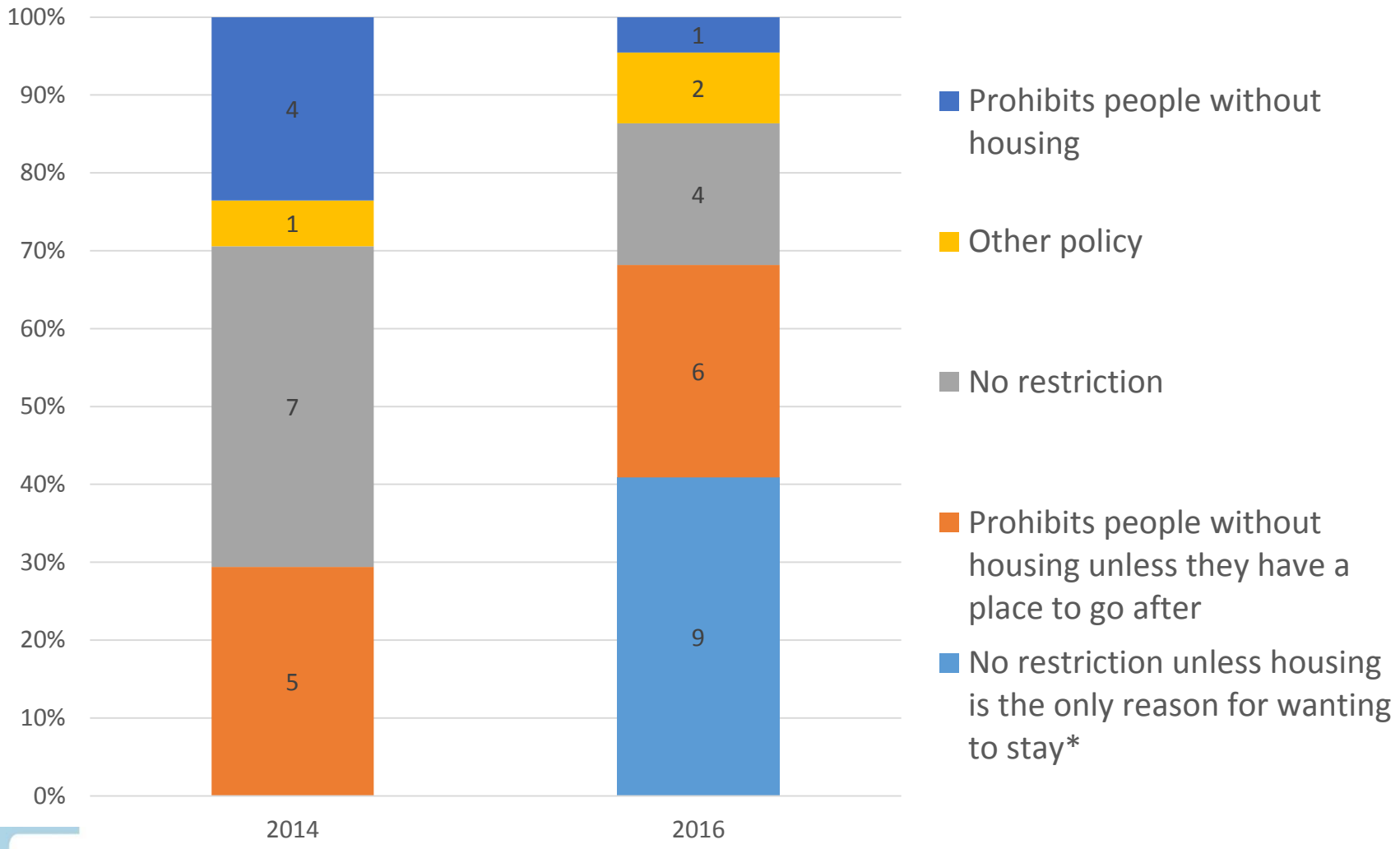
Policy on homelessness



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Conclusion

Local governments tend to be the largest financial supporters of peer respites

There are an array of professional trainings required

Peer respites continue to refine house policies

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Evidence for peer respite effectiveness

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Experimental: *Consumer-run hospital alternative efficacy study*

Design	Results	Conclusions
• 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.”

Greenfield TK, Stoneking BC, Humphreys K, Sundby E, Bond J. A randomized trial of a mental health consumer-managed alternative to civil commitment for acute psychiatric crisis. Am J Community Psychol. 2008;42(1):135-144.

Quasi-experimental: *2nd Story Evaluation Results*

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

HSRI Human Services Research Institute

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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“The wholesale co-optation of genuine peer support into peer-staffed positions within mainstream programs is a shining example of what we don’t want to see happen with peer-run respites.”
Next steps

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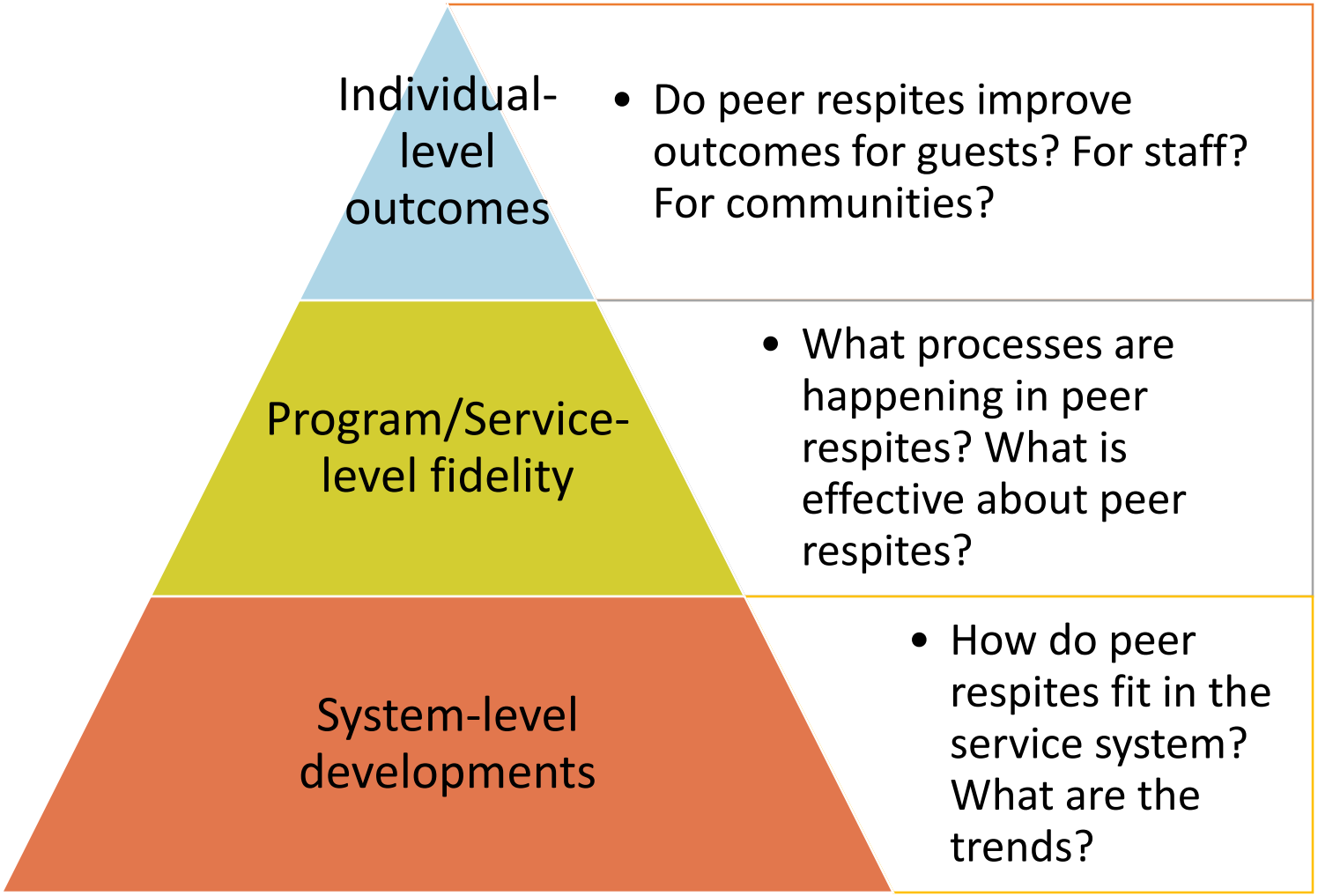
Research questions for peer respites



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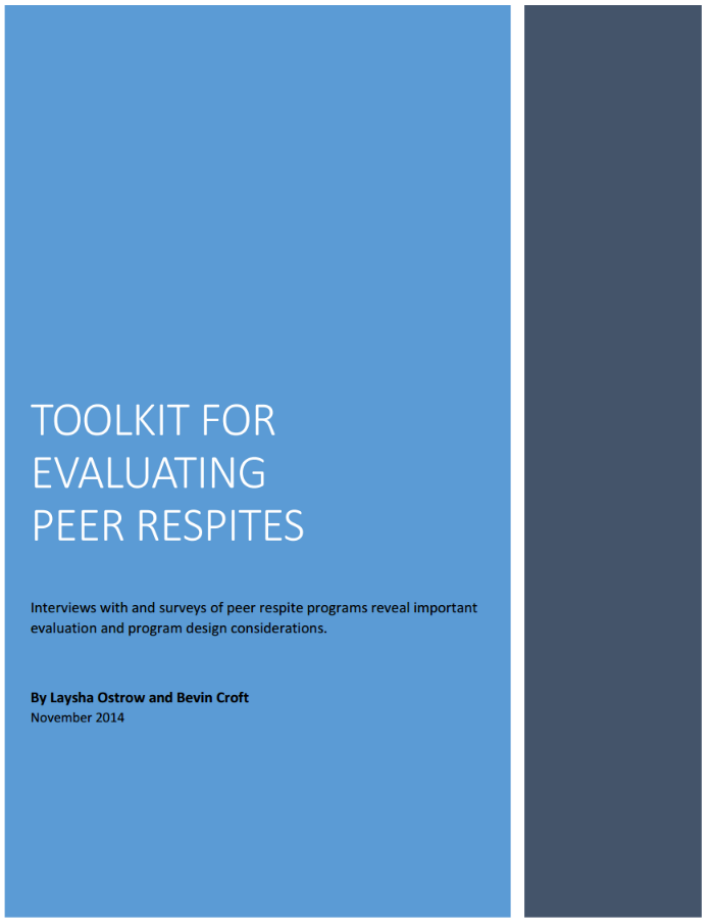
Lack of commitment to robust evaluation of peer respites



"Has your peer respite been evaluated?" (2016 PREF)

Evaluation status	N	%
Self-evaluation only	8	36%
External evaluation only	2	9%
Both self- and external	8	36%
Neither	4	18%

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USC School of Social Work

Comparative Effectiveness of Peer Respites: What Works?

PEER RESPITES
ACTION & EVALUATION

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Conclusion: An agenda for peer respites and peer support

How do developments in policy and program innovation impact sustainability and effectiveness?

How do we apply or adapt gold-standard research methodologies in this context?

What is unique and non-redundant about peer support?

What are we talking about when we say "peer support" or "peer respite" are effective?

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PEER RESPITES
ACTION & EVALUATION

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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