

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Peer-run Respite: An Effective Crisis Alternative

**Presenters: Daniel B. Fisher, Bevin Croft, Val Neff,
Camille Dennis, Jayme Lynch, Roslind Hayes,
Steve Miccio; Moderator: Oryx Cohen**



Agenda

Welcome, Introductions, and Housekeeping – Oryx Cohen, MPA

Working with a State Department of Mental Health to Support Peer-run Respite – Daniel B. Fisher, MD, PhD

The Evidence for Peer-run Respite – Bevin Croft

The Peer-run Crisis Respite Experience:

- SHARE! California – Camille Dennis
- Georgia Peer Support and Wellness Center – Jayme Lynch and Roslind Hayes
- Certified Peer Specialist who is employed with NAMI Fox Valley as the House Manager at Iris Place Peer Run Respite – Val Neff, CPS
- Rose House, New York – Steve Miccio

Q & A session and close

SAMHSA Disclaimer

This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.



Working with a State DMH to Support Peer-run Crisis Respite (PRCR)

Daniel B. Fisher, MD, PhD

Examples of Peer Respite and Funding

PRCR Name	State	Funders	Annual Budget	# of Guests	Model
Stepping Stone Peer Support & Crisis Respite Center	NH	NH State General Funds and Federal Block Grant	\$353,180	2	Peer-run
Sweetser Peer Support & Learning & Recovery Center	ME	Sweetser and their Endowment of Mental Health and United Way	\$308,500	3	Hybrid
Georgia Peer Support and Wellness Center	GA	Georgia Division of Mental Health, Consumer Relations and Recovery Section	\$338,000	3	Peer-run
Rose House and Putnam House PEOPLE Inc.	NY	Duchess County	\$310,050x2	9	Peer-run

Examples of Peer Respite and Funding, cont.

PRCR Name	State	Funders	Annual Budget	# of Guests	Model
Essex County Crisis Alternatives Program (CAP)	NY	NY State Office of Mental Hygiene through grant funding	\$201,000	1	Hybrid
Voices of the Heart, Inc.	NY	NYS Office of Mental Hygiene, Warren and Washington County and Private supporters	\$53,000	2	Peer-run
Foundations: A Place for Education and Recovery	OH	Stark County Recovery Services Board (Canton)	\$160,000	3	Peer-run
Keya House	NE	State Division of Behavioral Health	\$200,000	4	Peer-run
Santa Cruz County	CA	SAMHSA	\$478,650	8	Hybrid

Advantages of Peer-run Crisis Respite (PRCR)

- Respite stay less expensive than hospitalization
- Restoration of hope
- Provides employment for persons with disabilities
- PRCR alternatives work in other states
- Respite is empowering, less traumatic
- Focus on strength-based approaches that encourage growth and recovery
- Enables continuity of care and life in community

Process Tips (Justification)

- Work to build a community among your primary constituents, where everyone is respected for what they can contribute to the process of setting up a PRCR
- Find a message and a way of delivering it that appeals on different levels to all the players: c/s/x advocates, providers, DMH, parents, media, etc.

Process Tips (Justification), cont.

- Cultivate relationships and build trust
- Communicate your values to all stakeholders
- Keep an eye out for allies
- Keep your ears open and find out what people think about your group

Process Tips (Justification), cont.

- Work to build relationships and coalitions
- Be solution oriented - bring solutions to the table when speaking with decision makers, administrators, etc.
- Become self aware, knowing yourself, and stepping into another person's world improves communication

Steps Taken to Work with DMH


- M-POWER, the peer-run advocacy group in Mass., built strong partnerships with DMH
- M-POWER gained the ear of state policy stakeholders through the Emergency Room Rights Campaign about the need for alternatives
- M-POWER developed press contacts and an email list to keep the grass roots involved

Steps Taken to Work with DMH, cont.

- Grassroots Groundhogs committees
- Meetings with DMH feasibility committee and area director
- Supporting DMH's mission and efforts
- Training peer crisis workforce
- Educating providers, family members, and peers

Steps Taken to Work with DMH, cont.

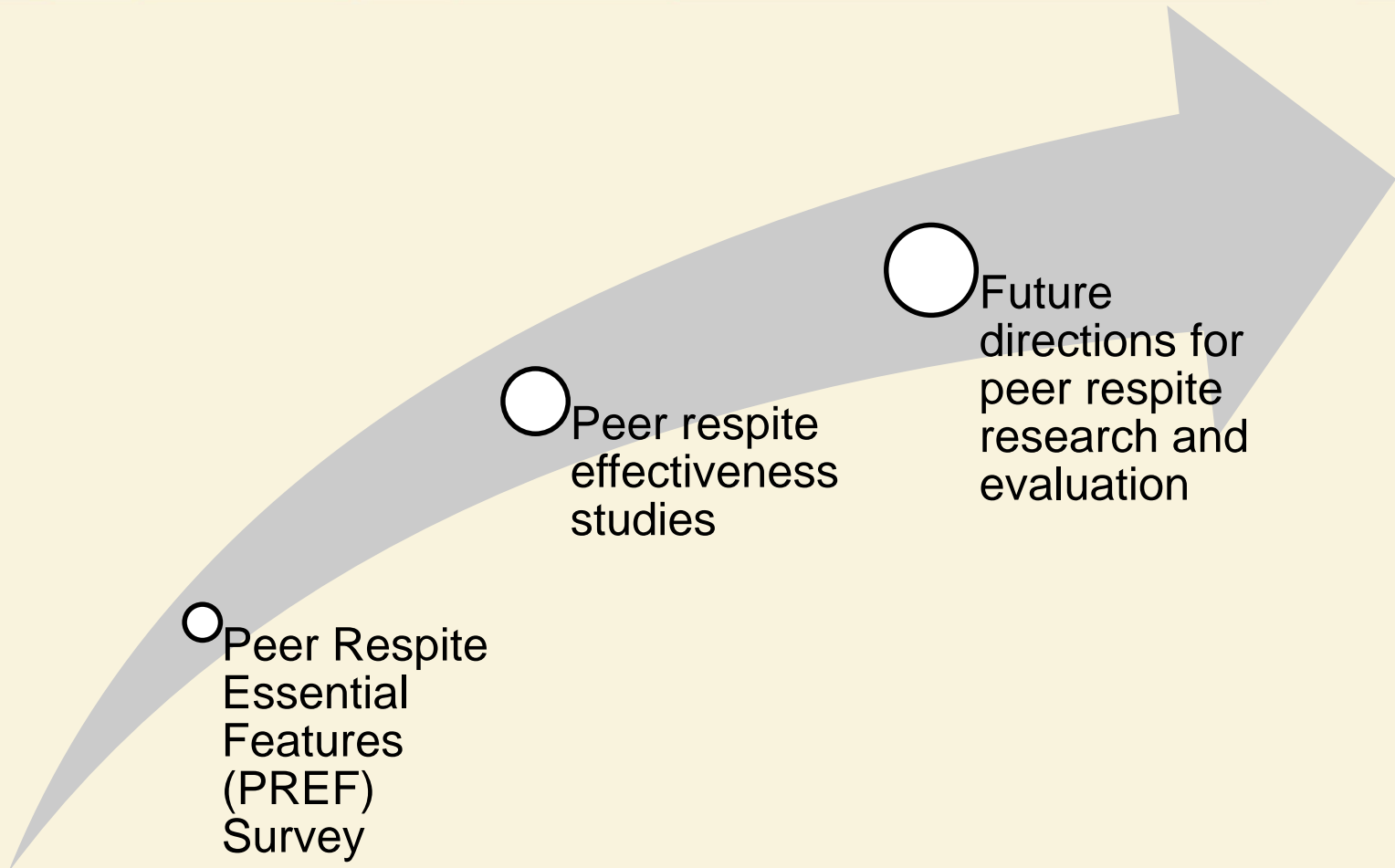
- Three teach ins, two presentations to MH Planning Council, a MassPRA presentation
- Newspaper article and two letters to editor
- Field trips to Rose House and Stepping Stones
- Testimony in favor of House Bill proposing a study of peer-run crisis respites
- Tight budget as an opportunity for greater peer involvement and recovery



Peer Respite and Research: Effectiveness, Implementation, and (Self-)Evaluation

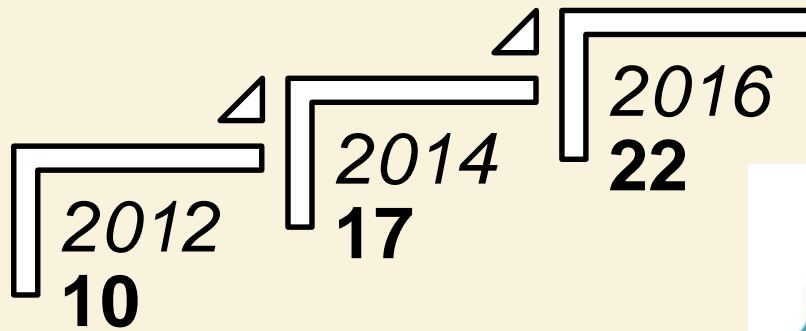
**Bevin Croft, M.A., M.P.P.
Human Services Research Institute
and
Laysha Ostrow, Ph.D., M.P.P.
Live & Learn, Inc.**

Overview

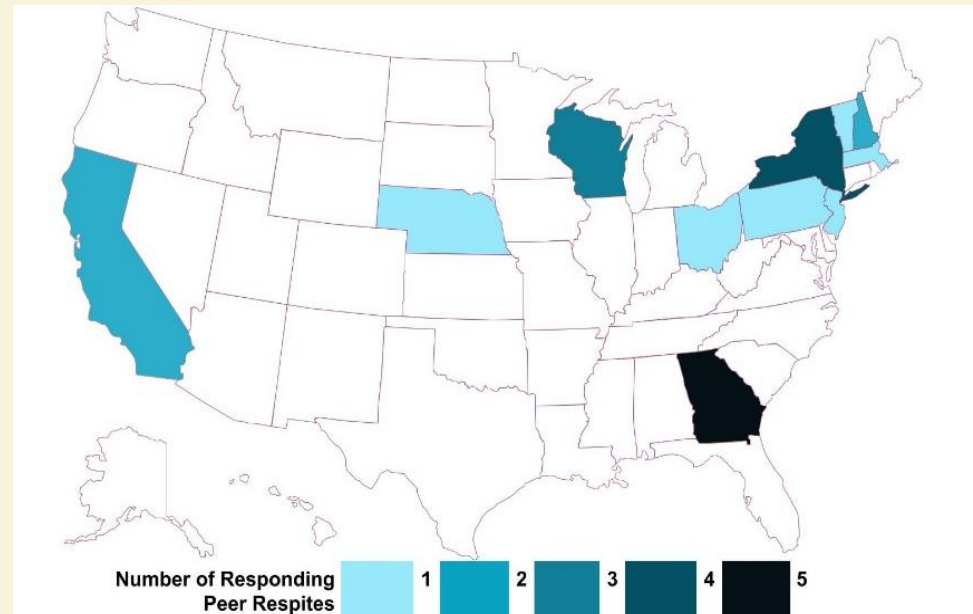


Peer Respite Essential Features (PREF) Survey

PREF Peer Respite Respondents by Year



Map of 2016 PREF Peer Respite Respondents



33 2016 PREF Respondents by Peer Respite Criteria

Staffing

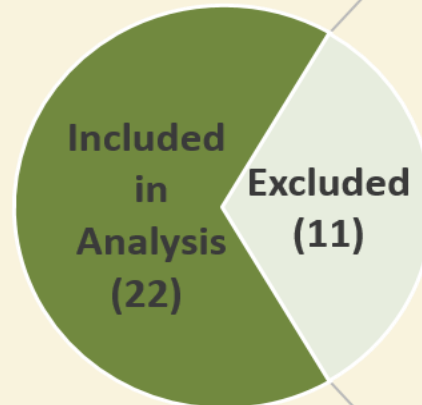
- 100% of staff have lived experience of extreme states and/or the behavioral health system

Leadership

- All leaders have lived experience, and the job descriptions require lived experience

Governance

- The program is either operated by a peer-run organization or has an advisory group with 51% or more members having lived experience



Criteria Not Met:

leadership, governance & staff, 3

leadership, 1

governance, 2

leadership & staff, 2

leadership & governance, 11

PREF Takeaways

Peer respites are rapidly expanding, and two out of three PREF respondents didn't meet the definitional criteria for peer respites

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

There are an array of professional trainings offered and required

Peer respites continue to refine policy and procedure

For the full report, visit

<http://www.peerrespite.net/pref-survey>

Peer Respite Effectiveness: Studies with a Control or Comparison Group

Croft and Isvan, 2015

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

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

Greenfield, Stoneking, et al., 2008

Statistically significant improvements in **healing, empowerment, and satisfaction**

Average psychiatric hospital costs were **\$1,057 for respite guests compared with \$3,187 for non-guests**

Mixed Methods Study of 2nd Story

23 in-depth interviews with 19 guests, analyzed using qualitative methods

Taking a rest

Living the life you want

Connecting to a peer community

Developing relationships

Being treated as an equal

Finding direction

Gaining independence

I may have come out of this feeling like somehow I'm defective. You know, if this wasn't around and there was just the hospital and crisis house, I would feel in those environments very mentally ill.

Like labeled that.

Like, "These are mentally ill patients." And I'm not a patient. I'm a person.

And I get treated like a full human being.

~Peer Respite Guest

Mixed Methods Study of 2nd Story, cont.

101 guests surveyed at baseline and discharge. Measured statistically significant increases in the percentage of people who agreed with the following statements from baseline to discharge:

I contribute to my community

I feel I belong in my community

I feel alert and alive

I am able to deal with stress

I have decent quality of life

I am happy with the friendships I have

In a crisis, I would have the support I need from family or friends

I have trusted people I can turn to for help

I have at least one close mutual relationship

I control the important decisions in my life

I am growing as a person

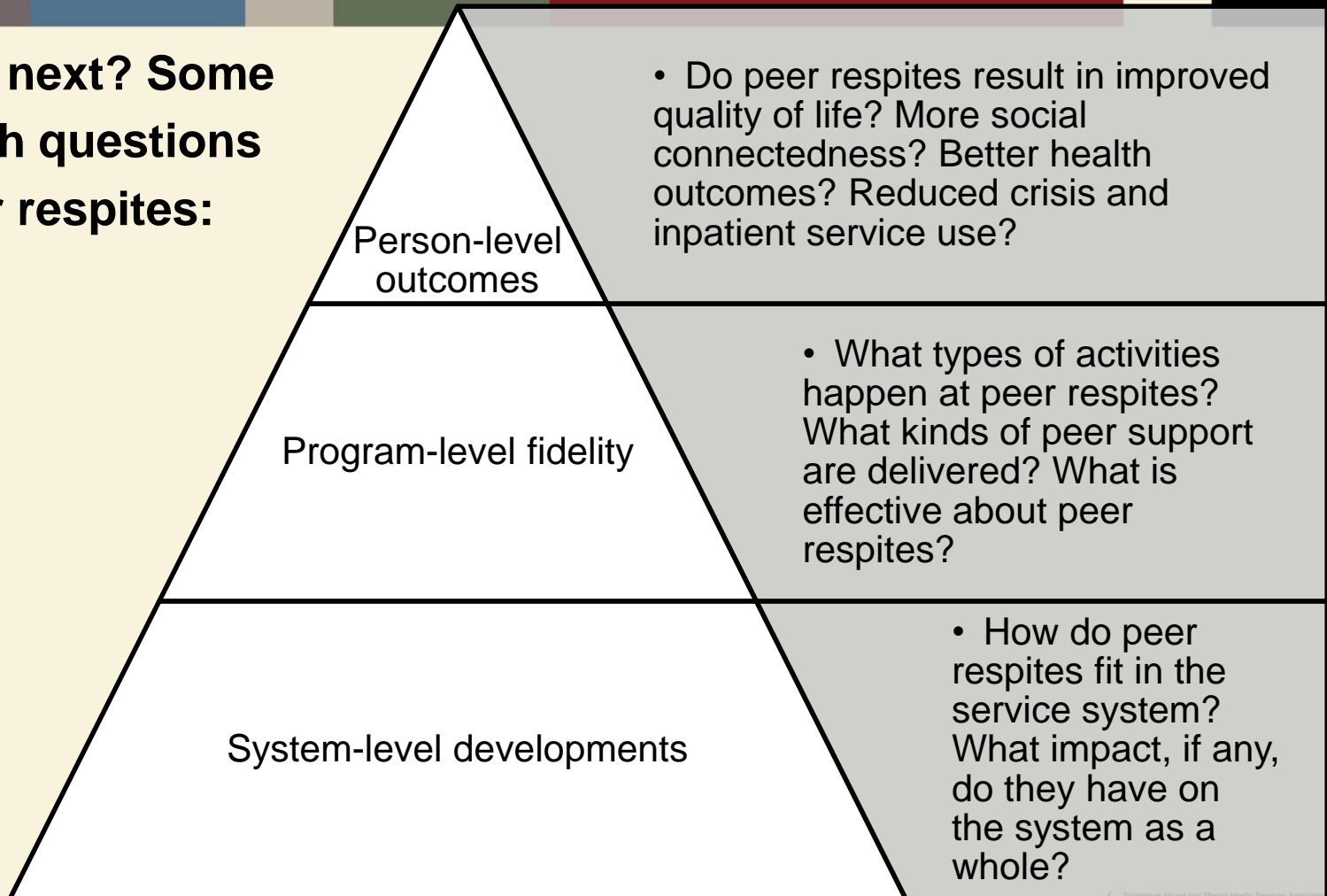
I feel hopeful about my future

I am using my personal strengths, skills, and talents

I believe I can make positive changes in my life

What's Next?

What's next? Some research questions for peer respites:



Coming Soon...

In a world of limited resources, conducting high quality evaluations can be a challenge. We are drafting this guide in response to frequent requests for practical, low-cost or no-cost tools that peer respite staff could use to evaluate their programs themselves.

The toolkit will include:

- **Best practices in evaluation and data monitoring**
- **Practical guidance for developing a logic model, identifying outcomes, selecting measures, and using data**



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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**

Wisconsin Peer-run Respite

Val Neff, CPS

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920-815-3217

Wisconsin Peer-run Respite

- The Peer Run Respite Program is a key part of Wisconsin's effort to improve community-based mental health and substance use services.
- Funding for peer run respites in Wisconsin was included in the 2013-2015 biennial budget as part of the Speaker's Task Force on Mental Health.
- Approximately \$1.3 million of state general purpose revenue funding was allocated for this program.
- Grants were issued to Grassroots Empowerment Project, NAMI Fox Valley, and SOAR Case Management Services.

Wisconsin Peer-run Respite

- In Wisconsin, peer run respites are for individuals living with mental health or substance use concerns. These places offer a short-term supportive, home-like environment during times of increased stress or crisis.
- Peer-run respites are staffed by individuals in recovery from mental health or substance use concerns. They are trained to provide support that promotes personal growth.
- Guests share their recovery goals. Goals may include connecting with community resources, engaging in wellness activities, or finding a safe space for healing.

Wisconsin Peer-run Respite

- Peer-run respites are open to all Wisconsin residents.
- Individuals self-refer.
- Providers may encourage clients to contact a peer-run respite, but can't initiate a stay.
- All services are voluntary and provided at no cost to the guest.

Wisconsin Peer-run Respite

Website: <https://www.dhs.wisconsin.gov/peer-run-respite/index.htm> Contact: Val Neff, CPS,
val@namifoxvalley.org

Videos:

<https://www.youtube.com/watch?v=fCeWTNyGfiQ>
(Solstice House),

<https://www.youtube.com/watch?v=nLcTrrWEmzY>
(Grassroots Wellness),

<https://www.youtube.com/watch?v=Hpu4WAPDP7M>
(Iris Place)



SHARE!
the Self-Help And Recovery Exchange
SHARE! Recovery Retreat
Camille Dennis, Program Coordinator
www.shareselfhelp.org

SHARE! Recovery Retreat Peer Run Respite Care Home



- **Opened in August 2013 in Monterey Park**
- **Short-term residential program staffed by peers with lived experience.**
- **Funded through MHSAs Innovations program**

SHARE! EBPs

- Self-Help Support Groups
- Experiential Learning Theory
- Helper Therapy Principle
- Same Day Housing First
- Critical Time Intervention
- Peer Services
- Intentional Peer Support
- WRAP

SHARE! Values

- **Everyone welcome—no one asked to leave for any reason**
- **“Whatever it takes”**
- **One-size does not fit all => individualized change plans**
- **Safe to fail**
- **Person who cannot conform needs more help than others**



SHARE! Recovery Retreat

Program Structure

- Empower people to take responsibility for all aspects of their lives, helping each person figure out what would make life meaningful and fulfilling for them
- Independent living skill development (i.e., daily grocery shopping, household chores, and preparing meals)
- Promoting social relationship development
- Self-help support groups
- Wellness Recovery Action Plans (WRAP)
- Recovery activities (i.e., five year plan, relapse prevention, yoga, walking, and gardening)
- One-on-one meetings with Peer Specialists who provide peer support
- Intentional Peer Support services

SHARE! Recovery Retreat

- Number served in 2016: 193 people
- Cost per person = \$3,886 – lowest per person cost of any LACDMH Innovation program
- Level of acuity = Co-occurring Mental Health with either substance abuse and/or physical health issues.
- “As a result of this program I feel empowered to make positive changes in my life.” – 91% agree
- “This program respects my cultural needs (race, religion, language, etc).” – 93% agree (more than any other INN program)
- “I participated in the decision-making about my recovery and wellness.” — 95% agree
- “Linkages to Self-Help Support Groups were successful.” — 97.4% agree

SHARE! Recovery Retreat Learning

- Experiential Learning is both fast and effective
- Taking people to self-help support groups in their neighborhoods ensured continued attendance
- Integration of Peer Services in MHS is uneven => few referrals from providers
- Intentional Peer Support gave staff a good foundation in peer interactions
- When staff avoid solving problems, people are empowered to take responsibility for their own lives
- When people see that they have everything they need to pursue their Plans for Success, they move quickly into recovery

Peer Support, Wellness, and Respite Centers of Georgia

Georgia Mental Health Consumer Network (GMHCN)

- **Roslind Hayes, Statewide Coordinator of the Peer Support, Wellness, and Respite Centers (PSWRC)**
- **Jayme Lynch, Director of First Peer Support and Wellness Center in Decatur, GA**

The Peer Support, Wellness, and Respite Centers of Georgia

- **Dekalb County – Jan 2008**
- **White County – June 2012**
- **Bartow County – June 2012**
- **Henry County – Sept 2014**
- **Colquitt County – Sept 2014**

PSWRCs in Georgia



Dekalb County



Colquitt County



White County



Henry County



All Georgia PSWRCs are projects of the Georgia Mental Health Consumer Network (GMHCN) and funded through a contract with Georgia's Department of Behavioral Health and Developmental Disabilities (GDBHDD)

Staff Training

- *Certified Peer Specialist (CPS)*
- *Intentional Peer Support (IPS) created by Shery Mead*
- *Trauma Informed Peer Support with Beth Filson*
- *Warm Line training*
- *Whole Health Action Management (WHAM)*
- *Continuing Education trainings for CPSs*
- *CPR, First Aid*
- *GMHCN Policies and Procedures*

Trauma Informed Environment

We recognize that trauma often appears in the experiences of our peers



We maintain an atmosphere of respect and dignity



dignity+respect
= Inclusion

Intentional Peer Support (IPS)



Connection
Worldview
Mutuality
Moving Toward



24/7 Warm Line

- Peers throughout the state of Georgia utilize our Warm Line 24 hours a day
- Partnership with Georgia Crisis and Access Line

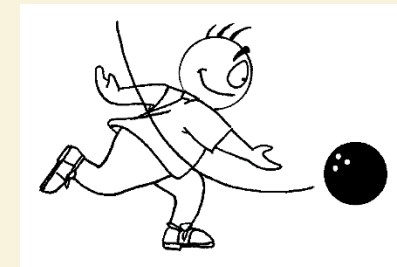


Peer support over the phone

Wellness Activities



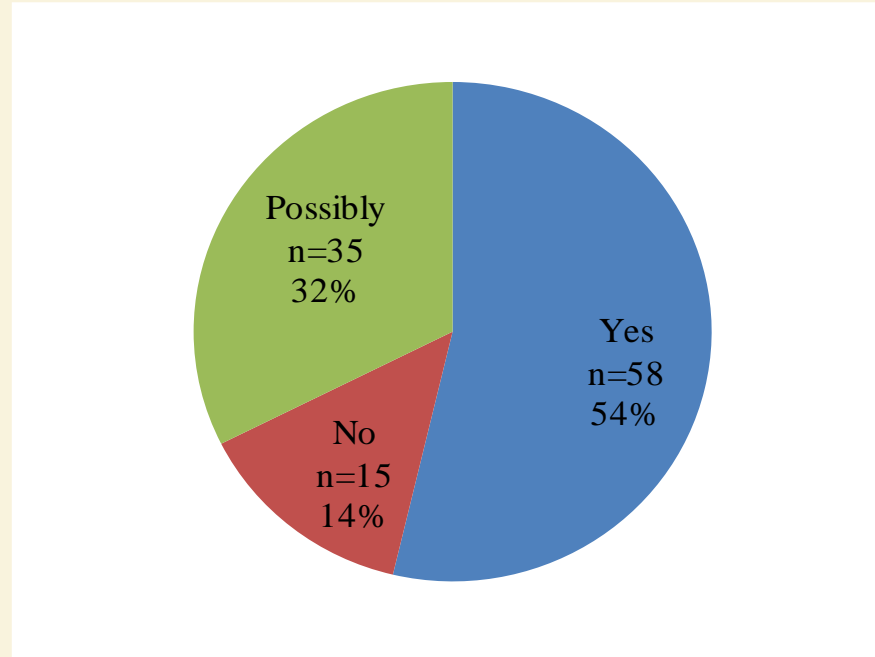
Daily activities address whole health, wellness, and having a life in the community



Respite

- **Alternative to psychiatric hospitalization**
- **Strengths-based approach focused on realizing opportunities for recovery**
- **Utilize community resources**
- **Three respite rooms per PSWRC (15 total)**
- **Proactive Conversation establishes peer relationships before a respite stay is needed**
- **Eligible every 30 days**

The majority of respite guests report that accessing respite prevented a psychiatric hospitalization



Data compiled from anonymous Evaluation/Feedback forms offered each month to all peers who use PSWRC services

Co-Reflection

- Each staff meets with every other staff
once a month
- *Coworker relationships are negotiated during co-reflections*
- *Co-reflections help to maintain a friendly work environment*



Resources

- gmhcn.org
- gacps.org
- intentionalpeersupport.org
- DBHDD



PEOPLE, Inc.

Projects to Empower and Organize the Psychiatrically Labeled, Inc.

Steve Miccio

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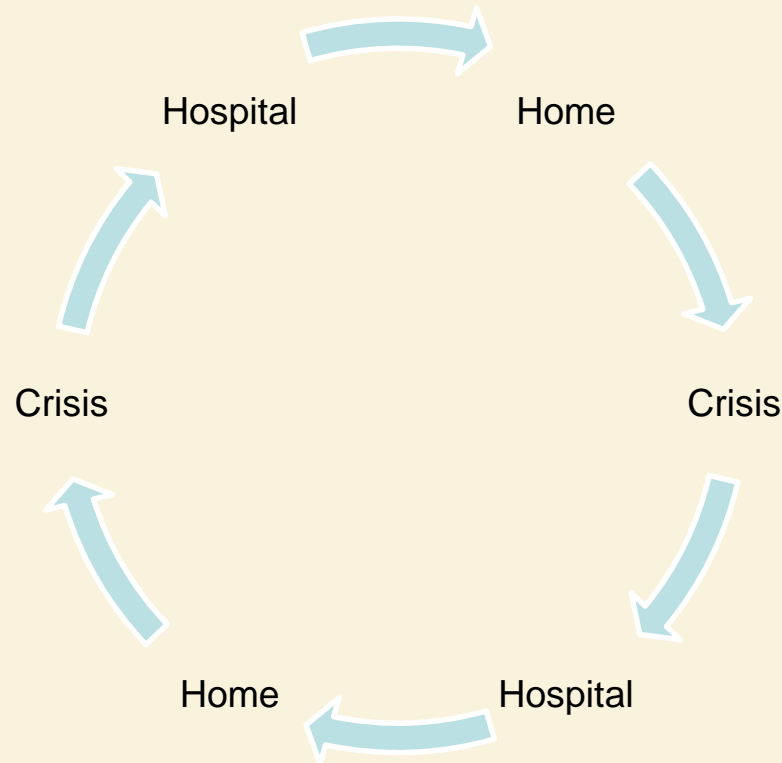
845-452-2728

A Continuum of Diversion Services

- **Hospital diversion houses**
- **Warm Lines (support Lines)**
- **In-home peer companionship**
- **Social inclusion (nights out)**
- **Emergency department advocacy**
- **Clinic advocacy**

A New Diversion Continuum

- Over the past 11 years PEOPLE has been developing and practicing pro-active diversion peer-run services to assist people from crises and hospitalizations



Diversion Services



Putnam House



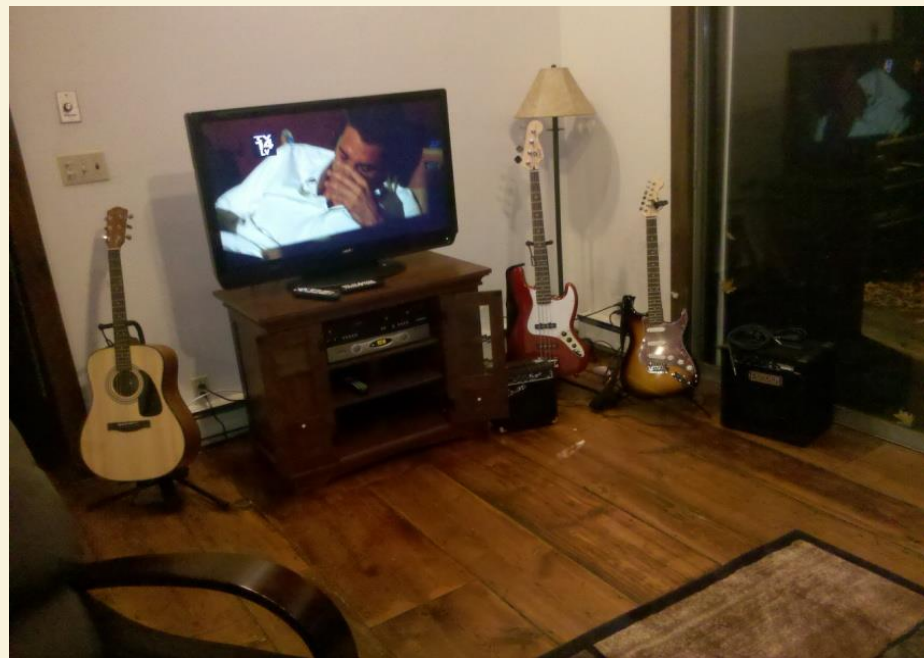
Milton House

Hospital Diversion House

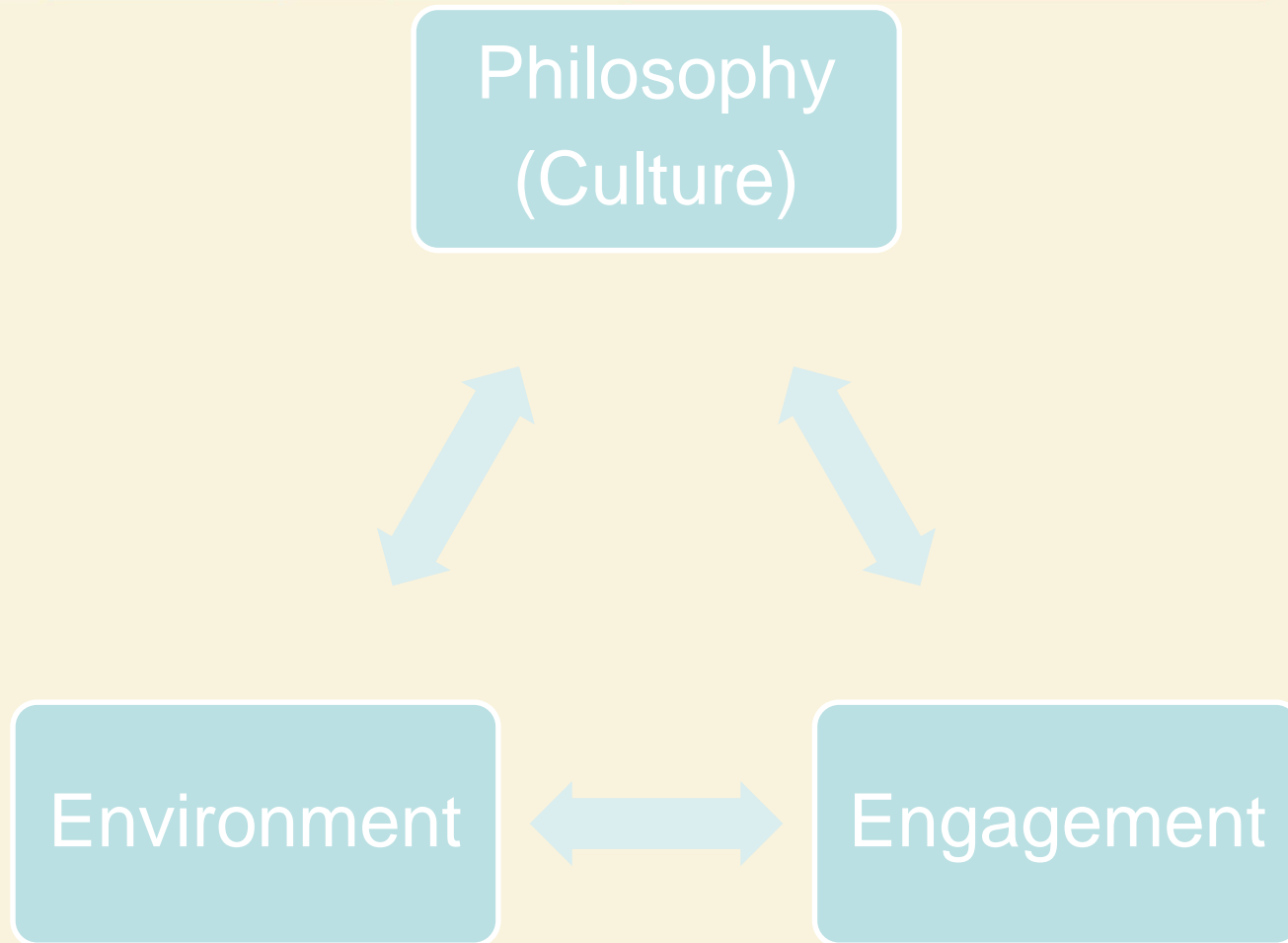
The Rose Houses



Hospital Diversion House



Three Vital Components to Success



What we've learned



This ain't easy!

What we've learned

- **Structure needed**
- **Clarity of Expectations**
- **Clarity of Policies of the Houses**
- **Judgment Free Zone (Not my staff!)**
- **Team Agreements are vital to improved operations**
- **The Diversion house is only a part of the solution**
- **Constantly evolving**

What we' ve learned

- **Values are constantly challenged**
- **All eyes are on you!**
- **Neighbors can be fun!**
- **Re-educating inside and outside is on-going**
- **Integrity can skyrocket over time**
- **Integrity can be injured in one day (event)**
- **It' s all worth it!**

What we' ve done

- **Guest Orientation packet developed**
- **Guest and Rose House Expectations printed**
- **Menu of Services printed and expanded**
- **Staff training focuses more on customer/guest services satisfaction**
- **Staff need on-going support, training and opportunities to express successes, frustration(s), challenges and opportunities**
- **Community outreach, partnering and education is never-ending**

Contact Information

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National Coalition for Mental Health Recovery

Contact Us:

National Coalition for Mental Health Recovery

Web: www.ncmhr.org

Tel: 877-246-9058

Peer-run respite resources at NEC website:

<http://www.power2u.org/peer-run-crisis-alternatives.html>

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