



PEER RESPITES

a national perspective

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NASMHPD Research Institute



January 15, 2004

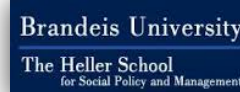
To Whom It May Concern:

I am writing on behalf of Laysha Ostrow who has been in treatment with me since March of 2004. She is on multiple medications to manage DSM IV diagnoses of bipolar disorder and anxiety NOS. It is my psychiatric opinion that Laysha is unable currently to support herself via full time employment. She is unlikely able to do so for the foreseeable future. Please contact me if you require additional information.

Sincerely,



, MD



Lived Experience Research Network

Bridging research & advocacy by people with lived experience to advance social change



UCLA Luskin
School of Public Affairs

Outline

I. Defining peer support in peer respites:
What, How, Why?

II. Nationwide characteristics of peer respites

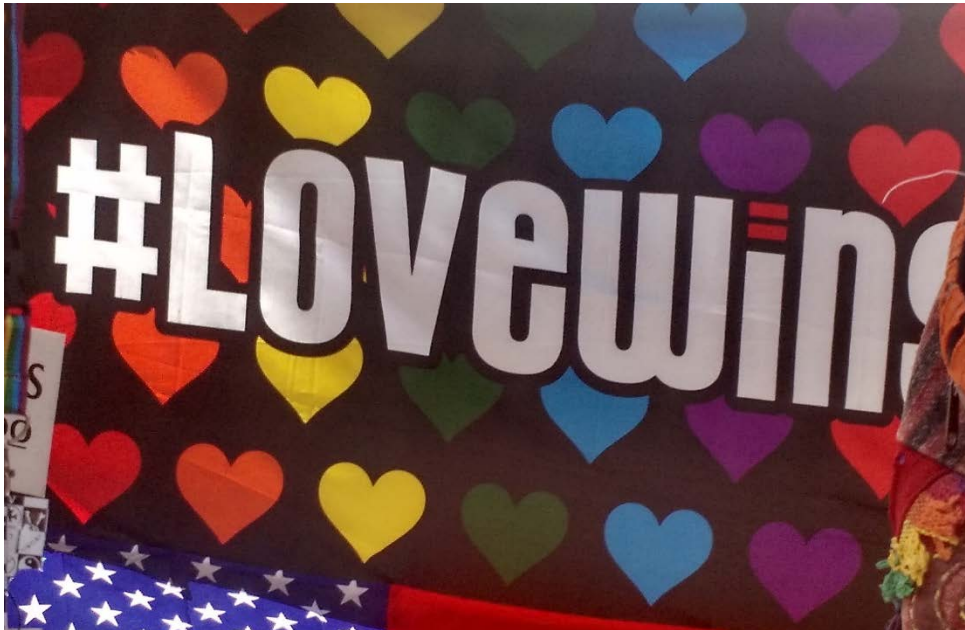
III. Example: 2nd Story, Santa Cruz

Defining Peer Respite

**When you reach
the end of your
rope, tie a knot in it
& hang on.**

Franklin D. Roosevelt

Peer Support

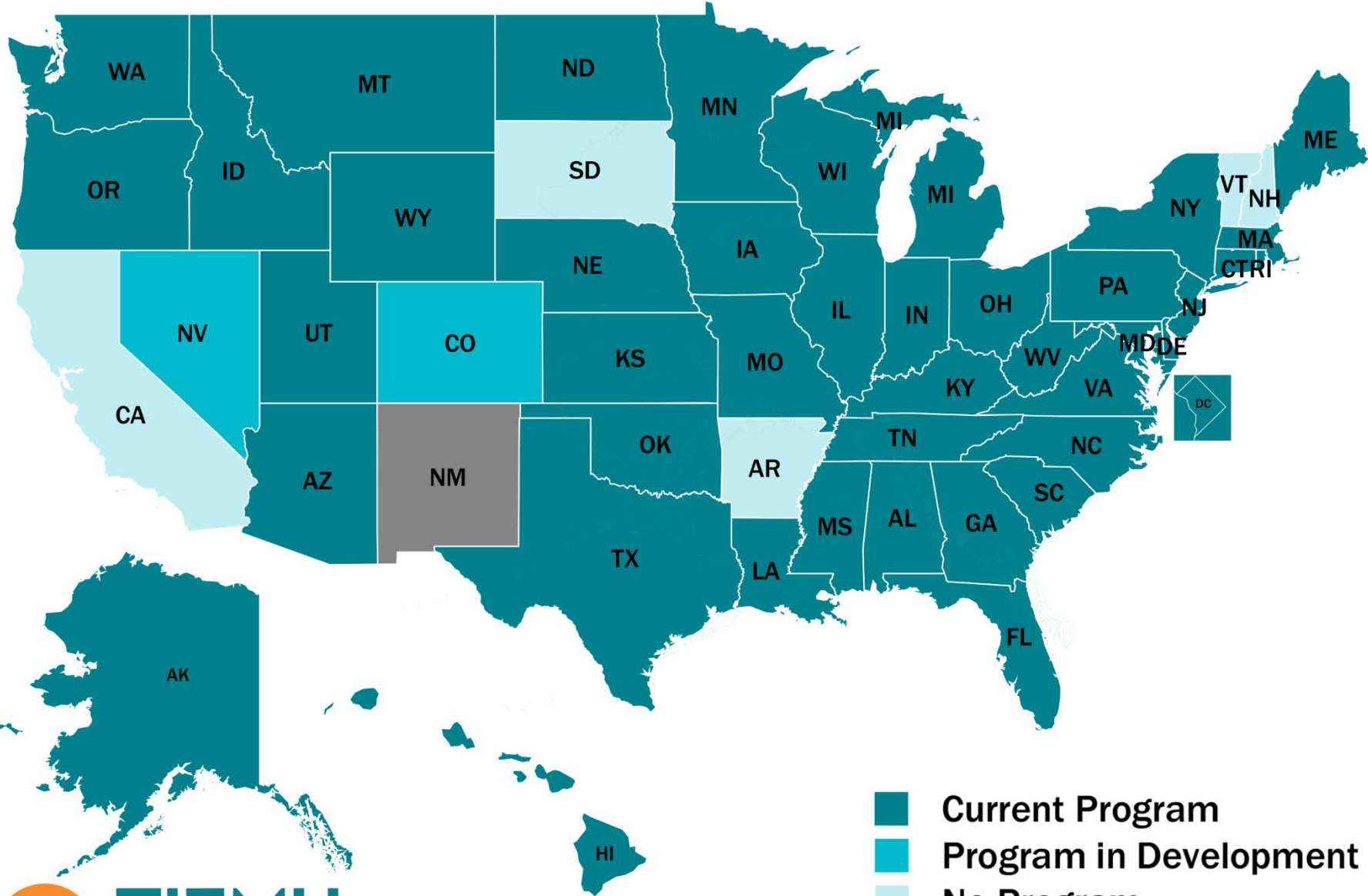


People with lived experience creating mutual relationships based on respect, shared responsibility, and agreement of what is helpful



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

Map of Existing Peer Specialist Training and Certification Programs



- Current Program
- Program in Development
- No Program
- * New Mexico not Included

Peer Support Context

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

Consistent findings that peer support contributes to reductions in emergency services use

Reimbursement mechanisms can risk medicalizing peer support and may compromise social justice advocacy

Why are there peer respites?

Psychiatric emergency services...

traumatizing and counter-therapeutic, 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

What are peer respites?

voluntary, short-term, overnight programs in a homelike environment

provide community-based, trauma-informed, and person-centered crisis support and prevention

Staffed, operated, and overseen by people with lived experience of the mental health system (peers)

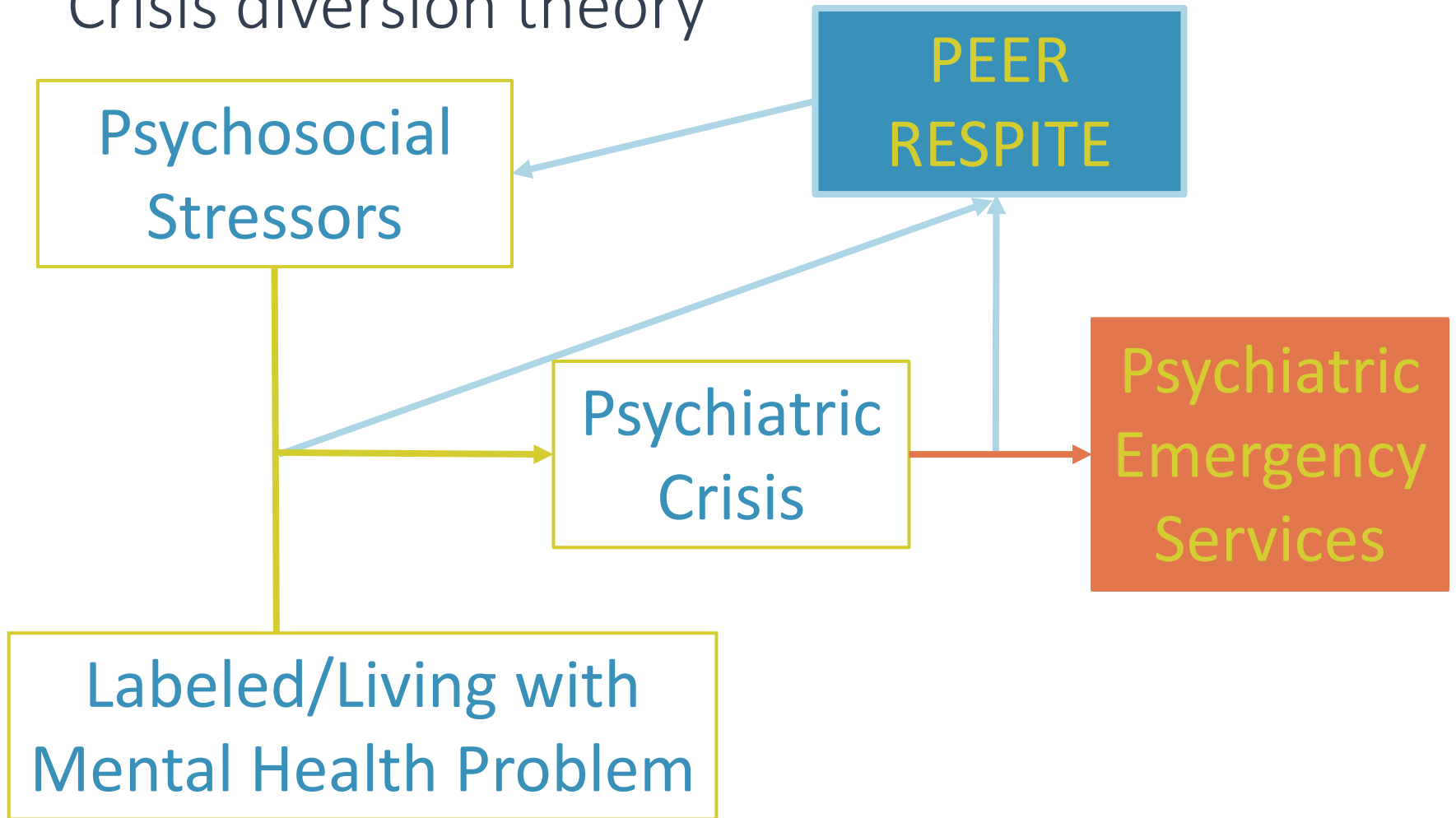
How do peer respites work?

support guests through trusting relationships when experiencing or at-risk of experiencing a crisis

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

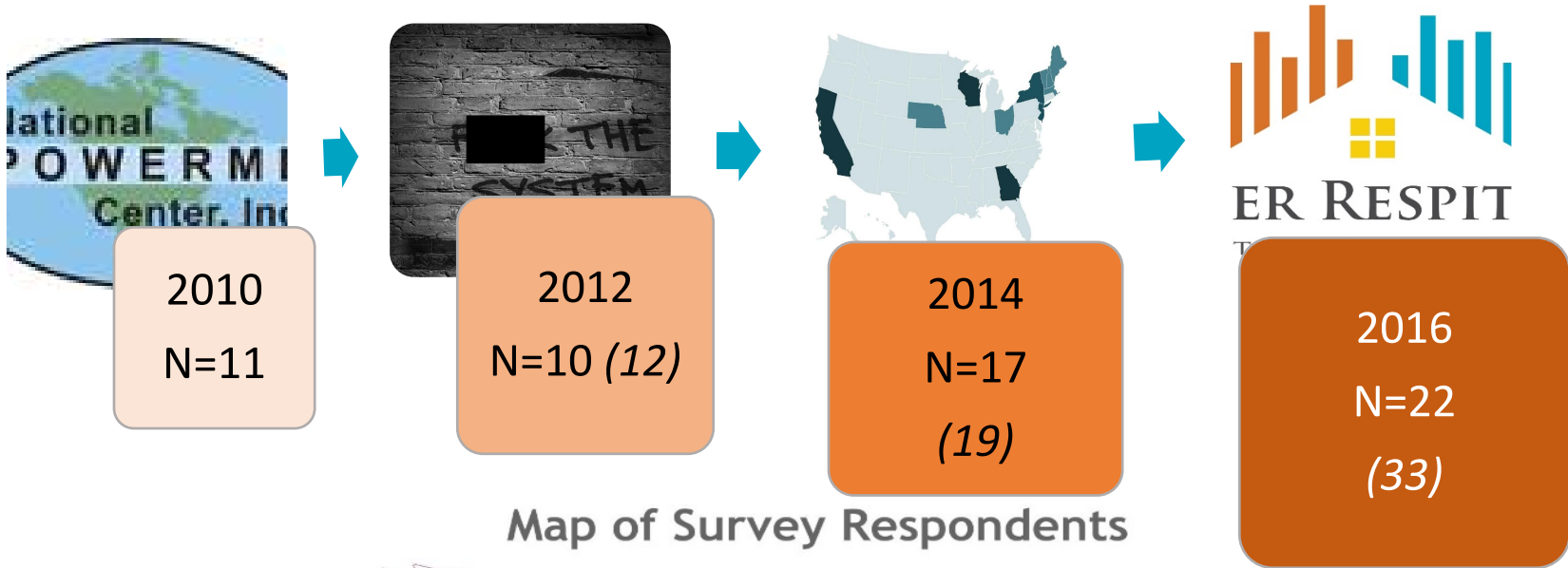
engage in advocacy to empower people to participate in and strengthen communities

Crisis diversion theory

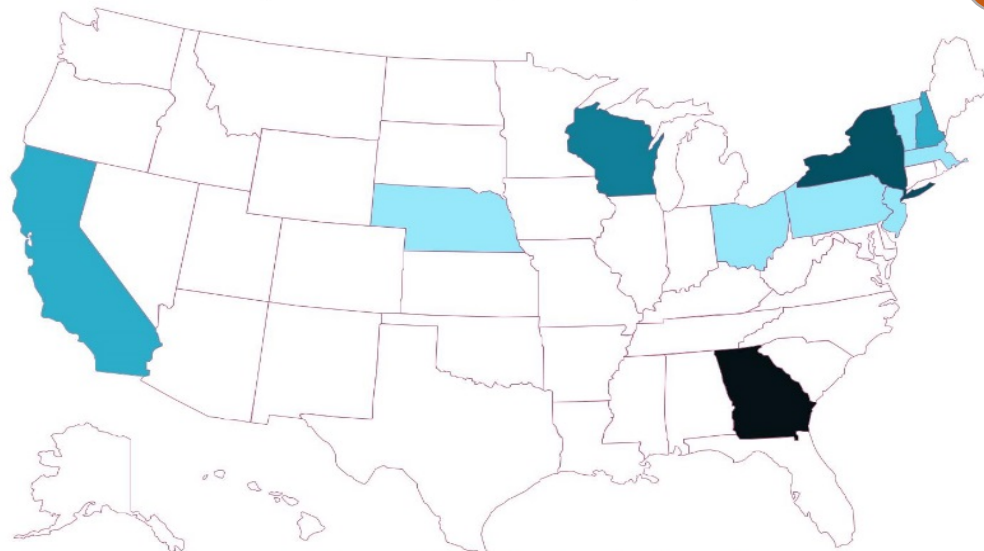


Peer Respite Growth

documented by nationwide biennial survey



Map of Survey Respondents



Number of Responding Peer Respite Providers

1	2	3	4	5
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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

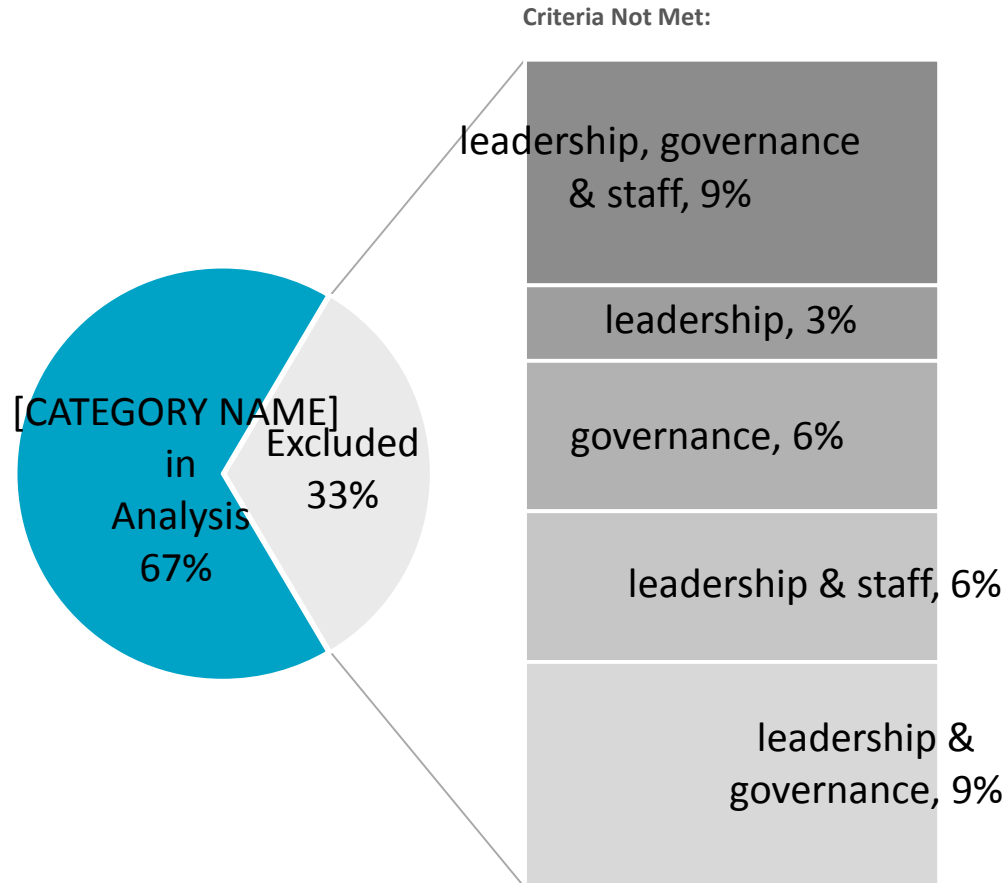
Sally Zinman, California Association of Mental Health Peer-Run Organizations

Bevin Croft, Human Services Research Institute

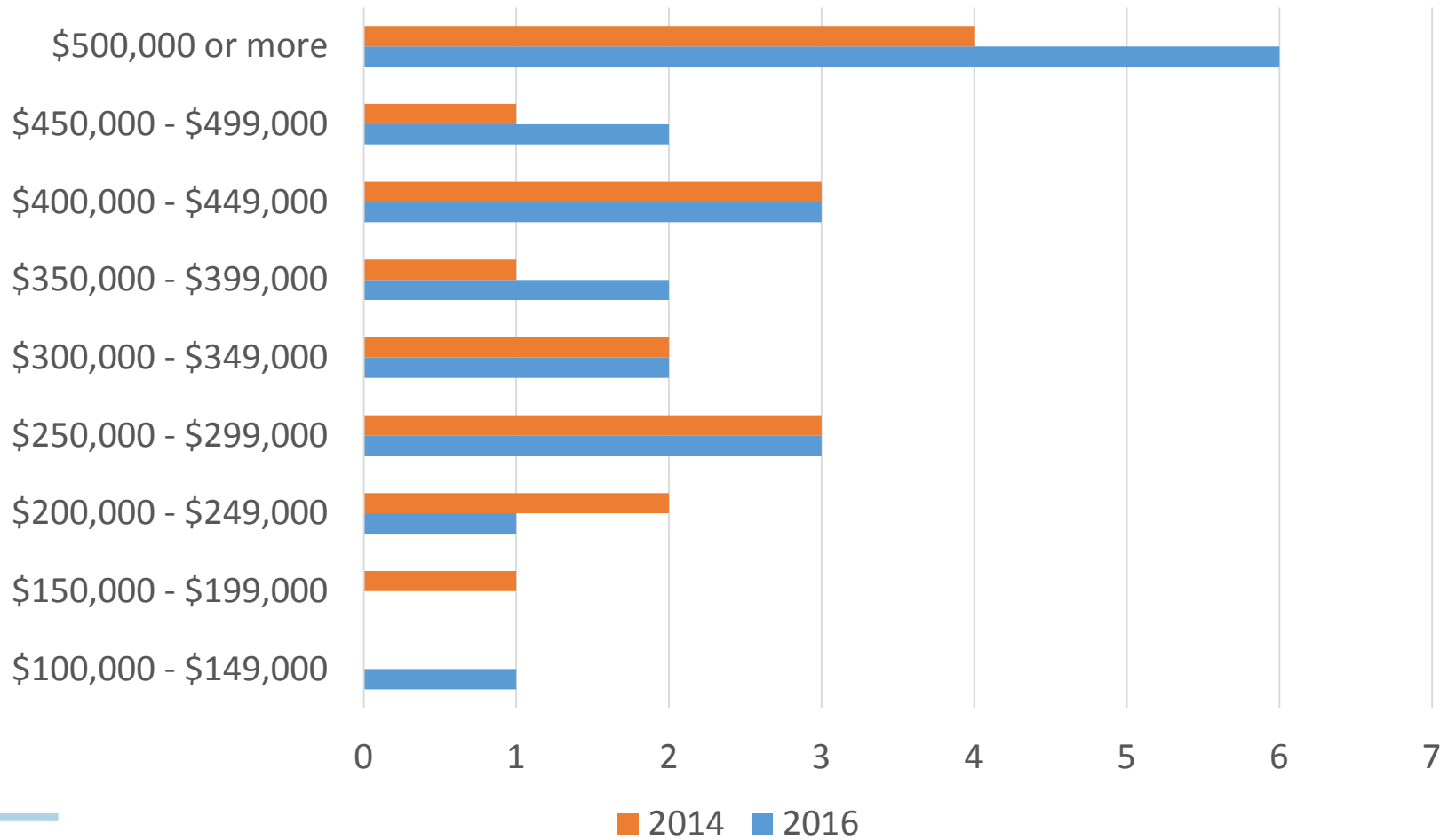
Laysha Ostrow, Live & Learn

Peer Respite Essential Features Respondents

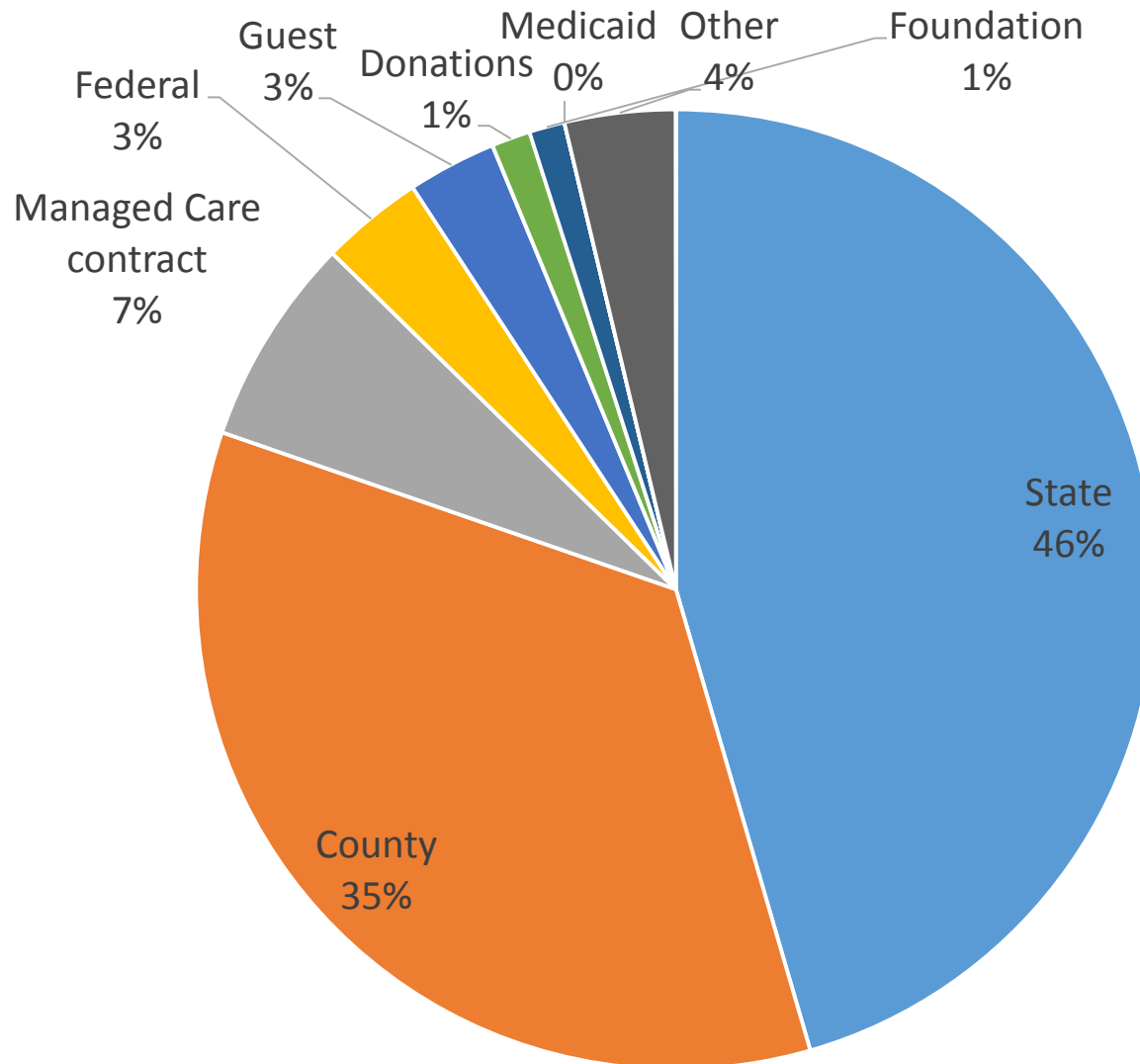
N=22 out of 33 total responses



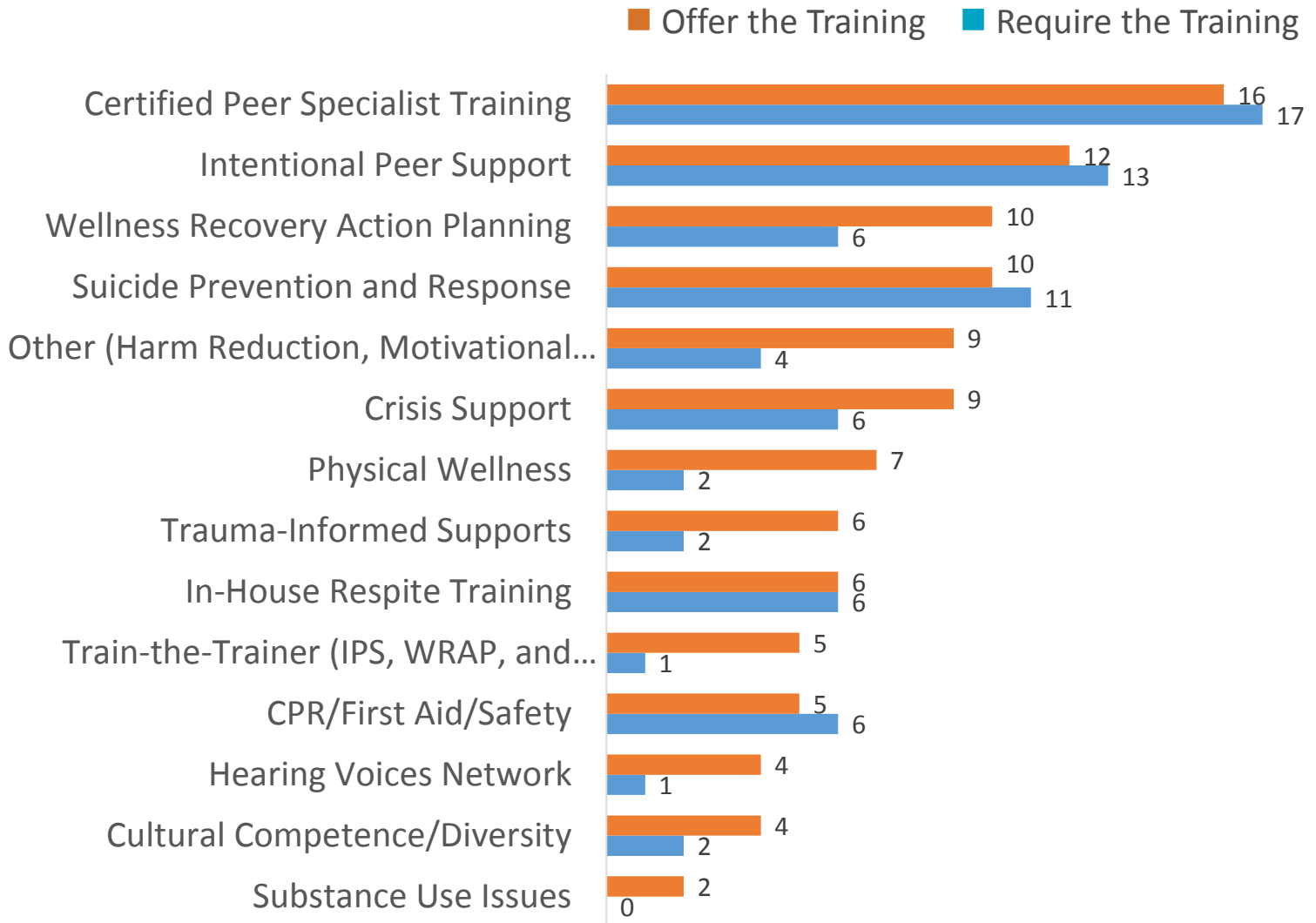
Annual operating budgets



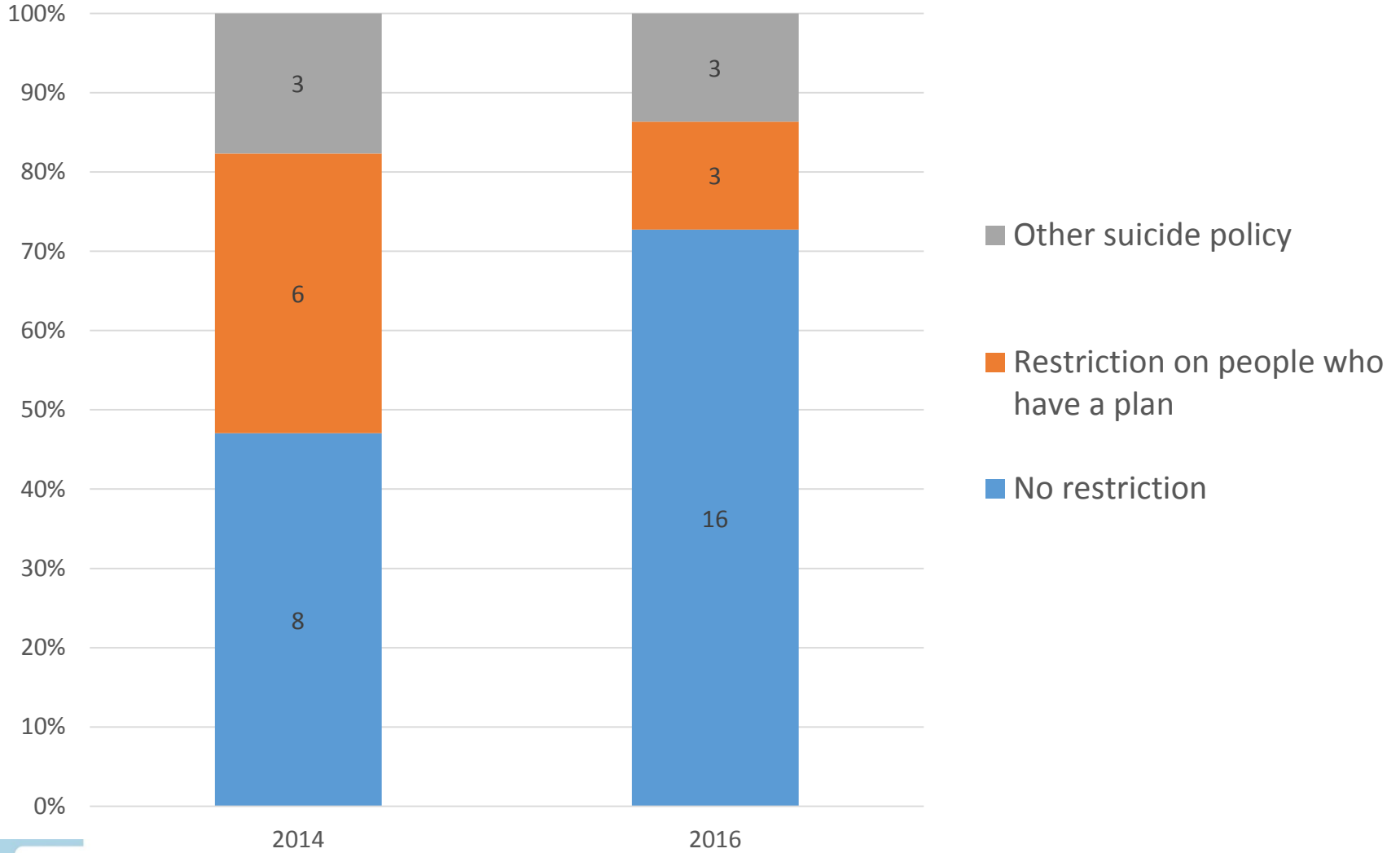
Proportion of funding from each source



Training of peer respite staff



Policy on suicide



For more information...

Visit www.PeerRespite.net for:

- Directory of peer respites
- Compilation of research studies
- Resources to start and sustain peer respites
- Evaluation assistance



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Manuals with Guidance on Starting and Sustaining a Peer Respite



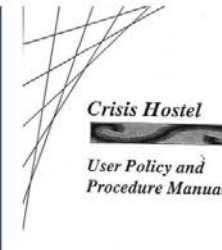
PEOPLE, Inc.
Manual on Assisting in the Development of a Respite/Diversion Service in Your Area.
Getting started



SAMHSA
Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies
Systems



Live & Learn/HSRI
Toolkit for Evaluating Peer Respites
Evaluation



Crisis Hostel Project, Ithaca NY
Crisis Hostel User Policy and Procedure Manual.
Getting started



2nd Story Peer Respite House Santa Cruz, CA

2nd Story Respite House, est. 2010

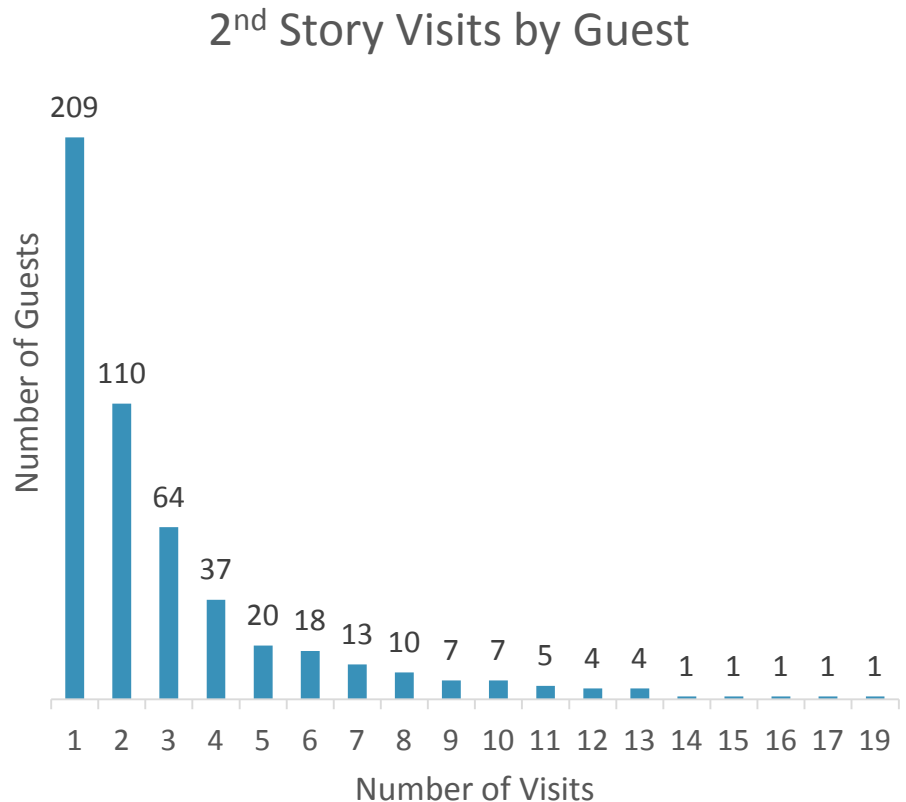


Funded by SAMHSA Transformation Grant, **administered** through a community-based mental health organization, **overseen** by County behavioral health department, **evaluated** by HSRI

Who used the respite?

209 unique guests between May 2011 and December 2014

- Many repeat visits
 - Guests stayed an average of 3 times
 - 209 guests (41%) stayed once, and 25 guests (5%) stayed ten or more times
- Length of stay varied
 - Ranged from 1 to 52 days
 - Average length of stay was 10 days
 - Most visits were 13 days



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

Croft B & Isvan N: Impact of the 2nd Story Peer Respite Program on Inpatient and Emergency Service Use. Psychiatric Services: available online first at <http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201400266>



Human Services
Research Institute

After the MHTG Grant: 2nd Story Currently

Funded by Santa Cruz County via Mental Health Services Act since the end of the SAMHSA funding

California Health Facilities Financing Authority (CHFFA) 2015 Peer Respite Care Grant Program provided \$ for capital investments

Santa Cruz purchased a house for 2nd Story; expands services from 6 overnight guests to 8

Introducing Medi-Cal: Future of 2nd Story

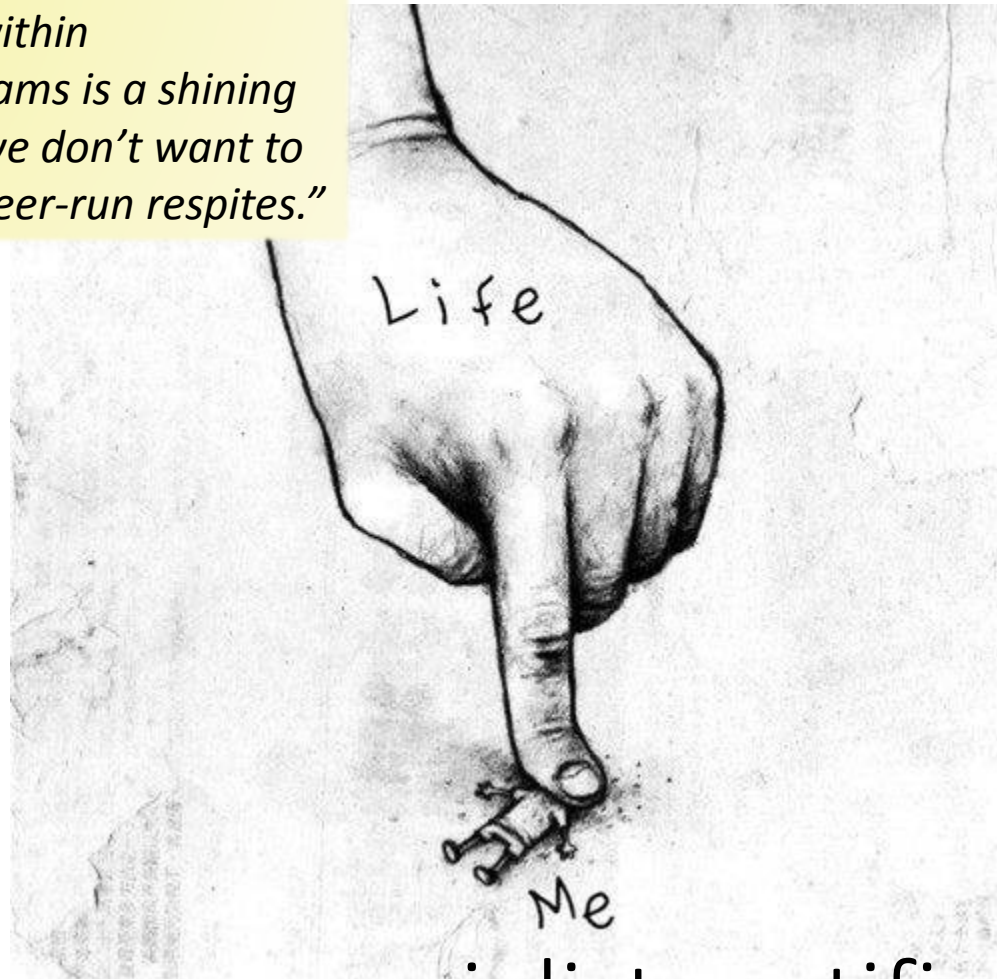
Consequences of the service expansion are that 2nd Story must become a licensed facility

Community Residential Treatment System (CRTS) aka Social Rehabilitation Program (SRP)

Additional licensed clinical case managers will be added to the program

MHSA \$ will continue to be used to pay for peer support workers

“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.”



No peer specialist certification in California!!!

Lessons Learned

Peer respites operate on a continuum of control and management by people with lived experience

Evidence for effectiveness is limited to the point in time that corresponds to program features

Reimbursement strategies have the power to substantially change program approach

State officials and consumer stakeholders need to work together to implement financing options that support the goals of peer support

Consider...

How does the evolution of policy and program design impact sustainability?

What unique and non-redundant contributions does peer support bring to our communities?

Without fidelity standards, what exactly are we fighting for?

Where do we go from here if we want to preserve this vision?

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ACTION & EVALUATION

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