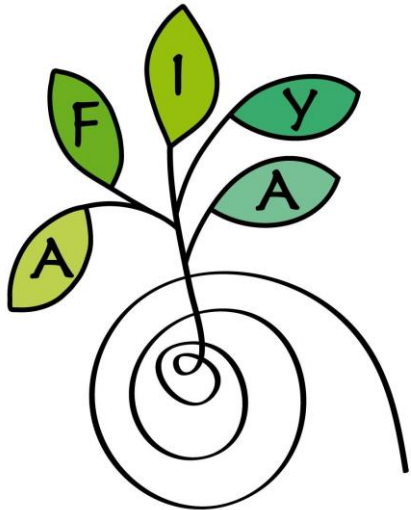




Human Services
Research Institute

Peer Respite: A National and Local Perspective

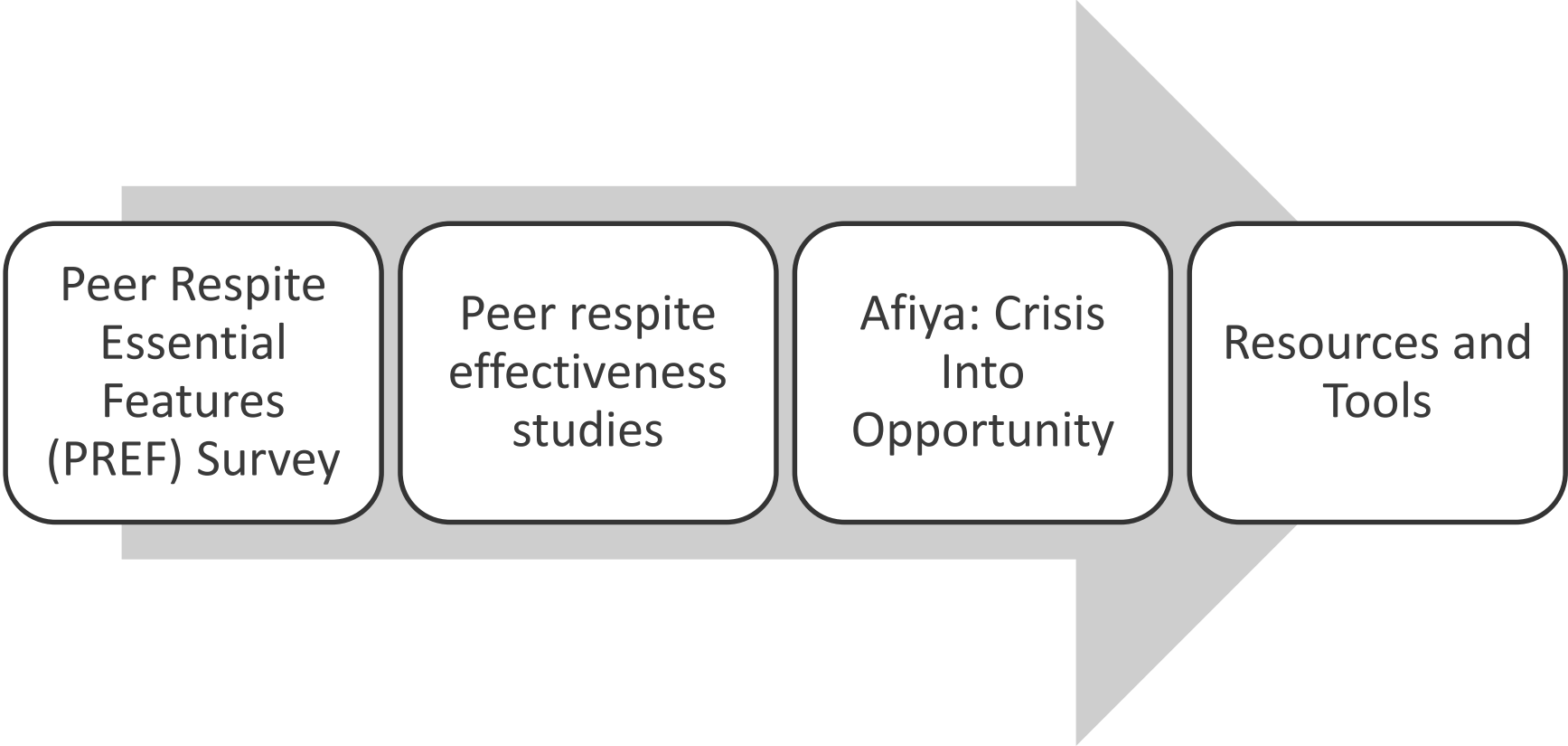


Andy Beresky, Afiya Peer Respite

Bevin Croft, Human Services
Research Institute



Overview



Peer Respite
Essential
Features
(PREF) Survey

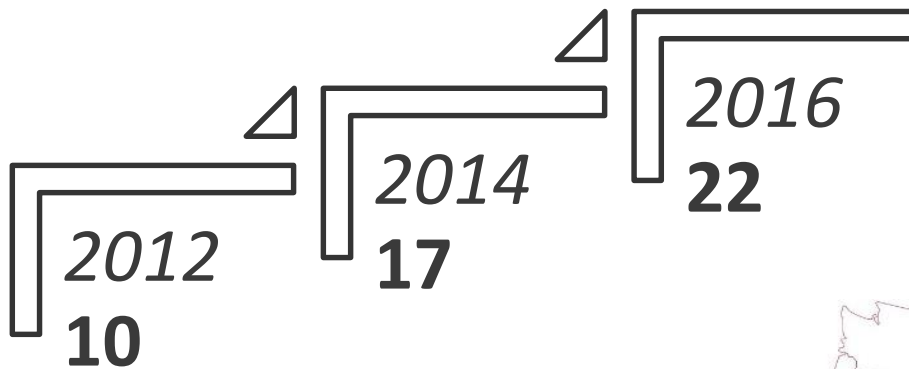
Peer respite
effectiveness
studies

Afiya: Crisis
Into
Opportunity

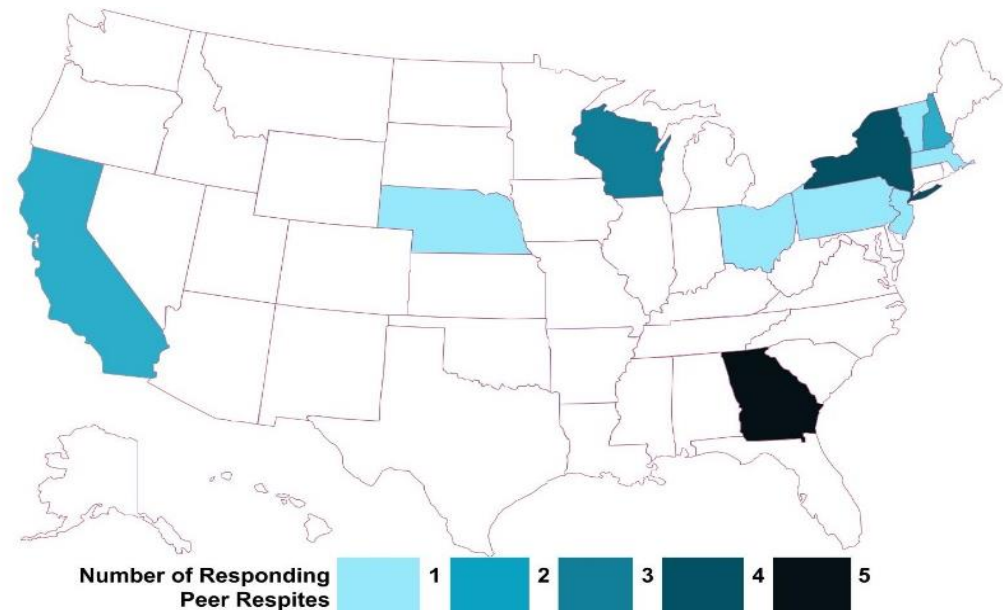
Resources and
Tools

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

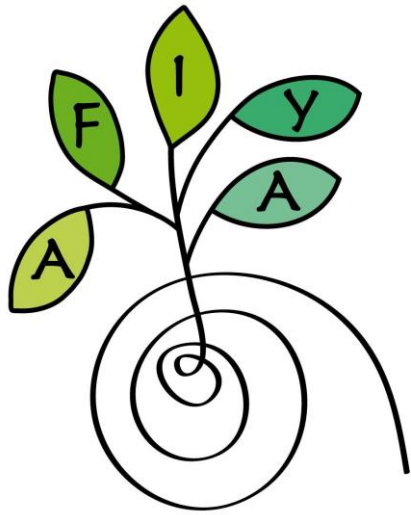
Local governments tend to be the largest financial supporters of peer respites

There are an array of professional trainings offered and required

Peer respites continue to refine policy and procedure

For the full report, visit

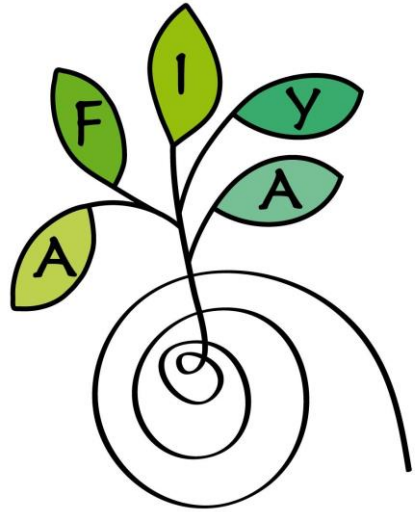
<http://www.peerrespite.net/pref-survey>



Afiya's Focus

- Hospital Diversion
- Crisis Into Opportunity
- Peer To Peer Supports

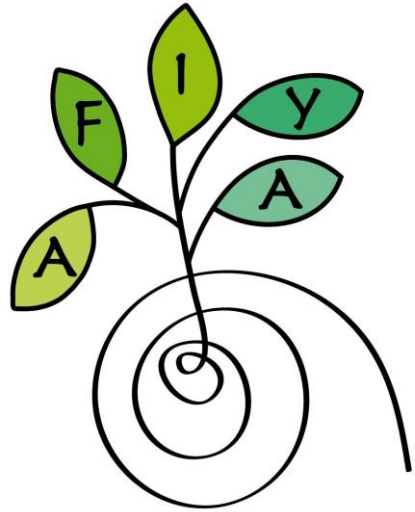




A Matter Of Principles



- Genuine Human Relationships
 - Mutuality
- Self-Determination And Personal Strength
 - Optimism
- Healing Environments
 - Respect



Afiya's Structure



- Meets all definitional criteria for a peer respite
- Funded By The Massachusetts Department Of Mental Health
- Trainings required: Intentional Peer Support, Alternatives To Suicide Facilitator Training, Hearing Voices Facilitator Training
- Constantly review and revise guidelines and protocols

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

Interview Response Themes:

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 entrance and exit. Measured statistically significant increases in the percentage of people who agreed with the following statements from entrance to exit:

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

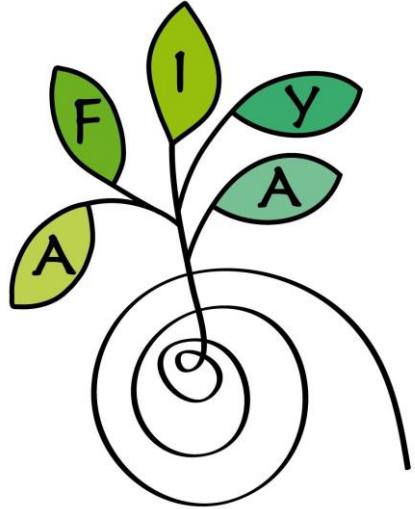
I control the important decisions in my life

I am growing as a person

I feel hopeful about my future

I am using my personal strengths, skills, and talents

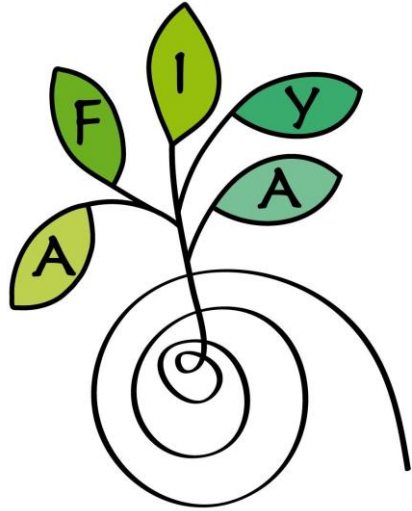
I believe I can make positive changes in my life



Data Collected....



- Basic demographics for each caller: age range, geographic location
- Hopes For Stay forms completed when someone leaves
- Afiya Satisfaction Survey: asks questions regarding how folks felt about their stay, and how we measure up to more traditional services
- Afiya Impact Survey: ask about longer term changes in the lives of people who have stayed



Who Comes To Afiya?

Top Reasons People Give
At First Contact:



- Increased “anxiety” and “depression”
 - Increased struggles with self-injury
 - Increased struggles with suicidal thoughts
 - Increased struggles with addiction and sobriety
- Increase in hearing distressing voices and unusual thoughts
 - Recent trauma or major loss
 - Avoiding Hospitalization

If you hadn't gone to Afiya, what would you have done instead?

"I'm not sure I'd be here at all. Probably suicide."

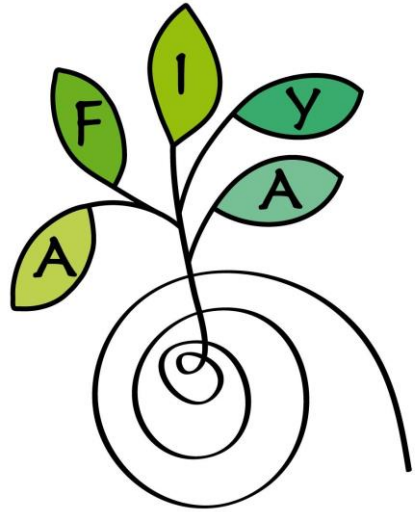
"I can't go back to the hospital again. I just can't. So, I don't know what would have happened to me."

"I have no idea. I might be dead now."

"This is an impossible question. I probably just wouldn't be here at all anymore."

"I don't know where I would have ended up, because I don't feel like going back to a hospital is an option for me anymore."

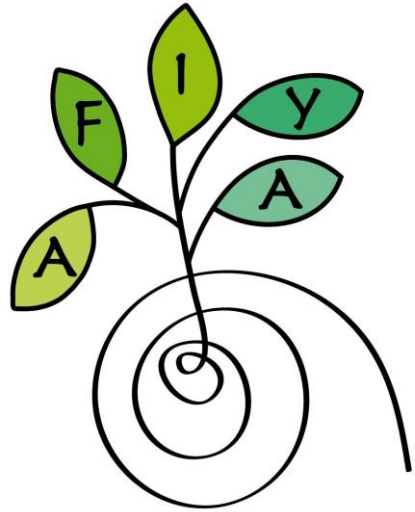
"This is a painful question because I'm afraid of what the answer might have been."



Comparisons With Other Settings....



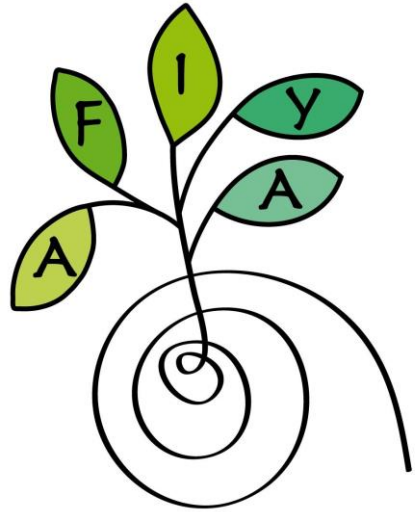
- I felt welcomed when I entered this setting
- I was given clear explanations and information about the space and supports available. People working there consistently used respectful, recovery-oriented language.
- People working there treated me non-judgmentally.
- People working there were genuinely interested in learning more about me and my perspectives, fears, challenges, hopes, wants and dreams.
- There was opportunity for me to connect with and engage in mutual support with others who were staying in the space, not just those working there.
- My stay there had a positive impact on my life.



Areas Of Change



- Physical Health, Eating Habits and Sleeping Habits
 - Housing, Employment and Relationships
- Fewer Hospital and Crisis Visits, Less Police Contact
 - Self Advocacy and Setting Personal Goals
 - Mental, Emotional and Spiritual Health
 - Recovery From Substance Use
- New Coping Tools and Greater Connection With Community Supports



What People Who've Stayed Have Had To Say About Afiya



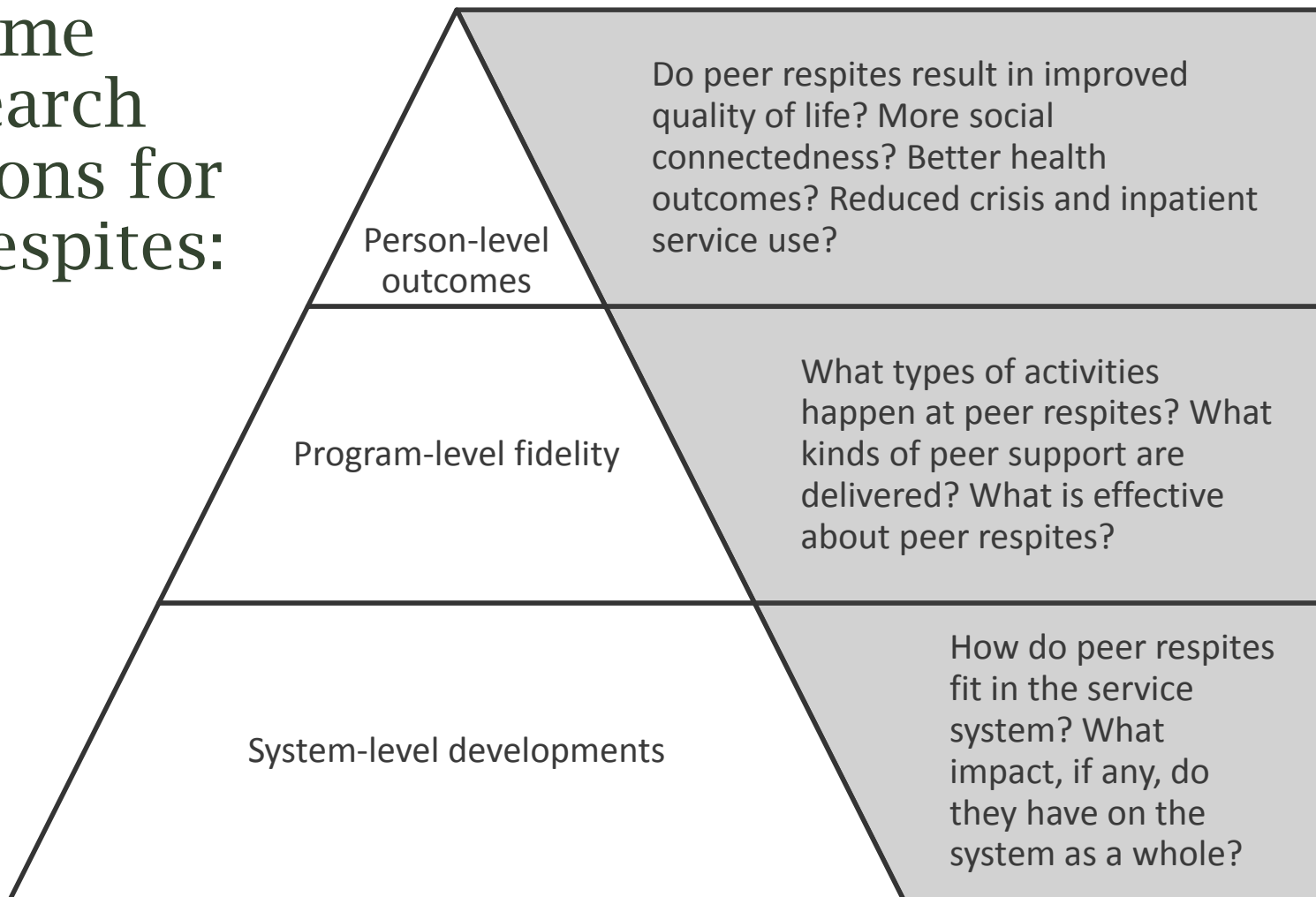
"I was skeptical at first about how different this could really be from any other place I've ever been, but it really did end up being."

"It was hard to adjust to, but that's because I'm so used to just being told what to do. In some ways, the hard parts were the best parts. They were what helped me grow most."

"Because sometimes it's just solitude that I need and not hospitalization and hands on every-thing."

"I've never been treated so well or so kindly."

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



GUIDEBOOK FOR PEER RESPITE SELF-EVALUATION: PRACTICAL STEPS AND TOOLS

<http://www.peerrespite.net/toolkit/>

The toolkit includes:

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

In a world of limited resources, conducting high quality evaluations can be a challenge. We drafted 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.

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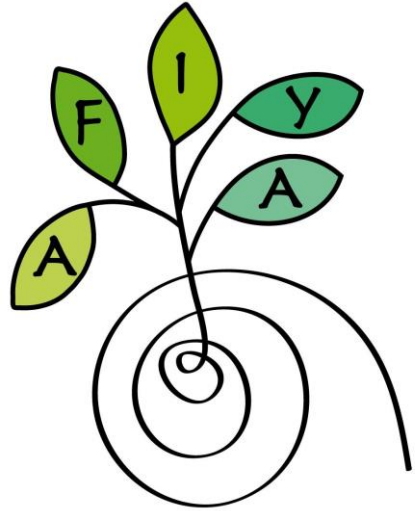


Visit www.PeerRespite.net for:

- Directory of peer respites
- Compilation of research studies
- Resources to start and sustain peer respites
- Information on staff training
- Evaluation technical assistance



Human Services
Research Institute



For Further Information

Visit: www.westernmassrlc.org

Andy Beresky: andy@westernmassrlc.org

Call Afiya: (413) 570-2990

Please email Andy for a link to the DRAFT Peer Respite Handbook or Afiya's Annual Report from 2016!

