

PEER-RUN RESPITES IN THE CONTINUUM OF CARE

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ABSTRACT

Peer-run respites are an emerging form of acute residential crisis services for people experiencing psychiatric crisis. There are currently 12 PRCRs across the country, with many peers in other states planning to implement programs in their localities. Peer-run respites are completely staffed and operated by other people with lived experience of mental health recovery. Only recently have these programs in their current form come into existence, although peers have been providing crisis support to one another in their homes for several decades. Peer-run respites are usually located in a house in a residential neighborhood. They provide a safe, homelike environment for people to overcome crisis. The intended outcomes are diverting hospitalization by building mutual, trusting relationships between staff members and users of services, which facilitate resilience and personal growth.

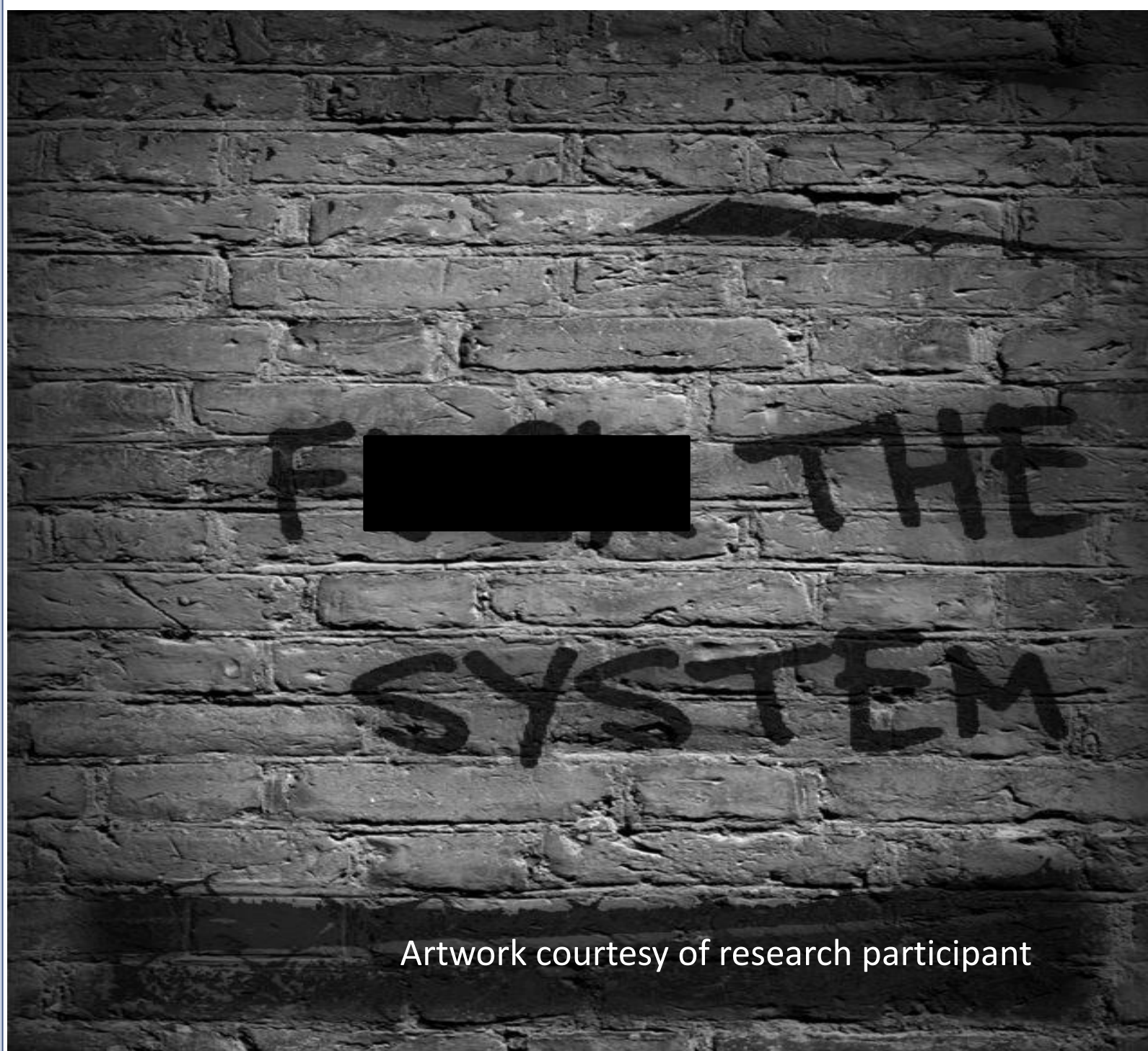
OBJECTIVES & METHODS

Reducing utilization of psychiatric crisis services that are costly and provide limited opportunities for self-direction and recovery has become an important issue in public mental health. This study examined the experience of peer-run respites as part of the continuum of care for persons labeled with mental illness.

Respite directors participated in a web-based survey to assess the perspectives on services, research, and policy. Results presented here are related to:

- peer-run respites as an alternative to emergency room and inpatient hospitalization
- relationships to traditional providers
- perspectives on Medicaid reimbursement
- evaluation requests and other needs related to the mental health system

Ten respite directors participated in a web-based survey to assess the perspectives on services, research, and policy.¹

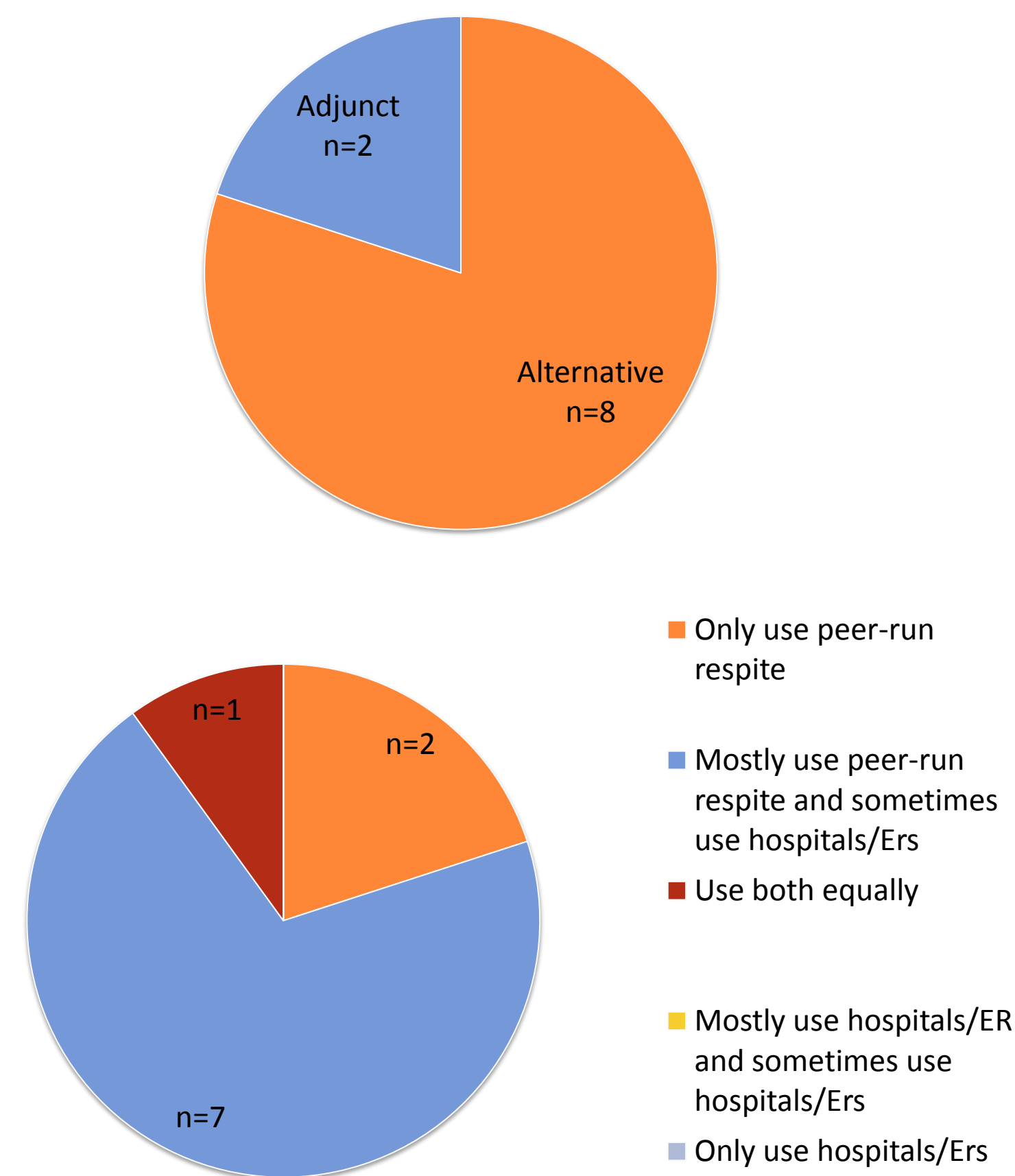


Artwork courtesy of research participant

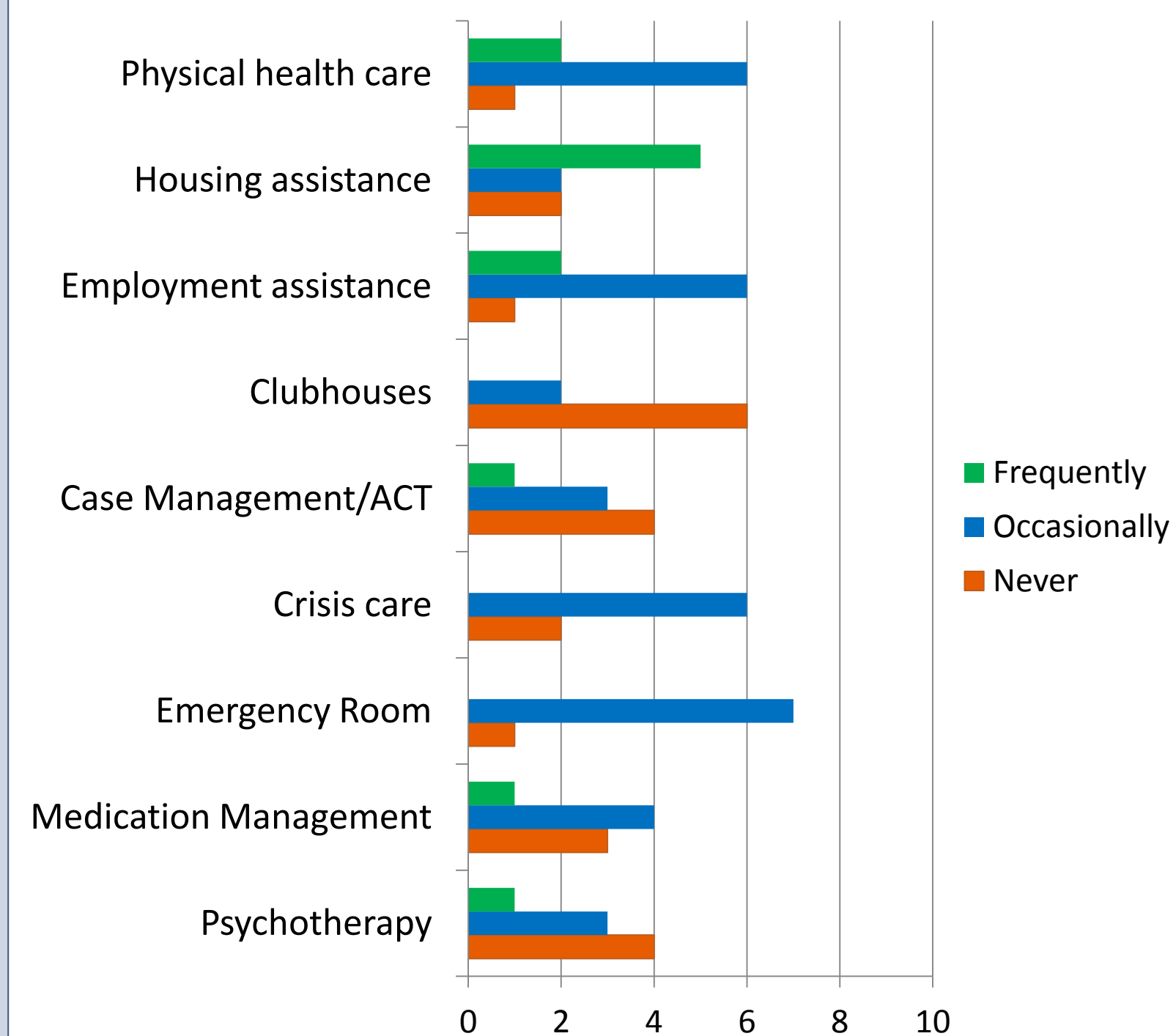
¹ One respite director runs two houses, so only completed once to avoid duplication of opinions. There was one non-respondent.

ROLE IN THE SYSTEM

ALTERNATIVES OR ADJUNCTS TO HOSPITAL AND ER?



REFERRALS TO OTHER PROVIDERS

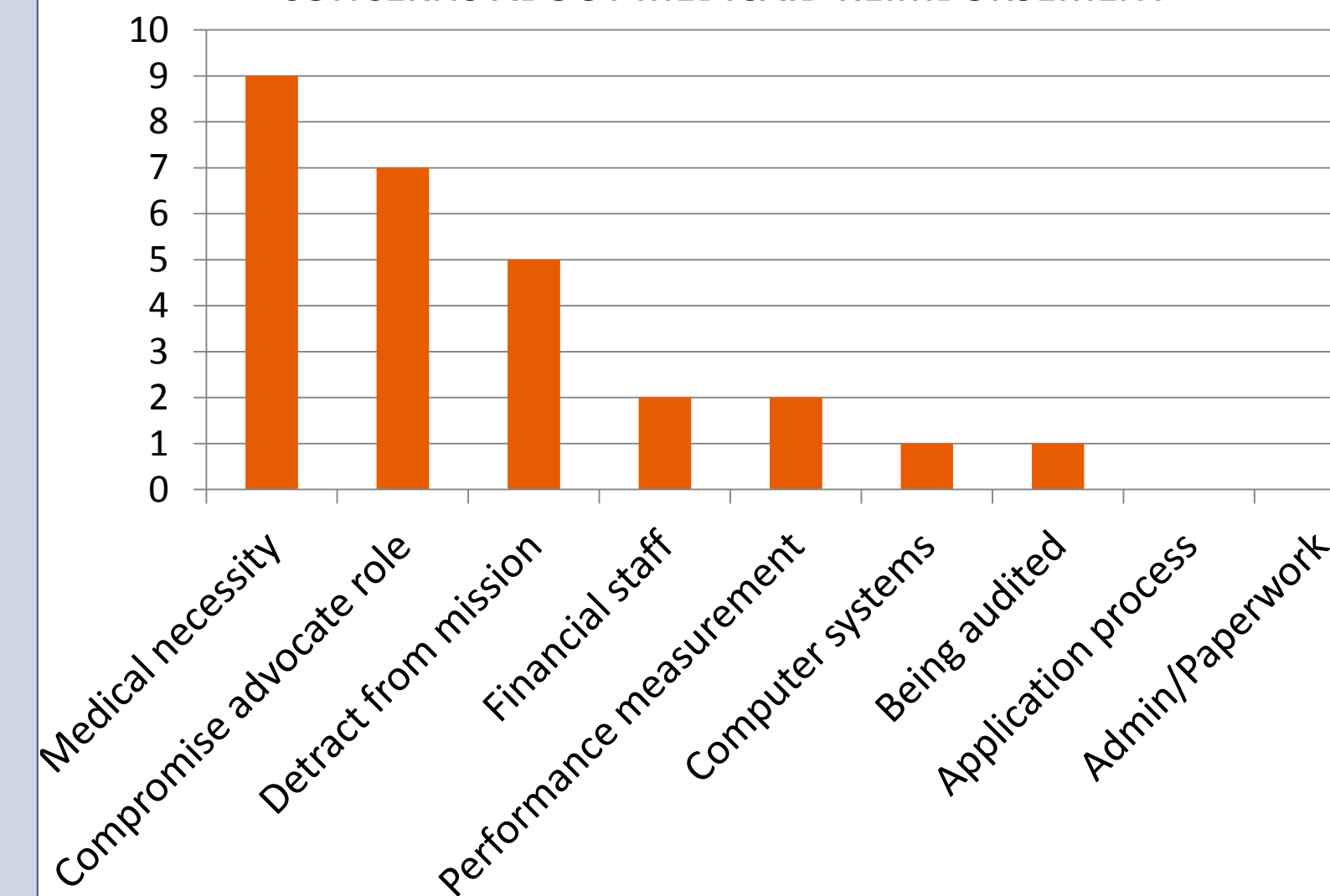


SUSTAINABILITY ISSUES

WILLINGNESS TO BE A MEDICAID PROVIDER

Yes	0
Yes – but we have concerns	6
No	4
We are already a Medicaid provider	0

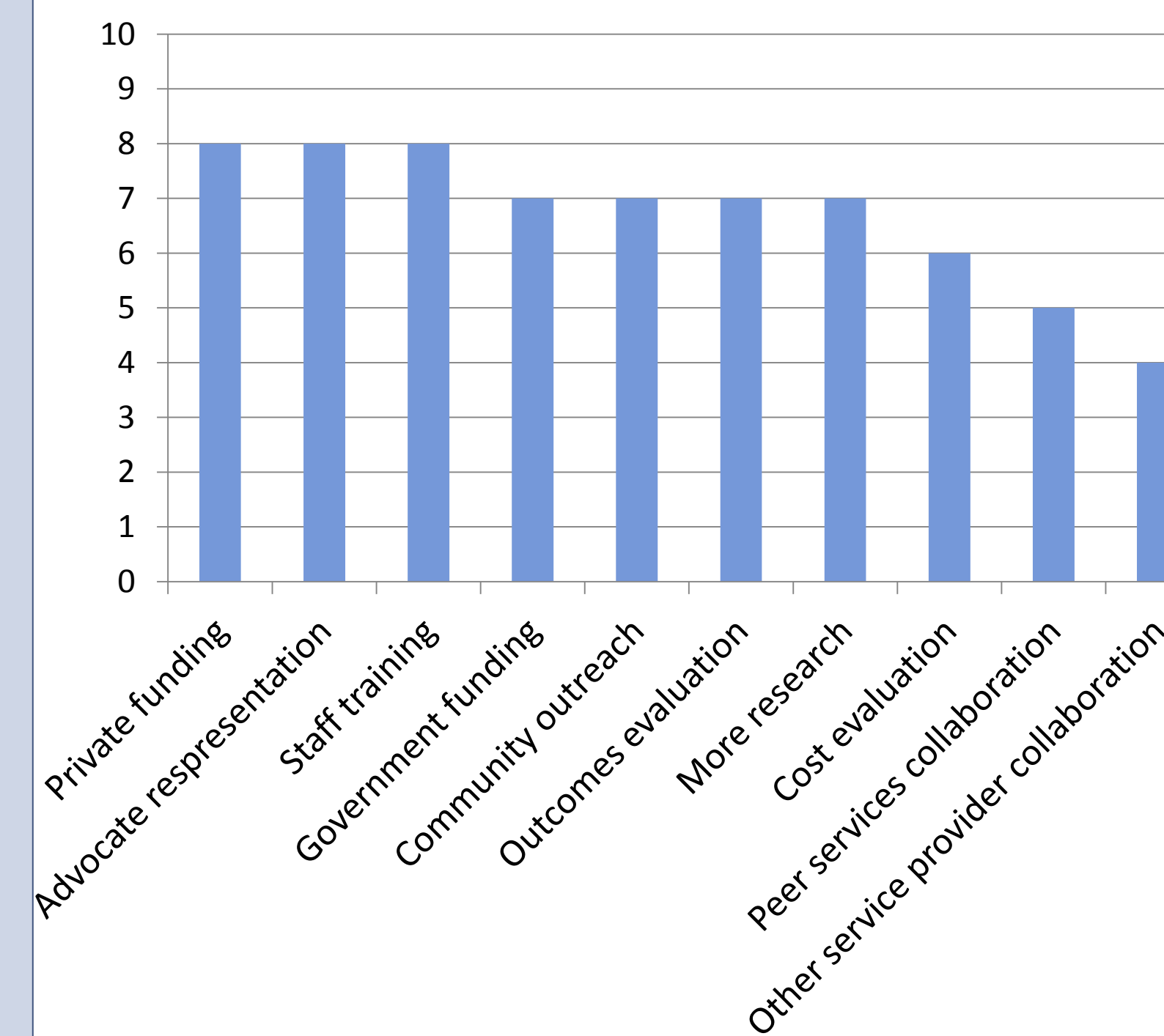
CONCERNS ABOUT MEDICAID REIMBURSEMENT



Other concerns:

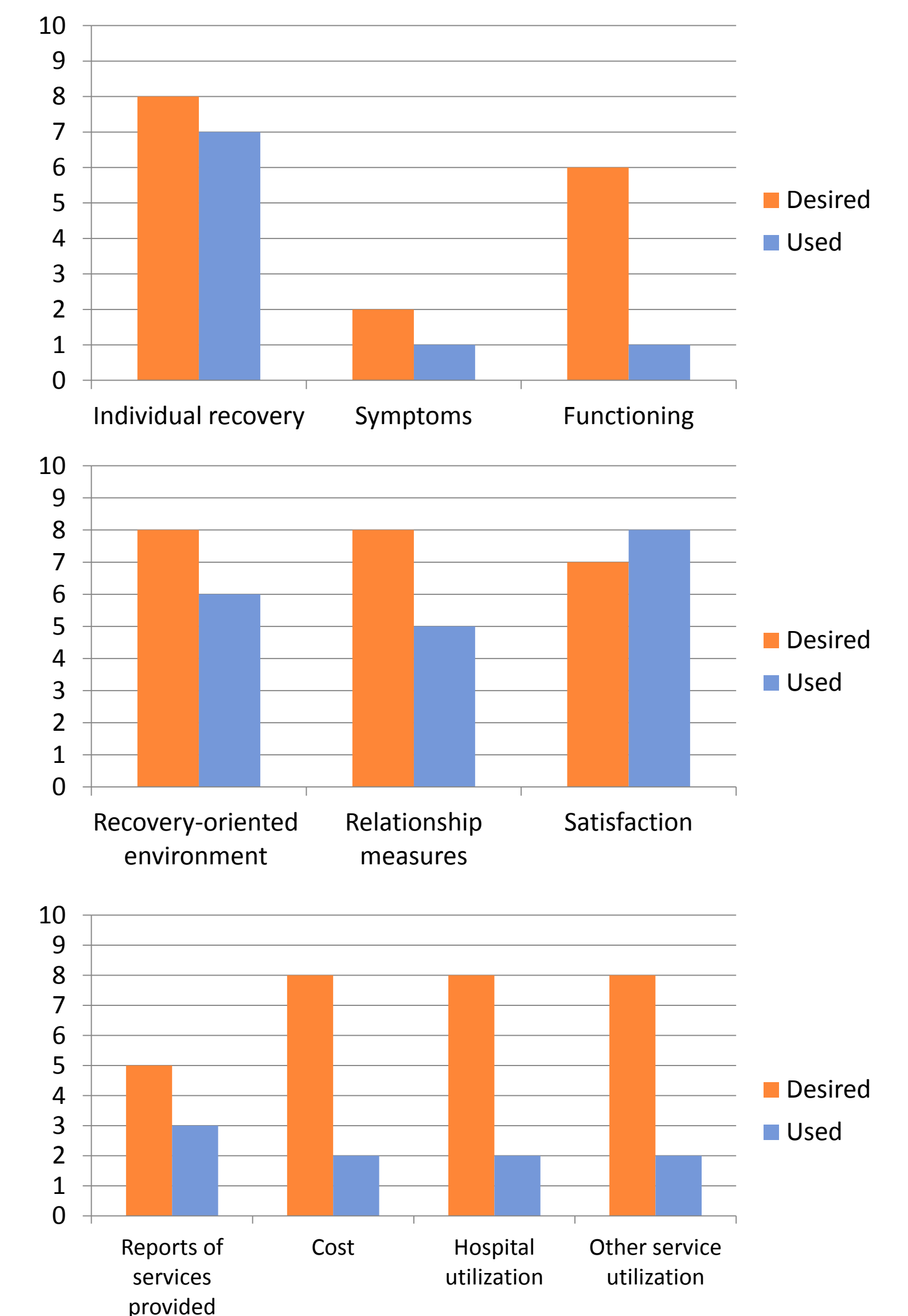
- Medicaid required clinical/medical supervision
- Medical model language is “demeaning and inaccurate”
- Rates may not be acceptable for funding needs
- There are issues because of the values and principles of the consumer/survivor/ex-patient/peer movement
- Taking Medicaid brought up issues around forced and coercive treatment

WHAT PROGRAMS NEED TO BE EFFECTIVE



RESEARCH & EVALUATION

All programs had been evaluated at least once. Respite directors were asked which measures had been used in the past and which they would like to see used in the future, including individual-level measures, program context measures, and system-level measures.



The greatest disparity was in system level measures

- These are the measures that policy-makers are most interested in
- Success in these kinds of measures will lead to greater sustainability

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