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Michigan Peer Recovery Coalition

Peer-Run Crisis Respite White Paper

BRAUNWYNN FRANKLIN, SEAN HARRIS, ANN MONROE, MALKIA NEWMAN, JOHANNA NICOLIA-ADKINS, WILLIAM PARKE-SUTHERLAND, AND CAROLYN PIFER

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MPRC Peer-Run Crisis Respite White Paper

Abstract

For more than two decades, peer run respites have provided an innovative, cost-effective, self-directed resource in the continuum of care for mental health and substance use treatment. Peer run respites offer support and care in a homelike environment for people experiencing an increase in stress or symptoms related to mental health and substance use challenges. The Michigan Peer Recovery Coalition (MPRC) believes that peer run respites are a vital addition to the mental health treatment system in our state. Many existing studies and evaluations of peer run respites demonstrate that Michiganders seeking support will find respites would offer a homelike environment that provides appropriate levels of care and peer support, trauma-informed staff who draw on their own lived experience, and alternative healing philosophies that may be more welcoming to underserved communities. Peer run respites have also been shown to reduce hospitalizations, improve long term recovery, and provide substantial cost savings compared to more traditional medical models of treatment. The MPRC conducted surveys of state residents, which show clear demand and support for peer run respites throughout Michigan. Lastly, the coalition's paper outlines training, structure, and financing necessary for the development of peer run respites in Michigan.

Introduction

Peer-run crisis respites (PRCR) are an emerging form of acute residential crisis services for people with psychiatric disorders. PRCRs are an alternative to psychiatric inpatient hospitalization and are completely staffed and operated by other people with lived experience of mental illness (i.e., peers) (Ostrow, 2011). These programs suggest for many mental health services users, traditional psychiatric emergency department and inpatient hospital services are

undesirable and avoidable when less coercive or intrusive community-based supports are available. Intended to provide a safe and homelike environment, peer respites are usually situated in residential neighborhoods (Ostrow & Croft, 2015).

PRCRs have emerged as a specialty type of peer-run organization, designed to offer short-term, residential support to individuals who are experiencing an increase in symptoms, stressors, or exacerbations in order to prevent further crises and avoid hospitalization. To date, forty, 24/7 PRCRs are currently in operation throughout the nation, providing positive places for healing and growth (*Directory of Peer Respites*, 2021).

Though each of the programs operates with a unique model according to funding sources, community culture and environment; some common themes do emerge through a review of these existing programs. Facilities are generally between four and six beds in private rooms serving adults of all genders with mental health disorders free of charge. Entry is through self-referral only and the PRCRs do not provide medication management or other formal medical services. Wellness and recovery-oriented activities are offered within the program, along with opportunities for guests to participate in the individual's chosen community. The importance of staff training in peer support and knowledge and skills necessary for safe operation of a group living facility are emphasized. Though formal documentation and data collection is minimal, most PRCRs collect feedback and satisfaction surveys from guests.

Over the last twenty-plus years, PRCRs have been effective in the following ways, which this paper will review in the following impact section:

1. Prevention and hospital diversion
2. Reducing the strain on hospitals
3. Cost savings

4. Serving underserved individuals
5. Providing the appropriate level of care
6. Trauma reduction on client satisfaction
7. Improved long term recovery

Impact

Prevention & Hospital Diversion

PRCRs have the flexibility to serve people who are currently experiencing crises as well as those who consider themselves "pre-crisis." Thus, respites can avert the need for psychiatric emergency services by addressing the underlying cause of a crisis before the need for traditional crisis services arises (Cleary-Dwyer, 2017). “All peer respites divert people from being admitted to a psychiatric institution and instead offer a voluntary, home-like, trauma-sensitive setting in the community where they are assisted through the crisis. Research data shows the significant benefit of this approach to care on many levels, including cost savings, reduced recidivism rates, and an increased sense of empowerment” (Spiro, 2021).

Reducing the Strain on Hospitals

Hospitals in Michigan are at their breaking point. The cycle of recidivism continues, resulting in overcrowding and shortages. In states where they have been implemented, PRCRs have had success in reducing such strain on the hospital system by adding to the continuum of crisis care.

A two-year California study examined the relationship between peer respite and use of inpatient and emergency services among adults receiving publicly funded behavioral health services. Researchers determined that the odds of using *any* inpatient or emergency services after the program start date were approximately 70% lower among respite users than non-respite

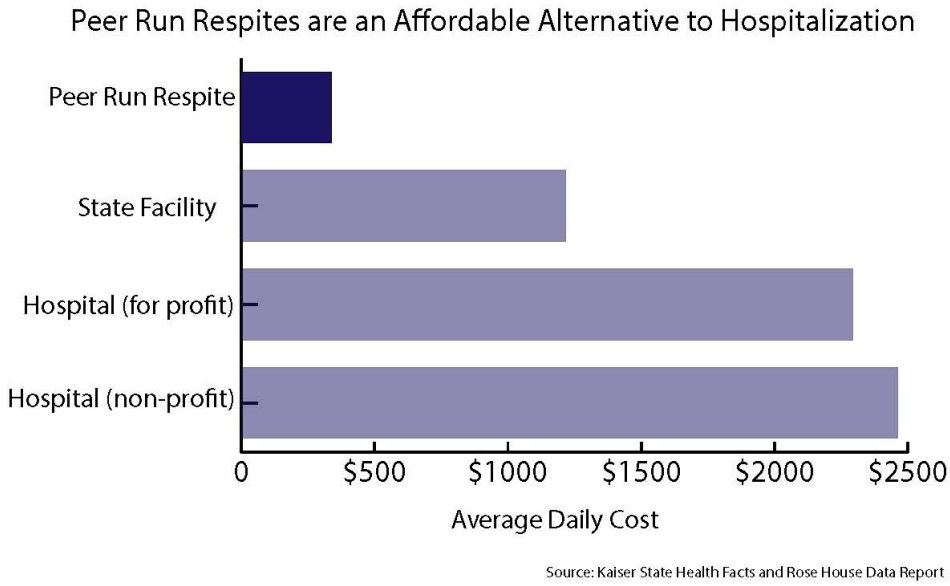
users. In fact, among individuals who used *any* inpatient or emergency services, a longer stay in respite was associated with fewer hours of inpatient and emergency service use. The study concluded that by reducing the need for inpatient and emergency services for some individuals, peer respites may increase meaningful choices for recovery and decrease the behavioral health system's reliance on costly, coercive, and less person-centered modes of service delivery (Croft, 2015).

In New York, the Rose House PRCRs have been welcoming guests for over twenty years. In a 2016 survey of past Rose House guests, 88% of respondents said they had been able to stay out of the hospital for mental health reasons. Of those respondents, 88% attributed their success to the Rose House peer run respite (Cleary-Dwyer, 2017).

Cost Savings

Historically, individuals who experienced acute psychiatric or substance abuse symptoms, such as an acute disturbance in thought, mood, behavior, or social relations that required immediate attention, would be treated in a general hospital emergency department or admitted to a hospital. Subsequently, they would receive less intensive outpatient treatment. It has become increasingly apparent that this service mix is frequently inadequate and expensive (Fields, 2014).

Based upon hospitalization history, each peer respite opened could result in $1.2 – 3.1 million in savings annually; average daily costs for a hospital stay in Michigan are $1,216 for a state psychiatric facility, $2,462 for a non-profit facility and $2,294 for a for-profit hospital



Avoidable hospital costs are disproportionately attributed to a small group of people who are not currently having service needs met. These people generally have repeated use of hospitalization and are commonly known as "high utilizers". A Health Affairs study by Premier, estimated that $8.3 billion is spent each year on ED care that could be provided in another location. Premier's findings were based on an analysis of its 750-hospital database and focused on six chronic conditions—particularly *behavioral health*, diabetes, and hypertension (Daily, 2019).

In a 2013-2014 MDHHS report to the Michigan Legislature, a workgroup on high utilizers recommended that "The Legislature should support initiatives in Michigan to sponsor development, evaluation, and continuous improvement of high/super utilizer programs using innovative approaches," most notably that of "optimization of community resources for crisis residential treatment" (MDHHS, 2014).

Treating Underserved People

Access to inpatient care is limited as well. Michigan currently has four psychiatric hospitals and one forensic center operating 722 psychiatric beds. Community hospitals with psychiatric beds operate an additional 2,197 adult beds and 276 children's beds. The ratio of psychiatric beds to the population is inadequate to meet service needs (Eis, 2020). PRCR would reduce the burden as a robust addition to the continuum of crisis care.

Based on mental illness prevalence and access to care, Michigan ranks 17th overall nationally and received a failing grade for mental health parity from the Kennedy-Satcher Center for Mental Health Equity. Michigan also ranks 23rd for the adult rate of suicidal thoughts. According to 2019 research by the National Alliance on Mental Illness, over 1.3 million adult Michiganders have a mental health condition. About 38 percent of these individuals (and 80 percent of those with substance use disorders) are not receiving care (Eis, 2020). 2016-2017 statistics from one Michigan County showed that 44 percent of those people presenting in the Emergency Department with mental health problems were discharged home, thus receiving no help for their presenting problem (LifeWays CMH, 2017).

Peer-run crisis respites offer an alternative to medical model care and have the potential to better serve people who have experienced racism and discrimination within traditional mental health care, such as Black, indigenous, people of color and LGBTQIA people. Often related to the inadequate care and resources available in predominantly non-white communities as well as past and current experiences of unethical medical treatments for Black, indigenous, people of color, and LGBTQIA people, there is a historical and current mistrust of the medical system with

cases of improper diagnoses stemmed from a lack of understanding of the culture, reliance on false stereotypes, and medical bias against these people from disenfranchised communities.

These dehumanizing experiences faced by Black, indigenous, people of color, and LGBTQIA people have led to a fundamental distrust of the current system of care. Because PRCRs are outside the traditional mental health medical model, and are grounded in mutuality, self-determination, and peer support, having a *Peer Run* Respite Center as an option could give Black and other disenfranchised groups a place to seek treatment that is non-judgmental, non-medical, led by people who look like them and who have similar lived experience.

Appropriate Level of Care

Emergency departments often lack staff with specialized psychiatric training as well as the time and infrastructure to appropriately address the needs of individuals experiencing psychiatric or substance abuse crises. Furthermore, an emphasis on delivering the most appropriate care in the most appropriate setting has led to greater care provided in the community, lessening the reliance on admitting individuals to hospitals (Fields, 2014).

Trauma Reduction and Client Satisfaction

Peer Respites show statistically significant improvements in healing, empowerment, and satisfaction over traditional hospitalization models (Greenfield, et al, 2008). A PRCR is staffed by "peers," people who have lived experience with mental illness. Service delivery emphasizes reciprocal relationships between staff and guests. This increased choice and mutuality is a key component in reducing the effects of past trauma. Those who have used this service model report high levels of satisfaction and an increased skill to continue working on their own recovery. A 2020 survey of people currently receiving mental health services, conducted by the Michigan

Peer Recovery Coalition, identified being “peer-run” as the most important element in treatment provision.

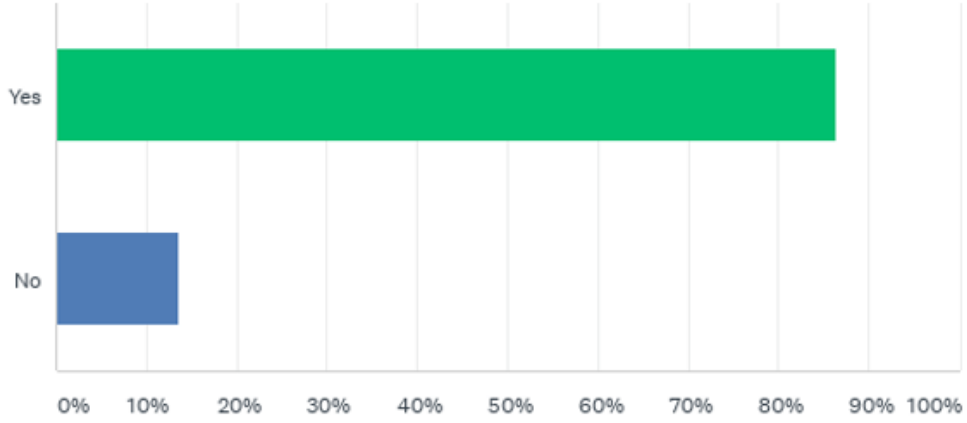
A 2020 qualitative study of guest experiences at one peer respite examines the role of the PRCR in fostering recovery and wellbeing. PRCR guests who identified peer respite as a temporary break from stressful life situations, the following themes emerged: belongingness, confidence and hope, crisis self-management, experiencing mutual support, freedom and responsibility, linking to community, and conflict and confrontation. The study concluded that PRCRs strengthen self-reliance and social connectedness and offer a viable alternative to traditional crisis services for some people. The results suggest potential “key ingredients” for peer respites, including a homelike environment, voluntary and self-determined supports, and peer support staff who possess the capacity for developing healing and genuine connections with guests while also promoting shared responsibility and self-reliance (Croft, 2015).

Demand for Peer Respite

Michigan Peer Recovery Coalition conducted a random survey of 560 members of Michigan Peer Specialist United’s closed Facebook group to discuss the needs and wants of peer respite within Certified Peer Support Specialists within the state of Michigan. Certified Peer Support Specialists are persons with lived mental health experience working within the field of Community Mental Health. The following graphs are examples of the responses received:

Q3: If yes, would you prefer staying in a respite rather than going to a hospital?

Answered: 73 Skipped: 2



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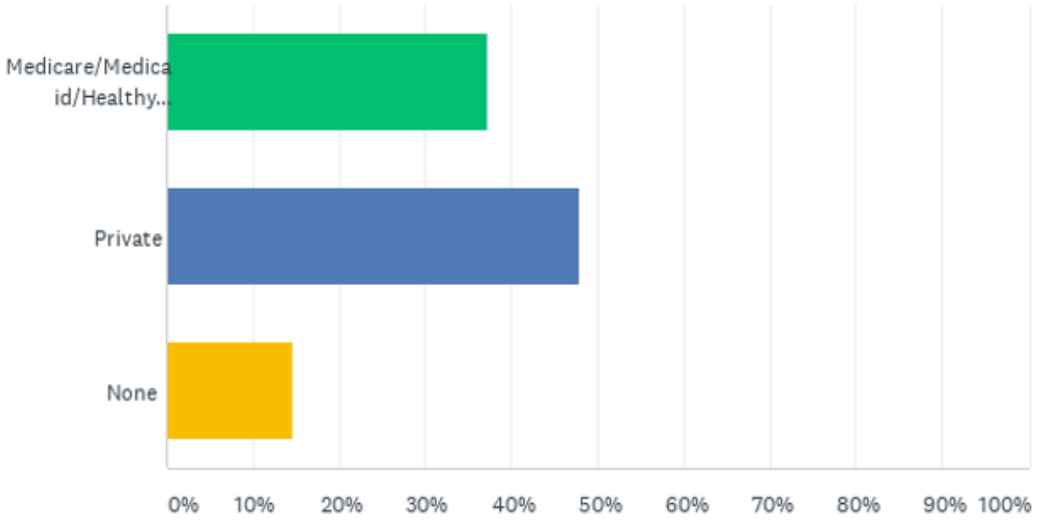
Q7: Do you have any insurance coverage?

Answered: 75 Skipped: 0



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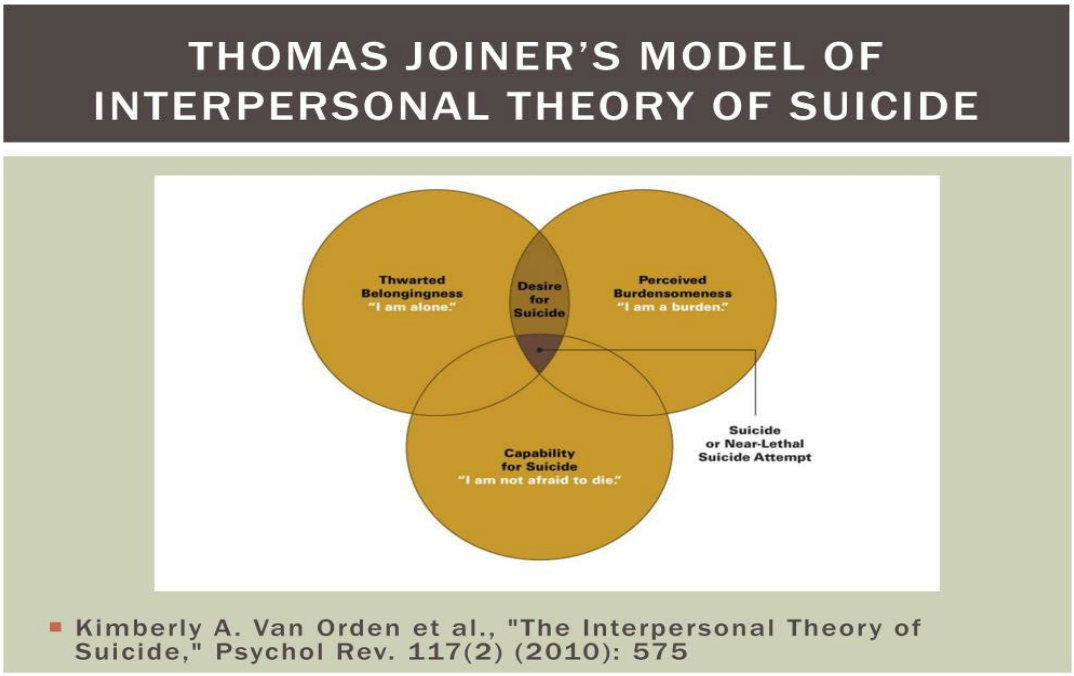
Connection to Peers

Hopelessness and poor social connectedness are well-established risk factors for suicide and are major components of the Interpersonal Theory of Suicide (Ribeiro & Joiner, 2009). The association of poor social support with suicide risk, including suicide attempts and suicide death, has been demonstrated across cultures and among populations with various clinical characteristics (Compton, et al, 2005). For many PRCR guests, belongingness emerged as a key ingredient in their recovery. Belongingness included “belonging to the community,” peer respite staff “having been there,” the peer respite having a “homelike ambiance,” and “feeling safe” (Croft, 2015).

PRCRs are staffed by Peer Support Specialists, people who themselves have a lived experience with mental illness and extreme states. The nature of “having been there” is seen by guests as having more credibility than clinical staff because they “actually lived” experiences similar to those of guests. Additionally, 47% of respondents in the MPRC's survey cited "being operated by a peer-run organization" as the highest importance for respite in Michigan.



Important Considerations for Peer Respite Program Design

Peer respites are a peer-to-peer resource with peers in leadership and practitioner roles, a design that departs from the traditional mental health system by creating alternative service delivery paradigms. Peer respites also act as dynamic communities where peers can volunteer, connect with others, and seek and receive informal support. Because they are often programs within larger organizations, peer respites may enhance the availability of community self-help resources such as the Wellness Recovery Action Plan, suicide or hearing-voices support groups, and wellness-oriented activities (Ostrow, 2011). Implicitly or explicitly, most peer respites work to mitigate psychiatric emergencies by addressing the underlying cause of a crisis before the need for traditional crisis services arises. Many function as hospital diversion or "prevention" programs, serving people who are struggling with emotional, psychological, or life circumstances that may be precursors to suicidality or psychosis.

The majority of peer respites are operating within a larger peer run organizations, meaning the board and all staff are people with lived experience. Organizational features have critical implications for financing and sustainability, and careful consideration is needed to align financing with program mission. Some peer-operated respites have peer directors and staff, but the board does not have a peer majority, and these respites often are attached to a traditional provider. Peer-operated services within traditional provider organizations or well-established peer-run organizations may have more access to financial resources and infrastructure, including information technology and third-party billing capacity. Michigan Peer Recovery Coalition's position is that peer respites should be run by peer run organizations, with peer boards and all peer staff. Michigan's peer organizations have matured to the point that they have demonstrated that they can run programs like this and are better positioned to insure they are run by recovery principles and informed by lived experience. Peer respites must purposefully interact with the

rest of the mental health system. Peer respites need to have a clear protocol for outreach and education activities to increase program access. This includes establishing guidelines with traditional providers regarding whether and how they provide outreach to potential guests through formal referrals and through raising community awareness (Ostrow & Croft, 2015).

Innovation

While there are enough Peer Respite Houses in existence for us to have evidence that they are effective treatment options, there are still too few to call peer-respite "the norm." With the establishment of PRCRs in Michigan, we will be on the cutting edge of the peer empowerment movement.

Funding Options

Michigan Peer Recovery Coalition would like to suggest that funding be set aside through General Fund Legislation. It has been difficult to find funding for respites across the United States in long-term best practices without legislative funding, but the hope is that long-term funding would be available to peer respites, especially since they are not being able to generate revenue. Any potential long term financial support would be acceptable. In addition, any one-time COVID funding assistance would go to help cut costs, serviceability issues, training of professional staffing, and living wages for peers.

Training & Equipping Respite Staff

The respite house is staffed by peer specialists, people who have lived experience with mental illness. Each center will hire 10 FTEs to provide 24-hour care, 365 days/year. Staffing for one respite will cost $347,000. In addition, success on this project depends on *training* staff in “intentional peer support” and related recovery skills. Training would include wellness planning, suicide prevention and response, eCPR and harm reduction, crisis support,

physical wellness, trauma-informed care, CPR & First Aid, Hearing Voices Network, cultural competency, and substance use issues. The cost for this training is $22,000.

Timeline

Michigan Peer Recovery Coalition would like to have three peer-respites set up within the next three years, with respect to available funding. This timeline allows for a development year to find suitable facilities, be able to assemble said facilities, and train staff. This also allows for any unforeseen circumstances that may arise. These peer-respites will be placed with respect to population and need, at least one urban, one rural and a combination of the two.

Budget

Michigan Peer Recovery Coalition is aggressively looking at an annual budget that allows for building costs to equal at a minimum $22,492. Professional insurance is estimated to be $5,000. Supplies, furniture, and groceries would equal $29,000. Staff costs would equal $347,000; training expenses and consultation fees would equal $34,000. Finally, phones, Internet and television costs would equal $3,720. These totals equal $441,212.00. These costs were based upon costs around the Jackson County area.

Conclusion

There is clear evidence that community-based residential crisis care, as part of a continuum of crisis care, can divert individuals from unnecessary hospitalizations and ensure that the least restrictive treatment option is available to people experiencing behavioral health crises. Additionally, a continuum of crisis services can assist in reducing costs for psychiatric hospitalization, without negatively impacting clinical outcomes (Fields, 2014). Peer respites are an answer to ongoing emergency room costs.

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