



2018 PEER RESPITE ESSENTIAL FEATURES SURVEY

GUEST STAY POLICIES REPORT: CAPACITY, ACTIVITIES, ELIGIBILITY

This is a report from the 2018 Peer Respite Essential Features (PREF) Survey conducted by Live & Learn, Inc. examining aspects of the survey pertaining to operations, funding, staffing, and evaluation. Every two years Live & Learn, Inc. staff and partners have conducted a survey of all peer respites in the United States. Since the first survey in 2010, the number of peer respites has grown substantially, as reflected in our [Peer Respite Directory](#) and in the prior years' [PREF Survey reports](#).

This effort creates nationwide longitudinal data documenting trends in organizational development and program policy so that communities and states can learn from each other. The reports from this survey provide information for planning, funding, and sustainability of current and future peer respites.

What did the survey ask?

We asked peer respites about their funding, including annual budgets and funding sources, paid and volunteer staffing, training for staff, policies and regulations on guest stays, and activities offered for guests. Additional information on this year's survey, including recruitment, data collection, and more, can be found at the end of this report.

What is a peer respite and why is it important?

Typically, people experiencing a psychiatric crisis seek out hospital-based emergency services. Psychiatric emergency services often use practices such as involuntary evaluation, seclusion and restraint, and forced medication that conflict with modern healthcare system values of empowerment and resiliency. There is a need for effective, humane approaches to extreme distress that foster the community capacity and relationships needed to manage and avert future crises, and peer respites are one such option.

Peer respite: voluntary, short-term, overnight programs that provide community-based, non-clinical crisis support to help people find new understanding and ways to move forward. Operating 24 hours per day in a homelike environment, peer respites are staffed and operated by people with psychiatric histories.

THIS IS ONE OF TWO REPORTS ON THE 2018 PREF SURVEY DATA. THE OTHER REPORT COVERS PROGRAM OPERATIONS, AND CAN BE FOUND AT PEERRESPITE.NET ON THE PREF SURVEY/RESEARCH PAGE.

Guest Stay Policies Designed to Adapt to Individual Needs and Current Program Capacity

The survey addressed details of guest stays, including the maximum capacity of each peer respite, the average number of days guests stay at the house, and the maximum number of days guests are allowed to stay. In comparison to previous years, 2018 remained fairly consistent, with a slight decrease in the overall mean of average and maximum length of stay. While the lower value of zero days for average length of stay are unexpected, this could be explained by guests who complete the check-in process but leave within the same day, either going to a different program or making an independent decision not to complete their stay. In addition to asking about length of stay, programs were asked about flexibility in these policies. Eighteen respondents commented that there are circumstances which allow guests to stay more than the maximum amount of days. Explanations included being more accommodating when there is not a waitlist, or, if a guest is interested in an extension, conducting a conversation about the need for extension to determine if they can grant the request. Some went into detail about how the process of extensions work: “Individuals who have concrete reasons for needing another few days may request an extension. The extension then needs to be reviewed by three team members, and a decision is then made as a group.” Others have specific groups who are allowed to stay longer, such as Transition Age Youth (TAY), Home and Community Based Services referrals, individuals who are homeless, or simply: “it depends on the guest.”

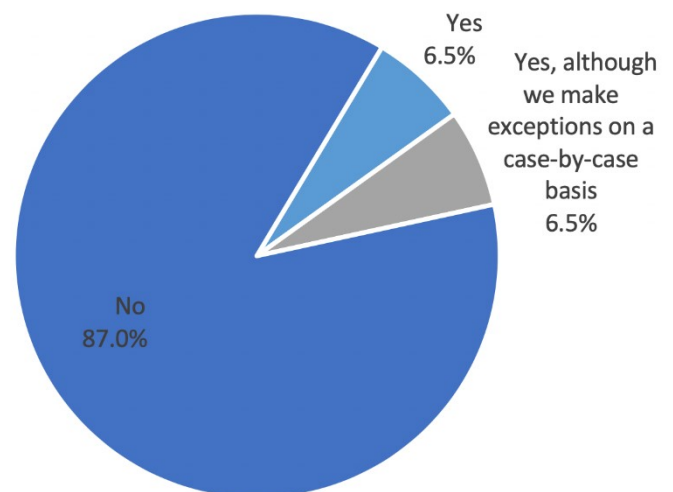
	2014 (n=15)		2016 (n=22) ¹		2018 (n=31) ²	
	Mean	Range	Mean	Range	Mean	Range
Number of guests accommodated at once	4	2-8	4.1	2-8	4.2	2-10
Average length of stay (days)	5.9	0-11	5.5	0-14	4.9	0-11
Maximum length of stay (days)	9.0	5-29	8.4	5-29	7.6	0-30

¹ There are two missing responses in 2016 to the question about average and maximum length of stay.

² For 2018 there is one missing response for number of guests, and two were outliers and so not included in calculations.

The chart titled “Mental/Behavioral Health Service Recipient Requirement” represents each peer respites’ policy on whether a person must be enrolled in public mental/behavioral health services in order to use the program. In 2018, a larger share of the programs reported that this was a requirement (with case-by-case exceptions) compared to [2016](#) (6.5% vs. 4.5%).

Mental/Behavioral Health Service Recipient Requirement (n=31)



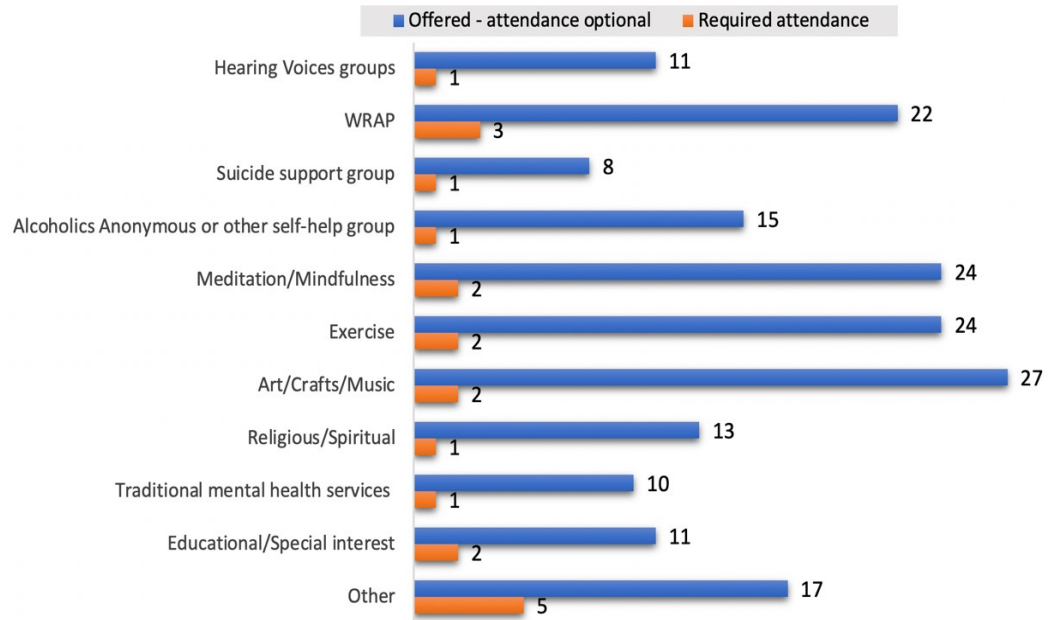
“

Our peer respite is about building community and connections for our guests. We work together to support and offer hope and friendship. We, the team, not only help our guests, but receive the benefits ourselves.”

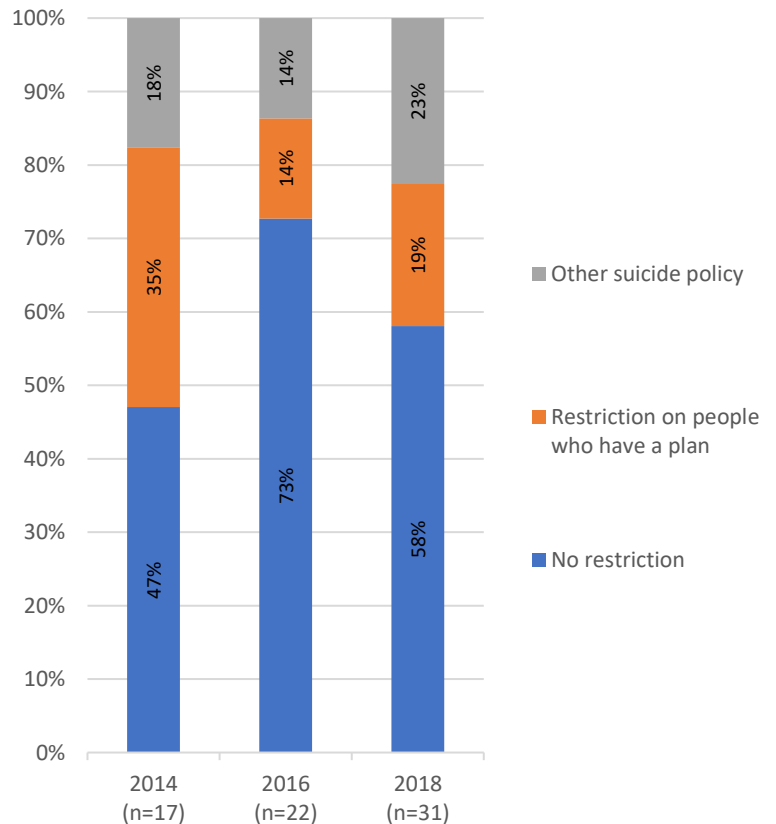
Keeping Guests Active and Engaged Based on their Interests

As peer respites serve as a break or safe place for individuals experiencing hardship, many offer activities. The ten most common are shown in the figure “Organized Guest Activities – Offered and Required”. While most respondents do not require attendance at activities, 3 of the 31 had several activities with attendance requirements. In addition, of the 28 peer respites that offered but did not require activities, two required guests to take part in one-on-one meetings with staff to work on self-defined recovery goals. Other activities listed included wellness activities, activities focused on health and healing, and community outings. Many programs commented that, while they host few or no activities onsite, they have partnerships with other organizations or a parent organization, and create opportunities to connect guests to those. Some programs that don’t hold activities are open to guest-initiated groups and activities. Offered activities remained fairly consistent with [the 2016 survey](#): exercise, art, WRAP, and meditation/mindfulness activities are most common.

Organized Guest Activities – Offered and Required (n=31)



Policy on Expressed Thoughts of Suicide 2014, 2016, 2018 Comparison



Program Policies Based in Communication and Understanding

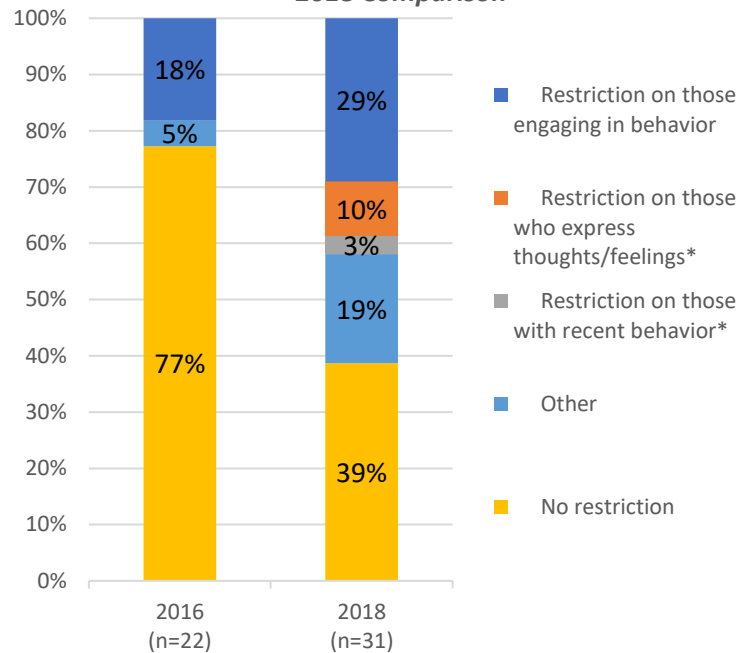
Peer respites were asked to share information on some of their policies, including those pertaining to thoughts of suicide and self-harm, homelessness, possession of illegal drugs, and intoxication onsite. More than half of respondents (n=18) in 2018 reported having no restrictions prohibiting people from staying when they express thoughts of suicide. The remaining 13 were split between prohibiting people who have a plan from staying, and some

other policy on suicide. Those that selected “other policy” often commented that it was situational and after a conversation, the guest could stay.

We asked if peer respites had a policy in place for self-injurious behaviors while staying at the house. Just over a third (38%) reported no restriction in place for self-injuring behaviors in 2018, dropping from 77% in 2016. The remaining 19 reported some restriction on such behavior, with the most frequent policy being specific to those currently engaging in the behavior; this increased to 29% in 2018 from 18% in 2016. Contrary to what might be expected, more programs have restrictions on self-injurious behavior (61%) than on suicidal ideation (42%), as depicted in the figure “Suicide vs. Self-Injury Policy Comparison 2018”.

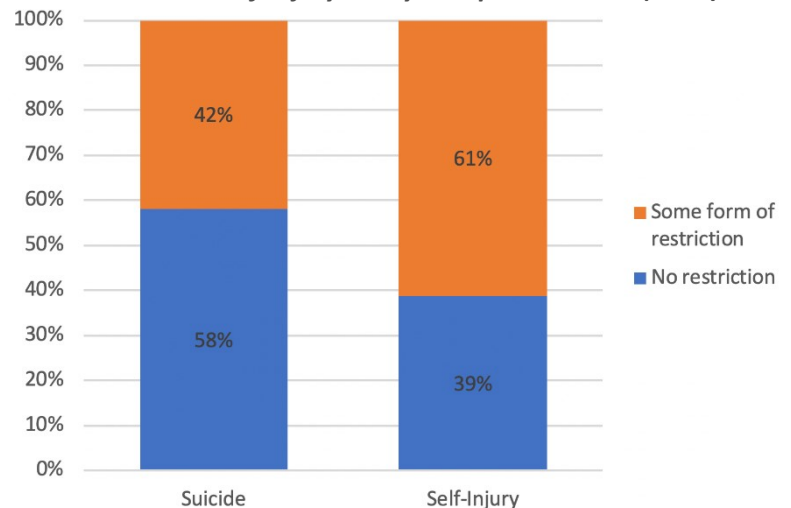
The figure “Policy on Housing Instability” shows peer respites’ policy on people who are currently without stable housing, which have become more restrictive over the years. Fewer programs have absolutely no restriction: in 2014, it was 41% and in 2018, 6%. However, the addition of two new survey options in 2018 (“No restriction...unless that is the only reason for wanting to stay” and “We can take people who do not have permanent address or place of residence, but prefer not to”) could explain this, as 26% responded affirmatively to the former and 16% to the latter. Similarly, peer respites that prohibit people without housing

Policy on Engaging in Self-Injurious Behavior 2016, 2018 Comparison



*New category in 2018

Suicide vs. Self-Injury Policy Comparison 2018 (n=31)



from staying dropped from 24% in 2014 to 5% in 2016, and then went back up to 26% in 2018. This topic is clearly complex; respondents are evenly distributed among the different policies on allowing guests who do not currently have stable housing.

Peer respites were asked to share their policies on intoxication and possession of illegal substances (“Policy on Intoxication in Peer Respite”). Peer respites seem increasingly open to working with people who are intoxicated: in 2018, only 16% of respondents ask a guest to leave at the first offense, compared to 28% [in 2016](#).



As part of our Members Rights & Responsibilities, it is someone's behavior, not whether or not he or she is under the influence of any substance, which determines whether or not they are asked to leave the property.”

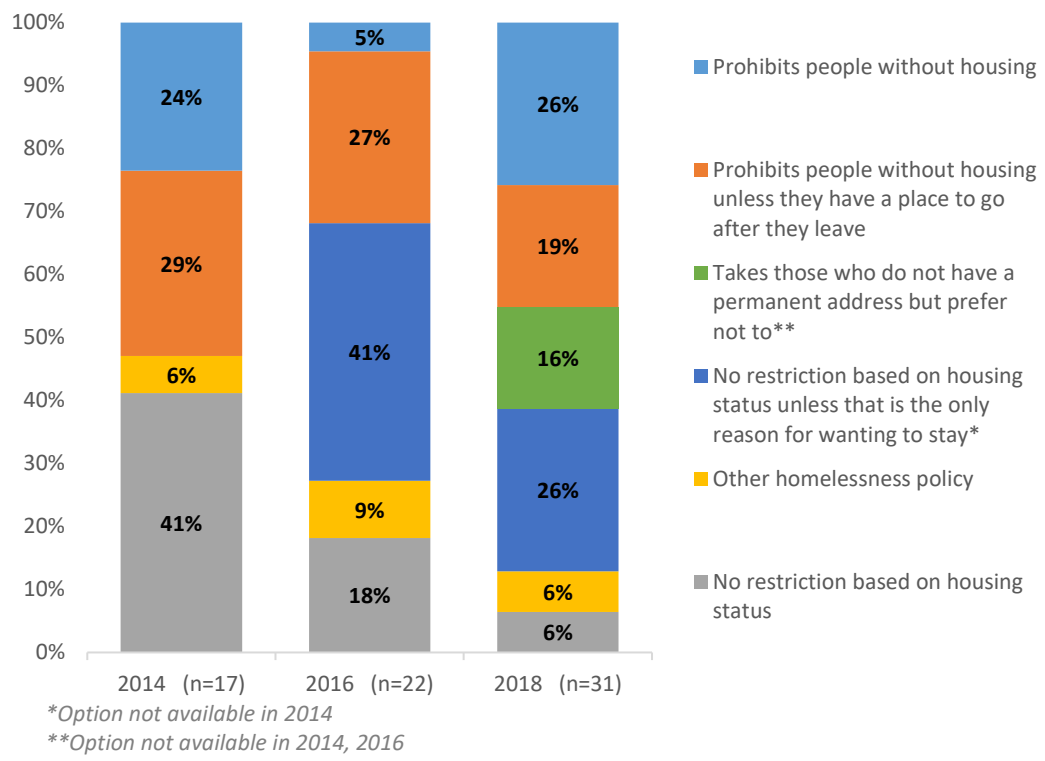
More than a third of programs (39%) in 2018 give the person a second chance, and 23% ask them to stay out of the house or to stay out of communal areas until they are sober. Asking individuals to avoid common areas is usually out of respect for other guests who may see abstinence as essential to their healing. All 31 peer respites had some kind of policy on possession of illegal substances despite a new option for “no restriction,” which none selected. Most programs fell on one side or the other: 42% asked guests to leave immediately and 48% asked guests to leave if they refused to remove the substance from the property. Peer respites seem to have become more structured in their approach; [back in 2016](#) only 29% of programs immediately terminated a guest’s stay and 57% asked them to remove the substance first.

Summary and Conclusions

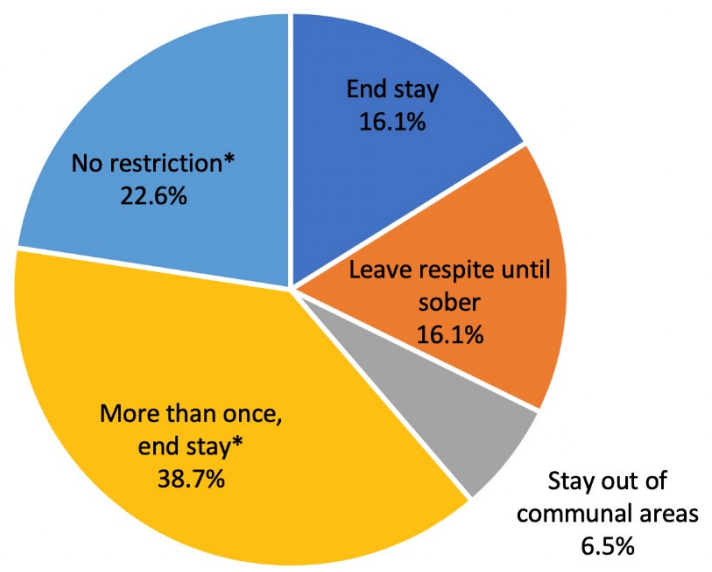
Peer respites are designed to offer non-clinical support and are staffed and run by people who’ve “been there.” As research continues to support the vital role peer respites play in expanding options to support individuals at risk of or experiencing a crisis, more peer respites are opening their doors. Policies pertaining to guest circumstances and behaviors have changed over the years, potentially reflecting new learning or to fill gaps in the service system. Compared to previous years, there are fewer restrictions on guests who are having thoughts of suicide, using substances, or experiencing unstable housing, but more restrictions related to guest self-injury.

To ensure that peer respites are able do their best work, it is essential to continue gathering data about how these programs are run so that others can benefit from this information. Existing programs can use this data to reflect on areas calling for improvement or to strive for sustainability in an increasingly leanly resourced public system.

Policy on Housing Instability



Policy on Intoxication in Peer Respite (n=31)



*New categories in 2018, replaced “other policy” in 2016

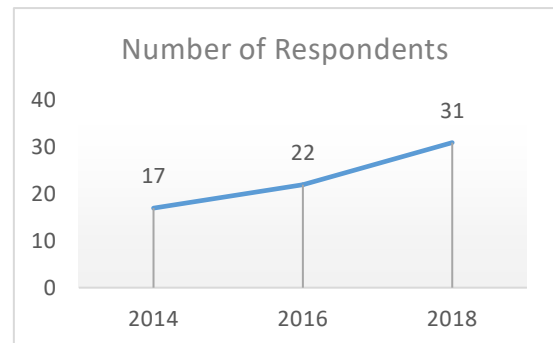
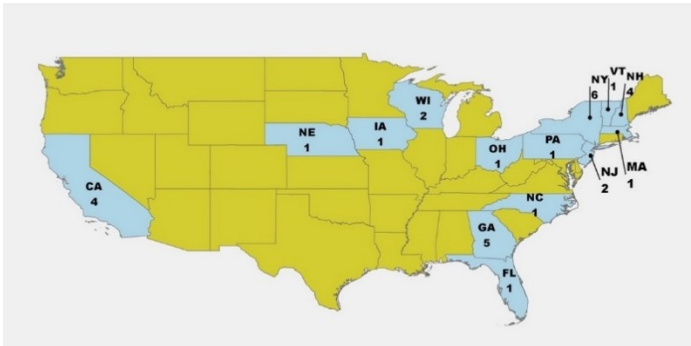
About the 2018 PREF Survey

WHO PARTICIPATED IN THIS SURVEY?

Prior to survey recruitment, Live & Learn, Inc. conducted a comprehensive update of the [Peer Respite Directory](#) in 2018, reaching out to existing programs listed in the Directory, as well as those listed on other sites, and to national listservs and social media sites targeting peer support personnel and advocates. We then invited all 31 peer respites currently open and operating in 14 states to take the survey between June 2018 and September 2018. There were 22 peer respites in the 2018 survey that also completed the survey in 2016, representing 3 additional states: Florida, Iowa, and North Carolina. All respondents identified as either being part of a [peer-run organization](#) or as a peer-run program (defined as having an independent advisory board made up of 51% people with lived experience, but being a part of a non-peer-run agency). The survey is completed by the house or program manager or other knowledgeable staff person.

HOW DID WE COLLECT THIS DATA?

The PREF survey built on previous survey efforts by our team in [2012](#), [2014](#), and [2016](#). Based on the data and feedback from the 2014 and 2016 surveys, as well as developments in the field, we created additional questions and expanded on existing questions about policies and structures of peer respites.



HOW IS THIS YEAR DIFFERENT?

As with previous years' surveys, we made modifications to some of the questions based on prior years' responses, feedback from the peer respites, and discussion in the community of peer support organizations.

WHO WORKED ON THIS REPORT?

This report was primarily authored by Laysha Ostrow and Morgan Pelot of Live & Learn, Inc., with assistance on data analysis and presentation from Blake Barrett, Carina Smith, and Matt Klepfer. Darby Penney, Bevin Croft, Sera Davidow, and Chris Hansen from the PeerRespite.net Advisory Group provided input on the report.

CONSENSUS ON PEER RESPITE DEFINITION

A panel of experts in peer support research, training, advocacy, and program administration developed these specific inclusion criteria to differentiate peer respites from other crisis response programs. This consensus panel examined program structures and policies and considered the tradition and history of the consumer/survivor movement in creating and operating alternatives to traditional mental health services. All of the panel members have experience working in or with peer respites and peer-run organizations in the U.S.

FOR MORE INFORMATION ABOUT PEER RESPITES, INCLUDING SUMMARIES OF THE RESEARCH AND TOOLS TO CONDUCT EVALUATION, SIGN UP AT [PEERRESPITE.NET](#)