



2018 PEER RESPITE ESSENTIAL FEATURES SURVEY

*PROGRAM OPERATIONS
REPORT: FUNDING,
STAFFING, EVALUATION*

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 receive 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 GUEST STAY POLICIES, AND CAN BE FOUND AT PEERRESPITE.NET ON THE PREF SURVEY/RESEARCH PAGE.

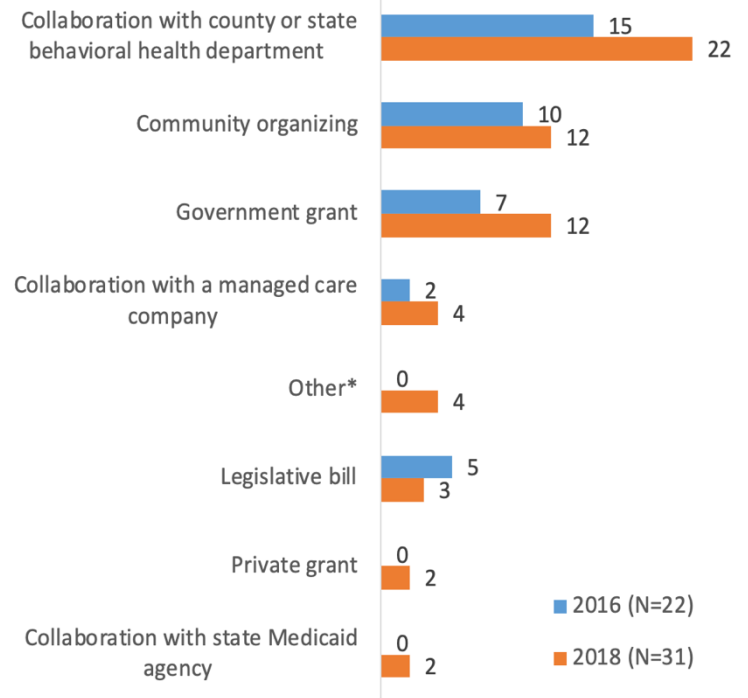
Most peer respites rely on relationships with local government and their communities to get started

Peer respites were asked about activities that contributed to founding the program. Most respondents reported only one such activity, and only one program reported engaging in all six activities. Despite new categories addressing collaboration with state Medicaid and private grant funding, the distribution of responses remains similar to 2016, with most peer respites reporting that they started in collaboration with county or state behavioral health departments or through community organizing. In 2018, more peer respites said they found initial support through government grants (12 in 2018 vs. 7 in 2016) and a slight drop in new programs being initiated from legislation (3 in 2018 vs. 5 in 2016).

Operating costs vary across peer respites

Peer respites were asked about their current annual budgets. We collapsed categories for ease of reporting, but there were several new options in the survey this year, including two new lower limits (“Not funded” and “Less than \$100,000”) and three upper limits that extended the “\$500,000 or more” category from previous years. In 2018, none reported no funding, but seven reported operating on a budget less than \$200,000, while eight were above \$500,000, with one each in the top ranges (“\$750,000 - \$999,000” and “More than \$1 million”). All peer respites received some funding. In 2018, there was a fairly even distribution across budget categories, with the most responses at opposite ends of the spectrum. Patterns over the three years remained mostly consistent.

Founding Activities

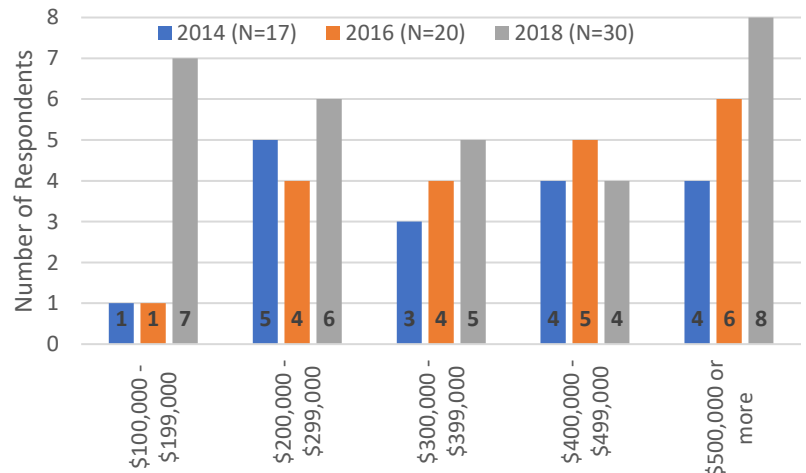


*Those that responded “other” when asked how their program started were asked to elaborate. One said that their program opened due to the success of another peer respite in the same state. Another stated they received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).



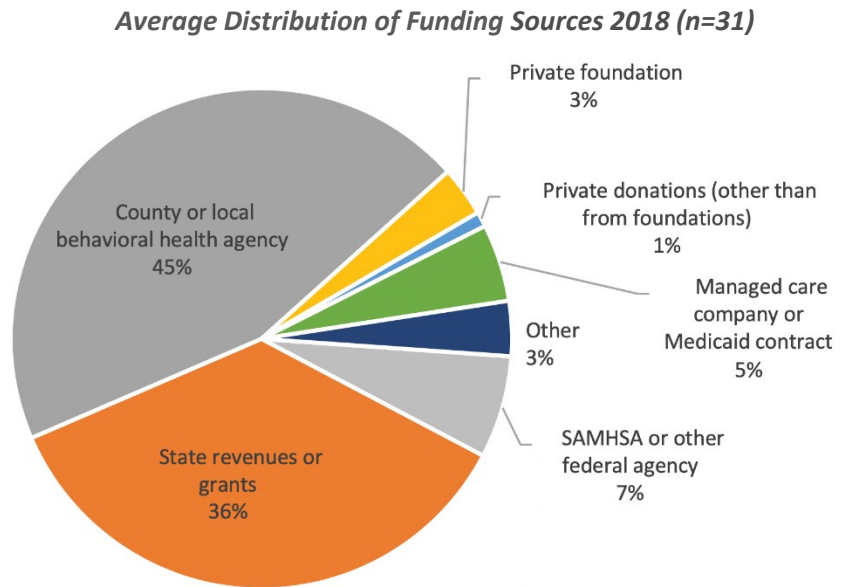
The respite is highly cost effective and a useful diversion program. The County regards the program as an integral part of its social service programs.”

Annual Operating Budget 2014, 2016, 2018 Comparison



Almost half of peer respite funding comes from county behavioral health agencies

Peer respites were asked about their funding sources and the percent of their budget that came from each source. More than half (n=18) reported relying on a single funding source. The figure shows on average how much peer respites *overall* receive from each source. County funding increased from 35% in 2016 to 45% in 2018, and state funding decreased from 46% to 36%. Federal funding showed a slight increase from 3% to 7%. Interestingly, there were no guest contributions observed in 2018, in contrast with 3% funding from guests in 2016. There was a slight decrease in Medicaid Managed Care from 7% in 2016 down to 5% in 2018.



“We are all peers supporting peers”: How are the peer respites staffed?

Peer respites reported the full-time equivalent (FTEs) paid positions and volunteers employed within the program:

	2016 (n=21) ¹		2018 (n=30)	
	Mean	Range	Mean	Range
Paid Staff FTEs	8.76	5-20	4.8	0-12
Volunteer staff hours/week	8.85	0-112	9.52	0-120

¹ There is one missing response in 2016 to the question about volunteer hours.

It is not clear why there is a noticeable shift downward in the number of paid staff FTEs from 2016 to 2018, but it might be attributable to new programs being under-staffed. They also reported the number of staff that work different shifts during the week. In comparison over the years, there are only minor fluctuations in the staffing patterns.

Number of Staff Per Shift	2014 (n=15)		2016 (n=22)		2018 (n=31)	
	Mean	Range	Mean	Range	Mean	Range ²
Weekdays	2.12	1-4	2.68	1-7	2.26	0-4
Weekends	1.76	1-3	1.86	1-3	1.71	0-3
Nights	1.18	1-2	1.50	1-7	1.35	0-5

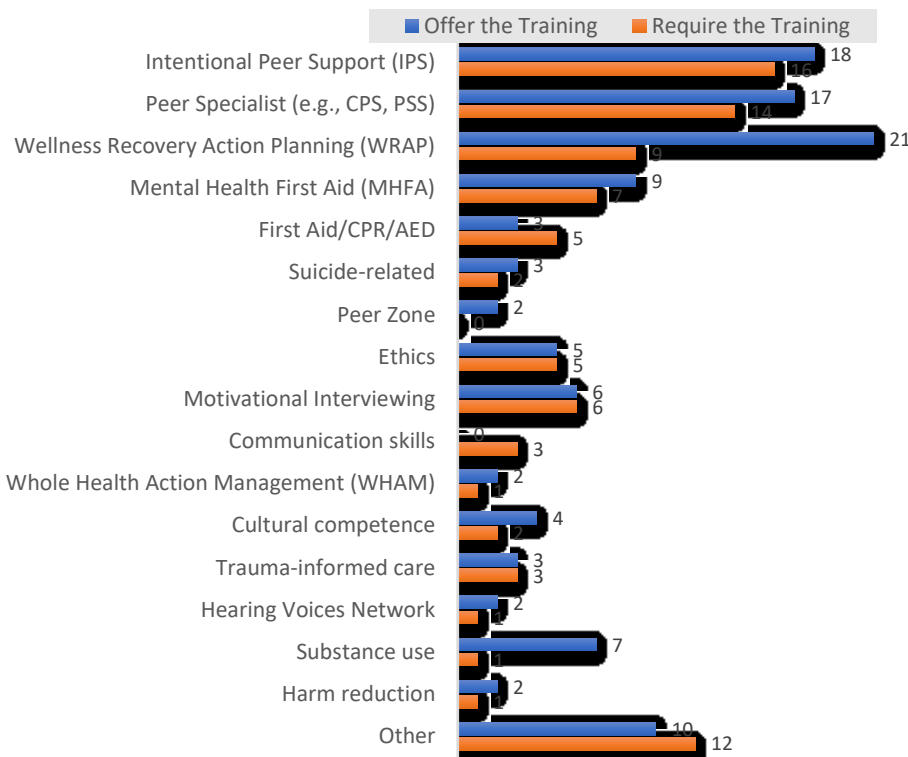
² For 2018, one program completed the survey before officially opening, and two others reported either no full time staff or no paid staff on certain shifts.

IPS, WRAP, and Peer Specialist Trainings Remain a Core Part of Peer Respite Offerings

To further understand the role of peer respite staff, the survey asked about required staff training and if the program offered any trainings. This survey included a short list of trainings created from responses from previous years (Intentional Peer Support, Peer Specialist Training, and Wellness Recovery Action Planning) and an “other” option where respondents were asked to type their answers. These answers were later organized into categories to simplify them,

although there were a handful of responses that remained uncategorized. Among these were program-specific trainings, including trainings called warmline, “Tools of the Trade,” “Work Place Threats,” and “Welcoming.” A few known practices and trainings listed but not categorized were Mindfulness, Medicaid Reimbursable Documentation, and Mandated Reporter Training. More trainings, required or not, are being offered directly through the peer respite or parent organizations. [Wellness Recovery Action Planning](#) (WRAP) is becoming more popular and was the most frequently reported training in 2018. Similar to results in 2016, the top two required trainings were [Intentional Peer Support](#) (IPS) and [Certified Peer Specialist](#) (CPS) training.

Peer Respite Staff Trainings – Offered and Required (n = 31)



“No training is required in order to be hired. However, we consider IPS, Alternatives to Suicide, and Hearing Voices trainings to be our three 'core' trainings, and team members are required to complete them before they are able to achieve their full rate of pay.”

Evaluation

Peer respites were asked if their program had ever been evaluated, and whether they have completed an evaluation independently or had support from another organization. Only 5 out of 31 programs had not been evaluated, and a majority of those (n=4) were interested in conducting one. The remaining 26 had some kind of evaluation, past or present, with 71% conducting their own evaluation or other data collection.

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. This year, there were several peer respites with lower operating budgets than we saw in 2016. Some of these are smaller programs and some may be reducing staff as they gain more experience with what works best for house capacity. The data also suggest that there are fewer paid staff FTEs in some places. Average staffing went down by half from 2016 to 2018.

Future research should explore whether this is due to inadequate resources, or perhaps improved understanding of the staffing needed. 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.

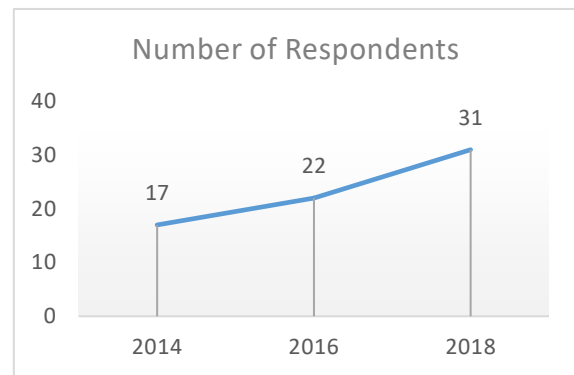
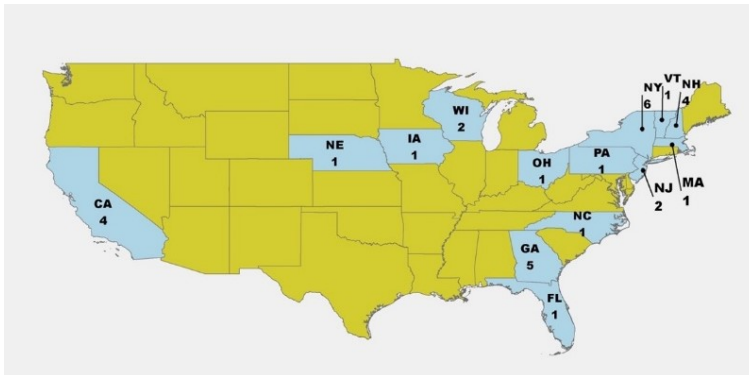
About the 2018 PEF Survey

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 PEF 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](#)