

Peer respites

Overview

Peer respites are one of many peer operated services offered in the behavioral health care field across the U.S. The foundational peer movement has been steadily impacting behavioral health care systems for nearly forty years.

Washington has a robust peer support workforce, having trained and certified over 3600 Certified Peer Counselors since 2005. The peer counselors, usually licensed as Agency Affiliated Counselors, currently work in outpatient, inpatient, crisis, housing, employment, and other behavioral health services. Peer services bring the relatability of shared lived experience, a message of hope, and practical tools to help individuals recover and improve their lives.

Peer run organizations provide nearly exclusively peer support. They are evidenced-based programs, researched, and replicated in virtually every state. Washington is home to several innovative programs, with peer run organizations scattered throughout the state. Peer respite is another innovation added to the continuum of community based behavioral health care services. Peer respites are frequently, but not always provided by peer run organizations.

Peer respites are described as voluntary, short term (up to seven days) 24-hour home-like facilities where individuals in psychiatric distress can receive services to aid in their wellness and avoid more intensive levels of services.

The first clearly peer run respite in the United States was Stepping Stone in New Hampshire in 1997. Rose House in New York followed in 2001 and Georgia Peer Respites in 2008. These respites were characterized by being fully peer run, with all workers having personal experience with a psychiatric diagnosis, and not run under the umbrella of a clinical organization. This model of peer respite is most closely aligned with the values of peers and advocates in Washington and nationally.

Several “hybrid” models have since launched, many within the context of a clinical organization. Sweetser

in 2002 in Maine and 2nd Story in California in 2004 were examples of these hybrid models.

Peer respites have traditionally been funded with county dollars or state funding. Very few use Medicaid reimbursements. This is an option several states, including Washington, are exploring for efficacy and sustainability.

The primary service provided in peer respites is peer support. In a respite setting, peer supporters help individuals evaluate their issues, problem solve, and make decisions to move forward. The nature of peer run services fosters an environment of respect and understanding. Peer interactions help people to help themselves and others through forming mutual relationships and learning from others. Respites often also provide self-help groups, housing and employment supports, and group activities.

Status of implementation

DOH completed new rules for Peer Respites as required in 2SHB1394 in May of 2020. Commerce awarded Capital funds to three providers they are: Passages Family Support in Spokane Lucid Living in Olympia Colville Tribe for the Colville Reservation.


HCA is in the process of contracting directly with the providers to provide startup funds and initial operating costs to get the facilities started in spring 2021.

Eligibility requirements

Peer respites serve individuals who are in psychiatric distress but do not meet criteria for detention. Individuals must be over 18 and be entering the respite voluntarily. Participants must generally be Medicaid eligible and enrolled in a Behavioral Health Agency.

Outcomes

Peer respites have been shown to decrease the need for inpatient psychiatric care. The costs of peer respites are lower than most other facilities, with reduced Medicaid expenditures. Other important positive outcomes, include increased satisfaction with



services, higher social functioning and greater self-reported improvement.

Authority

2SHB 1394 has provided the authority to establish up to five peer respites in 2020, with no more than one per region.

Cost savings

The cost of per stay at a Peer Respite is about \$250 a night. This is in contrast to an average of \$570 per night for a stay in at a Stabilization Facility or \$970 per night for an Evaluation and Treatment facility. With a typical stay of 5-7 nights per person. This could potentially see a large cost savings for a person in crisis.

Primary partners

Peer respites partner with local crisis services and behavioral health treatment providers. Contracting decisions have not yet been made but are expected to be written through MOUs with regional Managed Care Organizations.

For more information

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