

Peer Developed Vision of Peer-Run Respite

*Process and Outcomes of Statewide Listening and Dialog
Sessions conducted by Grassroots Empowerment Project, Inc.*

INTRODUCTION AND OVERVIEW

In June 2013, Grassroots Empowerment Project was awarded a BRSS TACS Peer Award for a proposal to facilitate peer engagement in the development of peer-run respites in Wisconsin. Throughout this process it has been clear that peers across the state embrace the addition of peer-run respites and have strong views on what they need and want in a peer-run respite. Their visioning included what they saw as essential to peer-run respites, what they saw as contrary to the concept of peer-run respites, and what they saw as important issues needing further statewide peer engagement. This report includes:

- A brief description of the process activities carried out to engage peers statewide
- An outline of the collective vision, which includes specific peer-developed definitions of the elements of peer-run respites, such as Peer and Peer-run
 - These discussions consistently saw the highest engagement and interest while at the same time resulting in the strongest degree of consensus
- A general outline of other elements that emerged as common and resulted in general agreement
- A list of issues that consistently held strong interest and concern for peers across the state, and that after considerable dialog resulted in a strong consensus that they needed and deserved much more peer dialog and input.
- An outline of the participation and outcomes of participant evaluations
- A brief description on GEP's work, planned or in progress, on continued statewide engagement of peers

PROCESS FOR PEER ENGAGEMENT

In July and August of 2013, GEP conducted 11 listening and dialog sessions with approximately 100 peers/consumers from across the state. Prior to the listening and dialog sessions, GEP hosted a series of three conference call presentations on peer-run respites; the presenters

were directors of peer-run respite in other states: Jayme Lynch of Georgia Wellness and Recovery Center in Decatur Georgia, Gloria van den Berg of Alyssum, Inc. in Vermont, and Sera Davidow of AFIYA, in Western Massachusetts. These conference calls were archived and made available on the UWSW listserv. Both the calls and listening and dialog sessions were publicized and promoted through the listserv and other statewide contacts.

Seven of these listening sessions were conducted in local regions throughout Wisconsin: Eau Claire, Green Bay, La Crosse, Washburn, Milwaukee, Madison, and Stevens Point. These listening sessions were four hours long, and included information and handouts on peer-run respite, individual and group visioning, dialog, and evaluations.

Four additional listening and dialog sessions, each ninety minutes long, were conducted at Empowerment Days. These sessions began with a presentation of a draft position paper on the collective vision that had emerged from the regional listening sessions, followed by a dialog process geared toward achieving the strongest possible consensus. The draft position paper was revised immediately after the four listening sessions, and then approved by the assembled peer participants before being presented to administrators, policy makers, and other stakeholders at the conclusion of Empowerment Days.

A COLLECTIVE VISION WITH STRONG CONSENSUS

A peer-run respite offers safety, comfort and support to people in emotional crisis or to prevent an emotional crisis in a small, homelike setting that is warm, safe, comfortable and nurturing. The goal of respite is to support people in a way which empowers them to identify what they need and develop solutions which will guide their own path to recovery. It is important that guests have both quiet and private space as well as opportunities for developing supportive relationships and a sense of community. Peer staff, who are available to offer peer support at all times, relate to guests as equals and see their role as one of supportive partnership.

A VISION DEFINED BY PEER SUPPORT

Peers who work in peer-run respite value their own wellness and recovery and find value in supporting others. The peer support values of mutual respect, equality, freedom, and choice are central pillars to peer-run respite. Because respite values community, they work to create a community of peers as well as to be a positive part of the community in which they are located.

DEFINING PEER

There was strong consensus that peers are defined as people who share life experience of emotional distress that have been severe enough to have significantly affected their quality of life; in other words, to such an extent that they could easily relate with and support the people that need and use peer-run respite. It is also important that peers identify publicly as peers and are willing to freely share their history and experience in the course of carrying out their role, which is one of mutuality and equality. Whether their personal experience and recovery

involves mental health, substance use, or both, peers identify and carry out their role with mutuality and equality.

DEFINING PEER-RUN

There was virtually total consensus from participants in all listening sessions about the importance and meaning of peer-run. Peer-run means that peers oversee, staff, and operate the respite at all levels and that a strong majority of the Board of Directors identifies as peers. 60% peer representation at all levels was the minimum required to meet the peer-developed definition of peer-run. Peers did consider a hybrid model, which allows for a respite to be attached to a traditional provider organization or county while being operated by peers at the staff or advisory committee level. They saw this model as “peer-operated” rather than “peer-run” and rejected it on that basis.

DEFINING CHOICE

Choice was one of the strongest areas of interest and consensus. In the context of peer-run respites, choice means that for respite guests, self-direction is primary and “everything is optional” in terms of participation in activities offered by the respite. The only requirements that were viewed as legitimate clearly addressed safety and privacy needs.

A NON-MEDICAL CRISIS ALTERNATIVE

Peer-run respites have a unique place in the array of supports available for people with mental health and/or substance use concerns and offer a clear and distinct option from care based on the medical model of treatment. Peers felt strongly that peer-run respites need to be a non-medical alternative to crisis services and hospitalization. While peers felt it was crucial that respites remain entirely non-medical they also support the access and use of services and treatment desired by individual guests. In short, being a guest at a peer-run respite shouldn't mean you have to forgo seeing your therapist or taking medication.

SIZE, LOCATION AND TRANSPORTATION

Peers expressed strong consensus that respites need to be small enough to ensure a comfortable and homelike setting – having at most four to six private bedrooms. Respites also need to be well distributed across the state and in communities that differ from each other. Peers thought it would be best if there was an urban, suburban/midsize, and rural respite. Although peers value the importance of geographic distribution, they stress that for minimal life disruption and maximum benefit for guests, peers should travel no more than two hours to reach a respite. Peers also noted the necessity of peer-run respites to address their unique, regional transportation needs; however, they did not discuss specific methods.

DEFINING OTHER PROGRAM ELEMENTS

The following descriptions summarize other program elements in which peers found much common ground; however, they were not subject to as much concern as the other elements described above, and so they are more accurately described in terms of general agreement rather than consensus.

Skills and Training

Staff need training in peer support, recovery and wellness, trauma-informed care, communication, and safety. Director and board need training in leadership and management. Specific trainings commonly mentioned were Certified Peer Specialist Training, Intentional Peer Support, Emotional CPR, First Aid, CPR and Food Safety. There was discussion but no clear consensus on CPS training as a requirement for staff providing peer support.

Activities

While the choice to participate was seen as essential, peer-run respites should provide many options for a range of activities - art, music, nature – along with a robust library to serve both staff and guests. Across sessions, there was dialog on whether the options offered should be planned and structured, as in groups or classes, or more informal. No clear consensus emerged on this question.

Length of Stay

An average stay is between five and ten days, with extensions considered on an individual basis. However, guests are always free to leave when they wish.

Referral, self-referral, and entry

Because peer-run respites operate on values of self-direction, freedom, and choice, prospective guests define crisis for themselves and refer themselves. This creates an opportunity for early support which fosters healing and can prevent the need for more expensive crisis care later. The decision on whether it is a good fit is made through a joint conversation between staff and the prospective guest. This can happen through a pre-interview, a phone call, or a scheduled visit.

Access and Accessibility

Visitors can come and go freely in common areas that are situated so as to protect the privacy of other guests. Guests can bring in and have access to their own belongings. They are provided a lockbox for their medications and a key to their room. Guests can bring in their own food and the kitchen is open. Peer-run respites must meet accessibility requirements in order to ensure they can serve all people with mental health and/or substance use concerns.

Follow-up: Some sort of follow-up is needed, and could take the form of outreach, linkage to community services, and/or ability for a return visit.

ISSUES FOR FURTHER DIALOG

There was much interest and prolonged dialog on these issues, with a strong consensus that peers needed more time and opportunities to address them adequately:

- Homelessness
- Substance Use and Sobriety
- Stability and Long-Term Future of Funding
- Unmet Need and Access Issues
- Program and Contractual Requirements

PARTICIPATION AND OUTCOMES

The position paper on peer-run respite that came out of Empowerment Days reflected the peer-developed vision that emerged from thirty-four hours of listening sessions and included approximately 125 peers from across the state. In the evaluations from the seven listening sessions 92% of respondents reported they felt “listened to, understood and respected.” 96% felt that the “questions and activities were relevant.” Empowerment Days participants reported a 300% increase in being informed on the issues, a 110% increase in personal empowerment, and a 100 % increase in connection to the statewide consumer network.

FURTHER STATEWIDE ENGAGEMENT OF PEERS

Grassroots Empowerment Project will continue to support and promote statewide engagement of peers in the development of peer-run respite through a United We Stand Wisconsin workgroup that will:

- Facilitate dialog and input on critical issues identified by peers in the listening and dialog sessions, as well as other issues that emerge in the development process
- Inform peers statewide on the work of the Advisory Committee through the listserv and other forums for peer engagement

GEP will also seek out opportunities to partner positively with other stakeholders in developing the vision for peer-run respite in Wisconsin.

For further information about GEP’s efforts regarding input or engagement of peers around peer-run respite or to become involved in the UWSW workgroup please contact Sandra Ahrens at samgrassroots@gmail.com or 800.770.0588.