

PEER RUN RESPITE FOR CONNECTICUT

A VOLUNTARY, COST EFFECTIVE OPTION FOR PEOPLE EXPERIENCING MENTAL HEALTH CRISES

A peer-run respite is a **voluntary**, short-term program that provides 24/7 **community-based, non-clinical crisis support**. It is operated in a home-like environment by peer support specialists, who have lived expertise with mental health conditions. Peer Support is recognized by the U.S. Center for Medicaid & Medicare Services (CMS) as an evidenced-based model of care.



At least 15 other states have **peer-run** respite programs, **Connecticut currently has none**. This needs to change.

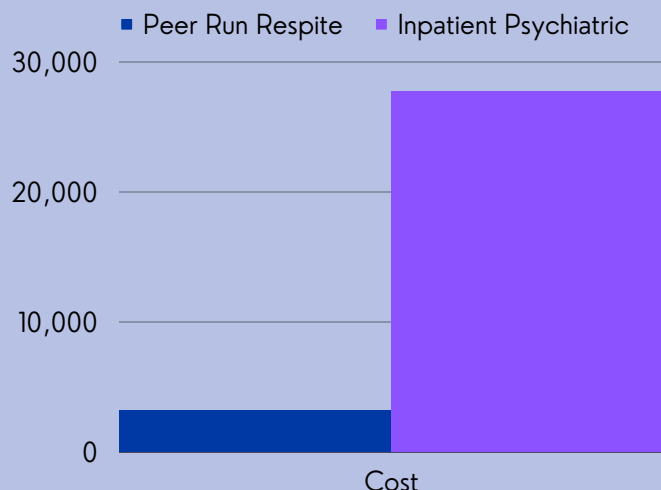
VOLUNTARY CRISIS SUPPORT

- Support is offered consensually, without coercion or force, creating a more respectful and warmer environment.
- A typical length of stay is up to 9 days
- Training is offered in Alternatives to Suicide and Wellness Recovery Action Planning.
- Peer-run respites typically accommodate 3-6 guests at a time.
- Guests at Peer-run respites report high satisfaction. (1,2)
- **In contrast, forced treatment has poorer results and drives people away from the mental health system. (3-5)**

THE COST OF CARE IN CT

Our current mental health crisis services are overwhelmed and costly.(6) Peer-run respites are less costly and often more effective than the alternatives.

The median inpatient psychiatric stay in the CT costs \$27,681 and lasts 7 days (7). In comparison, the same length stay at Afiya, a respite in Massachusetts is \$3,196.

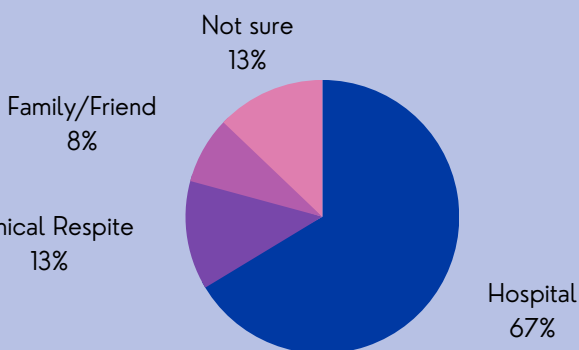


A MODEL THAT SUPPORTS RECOVERY

6 months after their stay, guests at a peer-run respite reported:

- 92% of guests reported improvements to their emotional health,
- 62% reported better coping skills. (2)

If a Peer Run Respite hadn't been available, clients say they would stay with:



Data from Afiya Peer Respite 2021 Annual Report (8)

In contrast, most peer run respite clients return to the community following their stay, resulting in fewer hospitalizations:



94% Return home or to a family or friend after staying at a peer run respite. (8)

In one study, respite days were associated with fewer future hours spent in inpatient psych and emergency departments:



70% The odds of using any inpatient or emergency services were 70% lower following a respite stay. (9)

Why Peer Run Respites?

We must reduce the strain on our mental health crisis system. Establishing five peer run respites and allocating \$7.5 million in FY 24 and \$5 million thereafter in the DMHAS budget will save \$23 million+ per year (10) by keeping people out of the hospital, and investing in recovery.

Citations (sources hyperlinked)

1. [A randomized trial of a mental health consumer-managed alternative to civil commitment for acute psychiatric crisis.](#)
2. [Afiya Peer Respite Annual Report FY'17.](#)
3. [The use of mechanical restraint in Pacific Rim countries: an international epidemiological study.](#)
4. [Physical Harm and Death in the Context of Coercive Measures in Psychiatric Patients: A Systematic Review.](#)
5. [Experiences of involuntary psychiatric admission decision-making: a systematic review and meta-synthesis of the perspectives of service users, informal carers, and professionals.](#)
6. [DMHAS answers to Appropriations Questions for FY 23](#)
7. [Connecticut Department of Public Health 2020 Hospitalization Statistics](#)
8. [Afiya Peer Respite Annual Report FY' 21](#)
9. [Impact of the 2nd story peer respite program on use of inpatient and emergency services.](#)
10. [Calculation based on CT respite proposal vs. median cost of inpatient hospitalization](#)

