

## Respite House Evaluation Report – Executive Summary

The Centre for Suicide Prevention received funding from Alberta Health to pilot a respite centre in Fort McMurray. Respite centres are a community-based alternative to hospital care for people in suicidal crisis. Through short-term stays in a home-like environment, guests access 24/7 crisis de-escalation services, respite activities, peer support, and connection to community resources and services.

Centre for Suicide Prevention contracted PolicyWise for Children & Families to conduct an evaluation of the pilot centre, named Respite House.

The evaluation objectives were to:

- 1) *Provide iterative feedback to inform pilot development and implementation.*
- 2) *Develop and provide an initial assessment of individual and system outcomes for Respite House.*
- 3) *Identify considerations for future scale and spread in Alberta.*

Our evaluation approach combined elements of **developmental evaluation** and **outcome harvesting**. A developmental approach supported ongoing learning and decision-making through pilot development and implementation. An outcome harvesting approach meant we were not limited to assessing pre-determined outcomes but could broadly explore what changed for guests, staff, and communities of Respite House because of its implementation.

The main data sources for the evaluation were:

- ✓ **Guest data:** Satisfaction surveys, post-stay interviews, and administrative data (intake assessments, progress notes, and follow-up call documentation)
- ✓ **Respite House staff:** Interviews with leadership, focus groups with frontline staff
- ✓ **Referral partners:** Focus group and notes from operations team meetings
- ✓ **Centre for Suicide Prevention staff:** Interviews with staff and planning meeting notes

Note: Our findings are preliminary and not generalizable. They require exploration in diverse settings across a longer timeframe.

### Overview of Respite House Implementation

Between March 16<sup>th</sup> and August 26<sup>th</sup>, 2022, 23 guests stayed at Respite House with a median stay of six days. All but one was referred by community partners due to worsening suicidal ideations.

A guest's journey through Respite House involves five main stages: Referral, Intake, Stay at Respite House, At Discharge, and Post-Stay. We describe each stage in the diagram below.



Four core components contributed to guest and system outcomes from the Respite House pilot:



### Formal & Informal Peer Support

- ✓ Peer support was the foundation of Respite House approach.
- ✓ Staff provided emotional and social support to guests, showing recovery is possible. Guests also provided supported each other.
- ✓ Staff emphasized self-determination, meaning guests made choices about which activities and supports they participated in.



### Safe & Welcoming Environment

- ✓ Respite House was a 6-bed facility designed to “feel like home”.
- ✓ The intake process was guest-led and flexible. Guests could choose to de-escalate, rest, or access peer support through the process.
- ✓ During stays, guests came and went as they pleased, were provided healthy meals, and had access to arts and crafts, television, and video games.



### Connection to Relevant Supports & Services

- ✓ In-house, guests participated in structured care planning and daily 1-1 peer conversations with staff. Care planning involved safety plans for times of crisis and recovery plans to set future goals.
- ✓ Referrals were also made to external organizations to support basic needs, building coping skills, counseling and mental health support, addictions treatment, employment and training, and support groups.



### Opportunity to Strengthen Coping Skills

- ✓ Respite House approach empowered guests to practice new and existing coping skills and behaviours in a peer-supported environment approximating real life.
- ✓ For example, staff accompanied guests to appointments to build confidence to do it on their own in future or gently reminded guests of newly learned skills when experiencing conflict with a family member.

## Summary of Initial Pilot Outcomes

### Outcome #1: Guests’ suicidal crises were de-escalated through the intake process.

Guests reported that the intake process helped them calm down and feel comforted. This result was attributed to the peer support approach, the flexibility of the intake process to accommodate guest mindsets, and the focus on trust, safety, and relationship building from first contact with a guest.

### Outcome #2: Guests felt safe and supported while staying at Respite House.

Guests described the Respite House as a safe, comfortable, and welcoming environment that was non-judgemental and destigmatizing. Guests shared that staff made them feel like they weren’t alone in suffering from mental health concerns and being able to relate to peer staff was essential in beginning recovery.

### Outcome #3: Guests received individualized, flexible services from Respite House.

Guests co-determined with Respite House staff which supports and services they received during their stays. This approach benefited guests as they had the opportunity to try out different supports to determine best fit. They also had practice taking greater autonomy over their care, but with peer support available if needed. The most common referrals were for basic needs such as housing and income support. Other referrals included counselling, employment, and addictions treatment.

#### **Outcome #4: Guests learned, practiced, and strengthened positive coping skills and behaviours while staying at Respite House.**

At Respite House, guests practiced new coping skills and behaviours in ‘real life’ scenarios. They reported better understanding their needs and being able to identify new coping strategies. They developed new strategies in four categories: rest, recreation, de-escalation skill-building, and building connections.

#### **Outcome #5: Guests felt more psychologically stable at time of checkout from Respite House.**

Upon checkout from Respite House, most guests were no longer in a heightened suicide crisis state. They expressed feeling more hopeful, confident, and in control while still carrying some feelings of anxiety and fear about leaving Respite House.

#### **Outcome #6: Guests had reduced reliance on emergency department or hospital in-patient admission after staying at Respite House.**

During guest interviews and follow-up calls the week following their stays, guests of Respite House reported avoiding the emergency room in the week following their stays, with two exceptions. One was discharged to hospital for clinical care. Another went after being back at home and feeling distressed. Respite House staff met them at the hospital and helped them de-escalate so they were not admitted.

#### **Outcome #7: Guests were more equipped to manage suicidal crisis after staying at Respite House.**

During follow-up phone calls, no guests reported having active suicidal ideation or attempts. Most said their symptoms of anxiety were lower, though some were up and down mood-wise. Guests reported using coping strategies and behaviours post-stay such as: reaching out to friends and family, attending therapy appointments, going for walks, employing grounding techniques, and attending support groups.

#### **Outcome #8: Community agencies, health service providers, and Respite House created new forms of coordination and collaboration.**

There is a highly collaborative network of social-serving organizations in Fort McMurray. Respite House built on this foundation to create new forms of coordination and collaboration through structured on-boarding process, regular operations team meetings, and support from the Canadian Mental Health Association’s Consumer Advocate.

#### **Outcome #9: Respite House increased guests’ access to timely and appropriate care.**

Respite House increased guest access to timely and appropriate care:

- ✓ Diverting people in mental health crisis from inappropriate care in the emergency department

- ✓ Connecting people to supports and services only after they had shifted to a calmer mindset
- ✓ Building confidence and skills in people to take charge of their longer-term recovery journey

## **Outcome #10: Respite House implementation enhanced community awareness and appreciation of peer support models for managing suicidal crisis.**

There was strong support for a peer support approach across all groups engaged for this evaluation: guests, Respite House staff, and partner organizations. Aspects of peer support highlighted as valuable were mutual respect, authenticity, relatability, shared understanding, and lack of judgement or stigma.

## **Considerations for Scale and Spread of the Respite House Model**

### **Give sufficient time for development and implementation**

The Fort McMurray team secured a location in January 2022 and opened mid-March. A longer lead time would allow for more detailed planning of the physical site as well as more training for Respite House staff. Supporting successful implementation were the staged onboarding of referral partners and support from an advisor experienced in running a similar facility.

### **Strong community relationships are essential**

Strong community partnerships were essential for successful Respite House implementation. In Fort McMurray, Respite House staff built on strong existing relationships with community organizations and created and strengthened new ones in an ongoing manner. This enabled the refinement of the referral and intake process, ongoing communication and conflict resolution, and increased community appreciation of the value of peer support for people in suicidal crisis.

### **Staffing needs to incorporate peer support, case management, and on-call support**

A respite centre staff complement should include peer support and case management experience. Peer support enabled guests to be open about their lived experiences and take more autonomy in their care. Hiring staff with case management experience would avoid the steep learning curve for many Respite House staff and allow more time to focus on peer support. Finally, including on-call positions would allow more staff support to manage situations where guests are escalated or if there is a hospital emergency.

### **Design or plan for waitlists for community supports and services**

A core function of Respite House was connecting guests to appropriate community resources. A challenge was the presence of waitlists for many services, in particular counselling and housing. In a new setting, consider whether a subset of beds should be set aside as transition beds while waiting for housing or other services. As well, consider how to incorporate connections to longer-term peer support.

### **Plan for long-term data collection**

For other communities considering implementing a similar model, we would recommend having an evaluation approach that gathers data over a longer time period than we were able to for this project. Specifically, data on hospital diversion, community collaboration, and guests' mental health post-stay.