



## Creating a Vermont Network of Peer-Operated Community Centers/Peer Respite

**Problem:** There are currently insufficient community-based resources to support Vermonters with mental health challenges. The planned increase in new inpatient beds will exacerbate this problem, creating a revolving door of acute treatment episodes and trapping individuals in hospitals longer than medically necessary.

**Recommendation:** Fund the creation of a network of six, peer-run community centers with adjoining two-bed, peer respites (center- respites). In control-group, research studies, guests of peer respites were 70 percent less likely to use inpatient or emergency services.

**Who will use the Network?** Adults who lack meaningful social and community connection and who do not or cannot get their needs met in mental health treatment settings, as well as adults who seek support with a focus on mutual relationships.

**Key Services:** Community-based, trauma-informed, and person-centered prevention and crisis support, 24 hours a day in a homelike environment; peer support, capacity-building for greater resilience; development of close, personal and community connections; support groups, assistance in obtaining housing and employment, transportation to outpatient appointments, art, music and educational activities, meals, Internet access, body work, recreation, exercise, and showers.

**Intended Impact:** Disrupt the revolving door of emergency department visits, waits, hospitalization and discharge back into the same conditions that lead to emotional or psychological distress; provide step-down from inpatient hospitalization; connect individuals to community resources before a crisis occurs; promote resilience, social connection, and belonging; and provide community-based resources closer to home.

**Required Resources:** Approximately \$5.1 million/year for six, center- respites; \$590K startup costs for six, fully operational center- respites; potential funding sources include the Tobacco Master Settlement Agreement and the Volkswagen Settlement Agreement

**Outcomes:** 12 new crisis beds, serving up to 540 individuals annually; 4,100 unique individuals served/year when center- respites are fully operational; 98 new jobs, with a weighted average, hourly wage of \$21.64; \$14.3 million or 91% return on investment (ROI) from savings from hospital diversion and fewer, medically unnecessary patient days

**Benefits over the status quo:** Less costly than cyclical inpatient admissions; reduces fragmentation of services based on diagnosis, housing status or addiction, and embraces the whole person, whatever their challenges; can be developed rapidly using existing peer-run networks; furthers Vermont's goal of developing its peer support workforce; creates job opportunities for mental health service users and survivors; and narrows Vermont's gap in community-based, recovery-oriented peer-run services.