A Case Study of the Peer-Run Crisis Respite Organizing Process in Massachusetts

Heller School for Social Policy and Management
Master of Public Policy Capstone
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EXECUTIVE SUMMARY

Peer-run crisis respites (PRCR) are alternatives to traditional psychiatric crisis care operated by trained mental health consumers (i.e. peers). They provide an alternative to emergency and inpatient services that are customarily utilized by this population. People are looking for alternatives to hospitalization, and PRCR is one promising option—both ideologically and practically. PRCRs exist in seven states, but mental health consumers nationwide are embarking on movements to bring this program to their states and counties. However, in order to successfully implement PRCRs, organizing needs to be effective and well planned.

Purpose: The Massachusetts Experience

In Massachusetts, a group of consumers, called Groundhogs, organized themselves in early 2009 to design, lobby for, and implement PRCRs in the state. Groundhogs has had relative success to date. Recent meetings with high-ranking officials at the Department of Mental Health (DMH) have produced interest in PRCRs. A request for information and request for responses to procure the programs are set to be released by DMH in upcoming months to create as many as six of these programs across the state. This brief presents a case study of Groundhogs' organizing strategies, intended to inform consumer groups in other states and counties that are interested in PRCRs.

Outline of the Brief

First, the brief describes the model and background on peer-run crisis respites in other states. Next, it reports a history of the peer-run crisis respite movement in Massachusetts. The brief then presents the theoretical framework and questions posed in this case study about how Groundhogs has organized. There is a short section on the methodology of this case study. The brief then reports the results from the analysis of the data that. Finally the brief concludes with options for organizing strategies and recommendations for other states and counties.

Methods

This brief uses a "signal event" case study. Signal events are unique but have consequential implications for future similar events. A "participant observer" method was used for data collection. I am a consumer/survivor of mental health services, and so joined the Groundhogs while collecting data. There are five types of data used in this case study: 1) Field notes/meeting notes; 2) Documents created by Groundhogs and other consumer groups; 3) Public records; 4) Interviews; 5) Emails. All data are qualitative and were coded using the deductive framework of the questions.

Findings and Recommendations

Findings were grouped by three research questions that informed the approach to data analysis.

> ***Question 1:*** *What set of organizational procedures have been successful for Groundhogs?*
>
> ***Question 2:*** *What are the perspectives on the relationship to traditional providers, and how has this played a role in organizational dynamics of the Groundhogs?*
>
> ***Question 3:*** *What are members' attitudes about the balance between vision and practicality?*

Recommendations are made based on themes that emerged from the data. There are three major categories of recommendations: helpful organizing process, choosing between models, and balancing vision and practicality. There are options for organizing strategies related to each.

Helpful Organizational Processes

Option 1: Hold structured and regular group meetings

This case study shows that having monthly meetings contributes to the success of the organization. Holding regular meetings maintains grassroots interest in the movement, and can also help build allies in the consumer community that will be important contributors to the success of the PRCR. Any states and counties where there is an interest in lobbying for or developing PRCRs, consumers should organize themselves to have regular meetings, ideally at frequent and predictable intervals.

Option 2: Promote leadership and key people

Having people in leadership positions is essential for the organizing process. Leadership can organize meetings, help the group stay "on message," and provide direction for activities and subcommittees. Leadership or a key organizer also is responsible for maintaining communication among the group and with important state officials.

Option 3: Create modes for within group communication and participation

A culture of dialogue that encourages participation is an important part of a grassroots organization. This has been done in Massachusetts through a list-serve. This allows dialogue between meetings so that progress is constant. The list-serve can provide a venue for notifying people of events or activities and allow input into the process and activities.

Option 4: Take political action, publicity, and public awareness

Political action by the organization has been essential in Massachusetts, and will strengthen the movement. When given the opportunity to speak with legislators who have decision-making power about the funding and implementation of PRCRs, peers should take it. Generating publicity and public awareness has also been important. It encourages grassroots involvement from peers and can create an environment that is prepared for the PRCR.

Option 5: Create relationships with officials, get buy-in, and share information

Creating relationships with DMH and other state officials who have control over allocating resources has been one of the most essential processes in the Massachusetts PRCR movement. Relationships with DMH officials can lead to more relationships with decision-makers, creating a "snow ball" effect. Sharing information about PRCRs can lead to mutual relationships.

Choosing Between Models

Option 6: Understand the need for a hybrid

In many places, there will be a need for a hybrid model.[1] Many states and counties do not have the consumer-run infrastructure to establish and maintain a PRCR independently of a provider organization. This does not mean that the vision or mission of the PRCR needs to be lost. Groups in states or counties where there is weaker consumer-operated infrastructure should be aware that hybrid models can work.

Option 7: Foster relationships to traditional providers and psychiatry

A relationship to a traditional provider may be more amenable to peers in some states. This may be because of the lack of consumer-operated infrastructure, or because the preferences of the population require more involvement by a traditional provider. Regardless of whether the PRCR itself comes under the umbrella of a provider organization it is useful to identify providers who share the values of peer support, recovery, and the consumer movement.

Option 8: Solicit group input into the model

Input from the group of consumers organizing for a PRCR is important to the success of the movement in a number of ways. First, allowing all consumer members a voice is consistent with

[1] A model where the PRCR is attached financially and legally to a traditional provider. This is discussed more in the brief.

the values of the consumer movement and peer support. Second, many people in the organization may have important linkages to consumer-run or traditional providers who may become vendors of the service. Finally, allowing everyone a voice provides a foundation for more grassroots action and buy-in from the peer community.

Balancing Vision and Practicality

Option 9: Understand different roles of group members

Vision and practicality are both important to the PRCR organizing process. Vision leads the drive to have PRCRs and is the core reason for creating the service. Practicality allows the vision to become a reality. Group members may have different perspectives on where the group should focus. However, this can provide an opportunity for more widespread involvement, rather than a debate amongst the group about focus, if people recognize that different groups or individuals bring different strengths to contributing to the movement through vision or practicality.

Option 10: Preserve vision while acting practically

Although a focus on practicality can be a driver of the process, peers should not allow these activities to overshadow the original vision. All group members, even those who focus on practical steps, need to keep in mind that it was vision and lived experience that guided them to wanting this service.

Recommendations

Of the options presented the four that have been most important and prominent in the success in Massachusetts have been creating a relationship with DMH through leadership/key people, operating the list-serve, and preserving vision while acting practically. I would recommend that consumers organizing for PRCR consider adopting at least these strategies.

Conclusion

This brief reports the organizing strategies of the Massachusetts group, Groundhogs, that has organized for PRCR. The analysis and options imparted here can be useful for consumers in other states and counties embarking on a similar mission. If we are to be successful as a movement in bringing about recovery-oriented, consumer-driven systems, we need to be effective organizers of policy change and service innovation. The experience of Groundhogs in Massachusetts is informative for models of community and consumer organizing.

INTRODUCTION

Peer-run crisis respites are a new form of residential crisis services operated by professionally trained mental health consumers (i.e. peers) for mental health consumers in psychiatric crisis. They provide an alternative to the behaviorally constricting, often traumatic, costly emergency and inpatient services that have traditionally been utilized by this population. Models of this service exist in a few states. Consumer groups in other states and counties are undertaking efforts to design, lobby for, and implement this service. There is a peer-run crisis respite movement happening nationally. People are looking for alternatives to hospitalization, and this option that has shown promise—both ideologically and practically. However, ineffective organizing and planning can lead to a failure to successfully implement peer-run crisis respites, leaving the mental health system with only traditional options for crisis care that is not recovery-oriented or cost-effective. Consumer groups in Massachusetts have been working for the past year to contract with the Department of Mental Health (DMH) to develop peer-run crisis respites in the state, and have had relative success to date.

> *DMH has given signals that peer-run respites are coming to Massachusetts in the near future. Recent meetings with high-ranking officials at DMH have produced a lot of interest in peer-run respites. DMH is talking about the possible creation of 6 peer-run respites attached to the 6 Recovery Learning Communities.*[2] (Leavitt & Levin, 2010, April 5)

What is a Peer-Run Crisis Respite?

Peer-run respites are crisis alternatives with the intended outcome of diverting hospitalization by building mutual, trusting relationships between staff members and users of services, which facilitate resilience and personal growth.

(National Empowerment Center, 2009)

The Massachusetts experience can inform consumers about the most valuable and efficient steps to take to develop peer-run crisis services in their state or county.

[2] These are peer operated organizations, funded by DMH, that provide services, training, and community-building.

In Massachusetts, a group of consumers, called Groundhogs, organized themselves in early 2009 to bring peer-run crisis respites to the state. This brief presents a case study of Groundhogs' efforts and organizing strategies, intended to inform consumer groups in other states and counties that are interested in peer-run crisis respites.

First, the brief describes the model and background on peer-run crisis respites in other states. Next, it reports a history of the peer-run crisis respite movement in Massachusetts. The brief then presents the theoretical framework and questions posed in this case study about how Groundhogs has organized. There is a short section on the methodology of this case study. The brief then reports the results of the data analysis. Finally, it concludes with options for organizing and recommendations for other states and counties.

BACKGROUND

Peer-run crisis respites (PRCRs) are a place for people in crisis to process stress, explore short-term solutions, and reduce susceptibility to crisis (NCMHCSO, 2008). In a PRCR, consumers learn from trained peers who have experienced, and overcome, the same sorts of crises (Mead & Hilton, n.d.). The PRCR approach prevents and diverts inpatient treatment for people in psychiatric crisis in a safe, "homelike" place (NCMHCSO, 2008; Stefan, 2006). It helps consumers avoid the trauma that often occurs during emergency room visits and inpatient psychiatric hospitalization. At a PRCR people in crisis can learn new skills to promote well-being. The expected results are recovery-related outcomes, reduced emergency room utilization, and decreased use of mental health services in the future (MPOWER, 2008). PRCRs often do not have a medical-psychiatric component, and rely on trained certified peer specialists (CPSs) to help people through crises (Levin, 2009a; Mead & Hilton, n.d.).

Who is a peer?

A person who can inspire hope by openly sharing their experiences of recovery from extreme emotional distress, a psychiatric diagnosis and their social role disruption that lasted at least three to six months

(National Empowerment Center, 2009)

The fundamental values of the PRCR are those of recovery: hope, empowerment, self-direction, respect, responsibility, and care that is person-centered, holistic, and focuses on the strengths of the person in crisis. These values recognize that crises do not define the person and that recovery is non-linear (SAMHSA, 2004). These values are important to maintaining the supportive nature of PRCRs that promotes recovery.

What is Recovery?

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.

(NFC, 2003)

MODELS OF PRCRS

There are two models of PRCRs: hybrid and peer-run. Both of these models are being considered in Massachusetts.

In what is being called "hybrid" models, the parent organization is not peer run, but the respite under its control has a director and staff who are peers (National Empowerment Center, 2009). The PRCR is peer operated (staffed by peers) but not peer run. This means it is attached (financially and legally) to a traditional provider.

A peer-run model has been referred to as a "pure" peer-run respite. Peers staff, operate, and oversee the respite at all levels. The PRCR is a stand-alone program in a residential neighborhood (National Empowerment Center, 2009). It is not attached to a traditional provider, and has no on-site or contractual potential to offer psychiatric or medical services.

EVIDENCE FOR PRCRS

Evidence for the effectiveness of PRCRs is being built. One randomized controlled trial of a PRCR has been conducted (Greenfield, Stoneking, Humphreys, Sundby, & Bond, 2008). This study found that the average rate of improvement in symptom ratings was greater in the alternative than in the hospital comparison group, and that the peer-run alternative group had much greater service satisfaction. The cost was significantly less: $211 per day for PRCR versus $665 per day for

hospitalization. The study authors concluded that this alternative was "at least as effective as standard care" and a "promising and viable alternative" (Greenfield, Stoneking, Humphreys, Sundby, & Bond, 2008, pp. 142-143).

Stories regularly emerge that testify to the potential of PRCRs to become a more effective model of crisis care than hospitals. The following story from an existing PRCR was offered to support the effectiveness of the model and address concerns in Massachusetts that PRCRs may not be able to handle the level of psychiatric acuity that hospitals do. It is a story that could be shared with state policy-makers who share some of the same fears:

> *Last year, we had a respite guest who brought a gun into the house, along with an ounce of marijuana, and bragged about how he was able to pass through security at Grady hospital the night before. Drugs and weapons are forbidden at the Wellness Center, and anyone who brings them in has to leave the premises. I knew I would be the one to ask this person to leave, knowing he was high and had a gun. I remember being grateful that I had already formed a relationship with him. I was scared, but my faith in our relationship was stronger than the fear. Instead of focusing on the drugs and weapons, we focused on the recovery that the Center stood for. We talked about the trauma-informed environment, and we both shared some of our trauma history. By the time I asked him to leave the premises, he was in complete agreement, and he gave everyone hugs goodbye* (Jayme Lynch, Georgia Peer Support and Wellness Center, 2009).

EXISTING PEER-RUN RESPITES

There are currently eleven PRCRs operating or set to start operating in the near future in the United States. There are also PRCRs in other countries, such as New Zealand. The respites are listed in Table 1. This table presents the names of the PRCRs, the state in which they are located, their funding source and budget, day-time staffing, capacity for guests, average or range of typical length of stay (LOS), and their variation on the model.

Table 1. Existing Peer-Run Crisis Respites in the U.S.

PRCR Name	State	Funders	Annual Budget	Peer staff	# of Guests	LOS (days)	Model
Stepping Stone Peer Support & Crisis Respite Center	NH	NH State General Funds and Federal Block Grant	$353,184	1	2	1-7	Peer-run
Sweetser Peer Support & Learning & Recovery Center	ME	Sweetser and their Endowment of Mental Health and United Way	$308,500	1	3	3.5	Hybrid
Georgia Peer Support and Wellness Center	GA	Georgia Division of Mental Health, Consumer Relations and Recovery Section	$338,000	2	3	Up to 7	Peer-run
Rose House Hospital Diversion Program by PEOPLe Inc.	NY	Duchess County	$310,050	2	5	1-5	Peer-run
Essex County Crisis Alternatives Program (CAP)	NY	NY State Office of Mental Hygiene through grant funding	$201,000	1	1	3 (but up to 2 weeks)	Hybrid
Voices of the Heart, Inc.	NY	NYS Office of Mental Hygiene, Warren and Washington County and Private supporters	$53,000	2	2	1-3 days	Peer-run
Foundations: A Place for Education and Recovery	OH	Stark County Recovery Services Board (Canton)	$160,000	3	3	3-5	Peer-run
New Beginnings	WV[3]	WVA Office of Behavioral Health Service & program fees	$18,000	1	8	90	Peer-run
Almost Home	WV	WVA Office of Behavioral Health Service & program fees	$16,000	1	6	90	Peer-run
Holly House	WV	WV SAMHSA Block grant	$34,000	2	6	90	Hybrid
Keya House	NE	State Division of Behavioral Health	$200,000	2	4	Up to 5	Peer-run

[3] All of the WV programs are operated by the WV Mental Health Consumer Association, and are programs for people experiencing homelessness, being discharged from hospitals, or in domestic violence situations. Therefore, they have a longer length of stay than other programs. They only have volunteer staff.

ORIGIN OF GROUNDHOGS

The first meeting of Groundhogs was in January 2009. At the Alternatives[4] conference in 2008, national leaders in the consumer movement stated that they wanted to have a PRCR in every county in the United States. There was indication from stakeholders in Massachusetts at Alternatives that although there was a budget crisis, there was money for alternative crisis services. The decision was made by consumers who were at the conference to organize people in the state.

Consumer leaders in Massachusetts were invited to the first meeting in January, and decided to have a second meeting on February 2nd, 2009—Groundhogs Day. The February 2nd meeting was the start of the organization, and adopted the name "Groundhogs." The name has been called apropos because the groundhog pokes its head up in February to survey and see into the future (from testimony to the MA Mental Health and Substance Abuse Committee, 2009). The name gave a sense of group purpose, personality, and distinction from other consumer efforts in Massachusetts.

ENVIRONMENTAL CHANGES

Before the push for PRCRs in Massachusetts, there was a successful emergency room (ER) rights campaign and legislation. Consumers began contacting their legislators about rights violations in emergency rooms, which caused legislators to call DMH. The legislation called for key stakeholders to come together to determine regulations related to the treatment of mental health consumers in ERs. This enabled consumers to gain access to officials from DMH, as well as the Executive Office of Health and Human Services. The ER rights campaign lead to the PRCR movement, because the former precipitated interest by DMH and the legislature in crisis alternatives (Leavitt & Levin, 2010). It also gave consumers contact with decision-makers that would later be helpful in lobbying for PRCRs, as well as a sense of power. They had a voice in crisis service policy in the state already.

[4] Alternatives is a national annual meeting of mental health consumers.

> *Just yesterday a former respite guest came into the Center saying he was thinking about suicide and that he wasn't "safe." After getting to the untold story, we realized that he wanted someone to talk to and validate his feelings about a living situation he was currently experiencing. He proceeded to call the crisis center, who came to the Wellness Center to talk with him. Our staff stayed with him for extra support, but his calling the crisis center was what he did for himself, and we supported him. I remember thinking, "Wow, he came to us first and handled everything his way. That is self direction."*
>
> *Jayme Lynch, Georgia Peer Support and Wellness Center*

Massachusetts consumers visited an existing PRCR in New York, The Rose House, and thought that the model was a good way to manage crisis and discharge from emergency rooms. It was a promising alternative to the current system of emergency rooms and inpatient units.

As with the rest of the country, the Massachusetts DMH has suffered a budget crisis in the past two years. This may have contributed to DMH being more amenable to alternatives to costly inpatient and emergency psychiatric services. DMH may have seen an opportunity in PRCRs to save on costs while responding to the needs of constituents.

TRAINING

> *When your action (or reaction) is fear based, others pick up on it immediately, and their reactions become fear based as well. Then you have two people scared of a situation that they are expected to "handle." But staying calm and focusing on the relationship works very well. Using IPS is a highly effective way to deal with "risky" situations. That has been my experience.*
>
> Jayme Lynch, Georgia Peer Support & Wellness Center

Intentional Peer Support (IPS) is the most common training used in PRCRs. IPS teaches the philosophy needed to operate peer services. It is innovative because it teaches non-coercion. This is the ability to "just be with people" and not try to "fix" them, which often happens in traditional mental health services. IPS teaches the importance of building relationships and trust, and the value of being comfortable with emotional distress and discomfort in order to "exist" with a person in crisis.

Twenty-four consumers in Massachusetts were given IPS training in 2009. Groundhogs asked DMH to fund the training, and were informed of the potential to get money for the training from the University of Massachusetts (UMass) Medical School. UMass had grant to promote consumer employment through training, and agreed to fund the training. Groundhogs saw that it was important to train the workforce in advance of opening PRCRs so that they could be prepared with credible and capable staff when the time came to apply for funding.

> *The focus of IPS is on developing relationships that explore mutuality and shared responsibility. Other trainings focus more on the individual, self-development, illness/wellness issues and personal goals.*
>
> Person trained in IPS

After the training, there was concern among trainees that IPS training alone did not make them feel prepared to interact with and support peers in crisis, although they saw the value in learning the concepts of IPS.

> *One of the concerns raised about the IPS crisis training in Mass was that some people didn't come away feeling confident about their abilities to be able to sit with really difficult situations (such as people who are talking about suicide).*[5]

Some PRCRs have used further training beyond IPS that is more practical. It often involves role playing difficult situations that may arise in a PRCR so that staff can practice their skills. This strategy has been considered in Massachusetts. Groundhogs is exploring other options for training.

THEORETICAL FRAMEWORK

What Groundhogs did is consistent with models of organizing, particularly the information processing model described by Weick (1979). This model posits that attention to an issue becomes active when there is a change in the environment (such as the proliferation of PRCRs, the ER rights campaign, and the budget crisis). Organizations then isolate information to act on, and create

[5] Person trained in IPS

strategies for organizing. Successful strategies are continued, and a cycle of information processing continues, while actions taken influence the environment and cause further environmental change.

QUESTIONS

Question 1: What set of organizational procedures have been successful for Groundhogs?

Question 2: What are the perspectives on the relationship to traditional providers, and how has this played a role in organizational dynamics of the Groundhogs?

Question 3: What are members' attitudes about the balance between vision and practicality?

METHODOLOGY

CASE STUDY TYPOLOGY

This brief uses a "signal event" case study. Signal event case studies are critical instances of singular or *signal* events (Sechrest, Stewart, Stickle, & Sidani, 1996). These events are often unique but have consequential implications, and therefore deserve documentation because they provide lessons for future similar events. In signal events, lessons may not be entirely evident at the time, but are potentially important for the field and are thus impressive (Sechrest, Stewart, Stickle, & Sidani, 1996). The exercise of doing a case study of such an event can bring the potential lessons to the fore, and provide an opportunity to explore what lessons there might be.

DATA COLLECTION

A "participant observer" method was used for data collection. I am a consumer/survivor of mental health services, and so was able to join the Groundhogs while collecting data. I joined the Groundhogs in March of 2009, and became active in June later that year. My interest was in participating in the movement to develop alternative promising practices in crisis services because of my own negative lived experiences of traditional crisis services. I began collecting open-ended data early in the process of my participation, and formulated specific questions later.

There are a number of reasons why a participant observer method was appropriate to this case study. Bernard (2000) cites four reasons why participant observation may increase validity of data in studies of groups that are applicable to this study:

1. **Possibility of collecting different kinds of data that may be considered personal or protected:** I was able to collect data at meetings of consumers, meetings with DMH, interviews, and emails that communicated actions that were being taken.
2. **Reduces the problem of reactivity, where people change their behavior when they know they are being watched:** By assimilating in the group and contributing to it, I do not believe that people looked at me as someone "watching" them, but rather recording what was happening in order to contribute to the movement. As Bernard writes, "Presence builds trust. Trust lowers reactivity. Lower reactivity means higher validity" (Bernard, 2000, p. 325).
3. **Helps formulate sensible questions in the native language:** My research questions are framed in terms informed by my lived experience and my experience in the group, which gave me the ability to see the nuance in group interactions and ask sensitive and perceptive questions that reflect a pro-consumer orientation.
4. **Gives an intuitive understanding of a culture and ability to understand the meaning of the observations and an entrée into the world of the observed:** Participating in the group, I not only had my own understanding of the experience of crisis services, but I was able to hear why this was such an important issue to others. I also became familiar with how the group worked together, what the leadership was like, and how people participate.

There are some disadvantages to the level of participation that I engaged in. The first is that in any participant observer exercise, participants have a commitment and a stake in the outcome, and may become so identified with group that they manipulate events (Yin, 1994). I did actively work to support Groundhogs' mission and take on tasks that furthered its objectives.

DATA SOURCES AND ANALYSIS

There are five types of data used in this case study: 1) Field notes/meeting notes; 2) Documents created by Groundhogs/National Empowerment Center (NEC); 3) Public records (newspapers, testimony); 4) Interviews; 5) Emails. All data are qualitative and were coded using the software program NVivo using the deductive framework of the questions.

Informed consent was obtained by notifying other members that I was taking notes in order to write this paper, and describing what the paper is about. Leadership also notified the group that I was doing this research:

> *Laysha is also working on a guide for how to create peer run respites in other states. She's doing research on this as part of her master's thesis at Brandeis. (Leadership, December 9, 2009 in an email to the group)*

Explicit consent from individuals was obtained for direct quotes, and from leadership of the organization, from whom much of the data was collected.

RESULTS

The following are the results of the analysis of the data. Results are organized by question, and then by themes that emerged inductively from the data based on coding by those questions.

QUESTION 1: WHAT SET OF ORGANIZATIONAL PROCEDURES HAS BEEN SUCCESSFUL FOR GROUNDHOGS?

Groundhogs have undertaken a number of organizational procedures that have been successful in creating the opportunity for PRCRs in the state. These procedures have also created and maintained momentum that has lead to successes in the movement.

1. Groundhogs holds regular meetings and creates subcommittees.

Groundhogs holds monthly meetings. These meetings are held in-person at the home of one of the organizers in Eastern Massachusetts. There is a teleconference line available for those who are dispersed throughout the state or those who cannot attend in person. The purpose of these meetings is to discuss updates and advances that have occurred within the past month, and to get feedback from the group.

The meetings also serve to maintain the grassroots interest of the larger group, although much of the action taken is by one or two key people. The involvement of the group is important because it

progresses the strategic thinking of the movement and maintains the focus on goals. Ideologically, it is important for the group to remain actively involved, as the service being lobbied for is about peer involvement and support.

> *DMH wants peer-run respites to build on existing programs like Recovery Learning Communities, clubhouses, and Emergency Service Providers. They are talking about "collaborating," "partnering," and "linkaging [sic]"*
>
> *(Leadership, May 2009)*

It is strategically important to have the monthly meetings because many of the people in attendance can offer support. The organizations they work for may be needed in the development of PRCRs. For instance, the Recovery Learning Communities (RLCs) may play an important role in responding to the request for responses (RFR)[6] from DMH and implementation of the PRCRs. Therefore, it is important to have people who are from the RLCs or knowledgeable about the RLCs represented.

The meetings also have been able to generate subcommittees. Subcommittees that focus on legislation, fundraising, administration (how the PRCRs will be run or organized under other agencies), relationship-building (e.g. with DMH), training, and a white-paper (to be persuasive to funders, legislators, and DMH) have been identified as important to building the organizational capacity of Groundhogs. An ethics committee also emerged from the meetings of Groundhogs.

> *The meeting was very freewheeling, but the excellent result was that very good people formed the ethics committee. Also, [member name] volunteered to write a draft of the proposal in response the DMH's RFR for respites, [member name] talked about he and UMASS researchers doing a study of the respite when it's up and running, and [member name] volunteered to write a sample budget to show DMH.*
>
> *(Leadership, December 2009)*

There have also been subcommittees set up to represent and gather people from different parts of the state. This "split –off" happened relatively late in the process. It has proved useful because different parts of the state have different perspectives and needs of their constituencies. However,

[6] The RFR will procure the PRCR programs

there is still communication between the groups, unification on the issue, and acknowledgement of the strengths that each group brings to the process. There is consensus that the two parts of the state should be "in collaboration rather than competition in the application process so each group can learn from the other."

2. Groundhogs has two or three key people in the organization who lead and organize organizational processes.

Members of the organization that have stepped up and taken leadership positions are able to guide others in taking political action, organizing sub-committees, maintaining focus ("staying on message"), and directing the organization in the most efficient ways to lobby and connect with the state. Persons in these positions have experience in other consumer-driven political and strategic campaigns. These individuals can help with details such as tracking bill progress, maintaining important relationships, and following changes in the state in terms of budgets and political leanings. The perception is that having "high level" consumers involved has been helpful.

3. Groundhogs has created a system and organizational culture of constant dialogue that encourages participation.

Groundhogs maintains an email list serve for communication. The list-serve provides a venue for constant communication between members. Some of the emails from the list-serve are more practical, while others are a discussion of ideas. For instance, the organization received funding to train peers in IPS. An announcement for applications for the training was made available to the list. This helped recruit qualified peers to be trained, in preparation for the opening of PRCRs. The training occurred, but there was an ensuing discussion on the list-serve about the usefulness of the training, people's reflections on their perceptions of it, and how it could be improved. The trainer was able to respond to peers' concerns, and the group identified a need for more training with input from potential PRCR staff on what would be helpful. Therefore, in this situation, the list-serve

helped to notify people of an opportunity to participate, facilitate participation, allow feedback from peers on their experience, and identify further needs of the group.

> *It would be great (in my opinion) to hear from those who are running peer respites/crisis alternatives and to hear what's worked well, and why; what hasn't worked so well, what the learning's been, and learning about ongoing training, practice and supervision.*
>
> *Trainer*

This is an example of how the list-serve is used for communication of both practical information, more process oriented discussion, and identification of next steps.

4. Members of Groundhogs take action with the legislature through testifying and lobbying.

There was a legislative hearing of the Massachusetts Subcommittee on Mental Health and Substance Abuse on September 23, 2009. There was a large turnout at the hearings by consumers and advocates, and the hearings lasted for four and a half hours. There were three bills testified on, one of which was H.R. 3584, "An Act directing the Department of Mental Health to study peer run respite services". This bill intended to create a feasibility study committee made up of DMH and representatives from consumer-run organizations. It is important to note that the feasibility committee met before passage of the bill; in fact, the bill has not passed yet. The feasibility committee was organized by Groundhogs as early as May 2009. The bill has been identified as important, even without passing, because it keeps DMH "on their toes." It creates pressure from the legislature without mandating the committee.

5. Groundhogs created relationships and coordinates with DMH and other state agencies, and shares information with them.

A few members of Groundhogs attended a meeting of the Mental Health Planning Council (MHPC) in the summer of 2009, and requested $56,000 for planning and researching PRCRs. The MHPC did not fund the initiative, but invited the Groundhogs back for a longer presentation in November. Steps like these, even if they do not produce intended results (i.e. not getting the funding from the MHPC), are useful in pushing the agenda of Groundhogs. The meeting with the MHPC lead the

council co-chair to mention the movement in a letter to the DMH Commissioner. Groundhogs have met with and gotten to know DMH officials and the MHPC. These meetings and relationships have lead to further meetings with people who are influential in the Department or funding opportunities or service catchment areas. The DMH officials that Groundhogs have gotten to know have been helpful in pushing other DMH officials to meet with Groundhogs—creating a "snow ball" effect. Groundhogs proactively organized DMH decision-makers to make a visit to an existing respite in a nearby state. This increased the interest and support of individuals at DMH, and gave credibility to the proposed program. This support could then be leveraged to interest other DMH officials, and provide entre into the processes related to procuring the program.

Groundhogs also wrote a performance incentive proposal to the Massachusetts Behavioral Health Partnership (MBHP) consumer advisory council, which is part of the Medicaid office. It was later decided that funding from MBHP would not be ideal, but this contributed to more knowledge at the state level about the movement and the need for PRCRs.

Through the feasibility committee meetings with DMH, Groundhogs was able to connect with decision-makers in the Department about the possibility of creating a request for responses (RFR) specifically related to PRCRs. On behalf of Groundhogs, an advocate who is a member of the feasibility committee reached out to people in the Department who write the requests for information (RFI) and RFRs. This gave Groundhogs the ability to write a set of frequently asked questions about PRCRs with answers from the group, which could inform the request for information. This puts Groundhogs in a better position to respond to the RFI successfully, which will inform the request for responses, which they can then respond to successfully because it is built on their own ideas. Groundhogs first interested DMH in the idea of PRCRs, then was able to be a resource in helping DMH develop a request for information. Evidence from DMH about the RFI and the RFR is that they value the group's input, and although they cannot prevent any provider

organizations from bidding, can specify that particular qualifications such as being peer-run/operated. Both getting information from DMH and giving information to DMH has been an ongoing and important process.

Face-to-face meetings and personal stories have contributed to success because these "move people more than statistics do," according to leadership. Groundhogs have met with people and then followed-up with emails, sharing stories, information, and studies that build credibility.

A leadership member says that the approach has been to "come at DMH from all sides."

> *Everywhere DMH went, they were hearing about peer run respites.*
>
> *Organizer*

6. Groundhogs makes the public aware of the issue by talking to newspapers, giving teach-ins, presenting at conferences, and holding press conferences.

One of the first Groundhogs events was the DMH hearings on reducing state hospitals' patient populations. Consumers testified about their own experiences in hospitals. The feedback received was that the consumers impressed the commission by attending the hearings. This gave more visibility to the need for PRCRs in the state, and presented an opportunity for consumers to voice their thoughts on alternatives to hospitalization.

The public has also been made aware of PRCRs, and their potential use in Massachusetts, through presentations by Groundhogs and teach-ins by Groundhog leadership. For instance, there was a presentation given at the Massachusetts Psychiatric Rehabilitation Association (MassPRA) conference on December 4, 2009. The presentation was well attended by peers and other professionals in the field of psychiatric rehabilitation and mental health. The presentation gave publicity for PRCRs and the Groundhog movement.

There have been three teach-ins by Groundhogs leadership in public venues, such as the Boston Public Library, as well as at the Recovery Learning Communities (RLCs). These teach-ins present

opportunities for consumers and the public to learn about the values, evidence, and need for PRCRs in Massachusetts and nationwide. The teach-ins have been successfully publicized and attended.

There have been newspaper articles written covering the PRCR movement in Massachusetts (Hammel, 2009). There has also been response to newspaper articles in the form of editorials written by Groundhogs (Levin, 2009b). Groundhogs have also contributed to newsletters on experiences with hospitals and the importance of peer-driven services (Landy, 2009).

QUESTION 2: WHAT ARE THE PERSPECTIVES ON THE RELATIONSHIP TO TRADITIONAL PROVIDERS, AND HOW HAS THIS PLAYED A ROLE IN ORGANIZATIONAL DYNAMICS?

There is tension about developing hybrid models versus peer-run models. Peer-run models are generally favored, but Groundhogs has had to cope with the reality that Massachusetts may have to have some of its PRCRs be a hybrid model.

1. There is a perception of demand for a hybrid model in Massachusetts.

A hybrid model may be necessary for a number of reasons. There may be advantages for both the provider and the PRCR in having a partnership, despite introducing possible complications with the values of peer support. Some Groundhogs feel that this would be acceptable if not necessary.

> *DMH favors a "hybrid model" with partnership between peers and a provider organization. It may be good to meet with providers and work out deals with them.*
>
> *Leadership, February 2010*

Having a PRCR attached to, or underneath, the umbrella of a provider can provide the PRCR with access to medical or psychiatric services. These partnerships can supply resources such as electronic medical records and electronic record keeping. DMH favors partnerships to reduce record keeping. Groundhogs have been told by officials at DMH that "having a PRCR benefits the provider." It benefits the provider because it expands their culture and mission to a more recovery-

oriented one. Another reason that a hybrid model may be necessary is because many of the RLCs, to which the PRCRs will be attached, are under the umbrella of organizations that are not peer-run. Therefore, in order to come under the umbrella of the RLCs would also mean being part of a non-peer run organization. Some of the RLCs do not have the infrastructure to "hold" PRCRs.

> *Sweetser in Maine operates on a hybrid model. It has some advantages, especially in data reporting and record keeping required by mental health dept. The director of Sweeter came to IPS training in Worcester. He runs a model outfit. He has a lot on the ball, terrific values, can handle a lot of stuff we're still vexed about, i.e. danger and suicide risk. Part of their advantage in that regard is that they are located right next door to a crisis services run by clinicians.*
>
> *Leadership, 2010*

In a letter to the editor in response to an article in the *Worcester Telegram and Gazette* that reported that there was concern in the provider community that PRCRs should be regulated the same as other provider organizations and "need to meet the same standards as hospitals" (Hammel, 2009), a Groundhogs member wrote that the movement wants accountability and monitoring of the PRCRS, but not "licensing that means there needs to be a lot of letters after people's names because this would defeat our intention to establish true alternatives to psychiatric wards" (Levin, 2009b)

2. There are different perspectives in the group about integration of traditional psychiatry and relationship to traditional providers.

> *The Groundhogs are concerned that the new peer-run respites truly adhere to the values of recovery and peer support. High level people at DMH support these values as evidenced by statements that peer-run respites—and community services, generally—are the direction the department wishes to move in.*
>
> (Leavitt & Levin, 2010, April 5)

Generally, a formal relationship with tradition providers, especially psychiatry, is not favored. However, some Groundhogs are more amenable to a partnership with traditional providers than others. There has also been discussion about capability to work with, or provide, more psychiatrically-focused service at the PRCR.

> *In the instances when guests have been receiving medications and/or having vital signs checked by a nurse from a CBFS [Community Based Flexible Supports] team, the*

> *guest and the respite would determine the best collaborative relationship to ensure continuity of care. The respite team may need medication certification to ensure they can assist the guests in their medication management at the level recommended by the person's community psychiatrist (National Empowerment Center, 2009)*

Other group members objected to this statement in the FAQ, which educates DMH enough to write an RFI that will publicly solicit input about what should go into the procurement of the PRCRs.

The values of peer support preclude a judgmental attitude or authoritarianism about individuals' choices about medication or other treatments. Groundhogs supports constituency choice about whether they have an illness and/or need medication, however, some believe that people who make this choice have been "indoctrinated" into believing they have an illness[7]. This has caused disagreements about whether PRCRs should support access to psychiatry or provide medication assistance. Medication assistance would be provided by CPSs getting certified by the medication assistance program (MAP). Some guests may also have connections to the community based flexible supports (CBFS) in Massachusetts, which are provider organizations. At many existing PRCRs, guests hold their own medication in a locked box during their stay and are "self-medicating." There has been much discussion within Groundhogs about allowing providers into the PRCRs to give guests their medications, and whether to get peer staff MAP certified. There were preferences by some that if guests needed help with medication, it would be better to have peer staff MAP certified than allow providers into the PRCRs to give medication doses. Others prefer to keep the staff and the PRCR completely non-medical, and to push for independence rather than compromise. This is an important and sensitive discussion, as it highlights some of the conflict of values and members' perspectives on what the relationship to traditional providers should be. It has not been determined yet whether CPS staff will need MAP certification—this depends on the

[7] This is an issue of contention in the greater peer support movement, and is not specific to Groundhogs or PRCRs.

requirements of the RFR, and how Groundhogs/RLCs propose to handle the issue in their proposals. Members agree that guests should continue to see their regular providers during a stay at the PRCR to maintain continuity of care and connection to the community.

3. Western and Eastern areas of the state feel that they have different relationships to traditional providers, different obligations, and that their constituencies differ in their involvement with psychiatry.

Groundhogs have been instructed by leadership to consider partnering with a provider in the eastern part of the state. There are six DMH catchment areas and one RLC to serve each area. The Metro Boston, North Eastern, and South Eastern RLCs are legally under a non-peer run organization. Western, Central, and Metro Suburban RLCs are under a peer-run organization. Groundhogs has identified provider agencies in Eastern Massachusetts that are more in line with PRCR values, as well as DMH area directors that are more supportive of peer-run services values.

A consumer/peer-operated organization is defined as having a board of directors that is greater than 51% consumers.

Some people perceive that there is an influence by nearby hospitals in Eastern Massachusetts on consumers. Psychiatry in Eastern Massachusetts has been identified as "overly reliant on meds, and almost everyone in treatment here takes meds" by Groundhogs members.

> *[People from Western Massachusetts Groundhogs] shared their concern that in eastern Mass there was more of a willingness to partner with a provider than in western Mass. The conclusion was that all proposals should be peer-run to the maximum extent possible. This means that the group was opposed to the so called hybrid model, where there is a partnership with a provider. It was felt that such a partnership would always mean that the peer values would be overshadowed by the more traditional, provider approach. Logistically Western Mass and Central Mass seem in the best position because their RLCs are consumer-run with minimal influence of traditional providers. In eastern Mass, only the Metro Suburban RLC, is in such a position of independence. (Leadership, February 2010)*

The state is divided because the providers in the eastern part are "strong and wanting the business" and in the central and western parts "seem more respectful of the peer-run RLCs." To make compromise as smooth as possible, Eastern Massachusetts Groundhogs have accepted, to some degree, that the PRCRs will have to partner with a provider, and in Western Massachusetts they will not.

QUESTION 3: WHAT ARE MEMBERS' ATTITUDES ABOUT THE BALANCE BETWEEN VISION AND PRACTICALITY?

PRCRs are built on the vision of peer-run, non-medical services that promote recovery, empowerment, and community integration. A focus on practicality has meant that beyond (or beside) vision, Groundhogs needs to make strategic efforts to have the programs funded and accepted as part of the mental health system.

1. Groundhogs have focused increasingly on practicality, while still maintaining vision.

> *I believe that taking some time to talk about our experience of the training will help us focus on our "vision" for Peer Respites in Mass. We need to create a vision for what this respite will look like, feel like, how to exist and communicate within it. –Groundhogs member*

Groundhogs has had an aggressive strategy of lobbying the legislature and networking with DMH in order to secure funding and opportunities for the PRCRs. This approach is seen as practical, but there has been a constant process of retaining the "vision" of the PRCRs. Some have felt that the focus on practicality has gotten ahead of the focus on vision at times:

> *I understand that there is a lot of work being done around securing funding and getting some of the external stuff in place. I believe that we need to also be working from "the inside out", envisioning/creating what will be on the inside of the respite, while others work from the outside in.* (Groundhogs member, January 2010)

As the above quote illustrates, there have been tensions about the roles of different sub-groups and individuals in the Groundhogs. Nonetheless, those who have focused "from the outside in" have

maintained a sense of vision—"staying on message" during lobbying and networking efforts—and those who have focused more on vision have also made attempts to connect with officials from DMH. Those who have focused more on vision were ahead on developing principles/standards for the PRCRs, but those who have focused on practicality have also developed principles for the programs that state their vision.

Principles of peer support:

1. *Safety and acceptance through connection.*
2. *Hold hope for others when they cannot hold it for themselves.*
3. *Use everyday language to describe one's experiences*
4. *Self care and personal responsibility*
5. *Encourage mastery and power over one's own life*

Groundhogs group, Cambridge, MA 3/8/10

These principles were developed during a meeting of Eastern Massachusetts Groundhogs. Other versions of principles were developed by those in Western Massachusetts before this. There is some underlying tension between groups that focus on vision and those that focus on practicality. Recently, the group concluded that there should be collaboration and the groups should each try to "maximize what we do best" and acknowledge the work of the others to "maintain our self-respect."

2. Both the focus on vision and practical activities made important contributions to the organizing process.

The efforts at practical lobbying have lead to upcoming successes such as the release of the RFI and the release of the RFR in July. The practical focus has lead to informal buy-in by DMH officials. However, according to Western Massachusetts Groundhogs, DMH has also shown admiration for the vision of the PRCRs, and are "amazed and pleased" that the program design is "outside the brick and mortar." The DMH Commissioner shared the guiding principles for the Department in a presentation on the budget crisis to the State Mental Health Planning Council in November 2009. These guiding principles were very closely aligned with the values of the consumer/peer movement. It was noted by peers that "now that DMH has no money and no power, the department sounds like models of progressiveness." Thus the focus on both vision and practicality of the Groundhogs is somewhat mirrored by DMH, and may have made the program more palatable.

> *On the Groundhogs agenda is how to preserve the vision of "peer run" services as we deal with existing frameworks of funders and partners. MBHP only funds services that meet a medical need. So, in order to get MBHP to fund our respite, people would need to get psychiatric diagnoses from a clinician.*
>
> ***How "peer run" will that be?***
>
> *(Leadership, May 2009)*

Nevertheless, there has always been concern that working with the state, especially through Medicaid, has the potential to strip the PRCR model of some of its vision and values.

Maintaining the vision of peer-run, non-medical services has been important to the entire group, with a recognition that some compromises will have to be made, and that work has to be done on issues such as securing funding and making positive connections to people in power.

Options and Recommendations for Organizing

This section provides options for organizing strategies that have emerged from the case study. The section concludes with a presentation of criteria that a consumer group should consider before adopting these options in their organizing.

Helpful Organizational Processes

Option 1: Hold structured and regular group meetings

This case study shows that having monthly meetings contributes to the success of the organization. Meetings should be held regularly and members should be aware that they will occur on this basis and be notified of their schedule. In-person meeting may facilitate more conversation, but a teleconference line should be made available to those who cannot attend, especially in states that are more rural, larger, or where membership is widely disbursed throughout the state.

Holding regular meetings maintains grassroots interest in the movement, and builds allies in the community that will be important contributors to the success of the PRCR. Linking with peer-run organizations and other consumers provides more resources for the movement. Regular meetings

can also generate subcommittees. Subcommittees can handle specific issues related to strategic program design and offer settings for more focused discussion among a smaller group of peers.

Option 2: Promote leadership and key people

Having people in leadership positions is essential for the organizing process. Leadership can organize meetings, help the group stay "on message," and provide direction for activities and subcommittees. Leadership or a key organizer also is responsible for maintaining communication among the group and with important state officials.

Leadership should understand the principles of peer support and bring them to the organizing process. This means that leadership is not authoritarian, but rather looks to the group for feedback. Leadership in a consumer organizing process such as this should view itself as serving the movement and the group, rather than seeing the other members as being "followers." This fosters creative thinking among all members, autonomy to create subcommittees and take action, and is consistent with the values of peer support in enabling people to make informed decisions about their involvement, the organizing process, and the design of the PRCR.

Option 3: Create modes for within group communication and participation

A culture of dialogue that encourages participation is an important part of a grassroots organization. This has been done in Massachusetts through a list-serve. To be a modern organization that is successful in these times, virtual communication is essential. It allows dialogue between meetings so that progress is constant. The communication style through the list-serve can provide a venue for notifying people of events or activities, allowing input into the process and activities, and create a space for feedback. It may be easier for more people to participate if there is a venue for participation outside of regular meetings, allowing the most grassroots input possible.

Option 4: Take political action, create publicity and public awareness

Political action by the organization has been essential in Massachusetts, and will strengthen the movement. Establishing means to take action with the legislature may not be feasible in every state or county at all times, but when given the opportunity to speak with legislators who have decision-making power about the funding and implementation of PRCRs, peers should take it. Legislatures o have input into state agencies' budgets, and the authority to mandate activities such as the feasibility committee that has given peers in Massachusetts leverage for communicating with DMH.

Generating publicity and public awareness is also important. It encourages grassroots involvement from peers and can create an environment that is prepared for the PRCR. Peers should take action when there is an opportunity to testify publicly. Leadership should provide venues for the public to learn about peer support and PRCRs, such as through teach-ins and presentations at conferences or meetings. This is already happening nationally, but peers in the state or county can contribute to this on a local level that will make a case for PRCR in their communities.

Option 5: Create relationships with officials, get buy-in, and share information

Creating relationships with DMH and other state officials who have control over allocating resources has been one of the most essential processes in the Massachusetts PRCR movement. Peers at all levels of involvement can contribute to relationships with DMH, but it is important for leadership to be active in the role and remain focused on these relationships and getting buy-in. Relationships with DMH officials can lead to more relationships with decision-makers, creating a "snow ball" effect. Taking DMH officials to a visit to an existing respite was an important first step in getting buy-in. Holding the feasibility committee meetings lead to the opportunity for peers in Massachusetts to give DMH information that would go into a request for information (RFI), which will lead to the design of the request for responses (RFR) that will procure the PRCRs. If

communication and relationships with the state mental health authority are fostered and maintained, they provide an opportunity for valuable mutual feedback between peers and the state. Peers in Massachusetts have felt that having face-to-face meetings with DMH has been important, and that email contact has been an additional opportunity for input and communication.

CHOOSING BETWEEN MODELS

Option 6: Understand the need for a hybrid

In many places, there will be a need for a hybrid model. Many states and counties do not have the peer-run infrastructure to establish and maintain a PRCR independently of a provider organization. This does not mean that the vision or mission of the PRCR needs to be lost. Groups in states or counties where there is weaker consumer-operated infrastructure should be aware that hybrid models can work. Being realistic about the need for a hybrid model will be more useful than an "all or nothing" stance on establishing a PRCR. Eventually, if the service proves to be evidence-based, it will be able to stand on its own. Hybrid models also may be more useful to consumers in some places, depending on their values and desired involvement with traditional services. Peers should understand the benefits or need for hybrid versus peer-run models locally.

Option 7: Foster relationships to traditional providers and psychiatry

Although a relationship with a traditional provider has not been favored by most peers in Massachusetts, it may be more amenable to peers, or necessary, in other states. Regardless of whether the PRCR comes under a provider organization to form a hybrid model, relationships to providers are important. It is useful to identify providers who share the values of peer support and understand the consumer movement and recovery. Building relationships with these providers can strengthen a group's ability to obtain funding for a PRCR under a hybrid model, but can also resources for the PRCR. Traditional providers can be a referral source, helping consumers avoid ER

and inpatient treatment. Relationships with providers and the community help embed the PRCR in the mental health service system. From there it can become an integral part of the system's functioning. Working with providers and identifying positive connections will be useful for the success of the PRCR, regardless of the model adopted and implemented.

Option 8: Solicit group input into the model

Input from the consumers organizing for a PRCR is important to the success of the movement in a number of ways. First, allowing all consumer members a voice is consistent with the values of the consumer movement and peer support. Second, many people in the organization may have important linkages to peer-run or traditional providers who may become vendors of the PRCR. Finally, allowing everyone a voice provides a foundation for more grassroots action and buy-in from the peer community. Different areas of a state or county may have very different perspectives on what model will work for their constituency. Allowing these voices to speak to the choice of model is important to the organizing process. This does not mean that the groups have to be in competition with each other. In Massachusetts we have found that, despite differences, collaboration, not competition, has contributed to success.

BALANCING VISION AND PRACTICALITY

Option 9: Understand different roles of group members

Vision and practicality are both important to the PRCR organizing process. Vision leads the drive to have PRCRs and is the core reason for existing and operating. Practicality allows the vision to become a reality. Group members may have different perspectives on where the group should focus. This can provide an opportunity for more widespread involvement, rather than a debate amongst the group about focus, if people recognize that different groups or individuals bring different strengths to the movement through vision or practicality. The state mental health

authority may be interested in the vision of PRCRs if they are trying to transform their mental health system, but may need the guidance of more practical approaches.

Option 10: Preserve vision while acting practically

Although a focus on practicality can be a driver of the process, peers should not allow these activities to overshadow the original vision. If practicality overshadows vision, there is a danger of making concessions to the traditional system or the demands of political figures or politics that rob the PRCR of its mission. All group members, even those who focus on practical steps, need to keep in mind that it was vision and lived experience that guided them to wanting this service. Maintaining a focus on both vision and practicality keeps members on task.

CRITERIA FOR RECOMMENDATIONS

The following table presents the options for organizing described above, organized by criteria that describe their advantages. The criteria are: 1) What is feasible with scarce resources; 2) Activities that build a network and encourage participation; 3) Options that tend to be respectful of individuals' preferences while acting as a group; and 4) Activities that achieve buy-in from the state and other officials. I identified these criteria as important for choosing consumer organizing strategies in this context based on the evidence from the case study on trade-offs and benefits in the Massachusetts Groundhogs' organizing process. The criteria identified can help groups choose the most suitable options. Consumer groups should choose the options that fit with the vision in their local context, and the ones that the group perceives will be most effective in their state or county.

Table 2: Options for Organizing by Criteria for Recommendation

Question	**Organizing Strategy Option**	**Criteria 1: Feasible with scarce resources**	**Criteria 2: Builds network/ participation**	**Criteria 3: Respects individual preferences**	**Criteria 4: Gets buy-in from state**
Helpful organizational processes	Structured/regular group meetings		√	√	
	Create relationship with DMH	√			√
	Promote leadership/key people	√			√
	Create a list-serve	√	√	√	
	Political action/publicity		√		√
Vision/ practicality	Understand different roles	√	√	√	
	Preserve vision/act practically	√	√	√	√
Choosing between models	Understand need for hybrid	√			√
	Foster relationships to providers	√	√		√
	Solicit group input on model		√	√	

RECOMMENDATIONS

Of the options presented, the four that have been most important and prominent in Massachusetts have been creating relationships with DMH through leadership/key people, operating the list-serve, and preserving vision while acting practically. I recommend that consumers organizing for PRCR consider adopting at least these four strategies. The limitation of these recommendations and this study is that there is no control case where the strategies varied. Therefore, consumer groups need to assess their own needs and capacity when considering strategic options.

CONCLUSION

This brief is a case study of the peer-run crisis respite (PRCR) organizing process by a group of consumers in Massachusetts, called Groundhogs. The data analysis produced results that easily translate into options and recommendations for other states and counties who wish to design, lobby for, and implement PRCRs. The national movement toward PRCRs as a promising alternative to emergency room and inpatient hospitalization during psychiatric crises must be supplemented and supported by peers in the states and counties. Because mental health systems are locally run, it is essential that there be grassroots organizing at the local level. Organizing must be strategic, taking into account the existing mental health systems in which the PRCRs will be embedded, while maintaining the vision of peer-run, recovery-oriented services. I hope that states and counties will be able to use the information presented here to organize their own movements and organizations.

As a movement of peers, we need to carefully track successes and report them to others who are attempting similar strategies. There are more lessons to be learned from the implementation of PRCRs as they grow and connect to the mental health system. The experiences of individual PRCRs in providing services to persons in crisis are invaluable to future PRCRs. This brief only reports the organizing process—more studies are needed on outcomes and implementation challenges.

REFERENCES

Bernard, H. R. (2000). *Social research methods : qualitative and quantitative approaches*. Thousand Oaks: Sage Publications.

Greenfield, T. K., Stoneking, B. C., Humphreys, K., Sundby, E., & Bond, J. (2008). A randomized trial of a mental health consumer-managed alternative to civil commitment for acute psychiatric crisis. *American Journal of Community Psychology, 42*(1), 135-144.

Hammel, L. (2009, July 20). Psychiatric peer review touted: Care termed a low-cost, effective alternative*. Worcester Telegram & Gazette*

Landy, S. (2009). Special Issue: Would you go to the hospital or not? *Voices for Change: A Statewide Newsletter of the Mental Health Community*.

Leavitt, A., & Levin, C. A. (2010, April 5). E-update on Peer Run Respites in Massachusetts,

Levin, C. A. (2009a). Interview with Jayme Lynch, Director of the Georgia Peer Support and Wellness Center.

Levin, C. A. (2009b, July 21). Letter to the Editor*. Worcester Telegram & Gazette*,

Mead, S., & Hilton, D. (n.d.). Crisis and Connection. Shery Mead Consulting.

MPOWER (2008). *Peer-Run Respite House Fact Sheet*. Boston, MA.

National Empowerment Center (2009). *NEC's FAQ for RFI by DMH*. Lawrence, MA National Empowerment Center.

NCMHCSO (2008). *Mental Health Peer-Operated Crisis Respite Programs*: National Coalition of Mental Health Consumer/Survivor Organizations.

NFC (2003). *Achieving the Promise: Transforming Mental Health Care in America*. Rockville, M.D.: Department of Health and Human Services.

SAMHSA (2004). *National Consensus Statement on Mental Health Recovery*. Rockville, M.D.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Sechrest, L., Stewart, M., Stickle, T. R., & Sidani, S. (1996). *Effective and persuasive case studies*. Cambridge, MA: Human Services Research Institute.

Stefan, S. (2006). *Emergency Department Treatment of the Psychiatric Patient: Policy Issues and Legal Requirements*. New York: Oxford University Press.

Weick, K. (1979). *The Social Psychology of Organizing*. New York, NY: McGraw-Hill, Inc.

Yin, R. K. (1994). *Case study research : design and methods*. Thousand Oaks: Sage Publications.