

# Afiya Peer Respite

*Annual Report  
FY '17*

**Summary:** Although Afiya is technically a separate contract with a separate budget, in practice, it is a part of the Western Massachusetts Recovery Learning Community (RLC). It is a three-bedroom home situated in downtown Northampton at 256 Jackson Street. Afiya's mission is to provide a safe space in which each person can find the balance and support needed to turn what is so often referred to as a 'crisis' into a learning and growth opportunity. It is funded primarily by the Massachusetts Department of Mental Health (DMH).

Afiya officially opened on Saturday, August 4<sup>th</sup>, 2012 and completed its fifth year of operation as of June 30<sup>th</sup>, 2017. It remains as the only peer respite in Massachusetts. In the broader national picture, it is now one of about three dozen respites. Although occasionally we hear of respites closing down, the general trend is on a substantial upswing, although some of them claim the title of 'peer respite' without fully holding to the model. (This is a matter of much contention, and a 'peer respite' charter has recently been created to help more clearly identify what is and isn't a 'peer respite'.)

**Team Overview:** In Afiya's first year, there was no turn over. However, subsequent years have offered more complex pictures of growth, change and challenges. Of the original team, the following people remain:

1. Andy, House Coordinator
2. Wyatt, Team Coordinator

The remainder of the current team is newer and includes Micah Matthias (the current Director), Twan (Advocate), Elliot (Advocate), and Zel (Advocate) as well as several others in per diem roles. Several team members from the broader RLC also help out at the house periodically including Sherry Brandford and Earl Miller.

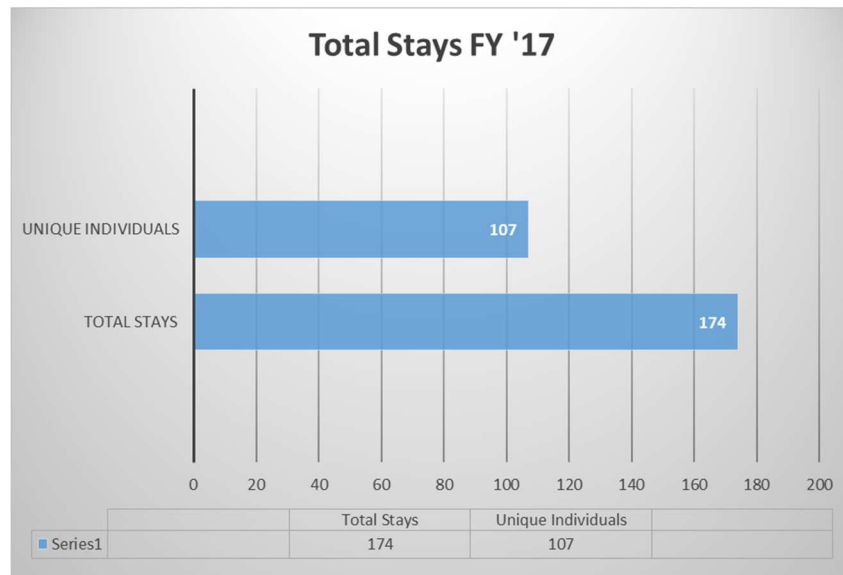
All current team members (as well as most from the broader RLC) have been intensively trained in Intentional Peer Support which includes a 5-day basic training. The original team members have also been through two additional IPS trainings (crisis and co-supervision). Wyatt (Team Coordinator) is trained as a trainer for Intentional Peer Support and orients all new team members as they are hired.

In addition to IPS training, all permanent team members have also completed the Massachusetts Certified Peer Specialist training. Other trainings common among the team are Hearing Voices trainings and Alternatives to Suicide trainings. Some team members have also sought out additional trainings on topics like rights and advocacy and trauma. As of fiscal year '18, the core trainings will be considered to be:

1. Intentional Peer Support
2. Alternatives to Suicide
3. Hearing Voices Facilitator training

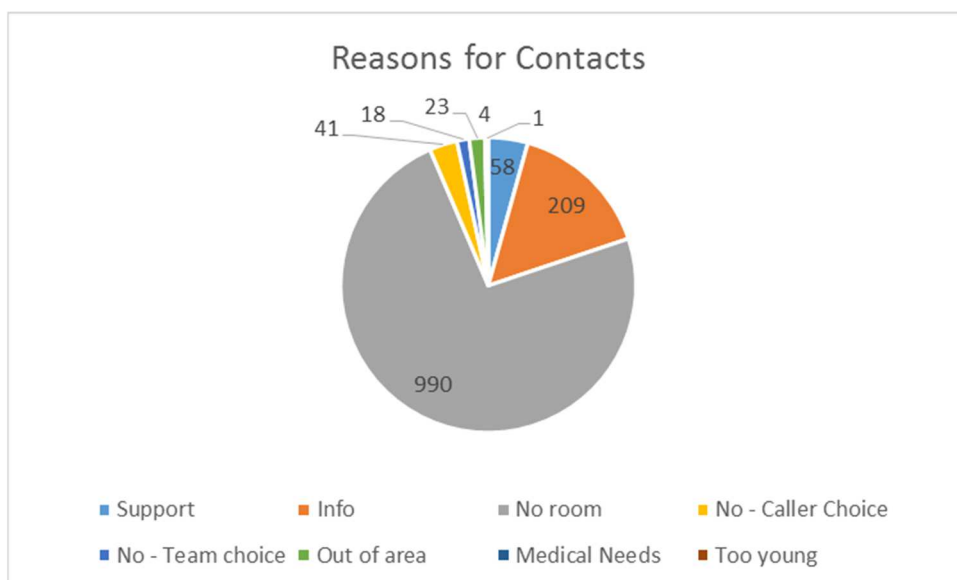
Payrates will be set based on completion of the trainings, with a total of a \$1.00 differential once people have completed all three.

**Total Contacts for the Year:** People have come to stay at Afiya 174 times between July 1, 2016 and June 30, 2017. Of those 174 stays, 107 (61%) represented unique individuals who were staying for the first time that fiscal year, and 75 (43%) represented individuals who were entirely new to the house (i.e, had not stayed in prior fiscal years either). Although these numbers are somewhat lower than the prior fiscal year, it is important to bear in mind that there were more shorter stays in the last year. When everyone who comes in stays for the full seven nights, only 156 stays per year would be feasible even if there was never an empty room.

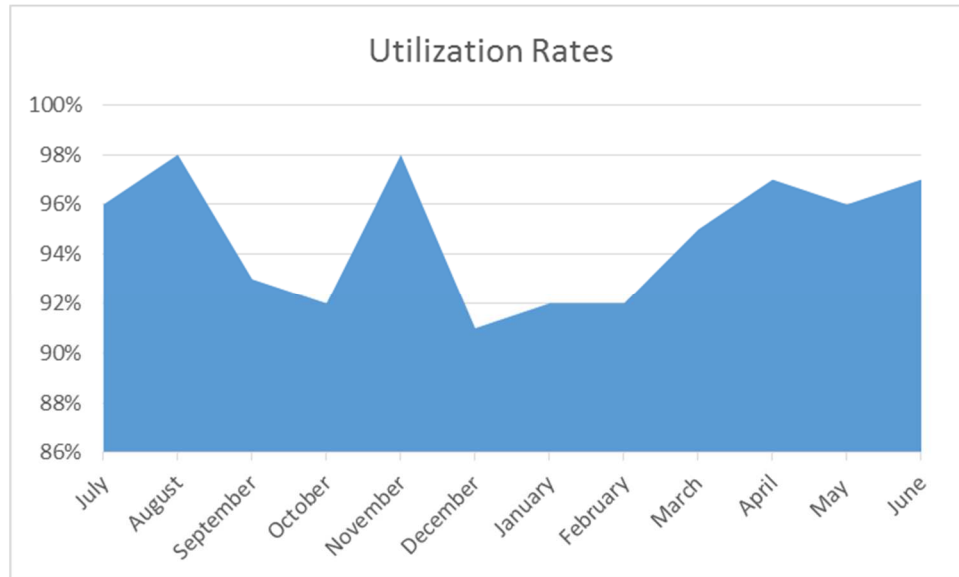


The repeat stays for the year represented 39 people. Of those 39, 29 people stayed a total of two times, 15 people stayed a total of three times, and four people stayed four or more times throughout the year. Of the four who stayed four or more times, three receive other supports and services through DMH.

It's also worth noting that the Afiya team also fielded over 1344 other contacts during this period that did not result in a stay at Afiya for a variety of reasons that ranges from people just calling for support or info to their medical needs being too great for the house and so on. However, the most common reason remains lack of space available at the house (74%).

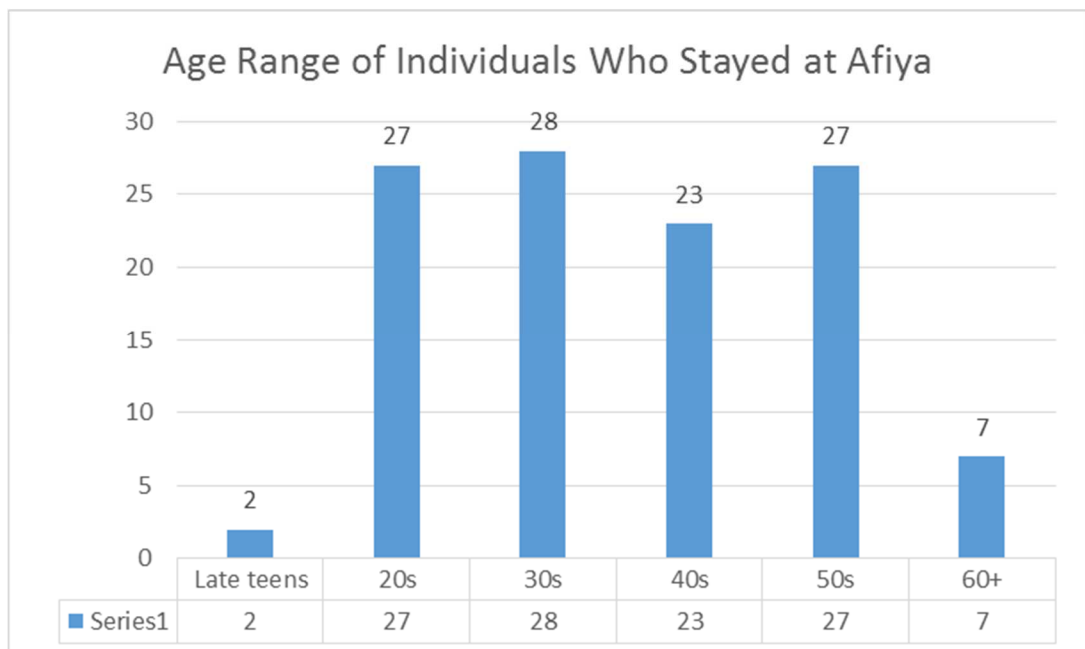


**Utilization Rates:** Overall, rates were over 90% throughout the year. The lower utilization at the start of the year represent a trend we’ve noted that the house tends to be the slowest in the coldest months. Missing days in most months can primarily be explained by transition periods as one person leaves and another person is coming in.

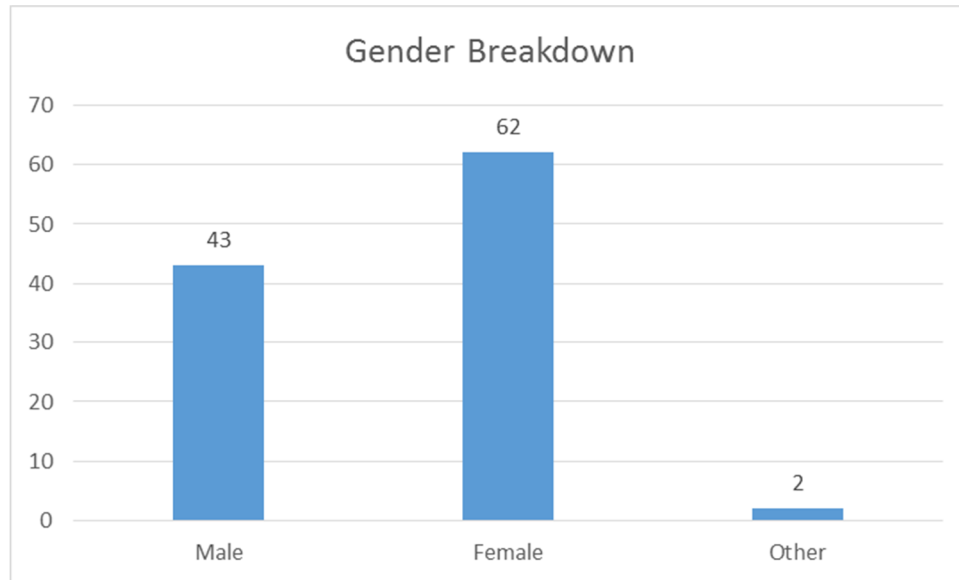


**Demographic Breakdowns:** Although outreach efforts continue in hopes to further diversify the individuals who are aware and make use of Afiya, people coming to stay are actually fairly diverse in a number of ways.

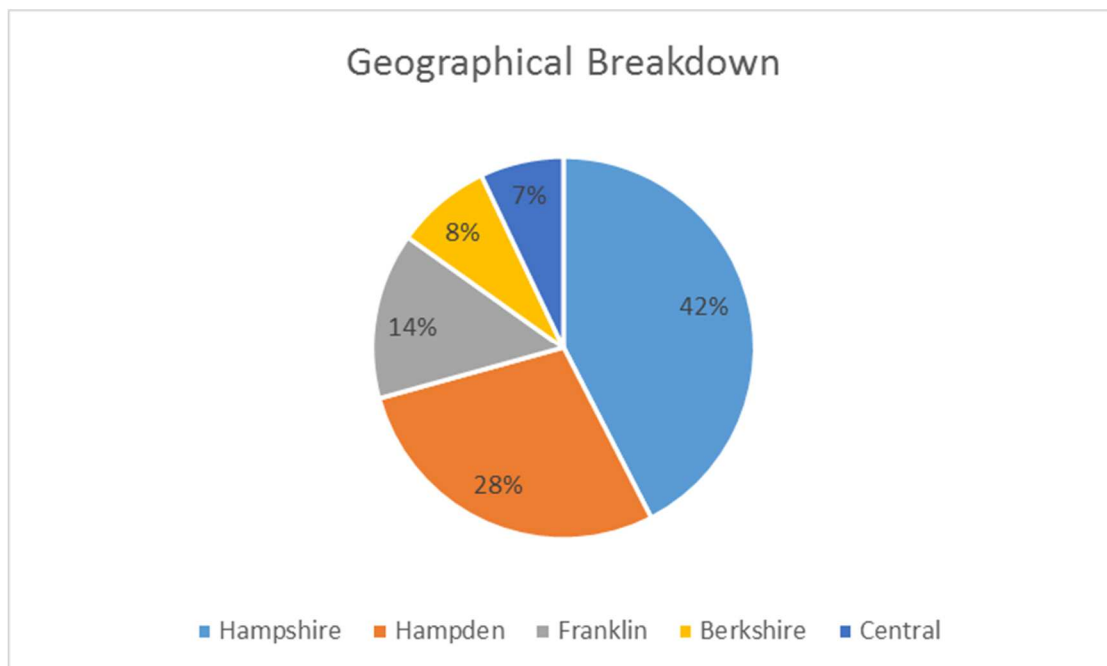
**Age:** Most stays at Afiya (92%) involved people between the ages of 20 and 59. The middle ranges were fairly evenly split, although this was the first year when the most common age ranges were 20’s and 30’s (prior years skewed slightly older, with the most common age ranges in the 30’s and 40’s). However, in total, people’s ages ranged from 18 to over 60.



**Gender:** In Afiya’s first year (and particularly in the first six months), many more people who were female identified came to stay at the house than those who were male identified. However, in subsequent years this has substantially balanced out. In year four, although there were still a substantial number of male identified individuals, there was still a notable leaning (58%) toward female identified individuals, with less than 1% of people not identifying on a gender binary.



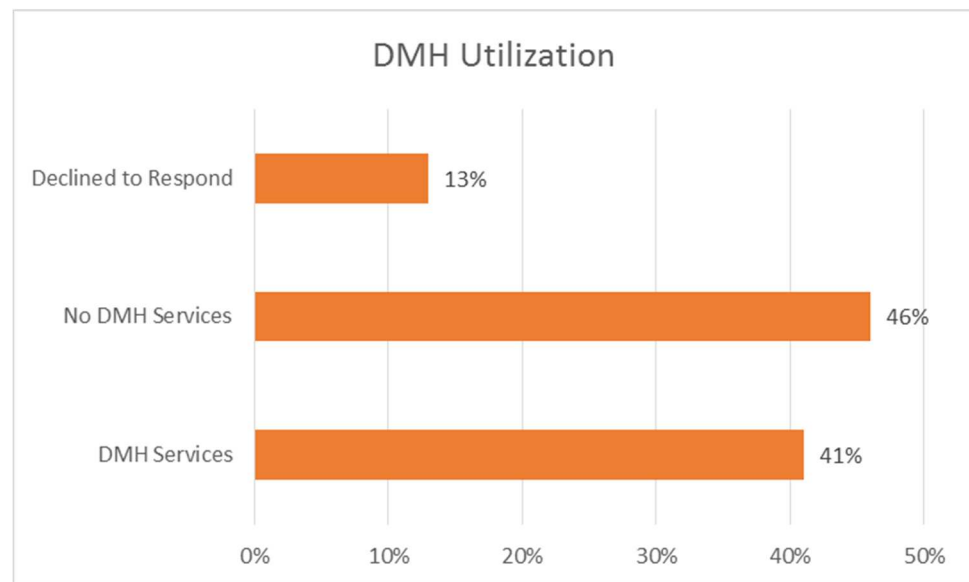
**Geography:** Similar to the prior four years, a majority of people staying at Afiya also lived in Hampshire County (42%). Year five offered approximately the same geographical breakdown as prior years. The Berkshires and Central Mass continued to make least use of Afiya (likely related at least somewhat to distance) with only 7% and 8% of stays (respectively) coming from each of those areas. There was a bit of an increase from priors years of people from Hampden County making use of the space (28%), and Franklin County remained in third place with 14%.



**DMH Services:** When looking at data of who made up the group who stayed at Afiya, (of those who were willing to answer a question about whether or not they receive any DMH services) 41% of stays were occupied by people who reported receiving some other DMH-funded service ranging from Case Management to Clubhouse membership to Community Based Flexible Supports (CBFS). This is a slight increase from previous years. 46% of stays were occupied by people who said that they did not (and 13% of all stays were with people who declined to say one way or the other). This represents an ongoing trend of a closing of the gap, and a move toward serving more people receiving DMH services. The relatively high numbers of people who chose not to disclose likely means the gap is smaller than suggested here. For example, if even half of the people who chose not to disclose actually receive DMH services, that would mean that 47% of stays were occupied by people who use DMH services (approximately half).

**Fidelity to Structure:** As noted in last year's annual report, the overall structure to which we are attempting to maintain fidelity has many components including:

- Being run and facilitated by people who personally identify as having been psychiatrically diagnosed, experienced trauma, hospitalization, etc.
- Being in a completely residential location with no clinical supports
- Not using forced treatment or coercion
- Operating from a values-driven (rather than rules) place with no mandatory bed times, curfews, groups, meetings, and so on
- Approaching each person with genuine curiosity and learning about how they have made meaning of their experiences
- Not inquiring about diagnosis, psychiatric history, medications, etc.
- Not speaking for people, even when other providers call seeking information



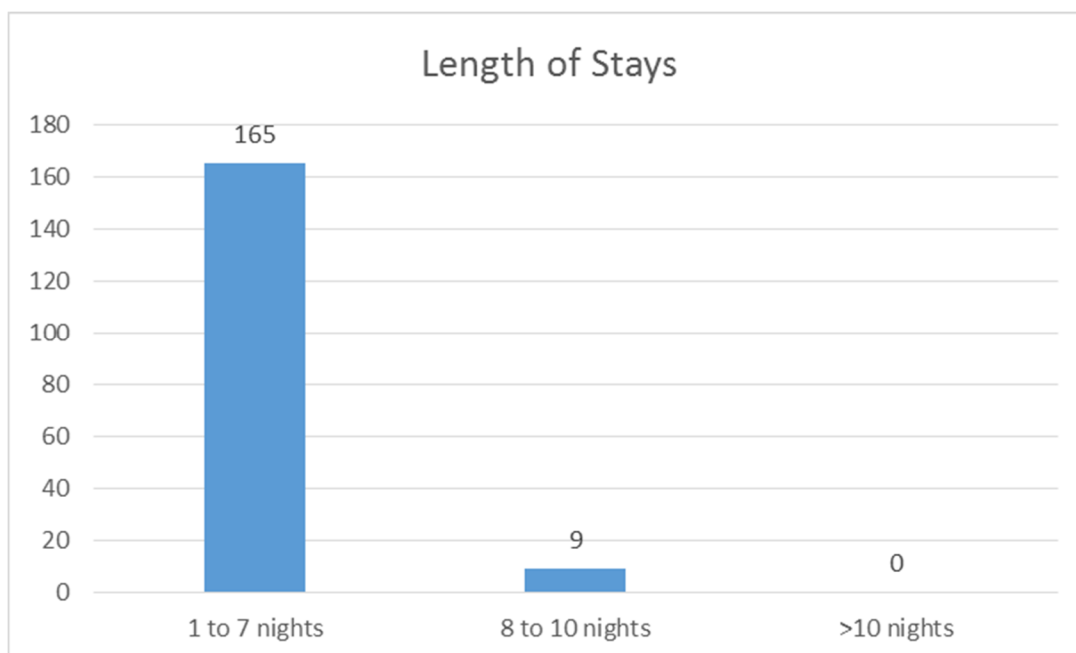
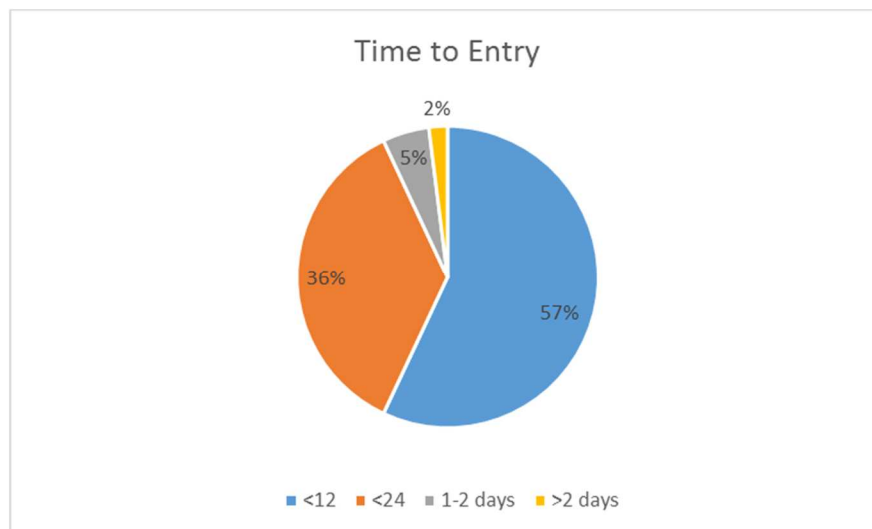
These qualities require ongoing work and attention, but Afiya continues to have great success with them. Afiya continues to hire only individuals who identify as having their own personal experiences and are deeply invested in the values and approach of the respite. While the team has learned and grown in how they talk about the values and hold people accountable to them, they have not drifted or allowed themselves to fall into a rigidity about rules or ways of doing things that would interfere with the overall nature of the house. Although there are still periodic

tensions with clinicians who would like us to give them more information about someone staying at the house (or would like to give us details or case files), the number of people who better understand our approach grows each year.

Another aspect of the Afiya structure to which the team remains attentive is the amount of ‘red tape’ between a person in

distress and entering the house. The vast majority of people (57%) who were a good fit were able to come to stay at the house within 12 hours of being offered a space at the house. Another 36% were able to come into the house in under 24 hours, and only in 7% of instances did it take longer than that. In most situations where it took over 12 hours, the delay was either at the request of the person coming to stay or due to transportation complications involved with getting to the house. (This does not include wait times involved with being on a wait list when the house is full.)

Afiya was also built around a structure that made space for people to come to stay for one to seven nights, and expected them to be accountable for taking part in planning their stay in such a way that they were ready to leave at the end of that time. Of the 174 stays in the past year, 165 (95%) of them ended in seven nights or less. (In fact, there were several more stays shorter than 7 days than in earliest years.) All 9 extensions that occurred were for one to three additional days. No stays extended beyond that point.

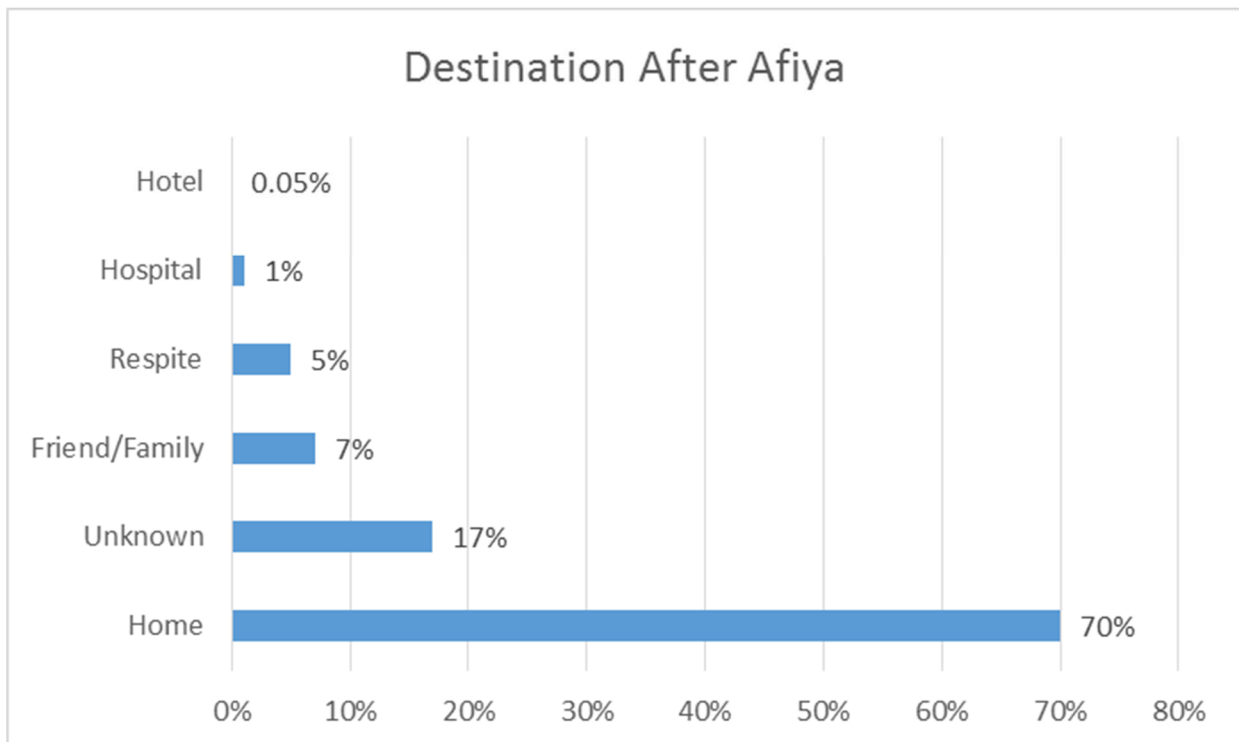


**Outcomes:** Outcomes continue to be tracked in multiple ways. For fiscal year 2017, outcome tracking methods included:

- Data entry in a collective database
- Completion of ‘Hopes for Stay’ forms by people staying at the house
- A voluntary survey at the end of each stay
- A voluntary survey approximately 6 months after a stay

Data collection of basic demographic information and other details (reasons someone doesn’t end up staying, how long between agreement to stay and coming to the house, etc.) are tracked by paid team members and informed either through observation (e.g., amount of time) or questions asked of the individual (gender pronouns, age range, DMH services, etc.). All surveys are completed anonymously and can be entered on-line or on paper.

**Post-Respite Destination:** Where someone goes after they leave Afiya is often (though not always) seen as reflective of how they were impacted by their stay. In the past year, the vast majority of people (70%) who were willing to state where they were headed upon departure returned to their own home. Another 7% went to stay with a friend or family (often due to housing issues). Nine times, people left to a conventional respite (5%), sometimes due to housing issues. On 29 occasions, people left to the community, but not to a specific location (either because they declined to say where they were going, or because they had no specific destination in mind and were living without a home). Two people also left to psychiatric hospitals, and one said they were headed to a hotel.



***Meeting Goals:*** Afiya's make-up is such that there is an intentional avoidance of structured treatment plans or emphasis on setting goals. These are generally seen as interfering in the process of meeting someone where they're at, and really being able to be present with them as they explore how they want to move through their current distress. However, all people who come to stay at Afiya are asked to fill out a very basic 'Hopes for Stay' form soon after they arrive, and some individuals themselves have specific goals they want to work on even beyond that form. On 149 occasions (86%), individuals staying noted that they had met at least one hope for their stay. Of those times when no goal was met, there were commonly other interferences with the persons stay including hospitalization or being asked to leave because they were not able to hold the values of the house.

**Survey Feedback:** As aforementioned, each year, we distribute two surveys. Both are available electronically (through Survey Monkey) and on paper. Also as aforementioned, we now give the first survey to someone at the end of their stay. The follow-up survey is distributed by mailing people who have stayed hardcopies with self-addressed, stamped envelopes, by e-mailing those who have stayed a link to the on-line survey and by posting the survey in our newsletter, and on the RLC and Afiya's Facebook pages.

This has resulted in an increase in the initial satisfaction surveys, but not the later impact surveys. In total, we received 124 responses to the satisfaction surveys, for a response rate of 81%. This is a substantial increase over last year's response rate of 45%. On the other hand, we only received 16 responses to our follow-up (impact) survey for a response rate of 9%, and a substantial decrease from last year's response rate of 21%. According to research, the average response rate for internal surveys is 30 to 40%, while external surveys (those sent out by external bodies or groups) is generally 10 to 15%. Based on those numbers, the satisfaction rate is seen as relatively high. However, the follow up survey rate is quite low at this point and we may need to evaluate how to proceed in future years. Some of this might be attributable to the number of people who do not have permanent addresses who stay at Afiya, and so on. Some upwards and downwards shifts between years should also be expected and seen as a normal variation.

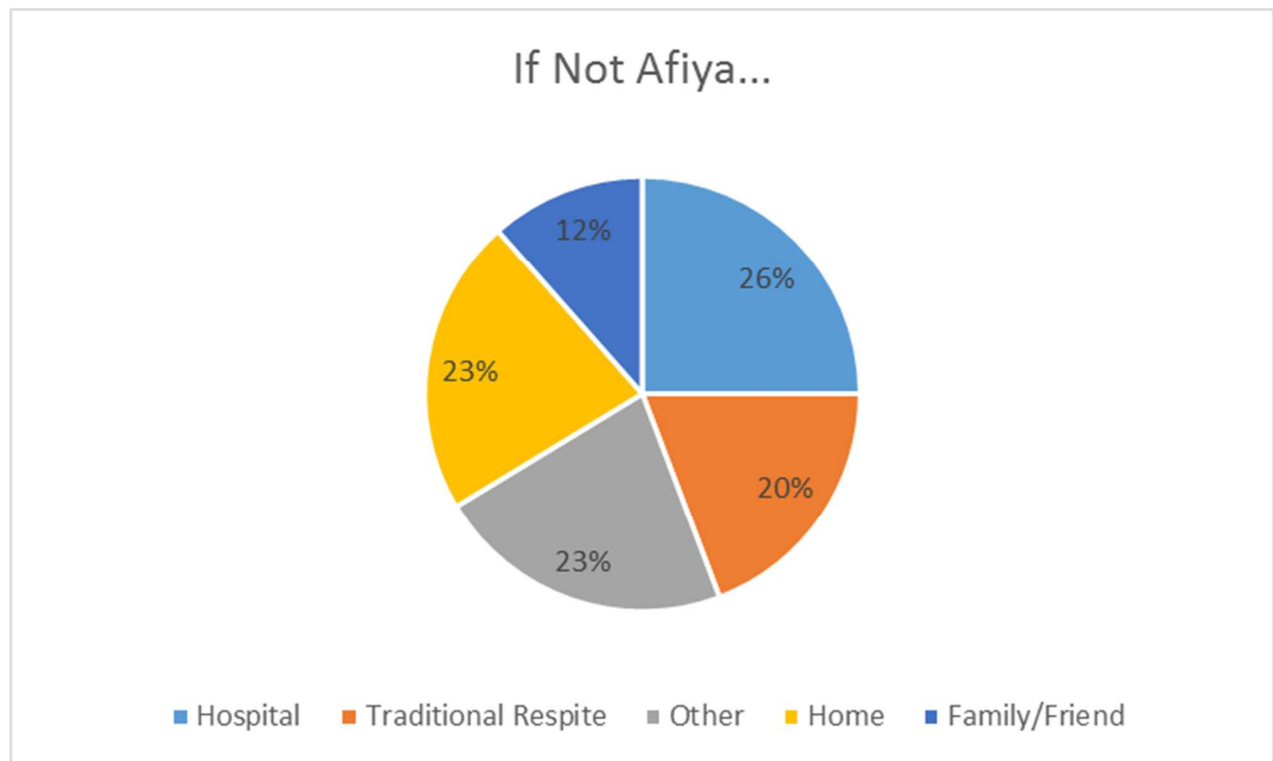
## **Results:**

***Prior Service Usage:*** Of the 124 people who completed the initial survey, 46% reported prior hospitalization, 51% reported prior experience in a traditional crisis respite program, 57% reported using other mental health services and 16% reported not having used any other mental health-related services prior to Afiya. Of those who reported having used other services, therapy and residential program were named, but the majority did not offer details as to what 'other' entailed.]

This data represents a substantial shift from prior years when the rate of previous hospitalizations was much higher (over 70%), as was the use of conventional crisis respites. Also in the past, only three percent of individuals reported not using any services prior to Afiya. One possible reason for the shift is the corresponding shift to younger individuals staying at the house. For example, one hope of the house has always been to support individuals experiencing their first period of deep distress to have somewhere to go that helps them avoid hospitalization or entering the mental health system altogether. Further analysis is needed to in the coming years to assess whether or not this may be part of what is happening.



**If Not Afiya:** The most common response to where someone would have gone if Afiya were not available was to the hospital (26%). Several others (20%) said they would have gone to a clinical respite. Fifteen (12%) said they could have stayed with family or a friend. 28 (23%, much more than we usually see) said they would have stayed home, and another 28 (23%) offered other responses that ranged from “I don’t know” to “get in trouble”.



**A selection of responses to: If Afiya had not been available, what would you have done instead?**

*“Probably would have ended up involuntary at a hospital.”*

*“Gone into crisis and hurt my body.”*

*“Not sure. May have ended up back in the hospital.”*

*“Attempted suicide and been sent to hospital.”*

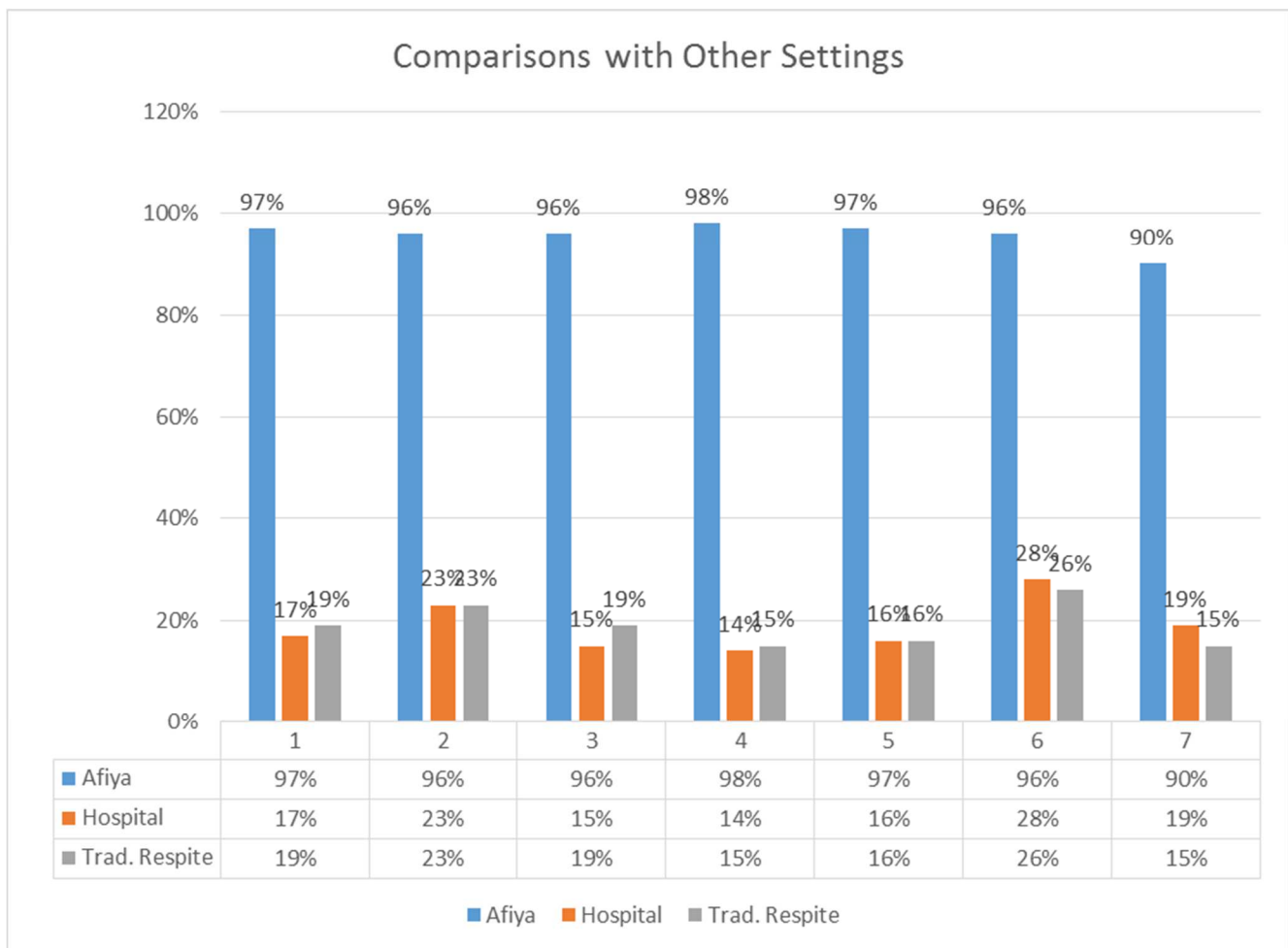
*“Stay in Greenfield, alone--and go through loss-grief in darkness with no connection.”*

*“This is a painful question because I’m afraid of what the answer might have been.”*

**Comparisons with Other Settings:** People responding to the survey were also asked to compare Afiya to other settings; Namely, to hospitals and clinical (traditional) respites. In one section of the survey, they were asked to say in which of the settings (Afiya, Clinical Respite, or hospital) they experienced the following:

1. I felt welcomed when I entered this setting
2. I was given clear explanations and information about the space and supports available.
3. People working there consistently used respectful, recovery-oriented language.
4. People working there treated me non-judgmentally.
5. People working there were genuinely interested in learning more about me and my perspectives, fears, challenges, hopes, wants and dreams.
6. There was opportunity for me to connect with and engage in mutual support with others who were staying in the space, not just those working there.
7. My stay there had a positive impact on my life.

Although nobody scored ‘perfect’, there was a substantial difference in how people reported their experiences between the three settings. In all areas, Afiya scored at least 3 times higher than both hospitals and clinical respites. There was no statistically relevant difference between people’s experiences in hospitals versus traditional respites in these particular areas.

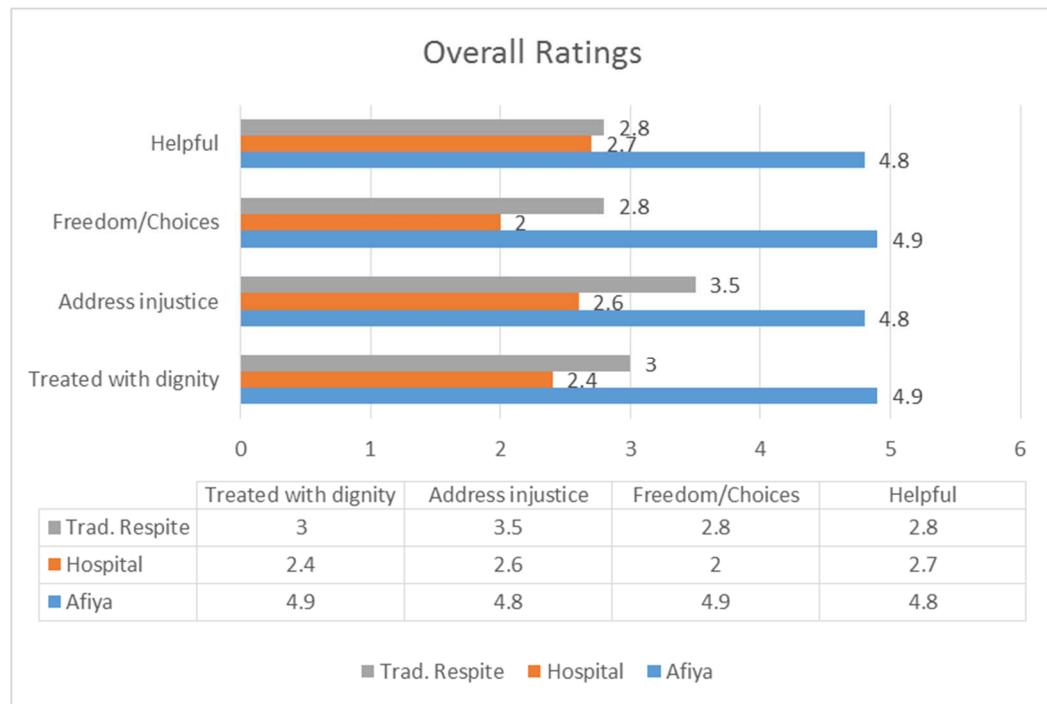


People were also asked to rank the following statements based on how true they were for each environment:

- Overall, I was treated with great dignity and respect in this space.
- Overall, people in this environment seemed aware of, and made an effort to address injustice (such as racism, sexism, homophobia, transphobia, ableism, etc.)
- Overall, I had a lot of freedom to make choices and really be myself.
- Overall, my stay at this location was helpful, and I left feeling better than I arrived.

The question about injustice is new this year, in an attempt to pay greater attention to and center issues of racism, homophobia, and so on. However, most people (around 80%) opted out of answering that particular question, so we may need to keep exploring effective options. Again, no one

scored perfectly, but Afiya continued stand out.



**What helped the most:** Respondents were also asked to name what elements of Afiya were most helpful during their stay. Elements listed included:

- Just being around others
- My connection with someone WORKING at Afiya
- My connection with someone else STAYING at Afiya
- I had privacy
- I felt understood
- I felt heard
- I didn't feel judged
- I learned new tools / coping strategies
- I was able to accomplish specific goals
- I was able to catch up on sleeping / eating /taking care of myself
- I had freedom to stay connected to work / school / friends / etc. while getting extra support

Respondents could check as many elements as applied. The top five results were as follows:

#1: I didn't feel judged

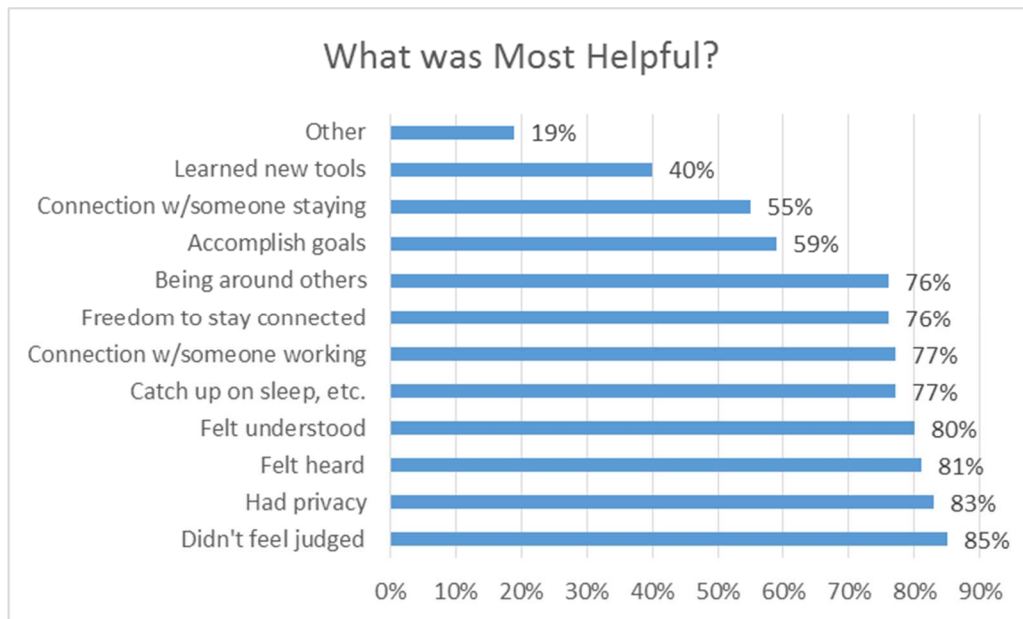
#2: I had privacy

#3: I felt heard

#4: I felt understood

#5: I was able to catch up on sleep/eating/taking care of myself

A few people also wrote in other answers including not feeling pressured, having people who work in the space share their own stories, and having shared meals.



**Would You Return?:** At the end of the first survey, people were also asked specifically whether or not they would again choose Afiya over hospital or other support options. An overwhelming majority (90%) said they would. The remaining 13 individuals said they were unsure. Nobody selected 'no.' When people who checked 'yes' were asked their reasons for this choice, some respondents shared the following:

*"Because I really believe this is the ONLY spot in 2 states (including Alyssum) that could have met my needs."*

*"Afiya has the ability to see beyond. they are not clinical very laid back i would highly recommend Afiya to anyone!!"*

*"It's a safe feeling, peaceful and I was cared about and listened too."*

*"Being able to go throughout my life without feeling significantly disrupted meant that issues that come up in my day to day life that usually accumulate into a crisis could be addressed in a natural, low pressure way."*

*"No one judges me, and people have time to listen. If you need intense support (like talking to someone for hours), I don't know where else you can get that."*

*"Makes me feel human and unafraid."*

**Areas of Change:** In the second survey, people were asked to specifically focus on what areas of their life have changed for the better since their stay at Afiya. The areas of possible change listed on the survey included:

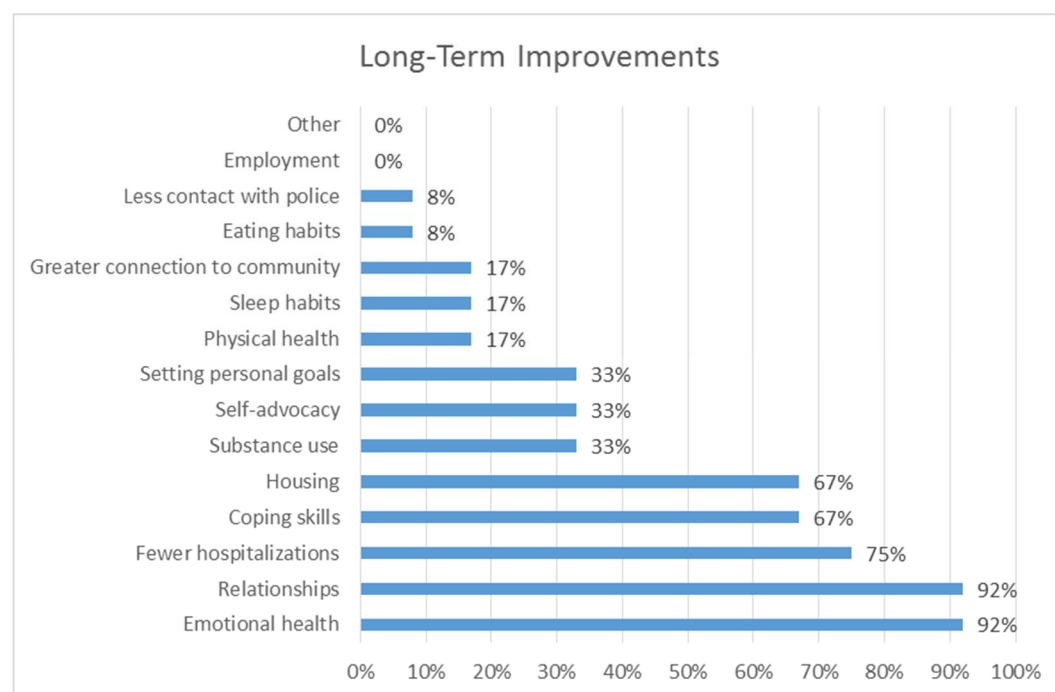
- Housing
- Mental/Emotional/Spiritual Health
- Eating Habits
- Recovery Substance Use
- Physical Health
- Relationships
- Sleep Habits
- Setting Personal Goals
- Coping Skills/Tools
- Self-Advocacy
- Less Contact with Police

Individuals were encouraged to check as many areas as applied. Of the 12 people who answered this question, nobody said there hadn't been any longer-term positive change in their life since their stay at the house.

The top five areas named by respondents were as follows:

- #1: Overall emotional health (92%)
- #2: Relationships (92%)
- #3: Fewer hospitalizations (75%)
- #3: Coping skills (67%)
- #4: Housing (67%)

About a third of people who responded also cited self-advocacy substance use issues, and personal goal setting as areas of improvement following their stay.



The survey also asked respondents to indicate whether or not they thought the positive changes were, in any way, related to their stay at Afiya. 100% of individuals felt there was a connection. Some of their comments included:

*“It helped me get through a really difficult time, and I might not have been able to get through it without the respite. It also gave me a safe place to come to some insights and grapple with my problems.”*

*“Realizing what I really want to do and not do in my life and my worth as human being has improved my relationships with others and with myself.”*

*“Although the longest I ever stayed out of the hospital or traditional crisis was two years prior to going to Afiya (before Afiya I had been hospitalized over forty times [at hospitals in Holyoke, Northampton, Springfield, Boston area, Pittsfield, North Adams, Brattleboro]). It has been more than two years since I've gone to the hospital and I intend to keep adding to that.”*

**Areas for Improvement:** People were also given a chance to say what they didn't like about the house. Those who responded included feedback on the following:

- Wait times to get in the house (due to not enough space)
- Need for more spaces like Afiya
- Noise issues (noise from outside the house, hearing people talking/moving around a lot, etc.)
- More support planning for what to do after someone leaves Afiya

Need for longer stays has also consistently been noted as a want, and this year's surveys presented no exception to that trend. A handful of people also noted that having more female identified employees working in the house, and more people of color, would be helpful.

Several of these points are out of Afiya's control (for example, the noise from outside of the house). The 'wait times' are a major point of frustration for people working in the house, as well, but without access to more bedrooms (which would require another physical site), the team has no obvious options for reducing wait times. This is challenging because having a consistent wait seriously inhibits the house's ability to work effectively as a hospital diversion strategy. Although some people are able to sustain themselves by knowing they're on the wait list to get into Afiya, many others are not able to hold out and end up in emergency rooms, crisis respites, or other more conventional options.

Length of stay is also difficult to address, because the reality is that it would be difficult to add enough time to the stays of those who are wanting more time to make a difference without changing the nature of the house. In all likelihood, what is truly needed are more other alternative programs and supports in the community, rather than changing the basic structure of this one. However, we are actively working on diversifying our team and have made a recent push to prioritize advertising Afiya jobs in different ways in hopes of attracting more non-white employees. The addition of the Afiya bridger in the coming year should also help with the requests for more support in planning for when someone leaves the house.

**Narrative Comments:** Both surveys offered an opportunity at the end to leave narrative comments as desired. Here is some of what was offered:

*“This stay was awesome! There has been a lot going on in my head lately and it was great to have people to talk to whenever I wanted. I felt like part of a community--one where I was an equal member, without having to hide my most intense and formative life experiences. Thanks.”*

*“The first time I came to Afiya I stayed in my room and worked with fabrics. Last time I did computer work. This time I meditated, hiked, journaling, prayed, studied. Every time what I've done when I came has allowed me to leave feeling better than when I came although I didn't do things I would at a hospital no groups, no check-ins, no rules--but I got better. Thank you!”*

*“If I had not found out about Afiya, I would have gone to a hospital or gone home and may have hurt myself. So. Thank you Afiya for letting me stay here and for all your help!! This is truly a great place to stay!! They really do care about you!”*

*“This was the first time I felt supported in crisis without extreme amounts of pressure, which helped ease through process my emotions in a much more natural way.”*

*“Afiya stay was great. I had accomplished something very big while I was here. I got my own apartment due to being free here. I could be myself and I feel so much calmer and rested, less anxious, feel more at peace! thank you all for your help and support.”*

*“I feel that Afiya is a safe place and strongly believe there should be more places like Afiya for people to go to. I believe that if there were more places like Afiya, people wouldn't be so scared to reach out and talk and just finally feel safe being their selves.”*

*“I learned a most important lesson. We all matter we all deserve respect.”*

*“This is my second stay and needed over a month to process the first. I think after this stay I will say that the ideas, experiences, and space to use effect everyday and most situations for a long time after . . . with no negative side effects!”*

*“When I arrived at Afiya I had been unable to sleep or eat for about a week, and I was having constant anxiety attacks at home. I felt hopeless, alone and the worst part was causing family and friends to worry about me and whether I was suicidal (I do have a history of making serious attempts). I could not function on any level. At Afiya, I felt the perfect blend of being surrounded by people but felt no pressure to talk about my problems for anything. But when I did connect with a few peer staffers, I was comfortable enough to discuss some of my problems--again, with no pressure to explain things that were too painful to express. after the first day, I began to sleep a bit more each night and to eat small meals. I was happy I was able to have a visitor come by, and it was great being able to come and go as I wanted, to keep appointments or just walk outside. I actually left two days early--mostly because I felt ready to face reality again, also because I wanted to allow another person in crisis to have my bed, who might have felt as desperate as I did while I was waiting for my bed. My stay at Afiya was a Godsend. I am so grateful to everyone there, and to those who created this amazing option.”*

**Challenges & Lessons Learned:** Year five has continued to bring many challenges and rewards. Although we hear and see for ourselves the great impact staying at Afiya can have on peoples' lives, we are also acutely aware that there are still so many people who get missed.

As noted in the feedback we received on our surveys, it is hard to get into the house. There are nine psychiatric units based in Western Massachusetts with dozens of 'beds' in between them, but only three bedrooms at Afiya (open not only to Western Mass, but also Central). As aforementioned, this makes it extremely difficult to fully realize the space's potential to act as a diversion for those who are trying to avoid more invasive (and costly) measures.

We have also continued to be challenged by the number of people in our community who are struggling with housing, and who are experiencing deep feelings of hopelessness as a result of having nowhere to go. It has been very difficult for us to support people in these places without having the resources necessary to create new housing, or address the broader mental health system's lack of resources.

On a positive note, we have continued to be an active part of the national (and even international) peer respite community, and are frequently told we are seen as a leader in the type of work that we do. In September of 2016, Micah Matthias (Director of Afiya) and Sera Davidow (Director of the Western Mass RLC) presented at the Alternatives Conference in California. This was just one of several presentations locally and nationally throughout the year. Production of a handbook on peer respites was completed and will be available in its fully published form in early 2018.