Respite House Evaluation Report

December 2022

PolicyWise for Children & Families

Acknowledgments

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PROJECT SPONSOR

Centre for Suicide Prevention

ACKNOWLEDGEMENTS

It is with thanks we acknowledge the many individuals and organizations who have contributed their wisdom, experience, and perspectives to this project. This project was built on collaborative learning, and we would like to thank staff from Centre for Suicide Prevention, Respite House, and referral organizations who participated in Respite House activities and planning meetings. We would also like to thank the guests of Respite House who shared their thoughts in interviews and surveys.

SUGGESTED CITATION

Jennifer Medlock, Folakemi Jolaoso, and Becky Taylor (2022). *Respite House Evaluation Report.* Edmonton: PolicyWise for Children & Families.

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Executive Summary

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

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

The evaluation objectives were to:

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

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

The main data sources for the evaluation were:

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

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

Overview of Respite House Implementation

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

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

Respite House Guest Journey

Referral

- ✓ Person in suicidal crisis self-refers or accesses referring organization:

  Alberta Health Services (Community Addictions & Mental Health, Crisis Team, Allied Team), SOS Crisis Line, PACT, Waypoints, Pastew Place
- ✓ Organization refers to Respite House
- ✓ Requests assessed for fit by Respite House manager
- ✓ Can include direct conversation with potential guest
- ✓ If not a good fit, person referred elsewhere

Intake

- ✓ If Respite House is a good fit, and potential guest expresses willingness to stay safe, transportation is arranged
- ✓ If not a good fit,
- ✓ Intake assessment completed as guests are able, including safety planning
- ✓ Guests receives orientation and settles in

Stay

During 3-5 day stay, guests receive:

- ✓ Daily one to one peer support
- ✓ Safety and recovery planning
- ✓ Rest, unstructured time
- ✓ Optional in-house activities
- ✓ Connection to external supports and services

Discharge

- ✓ Guests have improved mindset and functioning
- ✓ Guest has strengthened coping skills and behaviours
- ✓ Discharge plan is in place:
  1. Safety & recovery plans
  2. Connections to clinical and community supports

Post-Stay

- ✓ Respite House staff conduct follow up calls:
  1. Within 24 hours
  2. Within 1 week
  3. More depending on need
- ✓ Ongoing peer support and connections to community resources

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

Formal & Informal Peer Support

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

Safe & Welcoming Environment

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

Connection to Relevant Supports & Services

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

Opportunity to Strengthen Coping Skills

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

Summary of Initial Pilot Outcomes

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

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

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

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

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

Guests co-determined with Respite House staff which supports and services they received during their stays. This approach benefited guests as they had the opportunity to try out different supports to determine best fit. They also had practice taking greater autonomy over their care, but with peer support

available if needed. The most common referrals were for basic needs such as housing and income support. Other referrals included counselling, employment, and addictions treatment.

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

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

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

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

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

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

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

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

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

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

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

Respite House increased guest access to timely and appropriate care:

- ✓ Diverting people in mental health crisis from inappropriate care in the emergency department
- ✓ Connecting people to supports and services only after they had shifted to a calmer mindset
- ✓ Building confidence and skills in people to take charge of their longer-term recovery journey

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

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

Considerations for Scale and Spread of the Respite House Model

Give sufficient time for development and implementation

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

Strong community relationships are essential

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

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

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

Design or plan for waitlists for community supports and services

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

Plan for long-term data collection

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

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Introduction

There is an increasing rate of people presenting with mental health crises at hospitals. Most emergency departments are not well-equipped to care for people experiencing mental health crisis. Emergency department visits are costly and often involve lengthy wait times; patients report a lack of privacy, unsettling surroundings, and feelings of shame and guilt after these visits[1].

The Centre for Suicide Prevention received funding from Alberta Health to develop and pilot a respite centre in Fort McMurray, which operated from March 16th – August 26th, 2022. Respite centres are a community-based alternative to hospital care for people who are in suicidal crisis[2]. Through a warm, home-like environment, guests at respite centres are provided with 24/7 crisis de-escalation and respite services through: peer support, overnight stays in a home-like environment, individual case management, in-house programming, and referrals to community services.

The Centre for Suicide Prevention contracted PolicyWise for Children & Families to conduct an evaluation of the pilot centre, which was named Respite House. The evaluation objectives were to:

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

In this report, we first describe our evaluation approach, which combines elements of developmental evaluation and outcomes harvesting. We then summarize the main findings from the evaluation. This includes a description of the final Respite House model; findings for 10 key pilot outcomes; and considerations for creating similar respite centres in other parts of Alberta.

Evaluation Approach

Our evaluation approach combined elements of developmental evaluation and outcome harvesting.

Developmental evaluation provides an examination of current practices to promote the strengths of an initiative while identifying opportunities for improvement. For the Respite House pilot, a developmental approach supported ongoing learning and decision-making throughout model development and implementation. PolicyWise team members participated in regular pilot project team meetings, conducted bi-weekly or monthly interviews with core project team members, and observed meetings of the project's Advisory Group. Between July 2021 and September 2022, we shared monthly or bi-monthly learning briefs with Centre for Suicide Prevention that summarized key project activities, areas of learning, and considerations for future decision-making.

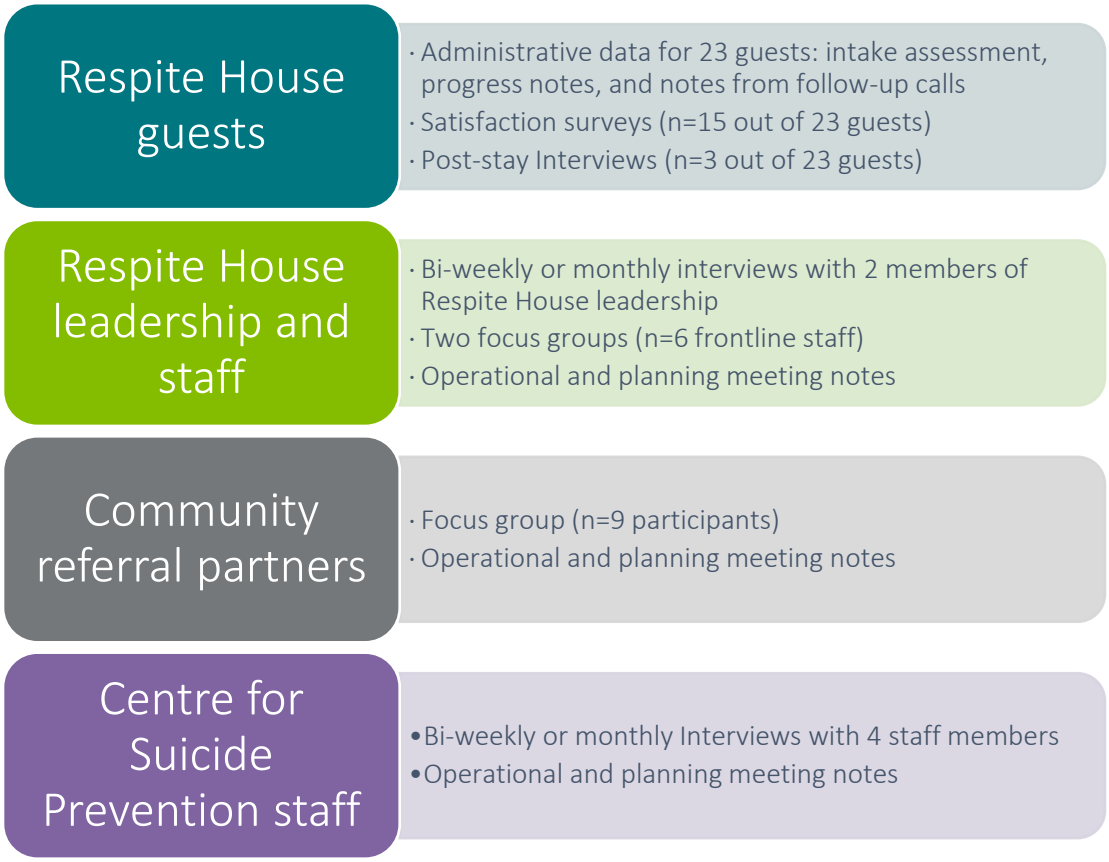
Outcome harvesting is an evaluation approach that pairs well with developmental evaluation. It was well-suited for the Respite House pilot because it allows outcome identification and verification to occur in complex contexts. We were able to explore what changed for the guests, staff, and communities of

[1] Ostrow, L. & B. Croft (2015). Peer Respites: A Research and Practice Agenda. Psychiatric Services; 66:638–640.

[2] Briggs, S., et al. (2007). Maytree: A Respite Center for the Suicidal: An Evaluation. Crisis, 28, 140-147.

Respite House because of its implementation. We developed an initial outcome framework for the Respite House (see Appendix A), guided by project team discussions and information from Centre for Suicide Prevention summarizing interviews and literature on respite centres in other locations. We then proceeded to verify and contextualize these outcomes through data collection and engagement with people holding experiential knowledge of Respite House. These people included 23 Respite House guests, eight Respite House leadership and staff, four Centre for Suicide Prevention staff, and nine staff from community organizations that referred to Respite House.

Data sources for the evaluation organized by stakeholder were:



See Appendix B for more details on our data collection and analysis process. Copies of our data collection tools are in Appendices C to I.

Evaluation limitations

There are three significant limitations to our evaluation findings. First, findings from the pilot cannot be generalized to the larger Fort McMurray community or other locations in Alberta because of the small dataset. In total, 23 guests stayed at Respite House between March 16th and August 26th, 2022. Because of this, findings from our outcome analysis are preliminary and require exploration in diverse settings across a longer timeframe.

Second, we cannot draw conclusions on longer-term, system-level outcomes such as hospital diversion and reduced acute health care costs. This is because guest data collection finished within two weeks of guests checking out of Respite House. Staff reached 12 guests for follow-up phone calls to assess

mindsets and coping abilities post-stay. As well, only three guests completed interviews following their stays at Respite House. More investigation is needed to understand the impacts of Respite House over the longer-term.

Third, we were unable to collect data from caregivers of people who stayed at Respite House. Caregivers include friends and family members who provide support. We developed and distributed a survey but did not receive any responses. This means we are unable to draw conclusions on caregiver outcomes such as a reduced level of stress and increased ability to provide support and care to a loved one in crisis.

Overview of Respite House Pilot Implementation

In this section, we summarize the final operational model for Respite House as implemented in Fort McMurray. We include descriptions of the general approach, expected guest and system outcomes, the guest journey from referral through to post-discharge, and core components that contributed to guest and system outcomes.

General Approach

Respite House provides a community-based alternative to the emergency department that supports adults aged 18+ in suicidal crisis to reduce their mental health distress or need for urgent care related to mental illness. Through short-term stays (3-5 days), guests access 24/7 crisis de-escalation services, respite activities, peer support, and connection to community resources and services.

In contrast with clinical environments, the Respite House peer approach is strengths-based, focused on recovery goals that improve individual coping skills and quality of life rather than illness reduction.

Respite House Guest Cohort

In total, 23 guests stayed at Respite House between March 16th and August 26th, 2022. Below, please find summary demographic information about this group of guests. Table 1 includes more details.

Age: Most Respite House guests were between the ages of 18 and 30 (n=10) or 31-40 (n=7). One guest was just under the minimum expected age of 18 at 17 years and 8 months. This guest was referred because they otherwise would not have had a place to stay overnight.

Gender: Approximately half of Respite House guests were female (n=12). Nine were male and 2 non-binary.

Length of stay: Guest stays ranged from one night to 39 nights, with an average of 9 nights and a median of six. Most often, guests stayed at Respite for 2 nights.

History of suicidal ideation and suicide attempts: At intake, 22 out of 23 guests had been referred to Respite House due to worsening suicidal ideations and each also had a history of experiencing suicidal thoughts. The other guest had experienced suicidal ideation in the past, but not at the time of intake. Only one guest had no history of suicide attempts. Thirteen reported a past suicide attempt, two reported a present suicide attempt, and 7 reported both a past and present suicide attempt.

Table 1: Summary demographics of Respite House guests

Age range (in years)

Age	# of Guests
Under 18	1
18 - 30	10
31 - 40	7
41 -50	4
51 - 60	1
61 - 70	0
Above 70	0
Total	**23**

Gender

Gender	# of Guests
Female	12
Male	9
Non-binary	2
Total	**23**

Length of Stay (number of nights)

Min.	Max.	Median	Mode	Average
1	39	6	2	9.5

Suicidal ideation

Suicidal ideation	# of Guests
Past	1
Present	0
Past and present	22
None	0
Total	**23**

Suicide attempt(s)

Suicide attempt(s)	# of Guests
Past	13
Present	2
Past and present	7
None	1
Total	**23**

Expected Outcomes

The Respite House model describes outcomes for guests, their caregivers, and for the broader system of clinical and community care. See Table 2 for a list of outcomes. See Appendix A for more details on these outcomes, along with example indicators and measures. In the next section of the report, we summarize findings related to the expected guest and system outcomes.

As noted above, we were unsuccessful in engaging caregivers to participate in the evaluation so do not have caregiver outcomes to report on.

Table 2: Expected Outcomes of the Respite House pilot project

Guest Outcomes	Caregiver Outcomes	System Outcomes
· De-escalation of mental health crisis · Feeling safe and supported at Respite House · More psychologically stable at time of checkout: reduced emotional distress and suicidality; increased feelings of hope, sense of connection, autonomy, confidence, and sense of control of their lives · Reduced reliance on emergency department or hospital in-patient services · Increased engagement with appropriate community and mental health supports	· Reduced stress and burden on caregivers · Increased social connection · Increased feelings of hope · Increased knowledge and confidence related to caregiving · Increased ability to manage crisis and provide care	· Increased coordination and collaboration between Respite House, health service providers, and community agencies · Increased access to timely and appropriate care · Increased awareness and appreciation for peer support models
Longer-term Outcomes (outside scope of study)		
· Reduced emergency department visits and hospital admissions · Reduced acute health care costs · Improved mental health care for people experiencing mental health crises		

Guest Journey

Figure 1 describes details of the overarching guest journey through Respite House. There are five main stages: Referral, Intake, Stay at Respite House, At Discharge, and Post-Stay.

Figure 1: Description of guest journey through Respite House

Core Components

Evaluation of the Respite House pilot development and implementation identified four core components that contributed to individual and system outcomes (see Figure 2). We summarize each component next. In the subsequent section, which summarizes findings for 10 pilot outcomes, we show how these components supported outcome achievement.

Figure 2: Core Components of the Respite House model

Formal & Informal Peer Support

Peer support[3] was the foundation of Respite House approach. Peer support is a supportive relationship between two people who share a common lived experience, in this case experiencing suicidal crisis. Peer support workers provide emotional and social support to others, inspiring hope by demonstrating the possibility of recovery. Peer support is considered to have value on its own and as a complement to clinical care.

Staff at Respite House acted as peer support workers for guests. Guests also provided peer support to each other. During the pilot project, peer support relationships were based on mutual respect,

[3] For an overview, see Mental Health Commission (2021). Guidelines for the Practice and Training of Peer Support Workers: Retrieved from https://www.mentalhealthcommission.ca/wp-content/uploads/2021/09/Guidelines-for-the-Practice-and-Training-of-Peer-Support.pdf

authenticity, shared understanding, and lack of judgement. Staff also emphasized self-determination, meaning guests made choices about which activities and supports they participated in.

The peer support process at Respite House had structured and unstructured elements. Structured elements included staff supporting guests to create a safety and recovery plans and scheduling daily one-to-one peer conversations for with each guest.

Unstructured elements included ad hoc peer interactions between staff and guests as well as between guests themselves. These could take place at any time of day across a variety of settings and be one-to-one or group conversations.

> *"It's just authenticity, just having genuine conversations. It's not about thinking about the right things to say or the wrong things to say, it's just about having genuine conversation with people. Like we're people too, we're going to say the wrong things, we're going to make mistakes, and we do our best to correct them when we do, but we're people, like we're humans, we're not degrees or anything different than they are."*
>
> —Respite House staff member

Almost all Respite House staff had completed peer support training before being hired and recommended it be a pre-requisite for future hires. To further support their interactions with guests, some or all Respite House staff received training on supporting people with chronic suicidality; creating safety plans (through a portion of the Skills for Safer Living program); crisis de-escalation; psycho-education topics such as depression, anxiety, and grief; and trauma-informed care.

Safe & Welcoming Environment

In contrast to many clinical environments, the Respite House was designed to be a safe, welcoming environment that felt like home. Respite House was a 6-bed facility where guests stayed in private or double occupancy rooms. Guests described their rooms as having "comfy beds" and being "nicer than my room at home". They were provided healthy meals and snacks as needed. They could come and go as they pleased, and some worked part-time jobs or went to school during their stays. In the physical environment, there was comfortable furniture, arts and craft supplies, television and video games, and puzzles.

Upon arrival, guests were most often emotionally escalated. The intake process was designed to support de-escalation and make guests feel safe. Guests described it as straightforward, relaxed, comfortable, and accommodating, with one saying that staff took into consideration how overwhelmed they were feeling.

> *"[The staff] took the time to talk to me, to get to know me, really figure out what and where my head was. And based on their experiences, they just talked to me, they talked to me like I was a person. Right. And that's something that I find you don't get that much in mental health, is a lot of the therapists and counselors and social workers, they don't talk to you like a person."*
>
> —Respite House guest

The intake process was guest-led and flexible. This meant guests could choose to de-escalate, rest, and/or access peer support while going through the administrative intake process.

During this time, staff also took any medications or drugs guests had and stored them in a locker. Guests accessed their medications when they need them, in the presence of Respite House staff. Bag searches were also completed. Items that guests thought they could use to self-harm were also stored in the locker.

Connection to Relevant Supports & Services

Along with peer support, a key aspect of the Respite House approach was to connect guests to relevant supports and services for their recovery. These supports and services could be in-house at Respite House or externally through community organizations. In-house, guests were required to participate in structured care planning and daily 1-1 peer conversations with staff. All other supports and services were at the guests' discretion.

Care planning involved completing a recovery planning booklet with support from Respite House staff. The booklet was a guide for developing a safety plan and a recovery plan. In a safety plan, guests identify:

- Personal warning signs of suicidal crisis
- Personal reasons for living
- Coping strategies to use if experiencing suicidal thoughts
- People they know who can offer support (friends, family, professional supports)

> *"I was involved in every part of it. And, like, supported as well, during it. I've done recovery planning and aftercare planning before where I've just been given a piece of paper and been like, here, do your planning. But in the recovery house, they sat with me and we did it together. And just, like, was supported through the whole process, which was really nice."*
>
> —Respite House guest

Guests used safety plans at Respite House and post-discharge. In recovery planning, guests identified positive goals to work towards to improve their quality of life. They thought through what successful recovery looks like for them, identified their personal strengths and resources, and articulated needs and goals moving forward.

Guests had autonomy over the other kinds of supports and services they receive at Respite House. In-house supports and activities at Respite House fell into four categories: rest and relaxation, recreation, skill-building, and building connections. See Table 5 in the next section on outcomes for specific examples in each category. Respite House staff also work closely with guests to identify external community resources that can support their safety and recovery goals. Referrals were made for a variety of reasons: basic needs, coping skill-building, counseling and mental health support, addictions treatment, employment and training, and support groups. Table 4 in the next section for examples from each type of referral.

Opportunity to Strengthen Coping Skills

The Respite House approach empowered guests to practice new and existing coping skills and behaviours in a peer-supported environment that approximates real life. This took many forms, such as staff accompanying guests to an appointment (to get them comfortable enough to do it on their own next time), gently reminding guests of newly learned skills when they are experiencing conflict with a family member or friend, and coaching and sitting beside guests when they reach out to new community resources.

> *"Because you can't life in a hospital bed, and you can't life just out of a room. It's how are you going to continue doing life outside of respite or the hospital, because that's reality. And, you know, we're not going to be there every step of the way to hold your hand. But we can, you know, approach these things in a better way, like with support, with you, I guess."*
>
> —Respite House staff member

Guests and Respite House staff then assessed how well different coping mechanisms worked and what could be done differently next time. This approach helped guests build confidence in being able to manage similar situations once they were no longer staying at Respite House.

Key Respite House Pilot Outcomes

In this section, we review seven guest and three system outcomes from the Respite House pilot:

Guest Outcomes	1. Guests' suicidal crises were de-escalated through the intake process. 2. Guests felt safe and supported while staying at Respite House. 3. Guests received individualized, flexible services from Respite House. 4. Guests learned, practiced, and strengthened positive coping skills and behaviours while staying at Respite House. 5. Guests felt more psychologically stable at time of checkout from Respite House. 6. Guests had reduced reliance on emergency department or hospital in-patient admission after staying at Respite House. 7. Guests were more equipped to manage suicidal crisis after staying at Respite House.
System Outcomes	8. Community agencies, health service providers, and Respite House created new forms of coordination and collaboration. 9. Respite House increased guests' access to timely and appropriate care. 10. Respite House implementation enhanced community awareness and appreciation of peer support models for managing suicidal crisis.

Guest Outcomes

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

A critical aspect of the Respite House model was creating a safe, welcoming environment that supports guests in mental health crisis to de-escalate. **Guests reported that the intake process helped them calm down and feel comforted.** This was documented in guests' progress notes, staff focus groups, and guest interviews and surveys. One guest interviewee **attributed feeling calmer to the peer support approach and the general environment:**

> *Being greeted by people who'd been through similar situations was really comforting. It helped me to calm down and feel more welcomed. It was, like the intake process was really nice and really warm. The Respite House itself was really clean and really nice. And just really a calming environment, to able to be around people that that have been in similar situations, I guess that's kind of like it was that level of understanding was unparalleled.*

Another guest referred to the **flexibility of the intake process to accommodate guest mindsets and needs** as a contributing factor. While going through the administrative process, guests were provided with the opportunity to de-escalate, rest, and access peer support:

> *Even though I was pretty overwhelmed in the moment, they kind of took that into consideration and things that we didn't have to work on at that exact moment, we worked on when I was in a bit better of a mental state to, to work on it…it was just if you can handle it, great. If you can't, let us know, and we'll work with that.*

Staff attributed success in de-escalation to their **focus on trust, safety, and relationship building from first contact with a guest.** This began before guests arrived on site. Staff talked directly to potential guests before arrival at Respite House. This helped ease guests' fears and increase the likelihood they would show up at Respite House:

> *[We gave] them a little bit of an idea of what they were going to be coming into, to ease that trepidation that some folks had, like this was an unknown space for a lot of people. So that's what we heard is like, what's the expectation? What's going to be down there? So that was really great to get on the phone with them… allowing kind of those intimate conversations to take place was quite critical to the success of actually getting people down to respite.*

Once guests arrived at Respite House, staff described focusing on providing a "warm welcome" as part of the trust-building process and to show guests they "are in a safe environment". This included having guests fill out a de-escalation form so staff would better know how to help guests when they were in an escalated situation.

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

Overall, guests described the Respite House as a safe, comfortable, and welcoming environment. Table 3 shows results from guest survey questions related to feeling safe, welcomed, and supported. Guests responded to each survey statement by ranking on a scale of 1 to 5 where 1=strongly disagree,

2=disagree, 3=neutral, 4=agree, and 5=strongly agree. The average responses for statements in Table 3 ranged between 4.4 and 5.0, with 5 being the most common response for all statements.

Table 3: Guest survey results related to feeling safe, welcomed, and supported

Guest Survey Question	Ratings			
	Min	Max	Average	Mode
I felt safe and secure at the Respite House.	4	5	4.9	5
I felt welcome at the Respite House.	4	5	4.9	5
The staff was supportive.	4	5	4.9	5
The staff was approachable.	4	5	4.9	5
I was treated with respect by staff.	5	5	5.0	5
I was able to talk to staff when I needed to.	4	5	4.7	5
The staff cared about my situation.	5	5	5.0	5
I felt free to express myself.	3	5	4.8	5
If I had a complaint, it was handled well.	3	5	4.4	5
I was treated with respect by other guests.	3	5	4.9	5

Guests talked about feeling safe and supported in the context of the physical environment, interactions with staff, and interactions with other guests.

PHYSICAL ENVIRONMENT

Attributes of the physical environment of Respite House that made guests feel safe and supported include:

- The 'homey' nature of the space (television, games, art supplies)
- Potential triggers related to suicide attempts removed, for example prescription medications and other drugs
- Guest ability to come and go as needed

STAFF-GUEST INTERACTIONS

Respite House staff created an environment that was non-judgemental and destigmatizing. As shown in Table 3, all survey respondents agreed (4) or strongly agreed (5) with the following statements: "*I was treated with respect by staff*"; "*The staff cared about my situation*"; "*The staff was supportive*" and "*The staff was approachable".*

In the open-ended comment section of the survey, guests shared that **staff made them feel like they weren't alone in suffering from mental health concerns, that being able to relate to the peer staff was "essential in beginning my healing",** and that peers shared information about their mental health issues "in a positive way." A guest interviewee described how relatability and peer authenticity helped them feel supported:

> *I don't know if I'd be here right now if it wasn't for the respite house, and just that level of understanding, and being able to have that level of choice, that level of support to*

> *know, like that the person that you're talking to has actually experienced that same, like worthlessness or just not, you know, low self esteem and all of that, and be able to authentically talk, you know, talk about yourself to somebody and have them authentically understand and relate to you. It's just, you can't make that up. And you can't fake that understanding. Right. It was a really big game changer for me.*

Similarly, staff described how guests' level of fear decreased during their stays as they moved through peer support interactions, with one saying:

> *They tell you, oh, when I came in here, I was at that level [of escalation]. And then so where are you now, then they say after the talk we had, after this, after the walk, and after about a day or two, I'm at this level, and you kind of follow and see that it's going towards recovery…And when they are free to come and ask you questions, and you answer them, you actually can observe that they have no fear in them. And that makes you happy as well, that they are not afraid of you.*

Other actions that helped guests feel safe and supported include staff referring to guests' de-escalation forms when guests were in a heightened emotional state and staff using preferred pronouns for transgender guests.

GUEST-GUEST INTERACTIONS

Respite House created a safe environment for guests to connect with each other. Guest survey findings showed guests in strong agreement (average of 4.9) with the statement "I was treated with respect by other guests". One likened their experience being with other guests as "very comfortable" and "like a family". They liked knowing there was somebody to talk to, and that it was more relaxed as compared to being "on edge like you're sitting a therapist's office."

Respite House staff were intentional in creating a safe environment for guests to engage with each other. They supported guests to build "mutual understanding" and "mutual respect" and share experiences with each other "in a way that they feel safe doing it". In some cases, staff said, hearing a guest share their experiences would enable another to feel "free and willing to do the same". Staff also described creating a safe space as enabling guests' creative expressions:

> *And it tends to come out a lot here through painting, through yeah, like music and all sorts of different ways, crafts and costumes and you know, we've seen it all, it's, but it's cool because, you know, everybody is so unique. And they're able to feel safe and be able to express themselves and feel safe in this space to do that.*

Creating a safe and welcoming environment required ongoing attention from staff, especially when a guest became escalated in the vicinity of other guests. Staff reported this to be a rare occurrence— "I can only think of it happening like once or twice"—and responded by having the escalated guest go to a quiet area for a private, peer conversation.

One guest interviewee described their experience when another guest became escalated after a phone call as "triggering" but "handled well" by staff. After calming down, the other guest apologized and explained the source of the escalation. The interviewee said it was a difficult conversation to have but "even that part of it was positive" because they successfully managed a challenging situation.

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

Guests received individualized and flexible supports and services throughout their stays at Respite House. Each guest led the process of developing their own recovery goals, with ongoing support from peer workers. For example, on the guest satisfaction survey, when asked to rate the statement *"I participated in the planning of my care"* on a scale of 1 to 5, the average of responses was 4.8, with all respondents choosing either 4 (agree) or 5 (strongly agree). Guests and staff described this co-development approach as supporting their recovery journeys in multiple ways.

1) The guest-led, peer-supported process provided scaffolding for guests to learn how to identify and meet their unique needs.
   Through the Respite House model, staff and guests worked together on each step of creating a recovery plan. Taking the first step in recovery planning can be a barrier for people when managing mental health crises. Guest interviewees described the Respite House approach as helping to get past that barrier and something that had been missing in other mental health support settings:

   > *That's the hardest part is just getting the process started right. It's, yeah, it's totally recovery based. And that's, that's what we need instead of the hospital hand ya a piece of paper saying you can go here and see an Alberta Health Therapist, and, you know, best of luck to you kind of thing, right.*

   Beyond removing barriers, Respite House staff emphasized the learning aspect of co-developing recovery plans:

   > *It's not just us saying, Oh, you need to do this, this, this, and this. People are actually working with us, like they're, they're part of their care plan. You know what I mean? They're working with us, we're not doing it for them. So, there's learning there as well. Not just you need to go do these 10 things, and life's gonna be great.*

2) The co-development approach gave guests more autonomy and control of their care, as well as practice in identifying and trying out different kinds of services and care. Peer support workers helped identify a range of supports and services that may apply to a guest's particular situation. They talked through these options with guests. Guests then made the final decision about which to pursue. A guest interviewee described it this way: "There's individualized things that you could do…because you have choice of where you kind of want your programming and your needs met. And you can choose what you need and, you know, what you don't need."

Respite House staff took a similar view, describing the freedom guests have in trying out different kinds of supports this way:

> *We give them recommendations all the time and try to set that up. But they have the freedom to go and try something out. Or we, if we are flexible, we can go with them to try something out, that's going to work for them, instead of being stuck in a bed somewhere.*

Table 4 lists the kinds of referrals that Respite House guests chose during their stays. The most common referrals were for basic needs such as housing and income support.

Table 4: Referrals made by Respite House staff

Referrals from Respite House to external resources and services	
BASIC NEEDS · Alberta Works · Legal Aid · Food Bank · Housing (Support Through Housing Team, The Compass) · Salvation Army **SKILL-BUILDING** · DBT Skills group · Canadian Mental Health Association – Recovery College **COUNSELLING AND MENTAL HEALTH SUPPORT** · Waypoints for trauma counselling · Therapists/counsellors (AHS, SOS) · Referral for psychiatrist (through family doctor) · Northern Lights Regional Hospital	**ADDICTIONS TREATMENT** · Wood Buffalo Wellness Society (Mark Amy Treatment Centre) · Pastew Place · AHS day treatment for Addictions **EMPLOYMENT AND TRAINING** · YMCA Bridging the Gap · Applying for Alberta Learner Income Support **SUPPORT GROUPS** · PTSD Support Group · Online codependency group **OTHER** · Nistawayou Friendship Centre · Youth Hub · CMHA Consumer Advocate and Caregiver Connections program

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

The peer support approach created a safe environment for guests to learn about and practice new and existing coping skills and behaviours in 'real life' scenarios. Guest satisfaction survey results showed an average of 4.7 out of 5 (where 5=strongly agree) for responses to the statement "*I was able to identify new strategies for coping*", 4.5 for "*I have better understanding of my warning signs or reactions*" and 4.3 for "*I have a better understanding of my needs".*

Guests developed skills and behaviours in four main categories: rest and relaxation, recreation activities, skill-building for de-escalation and calming, and building connections. See Table 5 for examples from each category that were found in progress notes and guest interviews. All guests participated in developing safety plans and recovery plans. Doing this helped guests 1) Determine healthy ways to manage when in mental health crisis; and 2) Set recovery goals to improve their mental state overall.

Guests also highlighted the supported environment in helping to develop new skills, with one commenting on the guest satisfaction survey: "The Respite Centre gave me a calm and controlled environment to process my emotions and learn how to navigate them without exploding." Peer support conversations helped guests to reframe situations more positively and brainstorm other ways to react.

Guests also participated in developing and practicing positive coping skills and behaviours with other guests while at Respite House. For example, guests contributed to a list of coping techniques posted in

the common area. It was added to on a regular basis. Guests often used rest or therapeutic behaviours in connection with other guests, for example playing video games or going for walks.

Guest-guest interactions could also be challenging. Progress notes show examples of one guest repeatedly encouraging others to drink, smoke, or use other substances. Respite House staff encouraged other guests to remain firm in their decisions not to participate and in shift changes highlighted the need to keep a close eye on the situation. Some guests were offered drugs while on walks or otherwise away from Respite House. Staff responded similarly to the above situation between guests.

Table 5: In-house supports and activities offered by Respite House

In-house supports and activities offered at Respite House	
Rest and relaxation	**Recreation activities**

· Sleeping
· Taking a bath
· Watching TV and movies
· Playing video games
· Puzzles
· Shopping
· Writing in a diary
	· Physical activity
	  · Passes to the rec centre
	  · Walks around the lake
	· Creative pursuits
	  · Painting rocks
	  · Origami

Skill-building	**Building Connections**

· Safety and recovery planning
· De-escalation or calming techniques
  · Mindfulness techniques
  · Grounding exercises
  · Emotional regulation
· Continuing to participate in clinical services such as counselling
	· Talking with Respite House staff
	· Talking with other guests
	· Continuing or beginning to participate in external community support groups (e.g., Alcoholics Anonymous, Women's Wellness)

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

Analysis and synthesis across data sources show that **upon checkout from Respite House, most guests were no longer at a heightened suicide crisis state.** They expressed feeling more hopeful, confident, and in control while still carrying some feelings of anxiety and fear about leaving Respite House. Table 6 outlines responses from related guest satisfaction survey questions.

As in previous outcomes, peer support was identified as a contributing factor to feeling more psychologically stable. Guests mentioned peer support during their stay at Respite House and the peer support they received after they checked out of Respite House.

Table 6: Survey questions related to feeling more psychologically stable

Guest Survey Question	Ratings			
	Min	Max	Average	Mode
INCREASED HOPE				
I feel hopeful about my future.	2[4]	5	4.0	5
I feel hopeful about my recovery.	2	5	4.1	5
I can identify reasons for living.	3	5	4.5	5
INCREASED SENSE OF CONTROL AND STABILITY				
I feel more in control of my recovery journey.	3	5	4.3	4
I know who to contact if I feel I need support.	4	5	4.6	5
I have a better understanding of my warning signs or reactions.	3	5	4.5	5
INCREASED CONFIDENCE				
I feel comfortable with my discharge and follow-up plan.	3	5	4.6	5
I feel confident with my safety plan.	4	5	4.9	5

In Table 7, we present examples from guests and staff members, in their own words, to demonstrate the following aspects of feeling psychologically stable: increased hope, increased sense of control and stability, increased level of confidence, increased connectedness and increased knowledge.

Table 7: Example quotes for indicators of guests feeling psychologically stable upon leaving Respite House

INCREASED HOPE Guests gained hope that they aren't stuck in their current circumstances and that change is possible.	*I feel more stable and much more hopeful knowing the support doesn't stop when I check out. –Respite House guest* *I've seen a lot of guests come in, and they, they just have no hope. And they, you can just see the despair in their face. Like they just, you know, they're, they're at a really hard place in their life. But when they leave, it's like, this weight has been lifted off their shoulders, and it's like, okay, you know, this isn't going to be easy, but I can do this. –Respite House staff member* *Hope that, you know, like being able to see us as peers and knowing that at one point in our lives, we maybe weren't where we are now and that we're able to get here…I think just seeing a little bit of hope and seeing that I'm not stuck here, that I can move from this place, I can get out of where I'm at right now. –Respite House staff member*

[4] One guest left Respite House still feeling suicidal thoughts – they were discharged in order to check into the hospital. This guest provided the only '2' responses in the table. All other guests responded with a '3' or higher.

INCREASED SENSE OF CONTROL AND STABILITY Guests gained independence and feel in control of setting and achieving goals, for example going back to work	*I'm at the point now where I'm actually ready to go back to work. And I'm able to go back to work. I'm in the right headspace to do it. –Respite House guest* *I'll just say just seeing an individual progress. like they come in, they are very tired, they are scared. They want to hold your hand to even go outside, everywhere, they don't want to be alone, then you see them blossom to be independent and say bye I'm going out by themselves…So you see they are independent again, they want to leave. They're looking forward. They're setting up their goals. –Respite House staff member*
INCREASED LEVEL OF CONFIDENCE Guests gained confidence in their ability to manage tough situations and a sense of moving forward in their recovery journey.	*Although I know I still have a long way to go, I feel better knowing I am much better equipped with coping skills than I was upon my arrival. I also learned its okay to let others know when I'm experiencing issues/ problems, this helped with my panic and constant anxiety while here. I hope to be able to experience it in the real world. –Respite House guest* *And they're able to deescalate themselves, they're able to manage their thoughts with much less support and reaching out. From deflated to self confident beings with self worth. They feel less alone, despite how different each guest is, they seem to connect easily with each other. –Respite House staff member*
INCREASED CONNECTEDNESS Guests established new connections for support while staying at Respite House.	*After staying at the Respite Centre, I am leaving with a sense of purpose in my life. The staff went above and beyond my expectations of what I needed. The staff made me feel that I wasn't alone suffering from my mental health. I could count on them 24/7 to be there for me when I needed someone to talk to. I'll forever be grateful that this place came into my [life] at the perfect time. I don't know where I would be if I didn't come. –Guest survey response* *And the idea that when you have done the discharge process, and they are in their homes or in their communities, they always text back to say, Oh, this is what has happened, which means they have established connections, they have established relationships with the center. And they feel like if they are not safe, it is the place they can call to, they can reach out to, in order to get more help. – Respite House staff member*
INCREASED KNOWLEDGE Guests learned about their mental health and typical behaviours, as well as better ways to cope.	*"I am feeling better than the day I came into Respite House. I feel like I have a better understanding of why I was sad and why I was 'using.' I feel I can cope better." –Respite House guest* *I feel more stable and more [relieved]/reassured because during my time here I [learned] a lot about my diagnosis from people with similar diagnosis. I had choice, programing, peer support. It [has] been such a positive experience and the supports in terms of housing, which I'm in the process of doing. I'm going from here to treatment to further my journey. –Respite House guest*

LINGERING ANXIETY AND FEAR

Some guests expressed negative or mixed emotions on the day they left Respite House. For example, when asked on the satisfaction survey 'Now that your stay is ending, how are you feeling?" one guest wrote they are "confident, yet nervous and excited to go back into my life...I do feel a little anxious and nervous. But I will just journal or call a friend or something." Another similarly mentioned a negative feeling and also how they would respond. They said they were "apprehensive about leaving" but "have resources to help in case of a crisis."

Only one guest mentioned having "suicidal thoughts" upon discharge from Respite House. However, this guest was being discharged with plans to go to the hospital. This was considered in their best interest as they continued to experience heightened suicidality over their stay and had a high level of anxiety about leaving Respite House. They were also engaging in risky behaviours (eating wild berries that might be poisonous, touching sharp objects).

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

Information on guest experiences post-stay at Respite House came through staff notes on follow-up phone calls made within a week of discharge, interviews with three former guests, and focus groups and interviews with Respite House staff. Because of this, we are only able to report on short-term outcomes related to emergency department visits and ongoing ability to manage suicidal crisis or distress.

During guest interviews and follow-up calls, **guests of Respite House reported avoiding the emergency room in the week following their stays**[5], with two exceptions. One guest was discharged from Respite House to go to the hospital (as described in Outcome #5). In an interview, a second guest spoke of going to the hospital following their Respite House stay when feeling distressed. They chose to do that because Respite House had a COVID-19 outbreak and staff "would have had to talk to them through a door." However, two staff were able to meet the guest at the hospital post-shift and "by the time the social worker or mental health worker came down to see me, I was de-escalated." The guest was deemed safe to go home by hospital staff and did not need to be admitted.

In the Respite House model's original conception, guests would have no further communication with Respite House staff after discharge. However, **ongoing, ad hoc staff-guest communication supported this guest and others to de-escalate and avoid being admitted into hospital.** A different guest interviewee described that when they are in mental health crisis, they would now choose to connect with Respite House over going to the emergency department, saying "It's nice to know that if I'm in a crisis, I don't necessarily have to call 911 or go to the hospital. I can call them directly. And if I'm feeling like I'm in that dark place, I can go there and know I will be safe."

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

During follow-up phone calls, no guests reported having active suicidal ideation or attempts. Most said their symptoms of anxiety were lower, though some were up and down mood-wise. When asked how

[5] Respite House staff started asking guests directly about emergency visits in early July. However, there were no notes provided for earlier guests that mentioned emergency visits.

they were doing, some responded with statements like: "Not too bad", "Ok, I guess", and "Feeling a bit off". Despite these shifts in mood, **multiple guests described being able to maintain calm and stability in the face of difficult emotions**. For example:

> *I've been doing up and down. I haven't had any, like major I guess crisis moments, I found that I've been able to manage things a little bit better. Maybe understand that I need a little bit more time to deal with things and not meet people's expectations and whatnot, and just give myself the time to, to relax and reset and process things on my own. I've been definitely more stable, which is good. And a little bit calmer, which is huge for me.*

Further supporting stability, guests connected with relevant community supports and services. Some connections took place during their stay and others post-stay.

Connections during stay: Prior to discharge, staff connected guests with community resources that they could continue to access post-stay. These included: substance use support groups, such as Alcoholics Anonymous and/or Narcotics Anonymous, a women's wellness group, or groups run by AHS, such as the Mental Health and Addictions DBT Skills group. Staff also connected guests to CMHA Wood Buffalo resources, such as Recovery College and YouthHub that guests and their loved ones can access.

Connections post-stay: In follow-up phone calls and guest interviews, guests described upcoming appointments to meet with a counselor, caseworker, and housing partners. One planned to attend the Finding Freedom recovery college course at Respite House, another a transgender support group. Some guests were on waitlists to see a counselor or awaiting a referral to see a psychiatrist, and alternatively were connected to other supports, such as Waypoints for trauma counselling and day programming at Pastew Place Detox, for example. One guest talked about her mother being connected to a support worker for caregivers.

Example coping strategies and behaviours guests used post-stay

- Accessing Food Bank services
- Attending a PTSD support group
- Attending therapy appointment
- Listening to music
- Going for walks
- Applying grounding techniques
- Playing video games
- Watching TV
- Reaching out to friends and family for support

Figure 3: Example coping strategies and behaviours guests used post-stay

One guest discussed how they combined their Respite House experience with other community resources to take on more autonomy once back in the community:

> *It's everything you know, right from, you know, my DBT therapy, my counseling sessions. The stuff that I've taken away from the house, you know, other stuff that I've sourced out myself since being out. It's everything as a whole coming together, and I've taken, you know, little bits and pieces from everything and made something to help myself.*

Other coping strategies and behaviours that guests reported using post-stay at Respite House are listed in Figure 3.

System Outcomes

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

Fort McMurray was chosen to be the site for Respite House in part because local organizations showed strong interest in participating in a pilot respite project. In general, partner organization representatives described a "tight social profit network" in Fort McMurray and "really good support and communication" across the sector. Findings from our evaluation bear this out. Open communication supported smooth referrals both to and from Respite House.

REFERRALS TO RESPITE HOUSE

Creating new forms of collaboration started with a thorough on-boarding process of 16 referring organizations. Centre for Suicide Prevention and Respite House staff shared details of the peer support approach at Respite House, how a guest journeys through Respite House, and expectations of Respite House and partners during the referral and intake process.

Referring organizations were onboarded in three stages to support testing and refinement of the referral process. In Table 8, we show which organizations were onboarded during which phase, and how many guests each organization referred in total. Respite guests were referred most often from Alberta Health Services teams: eight from the Crisis Team at the Northern Lights Regional Hospital and six from the Community Addictions & Mental Health Clinic. Other referral sources included Pastew Place Detox Centre, the SOS Crisis Line, and Waypoints Community Services Association.

With a slower pace of referrals in the first stage, Respite House staff were able to call referring staff to ask about missing information and talk through whether the potential guest was a good fit. Referring organizations felt similarly about the ease of communication:

> *The nice thing was, like we did the onboarding, but we never ever felt like if we had questions we couldn't call. There was always that opportunity to have that open communication. Or if we had a question…we felt assured and reassured that we could reach out and have an open conversation if need be. So, I feel like that that in itself was helpful.*

Coordination and collaboration were further supported through creation of an operations team, consisting of representatives from referral organizations, Centre for Suicide Prevention, PolicyWise, and Respite House. The team met bi-weekly to discuss successes and bottlenecks in the guest referral process and talk through emerging issues. The meetings were also useful for those organizations that weren't doing many (or any) referrals. Team members said they appreciated the meetings as an opportunity to keep up to date on what was happening at Respite House and to hear from other partners.

REFERRALS FROM RESPITE HOUSE

Most Respite House staff had experience doing one-to-one peer support but not experience doing case management of mental health supports and services. As a result, staff did a lot of learning on the job about how to identify and connect to relevant community services and resources. Staff positively framed this a peer support opportunity where guests and staff learned together how to find and connect to community organizations. Going forward, Respite House staff requested more training and support in this area.

Table 8: Referring Organizations for Respite House Guests

Referral Source	# of Guests
Phase 1: March 14, 2022- April 10, 2022	
Alberta Health Services Crisis Team	8
Alberta Health Services Allied Team	0
Primary Care Network	0
Phase 2: April 11, 2022- May 8 2022	
Alberta Health Services Community Addictions & Mental Health	6
Pastew Place Detox Centre	2
Police and Crisis Team (PACT)	1
Keyano College	0
Phase 3: May 9, 2022- Aug 26, 2022	
SOS Crisis Line	2
Waypoints Community Services Association	2
St Aiden's Society	0
EMS	0
SOS Counselors	0
Victim's Services	0
McMurray Metis	0
Private Practice	0
Pathways	0
Other Organizations (not officially onboarded)	
McMann	1
Self-referral	1

An important support for Respite House staff came from a close association with the Canadian Mental Health Association's Consumer Advocate. The Consumer Advocate had significant experience in connecting people with lived experience of mental health concerns to appropriate community supports. Respite House staff called on the Consumer Advocate often to share information on available resources and to help guests make connections.

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

Our evaluation findings show that Respite House played three key roles in increasing guest access to timely and appropriate care.

1) Diverting people in mental health crisis from inappropriate care in the emergency department

Respite House "bridged the gap" between caring for one's mental health at home and needing to go to the hospital, which was described as inappropriate for people in mental health crisis. Guests described hospital experiences as "punishment for having a rough time", "not always the most beneficial place", and "it sucked". Guests also highlighted the lack of support available after being discharged from the

hospital with one saying they "hand ya a piece of paper" listing a community resource and then say, "best of luck to you."

In contrast, Respite House's recovery-oriented approach helped guests build capacity to manage their mental health at home and reduce the need to go to hospital in the future (see Outcome #4 for more on this). The approach also supports guests to determine what care options are most appropriate for them (see Outcome #3 for more on this).

2) Connecting people to supports and services once they're in a stable state of mind

Another way Respite House supported access to timely care was giving guests time to de-escalate, rest, and shift to a calmer mindset before exploring and deciding which services were most appropriate for them. A staff member described it this way:

> *When you're escalating you got a lot going on, you don't know how to get a hold of these people [mental health supports]. You're not in a state of mind to be patient enough to phone a million people, wait on hold blah, blah, blah. But like and there's a long time wait for a lot of this stuff… we're that piece while they wait and while they're calming down to just kind of plant seeds, like, okay, well, here's your options. And there's not just one, there's like five.*

Enhancing this was that staff aimed as much as possible to do "warm handoffs" to external services. As mentioned earlier, taking the first step to access services can often be a barrier. Staff further supported guests by physically accompanying guests to their first visits or being present when guests made phone calls to community resources.

3) Empowering people to take charge of their longer-term recovery journey

Through its recovery-oriented approach, Respite House supported guests to take charge of their longer-term recovery journey and continue connecting to appropriate resources. Giving guests the option to reconnect with Respite House if needed was an important factor in building confidence to do so. Staff said it provided "peace of mind" and "comfort" to guests as they discharged from Respite House, "whether they use it or not". A guest interviewee said:

> *By the end of my stay, I felt quite a bit more calm. Like I can realize when things are starting to build a little earlier now instead of letting things get out of hand and explode. And the nice thing is, is I know at this point, you know, as I kind of transition more over to I guess like the recovery college side of things, I still have that where I can message them and say hey, like I'm having an absolutely terrible day kind of thing.*

Respite House staff, as well as partner organizations, reported that guests had Respite House on their safety plans. One guest said they kept their safety plan in direct sight on their coffee table as a reminder that supportive connections were always available. Another wrote in their guest survey that they were more hopeful because peer support doesn't end when they leave Respite House.

Recovery planning while at Respite House supported guests to plan over the long-term. One guest talked about accessing other overnight support programs rather than going home upon discharge:

> *I didn't go home. I [went to] a different program and a different facility and I ended up staying there for two months. So, I continued on with my, with my recovery plan. And then I ended up completing that program. And now I'm currently at waypoints, which is a woman's shelter. Yeah,*

> *so that's what ended up happening. And that was all a part of my, my plan. So, I'm following through on everything that we, like [put in my] recovery plans, so I'm really happy with that.*

Many guests faced waitlists to access services or could only access supports for a limited time. In response, Respite House staff encouraged guests to access peer support options that remain available over the long-term. A guest interviewee described their plan:

> *If things get really bad again, I can request to have another stay. Right. So that's peace of mind, knowing that as well. Because I think that's a struggle for me, too, is I know I can see an Alberta health therapist. I know they've got the 12 appointments covered. And after that I know supervisors get a little bit sticky. They don't want to, you know, give any more appointments. It's just stuff like that. Right. So, I know everything usually has an ending. Whereas the respite centre, and then moving into the recovery college side of things, the recovery college side of it doesn't have an ending, it's as much or as little as I want to get from it.*

Introducing guests to longer-term peer support opportunities connects them into more community-based and ongoing sources of support that can help guests support their recovery in a sustainable way.

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

There was strong support for a peer support approach across all groups engaged for this evaluation: guests, Respite House staff, and partner organizations (including both clinical care and social-serving sector). Overall, aspects of peer support that were highlighted as valuable were: **mutual respect, authenticity, relatability, shared understanding, and lack of judgement or stigma.** Taken together, the peer support relationship created at Respite House enabled guests to communicate openly about what they are going through and work through strong emotions. Table 9 shows example quotes from each stakeholder group highlighting the valued aspects of peer support.

Table 9: Quotes from guests, Respite House staff, and partner staff about the value of peer support

Stakeholder group	Example quotes – contributions of peer support to the community
RESPITE HOUSE GUESTS	*When I was in the height of my emotions,* ***being able to reach out to somebody who kind of understands where your brain's going*** *or, and you have somebody that can talk you through those emotions and help you process them instead of escalating to the point of crisis kind of thing.* ***That was the most beneficial thing for me for sure.***
	It was the peer support part, it wasn't like, clinical, which was the biggest aspect of it. *Because I think for a lot of people that have been in the mental health and addiction side of things… you know how far to go. But you can't really get into things without worrying about what's being said behind your back and what's gonna happen next. Right. So,* ***everything [at Respite House] was open, everything was communicated with you, there was nothing hidden behind doors. So, everything was upfront. Which made me feel very secure and receptive to the peer support.***
	It's just authenticity, just having genuine conversations. It's not about thinking about the right things to say or the wrong things to say, it's just about having genuine conversation with people. *Like we're people too, we're going to say the wrong things, we're going to*

	make mistakes, and we do our best to correct them when we do, but we're people, like we're humans, we're not degrees or anything different than they are.
RESPITE HOUSE STAFF	***I think one of the main things that's really beneficial is that they get to be around people that they can relate to.*** *And I hear that a lot. And it's, it's something that can't be offered anywhere else really, it's very unique. And I think guests really have an opportunity to Yeah, just relate and be with like-minded people that, you know, they've, you've been there, we've dealt with things, and we can offer that support for them.* *There's a mutual understanding and a mutual respect there for each other, I think…once [guests] get comfortable in the space, they long for that connection. They long for that, that being around people, but they just can't bring themselves to do it****. So being in a space like this, it helps them and gives them an opportunity to be able to do that in a way that they feel safe doing it. And when they share their experiences, it's always good for the peers, because sometimes they don't want to talk but if they hear their peer sharing their experiences, they are free and willing to do the same****.*
REFERRAL PARTNERS	*I really think this is saving lives, and we are seeing a tremendous amount of success. I really like the ways things have been handled. The intake has been very good, people have been really responsive to that. It's been successful, I hope it will continue, in Fort McMurray****, I know that I would have wanted it rather than waiting 20-30 hours in the ER and dealing with the stigma and access.***

Considerations for Scale and Spread of the Respite House Model

In this section, we review contextual factors and considerations from our evaluation to guide scale and spread of the Respite House model in Alberta.

Consideration #1: Give sufficient time for development and implementation

The short timeframe for the Respite House model development and implementation posed a challenge. The Fort McMurray site team began preparations in earnest in January 2022 when they secured a location for Respite House and opened mid-March. A longer lead time would allow for more detailed planning of the physical site as well as more training for Respite House staff. The staged onboarding of referral partners helped Respite House staff manage the quick timeline on implementation.

A key enabler of successful implementation was support from an advisor experienced in running a similar facility. They provided lessons learned from their community's respite work in an ongoing way through planning meetings, as well as through one-off meetings on specific topics like data collection and policy development. The Respite House staff team also received sample operational documents to support policy and process development, such as assessment forms, evaluation documents, and an operations manual.

Consideration #2: Strong community relationships are essential

Strong community partnerships are essential for successful Respite House implementation. In Fort McMurray, Respite House staff built on strong existing relationships with community organizations and created and strengthened new ones in an ongoing manner. This enabled:

- Implementation and refinement of an efficient referral and intake process: Respite House joined a circle of community organizations using a shared consent form to simplify information-sharing about potential guests. As well, with feedback from partners, the pilot team refined its onboarding approach to respond to common questions about the peer support approach. This ultimately led to a smooth referral process in which referring organizations had a good sense of who would be a good fit for Respite House.
- Ongoing, clear communication and conflict resolution: Through regular, formal Operations Team meetings and ad hoc, informal communications by phone or email, Respite House staff and staff from community partners were able to identify issues as they emerged. This supported quick resolution of conflict and misunderstandings.
- Increased community appreciation of the value of peer support for people in suicidal crisis: At the beginning of the pilot, guests and referring organizations had difficulty imagining what the Respite House physical space would look like and what services and supports would be offered. Guests were pleasantly surprised at the welcoming, warm environment and individualized, guest-led approach to care. Both clinical and social-serving agencies began to champion the unique contribution of Respite House.

Consideration #3: Staffing needs to incorporate peer support, case management, and sufficient on-call support

The staff complement of a Respite House should include both peer support and case management experience.

Peer support: Respite House guests attributed their improvement in mindset and coping ability to peer support relationships more than any other aspect of Respite House. Peer support, in particular one-to-one conversations, enabled guests to be open about their lived experiences and take on more autonomy in learning and practicing coping skills and behaviours.

Staff themselves also need support as they are having heavy conversations on every shift. Generally, they described feeling well supported in their jobs. They primarily relied on colleague support, through debriefing and information-sharing at shift change as well as one-on-one with their shift partner. They also mentioned the on-site manager and on-call staff as helpful in answering questions. However, they made suggestions for improvement: bringing in social work support after difficult incidents and creating a community of practice for staff to talk through cases and different ways to approach them.

Case management: Importantly, a large part of the Respite House staff role ended up being case management of supports and services for guests. This was a new skill for many staff members. With a steep learning curve. Support from the Canadian Mental Health Association's Consumer Advocate helped build capacity, but staff still spent a lot of time starting from scratch to look for relevant community supports. This was a source of stress and took time away from peer conversations. New sites considering

a similar approach would benefit from hiring some staff that bring case management skills from the get-go.

Sufficient on-call and backup support

Respite House was staffed by teams of two peer support workers, working 12 hour shifts four days on and four days off. Staff burnout became a concern during pilot implementation. Staff raised the idea of having more casual staff available to work when needed. As well, they recommended expanding on-call staff responsibilities—beyond providing advice on referral requests and operations by phone, on-call staff could be called in when there is an escalated individual in the house who requires a lot of support or if there is a hospital emergency. This would ensure there are still two staff available to support other guests and keep everyone safe. Staff generally felt they handled these situations well but brainstormed this as an option, thinking that in the future all six beds would be filled more of the time.

Consideration #4: Design or plan for waitlists for community supports and services

Alongside peer support, a core function of Respite House was connecting guests to appropriate community resources. A challenge in this process was the presence of waitlists for many services, in particular counselling and housing. To mitigate this in a new setting, consider during the planning stages:

- Consider whether a subset of beds should be set aside as transition beds while waiting for a housing opportunity. And if not, what the general course action would be if someone needing housing comes to stay.
- Consider how to incorporate connections to longer-term peer support. As stated above, the original conception of Respite House approach was that there would be no further communication between staff and guest beyond the three follow up calls. However, this turned out to be a supportive aspect of Respite House services. And it could serve as a mitigation to help former guests while they wait for counseling or housing (or any other support).

Consideration #5: Plan for long-term data collection

This evaluation was focused on supporting development and implementation of Respite House in Fort McMurray. We were able to gather data to initially assess progress towards ten outcomes. For other communities considering implementing a similar model, we would recommend having an evaluation approach that gathers data over a longer timeframe than we were able to for this project. Specifically, to collect data on hospital diversion, community collaboration, and guests' mental health for up to a year post-stay.

Conclusion

After implementation in March 2022, Respite House quickly became a valuable part of Fort McMurray's community of support for people in suicidal crisis. Evaluation findings indicate that Respite House was successful in bridging the gap for people in mental health crisis between managing on their own and needing to be admitted to hospital.

Respite services for people in suicidal crisis, like Respite House, are a promising way to integrate recovery-oriented mental health supports into our general system of care. The pilot model aligned well with the basics of a recovery-oriented approach. In this approach, people experiencing mental health crisis are treated with dignity and respect. Their existing strengths are emphasized and built upon within a network of formal and informal supports, including peer support. People are empowered to identify their needs for themselves and make choices about how to meet those needs.

Appendix A – Respite House Draft Outcome Framework

OUTCOME DOMAIN: GUEST INTAKE PROCESS			
Outcomes (What do we hope to achieve?)	**Indicators (What would we notice?)**	**Measures (How would we measure this?)**	**Data Collection Tools & Processes**
Guests' mental health crisis is de-escalated through the intake process.	· Respite House staff employ de-escalation techniques.	· Staff document techniques used in case notes	· Admin data · Respite House staff interviews
	· Guests are calmer (less agitated or anxious)	· Guests' self-report · Staff observations of guests.	· Admin data · Guest interview

OUTCOME DOMAIN: GUEST STAY AT RESPITE HOUSE			
Outcomes (What do we hope to achieve?)	**Indicators (What would we notice?)**	**Measures (How would we measure this?)**	**Data Collection Tools & Processes**
Guests feel safe and supported while staying at Respite House	· Guests describe Respite House as safe, comfortable, and welcoming · Guests describe the Centre as non-judgemental, destigmatizing	· Guests' self-report Respite House as safe, comfortable, and welcoming · Guests' self-report not feeling judged or stigmatized · Staff observations of guests	· Admin data · Guest interviews · Respite House staff interviews
Guests receive individualized, flexible services.	· Individualized recovery goals are created for each guest.	· Guests self-report that staff understand their unique needs · Guests self-report that needs are met · Guests report participating in creating recovery goals. · Guests self-report feelings of satisfaction with services · Centre Staff report services to be good match.	· Admin data · Guest interviews · Respite House staff interviews

	· Guests engage with or are referred to appropriate community and mental health resources and services.	· # of referrals made to community and mental health resources and services · # of guests engaging with community and mental health resources and services during stay	· Admin data · Guest interviews · Stakeholder focus group
	· Guests access culturally relevant activities such as meeting with Elders, smudging, accessing certain foods, receiving translation services	· # of culturally relevant activities available at the Centre · Guests report accessing culturally appropriate activities	· Admin data · Guest interviews · Respite House staff interviews
Guests learn, practice, and strengthen positive coping skills and behaviours.	· Guests participate in workshops/learning sessions/ activities offered at Centre	· Track which guests participate in which activities	· Admin data
	· Guests engage with Centre staff, peer support workers, and guests	· Guests feel increased sense of connection (less isolation) · Staff/peer support workers report that guests engage with them or with other guests	· Admin data · Guest interviews · Respite House staff interviews
	· Increased knowledge of coping skills and behaviours (CBT, DBT, budgeting, reaching out to natural supports, etc.))	· Guests self-report increased knowledge of positive coping skills · Staff/peer support workers report increased knowledge of positive coping skills	· Admin data · Guest interviews · Respite House staff interviews
	· Guests achieve recovery goals (rest, connection, learning, activity)	· Guests self-report that they achieve goals · # of goals achieved · Staff/peer support workers report # of goals being achieved	· Admin data · Post-discharge guest interview · Respite House staff interviews
Guests feel more psychologically stable at time of discharge (crisis stabilization, short-term relief from stressful and life-threatening states of mind)	· Reduced emotional distress · Reduced suicidality · Increased feelings of hope · Increased mental health confidence, self-esteem · Increased sense of control of their lives	· Guests self-report decreased suicidality, anxiety · Guests self-report increased feelings of hope, self-esteem, sense of control, connection · Staff observe/report decreased suicidality, anxiety	· Admin data · Guest interviews · Respite House staff interviews

		· Staff observe/report increased feelings of hope, self-esteem, sense of control, connection	

OUTCOME DOMAIN: GUEST EXPERIENCE POST-STAY			
Outcomes (What do we hope to achieve?)	**Indicators (What would we notice?)**	**Measures (How would we measure this?)**	**Data Collection Tools & Processes**
Guests have reduced reliance on emergency department/hospital in-patient admission.	· Guests do not access emergency department services · Guests are not admitted to hospital	· Guests self-report not visiting ED within one week of Centre stay (or 30 days for those we interview) because they did not feel they needed it · Guests self-report not being admitted to hospital for psycho-social issues related to mental health crisis (as opposed to psychiatric)	· Admin data · Guest interviews
	· Guests connect directly with Centre or community partner if in a mental health crisis	· # of people who reconnect with the centre · # of people who connect with community partner	· Admin data · Partner focus group
	· Guests continue to access appropriate community and mental health services.	· Guests self-report continued access to community and mental health services. · Guests self-report participation in day programs at Centre	· Admin data · Guest interviews .
Guests are better equipped to manage suicidal crisis.	· Guests continue to set and achieve recovery goals (goals are behaviours and knowledge changes – rest, connection, learning, activity)	· Guests' self-report achieving recovery (housing, counselling, detox, other community supports)	· Admin data · Guest interviews .
	· Guests have increased autonomy and empowerment related to decisions about their mental health	· Guests self-report increased involvement in making choices for treatment	· Admin data · Guest interviews .

OUTCOME DOMAIN: GUEST EXPERIENCE POST-STAY			
		· Guests self-report feeling more empowered to make choices related to mental health	

OUTCOME DOMAIN: SYSTEMS AND OPERATIONS CHANGES			
Outcomes (What do we hope to achieve?)	**Indicators (What would we notice?)**	**Measures (How would we measure this?)**	**Data Collection Tools & Processes**
Increased coordination and collaboration among community agencies, health service providers, and Respite House	· Community/health partner organizations increase awareness/ knowledge of the purpose/goals of the Centre	· Relevant community/health organizations report gaining knowledge about purpose/goals of Respite House	· Admin data · Partner focus group ·
	· Partner organizations increase awareness/ knowledge of each other's programs and services	· Partner organizations report increased knowledge of other partners' programs and services	· Partner focus group ·
	· Referrals come from a variety of community partners. · Increasing number of referrals.	· # of unique partner organizations making referrals · # of referrals per month	· Admin data
	· Relevant organizations participate in the Centre's stakeholder group	· # of organizations that become part of Stakeholder Group · # of sectors/types of organizations represented on Stakeholder Group · # of orgs that attend Stakeholder Group meetings	· Admin data · Respite House staff interviews · Partner focus group
	· Partners share relevant information with Centre staff before/as part of the assessment process. · Centre and partners create new forms of collaboration and coordination.	· Presence of information sharing protocols that permit partners to share (does it include relevant information) · Guests only share stories once	· Admin data · Partner focus group · Respite House staff interviews

OUTCOME DOMAIN: SYSTEMS AND OPERATIONS CHANGES			
Increased and more timely access to appropriate care	· Relevant community/health organizations make appropriate referrals to the Centre (within target population)	· Ratio: # of people referred to Centre/ # of people accepted	· Admin data
	· Centre staff make referrals to community resources that match guest needs · Centre staff ensure warm handoffs	· # of guests who use service after referral is made / # of referrals to community orgs ·	· Admin data · Guest interviews · Partner focus group
Increased integration of peer support model / increased sense of the value of peer support	· Peer supports are available, accessible, and accessed by guests	· Peer to guest ratio · Guests report accessing peer support	· Admin data · Guest interviews · Staff interviews
	· Guests describe peer support workers as allies or 'in their corner'	· Guests self-report peer support as helpful to reduce mental health concerns	· Admin data · Guest interviews · Staff interviews
	· Partner organizations understand value add of peer support services	· Partner organizations describe value add of peer support services	· Partner focus group · Partner survey
Reduced ED visits, and hospital admissions overall in Fort McMurray	These are longer-term outcomes outside of scope of this project.		

OUTCOME DOMAIN: CAREGIVER OUTCOMES			
Outcomes (What do we hope to achieve?)	**Indicators (What would we notice?)**	**Measures (How would we measure this?)**	**Data Collection Tools & Processes**
Stress and burden on caregivers are reduced.	· Reduced tiredness and fatigue ·	· Caregivers report reduced fatigue, tiredness	· Caregiver survey
	· Decreased negative emotions (anxiety, fear, anger)	· Caregivers report reduced anxiety, fear, anger	
	· Increased feelings of hope	· Caregivers report increased feelings of hope	

OUTCOME DOMAIN: CAREGIVER OUTCOMES			
	· Decreased sense of isolation	· Caregivers report increased time availability for work, social activities · Caregivers report increased engagement with social supports	
Caregivers improve their ability to support their own needs/ mental health	· Increased awareness of resources for caregiver support	· Caregivers report being aware of resources (can name them)	· Caregiver survey
	· Increased use of resources and services for caregivers	· Caregivers report accessing resources and services · # of caregivers accessing support · # of unique resources accessed for support	
Caregivers increase ability to support /provide care for their loved one who stayed at the Centre.	· Increased knowledge of ways to support loved one	· Caregivers report increased awareness of resources and services (can name them) · Caregivers report increased knowledge of loved one's needs/goals	· Caregiver survey
	· Increased confidence in ability to support loved one	· Caregivers report feeling more confident to support loved one in crisis	

Appendix B – Data Collection and Analysis

In this section, we review our data collection and data analysis processes.

Data Collection Process

Below, please find descriptions of data collection tools used by 1) PolicyWise and 2) Respite House staff, including the kind of data being gathered and how often. Copies of the data collection tools can be found in Appendices C to I.

PolicyWise Data Gathering

Data collection tool	Description of data gathered	Execution and Timing
Pilot team interviews (n=6)	· Ongoing learning and adaptation · Challenges and successes (service provision, integration of peer support model, collaboration with partners, etc.)	Monthly (Jul 2021-Sep 2022) · CSP Executive Director, CMHA Executive Director Bi-weekly (Jul 2021-Sep 2022) · CSP staff, Respite House Site Manager
Pilot meeting observations	· Ongoing learning and adaptation · Challenges and successes	Bi-weekly (Jul 2021-Sep 2022) · Site Team · Operations Team
Respite House staff focus groups (n=6 peer staff members)	· Ongoing learning and adaptation · Challenges and successes (service provision, integration of peer support model, collaboration with partners, etc.)	June 2022 and August 2022 · Completed by Zoom with staff in Fort McMurray and evaluators in Calgary and Edmonton
Post-stay guest interviews (n=3 out of 23 guests)	· Mindset since Respite House stay; connection to resources; how Respite House helped (including peer support model); how to improve Respite House services	One-time, approximately one-month post-stay · Recruitment done through Respite House staff (contacted after guests had completed their stay) · Conducted by Zoom between June 10th and July 25th
Caregiver Survey	· Relationship to guest; perceptions of guest experience (e.g., knowledge and skills developed; community connections made; ability to manage crisis); assessment of how guest stay impacted caregiver (e.g., knowledge, hope, ability to support)	One-time, never implemented · Was to be online survey through SurveyMonkey
Partner organization focus group (n=9)	· Reflections on working with Respite House – referral process, guest outcomes, and impact on broader community	One-time, September 2022

Respite House Staff Data Gathering

Data collection tool	Description of data gathered	Execution & Timing
Guest progress notes/ documentation	· **Intake assessments:** info on guest's current mindset, needs; other mental health history; Referral organization; # of people in target population, # referred elsewhere · **Recovery plans**: guest goals, info on mindset/level of functioning · **General notes:** De-escalation of crisis upon arrival; Guest's activities, needs, progress, connection to community resources	Daily while guests are staying at Respite House · All information de-identified before being shared with PolicyWise evaluators
Guest Survey (n=15 out of 23 guests)	· Survey had Likert scale ratings (on a scale of 1 to 5) of guest perceptions of: o Feeling safe, supported, and welcome o Assessing changes in mindset (hope, confidence, control) and knowledge (needs, warning signs, who to contact if support needed) · Scale ratings were Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. · Survey initially developed by Respite House staff. In July 2022, new questions added by Centre for Suicide Prevention and PolicyWise.	Once, at time of discharge
Follow-Up Calls with guests post-stay (11 guests reached for 1st call, 12 for 2nd call, 2 for 3rd call)	· Information on guests' mindsets/level of functioning; use of skills and knowledge gained at Respite House; connections to community resources; and emergency room visits since being at Respite House · The question on emergency room visits was added to follow-up calls in July 2022. Of the 6 guests who received follow-ups after this time, none reported visits to the emergency room since leaving Respite House.	At least once for each guest (within 24 hours), 2nd within a week. Perhaps a 3rd.

Data Analysis and Synthesis

Our evaluation approach combined elements of developmental evaluation and outcome harvesting.

Developmental evaluation provides an examination of current practices to promote the strengths of an initiative while identifying opportunities for improvement. For the Respite House pilot, we adopted a developmental approach to support ongoing learning and decision-making through Respite House model development and implementation. PolicyWise team members participated in regular pilot project team meetings; conducted bi-weekly or monthly interviews with core project team members; and observed meetings of the project's Advisory Group.

Between July 2021 and September 2022, we shared monthly or bi-monthly learning briefs with Centre for Suicide Prevention that synthesized key project activities, areas of learning, and considerations for future decision-making through analysis of meeting notes and interview transcripts for key themes related to successes, challenges,

Outcome harvesting is an evaluation approach that pairs well with developmental evaluation. It was well-suited for the Respite House pilot because it allows outcome identification, verification, and analysis to occur in complex programming contexts. We adapted an outcome harvesting approach to explore what changed for the guests, staff, and communities of Respite House because of its implementation.

Stages of Analysis and Synthesis

We developed an initial outcome framework for the Respite House (see Appendix A), guided by project team discussions and information from interviews and literature on respite centres in other locations (collected by Centre for Suicide Prevention).

We then proceeded to verify and contextualize these outcomes through data collection and engagement with people holding experiential knowledge of Respite House. These people included Respite House guests, Respite House staff, Centre for Suicide Prevention staff, Advisory Group members, and staff from community organizations that referred to Respite House (see above tables outlining data sources).

We created a qualitative coding framework that aligned with the outcome framework. We then inductively and deductively coded the interview and focus group transcripts to synthesize data that corresponded to the relevant outcomes.

Finally, we compiled information from the guest administrative data. From this information, we:

- Built a summary of demographic information of guests (age, gender, current and previous experience with suicidal ideation)
- Analyzed guest survey responses to determine the min, max, mean, median, and mode for each rating question, and aligned results with the outcome framework.
- Synthesized information from guest follow-up calls to assess how guests were functioning within 1 week of staying at Respite House

We then synthesized findings across data sources. For each outcome presented in this report, there is evidence available from multiple data sources.

Appendix C: Pilot Team Interview Questions

Interview Questions

1. What has been happening with the project since we last talked?
    a. Any key activities, meetings, or decisions?
    b. Have you made any changes to the project work plan (timelines, approaches)?

2. What are you most excited about with the project?

3. What else is going well with the project?

4. What would you say is contributing to these successes?

5. What is keeping you up at night about the project?

6. What other barriers and challenges has the project been facing?
    a. What are the potential implications for moving forward on the project?
    b. How do you see the team managing these challenges?

7. What are you most looking forward to over the next month with respect to the project?

8. What other key activities are upcoming in the next month?

Appendix D: Respite House Staff Focus Group Guide (June 2022)

Roundtable introductions

1. *As a warm-up for our discussions, could you please share:*
    a. *Your name*
    b. *How long you have worked at the Respite House*
    c. *What attracted you to take on this role?*

Group Questions

Peer Support Role and Responsibilities

2. *ROUNDTABLE: Let's talk about the main tasks/responsibilities in your job. Could you describe what the day-to-day work looks like?*
    - What kind of tasks? How are you enjoying your role? What do you like about your job?

Respite House Guest Outcomes

3. *How would you describe the experience of guests at Respite House?*
    - What kind of positive coping skills and behavior are you seeing in guests?
    - What kinds of changes are you seeing in guests during their stays?

Respite House Operations

4. *What is working well with the running of the Respite House?*
    - E.g., processes, protocols, referrals, staff, and partner collaboration

5. *What operational or structural challenges or barriers emerging?*
    - How are they being addressed?
    - Generally, where would you need more support in your role going forward?

6. *ROUNDTABLE: Any final thoughts?*

Thank you for participating. We will be sharing our findings with you. A second focus group in August.

Appendix E: Respite House Staff Focus Group Guide (Aug 2022)

Roundtable introductions (5 min)

Thank you so much for spending the time with us today. We recognize you are all going through a lot these days with the project, and so our hope is that this is also a place for you to kind of process the amazing work that you've done so far and what pieces are important to carry forward.

1. *ROUNDTABLE: As a warm-up for our discussions, could you please share:*
    a. *Your name*
    b. *How long you have worked at the Respite House?*

Group Questions

Respite House Guest Outcomes (20 min)

Like the previous focus group, we'd like to start by talking about how the Respite House benefits the guests that stay there. In other words, we are interested in what kinds of positive changes you see in guests as well as the key aspects of the Respite House that contributed to those changes.

From the last focus group in June, we heard about the following outcomes:

- Increase in self-confidence/self-worth
- Gaining knowledge and building coping skills to support de-escalation (breathing techniques, music, tapping, etc.)
- Opportunities to practice these skills
- Increased connection (with staff and other guests)
- Shift in mindset about their situation
- Connections to resources (housing, employment, etc.)

2. *On top of these outcomes, what other positive outcomes, changes, or learnings are you seeing in guests?*
    a. *Is there anything that stands out as especially supportive for guests' recovery?*

3. *What part of your role/work is contributing most to guests achieving these outcomes/making these changes?*

Respite House Operations (40 min)

4. *Knowing what you know now, what would you do (or advocate for doing) differently from the beginning?*

   a. *What would you make sure was kept the same?*

5. *How has your idea of peer support changed based on this experience?*

6. *What is the most memorable experience for you of working here at Respite House?*

7. *ROUNDTABLE: Any final thoughts?*

Appendix F: Guest Interview Questions

1. *Tell me about your experience at the Respite House.*

   Probing Questions: What was it like to stay there? What did you spend your time doing? What was your first impression of the Respite House?

2. *What did you find most helpful about being at the Respite House?*

3. *What other people, activities, or experiences at the Respite House also supported your mental wellness?*

   For example:

   - Peer support?
   - Recovery planning?
   - Scheduled in-house activities/workshops?
   - Referrals to community organizations?
   - Other?

4. *How could your time at the Respite House have been improved?*

5. *How have you been doing since your stay at the Respite House?*

   Probing Questions:

   - Have you continued to access community supports and services? If yes, which ones?

6. *Would you recommend the Respite House to others in the community who are experiencing mental distress? Why or why not?*

Appendix G: Caregiver Survey Protocol

Acknowledgment and Consent

- Do you understand the information regarding your participation?

  Yes, No

- Do you agree to participate?
  Yes, No

Survey questions

General Questions

What is your relationship with the guest?
Parent, Spouse, Sibling, Friend, Child, Other _____ (list as check boxes where the respondent can only check one)
How long have you been in a support role for the guest who accessed Respite House?
< 1 year, 1-5 years, 6-10 years, 10+ years
Have you attempted to connect them to mental health or related services before?
0, 1-2 times, 3-4 times, 5+ times

Questions about your loved one's experience

1. My loved one has demonstrated new or improved coping skills since attending Respite House

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

2. My loved one was connected to the community resources they need while at Respite House

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

3. My loved one has continued to access community supports since leaving Respite House
   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]
4. My loved one is feeling more hopeful about the future because of their stay at Respite House

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

5. My loved one left the Respite House better equipped to manage mental health crises than before their stay

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

6. I would recommend the Respite House to others with loved ones in suicidal crisis

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

7. My loved one has accessed the Emergency Department for mental health concerns since leaving Respite House

   Yes, No. If yes, how many times?

Comment

Please share the impact of the Respite House on your loved one

Questions about your experience

8. My loved one's stay at Respite House increased my feelings of hope for my loved one

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

9. Since staying at Respite House, I have decreased feelings of anxiety or fear for my loved one

   [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

10. I better understand my loved one's needs since they attended Respite House

    [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

11. I understand the safety plan my loved one has in place and my role in it

    [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

12. I received information from Respite House about community supports or referrals for caregivers of people experiencing mental health distress

    [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

13. I have accessed caregiver support since contacting the Respite House

    [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

14. I feel less isolated since my loved one's stay at Respite House

    [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

15. I feel more confident in my ability to support my loved one's due to their stay at Respite House

    [Likert: strongly disagree, disagree, neutral, agree, strongly agree, not applicable]

Comment

Please share the impact of the Respite House on you as a caregiver:

Conclusion

Please provide any general comments/thoughts about your loved one's stay at the Respite House.

Appendix H: Partner Focus Group Guide

Respite House Referral Process

1. What worked well about the referral process to Respite House?

2. What could be improved going forward?

Respite House Guest Outcomes

3. What are you hearing from clients you've referred to Respite House? What are they saying about their experience?
    - How did Respite House support them?
    - What changed for them through staying at RH?
    - How are they now?

Respite House Impact on the Broader Community

4. How has the Respite House contributed to the broader community of RMWB?
    - Awareness of MH, peer support
    - Identified new gaps in system

Appendix I: Guest Survey Questions and Results Summary

Survey Question	Ratings			
	Min	Max	Average	Mode
The staff was supportive.	4	5	4.9	5
I received information about my medications.	3	5	4.1	5
If needing help again, I would access this program.	4	5	4.9	5
I received information about community resources.	4	5	4.9	5
My financial needs were addressed.	3	5	4.6	5
I was treated with respect by staff.	5	5	5.0	5
I felt safe and secure at the Respite House.	4	5	4.9	5
I was able to identify new strategies for coping.	4	5	4.7	5
I felt welcome at the Respite House.	4	5	4.9	5
My housing needs were addressed.	3	5	4.8	5
Overall, I am satisfied with the service.	4	5	4.9	5
I received information about my illness.	3	5	4.5	5
If I had a complaint, it was handled well.	3	5	4.4	5
I was able to talk to staff when I needed to.	4	5	4.7	5
I felt free to express myself.	3	5	4.8	5
I was treated with respect by other guests.	3	5	4.9	5
My medication needs were addressed.	3	5	4.8	5
The staff was approachable.	4	5	4.9	5
I participated in the planning of my care.	4	5	4.8	5
I would recommend this program to others.	4	5	4.9	5
The staff cared about my situation.	5	5	5.0	5
I have a better understanding of my warning signs or reactions.	3	5	4.5	5
I feel confident with my safety plan.	4	5	4.9	5
I feel hopeful about my future.	2	5	4.0	5
I can identify reasons for living.	3	5	4.5	5
I feel comfortable with my discharge and follow-up plan.	3	5	4.6	5
I feel hopeful about my recovery.	2	5	4.1	5
I have a better understanding of my needs.	3	5	4.3	5
I know who to contact if I feel I need support.	4	5	4.6	5
I feel more in control of my recovery journey.	3	5	4.3	4
I built connections with other guests.	1	5	4.0	5
This is my first stay at Respite (yes/no)				
Open-ended question: Now that your stay is ending with us, how are you feeling?				
Open-ended question: What else would you like to tell us?				