

Pathways Vermont

Peer Respite Evaluation

Preliminary Findings | September 2026

Peer respites are voluntary, homelike alternatives for people experiencing complex emotional, psychological, or life circumstances. They are staffed by peers—professionals who are specially trained to provide mutual support based on shared lived experience. With support from Four Pines Fund, Pathways Vermont opened Rosewood Cottage, Vermont's second peer respite, in December 2024. Human Services Research Institute (HSRI) is conducting a mixed method evaluation of Pathways Vermont's peer respite program. This is an interim brief report with preliminary findings from surveys and interviews conducted between March 2025 and June 2026. The second half of the evaluation will extend data collection, deepen qualitative analysis, examine predictors of change, and analyze administrative service use data to assess whether peer respite participation is associated with changes in inpatient, emergency, and other mental health service utilization compared with a matched comparison group.



The Peer Respite Evaluation team includes HSRI staff Bevin Croft, Ebony Flint, Kristin Battis, Nilufer Isvan, and Erin Garrett, and Lived Experience Workgroup members Skylar Maguire, Cat Pisha, Mona Tolba, Nicole Villemaire, and John David Wrong. For more information about this evaluation, contact Lead Evaluator Bevin Croft at bcroft@hsri.org.



Human Services
Research Institute



Four Pines Fund



Who are peer respite guests?

Of the 96 guests who stayed at Rosewood Cottage, 90 participated in surveys and 36 participated in interviews. Guests came from nearly every county in Vermont.

- 19% identified as a person of color
- 43% identified as LGBTQ+
- 69% had a disability
- 28% were employed
- 66% received Medicaid
- 41% had psychiatric hospitalization in past two years



What is peer respite like?

98% of guests said they felt welcome at Rosewood Cottage. 96% said they'd come back to the peer respite if they needed support again.

A majority of guests (80%) said that their peer respite experience was more helpful than psychiatric inpatient services; only one guest said their peer respite experience was less helpful.

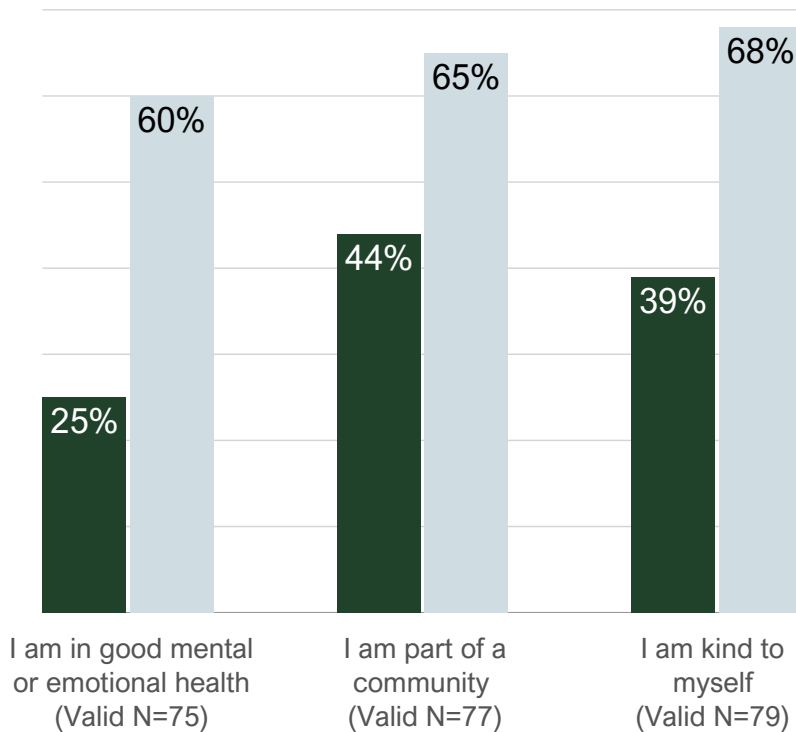
*My first experience [with peer support] was
with Rosewood, and it was life altering.*

— Guest V

What was the impact?

Guests Reporting That They Agree or Strongly Agree

● Entry ● Exit



Note: All pre-post differences are statistically significant at $p < .001$.

All 21 outcomes improved from program entry to program exit. In this preliminary analysis, 15 of these improvements were statistically significant, including enhanced well-being, connection to community, self-efficacy, self-kindness, sense of meaning and purpose, and knowledge of how to connect to community supports.

Qualitative interviews helped explain these changes, with guests describing the peer respite as a place to rest, regain perspective, strengthen coping, identify next steps, and access practical resources such as housing, employment, and community supports.

It really honed the importance of community. And it was just a really healthy ecosystem. — Guest U

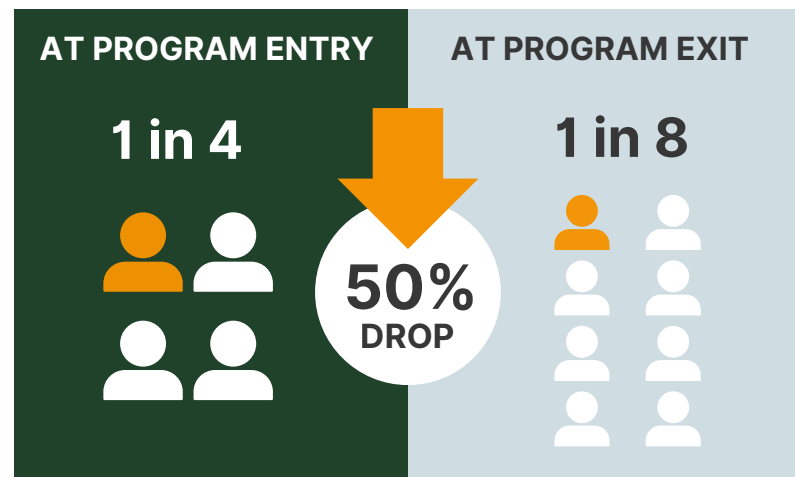
Now I feel I can really think about what it is I want to do with my life—and how to make that align with what I need to do. — Guest B

About 1 in 4 guests reported wanting to end their life at program entry. By program exit, this number dropped to 1 in 8—a statistically significant 50% reduction. The majority (63%) of guests with suicidal ideation at entry indicated that they would have attempted to take their life if the peer respite had not been available. If they had not gone to peer respite, 38% of guests said they would have sought care at an ER and a third or fewer said they would have sought other mental health services.

Preliminary subgroup analyses suggest the peer respite is reaching and supporting groups that are often underserved by traditional mental health systems, including people experiencing thoughts of suicide, people of color, and LGBTQ+ people.

These early findings point to the value of peer respite as part of a broader continuum of suicide prevention and crisis support options, particularly for people who may not experience traditional crisis or inpatient services as safe, responsive, or helpful.

Suicidal Ideation*



***Note:** Describes agreement or strong agreement with the statement, "I want to end my life."



I was so down the spiral ... like, 'Nothing's gonna change ... if I died, I wouldn't care.' [The peer respite] allowed me the time to rest, heal, recenter, and reground. [Now] I actually have that perspective that things aren't out of control. ... I can cope with life again. — Guest M