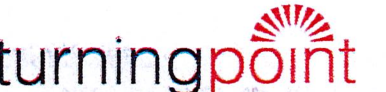
What is the Living Room?

The Living Room is a psychiatric respite program, the first of its kind in Illinois. The Living Room is a comfortable, non-clinical space that offers an alternative to hospital emergency rooms for adults experiencing psychiatric emergencies. The goal of the program is to provide a calm and safe environment in which guests can resolve crises without more intensive intervention. At Turning Point, The Living Room is open Monday through Friday evenings, 3-8pm.

Where is the Living Room located and when is it open?



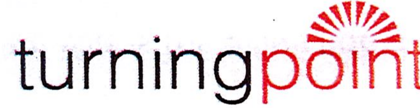
Solid support.
When you need it most.

Monday — Friday
3:00PM—8:00PM
Turning Point BHCC
8324 Skokie Blvd
Skokie, IL 60077
847.933.9202

In order to maintain this service free of charge to our guests, The Living Room is in part funded by grants. Guests will be asked for proof of insurance and household income as part of visit process, consider having supporting documentation available.

The Living Room

A Revolutionary Alternative for Adults in Psychiatric Crisis



Solid support.
When you need it most.

Turning Point Behavioral Health Care Center
8324 Skokie Blvd.
Skokie, IL 60077
847.933.9202

The Living Room...

...Calm, Safe Space

WHAT DOES THE LIVING ROOM OFFER?

The Living Room offers a wide array of resources for those experiencing psychiatric emergencies:

- Crisis intervention
- A safe space in which to rest or relax
- Support from trained Recovery Support Specialists and program staff
- Assistance with problem solving
- On-site intakes for Turning Point services
- Linkage with referrals for emergency housing, healthcare and food
- Healthy refreshments while in The Living Room

...Practical Problem-Solving

WHAT CAN YOU EXPECT WHEN YOU COME TO THE LIVING ROOM?

When you come to The Living Room, you will be greeted by a member of The Living Room program staff. A licensed therapist will assess your safety and collect preliminary information. A trained recovery support specialist will orient you to The Living Room and will provide you with support throughout your time here. The Living Room staff will assist you in accessing and using the available resources in order to help you resolve your crisis. All services provided are free of charge no matter where you live.

If your circumstances cannot be resolved by the services we offer, we will refer you to other providers.

...Peer Support

WHAT MAKES THE LIVING ROOM SPECIAL?

Trained recovery support specialists with personal experience in managing the challenges of mental illness will provide crisis intervention, support, and mentoring with assistance from program staff. In this way, The Living Room emphasizes consumer leadership and promotes a model for other mental health providers in Illinois. In addition, this innovative program is expected to demonstrate major cost savings for the State by decreasing the demand on area emergency rooms while caring for guests in a compassionate, non-intrusive setting.

advertisement

For Psychiatric Crises, Alternatives to ERs Have Their Advantages

By Psych Central News Editor
~ 3 min read

While many people in crisis or emotional distress turn to a hospital's emergency room, most are ill-equipped to handle people with emotional wounds, rather than physical ones.

According to a new study, persons in a mental health crisis may be better served in an alternative recovery-oriented, homelike environment instead of a traditional emergency department.

The research team interviewed 18 participants who spent time at The Living Room, an outpatient, voluntary program for persons in emotional distress.

The program, in the Chicago suburb of Skokie, is staffed with a licensed professional counselor, registered nurse and trained peer counselors. Under the aegis of Turning Point Behavioral Health Care Center, a community mental health agency, it is in a space arranged and furnished like a living room in a person's home, hence its name.

Those interviewed for the study included the professional clinical staff and peer counselors, as well as patients (referred to as "guests") who were in a crisis, suffering from self-reported psychiatric diagnoses ranging from depression to Asperger's syndrome.

"Participants in our study had experiences as either a person in emotional distress who went to an (emergency department) for help, or as a person who worked with persons in emotional distress in these settings," the authors wrote.

"The experiences of (emergency departments) for persons in emotional distress were characterized by feelings of insecurity, loneliness,

intimidation, fear, and discomfort," the study noted. "Participants described feeling unsupported by (emergency department) staff."

"Hospital emergency departments are not set up for people with emotional problems," said researcher Mona Shattell, Ph.D., R.N., an associate professor of nursing in DePaul University's College of Science and Health.

"Most people with emotional distress come from a chaotic environment and need a safe or calm space to receive proper attention and treatment. Most patients who came to The Living Room stayed for a few hours, received treatment or help, and left.

"What makes the space unique is that it is staffed with peer counselors who have experienced mental health issues and are specifically trained to treat the patients, who have responded well to that type of care because they see that recovery is possible," said Shattell, who specializes in mental health and treatment environments.

According to the study's findings, The Living Room helped people with emotional distress or mental illness address their crisis within the context of their life, which helped them utilize their own strengths by talking through problems, calming down and problem-solving to help their illness.

At The Living Room, guests reported being welcomed as "a fellow human being, not like a patient" and that the program was "a helping, not judging zone."

Specific interventions by The Living Room staff were cited in the study as being identified by guests as "helpful and caring." Those interventions included "being understanding, attentive and respectful, exploration of coping techniques, and use of a gentle, calming voice."

One guest, according to the findings, "valued the 'fresh opinions' that were offered in relation to her crisis while another found working with a peer counselor to identify the positive aspects of a negative situation to be helpful."

The study also indicated how scarce these types of treatment facilities were in the U.S. and how little research has been conducted concerning

alternative crisis intervention treatment environments — despite their drastically lower costs compared to ERs.

"Patients who were treated in The Living Room were able to successfully manage their emotional crises, which was less expensive, emotionally intensive or as intrusive as being treated in an emergency room," said Barbara Harris, assistant professor at DePaul's School of Nursing and another co-author of the study.

"This doesn't mean that medical treatment is not needed, but sometimes, the emotional distress or crisis that results from the intersection of illness and life situations can be addressed without drastic medical intervention or hospitalization."

Findings from this qualitative study are being reviewed by other institutions in Illinois as a treatment option for a recovery-based alternative to hospital emergency departments for people in emotional distress.

The conclusions drawn from the study are supported by empirical and anecdotal evidence that suggests that nonclinical care settings, such as The Living Room are perceived as helpful and positive.

"This study is vital to help raise awareness and to inform people suffering that there are other options when it comes to treating mental health," Shattell said. "We need more facilities like The Living Room to help provide the care and attention people with emotional distress need to fully recover."

The study appears in the Jan. 7 in the journal *Issues in Mental Health Nursing*.

Source: DePaul University

APA Reference
News Editor, P. (2015). For Psychiatric Crises, Alternatives to ERs Have Their Advantages. *Psych Central*. Retrieved on September 24, 2018, from

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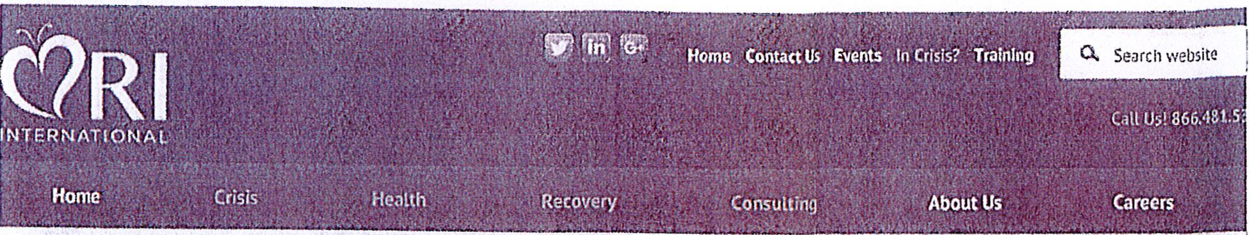

Palm Springs Home

The Mental Health Urgent Care provides individualized support for adults experiencing mental health challenges. Staffed by a competent, caring team, a safe, supportive, recovery-oriented environment is provided, with an emphasis placed on safety, the reduction of symptoms, and the creation of a plan for continuing support and services.

Services:

- Provide 24 hour/7 days/365 urgent care mental health screening and assessment services and medications to address the needs of those in crisis in a safe, efficient, trauma-informed, and least-restrictive setting.
- Provide timely transition (discharge) planning that includes the guest in the plan creation, to ensure individualized services and supports.The program offers a variety of services customized to the needs and preferences of guests, including; peer support, psychiatric and medication support, recovery education, nutritional education, health and recreation, community coordination and follow-up.

Who We Serve:

- Guests who are 18 years old or older, within Riverside County, California, and are voluntarily seeking assistance in a crisis situation.
- Guests able to walk-in, or to be referred by mobile crisis teams or law enforcement for crisis and assessment services.

Length of Stay

- Needs and circumstances determine the length of time each guest spends at the Mental Health Urgent Care. Guest stays cannot exceed 23-hours, as mutually agreed upon with staff. Upon a guest's arrival, we begin actively working on solutions. Guests may receive visitors, have access to a telephone, and will be invited and encouraged to participate in their individual service planning process.

Contact Us

2500 N Palm Canyon Dr., Suite A4, Palm Springs, CA 92262 |442-268-7000

General Information

Team Members
Recovery Connections Line
California News and Events

Crisis

Riverside County 24/7 Mental Health Urgent Care Centers
Riverside
Palm Springs

Health

Recovery

San Diego County
Riverside County
Contra Costa County

Contact Information

RI International
2701 N. 16th Street
Phoenix, Arizona 85006
T: (866) 481-5361

Our Locations

Arizona
California
Delaware
North Carolina
New Zealand
Washington
News and Events by Location

Quick Links

Home
RI Crisis
RI Health
RI Recovery
RI Consulting
How to Get Started
Peer Support and Recovery Training
About Us

Mental health crisis "living room model" expands in First State, focuses on peer support

15 July 2016 / WDDE (http://meganelainepauly.com/category/npr-member-stations/wdde/)

Click here (http://delawarepublic.org/post/mental-health-crisis-living-room-model-expands-first-state-focuses-peer-support) to view on Delaware Public Media

Delaware is attempting to revolutionize the way it treats individuals experiencing mental health crises.

It's turning to a "living room model," with two centers – one in Sussex, County and a new one in New Castle County.

The model focuses on peer-support to help lessen stigma, and is designed to de-escalate situations and treat guests in less than 23 hours.

Delaware Public Media's Megan Pauly takes us behind the scenes at the new center in Newark and introduces us to an individual who's seen its benefits.

Delaware Public Media's Megan Pauly takes an in-depth look at Delaware's attempt to rethink the way it treats individuals experiencing mental health crises.
"There wasn't a day went by that I didn't wish I was dead. I went into treatment, out of treatment into treatment...I just couldn't stay sober."

That's David Tribble. He struggled with alcoholism and drug addiction for years, and at his worst ended up living on the street.

Tribble's story has a happy ending: he's now working as a psychiatric nurse for RI International.

But when he was really sick he cycled in and out of the Maryland mental health system. He was often sent to the emergency departments – known as EDs. But they were ill equipped to provide crisis mental health services.

"I know firsthand what it's like to be spit on," Tribble said. "What it's like to be told to leave, have doors slammed in your face and you're not welcome here. I know exactly what that's like. And it's.. you know, you're already discouraged. You already think that you're worthless because people have been telling you for years that you're worthless, that you'll never amount to anything. And then you come in looking for help and they tell you that you're worthless. There he is again, back again. He'll never get sober."

Tribble says the experience left him reeling. He often waited 3-4 hours – and sometimes longer – to even be noticed.

With the help of devoted friends, he finally found a treatment plan that worked for him.

He says the doctor he saw eventually helped him introduced an element he hadn't experienced before in treatment: compassion.

"She said, you can do this Dave, you're a very strong person. You can do this, you just have to work at it every single day."

And that's the same thing that RI International – a global non-profit – is hoping to do with its alternative crisis centers: incorporate recovery into the traditional crisis model.

The concept of "recovery" was coined by Dr. Bill Anthony, a researcher at Boston University in the 1990s.

"There was a term called 'broken brain.' You know, your brain was broken. It was the way your life was going to be." Anthony said. "Where I saw a lot of people personally who were getting better and tried to figure out a way to define what I was seeing."

Anthony has worked with RI to incorporate elements of recovery into its model of care. RI isn't an inpatient facility, providing a maximum of 23 hours of de-escalation and stabilization.

Leon Boyko, Chief Recovery and Crisis Service Officer for RI gave me a tour of their new facility in Newark that opened just a couple of weeks ago.

"What we'll do now is taking you downstairs into the unit itself where we actually provide psychiatric crisis services."

The location of the building is tucked into a serene cove of trees just off the freeway that Boyko says was chosen for its close proximity to Christiana Care's emergency department and easy access for first responders.

"So here we are. We are currently on the unit, and they come in for a variety of reasons, primarily suicidal ideations," Boyko said.

When individuals first come to RI he says the first focus is on their immediate needs: things that will go a long way in increasing their level of comfort.

"Before we really get into anything else we ask them: what do you need? What can we help you with? And a lot of times people will say you know what, gosh I've been home crying for hours, I was talking to the police ...I need some water, I need some juice or something. And we provide that right away," Boyko said.

They're also called "guests," not patients.

"We call them guests, we want them to feel as if this is almost like a hotel," Boyko said.

Boyko showed me one of the 16 units onsite. Since the model only allows for 23 hours of care, each room has two recliners instead of a bed.

"Here's what you can see is a typical room," Boyko said. "These are recliners: they recline all the way back if an individual wanted to sleep, they can sleep. If they just want to sit in here and be quiet they can, or if they want to spend their time out in the common area they can do that as well."

The common area is modeled after the look of a living room.

After the guest is made comfortable, they're introduced to a peer recovery coach like Denae Spence– someone who can relate first hand to some of their experiences.

"They probably see me within the first 10 minutes, and sometimes I'm the first person they do see," Spence said.

50 percent of RI staff members – including Spence – have "lived experience" of struggling with a mental illness themselves.

And another unique feature: what's called a "recovery island," an open counter with no glass barriers where guests can have easy access to mental health professionals, peer coaches and more.

Within 60-90 minutes, they'll see a psychiatric medical provider either in person or via telemedicine depending on the time of day.

RI has opened facilities similar to the one in Newark in four other states – Arizona, North Carolina, California and Washington – as well as New Zealand.

It started with the Arizona facility in 1997, and reached the First State in 2012, when a six-unit facility was opened in Ellendale.

The effort was part of the state's settlement with the U.S. Department of Justice over Delaware's over reliance on institutionalized care. That settlement encouraged the state to provide alternatives to incarceration and hospital diversion.

"It was a model intended to be an alternative to traditional psychiatric treatment of folks who continued to re-cycle back through systems without really making any progress because they weren't getting empowered and reminded of their strengths," said Dr. Gerald Fishman, RI's Eastern Regional Director, overseeing programs in Delaware and North Carolina.

He says RI's recovery-based model is a large departure from the old method of treatment.

"These folks were being essentially handcuffed at times, shackled to gurneys, and in many ways re-traumatized," Fishman said.

Anthony says the new model called for what he says is a "no force first" policy: that is, that force by way of medication or other restraints should be avoided at all costs.

"Because we were asking the field to do something dramatic: in other words, believe they could run a crisis service or state hospital without forcing people either through seclusion, restraint, medication – force them to do what we want them to do," Anthony said. "So it was a big step."

And that's exactly what RI aims to do, by involving guests in their own recovery process.

"They from the moment they enter in our welcoming partnership process they get to actively engage, talk about what brought them in, the challenges they're facing, tell their story and then they generate solutions that we can try to assist them with," Fishman said.

David Tribble – who we met earlier – moved to Delaware after working for five years as a psychiatric nurse in Maryland.

"I was, I guess, just getting a little disillusioned with the type of care I saw being given. It went

against my values...the things that I was witnessing," Tribble said.

But he says RI aligns with his morals, and feels he can empower guests in his new role.

"I want them to look inside themselves and find what strengths they have," Tribble said. "Because I can give them all the information in the world, they can be sent out on medications and told to see your therapist, see this psychiatrist once a month and attend AA meetings or whatever. But unless they feel inside themselves that they can do this, they're not going to do it."

He told me about a recent experience when he was able to ask a guest what he wanted.

"I had a guest who came in last night and in the course of my assessment I asked him: where do you see yourself 5-10 years from now? What would you like to see if you had a life you could pick out? He said, I'd like to have gainful employment, have a steady job. I'd like to meet a woman, get married, settle down, buy a house and have a family. And then he said, you know what Dave? Nobody's ever asked me that before. Of all the hospitals I've been in, nobody's ever asked me what I wanted," Tribble said.

Which Tribble says leads to what he sees as a key ingredient to success: hope.

"I think a journey begins with a first step. And the first step is to get some hope into somebody that things can be different this time. That you can change, you have that power," Tribble said.

Both Boyko and Fishman agreed that the model is working well so far, with over 70% of guests stabilizing within the 23-hour window, and not needing to escalate to higher levels of care.

"The recovery-based model that we employ says what more could we offer to help you meet the challenges in your life more effectively? And we own that," Fishman said. "So it really is a shift in accountability that we see in outcomes for these folks."

When I spoke with them, Boyko said he received a call the day before from someone in Oklahoma who'd heard about the success of the program in California.

"We're constantly getting asked: when can you open these facilities?"

The hurdle to expanding elsewhere is money. Right now, the state of Delaware is footing the bill for the centers here through its Division of Substance Abuse and Mental Health.

The operating budget for the centers in Newark and Ellendale is 7 million dollars, but Boyko says the costs are a third of inpatient care – and exponentially smaller when compared to emergency department costs.

Since 2012, the Ellendale facility has been very full: seeing 130-150 people each month. And just a week after opening, the Newark location was also filling up.

Boyko is hopeful that similar crisis services will become more common nationwide, especially after he and Fishman helped publish a white paper detailing the model's success earlier this year.

And the staff – including Tribble – remain hopeful as well.

"This is the wave of the future, there's no doubt in my mind," Tribble said. "This is the way healthcare is going. People say the mental health system is broken and I don't believe that. It's not broken, it's just changing."

Previous Summer Learning Collaborative tackles summer learning achievement gap (http://meganelainepauly.com/summer-learning-collaborative-tackles-summer-learning-achievement-gap/)
Next Wilmington youth basketball league returns to home court (http://meganelainepauly.com/wilmington-youth-basketball-league-returns-to-home-court/)

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