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The Living Room: Leveraging the Peer Workforce in Crisis Stabilization

Ellis MEDICINE

CDPHP

Disclaimer

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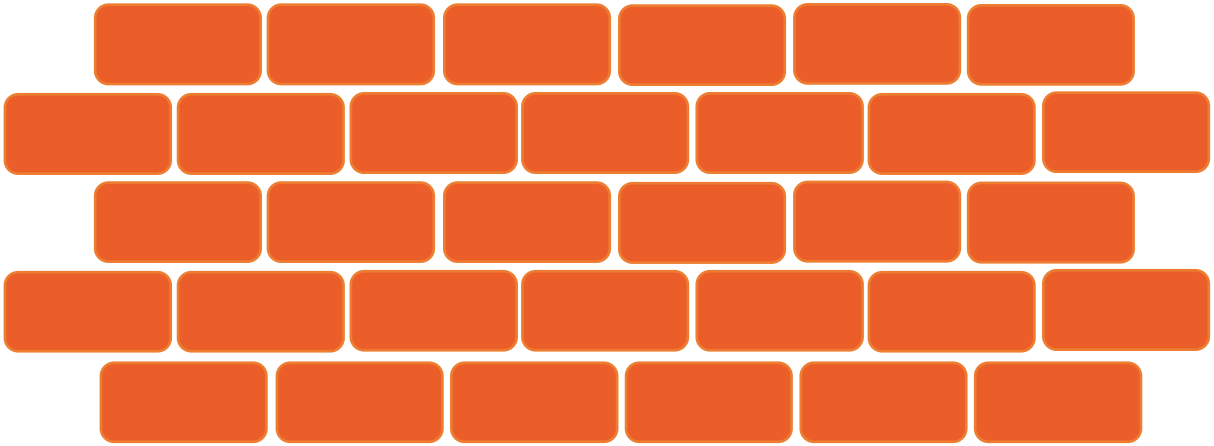
Learning Objectives

- Better understand the Living Room Model and Recovery Principles
- Better understand how Living Room models operate with considerations for implementation, partnerships, scaling, funding and sustainability
- Hear from Peer support staff at a Living Room program on the impact of these programs to help provide critical support and connection



Principles of Peer Support

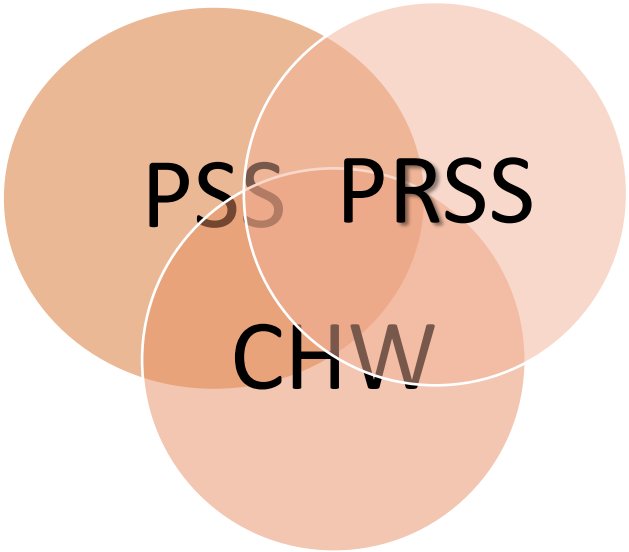
- Recovery-Oriented
- Person-Centered
- Voluntary
- Relationship-Focused
- Trauma-Informed

Barriers PRSS Face

- Low Pay
- Burnout
- Limited Career Advancement
- Lack of Role Clarity

Foundation for Opioid Response Efforts. (2023). *Supporting and building the peer recovery workforce: Lessons from the Foundation for Opioid Response Efforts 2023 survey of peer recovery coaches.* https://forefdn.org/wpcontent/uploads/2023/06/fore-prc-survey-report.pdf

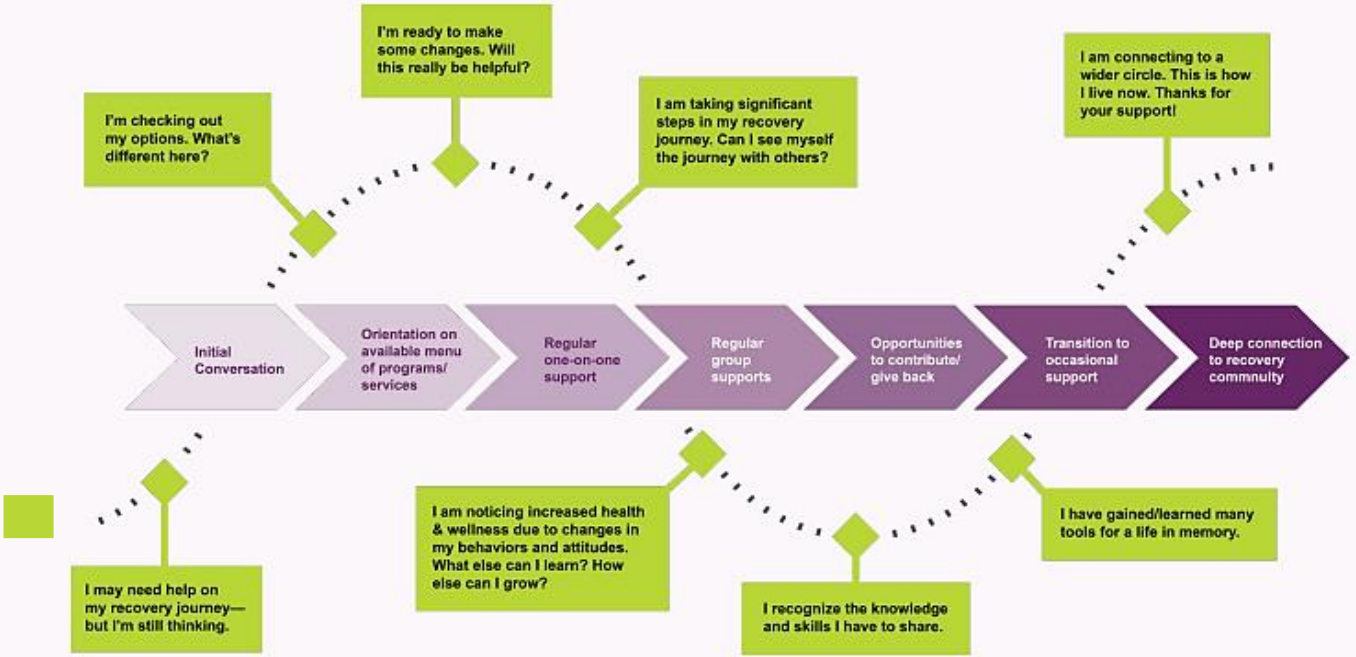
Peer support staff, Community Health Worker's and Peer Recovery Support Specialists: separate, overlapping and joined.



- All carry a form of living experience
- All understand the impact of social determinants
- All are embedded in the power of the community as a place for healing
- All recognize the mind, body, spirit connection
- All operate from a partnership/walk beside perspective
- The difference is in their living experience and the specialization in their training.

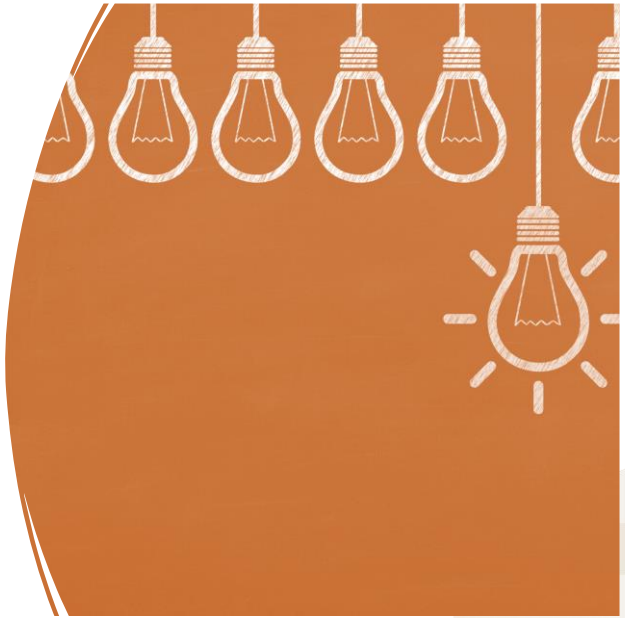
Recovery Journey

Figure 1. Sample Participant Journey in Peer Recovery Support Services

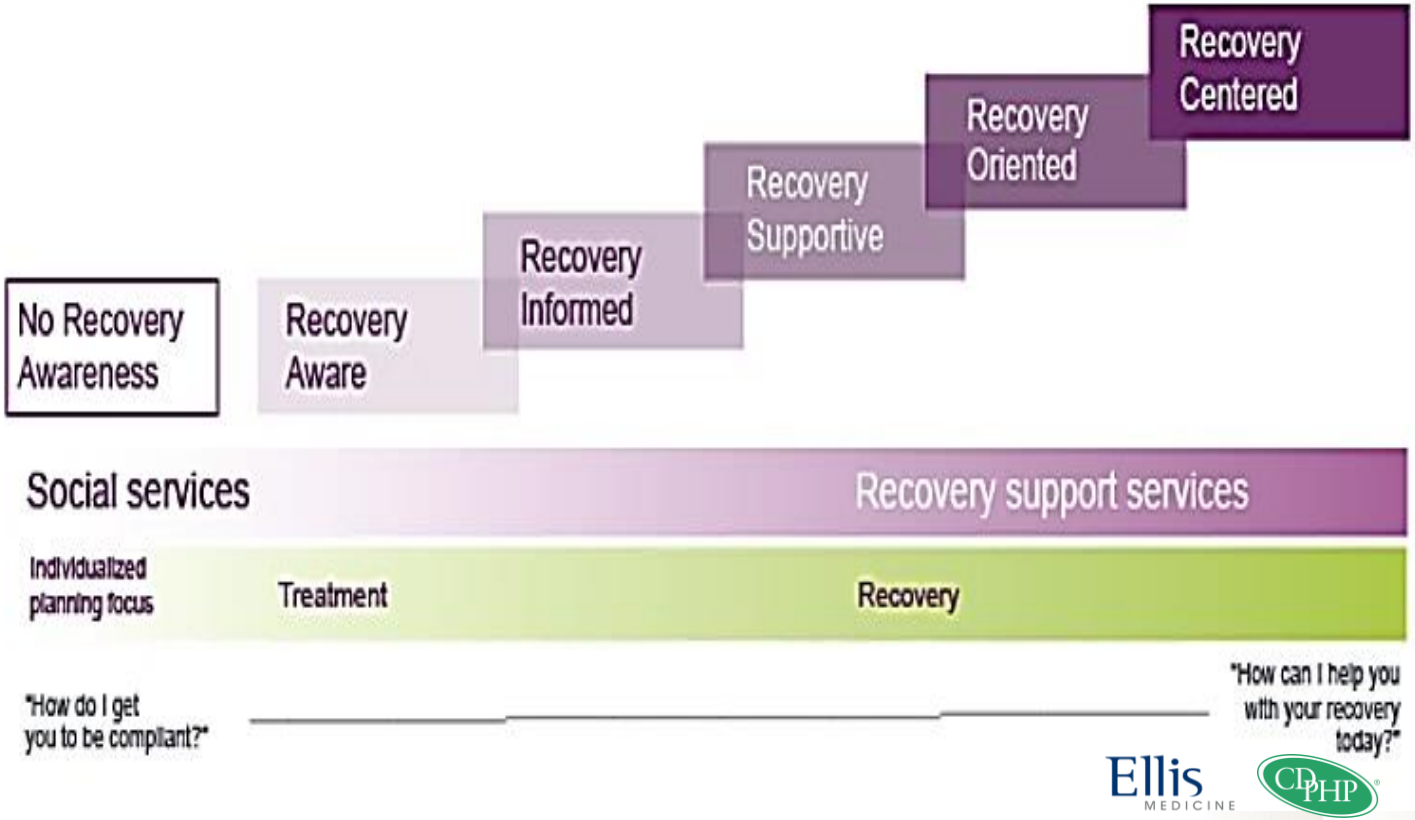


Substance Abuse and Mental Health Services Administration. (2023). Peer Recovery Center of Excellence: *Peer Support Worker Job Roles and Tasks: A Tool for Developing and Using Job Descriptions.* Retrieved from: https://peerrecoverynow.org/wp-content/uploads/2023-JUL-12-prcoe-define-job.pdf

Increasing Recovery Consciousness; Grounding Systems in Recovery



A New Framework: *The Recovery Consciousness and Integration Continuum (RCIC) framework*



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Recovery-centered Organizations

Principles of Recovery-Oriented Systems of Care

- There are many pathways to recovery
- Recovery is self-directed and empowering
- Recovery involves a personal recognition of the need for change and transformation
- Recovery is holistic
- Recovery exists on a continuum of improved health and wellness

Principles of Recovery-Oriented Systems of Care

- Recovery emerges from hope and gratitude
- Recovery involved a process of healing and self-redefinition
- Recovery is supported by peers and allies
- Recovery involved (re)joining and (re)building a life in the community

Tools for Evaluating Recovery Centeredness

Part 1: Recovery Orientation

1. Is the organization focused on participant-defined life goals?

2. Are participants' choices respected by staff (as much as possible and taking into account safety needs/concerns)?

3. Is there substantive involvement of service users, persons with lived and living experience from the community, in the developing, providing, and evaluating programs?

4. Does the organization offer a diverse menu of recovery support services, either directly or through partnerships with other organizations?

5. Are the recovery support services individually tailored? Culturally relevant?

6. Does the organization have proactive processes in place to connect participants with peer-led/ peer-run/ mutual support organizations and networks?

7. If an individual needs a referral to a higher level of care to maintain safety, is the engagement around this trauma-informed and recovery oriented?

Part 2: Commitment to Effective Peer Employment

1. A nuanced understanding of the peer ethos, values, and history?

2. Intentionally designed policies and procedures that consider the peer ethos, values, and history?

3. Substantive involvement of peer workers in the developing, providing, and evaluating programs?

4. Peer workers playing a leading role in making decisions related to the peer services offered?

5. Outcomes measurements that are centered on recovery, not clinical understandings of success, such as medication compliance, maintaining abstinence, or decreasing mental health "symptoms"?

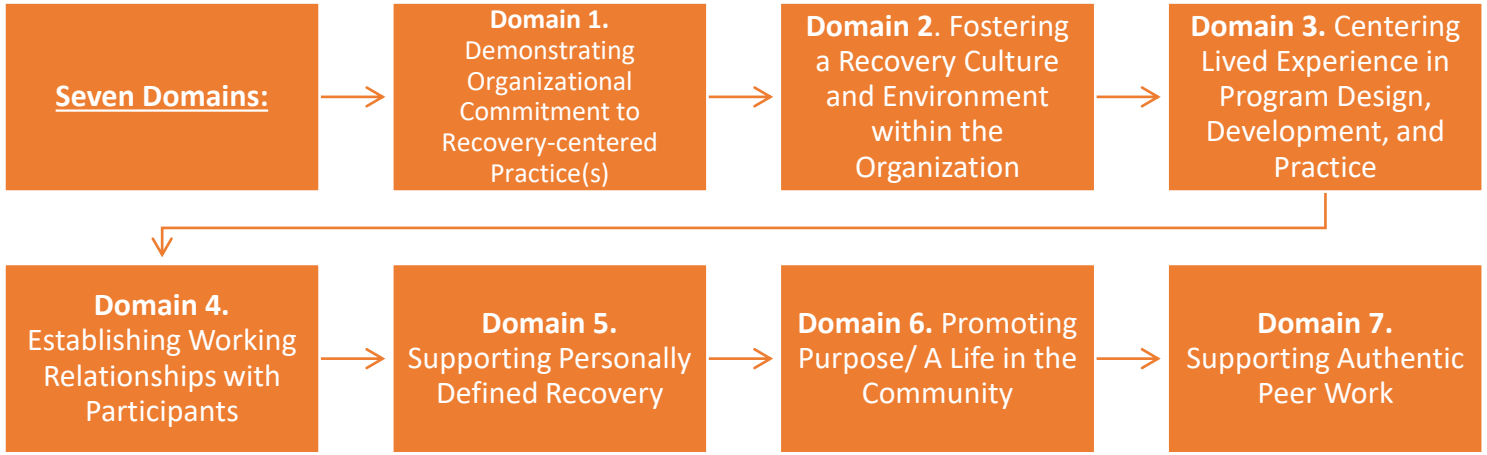
6. Hiring practices for peer workers that does not require adherence to specific recovery pathways (e.g., abstinence, participation in therapy, periods of time in recovery)?

7. Comprehensive onboarding for peer workers?

8. Opportunities for peer workers to advance their career without obtaining clinical training?

Tool for Evaluating Recovery Consciousness

Organizational Assessment: Recovery Consciousness This assessment is designed to help an organization reflect on their processes related to participant-centered services and recovery support across seven domains. Each domain contains several statements that relate to recovery-centeredness. (Adapted from Byrne et al, 2022; Armstrong and Sheffen, 2009; Shepherd et al., 2014; Anthony, 2000)



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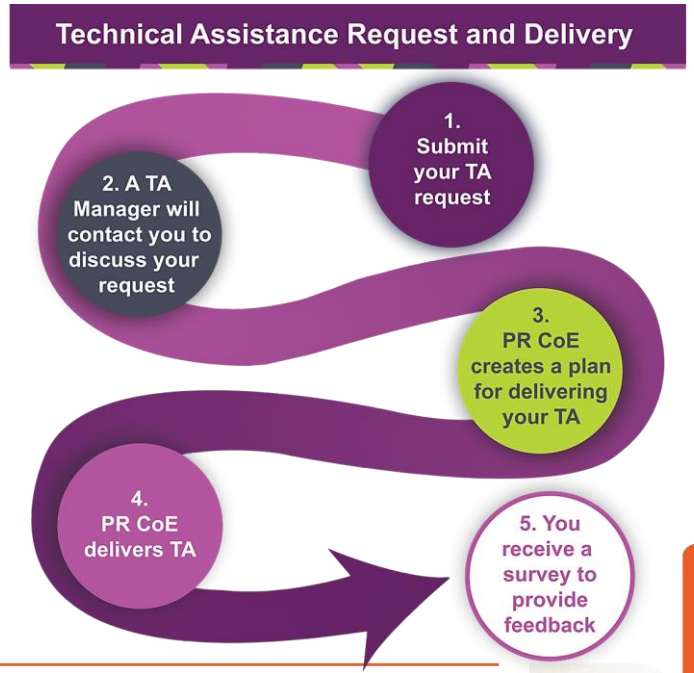
Peer Recovery Center of Excellence (COE)

In addition to trainings and publications, the Peer Recovery CoE accepts **technical assistance** requests from any individual, **organization,** community, state or **region in need of training relating to peer recovery support services** for substance use disorders.

The Peer Recovery CoE has five Core focus areas:

- **(1) Integration of peers into non-peer/non-traditional settings**
- (2) Recovery community organization capacity building
- (3) Peer workforce development
- (4) Evidence-based practice & practice-based evidence dissemination, and
- (5) Diversity, equity, and inclusion



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Thank you

www.PeerRecoveryNow.org

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Outpatient Crisis Diversion

Service Provided by Ellis Outpatient Mental Health

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What is Outpatient Crisis Diversion?

- Outpatient Crisis Diversion is a model of crisis diversion that offers screening and assessments to individuals experiencing a mental health crisis.
- Outpatient Crisis Diversion can offer immediate stabilization services for psychiatric crisis.
- Outpatient Crisis Diversion can greatly decrease the over-ultilization of emergency room resources.

Ellis Medicine, 2024. Ellis Medicine Mental Health Services website Mental Health Services (ellismedicine.org)

Fuller, 2020. "Responding to Crisis: The Crisis Living Room" *National Alliance on Mental Illness* Responding to Crisis: The Crisis Living Room | NAMI: National Alliance on Mental Illness

NAMI, 2024. "Divert to What? Community Services that Enhance Diversion" *National Alliance on Mental Illness* https://www.nami.org/wp-content/uploads/2024/04/DiverttoWhat.pdf

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Shattell, M. M., Harris, B., Beavers, J., Tomlinson, S. K., Prasek, L., Geevarghese, S., ... Heyland, M. (2014). A Recovery-Oriented Alternative to Hospital Emergency Departments for Persons in Emotional Distress: "The Living Room." *Issues in Mental Health Nursing*, *35*(1), 4–12. https://doi.org/10.3109/01612840.2013.835012A Recovery-Oriented Alternative to Hospital Emergency Departments for Persons in Emotional Distress: "The Living Room": Issues in Mental Health Nursing: Vol 35 , No 1 - Get Access (tandfonline.com)

Why is Crisis Diversion Important?

1 Reduce Harm

Increases accessibility to stabilization services that can decrease harm to individual or others

2 Reduce Intervention

Decreases the need for intervention by law enforcement, first responders, and emergency departments

3 Reduce Hospitalization

Stabilization in an outpatient setting decreases the need for inpatient psychiatric hospitalization

4 Savings

Crisis Diversion saves the time, resources, and money

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Fuller, 2020. "Responding to Crisis: The Crisis Living Room" *National Alliance on Mental Illness* Responding to Crisis: The Crisis Living Room | NAMI: National Alliance on Mental Illness
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Goals of Crisis Diversion

1 Support

Make the individual feel heard by providing active listening and empathy

2 Stabilization

Screen, assess, and stabilization of symptoms to reduce harm and intensity

3 Problem Solve

Work with the individual to identify immediate needs and address when able, as well as providing coping skills

4 Referrals

Provide a warm hand off and follow up on referrals to long-term care and support services

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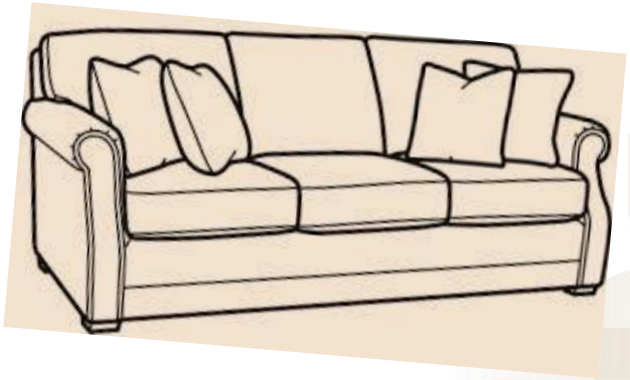
Redefining Crisis Intervention Services

Overview of The Schenectady Living Room

- Origins: first Living Room program in Illinois, 2013
- Population Served:
  - Adults 18 years or older
  - Mental Health Crises
  - Insurance not required
- Support Offered
  - A comfortable, calming place
  - An alternative to the Emergency Department
  - Supportive therapy
  - Care management services
  - Peer support



Building the Ellis Living Room

- Trend of high-utilization of Ellis emergency room for mental health crises
- Partnership created with Rehabilitation Support Services in 2018, utilizing building space within new Ellis Mental Health Services location
- Grant funding obtained (local insurance company- CDPHP, charitable organization- Mother Cabrini and social service agency- Healthy Alliance)
- Staffing- recruitment and role development
- Growth of program from 2018-present
  +Staff changes

A Visit to The Living Room

- A guest meets with a Living room staff (oftentimes peer specialist initially) to determine type of assistance needed
- Staff completes a brief general assessment with guest, which includes safety assessment (based in part off the Columbia) , measurement of distress level (SUDS), and helps identify presenting needs.
- Provide supportive, comprehensive crisis counseling- Refer to other Living Room staff (social worker, care manager) as needed, as well as provide additional referrals where appropriate

Peer Specialist Supportive Services

- Often first contact for guest, perform initial assessment
- Peers share lived experiences
- Aid individuals in developing coping skills
- Assist in processing conflicts and distress
- Person-centered problem solving
- Provide social support and assist in developing present and future goals

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Lyne Adams, Peer Specialist

- Lived Experience Story
- Career Pathway
- Purpose/Mission
- Advocacy
- Anecdote from case at The Living Room
- Safeguards in place for peers/team
  +Trusted teammates and creating a safe environment

Social Worker Role

- Provide more in-depth crisis counseling, offering additional means for stabilization
- As needed, assess appropriateness of referrals to other treatment providers and initiate plan for referral
- Provide safety assessment/planning
- If needed, the social worker can authorize and coordinate a crisis evaluation at local hospital

Case Manager Services

- Every initial visit includes Social Determinants of Health Screening which indicate need for care management resources
- Facilitate linkage to long-term care management services, physical health providers, housing, and other resources
- Care manager can assist in helping clients with benefit paperwork and other short-term help until linked with long-term services

Waiting Area

Den

Meditation/Relaxation Room

Meditation Room

Kitchen/Art Room

Case Example

How The Living Room is Redefining Crisis Intervention

Reducing barriers to access to Behavioral Health Care

- Walk-in Basis (no appointment necessary)
- Support between appointments with providers
- No insurance needed

Team-Based Approach

- Greater utilization of peer counseling services as integral to care

Early Intervention

- Do not have to be /have a safety risk to receive Living Room services
- Solution-focused on goals/root causes to help resolve issues early on
- Tangible outcomes: proactive referrals help lower client distress in a difficult-to-navigate healthcare system

- Warm, calming and quiet atmosphere

Long Term Goals

- Decrease utilization of emergency room for mental health crises, when possible
- Develop sustainability and streamline care- addressing root causes of crisis to help link individuals to needed and appropriate care, as soon as possible
- Reduce healthcare costs related to overutilization of services
- Paradigm shift in how we look at continuum in care as a community (from “failing up the ladder” to “early intervention”), avoid unnecessary ER visits
- Engage individuals that are at high risk of future crises to help reduce recidivism
- Improve quality of services for individuals who are vulnerable to mental health crisis
- Successfully serve individuals so they return to a stable life in the community

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Keys to Program Success and Longevity

- Trend of high-utilization of Ellis emergency room for mental health crises
- Partnerships and mutual referrals within local healthcare systems
- Community collaborations and resource building
- Demonstrating indispensability of services and cost-saving measures to funders (including insurance companies)
- Staff retention and supportive management style
- Team-based approach
- Policies, clear communication and expectations

2023 Living Room Stats

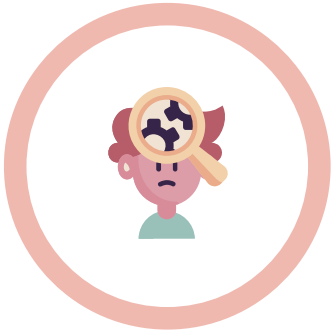
The Living Room (Schenectady)			
Measure	2021	2022	2023
Number of Visits	1117	962	917
Number of new individuals Served	488	431	457
Number of Behavioral Health ED Visits	24	16	21
Average stay (in minutes)	83.5	90	67
Total Cost Savings (ED and ambulance cost avoidance minus est. cost per visit)	$1,216,815	$2,456,400	$2,313,200
Average Change in Distress Level from Program Admission to Discharge	2.6	2.6	2.4
Emergency Room Diversion Rate	98%	98.5%	98%
Individuals Linked to Mental Health Services	337	329	342
Individuals linked with a Primary Care DR	34	49	39
Individuals Linked to Care Management	124	96	102
Individuals With CDPHP	239	222	240
Individuals with MVP	72	74	90
Individuals with Fidelis	360	219	223

"The Living Room Stats" (taken from data in AWARDS electronic medical record for The Living Room program, 2018-2024)

Snapshot of Success

Since Opening in Late 2018…

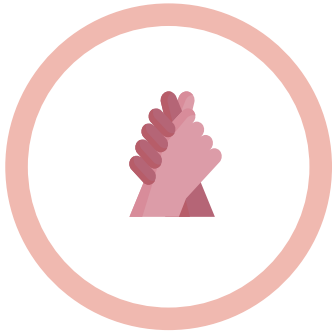
98%



Diversion

The Living Room has maintained a **98% ED Diversion Rate**

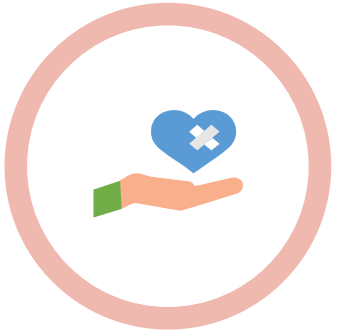
$7.1m



Savings

The Living Room has saved NYS & Schdy Cty nearly **$7.1 million**

4,700



Impact

Over **4,700** visits and **2,100+** patients referred to ongoing treatment

"The Living Room Stats" (taken from data in AWARDS electronic medical record for The Living Room program, 2018-2024)

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Questions?

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