Compassionate Approaches to Crisis Webinar Series

The Living Room: A Peer-Run Program for People in Distress and Crisis

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Disclaimer

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Archive

This Webinar will be recorded. The PowerPoint presentation and the audio recording of the teleconference will be posted to the National Empowerment website at:
http://www.power2u.org
Questions?

At the end of the webinar, there will be a Q & A session. You are invited to ask questions at any time through the “question” function. Questions will be taken in the order they are received. You are also welcome to make comments using the “chat” function.
As Vice President of Peer Support and Self-advocacy, Keith Scott is responsible for developing and overseeing peer support and self-advocacy for the entire organization, as well as oversight of all human rights mechanisms. His goal is to create and nurture an effective means of providing support for the voices of all of the people we serve while maintaining a vibrant and vigilant human rights program to ensure that the rights of everyone we serve are respected and preserved.

Prior to his promotion in 2015, Keith worked for Advocates’ Mental Health Division for more than 20 years as a program director, administrative director, director of clinical services, and, most recently, director of recovery and peer support. Under his direction, the peer specialist team within the Mental Health Division has garnered recognition as an exemplary model and one that truly adheres to the values and principles of peer support.

Keith holds a bachelor’s degree in human services administration from Springfield College and is a Certified Psychosocial Rehabilitation Practitioner and a Certified Peer Specialist.
The Living Room
A Peer-Run Program for People in Distress and Crisis
A place to connect through mutuality and shared lived experience
Presentation Objectives

• Explain what The Living Room is and what it offers

• Identify specific supports and resources a guest can expect when visiting

• Explain how we gather data on guests' experiences

• Our current data for guests - demographic and satisfaction
What is The Living Room Model?

- Offers another option instead of traditional respites, emergency rooms, and hospitalization for people experiencing distress

- “This is a peer support, mutuality-based approach to supporting people through difficulties they may be experiencing”
Why Create A Living Room?

• Think about a time in your life when you felt overwhelmed-- perhaps you were experiencing depression, hopelessness, fear

• Who and What was helpful to you during that time?

• What is the common approach to someone who is experiencing emotional distress that may be viewed as a ‘crisis’?
What makes The Living Room Special?

- Hospitality

- We meet the person where they are, let the person define their experience and support them to determine what would be helpful

- Judgment-free, trauma-sensitive, welcoming, comfortable, non-clinical and very flexible
The Goal of The Living Room

• Provide support that is helpful to the guest, from the guest’s perspective
• Offer choices for guests to explore, emphasizing self-direction and person-centered decision-making
• Provide access to resources and supports
• Create connection and community
• Help guests to see crisis and difficulty as opportunities
• Reinforce autonomy and personal agency
A Different Experience: The Living Room Guidelines

• Completely peer staffed, completely voluntary

• Collaborate with people as partners and experts in their own lives, support their choices, and treat them with respect and kindness

• Foster empowerment, self-advocacy and personal responsibility

• Strength-based-exploration of “what’s going on”, not “what’s wrong with you?”
A Typical Visit begins with...

- People are greeted, welcomed and are asked about their basic needs first: hunger, thirst, rest
- Entrance agreement – review the basic guidelines of mutual respect, personal responsibility, independence, creating community – what can you expect, what do we expect
- Ask the guest how we can best support them while they are at the house
- Give guests a tour and an opportunity to ask questions
- Or, just let them rest quietly
A Typical Visit Cont.

• If needed – a discussion about whether the guest wants to spend the night and what they might need
• If a guest expresses needing more support than The Living Room can provide, we review options and ask what they would like to do and what they need from us
• Flexibility – we have guidelines that are negotiable in response to the uniqueness of each guest
24/7 Access

• 24-hour access is available for the community

• No referral needed – we don’t even use the term “referral”

• After 9PM, the overnight staff has discretion about welcoming someone into the program and consults with the 24 hour on-call person, who is also a Peer Specialist

• 2-night maximum stay as a guideline, but flexible depending on the person and their stated needs and wants for support

• Phone support available any time of the day/night to anyone in the community
Training for The Living Room Staff

- One full-time Peer Program Coordinator, 7 full-time Peer Specialists and 1 part-time Peer Specialist
- All Peer Specialists are required to be certified at hire or within their first year of employment
- All Peer Specialists are also required to have training in Intentional Peer Support, trauma-informed care, cultural competency, housing support, substance use and addiction support, CPR, First Aid, Human Rights, Intentional Care, OSHA, fire safety, disaster response, corporate compliance, Deaf Culture and HIPAA
- Each Peer Specialist is required to complete at least one month of shadowing, during which they are partnered with and mentored by an experienced team member
Supervision

One hour of weekly supervision and two hours of team meeting with all 37 of our peer support staff and one hour of The Living Room staff meeting

Vice President of Peer Support and Self-Advocacy
Director of Recovery and Peer Support
Peer Program Coordinator
Peer Specialists in The Living Room
Why in Framingham?

• Proximity to public transportation (plains, trains and automobiles)

• ADA accessibility

• Central location for Eastern and Central Massachusetts access

• Proximity to PES, ACC, Marlboro respite and local EMS (if required)

• Collaboration with Jail Diversion Program
Data We Collect

• Data is collected anonymously and gathered & by The Living Room staff & analyzed by Advocates’ Data Analytics team
• Monthly and annual report produced for funder and for internal team goals
• Data used to support our grant status and to help us improve the guest experience
• Demographics that guests provide (encouraged, but optional)
• Where would the person have gone if the The Living Room wasn’t an option?
• How did they hear about The Living Room?
Guest Data

July 2018-June 2020

• Nearly 10,000 interactions with guests
• Each guest averages 13 separate visits
• 63% of guests come between 8am and Noon, 27% between 12pm and 8pm and 10% between 8pm and 8am
• Average length of stay is 90 minutes
• January, February and March are the busiest months
• Based on voluntary responses to the Satisfaction Survey, 97% of guests Highly Recommend The Living Room
Guest Comments

• “The Living Room is a great crisis alternative. It has also kept me from going to PES or the ER for additional levels of care”

• “Having someone to talk to about current problems helps a lot”

• “You have awesome folks here that made it easy to reach out.”

• “I love this place! Thank you for creating a warm, family-like retreat we can escape to. Every single person I interacted with was lovely. Truly, this was above and beyond my expectations. Thank you.”
Presentation Review

We hope that people have gained insight into:

• What The Living Room is and what it isn’t
• How this model is different from traditional means of support during an emotional crisis
• Why it is important to offer alternatives
• The experience of our guests with the support they have received
Questions?
THANK YOU!

For any additional questions, please feel to reach out!

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