



The Living Room

**Providing the community with an alternative to clinical intervention
of emotional distress**

A place to connect through mutuality



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 measure guests' experiences
- Our current data for guests demographic and satisfaction

What is the Living Room Model?

- offers an alternative to traditional respite, emergency rooms, and hospitalization for people experiencing distress.
- “This is a non-clinical, non-medical model approach to supporting people through difficulties they may be experiencing,” Keith Scott, VP for Peer Support and Self-Advocacy.



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'?

How is the Living Room Different?

- Hospitality model not hospital mode
- person-centered- we meet the person where they are at and let the person define their experience
- Judgment-free

The Goal of the Living Room

- Provide support that is non-judgmental and free of clinical assessment
- Offer choices for people to explore without surrendering control of their lives
- Provide Connections to a variety of local resources
- Collaborate with people in their choices of how they want to tackle their issues in the moment

A Different Experience: The Living Room Guidelines

- Completely peer staffed, no clinical staff on site
- Collaborate with people and support their choices of how they want to tackle their issues in the moment
- Foster empowerment, self-advocacy and personal responsibility
- Strength-based-explore “what’s going on”, not “what’s wrong with you?”

A Typical Visit begins with...

- People are greeted and are asked about their basic needs first: hunger, thirst, rest
- Entrance agreement –review the basic guidelines of mutual respect, personal responsibility, independence, completely voluntary and our policy of no substances (including cigarettes), no weapons
- Ask the guest how we can best support them while they are at the house

A Typical Visit Cont.

- If needed – discussion about potential of spending the night (at least after 2 hours of the person entering the house)
- Decisions about staying overnight are based on the needs of the guest, the person’s compatibility with the program guidelines and a conversation with a supervisor or the on-call

24/7 Access

- ‘open hours’ 8 am to 9 pm but 24 hour access is available for the community
- No referral needed
- After 9PM, the overnight staff has discretion about welcoming someone into the program and consults with the on-call
- 48 hours maximum stay with a rare case of staying for a third night
- Phone support available any time of the day/night and get support

Training for living Room Staff

- We currently employ one full-time Peer Program Coordinator, and 7.5 full-time Peer Specialists.
- All Peer Specialists are required to be Certified Peer Specialists at hire, or to complete the training and become certified within their first year of employment.
- Every Peer Specialist is also be required to have training in Intentional Peer Support, trauma-informed care, cultural competency, CPR, First Aid, Human Rights, Intentional Care, OSHA, fire safety, disaster response, corporate compliance, and privacy and security.
- When they first start, 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

- Supervision is conducted weekly and provided by the Peer Support Coordinator or Director of Recovery and Peer Support.
- The Peer Support Coordinator also receives weekly supervision with the Director of Recovery and Peer Support.
- The Director of Recovery and Peer Support, in turn, meets weekly with the Vice President of Peer Support and Self-Advocacy.
- The Vice President of Peer Support and Self-Advocacy meets weekly with the ESP Director.

Why in Framingham?

- Proximity to public transportation (planes, trains and automobiles)
- ADA accessibility
- Central location for all of Massachusetts access
- Proximity to PES, ACC, Marlboro respite and local EMS (if required)
- Collaboration with JDP

Data We Collect

- Data is gathered & by Living room staff & analyzed by Advocates Data analytics team
- 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 Living Room wasn't an option?
- How did they hear about the living room?

Guest Data

July 2018-June 2019

- 342 people responded to the question of ‘where would you have gone if living room not available?’
 - Home (119)
 - ER of Hospital (60)
 - Other (60)
 - Unsure, no where to go (50)
 - Stay with friends/family (22)
 - Respite/Crisis Stabilization (14)
 - Shelter (9)

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.”

Guest Satisfaction Survey Results

June 2019

- 148 People responded:
 - Highly Recommend: 132 (89%)
 - Recommend: 11 (7%)
 - Neither Recommend or Not Recommend: 3 (2%)
 - Strongly Not Recommend: 2 (1%)

Presentation Review

- We hope that people have gained insight into:
 - what a Living Room is
 - How this model is different from traditional means of support during an emotional crisis
 - Why it is important to offer alternatives
 - Data indicating Guest satisfaction with the support they have received and success diverting from use of an ER or Hospital