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'Living Room' offers ER alternative for mental illnesses
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New approach offers more welcoming environment, less expensive care

Not long ago, a woman who had just weathered a mental health crisis at the Living Room, a low-key alternative to emergency room treatment, was headed out the door when she offered her take on the service.

"I am so glad I came here and that you are real and can relate to me," she said. "I'm sick of going to the ER."

That comment, relayed by Living Room director Courtney Emery, sums up the promise of the new service, offered by nonprofit groups in the northern suburbs.

It is supposed to save the state government and private hospitals money by diverting some people with mental illnesses from expensive emergency room care. And it is supposed to offer those clients — or "guests," as the Living Room staff refers to them — a more empathetic and calming experience than they might receive at a busy ER.

The service is a new take on the old problem of how best to care for people with mental illness, a problem that promises to grow more severe as Illinois grapples with its fiscal calamity. Gov. Pat Quinn aims to send many patients who would now get care at state mental health centers to nearby hospitals, though the Illinois Hospital Association says its members can't serve every person being treated by the state.

Into that gloomy atmosphere comes the Living Room, a program meant to address one part of the system that almost everyone agrees is broken.

Emergency rooms are often the refuge of first resort for people with psychiatric issues. That's where they go when they face a crisis such as suicidal thoughts or spiraling anxiety, but some believe those symptoms could be better handled in a different setting.

"(The Living Room) seems to really fill a critical need in the mental health community right now," said Nancy Carstedt, executive director of the north suburban Cook County branch of the National Alliance on Mental Illness. "They provide crisis intervention services without the person going to an ER. The waits in the ERs now can be several hours to a day or two. This way people can come to the Living Room and get immediate help."

The free service, provided by Turning Point in Skokie and the Josselyn Center in Deerfield, is funded by a \$210,000 grant from the Illinois Department of Human Services. Department official Dan Wasmer said the agency had researched a similar program in Arizona, and when a 24-bed psychiatric unit closed at NorthShore Skokie Hospital last year, state officials decided to give the idea a try.

The money primarily goes toward the salaries of "peer counselors" who have successfully managed their own mental illnesses and are trained to help talk guests through their crises.

"There's a trust level," said Robert Haggard, a peer counselor at Skokie's Living Room who has been diagnosed with bipolar disorder. "When the guest finds out they're going to meet with someone who has worked through mental health issues ... they open up to us pretty readily."

He recalled one guest who came to the Living Room on the first evening it was open, in mid-September. The woman was about to lose the place in which she was staying, and after talking down her anxiety, Haggard helped her make calls to find a new residence.

"We've been down some of those roads, and maybe can share coping skills that can help us get through those times," he said.

Talking is a big part of what the Living Room does. Though it keeps a nurse on duty, it is not a medical facility. The idea is to catch people before their crises become so severe that they need emergency medication or an inpatient stay.

The Skokie branch, located at 8324 Skokie Blvd., looks much like its namesake, with walls painted in soothing tones of yellow and blue, dark wooden furniture and large paintings of sailboats and aspen trees. There's even a TV set, a candy dish and a separate room with a couch where guests can lie down for a rest.

Skokie has served more than 30 people so far, having spread the word about its service through police, social workers, hospitals and other mental health groups. Emery said only one guest has had to be sent on to an emergency room.

Turning Point CEO Ann Fisher Raney said its Living Room has the capacity to help seven or eight people at once, but that if it keeps even two people per day out of the ER, it could save more than \$500,000 annually in Medicaid costs.

Wasmer, of the Department of Human Services, said it was too soon to predict savings for either the state or local hospitals, which must absorb the cost of emergency care for uninsured patients. But he added that with a system built around the priciest treatments — ER care or hospitalization — it makes sense to explore other options.

"We know many people could use a less-expensive alternative if it was there," he said.

Likewise, Deborah Taber, administrative director of psychiatry and behavioral sciences for NorthShore University HealthSystem, said it's still unclear how the Living Room will affect emergency room numbers at NorthShore's hospitals. But she said it stands to reason that if someone receives help before his or her problem reaches the boiling point, visits will likely decline.

"Anything that assists people is a good thing," she said. "It's really going to be helpful."

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