



The Living Room @ New Horizons

Sponsored by New Horizons Community Mental Health Center, Inc., Thriving Mind South Florida, and the State of Florida, Department of Children and Families

“Your safe space in the community”

Living Room Concept

- The concept of a living room emerged in the 16th century as a safe space in the home in which individuals were able to relax, socialize and unwind. It signified stability, peace and provided emotional connection with loved ones.
- Currently, mental health respite programs are called living rooms because they are intended to be safe spaces that are similar to a home environment. Unlike medical settings, where the lights can be very bright, busy and chaotic, which is not always the best setting for someone going through a crisis.
- Mental health respite facilities are filling care gaps in over a dozen states, and we are the first living room program in Florida.

Purpose

- The living room is for individuals in need of a crisis respite program with services and support designed to proactively help them stabilize, resolve problems and connect with possible sources of ongoing support. It diverts the cycle of emergency department visits.
- The living room provides a safe, inviting, home-like atmosphere where individuals, or as we refer to them guests, can calmly process and resolve crisis events in a calm and safe environment, as well as learn and apply wellness strategies to prevent future crisis.
- The living room is staffed by peer recovery support specialists, qualified mental health professionals and psychiatric nurses
- The living room is free of charge to our guests.

Designing The Interior

While there is no single way to design a living room; by maintaining a welcoming, cozy, warm and safe environment, we strive to ensure that our guests have a comfortable and healing experience.

Color

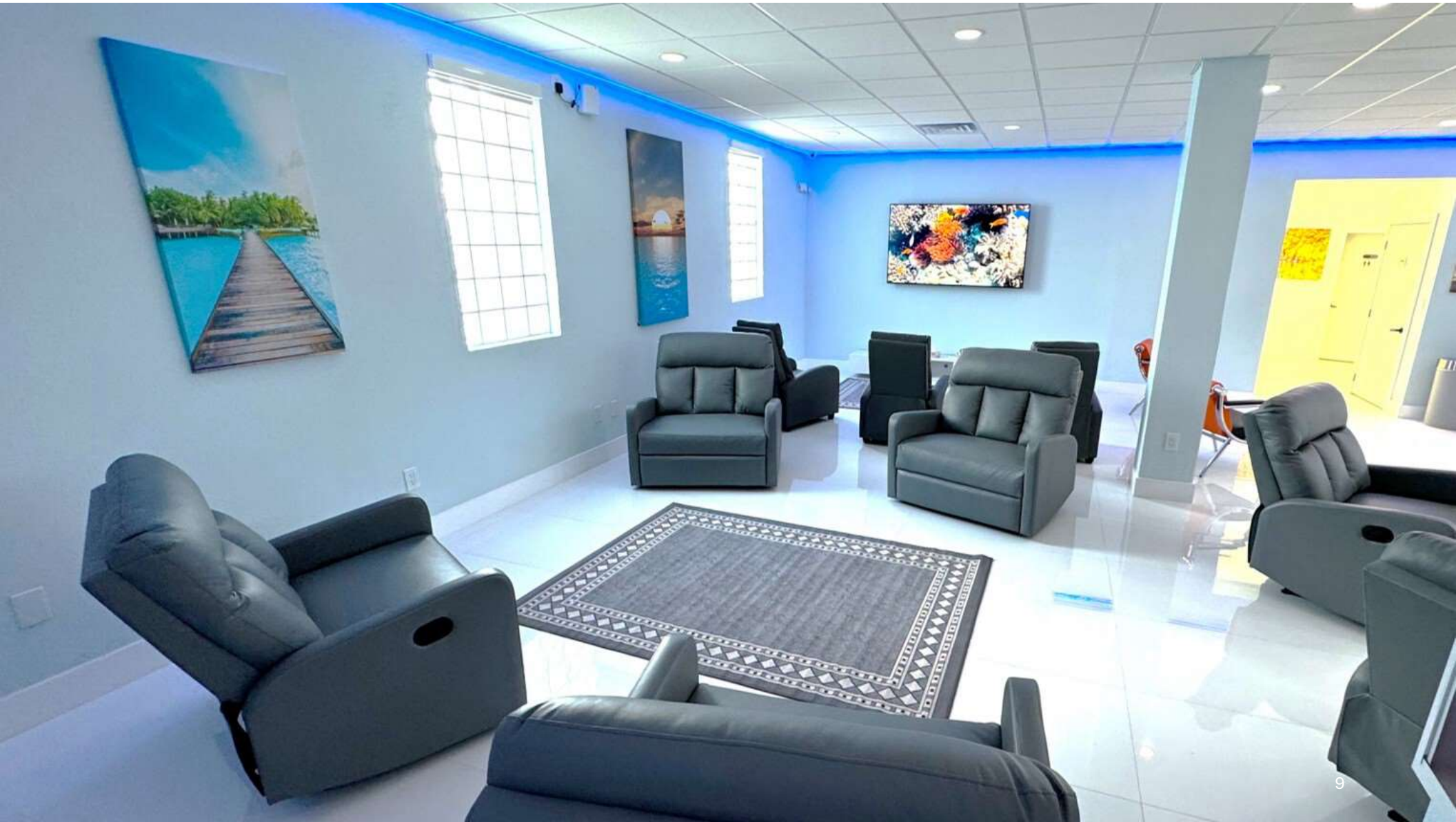
- Research shows that the color, blue and green, brings about the feelings of calmness and relaxation.
- Lighter blues are mentally soothing and calming.
- Additionally, green is closely linked to positive emotions.
- And this is the reason why we chose to paint our inside walls a pastel-bluish greenish color. Coincidentally, the actual name of the paint is, “horizon blue”.





- TYPES OF SELF-CARE**
1. PHYSICAL
 2. EMOTIONAL
 3. SOCIAL
 4. SPIRITUAL
 5. PERSONAL
 6. SPACE
 7. WORK







Artwork

Research suggests that the presence of even small components of nature may be associated with better mental health.

The choice of artwork was a collaborative effort. We avoided artwork that could trigger negative feelings and put up artwork of serene water scenes, sunrises and sunsets over the horizons, which gives a calming effect through out the area.



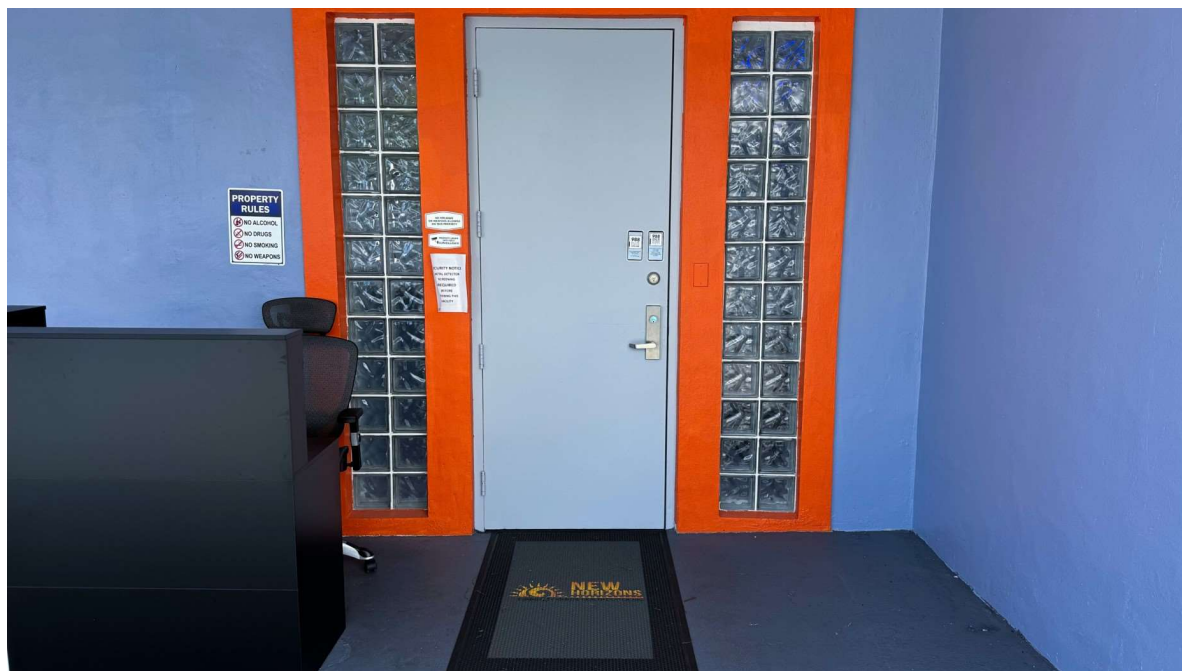
Surveillance

Importantly, to monitor activities to ensure the safety of our guests we are equipped with cameras.

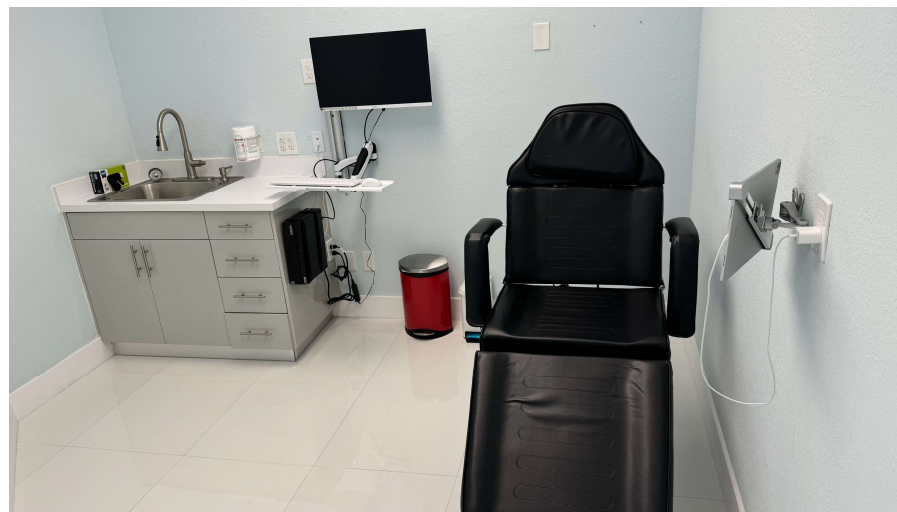
Maintenance

- We endeavor to keep our living room neat and clean and free from clutter.
- After each use, blankets and chairs are sanitized. Blankets are washed and chairs are thoroughly wiped down.

Other Areas of The Living Room









Staffing and Roles

- Our Living Room @ New Horizons utilizes peer recovery support specialists, mental health therapists/case managers and psychiatric nurses; all of whom have extensive experience working with individuals in crisis.
- The peer recovery support specialists are individuals who have had their own experiences with behavioral health and or substance use recovery. They engage in attentive listening to the guests' stories, provide empathetic understanding, develop a wellness plan to equip guest with tools to stabilize their crisis, and refer them to any necessary resources in the community.
- Our program is non-clinical, however, there are clinical underpinnings. Accordingly, therapists provide brief support therapy, and conduct evidence-based risk assessment, to determine the guest's level of distress, and whether the guest is appropriate for admission to the living room.
- The psychiatric nurses ensure that guests are medically stable and can be admitted into the living room.

Admission Process

Guests are cleared by a security guard

- To ensure safety of other guests and staff, guests are checked to make sure they are not carrying any weapons or drugs.

Guests are greeted by Peer Recovery Support Specialist at entrance

- Peer recovery support specialist welcomes guest and does a brief intro of the program. Completes consent form, initial screening and intake with guests. A warm hand off to psychiatric nurse is done for medical clearance

Medical Clearance by Psychiatric Nurse

- Psychiatric nurse completes a basic medical screening (vitals, medical history and list of medication is obtained). Once guest is cleared, a warm hand off to clinician is done.

Risk Assessment by Qualified Clinician

- Therapist provides brief support therapy and completes Subjective Units of Distress Scale (SUDS) and risk assessment with guests. Also, therapist assesses for any necessary referrals that needs to be made outside of the Living Room. Once cleared, guests are admitted into the Living Room.

Crisis Safety/ Wellness Plan by Recovery Peer Specialist

- Upon admission guests are provided with nutritious snacks, drinks, blanket and opportunity to speak and engage with a peer recovery support specialist. Peer recovery support specialist utilizes crisis intervention skills, motivational interviewing skills and recovery-oriented techniques to discuss crisis, explore triggers, and coping skills with guests. Access to quiet room is given, if requested.

Discharge by Peer Recovery Support Specialists

- When guest is ready to leave or their 23 hours is up, the peer specialist completes feedback form and provide them with any necessary referrals, copy of their crisis safety/wellness plan and walk them to the exit.

Admission Process: Security Clearance

- The security clearance takes place right before guest enters the living room.
- The security guard uses a metal detector to ensure that guests have no weapons, request the guest to empty out pockets to make sure there are no drugs or contrabands.
- A visual screening is done to make sure it is safe for guest to enter the living room.
- Once clearance is done, security guard notifies a peer recovery support specialist to escort the guest inside the living room.

Admission Process: Greeting

- At entrance, guests are greeted by a peer recovery support specialist.
- The peer recovery support specialist welcomes guest and does a brief introduction of the program, the process and the services available.
- Peer recovery support specialist starts building rapport by engaging with guests, asking for reason of visit, complete a consent form, conduct an initial screening and intake form with guest.

Admission Process: Consent for Support

- The peer recovery support specialist reviews consent for support form with guests. This form discusses confidentiality, the rights and expectations of the guests.
- Their willingness to participate and accept the support and abide by the guidelines of the living room. If they agree, the consent is signed by staff and guests.

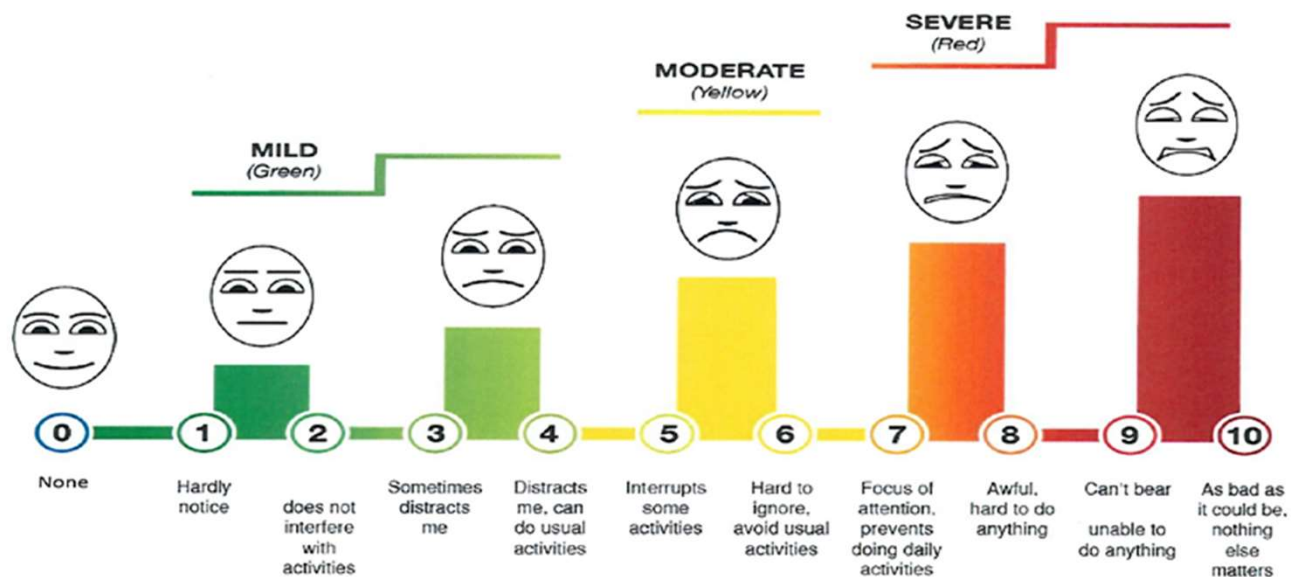
Admission Process: Intake Form

- Upon consent for support, the intake form is completed by the peer recovery support specialist with the guests.
- The intake form is a one-page form which obtains demographic information, emergency contact, source of referral and reason for referral, and allergies.

Admission Process: Medical Clearance

- The peer recovery support specialists then takes guests to our examination room where the psychiatric nurse completes a basic medical screening, where vital are taken (blood pressure, pulse, oxygen level, temperature).
- Medical history and list of medication is also obtained.
- If guests are cleared by the nurse, then a warm hand off is done by nurse to therapist.

Admission Process: Subjective Units of Distress Scale (SUDS)



The therapist utilizes the SUDS which is a scale ranging from 0 to 10 to measuring the subjective intensity of distress currently experienced by the guest. 0 being totally relaxed there is no stress present, and 10 being the distress is extreme and worst imaginable.

Admission Process: Risk Assessment

- As an objective measure, an evidence-based risk assessment is utilized to determine the level of risks in areas such as suicidal ideations, past suicide attempts, drugs and alcohol use, history of trauma, symptoms of depression and anxiety, etc.
- Protective factors are also identified
- A mini mental status exam is also performed by the therapist to evaluate guests' mental state.
- If guests present with active suicidal ideations and plan, then therapist initiates baker act.
- If guests are cleared by the therapist, then a warm hand off is done by therapist to peer recovery support specialist.

Admission Process: Crisis Safety/Wellness Plan

- Once the guest is admitted into the living room. The peer recovery support specialist offers nutritious snacks, soft drinks, and blanket to the guests.
- We have incorporated a wellness plan that is multi-dimensional focusing on physical, mental, emotional and financial wellness.
- Peer recovery specialist utilizes crisis intervention skills, motivational interviewing skills and recovery-oriented techniques to discuss crisis, explore triggers, and coping skills with guests.
- We keep the wellness plan for a year, so if we have returning guests, we can review with them to see if any changes need to be made.

Discharge

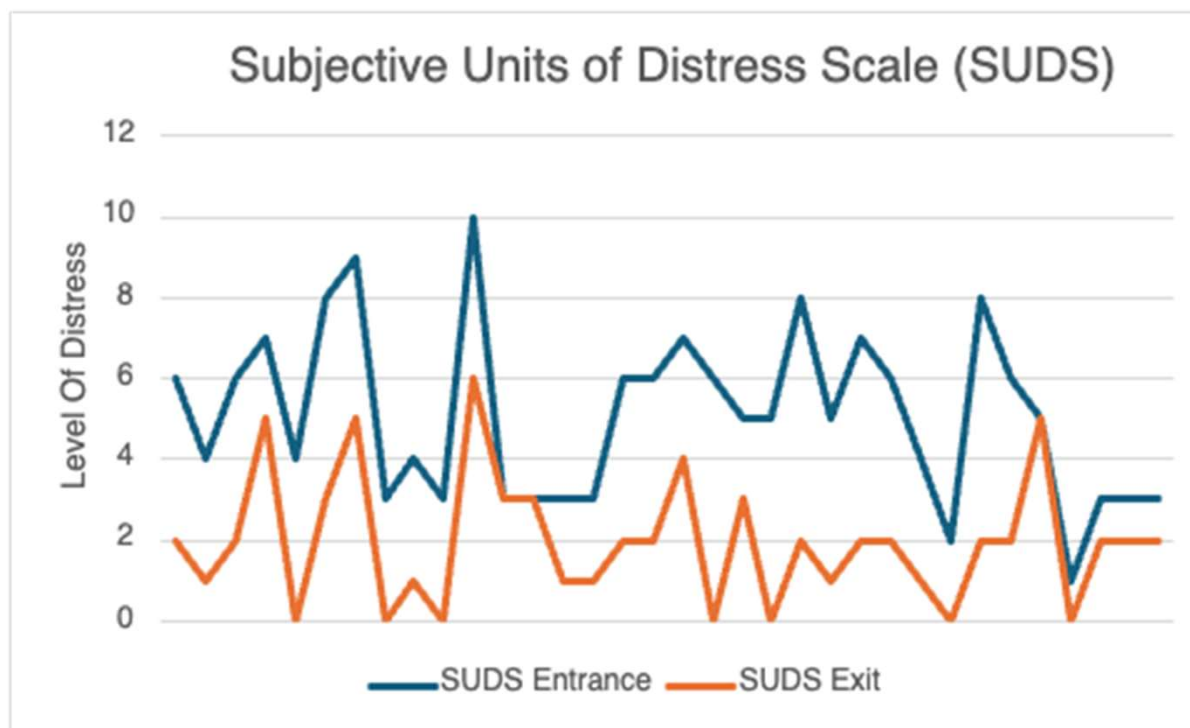
- We are open 24/7/365, however guests are admitted up to 23 hours in the living room but can choose to leave earlier.
- At the time of discharge, the peer recovery support specialist completes the feedback and disposition form with guests.
- Guests are provided with necessary referrals, copy of their crisis safety/wellness plan and retrieves all their belongings from their lockers.
- Guests are walked to the exit by a peer recovery support specialist.

Living Room Trainings

ALL STAFF OF THE LIVING ROOM ARE REQUIRED TO COMPLETE TRAININGS. SOME EXAMPLES ARE THE FOLLOWING:

1. Crisis Assessment
2. Crisis Stabilization
3. De-Escalation
4. Crisis Safety Planning
5. Motivational Interviewing
6. Trauma Informed Care
7. Suicide Assessment and Prevention
8. Recovery oriented system of care
9. Recovery language
10. Self-Care

Data and Trends



Average SUDS Entrance: 5.51953125

Average SUDS Exit: 2.65163934

Average Age: 44 years old

Closing

**IN CLOSING, PLEASE NOTE THAT
OUR LIVING ROOM FUNCTIONS
TO SERVE THE ENTIRE
COMMUNITY.**



Contact Info

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24/7/365

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**Thank you for
your attention**



**Questions and
Comments**

