

The Community Mental Health Board of Oak Park Township (CMHB) has assembled a collaborative of funders (see list in the budget document attached to this proposal) to support NAMI Metro Suburban (NAMI) in operating a three-year pilot of the Living Room Program in Oak Park. The purpose of this pilot is to provide valuable support to individuals experiencing a mental health crisis, divert individuals from emergency departments and police encounters, and gather data around the utilization and outcomes of the intervention. **CMHB and NAMI are requesting that the Village of Oak Park contribute \$150,000 per year for three years to support an Oak Park Living Room program.**

The goal of the three-year pilot project would be to gather comprehensive data regarding the need for mental health crisis care, community engagement with the program, and the outcomes of the individuals who receive Living Room Program services. If the data confirm the Living Room Program's effectiveness as a long-term community support, it will provide the foundation for an application to the State of Illinois to secure ongoing funding beyond the three-year pilot.

Need for the Program

One in five adults and youth in the United States will experience a mental health disorder during their lifetime, yet only half receive adequate treatment.¹ A 2025 survey of over 500 Oak Park residents indicated that 63% of respondents lived in households where someone was diagnosed by a health professional with a mental health challenge, yet nearly 20% were not engaged in some type of care². This survey further highlighted the fact that the disparity between those diagnosed and those in treatment is fueled by limited awareness of care options and persistent barriers such as high costs, long wait times, lack of insurance, and stigma. Left untreated, mental health disorders can severely diminish one's quality of life, increasing the risk of substance use, death by suicide, and economic hardship.

Furthermore, approximately one in five people visit an emergency room at least once per year in the U.S., typically due to chest pain, broken bones, falls, strokes, or back pain.³ Although emergency rooms are designed for acute physical ailments, over 12% of all visits are due to mental illness or substance use.⁴ Mental health-related experiences that bring individuals to the emergency department include acute psychotic features, a panic attack, suicidal ideation, a suicide attempt, or drug or alcohol overdose. Despite not having psychiatry beds, Rush Oak Park Hospital⁵ reported that for calendar year 2023, it had 757 visits to the emergency department related to psychiatric crisis. Over 27% (206) of those visits were from Oak Park residents. This underscores an urgent community need for effective and accessible mental health support in Oak Park.

Unfortunately, many hospitals and their emergency departments – including Rush Oak Park Hospital and West Suburban Medical Center — are not adequately equipped to treat mental illness, whether because of short staffing, hospital policy surrounding treatment times, or stressful surroundings. The fast-paced

¹ National Institute on Mental Health (<https://www.nimh.nih.gov/health/statistics/mental-illness>) and Centers for Disease Control and Prevention (<https://www.cdc.gov/children-mental-health/data-research/index.html>)

² Community Mental Health Board of Oak Park Needs Assessment Survey conducted by Leading Health Futures, 2025

³ National Institutes of Health (<https://www.ncbi.nlm.nih.gov/books/NBK607412/>)

⁴ Centers for Disease Control and Prevention (<https://www.cdc.gov/mental-health/about-data/emergency-department-visits.html>)

⁵ Despite numerous requests to West Suburban Medical Center over the past years, CMHB has been unable to obtain data of psychiatric emergency department visits, fueling our desire to establish a pilot project.

environment of most emergency departments is not conducive to deescalating a mental health crisis, as bright lights, loud noises, and other environmental factors can exacerbate symptoms. Most emergency room physicians are not specialists in mental health or addiction and therefore are only able to address immediate physical symptoms rather than the underlying mental and emotional causes of a person's condition. At best, hospitals like Rush Oak Park Hospital and West Suburban Medical Center can only keep patients until a bed opens at a psychiatric facility such as Riveredge Hospital or Madden Mental Health Center. At worst, many people experiencing a mental health crisis will be discharged without receiving appropriate treatment with the origin of the crisis never addressed.

Mental health crisis accounts for a significant number of 911 calls, which require a response from either police, fire, or emergency medical team. These responses are often costly, can be traumatic for someone in crisis, and rarely provide the appropriate trauma-informed support. The West Suburban Consolidated Dispatch Center (West Con) reported that between May 2023 and May 2025, there were over 2,500 calls for service that were classified as "Psychiatric Abnormal" or "Psychiatric Crisis." Over 50% (1,286 calls) were from Oak Park residents. The newly established Village of Oak Park E.C.H.O. (Engaging Community for Healthy Outcomes) team also reported that in the five-month period between February and June 2025, 15% of their engagements (27 out of 181) was mental health-related.⁶

The Village of Oak Park has documented these community mental health needs and challenges in both its [2022-2027 Community Health Needs Assessment and IPLAN](#) and the [2023 Alternative Call Response Taskforce – Mental Health Recommendations](#). **Each of these reports lists The Living Room Program model as an effective solution.**

Living Room Model

The Living Room Program (LRP) is a nationally recognized model and a proven alternative to a hospital emergency room or a 911 call for someone who is experiencing an increase in mental health symptoms. The LRP is for individuals over the age of 18 who require a crisis respite program, with services and supports designed to deescalate mental health crisis, provide evidence-based recovery tools, and decrease unnecessary hospitalizations. It proactively diverts crises and breaks the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where individuals can calmly process the crisis event with a mental health staff person, as well as learn and apply wellness strategies that may prevent future crisis events. Upon both entry and exit, individuals seeking services from the LRP are screened for safety, symptoms, and level of distress by mental health professionals. Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments, or other community organizations. **Nationally, studies have demonstrated that 84-93% of LRP guests were deflected from hospital emergency departments.**⁷

This program assists individuals with stabilizing the immediate crisis, connecting to community resources for ongoing treatment, moving forward in their recovery, and developing coping skills to manage future crisis symptoms and stressors. The main goals are to decrease unnecessary

⁶ Village of Oak Park Board of Trustees meeting July 15, 2025 – E.C.H.O. Phase 1 Update <file:///H:/Downloads/ECHO%20Phase%201%20Update%2007%2002%2025%20p2.pdf>

⁷ National Association on Mentally Illness, NAMICON 2016, <https://www.nami.org/wp-content/uploads/2023/07/A-3-Improving-Care-in-Crisis-Should-I-Go-to-the-ER.pdf>, University of Kansas Journal <https://journals.ku.edu/gicpp/article/view/20825>

hospitalizations, develop a peer-based support network, and support individuals at all stages of their recovery. Upon arrival, an individual is given a risk assessment to gauge their level of distress and to ensure the program can safely and effectively meet their immediate mental health needs. The individual then meets with a Certified Recovery Support Specialists (CRSS). CRSSs are individuals who are living well in recovery and have gone through extensive mental health crisis training by the State of Illinois. CRSSs utilize Wellness Recovery Action Plans (WRAP), motivational interviewing techniques, Peer Counseling interventions, and de-escalation skills to help stabilize an individual in distress and provide resources for ongoing care. Before leaving, individuals complete a second evaluation to measure the efficacy of LRP services in deescalating and stabilizing symptoms, establishing a follow-up plan, and providing additional resources and referrals. Individuals are welcome and encouraged to return on a walk-in basis or schedule a peer counseling appointment with a CRSS. If an individual returns for peer counseling, they have the opportunity to further develop a supportive rapport with a CRSS and create a WRAP or SMART Goal form. The ongoing peer counseling component of the program functions as both a preventative and maintenance strategy, equipping individuals with skills that foster sustained mental wellness. The LRP is designed to supplement, rather than replace, traditional therapeutic interventions. When appropriate, guests are connected to clinical partners (potential partners include but are not limited to Thrive Counseling Center, Ascension Center for Mental Health, and Mosaic Counseling & Wellness) to ensure access to higher levels of clinical treatment and a continuum of support.

Agency Experience

NAMI works to remove barriers to mental health support services with the fundamental belief that care should be accessible, equitable, and community centered. Their services are entirely free, require no insurance or appointments, and are grounded in the evidence-based model of peer support. Facilitated by Certified Recovery Support Specialists (CRSSs) — trained individuals with lived expertise of mental illness — their programs provide empathy, empowerment, and a hopeful pathway to recovery.

NAMI's programming simultaneously works to fill the gaps often created by traditional mental health treatment models, while also proving incredibly effective in accompanying said treatment models. Research has shown that those who require clinical treatment for mental health disorders have better recovery outcomes and are less likely to be readmitted to inpatient programs if they concurrently receive peer support.⁸ At the same time, the no-cost, low-barrier, and culturally affirming peer-based recovery services provide hope and recovery for those not utilizing traditional treatment models.

The programming also meets the mental health needs of our community by reducing the power dynamics often present in traditional clinical provider-patient relationships. Because staff are racially, ethnically, linguistically, and culturally representative of the communities served, the peer model fosters trust and validation, and helps decrease feelings of shame.

NAMI has been operating LRPs since 2016. With locations in both La Grange and Summit, Illinois, the LRP is a free, low-barrier alternative to the emergency room, offering care and support for over 900 individuals per year experiencing mental health crises. On average, 87% of guests report a decrease in distress, as measured by the 1-10 Subjective Units of Distress Scale (SUDS). **In addition, over 98% of**

⁸ National Institutes of Health (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8776565/>)

individuals who have come to the LaGrange and Summit LRPs in crisis since 2016 were stabilized and released without need of hospitalization; only 1.37% of guests required hospitalization.

In the rare case that a LRP guest should require hospital psychiatric treatment, CRSSs use their lived experience with mental illness to provide reassurance, guidance, and a supported transition. NAMI maintains close relationships with area hospitals, including AdventHealth La Grange, Madden Mental Health Center, MacNeal, Riveredge, and Hines VA. Their professional rapport helps to expedite the referral and admission process. It also allows for the person being admitted to be comforted by an advocate who will help walk them through the process.

NAMI also collaborates with a wide network of social service organizations to exchange referrals and provide holistic, community-based care. Partners include BEDS Plus, Housing Forward, PCC Wellness, Way Back Inn, Live4Lali, New Moms, Sarah's Inn, Ascension Center for Mental Health, Pillars Community Health, Thrive Counseling Center, and Leyden Family Service and Mental Health Center.

Indicators to Be Measured

The purpose of this pilot project is to collect data that will allow us to better assess the need for services, utilization of services in this community, as well as measure the outcomes of the intervention. The data points currently collected at LaGrange and Summit model which indicators we will track. Those include:

- Number of individuals served through this project, broken out by zip code to identify areas of highest need
- Referral source (e.g. self-referral, family, police, emergency department)
- Percentage return rate to the LRP for continued services
- Percentage of hospitalizations (voluntary and involuntary)
- Percentage with reduction in distress between entry and exit, as demonstrated by SUDS screening
- Percentage reporting maintained stability after 30 days
- Percentage of individuals connected to the following services:
 - Psychiatry
 - Psychotherapy
 - Support groups/Peer groups
 - Housing
 - Food bank
 - Outpatient mental health services
 - Employment

Request for Village Support

NAMI proposes to open an LRP in Oak Park in January 2026. The site will ideally be located near Rush Oak Park Hospital to provide an alternative for individuals experiencing a mental health crisis without requiring additional transportation. For those who do require transportation, NAMI will provide those services. It will also be easily accessible by the Oak Park Police Department and other community services involved in assisting individuals in crisis. The three-year pilot project will operate seven days a

week, 365 days a year, during the hours of 12pm – 8pm, which is when the La Grange and Summit locations experience the highest traffic.

Of the nearly \$360,000 operating budget (please see attached), \$205,000 per year in operational costs and an additional \$85,000 for capital have been secured or requested. We respectfully request a commitment of \$150,000 per year for the duration of the three-year pilot project from the Village of Oak Park for operating costs.

Through the three-year pilot program of the LRP, NAMI will collect, measure, and evaluate community-specific metrics regarding mental health needs, program utilization, and both short-term and long-term recovery outcomes of program participants.

This pilot program will not only provide valuable mental health services and support to Oak Park residents but will also strengthen the capacity to secure longer-term funding through other sources. With three years of data collection and evaluation, NAMI will have a well-rounded quantitative foundation for an application through the State of Illinois to fund ongoing operations after the three-year pilot period.

Oak Park Living Room Annual Operations Expenses

	Total Amount	Narrative
<u>Personnel</u>		
100% of FTE (C)RSS	\$ 49,920.00	M-F 12p-8p
100% of FTE (C)RSS	\$ 49,920.00	Sat-Wed 12-8p
100% of Part-Time (C)RSS	\$ 39,936.00	Th-Sun 12-8p
10% of FTE Director	\$ 8,750.00	
5% of FTE VP Adult Recovery Programs	\$ 5,400.00	
40% FTE Program Manager	\$ 27,000.00	
Total Salaries	\$ 180,926.00	
Benefits at 18%	\$ 32,566.68	
Total Personnel Expenses	\$ 213,492.68	
<u>Program</u>		
Apricot System	\$ 2,750.00	Software
General Program Supplies	\$ 5,000.00	Snacks, group supplies, art supplies
General Office Supplies	\$ 2,000.00	General office supplies
Marketing & Outreach	\$ 10,000.00	Community promotional materials
Program Travel for Participants	\$ 4,000.00	Uber expenses for participants
Total Program Expenses	\$ 23,750.00	
<u>Occupancy</u>		
Rent	\$ 51,000.00	\$4,250 per month
Repairs & Maintenance	\$ 1,000.00	\$1,000 for year
Security Alarm	\$ 200.00	\$50 per quarter
Utilities	\$ 6,000.00	\$500 per month
Facility Cleaning Supplies	\$ 2,400.00	\$200 per month
Monthly Telecommunication Expense	\$ 1,200.00	\$100 per month
Total Occupancy Expenses	\$ 60,600.00	
<u>Miscellaneous</u>		
Job Postings	\$ 1,500.00	Job postings
Liability Insurance	\$ 750.00	Program share of liability ins
Total Miscellaneous Expenses	\$ 2,250.00	
<u>Professional Development & Training</u>		
Training	\$ 500.00	\$125 per person * 4 staff
Professional Development & Training Expenses	\$ 500.00	
Subtotal Before Indirect Costs	\$ 300,592.68	
Indirect Cost - 19%	\$ 57,112.61	
Total Oak Park Living Room Annual Operations Expenses	\$ 357,705.29	

Oak Park Living Room Requested and Committed Partners

	Capital Investment	Annual Operations (per year for three years)	Status
Community Mental Health Board of Oak Park	\$85,000.00	\$100,000.00	Committed
Oak Park River Forest Community Foundation		\$25,000.00	Committed
River Forest Township		\$10,000.00	Committed
Oak Park Township		\$10,000.00	Committed
Rush Oak Park Hospital		\$50,000.00	Requested
Village of Forest Park		\$10,000.00	Requested
Village of Oak Park		\$150,000.00	Requested
Total	\$85,000.00	\$355,000.00	