

HISTORY OF RESIDENTIAL CRISIS STABILIZATION (RCS) PROGRAM

The RCS program was established in 2012 in order to serve adult patients who present themselves to local area emergency departments with both a substance use disorder and mental health diagnosis (referred to as co-occurring disorders). The program was created with support from Illinois Department of Mental Health (DMH) and the Division of Substance Use Prevention and Recovery (SUPR, previously known as DASA) as a response to the closing of Tinley Park Mental Health Center.

WHAT DOES RCS OFFER TODAY?

RCS offers a hybrid model that also incorporates elements of clinically managed withdrawal management (often called "Detox") with high-intensity residential services. The program offers up to 12 beds for patients who require psychiatric services and withdrawal symptom stabilization before entering a substance use disorder (SUD) treatment program. The program serves as a step-down program from a hospital setting. The program is staffed with specialists who are qualified to offer co-occurring disorder services for patients who are medically stable. Patients stay in the RCS program 5-10 days before being transferred to our in-house residential treatment services or to another program of their choice.

WE ARE EXPANDING

The RCS program was created to treat patients with co-occurring disorders who were presenting themselves at Tinley Park Mental Health Center. A patient's success in SUD treatment is dependent on their psychiatric stability. The Council has seen an increase in both patients with undiagnosed mental health disorders being admitted for SUD treatment and those who would benefit from a step-down crisis stabilization model that can be provided in a non-hospital setting. Furthermore, patients with untreated mental health disorders may not complete a traditional SUD treatment program successfully due to a mental health relapse that requires attention before they can resume SUD services. In addition, we hope to address the treatment of homeless patients with mental health disorders who often lack proper documentation of a previous diagnosis due to the transient nature of that population.

**THE SOUTH SUBURBAN
COUNCIL**
ON ALCOHOLISM AND SUBSTANCE ABUSE

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RESIDENTIAL CRISIS & CO-OCCURRING DISORDER STABILIZATION PROGRAM (RCCS)



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COUNCIL**
ON ALCOHOLISM AND SUBSTANCE ABUSE

**FOR INFORMATION
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Division of Mental Health and the United Way
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THE COUNCIL'S RESPONSE

In response to these needs, The Council is expanding and reshaping its RCCS program into a 16-bed Residential Crisis and Co-occurring Disorder Stabilization (RCCS) program for medically stable, adult patients.

The RCCS program will be moved to the North campus and will serve as a step-down program for both patients coming from a hospital setting and patients who need co-occurring disorder services before resuming SUD treatment. The RCCS program will focus on:

- Patients with a substance use disorder who require support to stabilize withdrawal symptoms before entering into a SUD treatment program.
- Patients with a co-occurring disorder who require psychiatric stability before entering into a SUD treatment program.
- Patients with a co-occurring disorder who are psychiatrically stable and require a SUD treatment program focused on both substance use and mental health issues.
- Patients with undiagnosed mental health disorders who require a SUD treatment program that is focused on both substance use and mental health issues.

CURRENT, WELL-ESTABLISHED FEATURES OF THE PROGRAM

- Admissions available 7 am - 7 pm Monday through Friday
- Clinically managed "detox" services
- Substance use counseling and co-occurring disorder services
 - Opioid Use Disorder treatment

- Specialization in co-occurring disorders
- Availability of Medication Assisted Treatment (MAT) services (Suboxone and Vivitrol only)
- Medication Management
- Linkage and transportation to partner agencies providing methadone MAT services
- Availability of attending physician on-site
- Availability of a Psychiatrist on-site
- Linkage to on-site outpatient programs for SUDs and co-occurring disorders
- Case management services
- Linkage to recovery homes, halfway houses and transitional housing

ADDITIONAL SERVICES PROVIDED WITH RCCS

- Increased number of beds available
- Inclusion of mental health screening and assessment at time of intake
- Increased availability of psychiatric services
- Increased availability of nursing services
- Additional mental health therapy services
- Lower patient-to-counselor ratio for increased therapeutic interaction
- Availability of Recovery Coaching services
- Linkage to on-site outpatient mental health program
- 24/7 phone access to RCCS (starting June 2020)
- Post-discharge care coordination services

CARE TEAM FOR RESIDENTIAL CO-OCCURRING DISORDER CRISIS PROGRAM

- Medical Director
- Attending Physician
- Psychiatrist
- Registered Nurse or Nurse Practitioner
- Mental Health Therapist
- Substance Use Counselor
- Dual Diagnosis Specialist
- Recovery Coach
- Case Manager/Care Coordinator

WHO WILL BENEFIT FROM THIS CHANGE?

- Patients who need a SUD or Opioid Use Disorder (OUD) treatment but first require psychiatric or withdrawal symptom stability that can be provided in a non-hospital setting
- Patients who has a mental health relapse during SUD or OUD treatment
- Emergency departments, first-responders, families, and individuals seeking short-term stabilization prior to SUD or OUD treatment

