www.montanamentalhealth.org

The Montana Warm Line & Virtual Drop-In Center

Program In A Box
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Purpose

MHA of Montana created a "Virtual Drop-In Center" which utilizes the telephone and internet social networks to provide home-based support services for consumers of mental health services.

Learning Objectives

- Understand the need for connecting to others in both urban and rural/frontier environments in the mental health recovery movement

- Learn how to use multi-modal communications to reach mental health consumers

- Learn the key strategies for engaging and training consumer responders

- Apply social networking technologies to build a "virtual" DIC

Agenda

I. The Importance of Knowing Your Market

II. Defining A Virtual DIC

III. Steps in Planning and Executing the Virtual DOC

IV. Conducting A Warm Line and Social Networking Tools

V. Maintenance and Sustainability Strategies

I. **The Importance of Knowing Your Market**

MARKET **RESEARCH** AND STRATEGY

Who is your customer? What do you want to achieve? How will you measure?

Recovery Services

- What is the state of your State, Region, County, and Locale in regards to "recovery"?

  - Two definitions are necessary in eliminating the confusion and building a workable understanding:

    1. Recovery refers to the process by which persons with or impacted by a mental illness and/or addiction experience and actively manages their disorder and reclaims their lives in the community.

    2. Recovery-oriented care is what psychiatric and addiction treatment and rehabilitation practitioners offer in support of the individual/family's own recovery efforts.

- The 'principles of recovery' are shared interpretations

Principles of Recovery

Principles

- Hope

- Personal Responsibility

- Education

Descriptions

- People who experience mental health difficulties (consumers) get well, stay well and go on to meet their life dreams and goals.

- It's up to the consumer, with the assistance of others, to take action and do what needs to be done to keep well.

- Consumers and family members must learn about what they are experiencing so they can make good decisions about all aspects of their life.

Principles of Recovery (cont.)

Principles

- Self Advocacy

- Support

- Recovery is Holistic

Descriptions

- Consumers and family members need to effectively reach out to others so they can get what it is they need, want and deserve to support wellness and recovery.
- While working toward wellness is up to the consumer, receiving support from others, and giving support to others will help the consumer feel better and enhance the quality of their life.
- Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one's life, including family, work and community.

Principles of Recovery (cont.)

Principles

- Recovery has Cultural Dimensions

- Recovery exists on a continuum of improved health and wellness

Descriptions

- Each person's recovery process is unique and impacted by cultural beliefs and traditions. A person's cultural experience often shapes the recovery path that is right for him or her.

- Recovery is not a linear process. It is based on continual growth and improved functioning. It may involve relapse and other setbacks, which are a natural part of the continuum but not inevitable outcomes. Wellness is the result of improved care and balance of mind, body and spirit. It is a product of the recovery process.

Principles of Recovery (cont.)

Principles

- Recovery involves a process of healing and self-redefinition

- Recovery involves (re)joining and (re)building a life in the community

- Recovery involves addressing discrimination and transcending shame and stigma

Descriptions

- Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity.

- Recovery involves a process of building or rebuilding what a person has lost or never had due to his or her condition and its consequences. Recovery involves creating a life within the limitation imposed by that condition.

- Recovery is a process by which people confront and strive to overcome stigma.

Montana Market Facts

- Eighty percent (80%) of Montana communities have fewer than 3,000 residents

- Nineteen (19) Montana counties do not have a mental health provider

- Nine counties have no private medical services at all

- According to the 2005 National Survey of Drug Use and Health (NSDUH), 12.46% of Montana adults – about 88,000 – experienced serious psychological distress in the past year (as measured by the Kessler K6 and K10 survey instruments)

Montana Market Facts

- 9.28% of adults in Montana reported that they had experienced at least one major depressive episode in the past year (approximately 66,000)

- Given that over 165,000 Montanans live in counties with less than 10,000 residents, that means there are almost 16,000 adults in these frontier counties who have experienced serious psychological distress

Finding Your Target Market Callers

- Collaboration with mental health delivery system stakeholders
  - Consumer-run organizations (CROs)
  - Advocacy and education organizations
  - Community mental health centers (CMHCs)
  - Law enforcement
  - State health and human service divisions
  - Hospital emergency departments
  - DICs with physical locations

2010 Target Population Stats

**Target Population
FY2010 Totals**
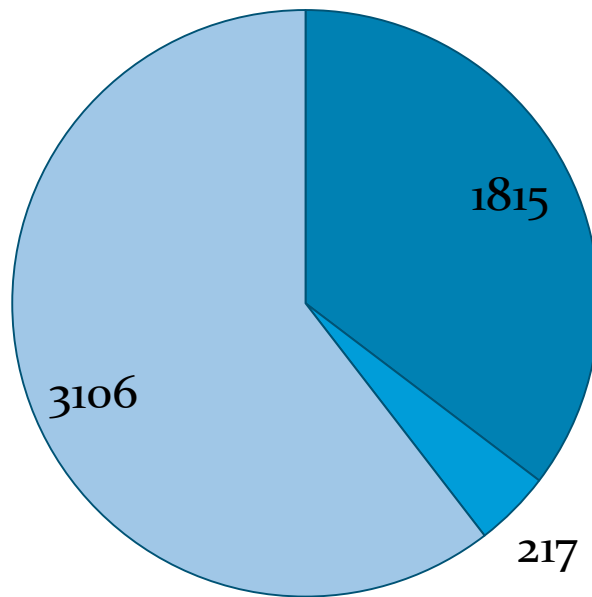
- Total number of consumers served

- Number of consumers with co-occuring disorders

- Total # of Calls on Line

1815

217

3106

Promotion and Market Tools

- Presentations
- Brochures & Flyers
- Magnets
- Website development
- 211 site
- Stakeholder website links
- Facebook
- Twitter
- Word of Mouth

II. Defining A "Virtual" Drop-In Center

Montana Virtual Drop-In Center

- Statewide
  - Telephone "warm line"
  - Internet-based social networking
- Purpose of providing activities to individuals who:
  - Have a serious mental illness or a serious mental illness and a co-occurring substance use disorder

Virtual Drop-In Center: Resources

- Telephone and internet-based Peer Support for Montanans living with mental illness
- A toll-free call connects you to a trained peer who is ready to listen
- FYI Sessions: Learn about a variety of topics recommended by your peers
- Open Chat sessions: Network with peers living all over the state!
- Peer- moderated blog
- Call-In Support Groups
- Website: Information and resources keep you connected

Who Are Your Collaborative Partners

- Existing community mental health and substance use resources
- State/Regional/Local advisory councils on mental health and substance use
- Mental health or chemical use services to provide activities that are not available through or included in mainstream mental health or substance use systems
- Consumer advocacy and education organizations
- Consumers and family members
- Consumer-run Organizations (CROs)

Collaborative Activities

- Leverage existing resources, services and supports
- Grow the capacity of the system using new technologies
- Collaborate with other community-based organizations
- Increase education about the needs of, advocacy for, and appropriate interventions with persons who have been diagnosed with a mental illnesses and/or substance use disorder

Collaborative Activities (cont.)

- Use in conjunction with projects that link with other services and providers to develop comprehensive approaches to service

- Engage consumers of mental health and substance use services through work and volunteer activities

- Support consumers toward a recovery process

- Link with other providers when and where appropriate

- Diversion from emergency services

III. Steps in Planning and Executing the "Virtual" DIC
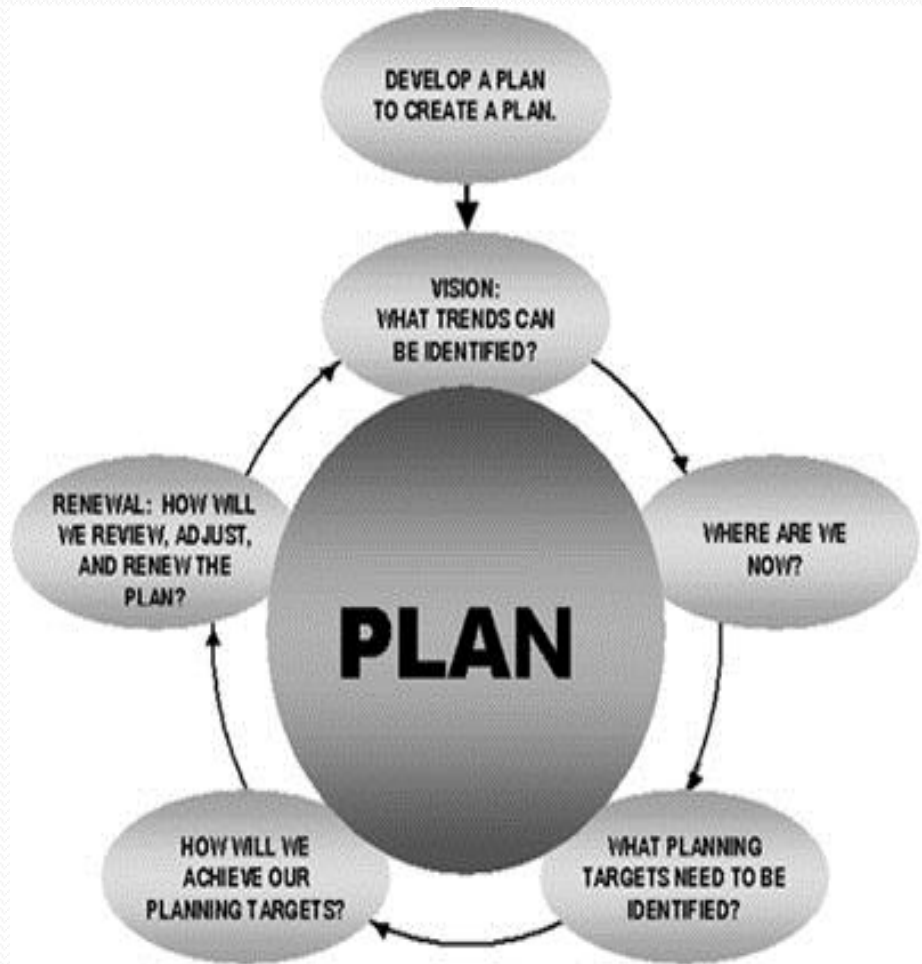
Moving toward the light – can it really be done?

Clear Project Goals

- Outreach and engagement services
- Collaboration with other community-based resources
- Assuring services to persons who have a substance use disorder co-occurring with the primary diagnosis of mental illness (no wrong door philosophy)
- Good data in the form of outcome measures:
  - numbers of clients served
  - number of recovery oriented activities offered
  - scope of collaborations
  - Consumer surveys
  - Responder surveys

Budget Development - $61,500

- Start up expense of $6,000
  - Development of outreach materials (magnets, flyers)
  - Radio PSA campaign beginning June 1 (runs about 2 months)
  - Computer website design and content development
- Personnel - $33,000
  - 0.5 FTE Prevention Coordinator
  - 0.2 FTE Program Supervisor
  - 0.25 Support Staff
  - 50% paid responders for 1250 hours per year
  - Subcontract of website management

Budget Development - $61,500 (cont.)

- Travel/Training/Staff development - $2,500
  - Quarterly training events
  - Stakeholder meetings
- Office supplies - $16,500
  - Printing, paper, etc.
  - Communication solution (toll free number, out of state call fees)
  - Postage
- Facility costs - $3,500

Lead Team

- Prevention Coordinator
- Consumer advisory group
- Contract leads
- State/Regional/Local consumer advisory councils
- Providers
- IT advisor

Responder Curriculum Development

- Introduction, Policies, and Procedures
- Boundaries
- Values and Feelings
- Active Listening
- Crisis Theory and Management
- Mental Health 101
- Cultural Issues
- Suicide – Intervention and Prevention

Responder Curriculum Development (cont.)

- Elder & Child Abuse
- Addictions
- Trauma Informed Care
- Relationship Violence
- Sexual Violence
- Self Care and Stress Management

Training & Updates

1. Ten hour training model
   a) Three hour evening
   b) Six hour day
   c) One hour follow-up conference call
2. Curriculum Manual
3. Pre-test

Training & Updates

4. Didactic presentations
5. Role plays
   a) Group
   b) Triads (Person seeking assistance, Responder, Self-evaluator helper)
6. Evaluation & Post-test
7. Weekly supervision calls and monthly group updates

Product Development

- Communication solutions
  - Telephonic
  - Beeper
  - Call transfer services
  - Programmed technology
- Responder recruitment
  - Stakeholder network
  - Criteria

Product Development (cont.)

- Costs
  - Telephone
  - Transfer services
  - Conference call
  - Long distance
  - Responders

Responder – Caller Documentation

WLR Name _____

Date _____   Time _____

Name/Address/Phone (if given) _____

_____

Initial Contact : (Circle)

Agitated   Helpless   Panic   Depressed   Indecisive   Questioning   Calm   Anger   Other

Brief Description/Summary of Call: _____

_____

_____

_____

Current Psychiatric/Medical Treatment or Services : _____

_____

_____

Call Resolution/Referrals: _____

_____

_____

Closing Contact: (Circle)

Agitated   Helpless   Panic   Depressed   Indecisive   Questioning   Calm   Anger   Other

Did Caller indicate calling the Warm Line was helpful? _____

_____

Did Caller voice any grievances with the Warm Line? _____

_____

Data Collection Points

- Total Montana Warm Line calls
- Hours of business (average of 203 hours per month)
- Average number of consumers involved in supported employment/volunteerism each month
- Average number of hours per month supported employment/volunteerism by each WLR
- Total mental health consumers served

Data Collection Points (cont.)

- Participants in the telephonic bipolar support group (average number of participants per group)

- Website hits to the Montana Warm Line website (www.montanawarmline.org)

- Number of Montana Warm Line Responders participating in monthly FYI sessions
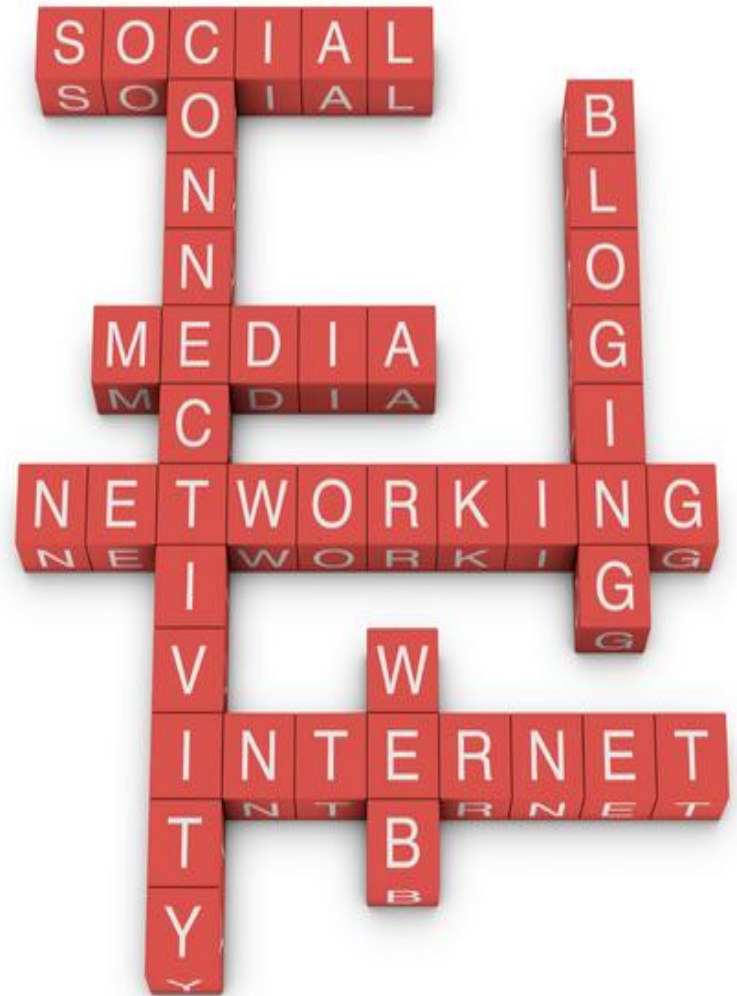
Outcomes Reporting And Quality Control

- Weekly supervision
- Monthly responder meetings
- Monthly MHA of MT team meeting
- Quarterly funder reports
- Annual report

Funding

- State of Montana Recovery Grant – $61,500
- Private donations - $25 for to support an hour of the Montana Warm Line
- Private foundation Grants

IV. Conducting A Warm Line and Social Networking Tools

Staffing Of The Warm Line

- Forty-eight (48) hours per week
  - 4:00 to 10:00 pm Monday – Friday
  - 1:00 – 10:00 pm Saturday & Sunday
- Prevention Coordinator (20 hours per week)
- Paid and Volunteer Responders

Information Technology

- Website development
  - Public site
  - Responder site
  - Information dissemination
  - Links
- Social Networking
  - Blogs
  - Facebook
  - Tweets
 - Chat room (message & live chat)

Warm Line & Virtual DIC Activities

- Telephone and internet-based Peer Support for Montanans living with mental illness

- Toll-free call-in line

- FYI Sessions: Information on a variety of topics recommended by Warm Line callers

- Open chat sessions

- Peer- moderated blogs

- Call-In Support Groups

- Website: Information and resources

Promotion And Recruitment

- Presentations to behavioral health stakeholder systems

- Quarterly Responder

- Collaborative projects with the following groups:
  - ➢ Drop-in centers with physical locations
  - ➢ MHA of MT Affiliate Chapters
  - ➢ Providers

V. Maintenance and Sustainability Strategies
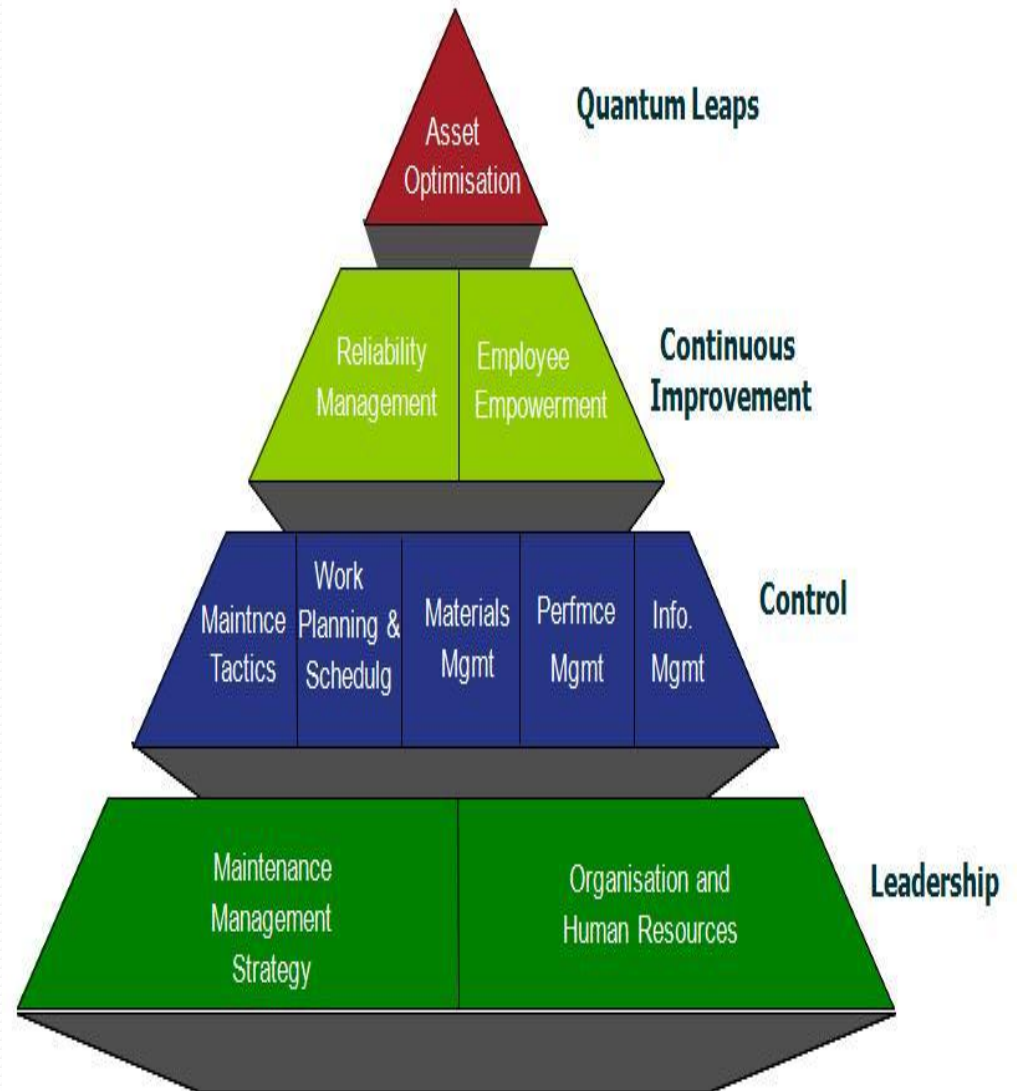
Valued Learning Points

- Promotion

- Recruitment

- Communication Solutions

- On-going training

- Expansion funding

Supervision

- Daily supervision calls of support to Responders

- "Listen In" sessions

- Monthly group sessions

- Fidelity to the recovery-oriented peer support service model

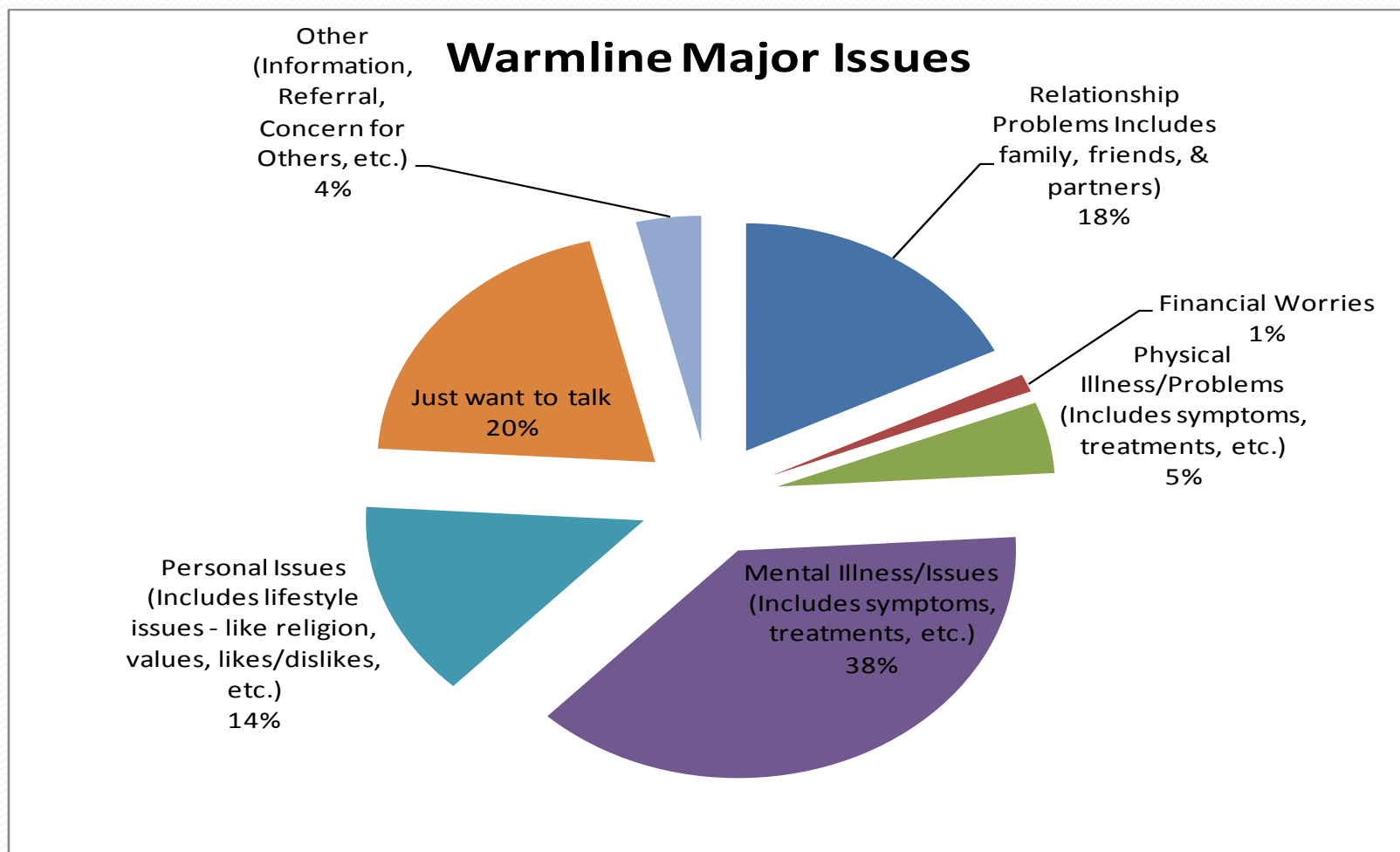- Discipline responses to extra ordinary incidents

Collaborative Partners

- Use a 360 evaluation process
  - Caller evaluation
  - Responders
  - Staff
  - Delivery system stakeholders
- Look for connectivity to other DICs and Providers
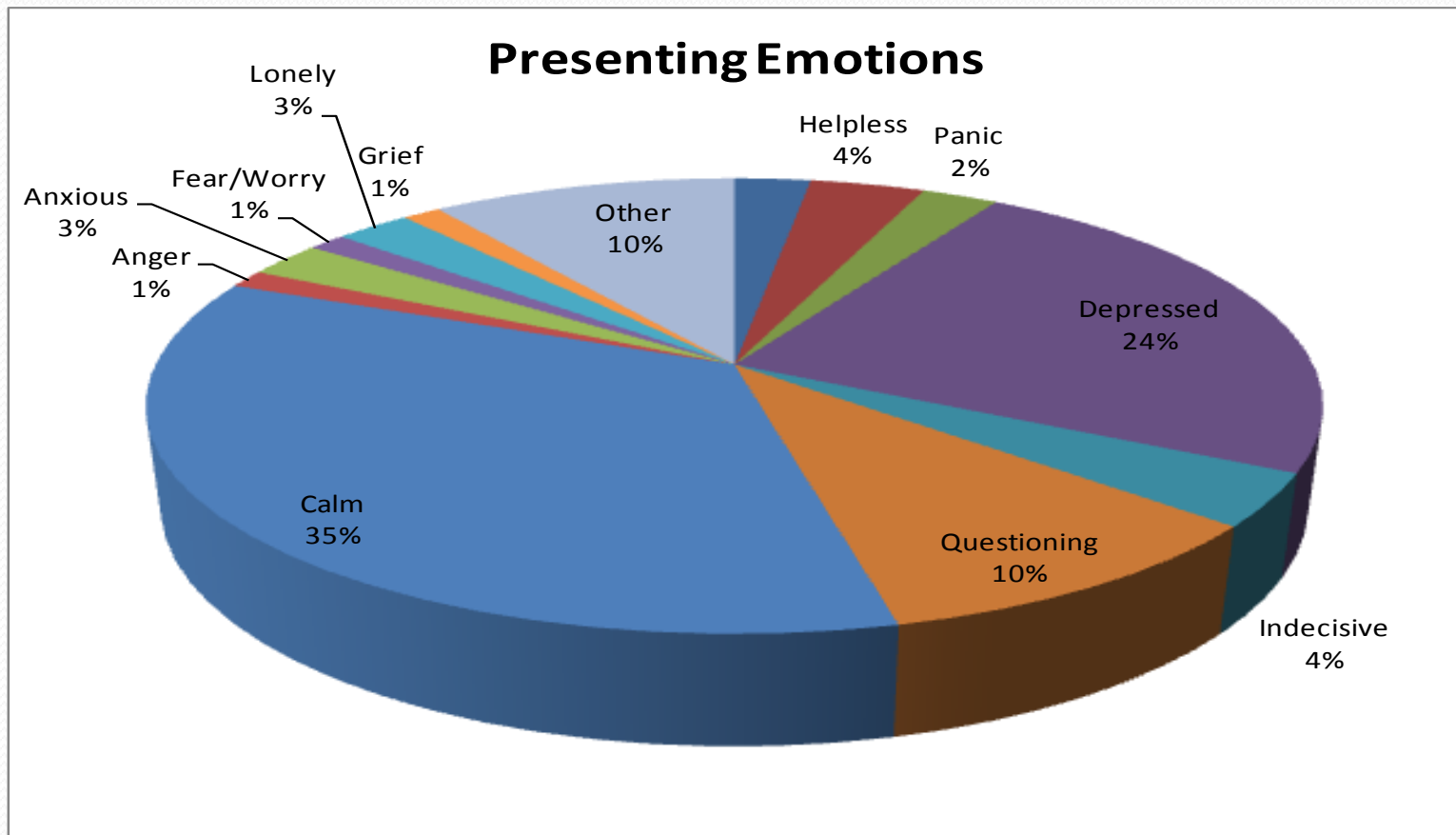 - Support groups
  - Web-based solutions

FY 2010 Data

- 3,106 total Montana Warm Line calls
- 2,437 hours of business (average of 203 hours per month)
- Average of 12 consumers involved in supported employment/volunteerism each month
- Average of 17 hours per month supported employment/volunteerism by each WLR
- 1,815 total mental health consumers served
- 84 participants in the telephonic bipolar support group (average of 7 participants per group)
- 87,226 website hits to the Montana Warm Line website (www.montanawarmline.org)
- 93 Montana Warm Line Responders participating in monthly FYI sessions

Data Collection

Warmline Major Issues

Other (Information, Referral, Concern for Others, etc.) 4%

Relationship Problems Includes family, friends, & partners) 18%

Financial Worries 1%

Physical Illness/Problems (Includes symptoms, treatments, etc.) 5%

Just want to talk 20%

Personal Issues (Includes lifestyle issues - like religion, values, likes/dislikes, etc.) 14%

Mental Illness/Issues (Includes symptoms, treatments, etc.) 38%

Data Collection (cont.)

Presenting Emotions

- Lonely 3%
- Grief 1%
- Fear/Worry 1%
- Anxious 3%
- Anger 1%
- Helpless 4%
- Panic 2%
- Other 10%
- Depressed 24%
- Calm 35%
- Questioning 10%
- Indecisive 4%

Data Collection (cont.)

FY2010 Recovery-Oriented Activities/Trainings

84 93 87 60

2437

- ■ Supported Employment: Consumers Employed
- ■ Consumer Volunteers
- ■ Number of Hours Open
- ■ Bipolar Support Group Participants
- ■ FYI Educational Conference Call Participants
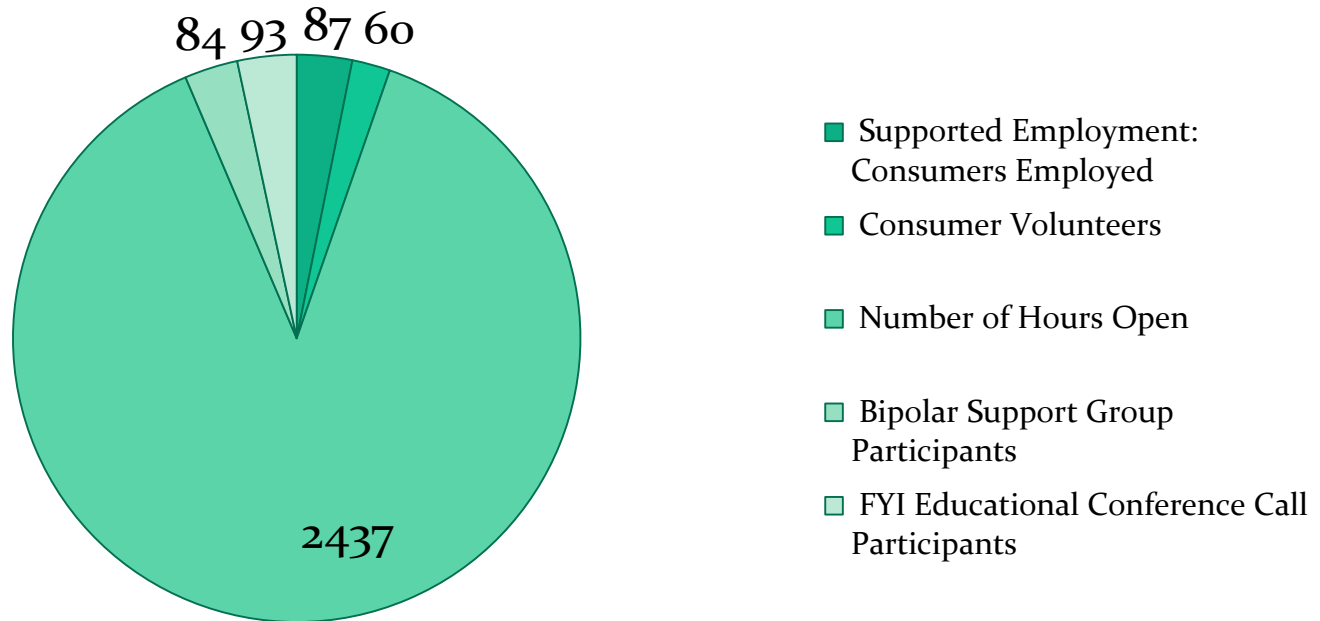
Data Collection (cont.)

Average length of Calls

Data Collection (cont.)

FY2010 Website Activities

- 15465
- 25213
- 87226

Legend:
- ■ Total # of Sessions
- ■ Total # Page Views
- ■ Total # of Hits
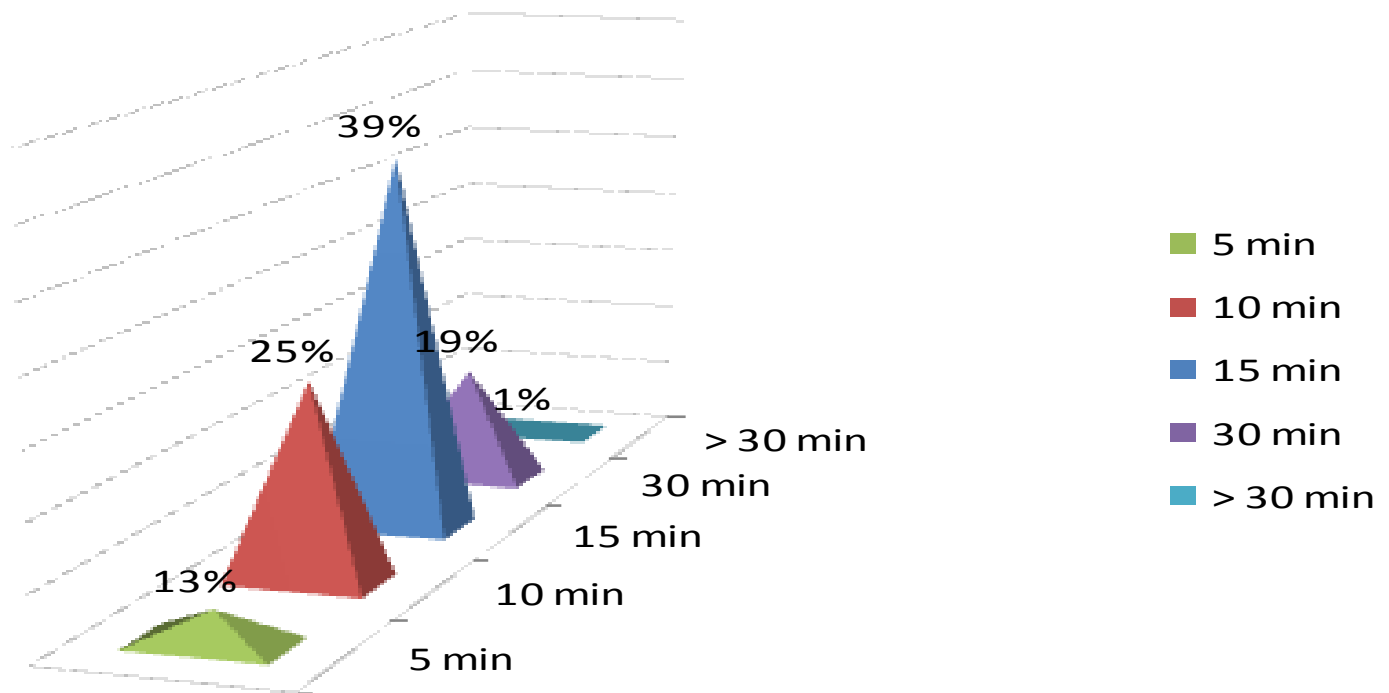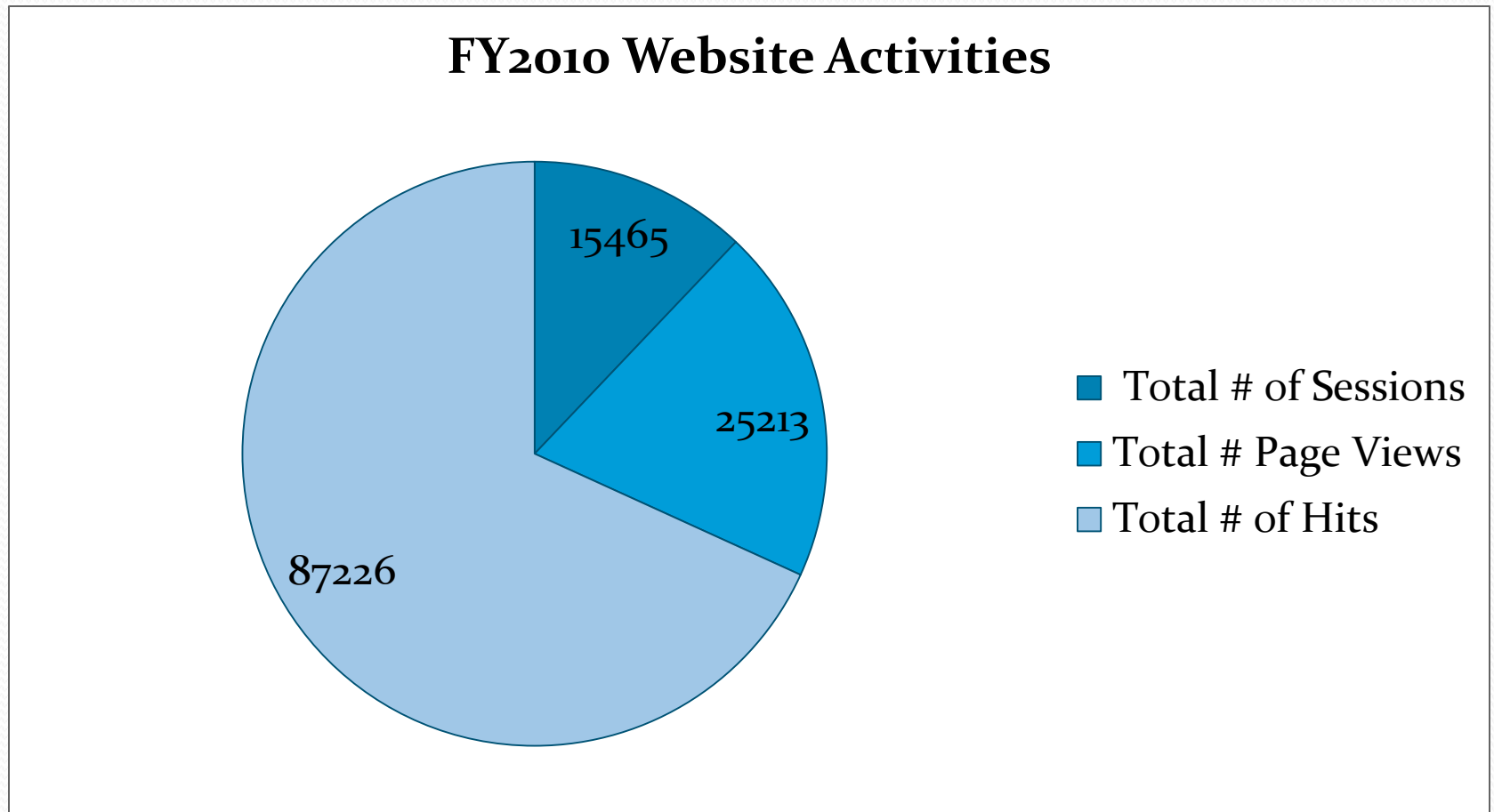
For More Information Please Contact:

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