The Montana Warm Line & Virtual Drop-In Center

Program In A Box
October 26, 2010

Dan Aune, MSW
Mental Health America of Montana
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
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.
<table>
<thead>
<tr>
<th>Principles</th>
<th>Descriptions</th>
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<tbody>
<tr>
<td>Recovery involves a process of healing and self-redefinition</td>
<td>Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity.</td>
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<tr>
<td>Recovery involves (re)joining and (re)building a life in the community</td>
<td>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.</td>
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<tr>
<td>Recovery involves addressing discrimination and transcending shame and stigma</td>
<td>Recovery is a process by which people confront and strive to overcome stigma.</td>
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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: 3106
- Number of consumers with co-occurring disorders: 1815
- Total # of Calls on Line: 217
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? __________________________________________

________________________________________

Mental Health America of Montana
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**

- **Mental Illness/Issues** (Includes symptoms, treatments, etc.) - 38%
- **Just want to talk** - 20%
- **Personal Issues** (Includes lifestyle issues - like religion, values, likes/dislikes, etc.) - 14%
- **Relationship Problems** Includes family, friends, & partners - 18%
- **Physical Illness/Problems** (Includes symptoms, treatments, etc.) - 5%
- **Financial Worries** - 1%
- **Other** (Information, Referral, Concern for Others, etc.) - 4%

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Mental Health America of Montana
Data Collection (cont.)

Presenting Emotions

- Calm: 35%
- Depressed: 24%
- Other: 10%
- Indecisive: 4%
- Questioning: 10%
- Grief: 1%
- Fear/Worry: 1%
- Anxious: 3%
- Anger: 1%
- Lonely: 3%
- Helpless: 4%
- Panic: 2%
- Anxious: 3%
- Grief: 1%
- Other: 10%
Data Collection (cont.)

FY2010 Recovery-Oriented Activities/Trainings

- Supported Employment: Consumers Employed
- Consumer Volunteers
- Number of Hours Open
- Bipolar Support Group Participants
- FYI Educational Conference Call Participants

Total: 2,437
Data Collection (cont.)

Average length of Calls

- 5 min: 13%
- 10 min: 25%
- 15 min: 39%
- 30 min: 19%
- > 30 min: 1%

Mental Health America of Montana
Data Collection (cont.)

FY2010 Website Activities

- Total # of Sessions: 25213
- Total # Page Views: 15465
- Total # of Hits: 87226

Mental Health America of Montana
For More Information
Please Contact:

Dan M. Aune
Executive Director
Mental Health America of Montana
(406) 587-7774 Office
www.montanamentalhealth.org