



## Warmline, Inc.: A Description of Services, Caller Voices, and Community Perspectives

November, 2010

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*The Planning Council gratefully acknowledges all of the individuals who contributed their perspectives, expertise, time, and effort to this project and to the development of this report:*

*The individuals on Warmline's staff, Board of Directors, and evaluation advisory committee, for the care, guidance, knowledge, and dedication they gave to the effort. Special thanks to Lyn Malofsky and Becca Sniderman, whose enthusiasm, curiosity, hands-on approach, and willingness to share their expertise formed a foundation for a truly collaborative working relationship.*

*The Warmline callers who were interviewed, for their openness and willingness to share their personal stories, recovery journeys, and Warmline experiences with the evaluation team.*

*Those who provided their unique perspectives on Warmline through the community interviews, representing the Grassroots Empowerment Project (GEP), the Milwaukee Police Department, Milwaukee County Behavioral Health Division, the Milwaukee County Community Support Program (CSP), Milwaukee County Psychiatric Crisis Services, NAMI Greater Milwaukee, and Warmline, Inc.*

*Finally, the Planning Council would like to acknowledge the Faye McBeath Foundation whose support and commitment made this project possible.*

## Executive Summary

Warmline, Inc. (Warmline) is a peer-to-peer, non-crisis telephone support line for people with mental illness, which is run and staffed by people who have mental illnesses themselves. Given their ten years of work in the community, Warmline has had anecdotal information about the benefits of their efforts. However, like many warmlines across the country, they have had little formal information to describe their services, their successes, and the challenges they face as an organization. As a result, after receiving a grant from the Faye McBeath Foundation, Warmline contracted with the Planning Council for Health and Human Services, Inc. (Planning Council) to assist them in evaluating and documenting their services. The Planning Council is a private, nonprofit research and planning organization. Its mission is to advance community health and human services through objective planning, evaluation, and research.

The Warmline evaluation design and implementation was a highly collaborative process, involving the Planning Council's evaluation team, Warmline staff, and an advisory committee of Warmline volunteers and board members. While the evaluation team provided expertise around evaluation methodology and options, the staff and advisory committee provided expertise around warmlines, recovery principles, organizational context, and key volunteer and caller considerations.

Together, the participants in this collaborative process identified three key evaluation questions and developed methodological approaches to address each question. Specific evaluation questions and their respective data sources included:

1. *What is known about Warmline's services and callers?* Data from call logs completed by Warmline's Volunteer Peer Counselors informed the answers to this question. Detailed findings can be found in Chapter 1 of the current report.
2. *How do callers experience Warmline and the value of its services?* The answers to this question were informed by key informant interviews with a small set of regular Warmline callers. A detailed summary of the interviews can be found in Chapter 2.
3. *What is the role of Warmline in the larger mental health system in Milwaukee County?* Key informant interviews with representatives from the mental health system in Milwaukee informed the answers to this question. A detailed summary of the interviews can be found in Chapter 3.

Across the data gathered from Warmline call logs, caller interviews, and interviews with mental health system representatives a number of overarching themes and recommendations emerged. In addition, a number of important methodological lessons learned also emerged during the planning and implementation of the evaluation.

### Overarching Themes

- *In keeping with their mission, Warmline largely provides supportive listening and support for callers who are living with mental illnesses.* Information from call descriptions and from interviews with callers indicated that calls to Warmline generally involve conversations about everyday aspects of life, mental health symptoms and recovery, daily responsibilities, relationships, and positive life events. Callers value being able to freely discuss any topic they choose and to experience a personal connection while doing so.
- *Warmline fills a particularly distinct niche in the community.* Interviews with Warmline callers and representatives of the mental health system indicated that Warmline is unique, providing an anonymous source of peer support during hours when other services are often not available.

- *Warmline is highly valued by those in the community who are familiar with its service.* Each of the Warmline callers and mental health system representatives interviewed strongly endorsed Warmline and spoke passionately about its value for consumers. In addition, during a sample month, virtually all of the calls to Warmline were from callers who reported that they would recommend Warmline to someone they knew.
- *It is essential and extremely valuable that Warmline is staffed by peers.* Warmline callers emphasized that the mutual support, non-judgmental acceptance, and sense of community that they receive from Warmline volunteers has a uniquely valuable place in their lives. In addition, mental health system representatives noted that Warmline is one of the few peer supports available in the community. Peer support was valued by representatives who noted that consumers may relate differently to peers than to professionals and that peers can provide the support of someone who truly understands.
- *Warmline is viewed as having an important place in consumers' recovery journeys.* For some callers, Warmline complemented their existing formal and informal recovery supports; for other callers, Warmline served as their primary support. Representatives of the mental health system further viewed Warmline's peer support and social contact as playing an important role for consumers in the prevention of crises and high cost crisis services.
- *Those who call Warmline tend to incorporate its service as a regular part of their recovery supports.* During the months sampled for the evaluation, approximately 97% of the calls were from people who had called Warmline previously. In addition, the callers interviewed described Warmline as having an important place in their lives, with some calling each of the nights that Warmline is open.
- *Within the constraints of Warmline's current capacity (two phone lines staffed for four hours per night, five to six evenings per week), its services are highly utilized.* During the months sampled for the evaluation, Warmline received approximately 550 calls per month and an average of 22 calls per night. The data suggested that Warmline volunteers were typically busy with callers throughout most of the hours that the phone lines were open. Given this volume, the callers interviewed reported that it is sometimes difficult to "get through" to talk with a Volunteer Peer Counselor.

### **Overarching Recommendations**

- *Warmline should continue to provide its services to the community.* The interviews with Warmline callers and mental health system representatives provided overwhelming support for Warmline's model and its role in the larger system of services for people with mental illnesses. Warmline's combination of peer-run consumer support, after-hours availability, and anonymity is uniquely valued in the community. Those interviewed expressed concerns that it would be detrimental to both consumers and the community if Warmline's services were no longer available.

Warmline's peer-support and recovery-oriented model is consistent with the themes and recommendations that emerged from the recently-released report on the effort to redesign the mental health care system in Milwaukee County.<sup>1</sup> Specifically, the report notes the minimal amount of peer-support services in the community and highlights Warmline as the only peer-operated service in the County. The report recommends that peer-support and consumer-operated services be expanded, and further emphasizes the importance of promoting a more recovery-oriented system of care in the community.

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<sup>1</sup> Human Services Research Institute. (October, 2010). [Transforming the Adult Mental Health Care Delivery System in Milwaukee County](#). Cambridge, MA: Author.

- *Warmline should consider increasing its capacity by expanding its hours of operation and/or increasing the number of phone lines available.* The call volume in the months sampled for the evaluation indicated that volunteers were busy throughout the hours that Warmline was open and suggested that new callers may have difficulty accessing its services. In addition, virtually all of the Warmline callers and mental health system representatives interviewed strongly suggested the need for increased capacity in order to serve more callers and to be more consistently available to the community.

However, any consideration of increased capacity has larger implications for the organization. Expanded operations would require additional funding, staffing, volunteers, office space, and phone lines. As a result, a move towards expansion would require strategic direction from Warmline's board and, most likely, additional funding streams.

- *Warmline should continue to maintain, promote, and hone its volunteer training and support.* The interviews with mental health system representatives suggested that, even among Warmline partners and supporters, there is limited awareness of the scope and depth of the training Warmline provides to its Volunteer Peer Counselors. It is possible that increased awareness of the extent to which volunteers are trained may increase Warmline's credibility among mental health professionals in the community.

In addition, interviews with Warmline callers provided insight into the qualities that are most valued in conversations with Volunteer Peer Counselor. Specifically, the callers interviewed indicated that they experienced Warmline volunteers who were engaged, interactive, and genuine as being particularly helpful. In the initial volunteer training and in ongoing volunteer support, it may be useful to continue to emphasize these qualities, as well as to address the challenge of balancing engagement and boundaries.

- *It may be beneficial for Warmline to increase community awareness about the service it provides.* The Warmline callers and mental health system representatives interviewed noted that a limited number of consumers and mental health professionals in the community are aware of the work that Warmline does. They suggested that it may be in Warmline's interests to increase its visibility and reach out to potential callers, referral sources, and partner organizations. However, it was also acknowledged that increased visibility might put a strain on Warmline's current capacity and funding.
- *Warmline may benefit from reflecting on the implications of its connection with Milwaukee County's Behavioral Health Division.* Although Warmline operates as an independent non-profit organization, it currently receives in-kind support from the Behavioral Health Division, including office space and telephone lines. Some of the mental health system representatives interviewed saw Warmline's relationship with Milwaukee County as an asset and suggested that Warmline become more formally integrated into the Behavioral Health Division. Others suggested that it may be in Warmline's best interest to become more independent from Milwaukee County, including relocating and/or becoming even more autonomous. Given the contradictory perspectives on Warmline's future relationship with the Behavioral Health Division, this may be an area for Warmline's board to explore in more depth.
- *Warmline may want to explore additional strategies for building on its identified strengths and/or taking on new roles in the community.* Interviews with representatives of the mental health system revealed a high degree of support and enthusiasm for the organization. Warmline may benefit from drawing upon this community support, possibly by enlisting Warmline "champions" to promote awareness of their service and identify additional funding opportunities.

In addition, mental health system representatives identified a number of possible new roles for Warmline. Examples of new roles suggested by interviewees included: engaging in a more proactive role with consumers (e.g., initiating follow-up with people served by Crisis Services), providing training and consultation to others interested in peer-support or warmline services, establishing relationships with insurance carriers, and/or expanding the population served beyond those with mental illness (e.g., older adults).

Some of these suggestions are consistent with the roles for peer support identified in the recently-released report on the effort to redesign Milwaukee's mental health care system (Human Services Research Institute, 2010). In addition, the report outlined possible funding options for peer support (e.g., Medicaid reimbursement, integration into a managed care organization, etc.), but noted that these funding streams require a level of credentialing and oversight. These new roles and funding streams may or may not be potential avenues for Warmline to pursue.

- *Warmline may benefit from engaging in either a formal or an informal strategic planning process.* Clearly, Warmline is unique in the service it provides and is highly valued by those in the community who are familiar with its service. However, Warmline faces a number of challenges and opportunities with respect to its future direction. The mental health system representatives interviewed acknowledged that Warmline's current budget and operations are dependent on continued in-kind support from staff (e.g., contributed hours) and from Milwaukee County (e.g., office space, telephone lines). Strategic planning to address these funding challenges and to identify additional sources of revenue may be helpful.

In addition, strategic planning may also be useful when considering possible new roles or increased capacity for the organization. It would be beneficial to evaluate any new roles or expansion in light of Warmline's mission, values, and commitment to recovery principles. Finally, a strategic planning process may be valuable as Warmline explores its future connection with Milwaukee County's Behavioral Health Division.

### **Methodological Lessons Learned**

The research and evaluation literature on warmlines that are specifically designed for people living with mental illnesses is extremely limited. In the absence of methodological guidance to inform the approach to Warmline's evaluation questions, the Warmline, Inc. evaluation relied on a highly participatory and collaborative process in designing and implementing the evaluation. This proved to be a successful and rewarding experience for all members of the collaboration, with each member providing different expertise and engaging in a mutual learning process.

This collaborative approach supported the ability of the evaluation to gather credible quantitative information about Warmline's calls and to gather rich qualitative information about callers' experience of the service. Lessons learned about the data collection strategies utilized are provided at the end of each chapter. It is hoped that this information will provide a starting place for other warmlines as they generate their own approaches to documenting their efforts, successes, and challenges.



## A Caller's Story

Shirley has been a regular caller to Warmline for approximately two years. She describes herself as having a bipolar disorder. Over the years, her recovery supports have included a psychiatrist, a therapist, occasional hospitalizations, and medications to help manage her symptoms. She first learned of Warmline from Milwaukee County's Crisis Line, and has found it to be an invaluable and unique part of her recovery support system.

Shirley calls Warmline to talk about a wide range of issues and concerns in her life, including her medications and their side effects, hospitalizations, past traumatic experiences, painful emotions, challenging social relationships, and also life's joys and accomplishments.

*"With Warmline, I have 15 minutes to talk about whatever I want to. Some days I'm not doing so good, some days it really hurts and I'm crying, and I can share that. Other days I can share my joys."*

As Shirley describes it, Warmline provides her with support, hope, and a receptive ear that truly understands her experiences. She reports feeling fully embraced and accepted by the Warmline volunteers:

*"The Warmline name is so apropos. It really is a Warmline, it's embracing. When you call, you feel like you automatically get a hug."*

For Shirley, it is absolutely "vital" that Warmline is run by people living with mental illness. Talking with others in recovery allows her to feel effortlessly understood and provides an experience of commonality and acceptance that is unavailable elsewhere in her life. For example, Shirley explains:

*"It's so nice that I don't have to explain myself. They already understand. The people on the Warmline are empathetic – they feel with me. That's different than my therapist or my psychiatrist, who can sympathize. They can feel for me, but they don't really know what it's like."*

*"This is the only line available that is manned by volunteers in recovery and on medication. I can talk about things my psychiatrist or therapist said, about my medications, and they understand."*

Shirley also describes the Warmline volunteers as providing her with an essential model of successful recovery. She is encouraged and motivated by their positive approach to mental illness and recovery. For example, Shirley emphasizes:

*"[...] the volunteers are people with mental health issues, people in recovery and on their medications. These are people who have chosen to take control of their mental illness instead of letting mental illness control their life."*

Finally, Warmline's strength-based, recovery-oriented approach seems to provide great meaning and inspiration for Shirley. In her interview, Shirley emphasized the importance of hope in her own and others' recovery process and Warmline's role in supporting that sense of hope.

*"Some [...] write off people as chronics [i.e., chronically mentally ill]. But at Warmline there's always hope for every caller. That's so important – to give that hope and to have that hope. I'm a firm believer that the answer to everyone's problems lies within themselves. Sometimes you just need someone to help you find that answer."*



## Introduction

### Background

Warmline, Inc. (Warmline) is a peer-to-peer, non-crisis telephone support line for people with mental illness, which is run and staffed by people with mental illness. Since opening in December of 2000, Warmline reports that it has received approximately 50,000 calls, trained over 110 Volunteer Peer Counselors (VPCs), and provided extensive community outreach and advocacy regarding mental health and recovery. Although Warmline's staff, volunteers, and board have anecdotal information about the benefits of their work, they have had little opportunity to document their services, successes, and challenges formally. As a result, Warmline applied for and received a grant from the Faye McBeath Foundation to develop and implement an evaluation plan.<sup>2</sup>

In October of 2009, Warmline contracted with the Planning Council for Health and Human Services, Inc. (Planning Council) to assist them in evaluating and documenting their services. The Planning Council is a private, nonprofit research and planning organization. Its mission is to advance community health and human services through objective planning, evaluation, and research. The Planning Council's evaluation was designed to address Warmline's key questions:

4. What is known about Warmline's services and callers?
5. How do callers experience Warmline and the value of its services?
6. What is the role of Warmline in the larger mental health system in Milwaukee County?

The Planning Council's collaborative approach involved working closely with Warmline staff and volunteers to create and implement an evaluation design that strived to be consistent with Warmline's recovery principles and practices. Further, it was important to both Warmline and the evaluation team that all evaluation activities respect the fundamental elements of the service (e.g., anonymity), support callers' relationships with Warmline, and place utmost importance on confidentiality. Within this framework, the evaluation team gathered and analyzed three types of data to inform the evaluation questions:

1. Call log data documented by Volunteer Peer Counselors.
2. Key informant interviews with a small set of regular Warmline callers.
3. Key informant interviews with representatives from the mental health community in Milwaukee.

This report summarizes data from each of these sources to address the three key evaluation questions noted above. In addition, given the limited evaluation-related information available in the national literature on Warmlines, the report offers information about the evaluation approaches and methods utilized during this project. Overall, the report is intended to provide Warmline with information that will assist them in further understanding and describing the work they do in the community, and that will also support them in planning and advocating for the organization's future.

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<sup>2</sup> The Faye McBeath Foundation is a private, Milwaukee-based foundation that provides grants to area non-profit organizations, focusing on the areas of children, aging and elders, health, health education, and civic and governmental affairs. More information can be found at [www.fayemcbeath.org](http://www.fayemcbeath.org).

## Warmline Operations

Warmline, Inc. has been operating in Milwaukee since 2000, serving for the past ten years as a support line to callers living with mental illnesses. The line is designed to provide non-crisis services to callers within a recovery-oriented framework, including supportive listening, non-directive problem solving, and resource suggestions as appropriate. Callers define the topics of conversation; while conversations about mental illness and recovery are welcomed, they are not required topics for Warmline callers.

The phone lines are open during the evenings (7:00 PM – 11:00 PM), hours that are specifically intended to serve as a resource during the time that traditional mental health services are typically unavailable. Warmline operates six evenings per week during most of the year, and five evenings per week during the summer months. Two phone lines are staffed in Warmline's office during its regular operating hours, with calls diverting to the second line if the primary line is busy or reverting to voice mail if both lines are busy. During the hours that Warmline is closed, a voice mail message welcomes callers and informs them of the days and hours of operation.

Warmline's phones are staffed by Volunteer Peer Counselors (VPCs) who are themselves people living with mental illness. VPCs participate in extensive training prior to answering calls, including approximately 15 hours of structured group training sessions and role playing. The training covers a variety of topics, including recovery principles, boundaries, confidentiality, and procedures for handling crises. In addition to their training, VPCs attend a monthly Education/Support meeting to further their learning and to discuss any issues that may have arisen while staffing the phones. Some VPCs have also gone on to become certified as Peer Support Specialists. Warmline Shift Coordinators are present each evening Warmline is open, to provide additional support and back-up for VPCs if needed. Volunteer Peer Counselors receive a small stipend for their work, and volunteering often plays an important role in their own recovery.

Over the course of their ten years of operation, Warmline has developed policies to help guide and distribute the flow of calls throughout a given evening. Specifically, each call is limited to a maximum of 15 minutes, and each caller is limited to one call per hour during the time that Warmline is open. These policies are intended to provide opportunities for a variety of callers to access the line. In addition to the policies that govern call frequency and length, Warmline also has developed guidelines for the Volunteer Peer Counselor's conversations with callers. Specifically, VPCs are trained to serve primarily as a non-directive listening presence, and are instructed not to give directive advice, make treatment-related recommendations, or engage in extensive self-disclosure.

Warmline is governed by a volunteer board of directors, at least 51% of whom are consumers of mental health services. Warmline has three formal staff positions, an Executive Director and two Associate Directors, each of which is held by persons who have experienced mental illness themselves. Although these positions are designed to be paid positions, the organization's financial constraints have often meant that these staff have not drawn salaries and have instead made in-kind contributions of their time. Overall, Warmline functions on a very small annual operating budget. They receive funding from a State of Wisconsin mental health block grant (approximately \$14,000 per year) and from donations (ranging from \$3,000 to \$6,000 per year). In addition, they receive in-kind donations of office space and phone lines from Milwaukee County's Behavioral Health Division. Warmline staff and board report that covering operating expenses (e.g., stipends, training expenses, supplies, insurance, etc.) with their existing budget situation is often a challenge. They are currently in the process of working to identify potential sources of additional funding and to further promote their role in the community.

## Recovery Philosophy

Warmline, Inc. is grounded in recovery principles and a peer-support, strength-based approach. Although recovery from mental illness is uniquely defined by each individual, a general description of recovery that Warmline finds meaningful is:

Mental health recovery is a process that is unique for each individual. It's a journey that sometimes has setbacks, but ultimately is about not being defined by your illness.

Recovery is the process of finding your strengths and living a meaningful, satisfying, and hopeful life.<sup>3</sup>

This description reflects elements of the ten fundamental components of recovery developed as a consensus statement by the Substance Abuse and Mental Health Services Administration (SAMHSA) with the input of consumers and professionals.<sup>4</sup> Specifically, the ten components of recovery incorporate the concepts of: self-direction, empowerment, peer support, respect, responsibility, and hope. They also embrace approaches that are individualized and person-centered, holistic, non-linear, and strengths-based.

Warmline embraces recovery principles in the services it provides to its callers (e.g., being person-centered), in its business structure (e.g., being peer run), and also in its community of Volunteer Peer Counselors. Warmline reports that serving as a volunteer on the phone line often plays an important role in the VPC's own recovery process. For some, it is a way to contribute and "give back"; for others, volunteering provides a stepping stone to further employment opportunities. The combination of training, monthly meetings, and camaraderie on the phone lines often creates friendships and community among the volunteers. Warmline has surveyed its VPCs in the past, and found that their self esteem increases after participating in the series of training sessions. In addition, Warmline notes that for many VPCs, volunteering at Warmline is the first time that their mental illness has been viewed as a strength rather than a deficit.

## Warmline Models

Milwaukee's Warmline, Inc. is one of a number of warmlines across the country that serve people living with mental illnesses. In general, other warmlines are also grounded in recovery principles and share an emphasis on non-crisis/pre-crisis peer-support services and "after hours" accessibility. However, warmlines differ in a variety of ways, including their 1) affiliations (independent versus under the auspices of county mental health systems), 2) staffing (paid versus volunteer), 3) governance (consumer-run versus run by mental health professionals), 4) target populations (consumers of mental health services versus a wider population), 5) geographic reach (local versus national), 6) hours of operation (limited versus extensive), and 7) staffing locations (office site versus volunteers working out of their homes).

Some states have fairly established warmlines, either through a single statewide line or through a consortium of regional lines. For example, Maine has a toll-free, statewide warmline that has been run by a nonprofit corporation since 2005.<sup>5</sup> It is accessible to all Maine residents and is

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<sup>3</sup> This description of recovery draws from Warmline materials, conversations with Warmline staff, and the national literature on recovery principles.

<sup>4</sup> The National Consensus Statement on Mental Health Recovery was developed through the 2004 National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation, sponsored by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Interagency Committee on Disability Research, in partnership with six other Federal Agencies. The full consensus statement can be found at <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>.

<sup>5</sup> More information on the Maine Warm Line can be found at <http://www.amistadinc.org/warmline.php>.

open every day from 5:00 PM to 8:00 AM. An alternative statewide model has been established in Connecticut, which supports 12 regional warmlines funded (at least in part) by the state's Department of Mental Health and Addiction Services.<sup>6</sup> Most of the Connecticut lines are open every day of the year, and several have their own toll-free numbers. However, each regional line is operated by a separate agency, with unique operating hours and approaches. In contrast to these statewide examples, Wisconsin residents have more limited access to warmlines. While there are a small number of other communities in the state that do have warmlines, some are not specifically designed for supportive listening (e.g., COPE Services in Ozaukee County, which provides emotional support, crisis intervention, and information and referral services), and others have very limited hours (e.g., Warm Line of Washington County, which is open only two nights per week).

The research and evaluation literature on warmlines that are specifically designed for people living with mental illnesses is extremely limited. Few if any published studies are available to describe callers and their phone line experiences (e.g., demographics, needs and strengths, outcomes, etc.). There also appears to be a lack of more informal, non-published, or self-generated information about warmlines. For example, as part of the current project, Warmline, Inc.'s Associate Director attempted to solicit information from colleagues across the country (e.g., through listservs, inquiries while attending a national conference, etc.). However, this effort did not result in significant additional information. The lack of data is most likely related to a variety of factors, including methodological challenges (e.g., gathering information from callers who prefer to remain anonymous), the challenge of adhering to warmlines models and recovery principles while collecting data, and the challenge of limited financial supports for warmlines to fund extensive documentation. As a result, the current project had little data in the literature to draw from and virtually no previously reported methodological guidance to inform the approach to Warmline's evaluation questions.

## **Current Project and Report**

In the absence of existing models for evaluating warmlines, the current project attempted to address some of the challenges of gathering data through a highly participatory evaluation approach.<sup>7</sup> Specifically, a close partnership was created between the Planning Council's evaluation team, Warmline, Inc. staff, and an advisory committee of Warmline volunteers and board members. Together, these groups shared responsibility for designing and implementing the evaluation. While the evaluation team provided expertise around evaluation methodology and options, the staff and advisory group provided expertise around warmlines, recovery principles, and key volunteer and caller considerations. Ultimately, methodological and data collection decisions rested with Warmline's staff and the advisory committee. Each section of the current report provides information on the methodological approaches used and decisions made to gather the data needed to address the key evaluation questions. It is hoped that this information will provide a starting place for other warmlines as they generate their own approaches to documenting the work that they do.

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<sup>6</sup> More information on Connecticut's warmlines can be found at <http://www.ct.gov/dmhas/cwp/view.asp? a=2902 &q=335188>.

<sup>7</sup> Participatory or collaborative evaluation is organized as a team project in which the evaluator and representatives of the stakeholder groups work in partnership in developing the evaluation plan, conducting the evaluation, and interpreting the results (Rossi, Freeman, & Lipsey (2004), [Evaluation: A Systematic Approach](#)).

The report is organized around the data that informed the three key evaluation questions. Specifically:

- Chapter 1 focuses on what is known about Warmline's services and callers, through an analysis of call log data documented by Volunteer Peer Counselors. This data is primarily quantitative or numerical in nature, although context for this data is provided from the brief notes that VPCs make at the close of each call.
- Chapter 2 focuses on what is known about callers' experiences of Warmline and their perceptions of the value of its services. The Planning Council's evaluation team conducted key informant interviews with a small set of regular Warmline callers who were invited into the process by Warmline staff. This data is qualitative or descriptive in nature, analyzed through a systematic coding process.
- Chapter 3 focuses on the role of Warmline in the larger mental health system in Milwaukee County, as viewed by key representatives from the mental health community who were interviewed by the Planning Council's evaluation team. This data is also qualitative, analyzed through a similar coding process.

Overall, the report is intended to expand and enhance the information previously available to Warmline, Inc.'s board, staff, and volunteers, and to inform key stakeholders in the community about Warmline's work.





## Chapter 1: Warmline, Inc. Call Log Data

### Background

Since its inception, Warmline, Inc. (Warmline) has regularly tallied the number of calls it receives each month to provide a picture of call volume over time. In addition, Volunteer Peer Counselors have routinely recorded basic information about each call in a nightly call log binder (e.g., start time and end time, type of call, etc.). Although Warmline's volunteers, Shift Coordinators, and staff are able to review call logs informally on a regular basis, because this information is not computerized there have not been opportunities to aggregate or systematically review the data. As a result, Warmline and the evaluation team decided to that it would be valuable to data enter and analyze several sample months of call log data to understand more about Warmline's services and callers.

### Methodology

The Planning Council and Warmline, Inc. worked together to select two sample months in 2009 to form the basis for the initial analysis. Efforts were made to select two sample months that were representative of the year as a whole and that would also provide the most useful information for describing Warmline's services and callers. For example, because Warmline routinely closes for a two week sabbatical during the month of February, that month was not selected for the analysis. In addition, during the first part of 2009 Warmline received repeated hang-up calls from a nuisance caller who then stopped calling the line in the later part of the year. It was decided that there would be significant value in including one of the months that Warmline received these nuisance calls to be able to describe its impact on call volume. The evaluation team and Warmline then selected a month when this caller had not called to allow for analysis of a more typical month. As a result, it was decided to focus on call log data from January and August of 2009 for the initial analysis.

The Planning Council team developed a Microsoft Access database to facilitate data entry of the call log data which was gathered by Warmline VPCs during the two 2009 sample months. When data entry had been completed, the data was then transferred into SPSS, a popular statistical software package, for data cleanup and analysis. Data cleanup included the removal of records for invalid calls (e.g., wrong numbers) and amending inaccurate or missing values when the correct values were known to the data collection team (e.g., call dates, misspellings, etc.). Throughout the data entry, cleanup, and preliminary analysis of the call data from the two 2009 sample months, the evaluation team provided Warmline with formative feedback on the implementation of the data collection procedures and the preliminary results.

In addition to the examination of call log data from the two 2009 sample months, the evaluation team, Warmline, and the evaluation advisory committee also explored the potential benefits and risks of recording additional information about calls and callers. It was already established practice for Warmline VPCs to document some basic information about each call they receive (date, begin and end time, call type, and call description) and about each caller (their first name if provided, whether they had previously called Warmline, and where the caller first heard about Warmline). However, the evaluation team and Warmline considered whether collecting additional information about callers (e.g., gender, age, ZIP Code) would be helpful to more fully describe people accessing their services. In identifying potential additional items to include on the call log, priority was given to preserve the concise and nonintrusive qualities of established data collection procedures, while also seeking to optimize the utility of any additional data collected.

The evaluation team first identified a list of potential additional call log items by reviewing materials and speaking with representatives from other local call centers such as 2-1-1@IMPACT, COPE Services, and Waukesha's 1<sup>st</sup> Call for Help. The list of potential additional data elements was then discussed with Warmline staff and its evaluation advisory committee, and the pros and cons of collecting each element were weighed. In reviewing the possible data elements, consideration was given to the potential impact of each item on callers and volunteers, and the potential value of the information for Warmline's future development. (See Appendix A for more details on the process by which additional items were determined.) Through this process, support was gained for a small set of items to be added to the call log. This set included demographic items to record each caller's gender and ZIP Code. In addition, items were also added that related to: 1) whether the caller would recommend the service to someone they know, 2) if they had called earlier that evening, and 3) any resources offered by the VPC during the call.

Warmline Shift Coordinators and VPCs were oriented to the new items and procedures and provided with supporting materials in December of 2009. In the first week of January 2010, implementation of the revised call log began, with a planned six-week pilot leading up to Warmline's February sabbatical. Volunteers' experiences with the new data elements were reviewed midway through the pilot implementation period. Warmline reported that the new items were being successfully implemented by all volunteers and with most callers. A small number of callers, however, experienced the new items as intrusive and disruptive. It was decided to omit these items when taking calls from these specific callers. At the close of the pilot implementation period, call logs from the month of January were selected for review and analysis. The January 2010 call logs were then data entered into a separate Microsoft Access database, and cleanup and analysis followed the procedures which were used for the 2009 sample months. The results of the overall call log data analysis are presented for the three sample months combined, with information about individual months and the new data elements provided separately as needed.

## **Results from the Analysis**

### How many calls did Warmline, Inc. receive?

During the three months sampled, there were a total of 2,502 calls to Warmline, Inc. Approximately two-thirds of these calls (65.9%, or 1,649 of 2,502) or were "actual" calls, i.e. calls that were not simply hang-up calls. As a result, there were a total of 1,649 actual calls that involved some degree of volunteer interaction with callers and therefore provided the focus for the Warmline call data analysis.

Warmline reports that the typical number of hang-up calls is generally lower than indicated by the sample months. Specifically, there were a total of 853 hang-up calls during the three months sampled, three-quarters of which (74.9%, or 639 of 853) were in January, 2009. Warmline staff report that the line rarely receives harassing phone calls. However, in early 2009 an individual called Warmline repeatedly, using hostile language, threatening volunteers, and/or hanging up quickly. The unusually high number of hang-up calls in January of 2009 was most likely attributable to this individual, and the typical volume of hang-up calls is probably closer to the 100 calls per month seen in the other two sample months.

Overall, the number of actual calls received per month averaged approximately 550 calls (mean = 549.7 calls). The average number of calls per month was relatively consistent across the three sample months, with fluctuations in total numbers of calls likely attributable to the number of nights Warmline was open in a given month.

Detailed information on the total number of calls in the three sample months can be found in Table 1.

**Table 1: Total Number of Calls**

| Month         | Actual Calls | Hang-Up Calls | Total of All Calls |
|---------------|--------------|---------------|--------------------|
| January, 2009 | 580          | 639           | 1,219              |
| August, 2009  | 510          | 104           | 614                |
| January, 2010 | 559          | 110           | 669                |
| <b>Total</b>  | <b>1,649</b> | <b>853</b>    | <b>2,502</b>       |

Note: Warmline was open for 25 nights in January 2009, 23 nights in August 2009, and 26 nights in January 2010.

#### How many calls did Warmline, Inc. receive per night?

During the three months sampled, Warmline, Inc. received an average of approximately 22 actual calls per night (mean over three sample months = 22.3 calls per night; January 2009 mean = 23.2 calls; August 2009 mean = 22.2 calls; January 2010 mean = 21.5 calls). The total number of calls received in a given night ranged from a low of 9 calls<sup>8</sup> (the only night with less than 16 calls per night) to a high of 31 calls (one of several nights with a similar volume of calls).

The call dates, start times, and end times documented in the call log data indicated that both Warmline phone lines were typically occupied throughout much of the night. On most nights, calls began coming in immediately when Warmline opened (7:00 PM), continued throughout the night (often in quick succession of one another), and ended at the time Warmline closed (11:00 PM). For example, on one typical evening (1/2/09), Warmline received 27 actual calls from 14 different callers. Each phone line received its first call at approximately 7:00 PM (7:00 and 7:01), the time between calls was typically five minutes or less, and each phone line was engaged with callers until shortly before 11:00 PM (10:47 and 10:54).

#### How many volunteer peer counselors were involved?

There were a total of 29 different volunteers who answered calls over the three sample months, with an average of 18 volunteers (mean = 17.7) answering calls each month. Specifically:

- In January of 2009, there were 20 volunteers who answered calls.
- In August of 2009, there were 15 volunteers who answered calls.
- In January of 2010, there were 18 volunteers who answered calls.

Looking across the three sample months, it appeared that there was a high degree of continuity over time in the group of Warmline volunteers who answered calls. For example:

- A total of 80% of the volunteers who answered calls in August of 2009 (80.0%, or 12 of the 15) had also answered calls seven months earlier (in January of 2009).
- Approximately 60% of the volunteers who answered calls in January 2010 (61.1%, or 11 of the 18) had also answered calls a full year earlier (in January of 2009).

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<sup>8</sup> The call log data from the night with 9 calls stops at approximately 8:30 (rather than 11:00), suggesting that the data from that night is incomplete, either because some call log data was missing or because the line needed to close early.

The number of calls answered by each volunteer in a given month depended on the number of nights and shifts each volunteer worked, as well as the number of calls Warmline received. However, the data provided some sense of the “workload” for volunteers in a given month. Specifically, the number of calls each volunteer answered per month ranged from 8 calls to 77 calls. On average, each volunteer answered approximately 30 calls per month (January 2009 mean = 29.0 calls per volunteer; August 2009 mean = 33.9 calls; January 2010 mean = 31.1 calls).

#### How many different callers called Warmline, Inc.?

It was very difficult to accurately determine information about individual callers (e.g., how many different callers called Warmline). Because one of the principles of Warmline, Inc. is that callers can remain anonymous, some callers did not give their name, some may have given multiple names, some had very similar names, and some callers were known to volunteers only by nicknames. Taking these limitations into account, efforts were made to estimate caller-level information using the data available from call logs (i.e., caller names, call dates and times, call descriptions, etc). However, caller-level information, such as the number of different callers, should be considered as estimates only, and as suggestive rather than definitive.

#### Number of callers

From the available information, it appeared that approximately 140 different people called Warmline during the three months sampled (not including those whose names were listed as “anonymous”).<sup>9</sup> Looking at each month separately:

- During January of 2009, there were approximately 78 different callers.
- During August of 2009, there were approximately 60 different callers.
- During January of 2010, there were approximately 62 different callers.

#### Continuity in callers

While again recognizing the limitations in the data, efforts were made to explore the degree to which callers continued to call Warmline over time. Caller’s names, call descriptions, and other call log data were examined in an effort to determine whether or not callers from one sample month also called in subsequent sample months. However, the specific numbers attached to these estimates are likely to be unreliable and can only be considered suggestive of a general trend.

From the available information, it appeared possible that there was notable continuity over time in the array of callers who contacted Warmline. For example:

- Approximately half of the callers who called in August of 2009 appeared to have also called Warmline seven months earlier (31 of the 60 August 2009 callers appeared to match callers who had called in January 2009).
- Approximately one-third of the callers who called in January of 2010 had also called in one of the two 2009 sample months (21 of the 62 January 2010 callers appeared to match callers who had called in either January or August of 2009).

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<sup>9</sup> Across the three sample months, there were a total of 80 calls which were identified as “anonymous” (16 anonymous calls in January of 2009, 24 in August of 2009, and 40 in January of 2010). While anonymous calls were included in the call-level analyses, no attempt was made to determine individual caller information for anonymous callers.

### Callers' monthly calls

Efforts were also made to determine the number of calls each caller made to Warmline during a given month (recognizing the limitations in identifying the array of different callers). The number of calls made by each caller was dependent on many factors (e.g., caller need, ability to “get through” to Warmline, Warmline limits on number of calls per night, etc.). However, the data provided some sense of the level of interaction callers had with Warmline in a given month. Specifically, the number of calls each caller made per month ranged from 1 call to 72 calls (with a similar range seen across the three sample months). On average, each caller called approximately 8 times per month (January 2009 mean = 7.2 calls per caller; August 2009 = 8.1 calls; January 2010 mean = 8.4 calls). However, the overall average (mean) number of times each caller called during a given month included those who called only once as well as callers who called multiple times during the month. For callers who called more than once, each caller called approximately 14 times per month (January 2009 mean = 12.0 calls per caller; August 2009 = 14.3 calls; January 2010 mean = 14.8 calls).

### Callers' nightly calls

In an effort to understand more about the extent to which callers made additional calls on a given night, Warmline piloted a new procedure in January of 2010. Specifically, throughout each night the Shift Coordinators kept track of whether callers had called earlier in the evening and also documented this information on the call logs for each caller. Data was available for all 559 calls from January of 2010. Approximately one-third of the calls received during that month (32.6%, or 182 of 559) were from callers who had called earlier in the evening. On virtually all nights that month, at least one call was received from someone who had previously called that evening. Looking at each night separately, the number of calls from an individual caller ranged from 1 call to 6 calls.<sup>10</sup> However, on a typical night, most callers called one or two times during the evening, with an occasional person calling three times.

### How many calls were from people new to Warmline, Inc., and how many were from previous callers?

Warmline, Inc. call logs ask volunteers to document whether or not a caller has previously called Warmline. Call log data was reviewed to determine the extent to which the calls received were from previous callers or from callers who were new to Warmline. This determination was made by reviewing the volunteer's record of whether or not the person had called before or (if this information was missing) by clear indications on the call log that the person had called previously. Using this combined information, it was possible to determine whether or not a caller had called previously for most of the calls received during the three sample months (99.2%, or 1,635 of 1,649).

Approximately 97% of the calls across the three months sampled were from people who had called Warmline before (96.8%, or 1,583 of the 1,635 calls were from previous callers). A total of 52 new callers contacted Warmline during the three months sampled (3.2%, or 52 of the 1,635 calls were from new callers). Detailed information by month on the number of calls from callers who had called before and from new callers can be found in Table 2.

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<sup>10</sup> There was only one night in which one individual called six times; call lengths for several of these calls were very short, and call descriptions indicated that the caller was told that he needed to wait to call until later in the evening (as specified by Warmline policies).

**Table 2: Calls from Previous Callers and New Callers**

| Month         | Calls from Previous Callers | Calls from New Callers | Total Calls                       |
|---------------|-----------------------------|------------------------|-----------------------------------|
| January, 2009 | 97.0%<br>(n=553)            | 3.0%<br>(n=17)         | 100.0%<br>(n=570)                 |
| August, 2009  | 97.0%<br>(n=491)            | 3.0%<br>(n=15)         | 100.0%<br>(n=506)                 |
| January, 2010 | 96.4%<br>(n=539)            | 3.6%<br>(n=20)         | 100.0%<br>(n=559)                 |
| <b>Total</b>  | 96.8%<br>(n=1,583)          | 3.2%<br>(n=52)         | <b>100.0%</b><br><b>(n=1,635)</b> |

Note: N=1,635 calls; 14 of the 1,649 total calls were missing information about whether the caller had called previously.

### Did new callers continue to call Warmline, Inc.?

Calls from new callers that were received during the three months sampled were examined more closely to explore whether or not the caller continued to call Warmline after their first experience. Again, this was difficult to determine with any certainty, as some callers did not give their name and other callers had very similar names. However, caller's names, call descriptions, volunteer documentation of whether callers had called previously, and other call log data were examined to provide a general estimate of new caller continuation. A further challenge in the data was that some new callers made their first call to Warmline at the end of a sample month (e.g., 1/31/10). This meant that there was limited opportunity (or no opportunity) to see indications of subsequent calls in the existing data set. As a result, the information on the extent to which new callers continued to call Warmline is only suggestive and is likely to underestimate the number of new callers who eventually called Warmline again.

Looking at the 52 calls received from new callers during the three sample months, it appeared possible that 11 people (or 21.2%) subsequently called Warmline again. Some new callers contacted Warmline again during the same night as their first call; other new callers called again several days, weeks, or months later. Although volunteers were not asked to record this information, for some new callers there were indications in the call descriptions that these callers would not have been expected to call Warmline again (e.g., they may have been more appropriate for another service or may have only called with a specific question).

### How did callers hear about Warmline, Inc.?

Warmline, Inc. call logs ask volunteers to document how callers first heard about Warmline. However, for callers who had previously called information regarding how they had first heard about Warmline was frequently missing (72.5%, or 1,148 of the 1,583 calls from previous callers were missing this information). In general it appears that callers who had previously called were not asked this question, perhaps because volunteers understood that these callers may find it frustrating to answer this question repeatedly and/or may no longer recall how they first heard about Warmline.<sup>11</sup>

<sup>11</sup> The limited number of calls from previous callers for which this information available (n=435), suggested that callers who had called Warmline before had heard about Warmline more often from the Crisis Line, case managers, and friends (and less often from therapists or police/probation/parole).

Due to the limited data from previous callers on this topic, when describing how callers first heard about Warmline, the decision was made to focus on calls from people who were new to Warmline during the three sample months (n=52). Most of the calls from new callers included information on how they had first heard about Warmline (86.5%, or 45 of 52). The data indicated that new callers had heard about Warmline from a variety of sources, including sources other than those specified on the call log (without additional details on the “other” sources). Among the options specified on the call log, the Milwaukee County Psychiatric Crisis Line was the most common way new callers had heard about Warmline. Detailed information on how new callers heard about Warmline can be found in Table 3.

**Table 3: How New Callers Heard about Warmline**

| How Caller Heard about Warmline   | Number |
|---|--------|
| Milwaukee County Psychiatric Crisis Line  | 11     |
| Friend  | 6      |
| Therapist   | 4      |
| Case manager  | 3      |
| Police/probation/parole   | 1      |
| Other (e.g., hospitals, day hospitals, brochures or flyers, other hotlines, or unspecified) | 21     |

Note: N= 45. Seven of the 52 calls from new callers were missing information about where they heard about Warmline. One caller had heard about Warmline from more than one source.

### How long did calls to Warmline, Inc. last?

Warmline, Inc. volunteers are asked to document in their call logs the time each actual call began and ended.<sup>12</sup> Based on this information, it was possible to determine the call length for approximately 95% of the actual calls received during the three months sampled (96.4%, or 1,589 of 1,649).<sup>13</sup>

During the three months sampled, the most common call length was 15 minutes which, according to Warmline’s policies, is the maximum amount of time allowed for each call. Approximately 40% of all actual calls (38.5%, or 611 of 1,589) were exactly 15 minutes long, with the proportion of 15 minute calls remaining relatively constant in each of the three months sampled.

During the three sample months, a small proportion of the actual calls began and ended at the same time, resulting in a call length of 0 minutes. Specifically, approximately 4% of all calls (3.6%, or 57 of 1,589) were less than one minute long. The primary reasons for a call of 0 minutes were that the caller called too soon (according to Warmline’s policies), the caller wanted to speak with a different volunteer, or the caller was just “checking in” with Warmline.

<sup>12</sup> While hang-up calls are routinely tallied, detailed information about the calls (such as length) is not recorded since these would not be considered “actual” calls.

<sup>13</sup> The two 2009 sample months were similar in the proportion of calls for which call length could not be determined (approximately 5%). However, only one call (0.2%) was missing information on call length in January of 2010.

Finally, there were some calls that lasted longer than the 15 minutes that Warmline policy allows for each caller. Specifically, approximately 18% of all calls (17.7%, or 282 of 1,589) were longer than 15 minutes.<sup>14</sup> The vast majority of the longer calls (85.8%, or 242 of 282) lasted less than 20 minutes, with very few calls in any of the months over 20 minutes in length. No clear pattern was evident regarding the factors that contributed to longer calls (based on information from the call descriptions, caller names, and volunteer names).

Detailed information on call length for all actual calls during the three months sampled can be found in Table 4.

**Table 4: Call length**

| Length of Call    | Number of Calls | Percent of All Calls | Cumulative Percent* |
|-------------------|-----------------|----------------------|---------------------|
| 0 mins            | 57              | 3.6%                 | 3.6%                |
| 1 min – 4 mins    | 138             | 8.7%                 | 12.3%               |
| 5 mins – 9 mins   | 179             | 11.3%                | 23.5%               |
| 10 mins – 14 mins | 322             | 20.3%                | 43.8%               |
| 15 mins           | 611             | 38.5%                | 82.3%               |
| 16 mins – 19 mins | 242             | 15.2%                | 97.5%               |
| 20 mins or longer | 40              | 2.5%                 | 100.0%              |
| <b>Total</b>      | <b>1,589</b>    | <b>100.0%</b>        |                     |

Note: N=1,589 actual calls (excluding hang-up calls); 60 of the 1,649 total calls were missing information about call length.

\*Cumulative percent is the percentage of calls in a given call length category plus the percentage of calls in shorter call length categories.

### What types of calls did Warmline, Inc. receive?

The types of calls received by Warmline, Inc. were examined through volunteers' categorization of calls in the call log, through volunteers' written call descriptions, and through additional information gathered about resource calls in January of 2010.

#### Call Category

Warmline call logs ask volunteers to categorize each call as supportive listening, problem solving, a call requesting resources, a "hot" or crisis call, or some other type of call. Volunteers are able to assign more than one call type to each call. Based on this information, it was possible to determine the type of call for approximately 80% of the actual calls received during the three sample months (82.4%, or 1,358 of 1,649).

<sup>14</sup> January of 2009 had the lowest percentage of calls that were longer than 15 minutes (15.0%), while January of 2010 had the highest percentage of calls that were longer than 15 minutes (20.3%). Due to new data collection items being piloted in January of 2010, Warmline intentionally allowed callers several additional minutes of call time during that month.



During the three months sampled, approximately 95% of the calls that listed a call type were categorized as supportive listening calls (96.0%, or 1,304 of 1,358 identifiable calls). A small number of supportive listening calls were also categorized as problem solving calls (51 of 1,304) or as calls requesting resources (21 of 1,304).

During the three sample months, less than 5% of the calls (4.0%, or 54 of 1,358) were not viewed by volunteers as being supportive listening calls. Most of these calls were categorized as problem solving calls (n=30), although a small number were resource calls (n=8) and some were categorized as “other” types of calls (n=18, with the details not specified).<sup>15</sup>

Finally, during the three months sampled, less than 1% of the 1,358 calls (only two calls) were categorized as “hot” calls (i.e., calls that were considered crisis calls). The call descriptions for these “hot” calls indicated that one caller was having thoughts of suicide while the other caller was highly emotional throughout the call (e.g., crying and feeling unable to trust others in her recovery support system). Both calls were from callers who had called Warmline previously (one who was male and one who was female). These two “hot” calls were also categorized by volunteers as involving supportive listening and problem solving, but not described as necessitating resources beyond the scope of the call. Detailed information on the type of calls during the three months sampled can be found in Table 5.

**Table 5: Call type**

| Type of Call         | Number of Calls | Percent of All Calls |
|----------------------|-----------------|----------------------|
| Supportive listening | 1,304           | 96.0%                |
| Problem solving      | 81              | 6.0%                 |
| Resources            | 29              | 2.1%                 |
| “Hot”                | 2               | 0.1%                 |
| Other*               | 21              | 1.5%                 |

Note: N=1,358 calls; 291 of the 1,649 total calls were missing information about call type. 74 calls were categorized as more than one call type; as a result, aggregating the total number of call types does not = 1,358 and aggregating the total percent of each call type does not = 100%.

\*Only one of the calls categorized as “other” was specified.

### Call Description

In an effort to understand more about the elements of “supportive listening”, the call descriptions written by volunteers at the close of each call were reviewed to identify common call themes. VPCs varied greatly in the amount of information they provided in the call descriptions, with the variation likely dependent on the amount of time available before the next call was received, level of information shared by caller, volunteer style, and other factors. For some calls, the call descriptions contained detailed information about the caller’s situation, mood, next steps, etc. For other calls, the call description was simply listed as “general conversation”. In addition, call descriptions indicated that a single call often included multiple topics. Because of the variation in level of detail and the intertwining of call topics, the analysis of the call descriptions was more impressionistic than systematic (i.e., did not include exact call counts for specific call categories). However, a review of the information still offered a glimpse of the central issues callers shared with Warmline volunteers. The review suggested that there were five loosely defined call categories: general conversation, mental health, responsibilities and daily living, relationships, and positive events.

<sup>15</sup> Some of the 54 non-supportive listening calls could be categorized in more than one category.

*General conversation.* A large number of calls across the sample months focused on callers' interests, general "small talk", and what might be considered the typical aspects of everyday life. For example, callers spoke of the weather, books they had read, movies or television shows they had watched, their pets, food, or hobbies they enjoyed. Based on the more detailed call descriptions that fell into this category, the underlying purpose of these conversations may simply have been to make a connection with volunteers and to address the sense of isolation that callers may have been experiencing.

*Mental health.* A large number of calls across the months were directly related to mental health issues. Many callers talked specifically about their illnesses or diagnoses, including the struggles they were having managing their symptoms. For example, one call description indicated that the caller was "feeling anxious, excited, out of control, going backwards." Another caller shared that she had been diagnosed with bipolar disorder and was "thinking too much" and "really needed to talk". Other call descriptions indicated that callers were talking through with VPCs the immediate symptoms they were experiencing that evening (e.g., "feeling paranoid tonight", "hearing voices"). For some callers, managing substance use was also a topic of discussion. For example, one caller talked about his goal to stop using alcohol and caffeine, another talked about his efforts to quit smoking, and others alluded to substance abuse histories or drug-related behaviors.

Some callers also shared thoughts and feelings about past traumas (e.g., childhood sexual abuse, rape) or about more recent traumatic events (e.g., a death in the family, being robbed, being "beat up"). Other callers spoke about their experiences with suicidal thoughts and previous suicide attempts, although not in such a way that the call was considered a "hot call". For example, callers described having been in the hospital due to a recent suicide attempt, working on suicidal thoughts with a case manager or therapist, or having suicidal thoughts but not intending to act on them (e.g., the caller was "having bad thoughts, but feels safe"). Other callers shared both their suicidal thoughts and their safety plans with the volunteer. For example, one call description indicated that the caller "saw [his] therapist today, expressed suicidal thoughts; the therapist is talking to the psychiatrist [about hospital admission] ... [His] friend took [away] his medications [and] is available throughout the night if he needs him."

The call descriptions for those calls that related directly to mental health issues also included the various efforts callers were making to manage their symptoms. Specifically, many call descriptions listed a range of medications that callers were taking, at times including a discussion of the medications' effectiveness and/or side effects. Some callers spoke very directly about the challenges they were experiencing with their medications. For example, one caller reported that she was "sleepy from her meds". Another caller indicated that her medication had been changed several months earlier, resulting in increased symptoms of depression. Call descriptions also included the positive effects of medications, as well as other strategies callers were using to manage their mental health. For example, callers spoke of working with their therapists, psychiatrists, and case managers; attending support groups and self-help groups; and engaging in self-nurturing behaviors to address their symptoms (e.g., exercising, cleaning, cooking).

*Responsibilities and daily living.* Although most of the call descriptions related in some way to mental health issues or could be categorized as general conversation, a fair number of descriptions included reference to the various aspects of daily living. Specifically, some callers shared the day-to-day activities involved in managing their lives (e.g., housework, grocery shopping, paying bills, and arranging transportation). Other callers talked about the challenges they were experiencing with housing. For example, some people described having trouble finding affordable, safe housing, while others shared conflicts they were having with roommates. In addition, some callers spoke with Warmline about financial issues, including their financial

successes and challenges. For example, one call description indicated that the caller “did good [with] budgeting his money this month.” Other callers spoke of the difficulties of making ends meet, including paying for rent and utilities, affording medications, waiting for disability checks, etc. Finally, a small number of call descriptions included job-related issues. Specifically, some callers spoke of their experiences with transitional or temporary employment, while others expressed apprehension about looking for a job or returning to work. At times, the call descriptions indicated that, in addition to supportive listening, the VPCs provided resources or information to assist callers in addressing challenges they were having in managing these issues of daily living (e.g., housing referrals, information on Department of Vocational Rehabilitation, etc.).

*Relationships.* Throughout many of the call descriptions (including those that seemed to primarily relate to mental health issues or daily living), there was some mention of callers’ relationships with family, significant others, friends, and neighbors. Some callers spoke of the challenges they were experiencing in those relationships. Difficulties included relationship “break ups”, conflicts with extended family members, strained relationships with children, letting go of unhealthy friendships, etc. Some callers took the opportunity to talk through how to navigate some of these more challenging relationships or social situations. For example, one call description indicated that the caller was “looking for a way to tell her friend to get help with her weight.” Another call description suggested the call included a discussion about setting boundaries in close relationships. A small number of callers talked about the positive support they received from the various people in their lives (e.g., having a nice holiday season with family, getting along well with a case manager, a daughter bringing over meals). However, other callers spoke of their sense of isolation and loneliness, and the desire for more social connections. For example, one call description indicated that the caller wanted to attend a social event, but had “no boyfriend [and] no one will go with her”. Other callers echoed that sense of loneliness (e.g., “it’s awful to live alone”, “no friends”, “no friends or family”, “doesn’t like to eat alone”, “would like to be more social”).

*Positive events.* Finally, throughout some of the call descriptions (including those related to mental health and daily living issues) the volunteers indicated that callers shared positive events or accomplishments with them. Sometimes, this simply involved looking forward to upcoming events with enthusiasm and optimism (e.g., weekend plans, sporting events, going to a concert, volunteering, saving up for a big purchase). Other times, callers spoke of positive events they had recently experienced or personal accomplishments. For example, one call description indicated that the caller had gone to a basketball game “for the first time and it was fun!” Personal accomplishments noted included volunteering, taking a class through the recreation department, working on a GED, and taking a computer class. For callers who had called previously, it was clear that while they often spoke of mental health issues, relationship challenges, etc., there were times when Warmline was a place for them to also share their positive events and accomplishments.

### Resource Calls

Warmline was interested in understanding more about the types of resources volunteers offered to callers. As a result, in January 2010 Warmline piloted a new section of the call log in which volunteers were asked to record further details about any resources they may have offered during a call. A review of this data indicated that the types of resources offered to callers during this sample month included a wide range of community services. Specifically, volunteers provided general suggestions, such as connecting with mental health services (e.g., case

manager, psychiatrist), as well as specific resources for peer support (e.g., Grand Avenue Club, National Alliance on Mental Illness), housing (e.g., Housing and Urban Development), and social services (e.g., BadgerCare, Department of Vocational Rehabilitation). Finally, there were several occasions when volunteers recommended other area phone lines (e.g., 2-1-1 @ IMPACT, COPE Services in Ozaukee County).

#### What is known about call and caller demographics?

Warmline, Inc. was interested in understanding more about a limited number of caller demographics, without violating the anonymous nature of the line or interfering with the relationship between the caller and the volunteer. As a result, during January of 2010 Warmline piloted the addition of two demographic questions to the call log. Specifically, volunteers were asked to record caller gender and caller ZIP Code. As noted in the methodology section, the approach to recording this information was different for each item, and the items received varying responses from callers.

Due to the previously noted difficulties of identifying individual callers (i.e., anonymous callers, multiple names given by the same caller, duplicate names, nicknames, etc.), the most reliable way of looking at this demographic information from a data standpoint was to focus on each call that was received during the sample month (as opposed to focusing on individual callers). However, focusing on call-level data inherently over-represents the demographics of frequent callers (e.g., the ZIP Code of a caller who called 50 times during the month would be heavily represented, while the ZIP Code of a caller who called once would be minimally represented). As a result, the demographic data was analyzed and presented both for all calls received (n=559 in January 2010) and for individual callers (n=62 in January 2010), recognizing that each approach has limitations.

#### Gender

For the pilot month, volunteers were asked to record a caller's gender to the best of their ability, based on the full range of information provided by the caller (e.g., name, pronoun references, call conversation, etc.).

#### *Call-level Data*

It was possible to determine the caller's gender for virtually all of the January 2010 calls (99.1%, or 554 of 559 calls). The data indicated that approximately 60% of the calls were from women (61.0%, or 338 of 554), while approximately 40% were from men (39.0%, or 216 of 554).

#### *Caller Data*

It was possible to determine the caller's gender for all of the identifiable individual callers in January 2010 (i.e., callers who were not listed as anonymous callers). Similar to the call-level data, the caller data indicated that approximately 60% of the individual callers were women (58.1%, or 36 of 62) and approximately 40% were identified as men (41.9%, or 26 of 62).

#### ZIP Code

During the pilot month, callers were asked by volunteers to provide their ZIP Codes, with the explanation that Warmline was interested in understanding more about their service reach and possible areas of focus for their outreach efforts. Some callers were very uncomfortable with providing their ZIP Code. As a result, some callers declined to provide this information, some were frustrated that it was asked repeatedly, and one caller requested that she not be asked this information again, indicating that "asking for statistics takes the 'warm' out of Warmline."

### *Call-level Data*

Approximately three-quarters of the January 2010 calls (78.7%, or 440 of 559) included information on caller ZIP Code. The available data indicated that 85% of the month's calls (85.0%, or 374 of 440) were from callers who resided in Milwaukee County. Looking at specific ZIP Code areas:

- The ZIP Codes that accounted for more than 10% of the calls included 53215 (southwest side of Milwaukee), 53202 (downtown/northeast side of Milwaukee), and 53206 (north side of Milwaukee).
- The ZIP Codes that accounted for more than 5% of the calls (but less than 10%) included 54241 (Two Rivers), 53212 (northwest side of Milwaukee), and 53223 (far north side of Milwaukee).

More detailed information on call-level ZIP Codes, including a complete table listing the frequency of all ZIP Codes and a map depicting the concentration of calls in each Milwaukee County ZIP Code, can be found in Appendix B.

### *Caller Data*

At the caller-level, ZIP Code information was available for approximately 75% of the identifiable callers in January 2010 (77.4%, or 48 of 62).<sup>16</sup> The available data indicated that approximately 80% of the individual callers for whom ZIP Code information was available (83.3%, or 40 of 48) reported that they resided in Milwaukee County. Looking at specific ZIP Code areas:

- More than 10% of the callers resided in the 53202 (downtown/northeast side of Milwaukee) and 53215 ZIP Code areas.

More detailed information on ZIP Codes for the January 2010 callers, including a complete table listing the frequency of all ZIP Codes and a map depicting the concentration of callers in each Milwaukee County ZIP Code, can be found in Appendix C.

### Would callers recommend Warmline, Inc.?

Finally, Warmline, Inc. was interested in attempting to document callers' perceptions of the helpfulness of Warmline. As a result, during January of 2010 volunteers piloted the addition of a question evaluating Warmline as a whole (rather than the call itself or the specific volunteer). Specifically, callers were asked whether or not they would recommend Warmline to someone they knew. As with the demographic data, the data on callers' responses to this question was analyzed and is presented at both the call-level and the caller-level, recognizing the limitations of each approach.

### *Call-level Data*

Information on whether callers would recommend Warmline was available for approximately 70% of the January 2010 calls (69.9%, or 391 of 559). The available data indicated that virtually all of the calls were from callers who reported that they would recommend Warmline to someone they knew (98.7%, or 386 of 391).

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<sup>16</sup> For callers who identified themselves as "anonymous", no attempt was made to determine ZIP Code at the caller-level.

## Caller Data

Information on whether callers would recommend Warmline was available for at least one call for approximately 75% of the January 2010 callers (74.2%, or 46 of 62).<sup>17</sup> The available data indicated that more than 90% of callers consistently reported that they would recommend Warmline to someone they knew. Specifically:

- 93.5% of the callers (43 of 46) always said they would recommend Warmline to someone they knew each time they provided a response to the question.
- A small number of callers (6.5%, or 3 of 46) had somewhat mixed responses across their set of calls for the month; i.e., after most calls they reported they would recommend Warmline, but on one or more calls they indicated that they would not recommend Warmline.<sup>18</sup>
- None of the callers who responded to the question consistently indicated that they would not recommend Warmline.

## Summary and Conclusions

The Planning Council evaluation team conducted an analysis of call log data collected by Warmline VPCs during three sample months (January and August of 2009, and January of 2010). In addition to the analysis of existing call log items, the analysis also included several additional items piloted in January 2010 (i.e., items identified by the evaluation team in collaboration with Warmline and their advisory committee, including caller gender, ZIP Code, and willingness to recommend Warmline). While the nature of Warmline's model (such as the ability of callers to remain anonymous) placed some limitations on the analysis, the results are nonetheless valuable for gaining a greater understanding Warmline's services and callers. The sections that follow provide a general overview of the results of the analyses, conclusions that can be drawn from the results, and lessons learned from implementing the first systematic analysis of Warmline's call log data.

### Summary of Call Data

- During the three months sampled, there were a total of 2,502 calls to Warmline, of which 1,649 were actual calls (i.e., not hang-up calls). The average number of actual calls received by Warmline was approximately 550 calls per month.
- Warmline received approximately 22 calls per night during the three sample months, and call log data indicates that both Warmline phone lines were typically occupied throughout most of the nights they were open.
- Approximately 40% of all actual calls from the three sample months were exactly 15 minutes long, which is the maximum amount of time allowed for each call, according to Warmline's policies.

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<sup>17</sup> No attempt was made to determine whether individual callers who identified themselves as "anonymous" would recommend Warmline, as it was not possible to determine if responses came from the same individual. However, if answered, all of the calls from anonymous callers indicated that they would recommend Warmline to someone they knew.

<sup>18</sup> Across the 102 calls received from these 3 callers, there were only 5 total calls after which the caller indicated they would not recommend Warmline. None of the 5 calls had clear indications as to why the caller would not make a recommendation. However, call descriptions for 2 of the 5 calls indicated that the VPC had placed limits on the caller's inappropriate conversations.

- A total of 29 different Volunteer Peer Counselors answered calls during the three sample months, with a high degree of continuity in the group of volunteers who answered calls across the sample months.
- It was estimated that a total of approximately 140 different individuals called Warmline during the three sample months, with 60 to 78 different individuals calling during each of these months.
- Call log data indicates that new callers had heard about Warmline from a variety of sources, with the Crisis Line being the most common source among the options specified on the call log.
- However, approximately 97% of the calls across the three months sampled were from people who had called Warmline before, and of the 52 callers who called for the first time during the sample months, approximately 20% called again during those months.
- On average, each caller called approximately 8 times per month (with those who called more than once averaging approximately 14 calls per month). On a typical night, most callers called one or two times during the evening, with an occasional person calling three times.
- Approximately 95% of the calls that listed a call type were categorized as “supportive listening” calls. A review of the call descriptions written by volunteers at the close of each call suggests that there were five loosely defined call topics that were included in “supportive listening”: general conversation about everyday aspects of life, mental health symptoms and recovery, daily responsibilities and daily living, relationships, and positive life events.
- Less than 1% of the calls were categorized as “hot” calls, i.e., calls that were considered crisis calls. Each of these calls was from someone who had called Warmline previously.
- The inclusion of an item to document callers’ gender on the call log during January of 2010 suggests that approximately 60% of the calls were from women and that approximately 60% of the callers were women.
- An item to document callers’ ZIP Codes (also piloted during January of 2010) indicates that calls from 53215, 53202, and 53206 each accounted for at least 10% of the calls received during the sample months. Looking at individual callers, the data indicates that more than 10% of the callers resided in the 53202 and 53215 ZIP Code areas. While approximately 80% of Warmline callers reported residing in Milwaukee County, several callers reported living in other areas of Southeastern Wisconsin.
- During January, 2010, Warmline also piloted the inclusion of a question asking callers whether or not they would recommend Warmline to someone they knew. The available data indicates that virtually all of the calls were from callers who reported that they would recommend Warmline to someone they knew. In addition, more than 90% of individual callers consistently reported that they would recommend Warmline to someone they knew.

## Conclusions from the Call Log Analysis

- Overall, the analysis of call log data from the three sample months indicates that Warmline's available volunteers and telephone lines are typically occupied throughout most of each night they operate, despite policies and procedures in place to limit call lengths and the number of times that individuals can call each night. This suggests that Warmline is currently at capacity with regard to meeting the demand for its services.
- Warmline reports that the typical number of hang-up calls is generally lower than was found in one of the sample months. However, the potential for Warmline to receive harassing calls is apparent, and the implications of this potential should be integrated into policies, procedures, and volunteer training materials.
- The analysis of call log data from the three sample months indicates that there is a high level of continuity among Warmline VPCs over time. This continuity supports Warmline's description of their volunteers as creating a supportive, recovery-oriented community. Although a full description of this continuity and community is beyond the scope of this report, the potential benefits, both to volunteers and to callers, are worth further exploration.
- The analysis also suggests a high level of continuity among Warmline callers, with the data showing that 97% of the calls received during the sample months were from previous callers. This continuity can create benefits both for volunteers and for callers, such as continued interaction contributing to a sense of connection, understanding, and trust. However, there are potential risks associated with caller continuity as well, including challenges to maintaining boundaries and limited opportunities for new callers to be served.
- Warmline's policies and procedures limit each call to 15 minutes. The examination of call lengths indicates that overall, volunteers enforce this limit; approximately 80% of all calls during the sample months lasted 15 minutes or less. Most of the calls that exceeded the 15 minute limit did so by a small amount (i.e., less than 3% of the calls lasted for 20 minutes or longer). While it may be appropriate or necessary to extend call lengths beyond the 15 minute limit in certain situations that necessitate continued contact, VPC training should continue to emphasize adherence to the limit and provide guidance around the types of situations in which flexibility is warranted.
- The data from the revised call log piloted in January of 2010 indicates that while most of Warmline's callers reside in Milwaukee County, Warmline also serves individuals in outlying counties as well. In addition, it appears that there are several ZIP code areas within Milwaukee County that may be appropriate for possible outreach, as no callers residing in those areas called Warmline during the months sampled (e.g., 53205, 53233, 53210, 53226, and ZIP Codes in the southwest region of the county).
- The data from the revised call log piloted in January of 2010 indicates that nearly all callers reported that they would recommend Warmline to someone they knew. This finding, coupled with the continuity of callers, suggests that overall, callers are satisfied with the service provided by Warmline.



## Lessons Learned from the Revised Data Collection Process

- The Planning Council evaluation team and Warmline employed a collaborative approach to identifying and piloting new call log items to record additional information about Warmline's calls and callers. This approach, which involved members of Warmline's staff and its evaluation advisory committee, was found to be particularly valuable in exploring the potential benefits and risks of asking Warmline VPCs to solicit personal information from callers for whom Warmline is a trusted source of anonymous support.
- Care was taken to incorporate the additional call log items that were identified into Warmline's existing data collection tools and procedures to minimize the burden placed upon staff and volunteers. For example, the items that were piloted in January of 2010 were made to fit with Warmline's existing call log format, and volunteers were introduced to the procedure for recording new information during a regularly-scheduled Education/Support meeting. This approach preserved the concise and nonintrusive qualities of Warmline's established data collection procedures while optimizing the completeness and accuracy of the additional data being piloted.
- The implementation of the modified call log was also enhanced by Warmline's intentional approach to gaining the support of its volunteers and to introducing the new data collection process to its callers. By providing training and creating supporting materials and scripts for VPCs to follow, Warmline successfully mitigated potential resistance to the procedure among its volunteers as well as its callers. In addition, the opportunity to check in with volunteers midway through the pilot period allowed Warmline and the evaluation team to respond to questions and concerns raised during the modified data collection procedure.
- The addition of call log items to capture callers' gender and ZIP Code during January of 2010 provided valuable information about the population Warmline serves. However, it was noted midway through the pilot month that a small number of callers experienced the new items as intrusive and disruptive, and the decision was made to skip these items for individuals who found them to be intrusive. If Warmline chooses to periodically implement more extensive data collection using items from the modified call log piloted in January of 2010, it would be beneficial to revisit the approach to soliciting this demographic information from callers. One option, for example, would be to only ask this information of new callers and to assure them they would not be asked similar questions again if they were to call Warmline in the future.
- As it moves forward, it will be valuable for Warmline to further explore what is possible and useful in terms of data collection and analysis. Aided by the experience of having analyzed existing call log data and exploring and piloting additional data collection, several conclusions can be drawn which can help to inform future efforts to document information about Warmline's services and the population it serves. For example:
  - Warmline call logs ask volunteers to categorize each call as supportive listening, problem solving, a call requesting resources, a "hot" or crisis call, or some other type of call. The finding that approximately 95% of the calls that listed a call type were categorized as "supportive listening" suggests that Warmline could further refine the categories to produce more useful information about the types of calls they receive in the future.

- Information about where callers heard about Warmline was frequently missing for callers who had called Warmline before. This item suggests that Warmline could choose to ask this question only of new callers in the future. This would eliminate the necessity of repeatedly asking this question of callers who may no longer recall where they heard about the service and who may tire of answering the question. In addition, asking this question only of first-time callers could ensure the accuracy of the information gathered, as this information would likely be fresher in the minds of new callers.
- The data suggests that new callers most frequently had heard about Warmline from the Milwaukee County Crisis Line. However, approximately 40% of these new callers responded that they had heard about Warmline from an “other” source, i.e., a source that was not provided as an option on the call log. This suggests that Warmline could benefit from further refinement of the categories listed for this item on the call log.

Warmline and the Planning Council evaluation team experienced the revised data collection process that was piloted in January, 2010, as largely successful. However, the data presented in this report is not without its limitations. The anonymous nature of Warmline’s service and their ability to devote resources and time to data management present significant challenges to thorough and accurate analysis. Nonetheless, the data provides valuable insight into Warmline’s services and callers.

## **Chapter 2: Interviews with Warmline Callers**

### **Background**

Although anecdotal information had previously helped to shed some light on the benefits that callers receive from Warmline, Inc. (Warmline) and its value in their lives, the Planning Council and Warmline decided that it would be valuable to more intentionally gather callers' personal stories and descriptions of Warmline's value in callers' own voices. Together, Warmline and the Planning Council explored options for inviting callers to participate in qualitative phone interviews in a manner that respected callers' anonymity, their personal relationships with Warmline, and the values which guide Warmline's service model. The goals of conducting interviews with Warmline callers were to help inform Warmline's understanding of the role their service plays in callers' lives, to further describe the work they do, and to gather suggestions for enhancing their service as they plan for the future.

### **Methodology**

During March and April of 2010, the Planning Council conducted telephone interviews with a total of eight callers who called Warmline regularly. The Planning Council, in close collaboration with Warmline staff and volunteers, designed an approach to conducting the interviews that was in keeping with the anonymous nature of Warmline's service provision and was aligned with Warmline's core values and principles of recovery. Every effort was made to respect callers' wishes to remain anonymous and to allow for flexibility with regard to level of engagement and personal scheduling preferences. The resulting methodology for identifying potential participants, extending invitations, making contact with interested individuals, and conducting the interviews is described below.

To gather a range of perspectives from callers, Warmline first identified 13 individuals who were thought to have diverse characteristics (e.g., gender, age, experiences of and opinions about Warmline, etc.) and who called Warmline frequently enough to allow for invitations to be extended within the specified timeline. Interview participants were recruited either by Warmline's Director or Associate Director during regular Warmline hours when they were supervising call shifts. When an individual who had been selected for recruitment called, the Volunteer Peer Counselor (VPC) on the line notified the Director or Associate Director, who then extended the invitation and described the Planning Council's role and the scope of the interviews. Callers who were interested in participating were then given the option to either provide their phone number so that the interview team could contact them directly, or to call the Planning Council themselves at a phone extension which was solely dedicated to the interview project.

If a caller chose to provide their phone number, a member of the interview team called the participant to provide additional information about the scope of the interview (including the benefits and risks of participation), to answer any questions, and to set up an interview time. If a caller chose to call the Planning Council directly, they reached a voicemail greeting which provided times that they could call back to reach a member of the interview team to learn more about the interview process and to schedule an interview time. Alternatively, the caller could leave their number and have someone from the interview team call them back directly. These procedures were designed to support callers' ability to choose the level of identifying information they wanted to share; to provide anonymity for those who wanted it; and to set the tone for the respectful, collaborative approach for sharing information.

Warmline Directors were able to extend invitations to 11 of the 13 individuals who were identified as potential interview participants. Ten of those who were extended invitations indicated that they were interested in participating and either provided their telephone number (n=4) or were provided the number to reach the Planning Council interview team (n=6). While ten individuals indicated that they were interested in participating in an interview, two were unable to be reached or did not ultimately call the number provided to reach the interview team. As a result, a total of eight interviews were conducted.

The interviews were generally completed in 30 minutes to one hour and were designed to be semi-structured, with guiding questions and prompts for additional details when and if needed. The questions that guided the interviews were developed in collaboration with Warmline staff and volunteers and focused on: 1) callers' background/histories of calling Warmline, 2) callers' thoughts on what makes Warmline unique, 3) the role of Warmline in their recovery, and 4) specific feedback and suggestions for Warmline. For a complete list of interview questions and prompts, see Appendix D.

## **Interview Results**

Telephone interviews with eight regular Warmline callers were conducted by members of the Planning Council evaluation team during March and April of 2010. Detailed notes from all of the interviews were analyzed through a systematic data reduction and coding process, in which key themes were identified and manually coded by the evaluation team. A description of the major themes that emerged from the analysis and illustrative quotes from the interviews follow. It should be noted that the interview results described below are limited to the opinions and experiences of eight regular Warmline callers who were selected for inclusion by Warmline and who called Warmline frequently enough to allow for invitations to be extended within the specified timeline. As a result, the findings are not presented as representative of all Warmline callers.

### In what ways were callers connected to Warmline, Inc.?

The Warmline callers who were interviewed were asked to share how they came to hear about Warmline, how long they had been calling, and how often they called during a typical week. Among the eight callers who were interviewed, half had first heard about Warmline through the Milwaukee County Behavioral Health Division, either from the Crisis Line or from literature available at the psychiatric hospital. The other half had learned about Warmline through their counselors, their case workers, or from literature that was available at local mental health service and advocacy organizations (e.g., Wisconsin Community Services (WCS), the National Alliance on Mental Illness (NAMI) – Greater Milwaukee, Counseling Center/Pathfinders).

The callers who were interviewed were generally established callers with a fairly substantial connection to Warmline. Some had been calling for as many as ten years, while others had been calling for as little as six months. In a "typical" week, most reported that they called at least once every night that Warmline is open. Others said that they call Warmline only when they feel the need. Those who regularly called every night generally noted that they call several times per night to "get their calls in" (i.e., to get in the maximum number of calls allowed per night). Those who indicated that they call just when they feel the need shared that they might not call Warmline for a period of time and then might call several nights a week or several times in a single night.

## Why do people call?

At the most basic level, callers contact Warmline to share their thoughts and feelings, problems they may be experiencing, accomplishments, and daily life events. Beyond that, the reasons for calling Warmline varied among the callers who were interviewed, with most people calling for a combination of reasons. Several described calling Warmline primarily to talk with someone who understands what it is like to live with mental illness — someone who has “been there” themselves. These interviewees call Warmline for the opportunity to talk with someone who has had similar experiences, such as dealing with hospitalizations or the side effects of medications, without having to explain themselves. It was also noted by some that, despite having access to other supports, such as family, friends, or therapists/counselors, they can be more open when talking to Warmline, because they do not fear judgment or repercussions from sharing thoughts and feelings with the Warmline VPCs.

*“It’s so wonderful to call there when you have someone who understands. There’s like a stigma about people with mental illness...But on Warmline there isn’t that stigma. You can let loose when you talk with people on Warmline.”*

*“It’s important to talk to someone who’s been there. The experience of going in and out of the hospital can be very traumatizing...it’s good to be able to talk to someone who has had similar problems...Warmline is very well situated in that regard, because they are a peer service.”*

*“They don’t judge you. They don’t know you. They have mental illness too, so they know how it is. And they don’t judge you.”*

Others call Warmline for the personal connection they get when they talk to the VPCs. These callers pointed to the feelings of reciprocity and empathy that they get from the conversations as a reason for calling. Furthermore, while some discussed the value of connecting about their experiences as a person living with a mental illness, the value of being able to connect with the Warmline VPCs around other facets of their lives (e.g., music, books, hobbies, food) was also discussed among callers who were interviewed.

*“I can’t imagine Facebook or Twitter doing for me what Warmline does. The conversations are real and genuine. With Warmline, I feel like I’m connected to another person.”*

*“About ninety percent of the volunteers I talk to I call my friends, and they would call me their friend too.”*

*“If I had a bad day, I get to talk to somebody and hopefully get a good connection.”*

In addition, several callers discussed that the freedom to be able to talk about anything that’s on their mind motivates them to call Warmline. Because Warmline does not place restrictions on the topics of calls, the conversations can focus on anything the caller sees as being significant in the moment. While Warmline callers often call when they are struggling with symptoms or difficult situations in their lives, callers also indicated that they share life’s pleasures and successes with Warmline.

*“With Warmline, I have 15 minutes to talk about whatever I want to. Some days I’m not doing so good, some days it really hurts and I’m crying, and I can share that. Other days I can share my joys.”*

*“I guess I call when I’m blue, sort of depressed, have something going on, just feel kind of off-center.”*

*“When I get down and out, I call. I don’t know if I ever make them feel down, but I talk.”*

Finally, callers who were interviewed pointed to the anonymous nature of the support provided by Warmline as a reason for calling. Callers indicated that they do not need to fear being judged by the Warmline VPCs because they ultimately do not know who they are. In addition, callers valued being able to call from their homes and on their own terms as it affords them a level of comfort that would not be possible with other types of services.

*“You’re anonymous. You don’t know what they look like, they don’t know what you look like. I don’t have to worry about whether I shaved or brushed my hair when I talk to them.”*

*“I kind of feel like they have become my friends, even though they don’t even know my name.”*

#### What’s helpful about Warmline, Inc. for callers?

Callers indicated that Warmline is typically helpful in meeting the needs that served as their primary motivation for calling. In addition, the callers who were interviewed described a range of further benefits that they receive from their calls to Warmline. Several of the interviewees expressed the value of speaking with understanding and supportive peers through Warmline when this kind of support is not otherwise available to them. When dealing with a problem or issue, these callers indicated that Warmline provides them with a sense of affirmation and encouragement which helps them to manage situations more effectively.

*“The Warmline name is so apropos. It really is a Warmline, it’s embracing. When you call, you feel like you automatically get a hug.”*

*“What I get from them is information, confirmation, acceptance; they help you when you don’t have anyone else to help you.”*

Several of the callers also reported that they often benefit from hearing another point of view on a situation or an issue with which they are dealing. These interviewees pointed to situations in which Warmline VPCs had been able to provide a different perspective which allowed them to see their situation in a new light. The diversity of Warmline VPCs, it was also noted, helps to expand the range of perspectives available to callers.

*“Just being able to talk to a variety of people is good – of all different ages, and all different types of people. I like to share ideas and feelings with them; I get a range of ideas.”*

*“It’s almost like having 20 different psychologists!”*

*“Talking to people is helpful. Sometimes they tell you what they think, they suggest stuff, you get kind of a second opinion. And it’s good not to keep it in.”*

*“They give me things to think about. There were times I got off the phone and said ‘hmmm, that helped.’”*

An additional benefit of calling Warmline identified by several of the callers was the sense of relief they often get from having the opportunity to “let it out” to the Warmline VPCs. These callers reported that when they feel down or isolated, a call to Warmline can provide a good outlet for sharing what they are going through, particularly when they don’t have someone to talk to or are afraid to talk to those in their lives who may not understand what it is like to struggle with mental illness. This feeling of relief, it was also noted, is further enhanced when there is a feeling of having a genuine connection with the VPC on the other end of the line.

*“Talking to therapists really doesn’t seem to help. When you’re having trouble, your heart is hurting, you’re really in pain. It’s good to have another person there. By connecting with them, it relieves the pain, the pain of depression.”*

*“Sometimes I just get this sense of relief. I just talked with somebody who really seemed to care.”*

*“It makes you feel better, letting it out, just talking to somebody.”*

Is it important that Warmline, Inc. is run by people living with mental illness, and why?

Throughout all of the interviews, the value of Warmline being a peer-run service was returned to again and again by callers. Many raised the topic spontaneously without being asked if it was important. When specifically asked whether it was important to them that Warmline is run by people living with mental illness, nearly all stressed that it was very important to them. In describing the ways in which it is important, interviewees generally indicated that because Warmline is staffed by people who have had similar experiences, they are able to provide a genuine sense of mutual understanding.

*“It’s vital! It could not be what it is if it weren’t volunteered by people who are in recovery from mental illness and have been on medication.”*

*“It’s very important. Even with the therapists (and I’ve had a few) and the psychiatrist, they make a jump there and don’t understand. Warmline, they’re like peers. It’s almost like I wish them around all the time.”*

*“Sometimes I really connect with someone. Like there was this one person I found out who’s on [similar medications]...we had the same side effects too. That made me feel good.”*

In addition, when describing why it is important that Warmline is staffed by people with mental illness, several callers explained that they do not experience the kind of stigma they sometimes feel when accessing more traditional services. As a result, callers indicated that they can be more open around issues related to their recovery.

*“This part of me [the mental illness] is not accepted by others. So it’s very important to have it accepted, to talk about how I feel. And I get that at Warmline.”*

*“They can understand you, they know how you’re feeling and coping. If they weren’t having mental illness, they might not understand. Other people that don’t have mental illness might not understand, so it’s harder to talk to them.”*

Finally, several of the callers who were interviewed indicated that an additional benefit of Warmline being run by people with mental illness is that the VPCs serve as a model of recovery to callers. The VPCs who staff Warmline each night are viewed as people who are following their own paths to recovery so they can manage their illness and lead productive, fulfilling lives. Interviewees suggested that Warmline callers can draw inspiration from the VPCs to take charge of their own lives and not be defined by their diagnoses.

*“...the volunteers are people with mental health issues, people in recovery and on their medications. These are people who have chosen to take control of their mental illness instead of letting mental illness control their life.”*

*“Sometimes it’s nice to know that someone else has that diagnosis and to find out some of the ways they’ve dealt with it.”*

### How does Warmline, Inc. fit in with other supports?

When the callers who were interviewed were asked to explain how Warmline fits in with the other supports in their life, the ways in which they described Warmline's role varied. Among those who addressed the question directly, some indicated that Warmline provides an important compliment to their other supports, such as friends, family, and formal therapy. Several interviewees explained that Warmline extends the work done in psychotherapy or by "filling in the gaps" at times when other supports are not available.

*"...they help you when you don't have anyone else to help you."*

*"I guess it fits in with my other supports by filling in the gaps. I'm not married, and I would like to have someone to be present at all times. I don't have that, so I call Warmline."*

*"I got over my scaredness, by talking to them and going to therapy."*

Others indicated that, for various reasons, Warmline is more helpful to them than formal supports. Because Warmline volunteers are themselves people living with mental illness, some callers indicated that they can provide empathic support, whereas therapists and counselors may not have the same depth of understanding and compassion. Warmline was also seen as having the advantage of being on callers' own terms; they can choose the time for connecting and the topic of conversation.

*"It fits in very well. It's better for me than trying to get in with a new therapy session. I choose the time, I choose the topic, and if I don't have luck with the first volunteer, I can call back and try to talk to someone else."*

*"People on Warmline ... feel with me. That's different than my therapist or psychiatrist ... they can feel for me, but they don't really know what it's like."*

It was also noted that Warmline can sometimes feel like a safer outlet for talking about mental health issues and symptoms than other potential supports. Specifically, several callers valued Warmline as an alternative to reaching out to friends or family, because friends may become "burnt out" by frequent calls, and family members may suggest hospitalization. Furthermore, some callers described Warmline as a less risky option than accessing other supports. For example, some viewed a call to the Crisis Line as putting them at risk of detainment, and talking with others in the community could make them vulnerable to being stigmatized for their mental illness.

### What makes Warmline, Inc. different from other telephone lines?

Because of the existence of other telephone lines available nationally or locally to provide general assistance, referral, and mental health services (e.g., 2-1-1@IMPACT, Milwaukee County's Crisis Line, COPE Services), the Warmline callers who were interviewed were asked to talk about what makes Warmline different from other lines they may have called in the past. Although several of the interviewees were not familiar enough with other lines to provide any direct comparison, those who had experience with other lines generally described Warmline as having several unique factors. One significant advantage identified about Warmline was that it does not have strict criteria around who can call and why they can call. In contrast, interviewees noted that the Crisis Line can only be used in the event of case of a crisis, some lines are specific to domestic violence or sexual assault, and some lines limit the area codes from which they will accept calls.

*"Like the Crisis Line. It's only for if you're in crisis, if it's horrible, if it's like an emergency. Like if you're suicidal. But at Warmline, it's not for crisis. If you need Crisis, they'll pass you on to the other line."*



*“Well, there are only two lines that are for the 414 area code: Milwaukee County Behavioral Health Suicide Crisis Line and Warmline. 2-1-1 is just a line to give you resources, not to talk.”*

In addition, some interviewees who were familiar with other lines explained that, unlike the experiences they had with other lines, they feel a real connection with Warmline VPCs. While some noted that they felt similar connections with the COPE Services line, warmth and genuineness were not seen as hallmarks of many other lines.

*“I used to call [an out-of-state] warmline. Some of them were just listening, not responding, not trying hard at all, not trying to connect. They took calls from their homes. Sometimes I thought that their mind was off on something else, like washing dishes or making dinner. They weren’t connecting. Their mind wasn’t always on their job.”*

*“I like Warmline the best, because it’s not all one-sided [i.e., it’s a reciprocal conversation].”*

#### How could Warmline, Inc. be improved?

When asked to provide suggestions for the ways in which Warmline could be improved, each one of the callers who was interviewed pointed to expanded services as being the most needed improvement. For example, many interviewees reported feeling especially isolated or distressed during the days or times that Warmline is closed. As a result, interviewees expressed a desire for Warmline to expand its hours, either by keeping the lines open seven days a week or by keeping the lines open for more hours of the day, including daytime hours.

*“They could be open another day – 7 days instead of 6.”*

*“Well, it would be nice if they had more volunteers and if they were open every day. It would also be good if they weren’t just open during the night time, because sometimes I need to talk during the day.”*

Several interviewees wanted Warmline to expand its services by having more VPCs to staff additional lines. Most of the interviewees reported that it is often hard to get through when they call and expressed frustration over having to try back again and again. The addition of more phone lines and more VPCs would therefore allow Warmline to handle more calls each night.

*“Sometimes I call and call and call, and I can’t get through and it’s so disappointing. Then when I do get through, I get so excited. I was depressed, but then I got through so then I got so excited.”*

*“Some days it’s really a competition trying to get through.”*

*“...they could have more phone operators. Then they could field more calls. Like maybe three or four operators.”*

Many of the callers who were interviewed described what they saw as the key elements to an especially good or helpful call to Warmline. Specific elements included an engaged, interactive VPC; genuineness and a real, personalized connection; a sense of mutual sharing and reciprocity; and a VPC who provides comments and suggestions but does not give “advice”. Conversely, several of the callers who were interviewed provided examples of what makes for a less valuable and less helpful Warmline experience and provided suggestions to help improve the service overall. Specifically, several of the callers described having spoken with VPCs who seemed uninterested or disconnected, which made them feel like they were “talking to a brick wall”. These interviewees suggested that Warmline could do more to support the VPCs in being as genuine and interactive as possible when staffing the phone lines.

*“With some people [VPCs] it’s more of a monologue – they don’t say anything or respond at all. I wonder if they’re watching the clock to see if my 15 minutes are up. With other people it’s a dialogue. Those are the ones I really like.”*

*“Sometimes you get more people that have done it [answer the phones] for a long time. You can tell. It’s easier to talk with them. You get off the phone and feel good. These people are more professional, without being professional.”*

*“Part of it is to still try to be connected. Some people I just don’t connect with.”*

Other suggestions for ways in which Warmline could improve its services included expanding into other regions outside of Milwaukee and advertising more. Finally, some callers recommended fine tuning Warmline’s voicemail system. It was noted that it would be helpful for the outgoing voicemail message to remind people when Warmline is closed. In addition, interviewees also thought that it would be helpful if the phone system could put callers into a queue, so that their call would be taken in the order it was received, avoiding the need to call back over and over again. Another suggestion was to allow callers to leave a message so that they could be called when the next VPC became available.

*“If the person who leaves [the outgoing message on the Warmline voice mail] would say ‘It’s Thursday and we’re not open,’ that would help. Because sometimes I’m calling and I don’t realize it’s Thursday and I call again. Then finally I realize.”*

*“Maybe they could have a system where they would have a way for you to leave a message or be on hold. If they had a place where you could leave a voice mail, where they could call you back, then that would be good.”*

*“It would be good if they had a Warmline of Madison, or of Green Bay, or of Eau Claire.”*

## **Promoting and modeling recovery principles**

Warmline, Inc. is grounded in recovery principles and a peer-support, strength-based approach. In addition, several fundamental recovery principles underlie their overall structure and management, volunteer involvement, and service provision. Although Warmline has not officially adopted a singular definition of recovery a general description of recovery that Warmline has found useful is:

Mental health recovery is a process that is unique for each individual. It’s a journey that sometimes has setbacks, but ultimately is about not being defined by your illness. Recovery is the process of finding your strengths and living a meaningful, satisfying, and hopeful life.<sup>19</sup>

The eight callers who were interviewed often described their experiences and perspectives on Warmline in ways that intentionally or unintentionally reflected recovery-oriented principles. Therefore, the evaluation team found that the recovery concept provided a useful framework and context for further describing the themes that emerged from the interviews. As a result, the following discussion was informed by the ten principles of recovery developed nationally by the Substance Abuse and Mental Health Services Administration (SAMHSA) with the input of

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<sup>19</sup> This description of recovery draws from Warmline materials, conversations with Warmline staff, and the national literature on recovery principles.

consumers and professionals.<sup>20</sup> Specifically, using these principles, it appeared that callers described finding peer support, empowerment, affirmation, and hope in Warmline and often pointed to specific examples of the ways in which these qualities have augmented and enriched their recovery at certain points in their lives.

The interviews with callers suggested that a core recovery principle that provides important benefits is the peer-support model which forms the foundation of Warmline's service delivery. Callers who were interviewed unanimously stressed the importance of Warmline being run by consumers, and several pointed to the ways in which this peer support has aided in their own recovery and growth. Specifically, callers described a sense of mutual support and acceptance, the ability to learn about and share experiential knowledge with others who have gone through similar experiences, and the sense of community felt between callers and VPCs. One interviewee noted that talking to people who themselves have made progress in their recovery provides a valuable model for her own life, saying, "These are people who have chosen to take control of their mental illness instead of letting mental illness control their life." Additionally, the sense of community which is cultivated by Warmline's peer-support model has helped to further enhance callers' recovery by providing continuity and a reassurance that someone will always be there. For example, while one caller emphasized the importance of Warmline's consistent presence, stating that "I wouldn't know what I would do if Warmline wasn't there." This sense of community also supports developing and learning about social relationships, and even can provide opportunities to manage conflict. For example, another caller acknowledged that not every call results in a fruitful connection and compared that to the realities of every-day life: "Sometimes you hit somebody [a VPC] that was really interesting, and it's good. But sometimes not...I guess it's like that in life, too."

In addition to the peer support provided and promoted by Warmline, the interviews with callers also suggested that one of Warmline's strengths is its holistic approach to empowering callers. Because Warmline provides callers with opportunities to focus not just on their mental health issues, but also on issues related to their housing, employment, physical health, education, relationships, and things that provide them with enjoyment, callers can receive support in finding their own path to recovery. As one interviewee noted, "a lot of times I share the experiences that are going on with me. I share when I have enlightenment about something...Then they're [the VPCs] happy that I've had that enlightenment." The interviews also suggested that the holistic nature of conversations supports and empowers callers in their abilities to make decisions for themselves. When callers are in the midst of a situation, Warmline does not purport to offer advice, but rather aids callers in finding a solution that fits for them. For one caller, this approach to supporting callers in making their own decisions was particularly valuable: "I'm a firm believer that the answer to everyone's problem lies within themselves. Sometimes you just need someone to help you find that answer."

The interviews with people who called Warmline regularly also illustrated the ways in which Warmline promotes an individualized and self-directed approach to callers' journeys to recovery. While traditional approaches to managing mental health issues tend to rely on "expert" opinion and a "cure", the recovery principles embraced by Warmline stress that individuals must define their own personal goals and recognize that setbacks are often part of the journey to achieving those goals. Callers described numerous ways in which they had integrated their connection

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<sup>20</sup> For the purposes of this report, recovery principles are those outlined in the National Consensus Statement on Mental Health Recovery, which was developed through the 2004 National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation, sponsored by the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Interagency Committee on Disability Research, in partnership with six other Federal Agencies. The full consensus statement can be found at <http://mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/>.

with Warmline into their personal coping strategies and supports. Callers variously saw Warmline as an extension of formal treatment, as a supplement to their social and family networks, or as an alternative to supports that have not provided benefits in the past. As one interviewee aptly explained, “It fits in very well. It’s better for me than trying to get in with a new therapy session. I choose the time, I choose the topic, and if I don’t have luck with the first volunteer, I can call back and try to talk to someone else.”

Furthermore, in describing Warmline’s characteristics, callers often illustrated the ways in which it promotes a sense of respect and fairness through the service it provides. By providing callers with the option to maintain their anonymity and by not pathologizing callers’ symptoms and other struggles, Warmline is viewed as creating a safe, non-stigmatizing environment for callers. Simply explained by one caller, “They don’t judge you. They don’t know you.” Moreover, Warmline’s consistent application of limits to call length and calls per night across all callers helps to create an environment of fairness which extends to the broader community of Warmline callers and volunteers. With regard to the time limit, one caller explained that “if they had it longer, then people couldn’t get through,” while another stressed, “This isn’t an arbitrary issue, it’s all very planned out... it’s extremely fair!” Still another caller even found that the time limit prompted him to share Warmline with other callers: “If I had a good conversation, then that’s all I need and I don’t need to call again. Then I don’t need to take up time that someone else could use.”

Finally, although it was explicitly stated by only one interviewee, a concept which was implicit in several of the interviews was the sense of hope that Warmline provides to callers. As a core component of recovery principles, a feeling of genuine hope is commonly viewed as being an important element of recovery among people struggling with mental illness. For the one caller who specifically emphasized the sense of hope that she receives from Warmline, hope is essential to recovery: “Hope is a mainstay. You really can’t make it without hope.” For those interviewees who described in less direct terms that Warmline provides them with a feeling of hope, the role that it has played in their own recovery was nevertheless critical. For example, two interviewees expressed having received “enlightenment” from their calls to Warmline. Similarly, after describing several painful aspects of his past, yet another interviewee explained that Warmline has helped him see his life in a new way, stating that “it’s helped me shed some light on this story—a different light than usual.” For these callers, Warmline has supported a sense of optimism that they can overcome the barriers they face in their individual journeys to recovery.

## **Summary and Conclusions**

The Planning Council evaluation team conducted anonymous telephone interviews during March and April of 2010 with eight people who called Warmline regularly. The callers who were interviewed generally had well established connections to Warmline, with several having called Warmline for five years or more. The interview procedures were designed in close collaboration with Warmline staff and volunteers, using an approach that respected the anonymous nature of Warmline’s services and the core values and principles of recovery. The questions that guided the interviews focused on the ways in which callers were connected to Warmline, callers’ perspectives on what makes Warmline unique, the role of Warmline in their recovery, and specific feedback and suggestions for Warmline. The interview results are limited to the experiences of eight callers who were invited to participate by Warmline and who agreed to an interview; they are not presented as representative of all Warmline callers. However, the issues and themes discussed provide some insight into the experiences of individuals who call Warmline on a regular basis. The sections that follow provide a general overview of the

interview results, conclusions that may be drawn from the results, and lessons learned from implementing interviews with Warmline callers.

### Summary of Caller Interview Data

- Callers who were interviewed indicated that they primarily contact Warmline to talk with someone who understands what it is like to live with a mental illness, to experience a personal connection, and to freely discuss any topic they choose.
- The fact that Warmline is run by people living with mental illness was of utmost importance to nearly all interviewees. Callers indicated that Warmline being staffed by peers provided them with a genuine sense of empathy and understanding, eliminated the stigma they sometimes experienced with other services, and increased their willingness to be open about their recovery. In addition, some callers noted that the Volunteer Peer Counselors modeled recovery for them and served as a source of inspiration.
- The other hallmarks of Warmline's model were also valued by the callers who were interviewed; the anonymity, the lack of restrictions on who can call and what can be discussed, and the emphasis on warmth and connection were also described as important benefits.
- The callers who were interviewed indicated that Warmline had helped them by providing affirmation and encouragement, by offering different perspectives on their life situations, and by serving as an outlet for sharing their thoughts and feelings.
- For most of the interviewees, Warmline held an important place in their recovery support system. For some callers, Warmline complemented the support they received from friends, family, and mental health professionals by "filling in the gaps". For others, Warmline served as a primary support and was viewed as providing safety and a depth of understanding that they could not find elsewhere.
- The callers interviewed often described their experiences and perspectives on Warmline in ways that reflected recovery oriented principles, including the sense of empowerment, affirmation, and hope that Warmline provided.
- The callers interviewed indicated that they experienced Warmline volunteers who were engaged, interactive, and genuine as being particularly helpful. They suggested that Warmline's volunteer training nurture and emphasize the importance of these qualities.
- When asked to provide suggestions for ways in which Warmline could improve its service, all of those interviewed wanted Warmline to increase its capacity. Specifically, callers suggested that Warmline add more phone lines and volunteers, and that they expand their hours of operation to include additional nights and/or daytime hours.

### Conclusions from the Caller Interviews

- The interviews provided overwhelming support for Warmline's model of being peer-run. Callers emphasized that the mutual support, non-judgmental acceptance, and sense of community that they receive from Warmline volunteers has a uniquely valuable place in their recovery journeys.
- The interviews also provided strong support for other aspects of Warmline's model, including its grounding in recovery principles, the opportunity for caller anonymity, and its ability to provide after-hours support for people living with mental illness.

- For callers who included formal supports as part of their recovery (e.g., case manager, therapist, psychiatrist), it was clear that they viewed Warmline as complementing those supports. Callers did not seem to experience Warmline as devaluing or disparaging of the role of formal supports in recovery. Rather, some callers reported that Warmline extended the work that they did in psychotherapy and that they shared the perspectives they gained from Warmline with their formal supports.
- All of the callers interviewed strongly suggested that Warmline increase its capacity to serve callers through additional phone lines and/or expanded hours of operation. They themselves were interested in having additional opportunities to access Warmline's support, and described sometimes experiencing isolation and distress when Warmline was closed. However, callers also expressed the need for more people in the community to be able to have access to Warmline.
- The interviews indicated that callers feel most supported when Volunteer Peer Counselors are engaged and interactive rather than quietly present during the call. This may be a difficult skill for VPCs to cultivate while being mindful not to give advice or share excessive personal information. It may be helpful to explore this balance further during initial VPC training and in ongoing Education/Support meetings.

#### Lessons Learned from Interviewing Callers

- Overall, Warmline staff, the Planning Council interviewers, and the callers interviewed reportedly experienced the interview process and the interviews themselves very positively. Several interviewees expressed gratitude for having the opportunity to share their perspectives on Warmline and commented that they enjoyed the interview.
- The participatory, collaborative approach to designing and implementing the interviews seemed to be effective in developing procedures that were supported by staff and volunteers and were consistent with Warmline's model and values.
- Providing several options for how callers could initially engage in the interviews seemed to be an important feature of the design (e.g., callers could provide their phone number when invited to participate or they could remain anonymous by contacting the interview team directly). Different callers chose different routes of engagement, and it is possible that a singular approach may have decreased callers' willingness to participate.
- The Planning Council interview team spent time establishing interviewing guidelines and preparing for possible interviewing challenges (e.g., a caller expressing suicidal thoughts, a caller being triggered by the interview questions, etc.), and reviewed these preparations with Warmline staff. Although none of the interviews ultimately presented these kinds of challenges, the preparation served to increase the confidence of both Warmline staff and the interviewers as they embarked on the interviews themselves.
- When conducting the interviews with callers, the interview team strived to maintain some consistency with Warmline's approach and procedures (e.g., non-judgmental listening, clear up-front communication about the interview's time limits, etc.). This consistency appeared to be well received by interviewees.
- Three of the 11 callers who were invited to participate in effect declined to participate in the interviews (e.g., never contacted the interview team, declined to return calls from interviewers, etc.). It is unclear what could have been done to increase the likelihood of their participation.

- The procedures utilized for selecting interview participants necessitated that Warmline have a solid enough relationship with callers to feel comfortable inviting them to participate. Although care was taken to invite callers with diverse characteristics (e.g., gender, age, opinions about Warmline), the methodology used was unlikely to engage callers who had limited experiences or conflictual relationships with Warmline. There was a fair bit of uniformity in the interview data and it is unclear whether the inclusion of less established Warmline callers would have resulted in a wider range of opinions and perspectives.

Overall, the interviews with Warmline callers were a positive experience for all involved and provided the evaluation team with rich information about callers' perspectives on Warmline. In general, the callers interviewed perceived Warmline to be an essential part of their recovery and as a unique resource in the community. As one caller framed it,

*“Some [...] write off people as chronics [i.e., chronically mentally ill]. But at Warmline there's always hope for every caller. That's so important – to give that hope and to have that hope. I'm a firm believer that the answer to everyone's problems lies within themselves. Sometimes you just need someone to help you find that answer.”*





## Chapter 3: Interviews with Mental Health System Representatives

### Background

Both locally and nationally, there is an assumption that warmlines serve an important role in the larger mental health system. However, little information exists in the literature to substantiate or elaborate on this assumption. To explore perspectives on the local value of Warmline, Inc. (Warmline), key informant interviews with representatives of the traditional mental health community in Milwaukee County were conducted. The overall goal of conducting these community interviews was to explore perceptions of the role of Warmline in the mental health system and the community, perceptions of Warmline as a peer-run organization, suggestions for improvement, and opportunities for further growth and collaboration.

### Methodology

During June and July of 2010, the Planning Council conducted a combination of in-person and telephone interviews with a total of ten representatives of the local mental health system in order to gather perspectives on Warmline's role in supporting consumers of mental health services in Milwaukee. The Planning Council evaluation team and Warmline worked in close partnership to design an approach that would produce useful information and provide a larger context for Warmline's services.

To ensure that the interview participants had sufficient first-hand knowledge of Warmline's services, potential interviewees were identified by Warmline's staff and board, in partnership with the Planning Council evaluation team. A pool of 17 individuals and mental health service organizations was initially identified for inclusion in the interviews. Additional conversations between Warmline and the evaluation team helped to further refine the set of potential interviewees by focusing on maximizing the diversity of perspectives, the usefulness of the information, and the efficiency of the data collection effort. The final set of potential interviewees included 11 individuals serving in a variety of roles within public and private organizations that serve people living with mental illnesses. Care was taken to include representatives of mental health consumer groups, direct clinical service providers, law enforcement, and Psychiatric Crisis Services of Milwaukee County in the list of potential interviewees.

The Planning Council evaluation team first attempted to contact potential interviewees by telephone, and those who could not be reached through three attempts were sent email invitations. At the time of first contact, potential interviewees were provided information about the purpose, scope, and format of the interviews and were given the opportunity to ask questions about the interview process. Interested individuals were then invited to participate in either a telephone or an in-person interview, whichever they found most convenient. Six of the interviewees chose to participate in an in-person interview, while the remaining four chose to participate in a telephone interview, resulting in a total of ten interviews with representatives of the local mental health system.<sup>21</sup>

The interviews were generally completed in 30 minutes to one hour and were designed to be semi-structured, with guiding questions and prompts for additional details when and if needed. The questions that guided the interviews were developed by the Planning Council evaluation team in collaboration with Warmline staff and focused on: 1) existing collaborations and partnerships, 2) perceptions of Warmline's role in the larger mental health system, 3) perceptions of Warmline as a

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<sup>21</sup> One potential interviewee could not be reached, due primarily to changes in their role in the mental health system. As a result, the decision was eventually made to exclude this person from recruitment efforts.

peer-run service, 4) suggestions for improvement, and 5) opportunities for Warmline's growth and/or possibilities for future collaboration. For a complete list of interview questions and prompts, see Appendix E. Detailed notes from all of the interviews were analyzed through a systematic data reduction and coding process, in which key themes were identified and manually coded by the evaluation team.

## Interview Results

A description of the major themes that emerged from the analysis and illustrative quotes from the interviews follow. It should be noted that the interview results described below are limited to the opinions and experiences of the ten individuals who were selected for inclusion by Warmline and who agreed to participate an interview with the Planning Council evaluation team. As a result, the findings are not presented as representative of all members of the local mental health system in Milwaukee.

### What collaborations currently exist?

Interviewees were asked to describe the ways in which their organizations currently collaborate with Warmline, Inc. Each reported that their organizations have established and continue to maintain some type of connection with Warmline, either formally or informally. Specifically, nearly all of the interviewees indicated that their organizations suggest Warmline to their clients and other community members, by directly referring them or by giving out promotional materials. For some, Warmline is suggested as a support that can be accessed in addition to the service their agencies provide. Others reported that they suggest Warmline when it is actually more appropriate to an individual's specific needs or situation than their own agency's services.

*"I do a lot of referrals to Warmline, if I know it will provide someone with an additional support network."*

*"Warmline is a big referral we give, especially if it's a family member calling because they are concerned about a loved one who is having issues and might not even leave the house to come to a support meeting we might offer. "*

*"Sometimes people call and say, 'Hey, can I talk?' And, if I'm not really doing any problem solving but only listening, I refer them to Warmline too."*

Several interviewees indicated that they incorporate Warmline directly in their service delivery model. These interviewees described Warmline as playing an important, fundamental role in their clients' recovery processes and suggested that it is a valuable resource they can integrate into the clinical treatment services their agencies provide.

*"We put Warmline into people's treatment plans. One of their goals may be to increase the level of community supports, and we consider Warmline to be exactly that."*

*"Having Warmline as part of [Milwaukee County's] Crisis [Services] rounds out the continuum of care. We have plenty of clinicians that are in our service. They are educated and experienced and very good. But, they don't and can't have the other [consumer] side."*

Interviewees also reported that they often promote Warmline by helping to educate the people they serve about the role that Warmline could play in their lives. These interviewees described informing clients about Warmline's model of providing peer-to-peer support and about what makes Warmline different from other services available to them in the community.

*"If it's someone who needs someone to talk to, I'll say 'I don't know what it's like to struggle with a mental illness, but here's a line you can call so you can talk for longer with someone who's been there.'"*

*“We help clients make the distinction between Warmline and Crisis Line.”*

Warmline also maintains a significant relationship with Milwaukee County’s Behavioral Health Division and the County Crisis Line. Warmline receives in-kind support from the Behavioral Health Division, providing Warmline with telephone lines and office space located within the Behavioral Health Complex. In addition, staff from Milwaukee County’s Psychiatric Crisis Services worked with Warmline’s initial developers to provide training and technical assistance to support Warmline’s initial startup. While Warmline currently operates separately from the Crisis Line, interviewees indicated that the two serve complementary roles: the Crisis Line is crisis-oriented and staffed by mental health professionals, while Warmline provides non-crisis peer support. It was also noted that their close physical proximity to one another allows the two services to work together if needed.

*“Callers can be referred directly from Warmline to Crisis Line and vice versa, and we refer often. If we have a call that’s really more appropriate for Warmline, we can send it to them. If they have a call that is more crisis, they can send it up to the hotline.”*

*“We are their go-to people if they get a call that they identify as a ‘hot’ call that they need help with.”*

*“Milwaukee is really unique compared to other places because Warmline and the hotline are directly connected. They’re just 20 feet down the hall from us. There is a direct and linked connection, there’s really a parallel process.”*

Additional formal collaborations between Warmline and other private organizations were also identified by the interviewees. Specifically, several interviewees noted that the Grassroots Empowerment Project has provided funding for Warmline. Interviewees considered relationships like these to be important for supporting Warmline’s service as well as for maintaining connections to the various segments of the local mental health system and to the broader community.

#### What does Warmline, Inc.’s presence mean for the work that other services do in the community?

In describing the impact that Warmline’s presence has on the work that they do, many of the interviewees indicated that Warmline, Inc. fills a particularly unique niche in the community, by providing consumers with an anonymous source of peer support during hours when other services are often not available. These interviewees often indicated that because Warmline provides this unique service, it allows their organizations to better focus on fulfilling their own missions. While some interviewees described this benefit in general terms, several pointed to specific benefits their agencies had experienced because Warmline is available to the people they serve. For example, several interviewees reported that because consumers can access Warmline for personal connection and support, individuals are less likely to call the Crisis Line when they are not experiencing an immediate crisis.

*“Before Warmline, folks would say [to Crisis Line] that they weren’t in crisis—that they just needed someone to talk to. All those calls that [Crisis] used to have are now calling Warmline.”*

*“Some people with chronic mental health issues, they’ll call [Crisis] and just want some social contact...to talk about what they’re doing. These are the folks I refer to Warmline, and that cuts back on the time they’re calling us.”*

*“Over time, the total number of calls the Crisis Line receives has remained relatively stable. But the percentage of calls that are from callers in crisis has increased [since Warmline’s existence].”*

Interviewees who represented other local service providers also reported that being able to offer Warmline as a resource has allowed them to better focus on providing the services their organizations were intended to provide. Several of these interviewees found that Warmline has saved them from having to invest additional time and resources to provide social support to consumers who are seeking that kind of service. Because these organizations often do not have the capacity to provide social support, or the staff who are trained to do so, Warmline was seen as a valuable referral to provide these individuals.

*“As many supports as there are, the better... Then our case managers can focus on crisis management and not on the social support that is also needed.”*

*“We’ve informed 911 callers of Warmline and other resources because people will call [911] just to talk, not because they have an emergency... It’s really been a go-to resource for us.”*

*“We do similar types of support, like listening support and issue spotting, but it’s detrimental if people are calling just to talk. We consider ourselves to be a help line, not a warmline... we’ll take those types of calls, but we don’t necessarily train the staff the way Warmline does to deal with those calls.”*

Interviewees found these benefits to be most evident during times when Warmline was unavailable as a resource (e.g., during their February sabbatical, the hours the line is not open, or when the line is busy and individuals cannot get through). During these times, interviewees reported that their services experience an overflow of callers who would have otherwise called Warmline.

*“[When Warmline is on sabbatical, the Crisis Line’s] volume goes up quite a bit. The person perceives themselves to be in immediate need... They are looking for the immediacy of talking to people.”*

*“When we take calls on Crisis Line, a lot of times it’s ‘Is the Warmline on tonight?’ In the summers I think they have Tuesday and Thursday off. I’ll take calls that ask, ‘Are they on? Why aren’t they answering?’”*

*“People call here when Warmline isn’t open. When it’s clear that they don’t have an advocacy issue, they are calling because they are depressed or they don’t have anyone to talk to, we refer them to Warmline, and they say they are calling us because Warmline is closed.”*

#### Where does Warmline, Inc. fit in the larger mental health service system in Milwaukee?

Interviewees generally expressed the belief that Warmline, Inc. is a unique part of the local mental health system, both because it is a peer-run service and because it provides anonymous, after-hours support to consumers. In considering what makes it unique compared to other phone supports, interviewees noted that Warmline is different than other area phone lines such as the county Crisis Line, which is intended to be used in cases of crisis only, and 2-1-1, which is designed to provide general assistance and resources.

*“They stand alone as far as what they offer.”*

*“Warmline is unique because people answering the phone can identify with callers.”*

*“... Warmline is invaluable. There is no other organization like it ... there are suicide hotlines and crisis lines, but nothing like Warmline.”*

Reflecting on what makes Warmline unique in the context of the range of clinical mental health services available to consumers, many interviewees explained that although Warmline and clinical services are different, they can both serve valuable roles in people’s recovery. These interviewees expressed the belief that these two distinct approaches to supporting mental health recovery can actually complement one another and be more effective than either approach on its own.

*“Peer support isn’t meant to replace the services that are there, but to complement them.”*

*“Warmline isn’t anti-treatment; they’re really good at offering other services when it’s necessary.”*

*“Warmline and clinical services are different services that can be related. But they’re both valuable.”*

Several interviewees indicated that Warmline can sometimes even serve to encourage people to be open to mental health treatments. Providing consumers with the opportunity to connect with other consumers, interviewees suggested, can help to overcome barriers to accessing treatment, such as fear and stigma. In addition, interviewees noted that consumers are often more willing to trust that a treatment will be effective when someone tells them that they themselves have gone through a similar experience.

*“[Warmline can] pave the way for someone who’s afraid of the stigma to access help...give them a nudge to access services.”*

*“That person can say, ‘It worked for me. It might not work for you, but it did for me.’”*

*“[Professionals are] sometimes seen as the bad guy, recommending meds that people may not want. Peers can...empathize, can say they’ve been there, but can encourage people to give something different a try.”*

Some interviewees also pointed out that the unique type of support provided by Warmline has an important place in the cycle of mental health crises. For example, interviewees noted that Warmline is important in the prevention phase; it can help prevent a situation from escalating into a crisis, by providing needed support or by diverting consumers from accessing Crisis Services when it is not necessary. Warmline was also seen as having an important role in stabilizing individuals during the difficult time after a crisis has occurred (after a hospitalization, for example).

*“They serve people not in crisis. So they’re proactive, preventative. They help people not have to get to the Crisis Line.”*

*“In the continuum of care, I see Warmline as a diversion component. It’s a crisis prevention service. It keeps people connected to a listening ear.”*

*“It’s also helpful in helping people stabilize as they’re moving out of a crisis.”*

Interviewees also viewed Warmline as fitting into the larger mental health system by providing social contact and support. Interviewees explained that although social isolation commonly accompanies mental illness, social support is not something that clinical and emergency support services are equipped for or designed to provide.

*“A lot of folks, their biggest problem is their isolation.”*

*“People call 911 because they know there’s a voice on the other end. They call and say ‘I’m feeling lonely, sad...’”*

*“...at night, people are more isolated, they don’t have their supports and they get anxious. Sometimes they just need to call and hear a voice on the other end. It fills in the gaps.”*

Interviewees also explained that Warmline fills an important advocacy role for consumers. For example, it was noted that Warmline supports consumers in directly advocating for themselves, (e.g., encouraging VPCs to participate in the “In Our Own Voice” program, sponsored by NAMI). In addition, Warmline staff are themselves engaged with issues or groups that impact consumers of mental health services more generally (e.g., participating in Empowerment Days, serving on committees to inform policy and legislative decisions at the state level, etc).

*“Warmline was involved in establishing the CIT [Crisis Intervention Team] – networking with the Milwaukee Police Dept to set up the CIT.”*

*“Warmline folks come to [Empowerment Days in Madison] in droves, so they’re really good advocates.”*

*“Warmline volunteers [have helped with] education knowledge ... When we have a resource panel, we almost always have them there.”*

Several interviewees also suggested that Warmline’s presence in the community has created a level of cost savings for other segments of the mental health system and other local resources. Whether explicitly stated or implicitly inferred, the conversations with these interviewees suggested that because Warmline is available to individuals who are seeking a personal connection, these individuals are less likely to access crisis/emergency services or other high-cost services.

*“They are saving Milwaukee County a ton of money because they’re working with people on more of a prevention level ... The hospital is so expensive, as is the Crisis Line. Warmline is saving the County the cost of those services.”*

*“I’m sure it’s saved money and time. Since informing the [911] telecommunicators about it, they say it’s great and it really helps.”*

*“The problem is that much of what they do is anecdotal, but we know it is able to divert people from inpatient crisis care.”*

#### In what ways is it important that Warmline, Inc. is peer-run?

Interviewees were asked whether or not it was important to them and the people they serve that Warmline is a peer-run and peer-staffed service. Most considered Warmline, Inc.’s peer-support model to be an important characteristic that makes it unique among local mental health services. When asked to elaborate on why it is important that Warmline is peer-run, interviewees shared a variety of perspectives on the value of peer-run services. For example, many of the interviewees suggested that individuals often relate better or differently with peers than they do with professionals, particularly in terms of trust and engagement.

*“People with mental health issues are going to trust other consumers.”*

*“Consumers will talk to other consumers in ways they won’t talk to traditional mental health providers ... With peers, there is not that fear of retribution, of consequences.”*

*“There’s a trust that develops that is different from a lot of other providers.”*

Similarly, several interviewees suggested that because Warmline’s volunteers are also consumers, they have an ability to create an instant connection with callers and can provide callers with a safe, non-judgmental place to talk about mental health issues and other issues in their lives. It was also suggested that being able to connect with other consumers can provide opportunities to share experiential knowledge, such as ways to navigate the mental health system.

*“Clients may want to talk with [a case manager] about many things, but some important thing about their illness they may only want to talk to someone who’s had the same experience as they have.”*

*“There’s the trust factor. You can trust that the person on the line will get it, will know what you’re experiencing. They’ve already been there, so they get it.”*

*“The caller can share their experiences with someone who has had the same experience. They can help the caller sort out ... ‘is that an applicable service or not?’ or ‘is that an appropriate expectation or not?’”*

Some interviewees also suggested that Warmline being peer-run allows them to be more flexible with consumers than more traditional mental health services. Several interviewees noted that professionals are required to respond to consumers in specific ways, while Warmline is not, and that this affords them the opportunity to connect differently with consumers. For example, one interviewee explained that not all professionals can make the distinction between a client having suicidal thoughts and actually being suicidal and that, as a result, consumers may be reluctant to talk to professionals about suicidal thoughts. Peers, on the other hand, often have experienced similar symptoms and may more readily make the distinction between suicidal thoughts and actual risk.

*“Warmline has a greater sense of freedom to develop ... connections. They can establish a relationship without worrying about [the] kinds of things [professionals must].”*

*“They can talk to Warmline and be more open. You know, if they talk to [professionals], and they say those magic words ‘homicide’, ‘suicide’... we have to act.”*

*“With professional lines...we have to make a decision. They [Warmline] don’t have to worry about losing their licenses; they’re not driven by the same rules.”*

Finally, several interviewees viewed peer support as an essential part of any service delivery system and therefore saw Warmline as filling an important role in the local mental health system in Milwaukee. These interviewees explained that peer-support services like Warmline should be integrated into mental health systems because peer support has been found to be a successful approach to mental health recovery.

*“The most effective programs are those that have some sort of peer-driven service delivery model.”*

*“Having peer support like Warmline would be helpful in all areas of mental health.”*

*“Peer support works.”*

#### Does Warmline, Inc. being peer-run affect its credibility in the community?

Given that Warmline, Inc. is peer-run, its staff were interested in interviewees’ perceptions of the organization’s credibility in the community. Interviewees were asked whether Warmline being peer-run affects its credibility among consumers, professionals, and the community in general. Interviewees generally indicated that Warmline’s peer-run model increases its credibility among callers, allowing for an instant connection with callers and the ability to relate around shared experiences.

*“Warmline being peer-run definitely makes it more credible to consumers. A lot of times, consumers are more comfortable talking to other consumers.”*

*“It helps their validation, maintains their connection with consumers.”*

Several interviewees also suggested that professionals are increasingly recognizing the value of having peer support and peer-run services available to consumers. These interviewees noted that although in the past professionals often viewed peer-run services with skepticism, the field has developed to such an extent that it has come to be viewed as a vital and effective part of a service delivery model.

*“In the mental health field, there is more and more acceptance that peer-run services are not just viable, but credible ... Before, peer support was ‘nice’. But now, at least in the State of Wisconsin, peer support is seen as a critical service...”*

*“Mental health professionals are beginning to recognize that peer support should be an integral part of the recovery process, along with psychiatry, therapy, and medications.”*

*“I’ve had doctors tell me when someone is ready to leave inpatient [hospitalization] or the observation unit, ‘make sure you give them information about the Crisis Line, Warmline, etc.’”*

However, while many interviewees saw peer-run services as becoming more widely accepted, several acknowledged that there are still some mental health professionals who may view a service like Warmline as less credible than services provided by professionals.

*“It’s a sad thing, but probably being peer-run creates a problem with some in the professional community. I wholeheartedly endorse peer services, but not everyone does.”*

*“A challenge to peer support is usually the resistance, but case managers see Warmline as a plus because they are open at night when the case managers aren’t available. They are a resource for the case managers to use.”*

*“Warmline doesn’t have the credibility in the community that they deserve.”*

Interviewees who acknowledged that there is still some resistance among professionals to seeing peer-run services as credible and valuable offered some possible concerns underlying that resistance, specifically as it relates to Warmline. These interviewees suggested that some professionals may see the lack of clinical training among Warmline’s staff and volunteers as a concern. For example, because professionals receive extensive training and guidance on issues such as maintaining boundaries and crisis intervention, some professionals may question whether Warmline VPCs are equipped to handle certain situations as effectively or appropriately as someone with professional qualifications.

*“Mental health professionals work in an environment that requires lots of qualifications. So professionals sometimes feel that only they can work with people who have mental illness, and that peers may not have the right qualifications.”*

*“They’re probably seen as less credible because they don’t have the clinical training. For example, there might be a concern about boundaries. Volunteers might talk more about their own personal situation than about the caller’s personal situation.”*

*“[Some professionals] don’t want to see increases in people who are not qualified taking on more of a clinical role ... [they] don’t want to see them take on more than what they are trained to do.”*

It was also suggested by several interviewees that Warmline’s limited hours may diminish their credibility in the eyes of some consumers and professionals. Specifically, some noted that consumers in the community might stop calling and just forget about Warmline if the service is not available when they try to call. In addition, one interviewee suggested that professionals in the community may view Warmline as less credible because they are not open the full range of hours that other services are not available.

*“The downside is that they aren’t always available when people need them. They need to expand their hours. People forget about you if they call and the phone is not answered.”*

*“...people call and get a busy signal or the message. They try again and again, and they just give up and forget about it.”*

*“They could be seen as just nibbling around the fringes.”*

#### What suggestions were provided in terms of Warmline, Inc.’s operations?

Interviewees were asked to provide suggestions for ways to improve Warmline, Inc.’s services, based on their perspectives and experiences working alongside Warmline and within the local mental health system. Nearly all of the interviewees suggested that it would benefit the community



if Warmline expanded the hours and days that it is open. Additional hours would allow Warmline to be consistently available to consumers in the community when they are most in need of support. However, while expanded hours of operation were viewed as being ideal, many interviewees acknowledged potential barriers to Warmline's expansion, particularly with respect to volunteer and financial capacity.

*"It could be open more hours...stuff happens...in the middle of the night. It would be nice if it were open until 3:00 or 4:00 AM."*

*"Their hours could really be expanded. It would be great if they were open more hours. I'd really like to see them open 24/7, but I know there are constraints."*

*"It would be great if Warmline was open 24/7. Obviously it would be great if their service increased. Maybe 24/7 isn't very realistic."*

It was also suggested that Warmline could do more to make others in the community aware of the scope of the training that VPCs receive. A few interviewees acknowledged that they themselves were not entirely familiar with Warmline's training approach or topics and noted that increasing public awareness about volunteer training could help to increase Warmline's credibility in the community.

*"I don't know what they're doing in terms of training right now."*

*"I'm not privy to all of their training, and maybe I should be. But perhaps they might market their training. It might help with their credibility in the more traditional mental health system if people knew what kind of training they did."*

In addition, while interviewees acknowledged that they were unfamiliar with specific aspects of Warmline's volunteer training, several suggested that it may be helpful to enhance the training further. Some pointed to specific needs among the populations they serve and emphasized the need to ensure that the training provided to VPCs address those needs. For example, suggested training topics included medications, trauma, adjustment disorders, and verbal intervention. It was also suggested that Warmline provide VPCs with more information about the kinds of services available at other local agencies so they can share these resources with callers. Several interviewees went further and offered their own assistance in providing training in these specific areas.

*"...people will be calling who will be sicker and they'll have to recognize that and the different levels of sickness. They're good with [people with chronic mental illness], but we've had to deal a lot more with people with adjustment disorders."*

*"Volunteers should see presentations by other agencies so they know what resources are out there ... learn about services and connect people to them."*

#### What suggestions were provided in terms of Warmline, Inc.'s future direction?

Interviewees were also asked to provide some broad suggestions for Warmline, Inc. as they look towards the future. The primary suggestion for Warmline's future direction was to increase awareness about Warmline in the community. While it was acknowledged that increased visibility would have implications for Warmline's current capacity, interviewees generally saw a value in reaching out to other potential callers, referral sources, and partner organizations.

*"People don't have a good perspective on what they do. It doesn't always trickle down to the line staff, to the people who will use them as a referral. Although it's good to go talk to directors, they really need to reach the people who work with the clients."*

*"They need more PR, better press. There really needs to be a better sense of their presence in the community."*

*“They really need to figure out how to advertise to the community more.”*

Several interviewees also indicated that it may be in Warmline’s interest to capitalize on their strengths and expand into new roles. For example, it was suggested that Warmline engage in a more proactive role with consumers, such as initiating follow-up with people who present to Crisis Services. It was also suggested that Warmline volunteers could be integrated into other agencies and receive a stipend for providing peer-support services to agency clients. Another interviewee suggested considering establishing relationships with health insurance carriers, such that they could refer clients to Warmline at a per-call rate. Because there is an interest on the part of health insurers in diversion, safety, and serving people in the least restrictive environment, the interviewee viewed this as a mutually-beneficial relationship. Finally, several interviewees suggested that Warmline could expand its capacity to work with other populations they have not served in the past.

*“Maybe they want to change their slogan, broaden their focus. Saying they are about people with mental illness may be an obstacle for people to call. People may not be ready to say they have a mental illness...The focus on mental illness has stopped some people I’ve talked to [from calling].”*

*“Getting more connected with the senior population is important. I think isolation in the senior population is more of a huge issue.”*

Most interviewees also discussed Warmline’s ties with Milwaukee County and suggested that the current moment could be an ideal time to reflect upon the implications of the relationship with regard to Warmline’s future. Some interviewees saw the relationship with the County as a strength and asset (primarily those associated with the County Behavioral Health Division), and others expressed the view that the relationship could present barriers to Warmlines sustainability and growth. Among the interviewees who viewed the relationship as an asset, several suggested that the two could become more closely and formally tied, both because of the overlap between the populations served by Warmline and Crisis Services and because of the complementary nature of Warmline and the Crisis Line. However, one interviewee recognized that this could result in Warmline having to follow more rigid guidelines in terms of training, certification, and the service they provide.

*“It would be nice if Warmline were a part of the whole crew, really integrated into Crisis Services. Then if they got a call that was really a crisis, they could easily transfer it to Crisis. Or, if Crisis got a call that was really more appropriate for Warmline, they could transfer the call readily to them.”*

*“I’m sure [the Crisis Line and Warmline] share lots of the same frequent callers. From a clinician standpoint, it would be good to know ... to see if one person is calling both lines.”*

*“It would be nice to work more closely. Even to have one [Warmline] individual to be able use as an additional support...”*

Other interviewees suggested that it would be in Warmline’s best interest to become more separate from Milwaukee County and Crisis Services. It was suggested, for example, that being located within the Mental Health Complex might present barriers for people accessing their service (e.g., distant location, stigma) and that moving to a space outside of their current location would benefit Warmline. It was also suggested that their current space limits their visibility in the community and their ability to expand. One interviewee also expressed concern that Warmline’s ties to the County could limit their ability to maintain autonomy and their ability to collaborate with other community organizations.

*“Doing their thing in their own space really limits their visibility. They might expand beyond that.”*

*Being in that building [the Mental Health Complex] is a dilemma...It could be a stigma and a barrier to people who might call and to people who might refer."*

*"I think they should steer clear of the County as much as possible. Or keep it small. They risk getting absorbed by the county or losing control of the organization."*

What specific challenges is Warmline, Inc. likely to face as it moves forward, and what suggestions were made to address those challenges?

Most of the interviewees acknowledged that funding is a considerable challenge that Warmline faces and may continue to face as it moves forward. Specifically, Warmline's current budget and operations are dependent upon continued in-kind support from staff in terms of contributed hours and from Milwaukee County in terms of office and phone support. As a result, interviewees generally viewed finding stable funding to sustain the service and increase capacity as a priority and provided several suggestions to secure this funding. For example, it was suggested that Warmline consider fee-based consultation to other communities or the State as they work to develop their own warmlines. Other interviewees suggested that Warmline could provide consultation and training on peer support generally, going beyond their expertise in running and delivering Warmline's specialized service.

*"If they were open more, then they could be more effective. But I really recognize the dollar limitation. There's only so much that can be done with the funding restrictions."*

*"One of the ways they could diversify their funding is by providing training statewide. They could make a lot of money by being on the road."*

*"We've thought about maybe getting...stipends and bringing Warmline volunteers here [to our agency] during the day, and if we get one of those calls, they can take it."*

While several interviewees recognized that Warmline's funding challenges are related to a community-wide tightening of budgets and a dwindling supply of available grant funds, interviewees also suggested that some of the funding challenges Warmline faces may be related to limited visibility and awareness of Warmline in the larger community. This general lack of visibility, both among the community and among potential funders, was identified as a significant barrier to generating funds to sustain Warmline into the future. Several interviewees suggested that taking a deliberate approach to increasing Warmline's visibility could help to gain recognition and funding. Many suggested specific funding sources in which to increase awareness, such as area hospitals and health systems (including HMOs), federal and state funding streams, and other private funders.

*"...one of the biggest things is them having a much bigger tangible story of what they are doing. If people know what they are doing, they are more likely to give money."*

*"They could present at a national conference, to get their name out. That's three-quarters of fund development, is the name recognition."*

*"I would suggest marketing, raising awareness. I would support them as part of United Way."*

Several interviewees acknowledged that the current funding environment may make it difficult for Warmline to secure funds to support its ongoing operating expenses. However, a few saw the possibility that some funders might be willing to support Warmline in increasing its capacity to serve additional callers and to serve a broader range of consumers. It was also suggested that Warmline could be more intentional in seeking grant funds by learning grantwriting skills or by developing a relationship with a grantwriter to secure funds to increase their capacity.

*“I imagine there is funding available to increase capacity to provide services, like for Spanish speaking volunteers. There might be some funding there.”*

*“[Warmline] could say that building capacity is a project and could make a case for additional funds for that.*

*“It might be good to get somebody trained up to do grant writing or to find a person to do grant writing. It really might be good to explore those relationships, since when a grant comes up there’s usually a quick turn-around time and you have to be able to respond quickly.”*

While considering these challenges that Warmline faces as it moves forward, several interviewees also reflected on what it would mean to the community and to the work of other agencies if Warmline were to cease to exist. These interviewees expressed concern that Warmline’s demise would be a great loss to the community because of its unique role and because of the value it has added to local mental health service delivery.

*“Clients would lose a significant level of support, because [case managers] can’t substitute for that in terms of time.”*

*“I’d hate to see it cut down. It would be awful to lose it ... It would be nice to see it flourish and expand.”*

## **Summary and Conclusions**

The Planning Council evaluation team conducted key informant interviews during June and July of 2010 with ten representatives of the local mental health system. Potential interviewees were identified by Warmline, Inc.’s staff and board, in partnership with the Planning Council evaluation team. An effort was made to include those who had first-hand knowledge of Warmline’s service and who represented a variety of roles within organizations that serve people living with mental illnesses. Those interviewed included representatives of mental health consumer groups, direct clinical service providers, law enforcement, and Psychiatric Crisis Services of Milwaukee County. The questions that guided the interviews focused on existing collaborations and partnerships, perceptions of Warmline’s role in the larger mental health system, perceptions of Warmline as a peer-run service, suggestions for improvement, and thoughts on future directions. The interview results are limited to the perspectives of ten key informants who were familiar with Warmline and are not presented as representative of the perspectives of the mental health system in general. However, the issues and themes discussed provide insight into the value of Warmline to those in the larger mental health community who are currently aware of Warmline. The sections that follow provide a general overview of the interview results, conclusions that may be drawn from the results, and lessons learned from interviewing representatives of the mental health community.

### **Summary of Community Interviews**

- All of those interviewed indicated that Warmline fills a particularly unique niche in the community, providing consumers with an anonymous source of peer support during hours when other services are often not available.
- Interviewees’ organizations had established both formal and informal connections with Warmline, including actively suggesting Warmline to their clients and distributing promotional materials.
- Warmline’s relationship with Milwaukee County’s Behavioral Health Division was noted by most interviewees. While Warmline operates separately and independently from Milwaukee County, the Behavioral Health Division provides in-kind support (e.g., office space,

telephone lines) and considers Warmline to be an integral partner in their service delivery model.

- Warmline was seen as having an important role in the mental health service delivery system, allowing other services to focus on their own specific roles in the community. Warmline was viewed as a key resource for consumers looking for non-crisis support, enabling other services to attend more specifically to the emergencies, crisis issues, case management, or advocacy that make up the core of their missions.
- Interviewees saw Warmline as playing an important role in the prevention of crises. The peer support, social contact, and “listening ear” that Warmline provides was viewed as helping to keep crises from escalating to the point of requiring crisis intervention or hospitalization. In addition, Warmline was also seen as providing support that can help stabilize people after they have experienced a crisis.
- Interviewees indicated that it is extremely important that Warmline is peer-run. Many noted that consumers may relate differently to peers than to professionals, that peers can provide the support of someone who truly understands, and that peers can often be more flexible in their response to consumers than mental health professionals can.
- Although interviewees reported that there is a growing recognition of the value of peer support and peer-run services, they indicated that there are still some professionals who may view a service like Warmline as less credible than services provided by professionals for a variety of reasons (e.g., absence of clinical training and qualifications).
- When asked to provide suggestions for ways in which Warmline could improve its service, nearly all of those interviewed suggested that it would benefit the community if Warmline expanded the hours and days that it is open. While interviewees acknowledged possible barriers to expanding Warmline (e.g., current volunteer and financial capacity), they also pointed to the value of Warmline being more fully and consistently available to consumers.

#### Conclusions from the Community Interviews

- The key informant interviews provided strong support for Warmline’s role in the larger system of services for people with mental illnesses. The combination of being peer run, providing peer support, being open after hours, and offering the opportunity for anonymity meant that interviewees viewed Warmline as a unique service not found anywhere else in the community.
- Based on their own experiences, interviewees suggested that Warmline’s service may translate into savings on mental health and emergency expenditures in the community. Specifically, Warmline’s role in preventing the escalation of crises may mean that fewer dollars are spent on high-cost services such as hospitalization or emergency response.
- Interviewees also acknowledged, however, that funding is a considerable challenge that Warmline faces and may continue to face as it moves forward. There was some recognition that Warmline’s current budget and operations are dependent upon continued in-kind support from staff (e.g., contributed hours) and from Milwaukee County (e.g., office space, telephone lines).
- Those who were interviewed indicated that some of the funding challenges may be related to Warmline’s limited visibility in the community. They suggested that it may be in Warmline’s interests to promote themselves more widely and reach out to potential callers, referral sources, and partner organizations. Several interviewees indicated that because of

the essential role they saw Warmline as having in the mental health community, they would be willing to assist Warmline in raising its visibility.

- Interviewees suggested a variety of other ways to address funding challenges, including expanding into new roles (e.g., serving additional populations, providing training and consultation) and pursuing additional funding sources (e.g., foundation support, federal and state grants, area hospitals and health systems).
- Interviewees also suggested that Warmline may benefit from reflecting on the implications of its ties with Milwaukee County. Some interviewees viewed this relationship as an asset and suggested that Warmline become more formally integrated into the Behavioral Health Division. Other interviewees suggested that it may be in Warmline's best interest to become more separate from Milwaukee County, including relocating and/or becoming more autonomous. Given the contradictory perspectives, this may be an area for Warmline's board to explore in more depth.

#### Lessons Learned from the Community Interviews

- Overall, the representatives of the mental health system were highly motivated to participate in the key informant interviews and devoted substantial time to the process. Although the Planning Council has typically had great success in conducting key informant interviews on other projects and with other populations, the level of enthusiasm and investment among the interviewees was notable and reflected their strong endorsement of Warmline's model.
- Interview participants were selected to reflect a variety of roles within organizations that serve people living with mental illnesses (e.g., "line staff", supervisors, directors). This range of perspectives was ultimately important, as individuals who had direct contact with consumers and individuals with management responsibilities each brought valuable, but different, views to the interviews.
- However, the procedures for selecting interview participants necessitated that interviewees be familiar enough with Warmline's services to be able to speak to its role in the larger mental health system. Although care was taken to invite representatives with a wide range of perspectives and roles, the methodology used was unlikely to engage representatives who had limited knowledge of Warmline or highly negative opinions. It is unclear whether the inclusion of a more randomly selected set of representatives would have resulted in a wider range of opinions and perspectives.

Overall, the interviews with representatives of the mental health system strongly supported the value of Warmline to mental health consumer groups, direct clinical service providers, law enforcement, and Psychiatric Crisis Services of Milwaukee County. Nearly all of the interviewees referred to Warmline's uniqueness in the community and recommended that its services be expanded. Finally, either implicitly or explicitly, most interviewees commended Warmline board, staff, and volunteers for the work that they do and the contributions they make to the mental health community.

## A Caller's Story

Heather has been calling Warmline for about three years. She calls every night, sometimes twice a night. Although she has had other forms of recovery supports through the years, bad experiences with psychiatrists and hospitalizations have left her wary and distrustful of these types of supports. As a result, she describes Warmline as an extremely important resource that plays an integral role in her life and recovery.

According to Heather, Warmline provides her with an opportunity to talk with people who accept her as she is. She feels there is a stigma about people with mental illness that pervades society, and because of this stigma, Heather does not often feel comfortable talking about her symptoms, even with family members or therapists. She reports being afraid to talk to neighbors because they might not understand and might start rumors. From her perspective, therapists and psychiatrists may over-interpret the severity of her symptoms and don't always understand. Warmline, however, gives her "information, confirmation, acceptance." In Heather's own words,

*"This part of me [the mental illness] is not accepted by others. So it is very important to have it accepted, to talk to others about how I feel. And I get that at Warmline."*

Heather does not feel afraid when she talks to people at Warmline. She does not have to worry about the volunteers judging her—she can talk freely on Warmline ("let loose") and share things without being scared of the repercussions.

It is incredibly important to Heather that Warmline is a peer-run service. Warmline's Volunteer Peer Counselors (VPCs) validate her experiences by sharing their own similar experiences. According to Heather, when she discusses some of the issues in her life, Warmline volunteers can confirm how she feels. For example, when talking about her past hospitalizations, Heather says,

*"I'm embarrassed to say I was in the hospital, I'm really embarrassed about it. But Warmline people have said they've been in the hospital three or four times, so I know it's not just me."*

More than anything else, Warmline provides Heather with a feeling of connectedness that she cannot get elsewhere. She says,

*"Talking to therapists doesn't really seem to help. When you're having trouble, your heart is hurting, you're really in pain. It's good to have another person there. By connecting with them, it relieves the pain; the pain of depression."*

She describes the VPCs as friends and peers. She feels connected to them because they are aware of what it is like to have a mental illness, they understand, and they accept her. How important is Warmline to Heather? In her own words,

*"I'm really grateful that it's there. I wouldn't know what I would do if Warmline wasn't there. I don't feel so alone."*





**Appendix A: Process for Identifying  
Additional Call Log Items**



## Process for Identifying Additional Call Log Items

The evaluation team identified potential additional call log items by reviewing materials and speaking with people from local call centers including: 2-1-1, COPE Services, and 1<sup>st</sup> Call for Help (Waukesha's 2-1-1).

The pros and cons of potential data elements were discussed with Warmline staff and evaluation advisory committee (October 15, 2009). In reviewing the possible data elements, consideration was given to the potential impact of an item on callers and volunteers, and the potential value of the item for Warmline's future development. Some items were ruled out by the committee, and support was gained for a set of items to be added. The following tables list the data elements that were considered and the reasons why they were either ruled out or selected as elements to be added to the call log.

### Data Elements Ruled Out

| Data Element                                | Reasons for Rule-Out   |
|---|--|
| <b>Name</b>                                 | Repeat callers change the name they give, can't collect full names   |
| <b>Age</b>                                  | Caller could choose to lie, question could offend some callers   |
| <b>Ethnicity</b>                            | A guess could be wrong, caller could be offended, listeners could be uncomfortable asking.   |
| <b>Income/Homeless status</b>               | Not relevant to Warmline, very intrusive, not additive information   |
| <b>Caller's needs</b>                       | Already captured through "call description"  |
| <b>Caller's needs were met</b>              | Not easily defined, more relevant to resource line like 2-1-1, callers don't always have an identified "need"  |
| <b>Call helped</b>                          | Not easily defined, not easily asked, being "helped" fits more with a service delivery model rather than a recovery support model  |
| <b>Caller's pre-post call stress levels</b> | Very subjective, not easily defined  |
| <b>Caller has a plan</b>                    | While it could give some indication of call outcomes, this item was ruled out in committee mtg. on 11/12/09 because it sounds "too rigid", has a "medical" tone, and did not seem consistent with the recovery support model |

## Data Elements Selected

| <b>Data Element</b>                              | <b>Reasons for Selection</b>  |
|--|---|
| <b>Gender</b>                                    | would be possible for volunteer to make a reasonable guess from information provided by the caller, helps define the population   |
| <b>ZIP Code</b>                                  | non-invasive, defines geographic scope and depth, useful for targeting outreach activities, useful for communicating with potential funders   |
| <b>Referrals made/resources provided:</b>        | Would be useful for calls that are specifically for resources, would help to describe Warmline's value to MH system, would serve as a prompt to volunteers to record the resources provided   |
| <b>Caller has called tonight</b>                 | Already asking if they've ever called before, would be helpful to track on nightly repeat calls. Originally selected as a question to ask, but on 11/12/09 (and as implemented), it was decided that it would be an item that would be monitored by shift supervisors throughout the night and again at the end of the night. |
| <b>Caller would recommend Warmline</b>           | Following 11/12/09 committee meeting, idea of asking a satisfaction question came up. This was thought to be nonthreatening for callers and volunteers, while providing a snapshot of caller satisfaction with Warmline in general.   |
| <b>Guidelines for caller description section</b> | Guidelines and examples were developed to allow for richer information in the call description section; suggested areas to cover included caller's situation, caller's mood, caller's plan (if appropriate), and volunteer's role.  |

**Appendix B: ZIP Codes by Call**

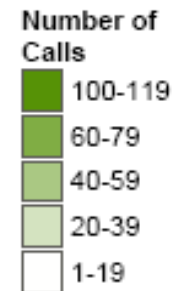
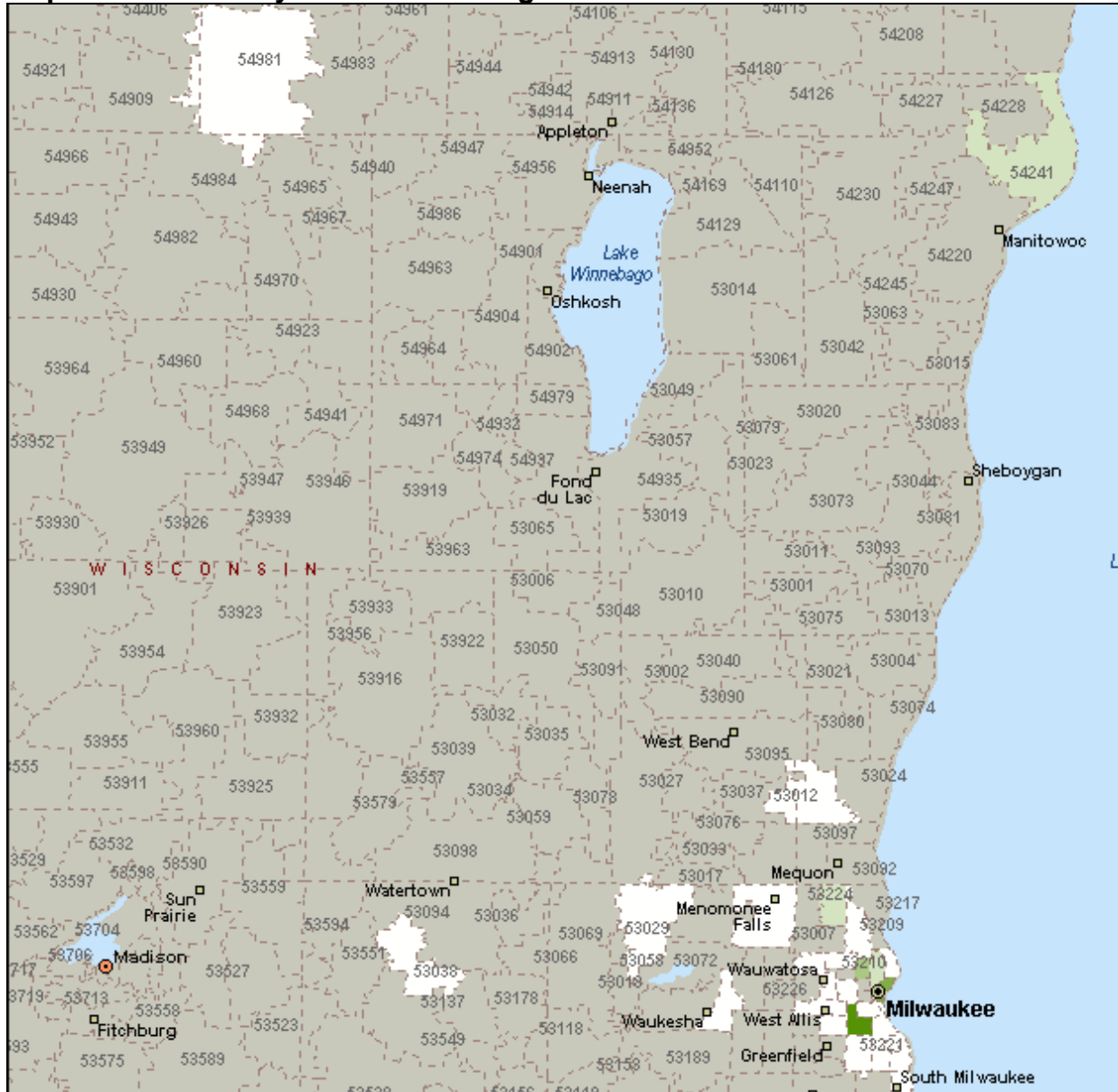


## ZIP Codes by Call, January 2010

| ZIP Code     | Community                                      | Number of Calls | Percent of All Calls |
|--------------|--|-----------------|----------------------|
| 53215        | Milwaukee/West Milwaukee                       | 118             | 26.8%                |
| 53202        | Milwaukee                                      | 62              | 14.1%                |
| 53206        | Milwaukee                                      | 55              | 12.5%                |
| 54241        | Two Rivers                                     | 33              | 7.5%                 |
| 53212        | Milwaukee/Glendale                             | 29              | 6.6%                 |
| 53223        | Milwaukee/Brown Deer                           | 24              | 5.5%                 |
| 53186        | Waukesha                                       | 16              | 3.6%                 |
| 53211        | Milwaukee/Glendale/Shorewood/Whitefish Bay     | 16              | 3.6%                 |
| 53110        | Cudahy   | 15              | 3.4%                 |
| 53219        | Milwaukee/Greenfield/West Milwaukee/West Allis | 15              | 3.4%                 |
| 53216        | Milwaukee                                      | 9               | 2.0%                 |
| 53029        | Hartland                                       | 8               | 1.8%                 |
| 53209        | Milwaukee/Glendale/River Hills/Brown Deer      | 8               | 1.8%                 |
| 53012        | Cedarburg                                      | 4               | 0.9%                 |
| 53221        | Milwaukee/Greenfield                           | 4               | 0.9%                 |
| 53222        | Milwaukee/Wauwatosa                            | 4               | 0.9%                 |
| 53208        | Milwaukee                                      | 3               | 0.7%                 |
| 54981        | Waupaca  | 3               | 0.7%                 |
| 53172        | South Milwaukee                                | 2               | 0.5%                 |
| 53214        | Milwaukee/West Milwaukee/West Allis            | 2               | 0.5%                 |
| 53234        | Milwaukee (PO Box specific)                    | 2               | 0.5%                 |
| 53235        | Milwaukee/St. Francis                          | 2               | 0.5%                 |
| 53038        | Johnson Creek                                  | 1               | 0.2%                 |
| 53051        | Menomonee Falls                                | 1               | 0.2%                 |
| 53201        | Milwaukee                                      | 1               | 0.2%                 |
| 53204        | Milwaukee                                      | 1               | 0.2%                 |
| 53207        | Milwaukee/Bay View                             | 1               | 0.2%                 |
| 53213        | Milwaukee/Wauwatosa                            | 1               | 0.2%                 |
| <b>Total</b> |  | <b>440</b>      | <b>100.0%</b>        |

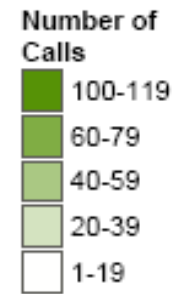
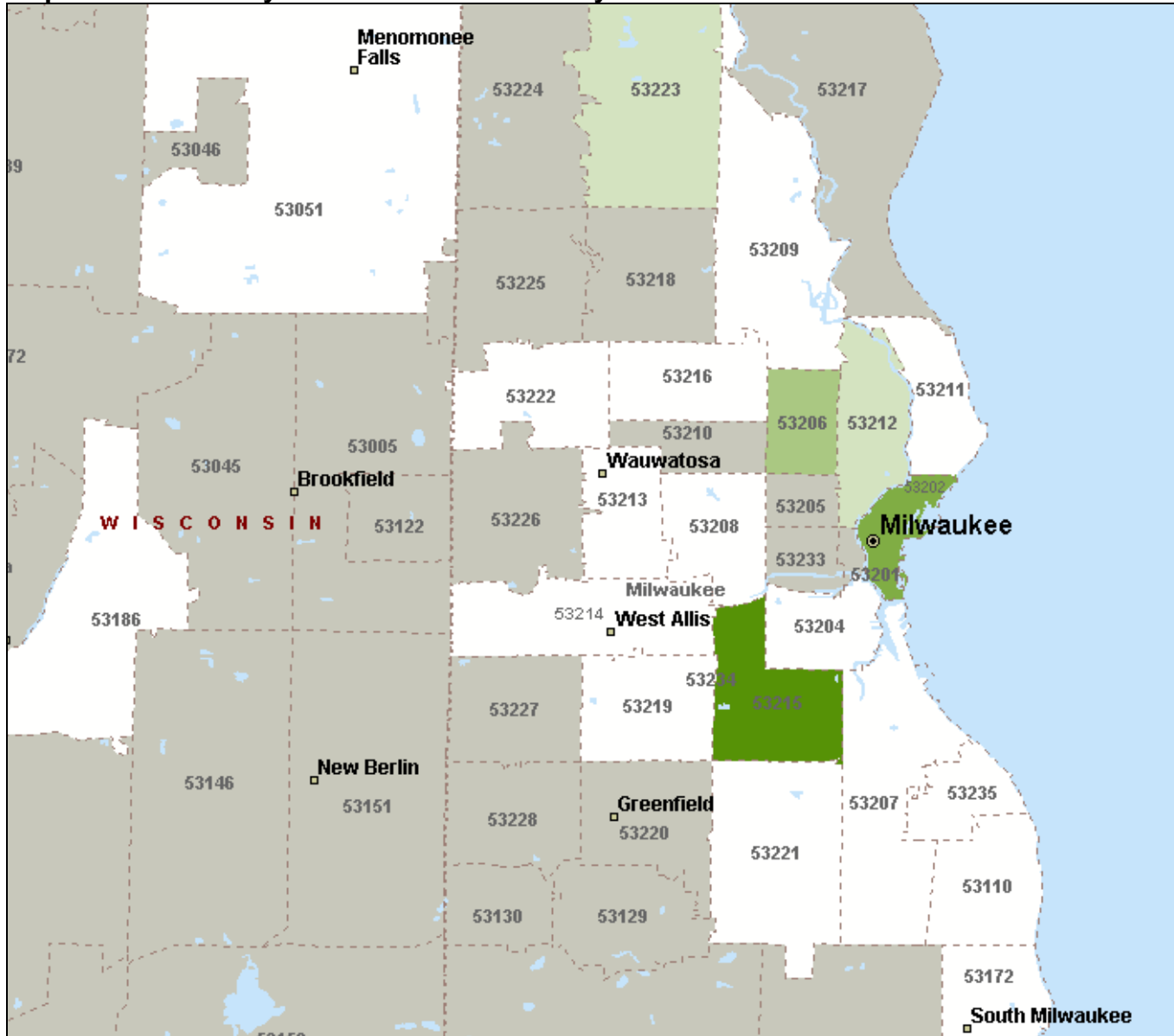
Note: N=440 calls; 119 of the 559 total calls were missing information about ZIP Code.

### Map of ZIP Codes by Call – Full calling area





### Map of ZIP Codes by Call – Milwaukee County Detail





**Appendix C: ZIP Codes by Caller**

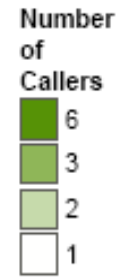
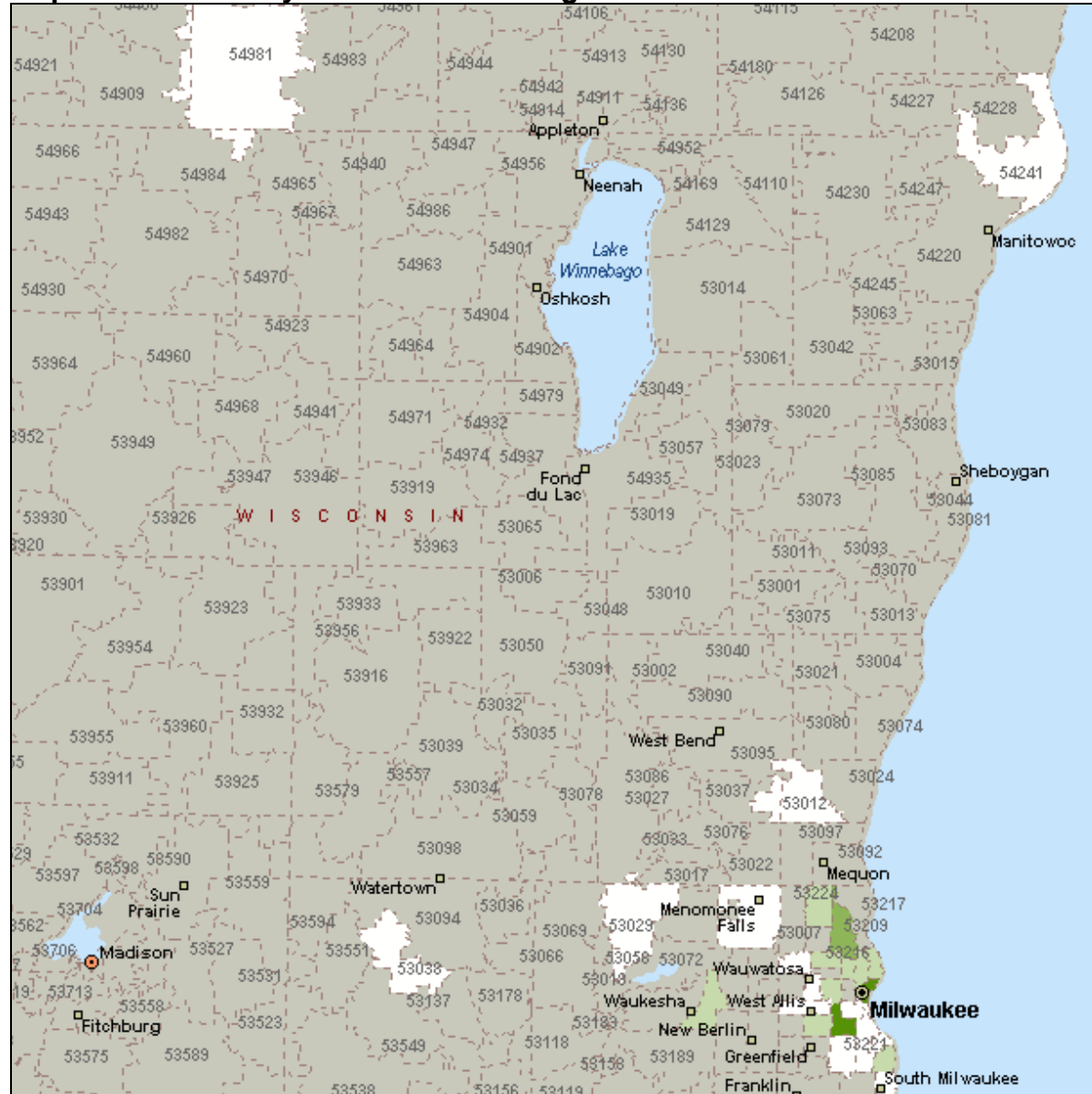


## ZIP Codes by Caller, January 2010

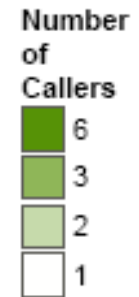
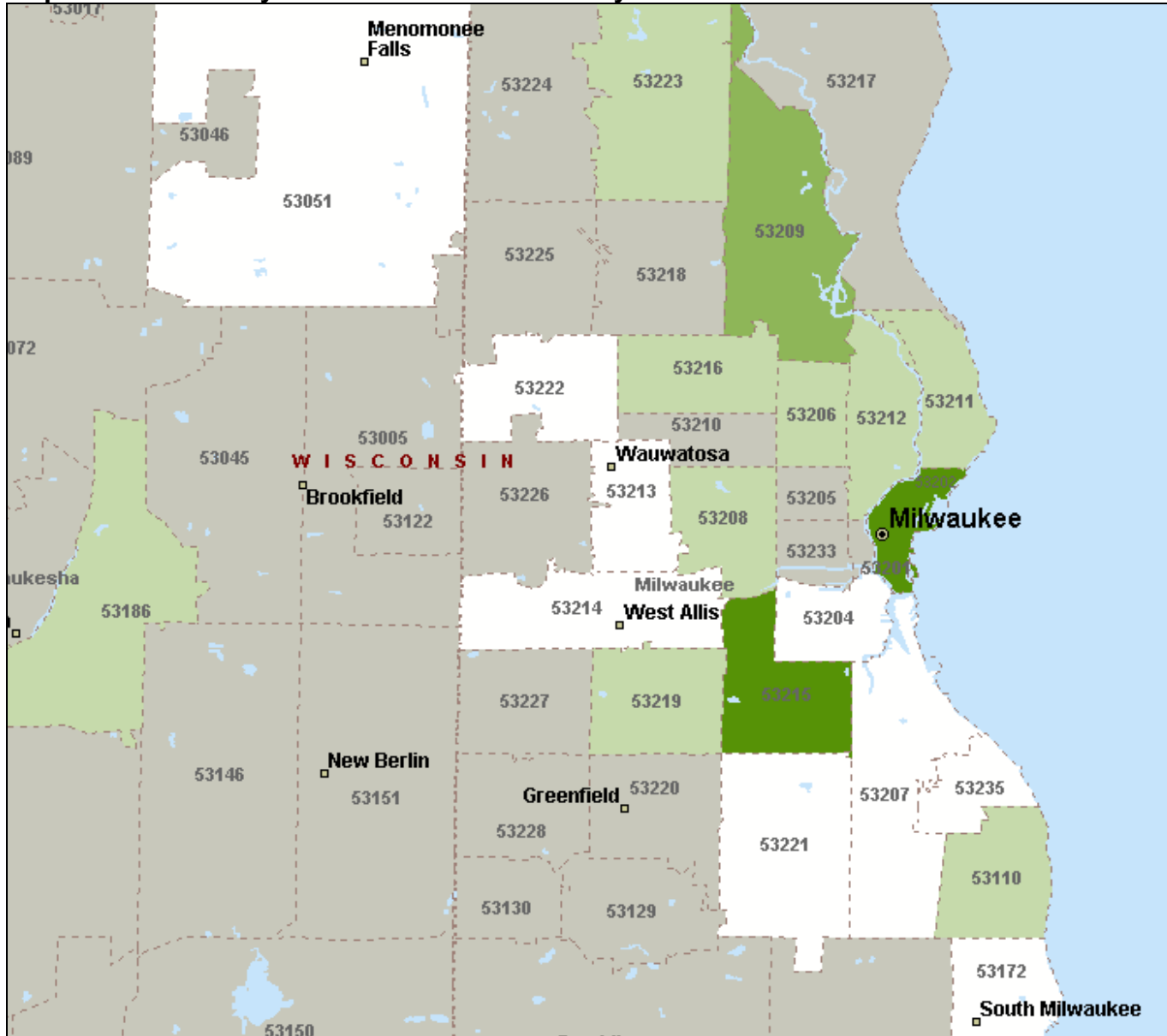
| ZIP Code | Community                                      | Number of Callers | Percent of All Callers |
|----------|--|-------------------|------------------------|
| 53215    | Milwaukee/West Milwaukee                       | 6                 | 12.5%                  |
| 53202    | Milwaukee                                      | 6                 | 12.5%                  |
| 53209    | Milwaukee/Glendale/River Hills/Brown Deer      | 3                 | 6.3%                   |
| 53223    | Milwaukee/Brown Deer                           | 2                 | 4.2%                   |
| 53219    | Milwaukee/Greenfield/West Milwaukee/West Allis | 2                 | 4.2%                   |
| 53216    | Milwaukee                                      | 2                 | 4.2%                   |
| 53212    | Milwaukee/Glendale                             | 2                 | 4.2%                   |
| 53211    | Milwaukee/Glendale/Shorewood/Whitefish Bay     | 2                 | 4.2%                   |
| 53208    | Milwaukee                                      | 2                 | 4.2%                   |
| 53206    | Milwaukee                                      | 2                 | 4.2%                   |
| 53186    | Waukesha                                       | 2                 | 4.2%                   |
| 53110    | Cudahy   | 2                 | 4.2%                   |
| 54981    | Waupaca  | 1                 | 2.1%                   |
| 54241    | Two Rivers                                     | 1                 | 2.1%                   |
| 53235    | Milwaukee/St. Francis                          | 1                 | 2.1%                   |
| 53222    | Milwaukee/Wauwatosa                            | 1                 | 2.1%                   |
| 53221    | Milwaukee/Greenfield                           | 1                 | 2.1%                   |
| 53214    | Milwaukee/West Milwaukee/West Allis            | 1                 | 2.1%                   |
| 53213    | Milwaukee/Wauwatosa                            | 1                 | 2.1%                   |
| 53207    | Milwaukee/Bay View                             | 1                 | 2.1%                   |
| 53204    | Milwaukee                                      | 1                 | 2.1%                   |
| 53201    | Milwaukee                                      | 1                 | 2.1%                   |
| 53172    | South Milwaukee                                | 1                 | 2.1%                   |
| 53051    | Menomonee Falls                                | 1                 | 2.1%                   |
| 53038    | Johnson Creek                                  | 1                 | 2.1%                   |
| 53029    | Hartland                                       | 1                 | 2.1%                   |
| 53012    | Cedarburg                                      | 1                 | 2.1%                   |
| Total    |  | 48                | 100.0%                 |

Note: N=48 callers; 13 of the 61 total identifiable callers were missing information about ZIP Code.

# Map of ZIP Codes by Caller – Full Calling Area



# Map of ZIP Codes by Caller – Milwaukee County Detail







**Appendix D: Questions from the  
Interviews with Warmline Callers**



## Questions for Interviews with Warmline Callers

1. We'd like to hear a little bit about your connection with Warmline.
  - About how long would you say you've been calling Warmline?
  - How did you first find out about Warmline?
  - If you had to guess, about how often do you call Warmline in a week?
2. What would you say is different about Warmline, what makes it unique or special?
  - How is it different from other phone lines you may have called or heard about (e.g., 2-1-1, Milwaukee County's Crisis Line, COPE Services)?
  - Is it important to you that Warmline is run by people living with mental illness?
    - (If yes) In what ways is this important?
3. Next, we'd like to hear a little bit about the role of Warmline in your recovery.
  - (Provide definition of recovery if needed.)
  - In what ways does Warmline support your recovery?
  - How does Warmline fit in with the other supports you may have in your life?
  - If you could, please give us an example of one way that Warmline has made a difference in your life.
4. Finally, we'd like to get a little feedback about Warmline.
  - What would you say is the best thing about Warmline?
  - What are some suggestions for ways that Warmline could improve its services?
    - (If not mentioned) How easy or difficult is it to get through when you're calling Warmline?
5. We only have a couple more minutes. But in the time we have left, is there anything else that you feel it's important for us to know about Warmline?



**Appendix E: Questions from the  
Interviews with Community  
Representatives**



## Questions for Interviews with Community Representatives

1. We'd like to hear a little bit about your connection with Warmline. In what ways have you (and/or the population you serve) been aware of or worked with Warmline?

Have you referred people to Warmline?

What have you heard about Warmline from the population you serve or from your associates?

2. We're also interested to hear about the role you see Warmline playing in the larger mental health system in Milwaukee. Where does Warmline fit in with the other mental health services that exist in the community?

What makes Warmline different from other, more traditional mental health services that exist in Milwaukee?

Based on your experience, in what ways does Warmline provide an alternative for consumers who might otherwise access crisis care services?

3. We're also wondering if there are ways in which your agency benefits from the presence of Warmline in the community. In what ways has Warmline been important for the work that your agency does?

Has it allowed you to focus more specifically on your own mission?

Has it helped make your services more effective?

Has it served as an extension of the services that your agency provides?

4. As you know, Warmline is a peer-run service for mental health consumers.

In what ways is it important to you (and/or the population you serve) that Warmline is run by people living with mental illness?

What do you think is the value of having peer-run services like Warmline available to mental health consumers in Milwaukee?

Do you think that Warmline being peer-run makes it any more or less credible as a service?

5. We're also interested in hearing any specific feedback you have for Warmline. What kind of feedback do you have?

What are some suggestions for ways that Warmline could improve its services?

6. Finally, we're interested in your perspective on any opportunities for Warmline's growth and/or possibilities for additional collaboration.

What do you think are some of the challenges that Warmline faces as it moves forward?

Are there ways that your agency and Warmline might be able to collaborate [further] in the future?

Do you have any ideas for Warmline regarding funding to support the work that it does?

Overall, what would you suggest for Warmline as it begins to plan for the next five years?