

The “Peer Recovery Call Center” Innovation in Programming Award

**Mental Health Association of East Tennessee
Knoxville, Tennessee**

Description: The **Peer Recovery Call Center** is truly an innovation. Most MHAs have operated “information and referral” (I&R) services for decades and only could report inbound call volume outcomes. As funders became increasingly aligned with outcomes based funding and decision making processes, the need to revolutionize this I & R service was clear.

Analysis of this service revealed several key issues: 1. the service was cloaked in caller anonymity based upon stigma of mental illness or addiction; 2. the service produced limited quantifiable data on call volumes or types of caller needs; and 3. the service did not produce any qualitative data. Literally we discovered the old I & R business was not very effective. We and other affiliates had no clear evidence proving the value of this service.

Change was coming and we had to be the drivers of that change. The first thing we had to do was creating a way to collect outcomes data. We had to remove the veil of anonymity by asking a very un-scientific question, “**Paul, can we call you back?**” Much to our surprise **95%** of our caller clients leapt at this offer and readily provided the contact details to do so because no other social service entity was offering follow up support. All were too eager to hang up the phone and move on to something else.

After understanding that most callers (**70%**) sought help or services for themselves, the vision became clearer – peers needed to be not just engaged in revolutionizing the old time I & R service, but also needed to directly shape its structure, daily operations, continuing training needs, data collection, communication etc. Peers needed a much bigger role in the program. The call center needed to become a hybrid - both a call center and a peer support program as peers were the most appropriate persons to help or motivate those needing help to get into treatment.

Further investigation found some call centers across the country involved peers in volunteer “only” roles. This volunteer concept didn’t quite measure up to our evolving vision to promote recovery. We believed that recovering persons were capable of much more than just volunteer work in a call center. If you have recovered enough to volunteer you are recovered enough to work at the MHA.

This cemented our decision to hire only peers for the **Peer Recovery Call Center** – persons who have a mental health or addiction diagnosis, are in recovery themselves, and who are Tennessee Certified Peer Recovery Specialists or eligible to become a TCPRS.

Marrying information and referral concepts with peer support was actually simple. More than 70% of callers seeking help or services are seeking help for themselves. They are scared because they know they need help but don’t know where to turn for help, they don’t know what they need

and they fear what friends, family or coworkers would think if they reached out to them. Who better to understand and validate the concerns of our caller clients than those who have traveled that same journey themselves – peers. Who better to motivate caller clients than those with similar diagnoses as the callers themselves – peers. Who can bond better with caller clients than peers because they have lived experience with the same issues, potholes to avoid and hurdles to jump – peers.

Outcomes: The **Peer Recovery Call Center** is nearly four years old. This innovative program merged the old time information and referral service with peer support with spectacular results because we ask that simple question...”can we call you back?”

- More than **90%** of clients want follow up peer support. They are ecstatic to find they are not alone, that others experience same diagnoses or problems, yet are stunned that someone cares to call them back. As their journey to recovery begins they learn they have a recovery buddy – a peer who will coach, motivate and mentor them along the way. Their peer is only a phone call away.
- Significantly, more than **70%** of clients, in this hybrid **Peer Recovery Call Center** model **enter treatment and follow through with their treatment and recovery plan** because they receive ongoing peer support. (**DOUBLE** the national average).
- Inbound call volumes **doubled** in the first year of the Peer Recovery Call Center model compared to the I & R model
- Total call / contact (including email, FB) volumes average 12,000 annually serving 2500 clients

We further upgraded the **Peer Recovery Call Center** in November 2016 when we installed the CallPoint management information system. CallPoint is the sister product of the HMIS (Homeless Management Information System) product. CallPoint provides client level data in this program including a system services directory and HIPPA compliant client level referral record, follow up peer support call back notifications for call center staff (when they log in to their computer) and Milestone of Recovery Scale (MORS) assessment.

We conduct the MORS assessment at each contact and plan to utilize that data to plot client level progress along the recovery continuum to further demonstrate how this unique service supports clients in their recovery journey.

Replicability & Funding:

The Peer Recovery Call Center model is replicable in any MHA setting delivering information and referral services. Employing peers to provide peer support enhances the service in funder’s eyes. The ongoing model is supported by blended funding from:

- Tennessee Department of Mental Health contract
- United Way of Greater Knoxville Client Services allocation
- Knox County Government defined services contract

One time funding has been received from the Blue Cross Blue Shield of Tennessee Foundation, Sun Trust Bank Foundation, Home Federal Bank “Home Town Hero” Award.

Additional information is available upon request by emailing Ben Harrington – ben@mhaet.com or by calling 865-584-9125.