

“HEARTLINE” HOTLINE is an individual level intervention established to provide easy access to information about HIV and medical and community support services. The key characteristics of the “Heartline” Hotline are: it provides an anonymous caller with confidential information about HIV infection and care services; it allows a caller the opportunity to have frank and honest conversations about HIV and risk situations; it offers immediate assistance to callers living with HIV in crisis situations; and it helps the caller develop next steps and action plans.

## CURRENT ACTIVITY SETTING

AIDS Service Organization  
Case Management

Directly links the client to medical care

✓ Gets the client in a conversation about starting medical care

Brings the agency closer to where HIV+ people are so that the conversation can begin

## I. Description

### OBJECTIVES

- ▶ To link people to HIV support and care services, solve problems for active clients of the agency, and connect HIV+ people to health care
- ▶ To respond to the identified needs during the hotline telephone call with a concrete plan of action by the end of the conversation

### TARGET AUDIENCE

- ▶ The general population, specifically targeting HIV+ individuals and family members, caregivers, other service providers, and populations who are statistically at risk for HIV infection

### ACTIVITY DESCRIPTION

The hotline is intended to “open the door” for people who are looking for information about HIV and related health and support services but are hesitant or unable to access this information more directly.



QUICK NOTES:

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### **The hotline logistics:**

- ▶▶ The first step in establishing a hotline is to set-up the necessary logistics for its operation. A space should be identified for receiving hotline calls. Since the nature of the service requires confidentiality, the hotline should be run from a space that ensures privacy.
- ▶▶ The hotline should be run out of a room at the main office of the organization whose exclusive function should be to house the hotline service.
- ▶▶ The organization must then determine how callers reach the hotline and who responds to calls.
- ▶▶ A local or toll-free number should be used since callers are unlikely to pay for this service.
- ▶▶ It is important to arrange to have more than one operator per shift (2 to 3 people is ideal) available to answer calls and more than one line available. This allows the service to respond to multiple calls and not lose a client because of a long waiting period.
- ▶▶ A possible schedule for a hotline is twelve hours a day (e.g. 8:00 a.m. – 8:00 p.m.) but the hotline can operate 24 hours a day.
- ▶▶ When a caller reaches the hotline during its “live” time period, the call is answered by staff members or volunteers working 4-hour shifts.
- ▶▶ When a caller reaches the hotline after-hours they are connected to a voice mail system which instructs them to leave a message and a phone number so that a staff member can call them back as soon as possible. During the twelve hours that the hotline is not “live” a staff member carries a pager which alerts them to messages left on the hotline voicemail. Staff members can then access messages and return calls as soon as possible.

### **The hotline “response”:**

- ▶▶ The response to an individual call depends on the caller’s individual needs.
- ▶▶ A client calling the hotline usually volunteers information regarding their reason for calling. If they are hesitant to do so, the staff member or volunteer asks questions to determine the nature of the individual’s needs.
- ▶▶ If the client has general questions about HIV infection, the hotline staffer answers their questions to the best of their ability and possibly refers them to other resources for more information.
- ▶▶ Often the calls that come in to the hotline are from people looking for information about HIV related services. In many instances, people who know their HIV status but are not ready to access care or support services contact the hotline to explore what is available that could meet their particular needs. The staff member attending the call informs the caller about the HIV related healthcare services that are available and discusses the possibility of accessing primary care or other HIV related services. Hotline staffers encourage these callers to make an appointment with an agency case manager to help determine the best course of action.
- ▶▶ Although there is no standard intake process for someone who calls the hotline, if a caller indicates that they would like to come in for services at the agency, the hotline staff collects their contact information and sets up an appointment for them with a case manager, who then determines what their specific needs are.
- ▶▶ If a caller makes an appointment with a case manager, their information is then passed on to one of two client advocates (agency staff members who follow-up with clients on an as-needed basis).
- ▶▶ If the caller does not come in for their appointment, the client advocate contacts the client, determines the causes of the missed appointment, and helps them to reschedule if they desire to do so.

## **PROMOTION OF ACTIVITY**

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The use and effectiveness of a hotline telephone service depends on the knowledge of its existence by the general public.

The agency uses a number of different ways to market the activity:

- ▶▶ Listings in community resource directories (examples: United Way, Black and Hispanic Chamber of Commerce). List under different categories “AIDS,” “housing,” or “emergency.” Many of these listings are free.
- ▶▶ Promotion through the agency Web site. More and more people are accessing the Web for information and services.

- ▶▶ The city’s 211 telephone service (the social service counterpart to 911)
- ▶▶ The agency is established as a resource for local media coverage of news, relevant issues, and human interest stories – “30 second blurbs.” The hotline number is always included in any media coverage of the agency.
- ▶▶ The volunteer system is used as a marketing tool for the general services of the agency.
- ▶▶ Ads and public service announcements about the hotline in local newspapers such as gay, African-American, and other community newspapers.
- ▶▶ Monitor relevant feature stories in the media; do cause-related marketing. Even if the agency doesn’t initiate them, the stories prove helpful since they may cause people to seek out services. Call volume increases after a relevant story is featured in the local news, and clients inform the agency that they chose to look for services because of the featured story in the media.

## II. Logistics

### STAFF REQUIRED

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- ▶▶ Full time coordinator
- ▶▶ Five part time paid staff
- ▶▶ Ten volunteers

### TRAINING & SKILLS

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- ▶▶ HIV hotline listening and counseling skills.
- ▶▶ Detailed and updated knowledge of available multidisciplinary community health and support services.
- ▶▶ All volunteers must complete a four-hour training on basic information about HIV and the social service standards regarding confidentiality. The agency-designed curriculum is also offered to volunteers once a month.

### PLACE OF ACTIVITY

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A private office space within the agency

### FREQUENCY OF ACTIVITY

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- ▶▶ “Live” services: 12 hours a day, 8:00 am to 8:00 pm, Monday through Friday.
- ▶▶ After hours automated answering service: 12 hours a day, 8:00 pm to 8:00 am, Monday through Friday, and all day Saturday and Sunday.

### OUTSIDE CONSULTANTS

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None

### SUPPORT SERVICES

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None

### CONDITIONS NECESSARY FOR IMPLEMENTATION

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- ▶▶ Competent training for staff
- ▶▶ An accessible and useable resource directory with a mechanism for frequent updates
- ▶▶ The staff must be aware of HIV issues and stories covered by the media because that is what leads many people to call.
- ▶▶ Any marketing efforts undertaken by the agency should be linked to the hotline so that hotline staff is prepared to respond confidently and knowledgeably.

## III. Strengths and Difficulties

### STRENGTHS

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- ▶ Callers get a prompt response from the hotline. Callers can begin a process of action; they are not “put on hold.”
- ▶ The hotline:
  - increases smooth access to services in general;
  - overcomes barriers of cost for both clients and the agency;
  - provides anonymity; and
  - is personal

### WEAKNESSES

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- ▶ There is high staff turnover due to the fact that many staff members are part time and some staff members who are HIV+ have their own health-related needs.
- ▶ The limitations of community resources can be problematic for the hotline.

### DIFFICULTIES FOR CLIENTS

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- ▶ The lines are sometimes busy.
- ▶ Clients don't always get the answer they want, or the immediacy that they want.

### DIFFICULTIES FOR STAFF

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- ▶ The hotline is limited by the agency's ability to keep the HIV theme “hot” in the community; “HIV complacency” in the community affects people's use of the hotline.
- ▶ A high level of training and supervision is needed for the hotline to be effective.

### OBSTACLES FOR IMPLEMENTATION

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- ▶ Language barriers are a serious challenge.
- ▶ Complacency and apathy in the greater community about HIV discourages people from taking advantage of the hotline.

### NON-APPROPRIATE CLIENTS

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- ▶ Certain calls are directly referred to other services (for example, suicide-related calls).
- ▶ The hotline's ability to handle callers with hearing and speech disabilities are limited.
- ▶ Clients who do not speak English cannot be attended; currently the hotline is only staffed by English speakers.

## IV. Outcomes

### EVIDENCE OF SUCCESS

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- ▶ The hotline receives 12,000 calls a year.
- ▶ Over 90% of total calls meet the goal of the hotline: to result in a concrete plan of action for the caller.
- ▶ Each year, 200-250 calls link someone to HIV medical care services. This represents 5% of the 4,800 calls the agency receives regarding general HIV services.

## UNANTICIPATED BENEFITS

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- ▶▶ The hotline undertakes some of the “immediate problem solving” for the agency; it often takes some of the burden off the case managers by providing short-term phone-based case management.
- ▶▶ As the agency grew over the years, there was a vast amount of backlog for services and contacts. The hotline helped resolve this backlog.

## “CONNECTING TO CARE” ELEMENTS OF ACTIVITY

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- ▶▶ A concrete plan of action generated for the caller who needs to establish or re-establish a medical-care connection.
- ▶▶ The accurate knowledge of and ability to navigate the community’s health care and support system by the hotline staff.
- ▶▶ The hotline is free of the possible prejudice and judgment that comes from one-on-one physical interaction. The caller can be comfortable in their anonymity, which makes it easier to ask questions and hear the answers.
- ▶▶ The caller does not feel like they have to “please” the staff member by doing or saying the right thing, which gives the caller more freedom to decide how and when to connect to the health care system. The caller can use the information offered by the hotline staffer as needed.

## EVALUATION

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There is an outcome-based evaluation that is recorded on the hotline intake form.

## KEEP IN MIND...

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- ▶▶ Make sure the hotline is truly functioning during all the hours advertised.
- ▶▶ Ensure that the staff is properly trained before promoting the activity.
- ▶▶ Provide support and supervision to staff and do periodic evaluations.

