

# **ACTION** Campaign

## **Promising Practices**



### **Providing Rapid Access to Service**

*Engage Potential Client  
on First Phone Contact  
Action Guide*

**ACTION** CAMPAIGN  
*Making an Impact on Addiction Treatment and Recovery*



## Engage Potential Client on First Phone Contact

**Purpose:** to help your agency to ensure that more people attend the intake/assessment appointment by developing rapport at the first contact.

**Introduction:** When a person finally makes the call to seek substance abuse treatment, s/he is usually in crisis. Often something happened to force them to seek treatment: a drunk driving charge or other legal involvement, child protective services involvement, a family member's threats, or fear of losing a job. Whatever the impetus, the first contact with a treatment provider can be at a frightening and confusing time in a person's life. The time to begin the engagement period is at that first phone call, the moment when the potential client is most open to getting help.

**Plan:** Review your agency's current phone process by calling to make an appointment. Do you get a live person, or need to leave a message? How hard is it to finally talk to someone? When you do speak to a live person, what is that experience like? Most agencies collect some information on why the person is seeking treatment and collect insurance information. Some have lengthier screening processes. Note items that are routine, standardized, or unfriendly. Is the person who answers the phone knowledgeable and helpful? Does s/he have the information necessary to answer questions? Would you feel comfortable going to this place, or do you feel you will just be a "number"? Do they want to see you?

**Do:** Collect data on the percent of people who call about services who actually come in for an intake appointment. Make a change to your phone screen process that leads to a friendlier, more engaging first contact. Some changes that have worked in other agencies include:

- Having a live person answer all phone calls
- Scripting the initial screening call to be more engaging: congratulate people for taking the first step and ask about their needs and time frames. Make sure the potential client gets all questions answered.
- Changing scheduling practices to central intake, or providing scheduling authority to the receptionist so that s/he can schedule an appointment immediately

Make sure that all people who answer the phone have the ability and knowledge to answer questions and schedule intakes. *Test this change briefly—for a few weeks of scheduled appointments after the change. Collect data on how many callers actually come for their appointment during the change project.*





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**Study:** Call to make an appointment again.

- Did the change make the process more engaging?
- Compare the percent of callers who showed up for an appointment after the change to the percent that came before the change.
- Did the change have an impact on getting more people to come for the intake appointment?
- What did staff think of the change?
- Identify additional improvements that you can make.

**Act:** Implement changes that have made a difference in their trial stage. Begin the PDSA Cycle over again to identify other changes that you can make at your initial contact with a potential client to increase engagement. Submit your data to the ACTION Campaign Web site.

### Measuring the Impact of Change

The length of time necessary to test a change will vary depending on an agency's size. Scientifically, the preferred sample size is at least 40 clients. However, since you are testing a hypothesis, what you need are just enough clients before and after the change to see a trend. Pilots should not last more than a month, or they tend to lose their pilot status. We recommend that you run your Change Project pilot long enough to have at least 20 clients experience your new way of operating. For smaller agencies, depending on the change, this may take a month. Larger agencies probably should run a change for at least a week, even if that gives a sample larger than 40.

*Practice Measure: Number of calls resulting in an assessment, measured by looking at the number of calls, scheduled assessment appointments, and actual assessment appointments kept.*





## Engage Potential Client on First Phone Contact

### St. Christopher's Inn

Garrison, NY

[www.stchristophersinn-graymoor.org](http://www.stchristophersinn-graymoor.org)

St Christopher's Inn



#### Project Aim

Reduce Waiting Time for Admissions

#### Change Leader / Executive Sponsor

Marianne Taylor-Rhodes

#### Goals & Measures

After conducting a walk-through, we discovered that it took 2.5 hours for staff to return a telephone call from a potential client. In that time, countless clients could lose the opportunity to access treatment. The goal was to answer more calls live and, for those not answered directly by a staff member, reduce the time to return a telephone call. We anticipated that admissions for our residential treatment would increase as a result.

#### Changes Implemented

Within 24 hours the Change Team implemented the following changes.

- The Change Team added a telephone line and changed the voice-system menu so staff could identify and prioritize incoming calls.
- Staff prioritized calls from clients and families seeking admission and gave them highest priority, and therefore these calls were more likely to be answered live. Calls from referral sources were given second priority, and calls seeking information were third in priority.
- The Change Team developed a plan to cross-train staff for the admissions department during high volume calling periods.

#### Business Case Impact

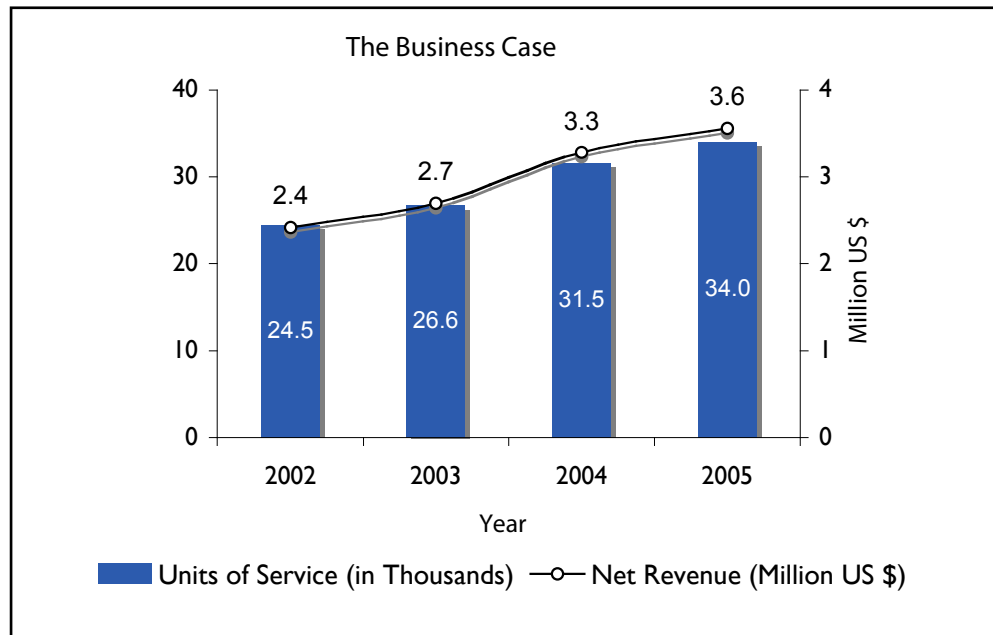
One week after implementing the changes, we studied the results. Our baseline data, as stated above, was an average 2.5-hour wait to return a client's initial phone call. Our study of the results disaggregated the data by the following types of calls:

- Client/family seeking admission
  - Treatment referral source making a referral
  - People seeking information only
- We found that staff answered 84 percent of calls from clients/families seeking admission (our highest priority calls) with an average response time of eight minutes.
  - We then investigated if these improvements created any change in the number of admissions. We found that admissions increased by 14 percent in the month following the Change Project, compared to the same month in the previous year. This improvement in admissions translated into a \$272,000 gain in revenue.



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Priority	Type of Call	Number of Calls	Voice-mail Response Time	Percent of Calls Answered Live
1	Self/Family	102	8 minutes	84%
2	Referral agency	28	15 minutes	25%
3	General information request	11	N/A	100%



### Lessons Learned

We learned several lessons during this project.

- We had informational mailings that listed a toll-free number sent out across the country from our parent company. No one at St. Christopher's Inn knew about this toll-free number, which was routed to a voice-mail box that no one ever checked. It is unclear how many potential clients were lost because of this.
- We learned that our tradition of having all staff take lunch at the same time was likely contributing to many missed calls, so the admissions department staggered lunches to prevent missed calls. This project has been completed and sustained.



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### Additional Success Stories for Engage Client on First Call

Agency	Level of Care	Change	Action Impact
Axis 1 <sup>1</sup>	Outpatient Incentives	Client Follow-up Change in Paperwork	Reduce no-shows from 63 to 45%
Kentucky River Community Care <sup>2</sup>	Outpatient intake process to better engage the client	Restructured the phone to the 1 <sup>st</sup> appointment from 21 to 1 day	Reduce time from 1 <sup>st</sup> contact

<sup>1</sup> <http://www.niatx.net/PDF/PIPractice/CaseStudies/Axis.pdf>

<sup>2</sup> <http://www.niatx.net/PDF/PIPractice/CaseStudies/KRCC.pdf>