

**Health Rights Hotline**  
**Proposed Test Intake/Case Handling Protocol**  
**May 1999**

**Goals of Revised Intake**

1. Initial ACD calls answered in-person 95% of time (limit “abandoned” call rate to 5%)
2. Minimize call-backs
3. Promote continuity of service to clients
4. Maximize counselor control over their time
5. Maximize counselor non-intake phone time
6. Provide system for counselors to handle emergency cases that arise
7. Complete case work in a timely manner
  - a. For cases closed after first/intake call: all work done and closed-out within 24 hours of intake (e.g., case summary, notes, letter sent)
  - b. For cases that require limited work post-intake (e.g., one or two calls, brief research): all work done and closed-out within 48 hours of intake
  - c. For cases requiring more effort: close in “reasonable” time
8. Test, reassess and adjust procedure based on counselor input

Basic Issue	Protocols	Questions and follow-up needed on proposed protocols
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	RECEPTIONIST		
1.	Receptionist answers all ACD Calls	1. Screen and transfer calls concerning ongoing cases as appropriate. 2. Screen and transfer non-case calls as appropriate.	
2.	Calls concerning ongoing cases	If caller asks to speak to a specific counselor, confirm that there is an open case. If so, check with counselor first, then transfer call directly or to voicemail. If BUSY, transfer to voicemail. If there is no open case, call goes to LC.	
3.	Calls not related to cases	Check with the intended recipient first, then transfer call directly or to voicemail. If BUSY, transfer to voicemail.	
4.	Which calls to transfer as potential cases	1. Screen for Out-of-Area calls (zip code). If OOA, make case in CLIENTS, collect referral source, and refer as appropriate. 2. If not OOA, transfer to LC. (Receptionist does NOT make case in CLIENTS. If call is given to LC via message slip as a call-back, zip code is included.)	
5.	Call Transfer Line	Potential cases transferred to Lead Counselor on their "31" line	
6.	Spanish-speaking calls	If Spanish NEW CASE transfer 1. To Spanish-speaking lead counselor for day (see below for Spanish Protocol), OR 2. IF no Spanish-speaking lead that day, transfer to Spanish back-up (alternate weekly) 3. IF no Spanish-speaking available, [offer call-back or] transfer to Lead Counselor for ATT Language Line	1. Reception needs training in basic "hold" request for Spanish-speakers
7.	Transfer to Lead	IF Lead Counselor on phone, take message for return call: 1. If between 9-1:00 tell will get call-back by 3:00 2. If after 1:00 , tell will get call	1. Need message slip/sheet design (with call back record information, contact information, and zip code).

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		<p>back by 5:00 today or by 11:00 tomorrow (next business day).</p> <ol style="list-style-type: none"> <li>3. Check for alternate telephone numbers.</li> <li>4. Deliver message slip to LC (or if phone is ringing non-stop, let LC know there are message slips to pick up.)</li> </ol>	
8.	Referral to Back-up Counselor	<ol style="list-style-type: none"> <li>1. When Lead Counselor has gotten 10 referrals, next calls for that period go to the Back-up Counselor.</li> <li>2. Receptionist will inform BC when LC has hit 10 cases; BC will have the option of receiving next calls as direct transfers rather than call-backs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Need weekly “tic” sheet tracking system so reception can count number of transfers</li> </ol>
9.	Handling Additional Languages (non-Spanish)	<ol style="list-style-type: none"> <li>1. Hmong: transfer to Hannah (same call credit protocol as Spanish-speakers)</li> <li>2. Other languages – LC (or BC if LC is on a call) responsible for connecting with ATT language line or using teletype for hearing impaired</li> </ol>	<ol style="list-style-type: none"> <li>1. Need Receptionist training on recognizing Hmong and other languages</li> </ol>
10.	TTY calls - incoming	Will be answered by Back-up Counselor (BC)	
11.	Very High Volume	<p>If there is a very high volume of calls (e.g., 10+ calls in 30-60 minutes), Reception will flag to LJM or SR to call “all hands” and designate additional counselors on phones:</p> <ol style="list-style-type: none"> <li>1. Start with LC logging on to ACD</li> <li>2. Then Next LC and BC log in to ACD</li> <li>3. Then all available.</li> </ol>	

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	LEAD COUNSELOR		
1.	<p>“Lead Counselor” (LC) Takes all Cases</p>	<ol style="list-style-type: none"> <li>1. Each counselor serves as LC two 4-hour shifts per week.</li> <li>2. LC handles first 10 cases received during their time-slot (directly or by call back)</li> <li>3. LC’s will be expected to do all possible case clean-up and closure in the 4-hours immediately after they are Lead (PM or next AM)</li> </ol>	<ol style="list-style-type: none"> <li>1. Need to draft schedule</li> <li>2. Need to decide how (if at all) to incorporate SR and/or LJNI as LC or BC</li> </ol> <p><b>GUIDELINES:</b></p> <ol style="list-style-type: none"> <li>1. LC takes breaks as needed; receptionist will take call-backs if necessary.</li> <li>2. LC does not make conference calls during LC shift except if case qualifies as emergency/ long case</li> </ol>
2.	<p>LC Call-Back Rules</p>	<ol style="list-style-type: none"> <li>1. LC shall attempt to call-back messages during their primary LC time, or</li> <li>2. If LC between 9-1:00, by 3:00 same day</li> <li>3. If LC after 1:00 , by 11:00 tomorrow (next bus. Day) AM</li> </ol>	
3.	<p>LC “Emergency/Long Case” Handling</p>	<p>If LC gets a case that:</p> <ol style="list-style-type: none"> <li>1. Requires immediate attention (e.g., follow-up cannot wait until close of LC shift), AND</li> <li>2. The attention required will take more than 30 minutes,</li> </ol> <p><b>THEN:</b></p> <ol style="list-style-type: none"> <li>1. LC will, if possible, confirm need to go off-Lead with LJNI</li> <li>2. LC will shift Lead responsibilities to BC who will take up to their 10 cases (starting early)</li> <li>3. LC with “Emergency” will go back to being LC as soon as possible within the 4-hour shift.</li> </ol>	

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	BACK-UP AND OTHER PROTOCOLS		
1.	Very High Volume	<p>If there is a very high volume of calls (e.g., 10+ calls in 30-60 minutes), Reception will flag to LJN or SR to call “all hands” and designate additional counselors on phones:</p> <ol style="list-style-type: none"> <li>1. Start with LC logging on to ACD</li> <li>2. Then Next LC and BC log in to ACD</li> <li>3. Then all available.</li> </ol>	
2.	Back-up Counselor (BC)	<ol style="list-style-type: none"> <li>1. Each Counselor will serve as BC for one full day each week.</li> <li>2. On back-up, BC will get messages for cases after first 10 for each LC during day.</li> <li>3. BC will be expected to return calls on same basis as LC (first attempt complete by 3:00 pm for morning calls and by 11:00 am for afternoon calls).</li> <li>4. Receptionist will inform BC when LC has hit 10 cases; BC will have the option of receiving next calls as direct transfers rather than call-backs.</li> <li>5. After BC has gotten 10 call-backs, additional message slips will be given to LJN to distribute.</li> </ol>	
3.	Incoming TTY Calls	BC will answer all incoming TTY calls	
4.	Spanish-Speaking Counselors	<p>1. Any cases taken by Spanish-speaking counselors NOT during their 4-hour LC shift, will be “credited” against their next LC shift (to reduce the total number of new cases they take before calls transfer to Back-up</p> <ol style="list-style-type: none"> <li>1. Spanish-speaking counselors will be scheduled for alternating days.</li> </ol>	1. Calls transferred to Spanish-speaking counselors will be tracked on weekly “tic” sheet and credited to next LC shift

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5.	Call “credits”	As for the Spanish-speaking counselors, Hannah (Hmong cases) and Jayne (Medicare cases) will get “credit” against the 10 cases during their next lead shift for any new cases that come in directly on their personal lines.	
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