



One-Call/One-Click Operations Guide

Your Easy Reference to Operating a One-Call/One-Click Center

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Atlanta Regional Commission
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Using the Operations Guide

The Guide is intended to be used as a reference tool that can be used for assistance by call centers as needed. Subjects can be identified and accessed by referring to the Table of Contents. Each chapter contains one or more “S” that are intended to highlight the information helpful for those planning or operating a basic center. Chapter 9, “Checklist for Planning and Operations,” provides a summary of this guidance.

“Bright Ideas” appear periodically throughout the Guide and provide a helpful tip to consider in operating a One-Call/One-Click Center.

The Guide chapters should be viewed as interconnecting. The chapters and sections do not stand alone but intertwine and relate to each other through the planning, development and operation of a One-Call/One-Click Center. For example, implementing and developing an Operations Plan (Chapter 2) requires developing protocols and standards (addressed in Chapter 3). Also, the chapter on reporting relates to other chapters in the Guide as well. Although we used terms and labels throughout this Guide, the content and not the labels is what we wish to stress to assist One-Call/One-Click Centers as a resource tool.

Planning is a key component to the successful development or enhancement of an existing center, and the Community Transportation Association of America (CTAA) One Call-One Click Tool Kit provides information that will be helpful throughout the planning phase of a One-Call/One-Click Center project. The Tool Kit is available online at <http://web1.ctaa.org/webmodules/webarticles/anviewer.asp?a=2428&z=101> and can be used in addition to information in the One-Call/One-Click Operations Guide.



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Chapter 1 – Creation or Expansion: Factors to Consider

One-Call/One-Click Centers can be different in size and complexity, but there are key areas that are important to include in the operation of any One-Call/One-Click Center. This Guide is intended to be a tool that can be used by One-Call/One-Click Centers regardless of its size, complexity or stage of development. Some may develop a center in a very short time period. Others may develop the center over a multi-year budget cycle. Still others may develop the center in defined phases. As a reference tool, this Operations Guide may be of use during each phase of development, including planning, implementation, and operation of the One-Call/One-Click Center.



Make the quality of the customer's experience the guiding principle

Whether the center is simple or complex or developed in phases, it will be either an enhancement to an existing center or the development of a new center.

Enhancement of an Existing Call Center or Website – An existing call center, such as an Aging and Disability Resource Center (ADRC) or 2-1-1 Call Center, or website may be expanded to accommodate transportation resources, community services, scheduling information, links to existing scheduling software, or direct connections to transportation or other service provider(s).

New Call Center or Website – A new call center and/or website may be developed. The scope of the new center will depend upon the audiences to be served, (e.g., veterans) the organizations involved and committed to the center, the type of resources available, and commitment of the lead organization to the center. Resources can come from funding sources and in-kind contributions of various sorts.

Issues to Consider in Developing One-Call/One-Click Centers

The issues to consider in developing a One-Call/One-Click Centers depend upon the functionality determined in the planning process and a number of additional issues. Centers may serve different **geographic areas** -- a local area, a region or an entire state(s) depending upon the geographical area defined in planning the center. The **audience** being served (veterans and their families, age-specific audiences, people with disabilities, or the entire community), the planned **scope** (information and services to be provided), the **lead organization** and existing and new **partners**, and existing and planned **resources** (funding, facilities, hardware, software and staffing) are just a few of the issues that contribute to the specific features that a center will have. Basic to any One-Call/One-Click Center is the overall commitment to ensuring that the customer has a positive experience – a **person-centered focus**.

BASICS – Issues to Consider in Developing a Center

1. Geographic area
2. Lead Organization
3. Partners and Commitment
4. Audiences to be Served and Need
5. Resources (Funding and other resources)
6. Scope
7. Person-centered focus

Phone Systems/Telecommunications

All call centers will have some type of phone system. It may be a simple telephone system that directs callers to staff who provide information about resources available. Other centers may employ complex phone and telecommunication systems that distribute calls to multiple staff members located at the center or at off-site locations.

Some systems may include use of an IVR (Interactive Voice Response) system to direct callers to the appropriate resources. Others may use a combination of staff and an IVR system to assist callers. These centers may also have a website that connects to the same resource information utilized by the call center. These websites may offer web chat that is also handled by the call center. Telephone systems may be premise-based or in the cloud (connecting remotely through the Internet); each has its advantages or disadvantages and may be scaled to fit the expected demand for the call center capacity.

Call centers may take calls from customers (inbound call center), call customers directly (outbound call center), or do both. The purpose of the call center will determine how the center will set up its phone and telecommunication systems.

Connecting to Resources

The types of resources provided by the center will depend on the audiences and scope of the project. Centers may include only transportation resources for Veterans or may include other community resources in addition to transportation resources.

Information and Referral Call Centers – A call center may provide information and referral to callers by providing educational materials, information on how to access the services available, explanations of the eligibility requirements for the types of services available, and/or counseling on the options available.

Access Websites – Websites may provide information on how to access resources and services. These websites may also provide educational materials and fact sheets as well as links to resources. A website may provide “static” resources or links to other sites, or may include a searchable resource directory linked to a live (updated periodically) resource database.

Provider Networks – Provider networks can be accessed through call centers, websites or both. The call center may connect directly to service providers or the center may refer callers to providers. The types of providers depend upon the audience and scope of the project.

Transportation Scheduling Call Center – The call center may connect to scheduling software and schedule rides for callers. These call centers generally return a call to the customer with the specific reservation information. Depending upon the type of ride to be scheduled, some centers may be able to schedule the ride at the time of the call, and some may also provide updates on the status of when scheduled rides will arrive.

Chapter 2 – Planning and Implementation Essentials

Planning for a new call center and/or website or to enhance an existing call center or website can be informal or formal, but in all cases, planning should progress from strategically planning the vision and mission of the center with broad goals and objectives, to identification of who will be involved and what they will do. The planning should include deciding how the center will be implemented, and developing an operation plan tied to a specific budget. Sizing and sustaining the center for current and future needs within current and projected sources of support should be considered in all phases of the planning process, and should include a formal program evaluation, quality improvement efforts, and changes in practice that occur over time based upon data-driven evaluations.

Project Leadership

One organization should assume overall leadership of the planning process and for the development or enhancement of the Center. This does not take away from the importance of having a collaborative process with partner organizations, but it does provide a focal point for leadership of the project.

The lead organization may have several staff members responsible for the various aspects of the project, but there should be one leader who is responsible for coordinating the diverse parts – technology, partnership development, outreach, staffing, resource development, etc.

Collaboration and Partnerships

A collaborative process will result in a Center that is supported by partner organizations that can bring additional expertise and resources to the center functions. Talking with existing partner organizations is a good place to start the discussions. Partner organizations can help with analyzing the service needs in the area to be served as well as identifying any gaps in service. Also, partner organizations may have existing relationships with other potential partner organizations that the group may want to invite to be part of the collaboration.

The critical first step in the planning process is having a shared vision and mission for the project. Written vision and mission statements should be developed in a collaborative way with all of the partner

BASICS – Planning Steps

1. *Determine lead organization*
2. *Identify partners*
3. *Determine audience Center will serve and what the Center will do*
4. *Assess needs and gaps in service*
5. *Collaborate in deciding what each partner will do*
6. *Communicate regularly*
7. *Draft a plan for how the Center will be implemented*
8. *Draft an operational plan with budget*
9. *Include Quality Assurance Procedures in all phases of the planning*



Involve existing partner organizations in setting up One-Call/One-Click Centers

organizations participating to ensure that each organization is committed to the vision and mission that is established. (See sample vision and mission statements in the Appendix.)

If the Center is an enhancement to an existing Center or part of a larger project, developing shared mission and vision statements may be more challenging but not impossible. One approach may be to incorporate the vision and mission for the enhanced center into the goals and objectives for the larger project or to amend existing statements to encompass the enhanced center. The main priority should be to ensure that all partner organizations are committed to the vision and mission for the center, whether there are separate statements or they are incorporated into existing statements. Defining the scope of the center will be easier if the plans clearly describe where the center wants to concentrate its efforts and resources. Setting broad goals and objectives should be included in the planning process.

Partner organizations will be more likely to stay involved in the Center if they have clearly defined roles and responsibilities. For example, each partner may commit to outreach activities, some may commit to providing educational resources, and if it is an enhanced center, one of the partners may provide the physical space and the expertise of existing staff.

Communications between partner organizations is important, and the process for communicating should be established at the outset during the planning stage. There are different methods and processes to establish and maintain the relationship and communications with partners, including holding scheduled meetings. Entering into a formal agreement, such as a Letter of Commitment, a contract, Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) can be used to clearly specify partner and lead agency roles and responsibilities and processes for communication. (See sample MOA in Appendix.)

Implementation Planning

An implementation plan will guide the processes to set up the center, and whether it is a new center or enhancement to (or subcontract with) an existing center affects the complexity of implementation planning. An existing center will likely have the basic technology in place, but technology will be integral to the implementation of a new, complex center. If the new center involves a simple phone system, the integration of the technology will be less of an issue, and the implementation planning may be more informal.

If the center involves linking different scheduling software packages used by partners, the integration of the technology will be an important part of implementation planning.

BASICS – Implementation Planning

- 1. Goals and Objectives*
- 2. Implementation costs*
- 3. Resources Required –
Facilities, Hardware,
Software and Staff*
- 4. Major Tasks and
Timeline*
- 5. Training*
- 6. Quality Assurance*
- 7. Piloting and Testing*
- 8. Documentation*
- 9. Evaluation Methods*

Also, if the center will have multiple agent stations (meaning what, call takers at dispersed locations?), the role of technology and the related software application(s) will play a prominent role in implementation planning and testing. There are a number of call center software packages and ride scheduling software packages available (including some open source applications) for consideration. Similarly, how the

resource information will be maintained and accessed by call center staff should be part of the implementation plan. Training in these areas should be part of the implementation planning.

Implementation may be accomplished in phases, depending upon the scope and budget of center activities. The scope of the center will determine the sizing of a call center – how many stations and staff will be required to handle the anticipated volume of calls. Regardless of

whether the center is simple or complex, security, privacy and HIPPA compliance issues must be addressed in implementation planning. Similarly, in keeping with the focus on a person-centered approach, quality assurance procedures should include evaluating the user experience as well as testing the functionality of the center technology and staff performance. (See Standards and Protocol Development Chapter 3, for information on developing the standards and protocols that should be included in the center’s implementation process.)

Operation Plan

An operation plan is a road map on how the center will be operated, and it can be informal or formal. The operation plan may be part of the implementation plan, if the center being developed is a simple center, and the center can be implemented and become operational in one coordinated step.

Operation plans are generally short-term, tied to a specific budget period and linked to the strategic plan. The plan should have clear, specific, measurable, actionable, realistic, and time-based objectives. Plans should specify the actions, resources and time period required to achieve those objectives, and how progress will be measured, including quality standards, and projected outcomes.

Quality Management

The chapters on Standards and Protocols, Quality Assurance, Staff Management, and Resource Management provide specific information on developing these functions for One-Call/One-Click Centers and should be addressed where appropriate in the implementation and operational plans. Quality management should be included throughout all phases of the planning process – in setting up the goals

BASICS – Quality Management

1. *Quality goals for staff and customer experience*
2. *Performance measures for staff monitored on on-going basis*
3. *Customer goals evaluated based upon the customer’s experience*
4. *Feedback from performance measures should result in on-going staff training and review of processes*



Ensure center can serve diverse audiences with different abilities

and objectives, in establishing the monitoring tools, and in determining how performance will be measured, and evaluated.



Monthly staff meetings to review general results of routine performance measurements provide a good opportunity for staff training and development

Quality/Performance Goals should be tied to the quality standards that are established for the center and should address both the quality of service delivered by staff and the center and the quality of service received by the customer. For example, a quality/performance goal for staff could be tied directly to the standards set in the protocols for how calls will be handled. The quality goal for customers could be that the customer's experience is positive and the customer is satisfied with the response and the manner in which the information is provided.

Continuity of Operations

Planning should include what will happen to continue operations in the event of a disaster or a loss of system functionality. For example, if inclement weather creates a situation where staff cannot get into the office safely – what will happen? Will the center have a message that it is closed? Are there arrangements for certain staff to receive calls at home, etc? Is there a process to move to a back-up server or center if the center's server is down? Similarly, if the computer or telephone system experiences unplanned down-time, what is the process that will be followed? There may be a simple telephone message or website message that addresses these issues. These situations may be handled in accordance with existing policy in place for the leader organization, or it may need to be coordinated with multiple partners. The important point is to address how continuity of operations will be maintained in the planning phase of the project.

Chapter 3 – Standards and Protocols

Person-Centered Focus

Developing standards and protocols should be a priority for One-Call/One-Click Call centers to ensure the center is operating according to its purpose and objectives. Simply developing procedures is not enough. Standards and protocols are also essential. **Standards** describe how the center's services are expected to impact its customers. **Protocols** describe how the center will deliver its services.

Standards should reflect the over-arching principle of ensuring that the customer has a positive, quality experience. The standards that contribute to this principle include:

- Person-centered approach – the focus should be on the customer and not on the system or the staff;
- Community involvement – in order to ensure that services are meeting customer need, the community should have a voice in center activities; and
- Universality- Serving all abilities and cultural backgrounds – ensure that procedures are in place to handle inquiries from people with disabilities and with different language and cultural backgrounds.

Basics – Standards and Protocols

Standards describe the quality of service the customer is expected to receive as a result of the service being provided.

Protocols describe the processes and procedures that will be followed to deliver the services to the customer.

Developing Standards and Protocols

One-Call/One-Click Centers may have existing standards if they are part of an existing center, and these standards can be expanded to include the new functions being added. If the center is a new center, standards will need to be developed to address the center's functions.

As a first step, identify all of the processes that are part of your center operations. Then draft the standards that relate to what impact on customers desired for each process. Next draft protocols so that they describe how the process is to be performed.

Both standards and protocols should generally address the following functions:

- Professional conduct and courtesy
- Privacy, confidentiality, security and HIPAA, if required;
- Resources
- Adequate staff to provide access to services for people with all abilities
- Email, voice mail and other social media methods;

-
- Difficult callers and complaints;
 - Crisis callers; and
 - Gaps in service

A standard/outcome measure evaluates the impact of the standard on the customer. To illustrate, the following is an example of how a standard and protocol might be developed. (The following are not examples of actual standards and protocols, but are provided as two illustrations of how the development process could work.)

Standards & Protocols: Privacy, Security and HIPAA Compliance Example

Standard/Outcome The privacy of the customer is preserved and not disclosed or discussed with others.

Protocols The security of individuals' personal information is important for any One-Call/One-Click Call center. Protocols should clearly define the methods for safeguarding information and address specifics, such as

- File cabinets are locked and data transfers, emails, etc. are kept confidential
- Training is provided to ensure that staff is knowledgeable in how the security of the information is to be protected.

While not all centers will be subject to HIPAA requirements, training on HIPAA should be part of the initial staff training to ensure staff understands who is covered under HIPAA. For more information on HIPAA, see <http://www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/HIPAAGenInfo/TheHIPAALawandRelated-Information.html>

Standards & Protocols: Information and Referral Example

Standards/Outcomes

- Customers are treated in professional and courteous manner
- Customers received accurate information relevant to their requests
- Customers receive prompt responses to their inquiries

Protocols

- Staff will utilize the following skills and practices to ensure that the caller's needs are clearly understood and that the appropriate resource information is provided.
 - Empathetic listening so call takers can correctly identify all callers' needs
 - Rephrasing the caller's inquiry
 - Explaining the eligibility requirements for the services that are requested
 - Explaining options if available
- Scripts will be developed so that different types of calls will be handled in a consistent manner

- Staff will use a standard greeting
- Staff answering the call will identify themselves by name
- Probing questions will be utilized to help determine the caller’s need
- Caregiving scripts, transportation scripts, or other



Long-Term Support Options Counseling Definition

An interactive decision-support process whereby customers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the customer’s needs, preferences, values and individual circumstances.

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www.adrc-tae.acl.gov/tiki-download_file.php?fileId=26591

specialty scripts, if applicable will contain specific language that will help identify the type of ride or caregiving services needed, for example. Some centers may also provide “Options Counseling” and provide specific counseling on long-term support options.

- Eligibility requirements will be explained for the services requested
- No more than 3 resources will be provided, in general
- If a call is transferred, the staff person will stay on the line (if this is an option with the telephone system and appropriate to the caller’s needs) until the caller is connected

Protocol Examples: Staff Performance

The examples below are not actual protocols for a particular center and do not represent a national standard for protocols but are intended to be illustrative of the types of protocols that could be developed for a One-Call/One-Click Center. These examples are not all inclusive; nor are they appropriate for all centers. Some centers may be simple phone systems and the more complex protocols for handling calls in a queue, contact type, out-bound calls, and technology-related protocols would not apply.

Basics – Staff Performance Protocols

- Professional conduct and courtesy
- Privacy, security, and HIPAA compliance, if applicable
- Resources
- Adequate staff to provide access to services for people with all abilities
- Script for different types of calls
- Conversation Protocols
- Difficult callers and complaints
- Crisis Protocols
- Gaps in service

Protocol

- Provide the best resources to meet caller/inquirer’s needs.

Often there are many resources that address an issue that a caller may be inquiring about, but it is important to make sure that the resources provided are the most appropriate for the inquirer’s needs.

A caller may be calling about transportation but probing questions are needed to understand the customer’s need. For example, the caller may need a ride to dialysis three times a week; and although

the caller can take transit to the dialysis appointments, the caller is too weak after treatments to take transit home. Similarly, a caller may be calling for assistance with transportation, but may need assistance with other services (meals, financial or other services) that apply to the caller's individual circumstances. Again, probing questions will help identify the resources that may be needed.

The procedures should ensure that the resource information is kept current as well as the web links to providers. More information on resource management will be discussed in the chapter on "Resource Management" later in this Guide.

Protocol (staff responsibilities)

- Adequate staff will be available to respond to the number of calls received and to provide appropriate access to services, including the following:
 - Calls in queue will be answered first by staff
 - General calls will be answered by all staff
 - Specialty calls will be answered by specialists (Specialty areas may be determined based upon the center's functions. For example, particular staff may be designated to handle calls about caregiving.)
 - Chat will be answered by staff designated to handle chats (if web chat available)
 - Voice Mail calls will be answered by all staff when no calls are in the queue or by designated staff for the first thirty minutes of their shift, but all voice mails will be responded to within 24 hours
 - Emails will be responded to within 24 hours by staff team lead

Protocol (outbound calls)

- Caller will receive return call within 24 hours of initial call with appropriate information on the ride that has been scheduled, including the following
 - Confirming the eligibility requirements
 - Confirming the details of the ride
 - Confirming the time of the ride
 - Confirming the cost of the ride, if applicable



A sample survey template to assess transportation need can be found on CTAA's website at http://www.ctaa.org/webmodules/webarticles/articlefiles/NE_Resident_Survey_Template.doc

Protocol (Difficult calls and complaints)

- Staff will be courteous to all callers but will refer difficult caller to supervisor if unable to resolve the conversation to the customer's satisfaction or the customer wishes to make a complaint.

Protocol (Crisis calls)

- Staff will call 911 immediately in an emergency situation and alert supervisor to listen in and refer non-emergency crisis calls to the appropriate Crisis Intervention

Center. If the crisis is an abuse situation, staff will follow appropriate laws and regulations in how the call is to be referred.

Protocol (Gaps in service)

- Calls where the desired service requested is not available will be elevated to the supervisor to ensure all possibilities are explored. The customer should be advised to explore opportunities with family and friends and that the center will work with other organizations in the community to try to find a solution to the unmet need.

The service need should be reported and discussed with partner organizations to investigate how best to provide a solution to the gap in service identified. If this gap in service is a transportation need, it may be appropriate to take a fresh survey on the transportation needs in the service area.

Protocol Example: Technology-related

Protocol (Triaging calls -Use of IVR)

- IVR will be set up so that calls go into one of three queues – general, transportation, or caregiving based upon the caller’s response to the automated questions

Protocol (Linking or transferring to service providers)

- Calls will be transferred to an appropriate service provider, but staff will provide the name, telephone number and hours of operation in case the service provider is not available at the time of the transfer. The call may be transferred with the staff member staying on the line (warm transfer) if the caller appears to need special assistance.

Protocols (Service level targets)

- Eighty percent of the calls will be answered within 20 seconds of being put in the queue
- The percentage of callers who hang up will not exceed 5 percent
- The average talk time for a general call will be 3.5 to 5 minutes; the average talk time for a specialist call will be 6 to 10 minutes
- Web chat will be answered within 2 minutes

Protocol (Ride Scheduling)

- Rides will be scheduled within 24 to 48 hours of receiving the request, depending upon the type of ride requested, including the following:
 - Rides scheduled through call center staff will be scheduled within 24 hours
 - Rides using multiple providers will be scheduled within 48 hours
 - If there is no service available, the caller will be advised within 24 hours and other options discussed with the caller, such as family members, neighbors, etc.

Protocol (Language Line)

- Staff will transfer non-English speaking callers to bi-lingual staff, if available, or to a language line (interpretation line). The staff member should speak directly to the caller as they usually would, and allow time for the interpreter to interpret both sides of the conversation.

Protocol (ADA/TTY)

- A TTY Line will be available to callers, and it will be published in all the collateral material about the center.

Additional standards and protocols may be developed, as appropriate, depending upon the services the center provides. For example, if rides are being scheduled, a standard and protocol should be developed for following up with the customer with information on the scheduled ride. Follow-up calls may be provided by a partner or collaborating organization, and it is important that the manner in which the information is communicated to the customer is consistent among the partner/collaborating organizations. Training on the protocols should include both partner and center staff.

Include center staff in developing and reviewing the protocols as part of center staff development. This process will give staff a better understanding of what is required to meet performance expectations.

For centers new to the information and referral industry, more in-depth assistance in developing standards is available from the Alliance of Information and Referral (AIRS). AIRS provides nationally recognized expertise on developing standards. With their mission of *"To provide leadership and support to its members and Affiliates to advance the capacity of a Standards-driven Information and Referral industry that brings people and services together,"* AIRS provides a variety of tools and resources to assist information and referral centers." <http://www.airs.org/>

Chapter 4 – Staff Management

Effective staff management includes a plan for hiring, training, managing, and evaluating staff performance. The number of staff and staff positions should be sufficient to handle the volume and types of customer inquiries expected. Staff management includes determining staff qualifications and positions consistent with the center’s scope and anticipated enhancement or growth goals.

Staff Management Plan

The first step should be to draft a Staff Management Plan. Developing a Staff Management Plan will help ensure that appropriate staff is in place and that the staff is qualified to provide appropriate responses to customer inquiries. Staff qualifications by position and training for both the center staff and partner staff (if applicable) should be addressed in the plan. Like the center itself, the plan may be simple or complex, but the basics – see “Basics Staff Management” should be addressed for all One-Call/One-Click Centers.



Staff taking and making calls are often called agents, advisors, navigators, or customer service representatives

Staff Resources

The most important qualification for all call center staff is their ability to provide person-center customer service. Looking at the provision of information from the customer’s view may help clarify how best to do this.

Basics – Staff Management

- Staff Management Plan
- Adequate staff to handle existing and projected volume
- Call Center Manager
- Hiring
- Initial Training
- On-going training
- Performance Evaluation

Customer View

- ***Customer first impression – was phone/website easy to access?***
- ***How was customer treated – was agent professional and courteous and did agent understand customer’s request?***
- ***Did customer get information desired – was information appropriate, accurate and up to date?***
- ***Was customer able to act on the information received – was the customer able to get the service requested?***

Person-centered focus requires that all staff have good customer service skills and experience in working with a broad variety of customers of different ages with different backgrounds, and abilities. These are skills and experiences that should be considered in interviewing staff for all call center positions.

The manager or supervisor of call center staff and operations is essential to ensure efficient functioning of the call center. Depending upon the size and complexity of the call center, there may be staff assigned as team leads for designated shifts. The hours of operation, projected volume, and the average amount of time required for each call will determine the number of call center agents required. If an IVR is part of the center's operation, this will impact the number of agents required as well.

Some call centers may provide counseling services that provide additional assistance to customers with multiple and/or more complex needs or where specific information and education will assist the customer in obtaining the service(s) needed. In this case, counselors will need to be hired to meet the needs of the type of counseling the center provides. It could be "mobility options counseling" to help the customer understand the transportation options that will work best for meeting different needs (e.g., medical appointments, grocery shopping). Some centers may provide other services such as mobility management or travel training, and these positions may be housed in the call center or provided by one of the partner organizations. How these positions are integrated into the overall functioning of the center should be considered in developing the Staff Management Plan.

Although the number and functions of call center staff may vary, the positions that may be found in call centers include:

- supervisor/manager,
- agent/navigator/customer service representative
- team lead,
- specialist/counselor,
- mobility manager,
- technology specialist,
- resource manager, and
- quality assurance specialist.

When hiring staff for these positions, the educational requirements for certain positions should be considered. For example, if providing counseling on human service issues, an MSW may be required.

Basics – What is Mobility Management

- Mobility management is assisting transportation-challenged populations -- youth, people with disabilities, older people and people with low incomes -- to get where they need to go so they can live fruitful lives in their communities.

Partnership for Mobility Management

<http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=3007&z=95>

All call centers will have a person who answers the phone and interacts with the customer. Although the name for the position can vary – agent, customer service representative, navigator, - the basic requirements will be similar. (See call center agent job description in the box below,)



Call Center Agent Job Description

- Education and Experience
 - High School Diploma or equivalent
 - Customer Service training or experience
 - Call center experience
- Skills
 - Excellent customer service skills
 - Basic computer knowledge
 - Knowledge of ride scheduling processes, if appropriate
 - Good communications skills
 - Good listening skills, with emphasis on empathetic listening
 - Problem solving
- Responsibilities
 - Answer calls and respond as appropriate to emails, voice calls, web chat, tweets, texts, and Face Book
 - Provide customer information using appropriate resources
 - Route and link calls
 - Identify and escalate priority calls, such as emergency, crisis, and complaints
 - Record data on customer calls as appropriate
 - Follow-up customer calls, if appropriate
 - Comply with Privacy, Security, and HIPAA
 - Complete logs and reports as appropriate

Call Center Manager

The Call Center Manager is critical to ensure smooth functioning of the Center. The skills and experience the manager should have depend upon the center functions and complexity. For example, the center may link to multiple partners, be a function of an existing center, handle outbound calls as well as inbound calls, be operated using a simple telephone system or call center software, or may link information to different transportation schedulers. All of these functions should be considered in determining the appropriate experience and skills required for a Call Center Manager. The Call Center Manager should be experienced in managing a call center regardless of whether it is a simple or complex center. If the call center uses call center software, it is not essential to have experience in the

specific call center software; however, it is important to have experience managing a center that uses call center software.

Some of the qualifications and experiences to consider including in a Call Center Manager Job Description are described in the box below. These qualifications and responsibilities are not all-inclusive but provide a beginning place to start when developing qualifications for a Call Center Manager.



Call Center Manager Job Description

- Education and Experience
 - Bachelor's Degree in related field
 - 2 or more years managing a call center (preferable)
 - Minimum of 1 year previous customer service experience
- Skills
 - Excellent customer service skills
 - Budgeting
 - Report generation and monitoring
 - Staff recruiting
 - Coaching or staff training
- Responsibilities
 - Day to day managing of call center staff and operations
 - Scheduling staff work
 - Managing adherence to protocols and standards
 - Overseeing management of information resource protocols
 - Providing on-going staff supervision and training
 - Overseeing adherence to quality control system
 - Developing and tracking staff and center performance reports
 - Overseeing vendor and equipment performance to ensure it meets center requirements
 - Managing volunteer staff, if applicable
 - Monitoring and projecting call volume to ensure adequate staff

Training

Staff training should be on-going, but it should start with initial training for all staff. Generally, after a formal training period, new staff should spend some time monitoring existing staff calls before being put on the phones to handle calls independently. In some centers, the manager may sit side-by-side with new staff and listen to calls as they are being made as part of the initial training. The size of the staff and the volume of calls will determine whether side-by-side initial training or monitoring existing staff calls is feasible and the timeframe available for these activities.

The initial training should focus heavily on good customer service skills and the over-arching principle of a person-centered focus to assisting callers. Initial staff training should generally include:

- Customer service skills
- Professional conduct (ethics, confidentiality, etc.)
- Standards and protocols
- Performance Expectations
- Quality Assurance
- Technology and equipment usage
- Human Resource processes

**Role**

playing in staff trainings can provide staff the opportunity to provide input based upon their experiences and give them an opportunity to be a part of the solution

- Disaster call center procedures

Subsequent training should take place on an on-going basis. It can be formal or informal or a combination of both formal and informal training. It could be individual based upon review of calls and quality assurance reviews. It could be weekly, based upon discussion of weekly calls by staff and management. It could be monthly based upon reinforcement of protocols and standards. It could encompass all of these training times and methods, but regardless of which methods are used, training should be on-going with the expectation that it will improve and strengthen staff performance and the service delivered to customers.

Chapter 5 – Quality Assurance

A quality assurance system provides oversight over One-Call/One-Click Center activities. It is not enough to have written standards and protocols. There must be mechanisms in place to ensure that they are being followed and that by following them, the result or impact on the customer is what was intended. The quality assurance system should contain a written quality assurance plan, call monitoring activities, and tools for evaluating customer satisfaction. The quality assurance tools should be independent of the staff performing the functions, but the types of tools may vary depending upon the size and complexity of the center.

Quality Assurance Plan

A quality assurance plan describes the activities and tools that will be used to evaluate how the standards and protocols are being performed and the methods used to evaluate customer satisfaction.

A quality assurance plan should specify who will be responsible for conducting the quality assurance activities. If possible, it is important to have a staff member outside of the call center to provide all or a portion of the quality assurance activities. Some organizations may have separate quality assurance staff that provides quality assurance for all of the departments within the organization, but many organizations will rely on call center management to perform most of the quality assurance activities.

Critical to any quality assurance plan is the involvement of senior management and partner organizations. Quality assurance reports should be provided to senior management to provide appropriate oversight outside of call center management. Having senior management involved also demonstrates organizational commitment to the effective and efficient functioning of the call center.

Call Monitoring

Routine monitoring can include listening to staff calls as they are being made based upon a pre-determined schedule. For example, the manager could listen to the first ten calls of new agents, and then the manager could listen to one call per week for all existing agents. Or, if calls are recorded, the manager may listen to a percentage of calls for each agent during a specified period, with the percentage determined based upon the results of previous reviews. If an agent received unfavorable call

Basics – Quality Assurance System

- Written Plan
- Involvement of senior management
- Different activities/tools to measure performance at different times and points
- Assess staff performance against standards and protocols
- Evaluate customer satisfaction
- Independent of staff performing functions

reviews previously, the manager may increase the percentage and number of calls for that agent for a period of time until improvement is noted.

If the center provides outbound calls, it is important to include adherence to the standards and protocols set for these calls in the quality assurance plan. It is particularly important if these outbound calls are made by partner or collaborative organizations. The communication with customers should be consistent among the collaborating organizations.

Both formal and informal call monitoring reviews should be documented so that the results can be included in individual and group trainings.

 Sample Call Monitoring Form for Inbound Calls *Adapted from http://www.callcentrehelper.com/free-call-monitoring-form-3507.htm		
		Date _____
Agent Name _____		
Monitored By _____		
Greeting		Yes No
1	Did the agent greet the customer according to the protocol?	x
2 Understanding the Caller's Need		
	Did the agent use probing questions to understand the caller's need?	x
3 Solution information		
	Did the agent offer the most appropriate solution to meet the caller's needs?	x
	Did the agent answer customer questions correctly?	x
	Did the agent provide options to caller?	x
	Did the agent provide 3 resources?	x
4 Customer Service		
	Did the agent follow the correct procedures for transferring a call?	x
	Did the agent use empathetic listening skills?	x
	Did the agent display a professional manner throughout the call?	x
	Did the agent complete the call within the optimum call time while ensuring a positive experience for caller? (Note: Although call not completed within optimum time, time could be appropriate to ensure positive customer experience.)	x
5 End call		
	Did the agent offer further assistance at the end of the call?	x
	Did the agent close the call in an appropriate manner?	x
Total		8 4

See the sample of what a Call Monitoring Form might include in the adjacent highlight. This is just one example; the monitoring form should be drafted to fit the individual call center's needs.

Staff Participation and Evaluations

Staff performance can be assessed by reviewing the call monitoring reports, but more importantly, these reports provide the opportunity to include additional training on the standards and protocols almost immediately after uncovering an area that needs to be improved. For example, if the protocol states the agent should stay

on the line and do a warm transfer when it appears the caller needs additional support but the call monitoring report indicates that the agent failed to stay on the line, this behavior can be discussed and the protocol reinforced with the agent immediately. A one-on-one training session provides the opportunity to hear what was unclear from the agent and to clarify the correct procedure to follow.

Some call centers review the call monitoring reports and use them to engage staff as a whole in weekly meetings. This provides an excellent opportunity to reinforce the standards and protocols but also to hear from staff if there are situations that do not readily fit into established protocols. This provides an opportunity for the group to suggest solutions and makes staff input an important part of the on-going development and enhancement of the quality assurance system.

Customer Satisfaction Surveys

A customer satisfaction survey is a good way to measure customer satisfaction at the time the call is made. The surveys are often automated as part of the call center software application, but the surveys can be taken by a staff member (who was not involved in the call) or by asking if the customer would mind staying on the line after the call is made to take a short survey. The call can then be transferred to the designated staff member, an automated system, or outside vendor. The satisfaction surveys should be short and generally should have no more than six to ten questions. The surveys can also be mailed. An alternative to a survey is conducting targeted focus groups, and if focus groups are utilized, the cost for them should be considered in the budget. Whether a survey or focus group, the types of questions asked should be formulated to assess the customer's satisfaction with his/her experience with the call center staff and to determine if the information the customer was seeking was provided. One question that provides insight into the customer's satisfaction that many surveys include is, "Would you use the service again and would you recommend the service to others?"

The surveys generally run for a set period of time or until a target number of surveys are completed. Since the survey could affect the capacity of the traffic on the phone lines, appropriate timing for conducting the satisfaction survey should be determined, and the center may choose to conduct the survey during non-peak call time. Although the number of satisfaction surveys can vary, often they are conducted quarterly or semi-annually.

The results of the surveys should be reported and provided to senior management and to call center staff as part of their on-going training.

Customer Complaints

Adherence to the standards and protocols for handling customer complaints should be included in the Quality Assurance Plan. Although complaints may not be a result of the call center staff not following protocols and standards, but a result of a customer not being satisfied with gaps in service, these complaints should be elevated to the attention of management and partners. The quality assurance oversight can provide confirmation that this was done and that the partners are working together to find solutions.

Independent Reviews

A comprehensive quality assurance system should include an independent review of the overall system. These reviews can be done annually or at less frequent intervals based upon the results of the other quality assurance activities. Since independent reviews are frequently conducted by outside agencies, they should be considered and budgeted in the planning process. It may be that the call center has a method to conduct these independent reviews by another department within their organization or by one of their partner organizations.

The scope of independent reviews should be included in the quality assurance plan and could include a percentage of audits of the staff calls and a percentage of follow-up calls with customers. If follow-up calls with the customers will be part of this review, customers should be asked if they would be willing to participate in an interview at a future time.

The results of the independent reviews should be presented to senior management and to call center staff for on-going training and performance improvement.

Chapter 6 – Resource Management

Resource Management includes how resources will be identified, how they will be updated, who will update them, and the policy for inclusion and exclusion. Resource information can be maintained in an electronic database or in hard copy, but regardless of how the information is maintained, the processes to ensure the resources are up-to-date, accurate and will satisfy the customer's needs must be in place.



The Resource Management Plan can cover both Staff Resources and information or they can be separate plans.

Resource standards and protocols should include verifying program information, the accuracy of records and that the scope of the database is appropriate for the program goals. Unmet needs (gaps in services) should be documented (and the reason for the unmet need) and communicated to project partners, funders, and other stakeholders.

Resource Management Plan

The first step should be to draft a Resource Management Plan. Developing a Resource Management Plan will help ensure that the procedures are in place for obtaining and updating the information resources provided to customers. The responsibilities for updating the resources should be clearly defined in the Plan. This is particularly important if there are multiple partners and collaborating organizations and to ensure that the policy and procedures for inclusion and exclusion are shared and implemented by all the partners.

The Resource Management Plan should generally contain the following:

- Responsibilities for overseeing the resource information (Oversight is the Call Center Manager's responsibility, but there is generally one person who has the specific responsibility for securing and maintaining the information resources.) If there are partner organizations, they may be responsible for updating their information on a scheduled basis, but the staff responsible for information resources would be responsible for ensuring that the updates are completed on schedule. If there is an automated system, one staff member may be responsible for entering the data in the system.
- Standard information – classification system and data elements captured for each information resource in a consistent style and format
- Disaster resources

Basics – Resource Management

- Resource Management Plan
- Can include both staff and information resources or can be separate plans
- Assign staff responsible for maintaining resources
- Procedures for updating resources
- Procedures for inclusion and exclusion of resources

-
- Schedule for reviewing and updating the information
 - Procedures for accessing and using the information
 - Policy for inclusion and exclusion

Resource Data

The resource data should contain standard information about the organizations included as resources.

At a minimum, the data should contain:

- Agency name
- Name and title of chief executive
- Address – physical and mailing (if different)
- Telephone number and website URL if applicable
- Hours of operation
- Description of services
- Geographic area served
- Population(s) served
- Type of organization – government, non-profit, for profit
- Eligibility requirements for services
- Fees if applicable
- Disability access
- Name of person to contact for updates
- Contact information for name of person to contact for updates – phone and email

Resource Maintenance

The procedures that will be followed for updating the resource information should be defined and should include the following.

- Updated annually, at a minimum
- Partner organizations updated quarterly and as changes occur
- Process for handling interim updates
- Process for adding new organizations
- Process for removing closed organizations or those no longer meeting inclusion and exclusion policy
- Verification of accuracy of information

Inclusion and Exclusion Policy

- Resources meet needs of community
- Includes government, non-profit, and for-profit resources, depending on center scope
- Policy is consistently applied
- Decisions are unbiased and impartial

-
- All partner and collaborator organizations follow same policy
 - Policy is reviewed annually

An in-depth resource on developing an inclusion and exclusion policy that includes examples is available from the National Association of States United for Aging and Disabilities (NASUAD) website. <http://www.nasuad.org/sites/nasuad/files/Inclusion%20Exclusion%20Policy%20Development%20Guide%202005.pdf> "

Chapter 7 – Reporting

It is not enough to implement standards, protocols, and quality assurance procedures. The results of these functions must be captured and reported to staff and management so that actions to address any issues and effect improvements can be initiated. The reporting function must also cover how the information is communicated to customers by partner organizations to ensure that the customer receives information in a consistent manner regardless of which organization provides the information.

Reporting Key Information

Routine reporting is an important function of One-Call/One-Click Centers, and the complexity of the center will determine the reporting format. For example, a simple center may track calls manually and utilize a spread sheet as the reporting format. Conversely, a complex center may have electronic reports generated from the call center software and produce separate quality assurance and performance analysis reports. Some reports will be run daily, some monthly, and some annually. It is important to maintain consistency in when the reports are run for comparative purposes.

The major functions that should be included in reports can be divided into three categories – information that is internal to the call center, information that can be termed inquirer or customer data, and quality assurance information.

Internal Data

- Telephone Service Reports (Generally available within the call center software application if applicable)
 - Number of calls
 - Average speed of answer
 - Service level
 - Handle time (time for calls)
 - Abandon call rate (How many callers hang up before reaching an agent)
 - Categorization of calls (Call Type)
 - Phone
 - Voice Mail
 - Email
 - Call Back
 - Web Chat
 - Social Media

Basics – Reporting

- Number of calls
- Caller Information (depending upon center functions)
- Demographics
- Call Type
- Purpose of call
- Disposition of call
- Quality assurance
- How learned about service

Customer Data (Some or all of this information may be available within the call center software application)

- Demographics (voluntary)
 - Veterans (Check with regional Veterans organization for guidance in requesting any other information on Veterans) - <http://www.benefits.va.gov/benefits/offices.asp>
 - Service Members and their families
 - Geographic location for service being sought/geographic location for caller if different
 - Male/female
 - Age categories
- Purpose of call
 - Information and Referral (May break-down further to specific type of information requested, e.g., transportation, caregiving, medical, etc.)
 - Ride Scheduling
 - Employment
 - Crisis/Emergency
- How learned about the center (Include the types of outreach and marketing center uses)



If

scheduling rides, should track time to return call to customer with information on scheduled ride

- Another organization
- Educational briefing
- Brochure/Poster
- Ad or article
- Word of mouth
- Resource Directory

- Caller specific information (Contact information for customer if ride is being scheduled or counseling is being provided – ensuring compliance with Privacy and HIPAA requirements as applicable)
- Disposition of call
 - Transfer directly to provider
 - Transfer to language line or bilingual staff
 - Provided information on resources
 - Service not available (service gap)
 - Abandoned call – hang up by customer

Quality Assurance Data

- Call Monitoring Reports

-
- Call center staff (May also include anonymous calls from partner or staff management to center staff presenting hypothetical inquiries)
 - Partner staff (May monitor partner staff to ensure consistency in how information is communicated to customers)
 - Satisfaction Survey Reports
 - Independent review reports
 - Reports on actions taken as result of quality assurance functions
 - Actions taken on service gaps
 - Actions taken as result of Complaints

Analyzing Reports

The Call Center Supervisor is responsible for monitoring the reports that describe the call center daily activities. Reports should be reviewed and analyzed on a daily, monthly and/or annual basis. The center reports provide an opportunity to initiate both short-term and long-term training and improvement activities. Along with management of partner organizations, as appropriate, senior management within the primary organization should review the quality assurance reports.

Analyzing Gaps in Service

Gaps in service will be identified through the daily calls, and it is important to ensure that the protocols for steps that should be taken when these calls are received are followed by monitoring the reports on these calls with staff and with partner organizations. Staff should endeavor to provide additional options for customers, and partner organizations should work together to discuss and implement solutions. It is also a good idea to include customers in the design of the solution. The solutions may take some time to take effect, so regular meetings with partners may be necessary to ensure that the solution is implemented.

Chapter 8 – Outreach and Marketing

Outreach and marketing can mean different things to different people, and although they have similar meanings, they may suggest slightly different activities to some. Conversely, some may use the terms interchangeably to encompass their total efforts to bring their services to their target audiences as well as their efforts to make their target audience aware of their services through advertising and informational/educational materials.

One-Call/One-Click Centers should address both outreach and marketing (raise awareness and make their services available) in their outreach and marketing plan. If the target population does not know the services exist, they cannot take advantage of them.

The target population is not static nor homogeneous, so efforts to reach them cannot be static either. To address the differences within the population, it is a good idea to employ several different types of outreach and marketing efforts, recognizing that different approaches may work better with different segments of their target population. For example, the needs and preferences of Operation Enduring Freedom (OEF) /Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) Veterans, Women Veterans, Vietnam Veterans, etc., may be different.



Involve partners and target population in developing the outreach and marketing activities

Understanding the characteristics of the target population is important in order to plan effective outreach and marketing activities. Social media activities may be effective with younger populations, while local newspaper articles or ads may be effective for an older population. In addition, large print or interpreters may be appropriate for certain outreach activities.

Outreach and Marketing Plan

A plan on how the center plans to make its services known and utilized by its target population(s) can be the road map for how and when budget dollars are spent. The plan should generally cover one year and should contain the following:

- Target population(s) identified
- Target population goal (Number/percentage of population expected to be reached with marketing and outreach activities)

Basics – Outreach and Marketing

- Written Plan
- Involve Partners/Collaborators
- Identify and learn about target population
- Budget for activities
- Evaluate effectiveness of activities

- Budget
- Specific Outreach Activities
- Specific marketing/advertising Activities
- Timeline for each activity
- Roles of partners/collaborators
- Evaluation Mechanism for each activity

Population Targets

Although the primary population targets for One-Call/One-Click Centers are Veterans and military families, there may be other target populations included in the center's scope. This is particularly true if the One-Call/One-Click Center is part of an existing center, such as an ADRC. The existing center may have outreach and marketing activities in place for their existing target population(s) but not for Veterans and their families. In this case, the existing center's outreach and marketing plan should be amended to incorporate activities targeted to Veterans and their families.

Veterans and Military Families

Reaching Veterans and military families requires coordination with other Veteran organizations. A good place to start is with Easter Seals Project Action's Veterans Transportation and Community Living Initiative, The Route to Community Engagement Tool Kit -



Holding an educational meeting in a Hispanic community with a Hispanic presenter is one method that might be effective to reach this population.

<http://www.projectaction.org/Initiatives/Veterans/VTCLICommunityEngagementToolkit.aspx>

Other websites that provide resources for reaching out to Veterans include:

FTA VTCLI Community Resources

http://www.fta.dot.gov/grants/12305_13537.html

Veterans Transportation Resources

<http://www.va.gov/healthbenefits/vts/>

Office of Rural Health - Rural Veteran Outreach Tool Kit

<http://www.ruralhealth.va.gov/resource-centers/western/outreach-toolkit.asp>

Types of Marketing and Outreach Activities

There are a variety of activities that can reach the target population(s), but budget and involvement of partners should be considered in determining which outreach methods to adopt. There are many types of outreach that can be done with little cost, such as those that partner organizations can provide.

Outreach efforts should include outreach to other community organizations since they provide opportunities for collaboration on activities that are mutually beneficial.

Some of the outreach and marketing methods that can be utilized include:

- Center newsletter and website
- Partner/collaborator newsletters
- Partner/collaborator websites
- Briefing and collaborating with Veterans and other community organizations, such as churches, community health providers, physicians, social workers, and mobility managers
- Hosting educational briefings and fairs
- Newspaper articles and ads
- Posters
- Brochures
- Radio and television Public Service Announcements
- Ads and announcements in publications read by target population, e.g., publications circulated to Veterans
- Participating in other community organization's fairs and events

Projecting Volume and Evaluating Outreach and Marketing Activities

Outreach and marketing activities are conducted for a purpose – to maintain or increase usage of the One-Call/One-Click Center (depending upon the functional capacity of the center). If the center is a new center, the initial needs analysis and discussions with partners in defining the scope would have provided a baseline of what volume of calls to expect initially. In addition, the number of people in the target population that could potentially take advantage of the One-Call/One-Click services would have been identified. If an existing center, the center's projected volume should consider the initial and projected volume for the new activity – outreach to Veterans and their families.



In order to track by outreach and marketing activity, how the caller learned about the service should be one of the questions asked at the time of the call.

In projecting future volume, the center should consider the number or percent of the target population each outreach and marketing activity is expected to reach. Although this can be challenging to predict, this makes it especially important to track volume as a result of the activity over a specified period of time to assess the effectiveness of the outreach and marketing activity. (The time period may vary depending upon the type

of activity since some have a longer period of impact -- such as brochures and posters.) Adjustments in the plan can then be made based on the activities that provide the best result, and activities that are not producing the desired results can be discontinued.

Chapter 9 – Checklist for Planning and Operations

This chapter is a summary of the “Basics” that are provided throughout the Guide. The summary can be used as simple outline or checklist to assist those planning to establish or operate a basic center.

I. BASICS – Issues to Consider in Developing a Center

- 1. Geographic area*
- 2. Lead Organization*
- 3. Partners and Commitment*
- 4. Audiences to be Served and Need*
- 5. Resources (Funding and other resources)*
- 6. Scope*
- 7. Person-centered focus*

II. Planning Steps

- 1. Determine lead organization*
- 2. Identify partners*
- 3. Determine audience Center will serve and what the Center will do*
- 4. Assess needs and gaps in service*
- 5. Collaborate in deciding what each partner will do*
- 6. Communicate regularly*
- 7. Draft a plan for how the Center will be implemented*
- 8. Draft an operational plan with budget*
- 9. Include Quality Control Procedures in all phases of the planning*

III. Implementation Planning

- 1. Goals and Objectives*
- 2. Implementation costs*
- 3. Resources Required – Facilities, Hardware, Software and Staff*
- 4. Major Tasks and Timeline*
- 5. Training*
- 6. Quality Assurance*
- 7. Piloting and Testing*
- 8. Documentation*
- 9. Evaluation Methods*

IV. Quality Management

- 1. Quality goals for staff and customer experience*
- 2. Performance measures for staff monitored on on-going basis*

-
3. *Customer goals evaluated based upon the customer's experience*
 4. *Feedback from performance measures should result in on-going staff training and review of processes*

V. Standards and Protocols

1. Standards describe the quality of service the customer is expected to receive as a result of the service being provided.
2. Protocols describe the processes and procedures that will be followed to deliver the services to the customer

VI. Staff Performance Protocols

1. *Professional conduct and courtesy*
2. *Privacy, security, and HIPAA compliance, if applicable*
3. *Resources*
4. *Adequate staff to provide access to services for people with all abilities*
5. *Script for different types of calls*
6. *Conversation Protocols*
7. *Difficult callers and complaints*
8. *Crisis Protocols*
9. *Gaps in service*

VII. Staff Management

1. *Staff Management Plan*
2. *Adequate staff to handle existing and projected volume*
3. *Call Center Manager*
4. *Hiring*
5. *Initial Training*
6. *On-going training*
7. *Performance Evaluation*
8. *What is Mobility Management*

Mobility management is assisting transportation-challenged populations -- youth, people with disabilities, older people and people with low incomes -- to get where they need to go so they can live fruitful lives in their communities.

Partnership for Mobility Management

<http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=3007&z=95>

VIII. Quality Assurance System

1. *Written Plan*
2. *Involvement of senior management*
3. *Different activities/tools to measure performance at different times and points*

4. *Assess staff performance against standards and protocols*
5. *Evaluate customer satisfaction*
6. *Independent of staff performing functions*

IX. Resource Management

1. *Resource Management Plan*
2. *Can include both staff and information resources or can be separate plans*
3. *Assign staff responsible for maintaining resources*
4. *Procedures for updating resources*
5. *Procedures for inclusion and exclusion of resources*

X. Reporting

1. *Number of calls*
2. *Caller Information (depending upon center functions)*
3. *Demographics*
4. *Call Type*
5. *Purpose of call*
6. *Disposition of call*
7. *Quality assurance*
8. *How learned about service*

XI. Outreach and Marketing

1. *Written Plan*
2. *Involve Partners/Collaborators*
3. *Identify and learn about target population*
4. *Budget for activities*
5. *Evaluate effectiveness of activities*



Resources from the Field: Appendices – Examples and Suggestions

- Appendix A: Mission and Vision Statements (Alzheimer’s Association)
- Appendix B: Operations Plan (Key Component Outline)
- Appendix C: Memorandum of Agreement (Veterans Affairs, Office of Mental Health Operations, Veterans Crisis Line)
- Appendix D: Call Center Agent Job Description (Suggestion)
- Appendix E: Call Center Manager Job Description (Suggestion)
- Appendix F: Basic Response Skills (Eldercare Locator)
- Appendix G: Emergency Phone Skills Recording (Alzheimer’s Association)
- Appendix H: Information and Referral/Assistance Protocols (Atlanta Regional Commission, Area Agency on Aging)
- Appendix I: Call Monitoring Form (Suggestion)
- Appendix J: Call Monitoring Form (Alzheimer’s Association)
- Appendix K: Satisfaction Survey (Eldercare Locator)
- Appendix L: Helpline Survey (Alzheimer’s Association)

Example – Mission and Vision Statements (Alzheimer’s Association)

Alzheimer’s Association

Vision: A world without Alzheimer’s.

Mission: To eliminate Alzheimer’s disease through the acceleration of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Alzheimer’s Association Contact Center

Mission: To be available at all times in providing effective, timely and compassionate service to persons with Alzheimer’s disease, persons with related dementia, and families and professionals that care for them.



Example – Operation Plan (Key Component Outline)

An operation plan generally covers a one-year or budget cycle and is tied to the strategic plan. It is a plan that helps focus on what you want to achieve and how you plan to achieve it. Many organizations have their own structure for developing an operational plan. If so, there is no need to reinvent the process. The important thing is that a plan is developed as a tool to guide the center’s activities.

Vision (for One-Call/One-Click Center)

Statement of your big picture dream of the way things should be.

Developed and shared with center partners

Mission

Statement of what you are going to do to accomplish your dream—it explains your purpose.

Goals

The actions that you want to achieve (can be longer term than objectives and may include several objectives)

Objectives

What needs to be done to achieve the goals

Outcome Measures and Evaluation

What achieving the objective will look like

How the outcome measures will be evaluated

Tasks

Specific steps to achieve objectives

Responsibilities

Primary Organization

Partner Organizations



Example – Operation Plan (Key Component Outline) Page 2

Target start and end date for tasks

Resources

Staff

Primary Organization

Partner Organizations

Equipment, software, etc.

Primary Organization

Partner Organization

Marketing and Outreach

Primary Organization

Partner Organization

Budget

Track progress

Note: Partner organization participation is referred to throughout this outline, which only applies if applicable.



Example - Memorandum of Agreement (Veterans Affairs, Office of Mental Health Operations, Veterans Crisis Line)

-DRAFT-
MEMORANDUM OF AGREEMENT
FOR
MENTAL HEALTH TELEPHONE CARE SERVICES
BETWEEN
(Party A)
AND (Party B)

In 2007, the Department of Veterans Affairs partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with the National Suicide Prevention Lifeline to operate a 24/7 Veterans Crisis Line. Veterans, Service members, friends and families call the national suicide prevention hotline number 1-800-273-TALK and then “push 1” to reach a trained VA mental health professional at the Veterans Crisis Line who will assist the Veteran and Service member with any immediate crisis.

- I. PARTIES
 - a. The parties to this Agreement are (Party A) and (Party B).

- II. AUTHORITY
 - a. This agreement is authorized under the provisions of 38 USC 523(b).

- III. PURPOSE
 - a. This Agreement sets out the terms by which (Party A) and (Party B) will work together to provide mental health telephone care services to Veterans, Service members and friends or family members of the Veterans or Service members that are warm transferred to (Party A).
 - i. Warm transfer is defined as transferring a call and providing the transferring party an opportunity to share information over the phone prior to the call transfer. A warm transfer also allows for all three parties to be on the line at the same time, if needed.

- IV. RESPONSIBILITIES
 - a. Responsibilities of (Party B):
 - i. Determine the nature of the contact
 - ii. If (Party B) responder deems the individual to present potential or actual imminent risk of harm to self or others, warm transfer the caller to (Party A).
 - iii. Provide the (Party A) responder with the name of the (Party B) responders name



Example - Memorandum of Agreement (Veterans Affairs, Office of Mental Health Operations, Veterans Crisis Line)

Page 2

- iv. Provide to (Party A) responder the caller’s name, phone number, and address.
- v. Summarize the reason for the warm transfer
- vi. Remain on the line until (Party A) responder states they can assist the caller
- vii. Thank the caller and the (Party A) responder prior to hanging up.

b. Responsibilities of (Party A):

- i. Receive the warm transfer from (Party B).
- ii. Upon determining that the services of the (Party B) responder are no longer required, the (Party A) responder will inform the (Party B) responder that they can assist the caller and thank the (Party B) responder
- iii. The (Party A) responder then handles the call

V. DURATION OF THE AGREEMENT

- a. This agreement will be in effect from XXXXXXXX to XXXXXXXX, 2015.
- b. This Agreement may be updated at anytime through a written agreement of ach party.
- c. Either party can terminate this agreement with 10 days written notice.

APPROVED BY:

_____ Date

_____ Date



Example – Call Center Agent Job Description (Suggestion)

Call Center Agent Job Description

- Education and Experience
 - High School Diploma or equivalent
 - Customer Service training or experience
 - Call center experience
- Skills
 - Excellent customer service skills
 - Basic computer knowledge
 - Knowledge of ride scheduling processes, if appropriate
 - Good communications skills
 - Good listening skills, with emphasis on empathetic listening
 - Problem solving
- Responsibilities
 - Answer calls and respond as appropriate to emails, voice calls, web chat, tweets, texts, and Face Book
 - Provide customer information using appropriate resources
 - Route and link calls
 - Identify and escalate priority calls, such as emergency, crisis, and complaints
 - Record data on customer calls as appropriate
 - Follow-up customer calls, if appropriate
 - Comply with Privacy, Security, and HIPAA
 - Complete logs and reports as appropriate



Example – Call Center Manager Job Description (Suggestion)

Call Center Manager Job Description

- Education and Experience
 - Bachelor Degree in related field
 - 2 or more years managing a call center preferred
 - Minimum of 1 year previous customer service experience
- Skills
 - Excellent customer service skills
 - Budgeting
 - Report generation and monitoring
 - Staff recruiting
 - Coaching or staff training
- Responsibilities
 - Day to day managing of call center staff and operations
 - Scheduling staff work
 - Managing adherence to protocols and standards
 - Overseeing management of information resource protocols
 - Providing on-going staff supervision and training
 - Overseeing adherence to quality control system
 - Developing and tracking staff and center performance reports
 - Overseeing equipment performance to ensure it meets center requirements
 - Managing volunteer staff, if applies
 - Monitoring and projecting call volume to ensure adequate staff

Example - Basic Response Script (Eldercare Locator)

Eldercare Locator Soft Skills Call Flow (English/Spanish)

Basic Response Script

It is important to provide consistent responses to callers so that the quality of the program is maintained. There are a number of general responses that may be used as appropriate for individual circumstances. The responses given as a greeting and at the end of the call are particularly important to create an environment that is comfortable for the caller, to ensure the caller is prepared for the next steps, and satisfied with the information provided. These general responses are listed below.

- I. **GREETING** (*Stage 1 Contact*) – How the caller is greeted sets the tone of the call. It is important that a comfortable environment is created for the caller. ***THIS IS MANDATORY AND CANNOT BE CHANGED.***

ENGLISH

"Thank you for calling the Eldercare Locator. My name is/This is _____. How may I help you?"

SPANISH

"Gracias Por llamar al Eldercare Locator. Mi nombre es/ Este es _____. Como le puedo ayudar?"

- II. **LISTEN/PROBING QUESTIONS** (*Stage 2 Assessment*) - Ask probing questions to ensure that you understand the nature and extent of the caller's situation.

Listens to caller's concerns & requests by using minimal encouragers.

Inquire and ask relevant questions to understand caller's request.

Avoid interrupting caller unnecessarily.

- III. **PARAPHRASING** (*Stage 3 Clarification*) – Listen to the caller's request and assess the caller's need. Confirm by paraphrasing or reframe the caller's issues.

ALWAYS rephrase and confirm caller's requests (*This must be heard during the call*)

Explain what the Eldercare Locator provides: THIS IS MANDATORY AND CANNOT BE CHANGED.

ENGLISH

"The Eldercare Locator is a public service of the Administration for Community Living that assists older adults, families, and caregivers in locating resources in their local area".

Provides clear explanation *at the caller's level* of understanding as to what we can do & offers assistance

SPANISH

" El Eldercare Locator es un servicio público de la Administración para la Vida Comunitaria que asiste adultos mayores, familias, y cuidadores a localizar recursos en su comunidad "

Update
7_8_2013

1



Example – Emergency Phone Situation Recording (Alzheimer’s Association)

Thank you for calling the Alzheimer’s Association. We are currently experiencing technological difficulties and are unable to take your call at this time. If you would like to leave a message for a return call, please leave your name and telephone number with area code after the tone. We will return your call as soon as possible.

Example – Information and Referral/Assistance Protocols (Atlanta Regional Commission, Area Agency on Aging)

Protocols

Information and Referral/Assistance

1. AgeWise Connection provides information and referral/assistance 24 hours/day, 7 days/week to adults 60 years of age and older, to persons with disabilities of all ages, to caregivers, to grandparents raising grandchildren and to the general public as it pertains to aging and disability long term care services and programs.
2. The AgeWise Connection I&R/A counselors provide information and referral/assistance from 8 am to 5 pm Monday – Friday.
3. At the close of AgeWise Connection’s regular business day, or as a result of an unscheduled Agency closing, the designated staff person will transfer the AWC telephone line (404-463-3333) to the United Way of Metropolitan Atlanta (see transfer instructions for further details).
4. The designated staff person will release the AgeWise Connection telephone line at 8 am on the next ARC business day.
5. The AgeWise Connection Coordinator, after being officially informed, will immediately notify the UW 211 Call Center Director of any unscheduled ARC closings.

Information and Referral/Assistance Calls

1. The I&R/A counselors answer the incoming call with “You have reached the Aging and Disability Resource Connection, this is _____, how may I help?” The counselor will attempt to put the caller at ease while achieving a clear understanding of why the inquirer has called. The counselor will provide I & R/A which supports the individual’s highest level of functioning in the least restrictive environment.

-
2. The counselor will respond to the inquirer in a culturally appropriate manner. If there is a language barrier to communicating effectively with each other, the counselor will call the Language Line for assistance. Calls for the deaf or hearing impaired should be made through the Georgia Relay Service.
(See attachment for instructions).
 3. If the call is an information only call, the counselor will obtain a clear understanding of the inquirer's need(s), select the primary service category, match the inquirer's need(s) with the most appropriate service provider, and give the information requested.
 4. If the call is a referral provision call, requiring an assessment of the inquirer's situation, the counselor will make an accurate assessment of the inquirer's problem(s) and need(s), come up with a variety of options capable of meeting the caller's needs, and present those options to the inquirer, discussing the pros and cons of each option. The counselor will select the primary service category based on the services the client would like information on and match the inquirer's need(s) with the most appropriate service provider. The counselor will provide this information to the inquirer either verbally, through letter or e-mail. The counselor will provide information regarding options, but is not to give advice or make recommendations about any one service or program over another. When necessary, the counselor will actively participate in linking the inquirer to needed services.
 5. If the call is an options counseling call, the counselor will in addition provide decision support, help callers identify their goals and preferences and develop a written action plan for both the inquirer and for the counselor. Options counselors will ensure that consumers have considered a range of possibilities when making a decision about long term supports and encourage planning for future needs.
 6. The I&R/A counselor will encourage re-contact by the inquirer if the information given proves to be incorrect, inappropriate or insufficient to link them with the service he/she needed.

Staff will intervene when callers have been denied service to which they are entitled, when they need assistance communicating with an agency or provider, or when they have a complaint. The I & R/A counselor will advocate on behalf of the caller when warranted, after obtaining permission from the caller to do so



Example – Call Monitoring Form (Suggestion)

 Sample Call Monitoring Form for Inbound Calls *Adapted from http://www.callcentrehelper.com/free-call-monitoring-form-3507.htm		
	Date	
Agent Name		
Monitored By		
Greeting	Yes	No
1 Did the agent greet the customer according to the protocol?	x	
2 Understanding the Caller's Need		
Did the agent use probing questions to understand the caller's need?	x	
3 Solution information		
Did the agent offer the most appropriate solution to meet the caller's needs?		x
Did the agent answer customer questions correctly?	x	
Did the agent provide options to caller?	x	
Did the agent provide 3 resources?		x
4 Customer Service		
Did the agent follow the correct procedures for transferring a call?	x	
Did the agent use empathetic listening skills?	x	
Did the agent display a professional manner throughout the call?	x	
Did the agent complete the call within the optimum call time while ensuring a positive experience for caller? (Note: Although call not completed within optimum time, time could be appropriate to ensure positive customer experience.)		x
5 End call		
Did the agent offer further assistance at the end of the call?		x
Did the agent close the call in an appropriate manner?	x	
Total	8	4



Example – Call Monitoring Form (Alzheimer’s Association)



T.A. Call Quality v2.0

Customer Service	
Appropriate greeting is used. e.g. "Good [time of day], Alzheimer's Association, this is [name], how may I help you"	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Connecting statements are used at the beginning of call.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Empathic statements used throughout call, demonstrated care and concern for caller.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Agent demonstrated understanding or sought clarification of concern/issue by utilizing appropriate questions and eliciting needed information	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
A tone appropriate to the content of discussion is present.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Content of information provided is accurate. If partial or no please describe below.	
Yes	<input type="checkbox"/>
Partial	<input type="checkbox"/>
No	<input type="checkbox"/>
Verified contact information.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Answered caller's issues and/or arranged for appropriate follow up.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Caller is informed of next steps to address need/concern.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
24/7 closing is offered.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Observations:	



Example – Call Monitoring Form (Alzheimer’s Association) Page 2



T.A. Call Quality v2.0

Time Management	
Agent stayed within their role during call. Call was handled or transferred appropriately.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Call is an appropriate length for type and content.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Observations:	
Documentation	
Questionnaire items are answered (Full points if not appropriate for call).	
Yes	<input type="checkbox"/>
Partially	<input type="checkbox"/>
No	<input type="checkbox"/>
Correct spelling and grammar used throughout the note.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Content of note details the purpose of the call, agents action, follow up provided/needed.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
The interaction is correctly coded	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Non-work related chat or web use during call.	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Observations:	

Example –Satisfaction Survey (Eldercare Locator)

1. Eldercare Locator Customer Service Feedback

We are interested in your opinion in how we can provide the best service to you. Would you be willing to participate in responding to a few brief questions about your experience to...

* 1. Were you calling for yourself or someone else?

Myself

Someone Else

* 2. Were your Questions fully answered during this call with the Eldercare Locator?

Yes

No

* 3. How satisfied are you with the information provided to you today?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

* 4. How satisfied are you with the knowledge and attitude of the Eldercare Locator?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

Submit response >>

**As shown above, survey designers used both closed-ended questions and those with a Likert Scale in effort to give callers more flexibility in their responses, as well as to maximize the use of time.*



Example - Helpline Survey (Alzheimer’s Association)



24/7 Helpline Survey

Thank you for contacting the Alzheimer’s Association 24/7 Helpline. Please tell us about your experience:

1. What was the main reason you contacted the Alzheimer’s Association 24/7 Helpline?
Check one:

- Learn about Alzheimer’s Association services and programs
- Learn about memory loss or dementia
- Discuss a problem or concern
- Learn about community services or other resources

	Strongly DIS- AGREE	Disagree	Not sure	Agree	Strongly AGREE
2. Overall, I was satisfied with the Helpline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would recommend the Helpline to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Helpline answered my main question(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I learned something I can use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know where to find more information or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not applicable
7. If you were expecting additional information, did you receive it within one week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the additional information helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If you were offered a follow-up call, did you receive it in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Any other comments about the Helpline?

I&R

PLEASE TURN THE PAGE →



Example - Helpline Survey (Alzheimer’s Association) Page 2

The following questions help the Alzheimer’s Association meet the needs of the community. Your answers are completely confidential.

- | | |
|---|---|
| <p>11. Have you contacted the Alzheimer’s Association Helpline more than once?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>12. How did you hear about the Helpline?</p> <p><input type="checkbox"/> Alzheimer’s Association (website, newsletter, brochure, email, staff or volunteer)</p> <p><input type="checkbox"/> Healthcare provider (nursing home, residential care facility, doctor or hospital)</p> <p><input type="checkbox"/> Advertisement (newspaper, magazine, radio, television)</p> <p><input type="checkbox"/> Employer or colleague</p> <p><input type="checkbox"/> Family member or friend</p> <p><input type="checkbox"/> Other _____</p> <p>13. Your gender:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>14. Your age: _____</p> <p>15. Your home zip code: _____</p> | <p>16. Choose the one that best describes you.</p> <p>I am a:</p> <p><input type="checkbox"/> Person with memory loss or dementia</p> <p><input type="checkbox"/> Spouse/partner</p> <p><input type="checkbox"/> Daughter/son</p> <p><input type="checkbox"/> Other relative or friend</p> <p><input type="checkbox"/> Healthcare or human service employee</p> <p><input type="checkbox"/> Other _____</p> <p>17. Your race/ethnicity:</p> <p><input type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Black/African-American</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Two or more races</p> <p><input type="checkbox"/> Other _____</p> <p>18. Your yearly household income:</p> <p><input type="checkbox"/> \$25,000 or less</p> <p><input type="checkbox"/> \$25,001 – 50,000</p> <p><input type="checkbox"/> \$50,001 – 75,000</p> <p><input type="checkbox"/> \$75,001 – 100,000</p> <p><input type="checkbox"/> More than \$100,000</p> |
|---|---|