

Resources from the Field: Examples and Suggestions

• Mission and Vision Statements (Alzheimer’s Association)	2
• Operations Plan (Key Component Outline)	3
• Memorandum of Agreement (Veterans Affairs, Office of Mental Health Operations, Veterans Crisis Line)	5
• Call Center Agent Job Description (Suggestion)	7
• Call Center Manager Job Description (Suggestion)	8
• Basic Response Skills (Eldercare Locator)	9
• Emergency Phone Skills Recording (Alzheimer’s Association)	10
• Information and Referral/Assistance Protocols (Atlanta Regional Commission, Area Agency on Aging)	11
• Call Monitoring Form (Suggestion)	13
• Call Monitoring Form (Alzheimer’s Association)	14
• Satisfaction Survey (Eldercare Locator)	16
• Helpline Survey (Alzheimer’s Association)	17



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



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:	



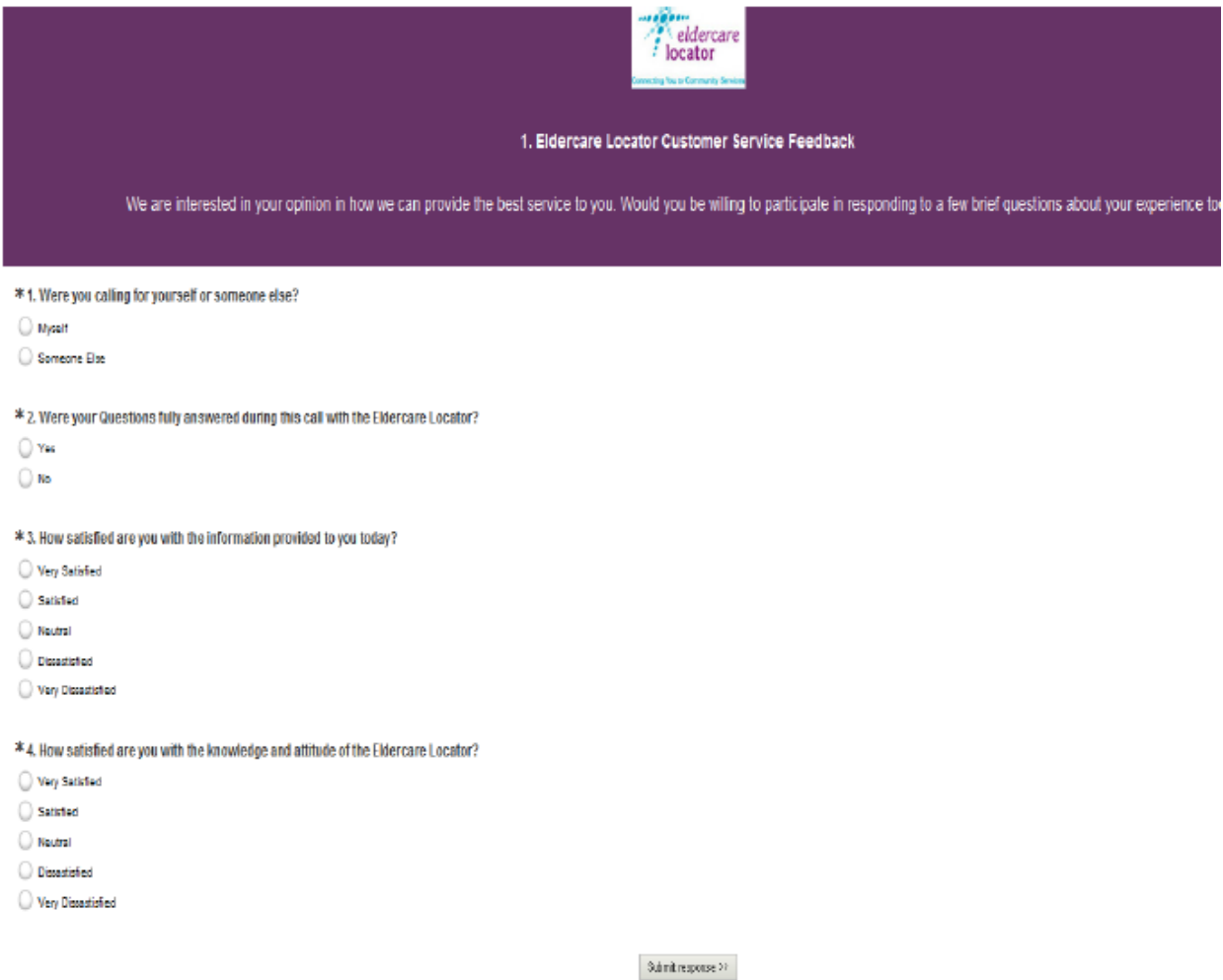
Example – Call Monitoring Form (Alzheimer’s Association) Page 2




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)




Connecting You to Community Services

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 for

* 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

**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)

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?

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> |
|---|--|