



# Hello, Is Anyone There?

Results of A Secret Shopper Project to Make  
a First Appointment for Substance Use  
Disorder Treatment in Kentucky

# Acknowledgments

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# Executive Summary

## Background

One barrier to substance use disorder (SUD) recovery may be related to the ability to access SUD treatment quickly. Often the experiences of consumers in trying to enter into a SUD program are hidden from general public view. Thus, this secret shopper project was implemented to better understand the process and the barriers consumers may experience as they make their first appointment for SUD treatment in Kentucky. The Secret Shopper Project (i.e., Project 4), was one of four research projects undertaken by UK CDAR in 2023 to document the barriers to SUD program entry and engagement.

**Often the experiences of consumers in trying to enter into a SUD program are hidden from general public view.**

## Method

Callers posed as consumers who were interested in SUD treatment using five different scenarios. Two types of programs across the state of Kentucky were targeted for the secret shopper study: (1) Community Mental Health Centers (CMHC) (n = 14 regions) and (2) programs that received funding from the Kentucky Office of Drug Control Policy for pregnant women (prenatal programs, n = 4 programs). Two referral lines were also included in the secret shopper project although the data collection varied from the other two types of programs because the referral lines do not make appointments.

Calls were made from February 17, 2023 to April 27, 2023. Three attempts to make an appointment were made during normal business hours and two attempts to make an appointment were made after business hours using five different scenarios. Calls to the referral lines followed this same format. The caller (i.e., potential client) is referred to as the consumer throughout the report. Specific information about the interaction was recorded during and right after the call using a structured data collection form and a narrative description of the experience was also written.

In two scenarios, the consumer was pregnant (and in one of those scenarios the consumer also used opioids/injected drugs) and in two scenarios the consumer was recently released from jail (and in one of those scenarios the consumer used opioids/injected drugs). In the first four scenarios the consumer told the program they had Medicaid insurance. In the fifth scenario the consumer was pregnant, recently released from jail and did not have insurance due to losing their job during their recent incarceration. Overall, 71 different scenarios were used in an attempt to make an appointment with a CMHC SUD program, 20 different scenarios were used to make an appointment for one of the four prenatal programs, and 10 different scenarios were used to obtain referrals to SUD programs from two different referral lines. For every scenario where an appointment was made, the consumer debriefed the program staff person about the Secret Shopper study so that no appointments were held. The

consumer also debriefed referral line staff about the Secret Shopper Project if they mentioned they planned to follow-up with the consumer at a later time.

## Results

Results of the Secret Shopper Project are grouped by CMHCs, Prenatal Programs, and Referral Lines.

### CMHCs

Overall results for the programs located at the CMHCs found that, during business hours, appointments were made at 88.4% of the programs with the average number of days to an appointment being nearly two weeks (Mean = 12.6 days) ranging from a same day appointment to an appointment 79 days later, although the median was 4.5 days). For consumers who spoke with a staff member, regardless of whether the call was during or after business hours, 22% (n = 11) were told they would be called back for an appointment. However, 45.5% (N = 5) of those consumers did not receive a call within the stated timeframe (or within a week) and the consumer had to call the program again themselves.

Although most consumers were required to provide a social security number in order to make an appointment, several appointments were denied due to invalid social security number issues (e.g., the social security number was not found in the database or was linked to a person with a different name). Several appointments were denied for two different CMHC regions because the staff person told the consumer they must physically come to the program and fill out paperwork before an

appointment could be made. One program denied an appointment because new appointments were on hold at the time of the call.

The average time spent on the phone during business hours was 12 minutes. In scenarios where consumers spoke with a staff person during business hours, 41.9% asked if the caller was pregnant, 32.6% asked about incarceration history, and 62.8% assessed opioid or injection drug use.

About 1 in 4 consumers (23.3%) who called during business hours were given information or services while waiting for an appointment, which consisted of telling the consumer about the agency crisis line, National Suicide Prevention Hotline, or to come into the program or nearest emergency room if they needed immediate help. None of the programs talked with the consumer about signs or risks of overdose, where to obtain Narcan or other harm reduction equipment, detox, or AA/NA. Additionally, none of the pregnant consumers were asked if they had prenatal care and only one consumer received a referral to a pregnancy related service (KY-Moms MATR) out of the 29 different calls from a pregnant consumer.

The overall rating of the consumer experience during business hours, on a scale where 1 represented the worst and 10 represented the best experience, was 7.6, and 65.1% of the calls had a rating of 8 or above. Ratings ranged from 3 to 10 depending on the program (see Appendix A for specific CMHC region secret shopper results).

Only a few programs had staff answer calls after business hours, and only

10.7% of the calls resulted in an appointment for the consumer at that time. Most of the consumers (82.1%) who called after business hours were greeted by a message asking them to call back during business hours. The average rating of the overall interaction, for those calls that were answered by a staff person after business hours, was 5.7 (ranging from 2 to 8 depending on the program).

### **Prenatal Programs**

Appointments were made for consumers in every prenatal program during business hours. The average number of days until the appointment was 1.4 days (ranging from same day appointments to 5 days later). None of the appointments were denied.

For about one-third (n = 6) of the scenarios, regardless of the timing of the call, someone told the consumer a staff person would call them back, but 83.3% (n = 5) of those consumers never actually received a call back (within a week).

During business hours, the average time spent on the phone was 20.1 minutes. In scenarios where consumers spoke with a staff person (including both during and after business hours), 78.6% asked if the caller was pregnant, 57.1% asked about incarceration history, and 78.6% assessed opioid or injection drug use.

One-third of consumers who called the prenatal programs were given information while waiting for an appointment and of those, half of them were told about the crisis line, one consumer was referred to a detox or inpatient program, and one consumer

was asked if they wanted or needed other information or referrals. None of the programs talked with the consumer about signs or risks of overdose, where to obtain Narcan or other harm reduction equipment, or AA/NA. Furthermore, less than half (42.9%) of the consumers were asked if they had prenatal care and only one of the consumers was asked if she wanted any referrals to other pregnancy related services.

The overall rating of the consumers' experience, on a scale where 1 represented the worst and 10 represented the best experience, was 8.7, and 83.3% of the calls had a rating of 8 or above. Ratings ranged from 6 to 10 depending on the program (see Appendix B for prenatal program secret shopper results).

After business hours, no appointments were made. All of the consumers were told either by a staff person or by voicemail they must call back during business hours. The average rating of the overall interaction, for those calls that were answered by a staff person (n = 2), was 6.0 (ranging from 5 to 7 depending on the program).

### **Referral Lines**

Every caller spoke with a staff person at both referral lines and calls ranged from an average of 15.6 minutes to 20.6 minutes. One referral line put all five consumers on hold ranging from 2 to 19 minutes while the other referral line did not put anyone on hold.

For one referral line, staff did not ask about pregnancy or recent incarceration (although 60% asked about opioid/injecting drug use). For

the other referral line, all callers were asked about pregnancy and opioid/injection drug use while 80% asked about incarceration history. Overall consumer ratings ranged from 6.6 to 9.6 (see Appendix C for referral line secret shopper results).

**Making the first appointment for SUD treatment is a crucial point of entry into treatment and an important first step in engaging clients in the recovery process.**

### Conclusions and Recommendations

Making the first appointment for SUD treatment is a crucial point of entry into treatment and an important first step in engaging clients in the recovery process. Eliminating barriers such as ensuring clients are called back if they are told they will be called back and not requiring clients to physically come to the program to fill out paperwork before they can schedule an appointment may also facilitate SUD program engagement. Asking about scheduling preferences and transportation at the time of appointments may also help reduce barriers SUD treatment engagement. Furthermore, only a few of the program staff explained the program location, what to bring, or what to expect at their first appointment. This may be helpful for clients in managing their expectations but also in helping them to be prepared with the necessary information to begin SUD programs.

Given the number of people who were told they would receive a call back, consumers with phones may be more

successful in obtaining an appointment than consumers without a phone. Further, not having insurance or not having an accurate social security number may be a barrier to making an appointment.

**Screening for factors associated with potentially increased health risks may be important such as pregnancy, recent incarceration, and overdose history.**

In addition, screening for factors associated with potentially increased health risks may be important such as pregnancy, recent incarceration, and overdose history. When appointments cannot be made quickly, it may be important to work with clients to address their needs and concerns during the wait time. Also, offering information or referrals regarding overdose and Narcan, detox, and AA/NA may be important regardless of how long consumers have to wait for the appointment. Standardized training for key elements of fielding phone calls from consumers may be helpful. Additionally, friendly, professional, and caring interactions may encourage consumers to show up to their appointment.

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## Background

Despite significant efforts to address substance use disorder (SUD) in the United States, overall prevalence rates of substance use have remained largely stable or have increased in recent years. Among people aged 12 or older in 2021, 15.6% (or 43.7 million people) needed substance use treatment in the past year, which was higher than those in 2020 (14.9% or 41.1 million people). People were classified as needing substance use treatment if they had an illicit drug or alcohol use disorder in the past year or if they received substance use treatment at a specialty facility in the past year (Substance Abuse and Mental Health Services Administration, 2021; 2022).

There are numerous barriers to accessing substance abuse treatment particularly for vulnerable populations. These barriers can be personal, such as motivation for recovery. There are also organizational barriers consumers may experience that could be addressed with more targeted funding or with policy or practice changes. Personal barriers may be impacted by organizational and systemic barriers as well.

**The Secret Shopper Project (i.e., Project 4), was one of four research projects undertaken by UK CDAR in 2023 to document the barriers to SUD program entry and engagement.**

One barrier may be the ability to access SUD treatment quickly. It may be that engagement in SUD treatment begins with the initial call for an appointment to SUD treatment. Often the experiences of consumers in trying to enter into a SUD program is hidden from general public view. Thus, this secret shopper project was carried out to better understand the process and the barriers consumers may experience as they think about taking the first steps to entering SUD treatment in Kentucky. The Secret Shopper Project (i.e., Project

4), was one of four research projects undertaken by UK CDAR in 2023 to document the barriers to SUD program entry and engagement.

## Method

Callers posed as consumers who were interested in SUD treatment using five different scenarios. Two types of programs across the state of Kentucky were targeted for the secret shopper study: (1) Community Mental Health Centers (CMHCs) and (2) programs that received funding from the Kentucky Office of Drug Control Policy for pregnant women (prenatal programs). Two referral lines were also included in the secret shopper project although the data collection varied from the other two types of programs because the referral lines do not make appointments. One of the referral lines was included at the request of a key stakeholder and the other referral line was included as a comparison.

At the beginning of February, program directors were notified of the secret shopper project from state key stakeholders by email. Secret shopper calls were made from February 17, 2023 to April 27, 2023. Callers recorded specific information about the interaction during and right after the call and wrote a narrative description of the experience using a structured data collection form. Three attempts to make an appointment were made during normal business hours and two attempts to make an appointment were made after normal business hours using five different scenarios. The caller (i.e., potential client) is referred to as the consumer throughout the report. Calls to the referral lines followed this same format. Overall, 71 different scenarios were used in an attempt to make an appointment with a CMHC SUD program, 20 different scenarios were used to make an appointment for one of the four prenatal programs, and 10 different scenarios were used to obtain referrals to SUD programs from two different referral lines.

The secret shopper project built on a previous secret shopper study (Logan, Walker, & Stevenson, 2013). In two scenarios, the consumer was pregnant (and in one of those scenarios the consumer also used opioids/injected drugs) and in two scenarios the consumer was recently released from jail (and in one of those scenarios the consumer used opioids/injected drugs). See Appendix D for specific scenario details. In the first four scenarios the consumer told the program they had Medicaid insurance. In the fifth scenario the consumer was pregnant, recently released from jail and did not have insurance due to losing their job during their recent incarceration. Thus, there were 69 calls in which the consumer was pregnant and 61 calls in which the consumer had been recently released from jail. All (n = 101) consumers used drugs: 44 consumers used opioids/injected drugs and 57 used cocaine/methamphetamine.

In each of the first four scenarios a different caller (i.e., research staff member) posed as a consumer while one caller did both the first and the fifth scenarios a few weeks apart. All of the callers were female. Research staff (consumers) were told, regardless of scenario, to inform the program staff if they were pregnant, recently incarcerated, or if they used opioids/injected drugs only if the program staff did not ask before scheduling an appointment. If an appointment was made without the program asking about the three issues, the caller was instructed to disclose pregnancy, recent incarceration, and/or opioid/injection drug use and to note if the appointment time changed. Additionally, if during a call the consumer was asked for specific information about substance use, they were instructed to respond in a general way (e.g., “my use is different every day” or “I just

use what I have”). If an appointment was scheduled, before the call ended the consumer debriefed the staff person about the secret shopper project to prevent an appointment from being held, thus taking it away from a real client. Consumers also debriefed the referral line staff about the Secret Shopper Project if they informed the consumer they would follow-up the next day or later to ensure the referrals worked.

For four of the scenarios, the consumers indicated they had Medicaid insurance. In those cases, callers were required to provide a valid social security number before an appointment could be set. If there were any problems with that social security number (e.g., the program staff found it was not valid or did not find that social security number in the database they were searching), consumers told staff they must have mixed up their numbers but would bring their social security number when they came in for the appointment. There were several times when the lack of a valid social security number completely stopped the process of scheduling an appointment, which is noted in the tables and in the descriptions provided at the end of each region or program profile.

Some programs were called more than five times to make an initial appointment ranging from 1 to 4 calls total for any specific scenario per program. During business hour calls, if consumers were told they would be called back or if they had to leave a voicemail, they waited 7 days for the callback. If consumers were not called back within 7 days, they called the program again. If consumers were told they would receive a call back before 7 days (e.g., 24 hours) and were not called within the promised timeframe, the consumer called the program again after the promised timeframe had passed. For the after-hour calls, consumers did not leave a message on a voicemail except in rare circumstances.

The phone numbers for CMHCs were found on their websites and from the KPFC (Kentucky Partnership for Families and Children, Inc.).<sup>1</sup> The KPFC’s website also included information on each program’s counties it covers, county specific numbers, main office numbers, crisis line numbers, and each region’s designated website that was used in this study. Each phone number was validated before the secret shopper calls began.

A database of names, dates of birth (ages 20-27), social security numbers, addresses, county, workplace, and local jails was generated by study staff for the purposes of this project. The database was then organized by CMHC region. Counties were randomly chosen within each region. The address and county determined which CMHC location would be called. Callers were told to first call the appointment line or the county line number. Callers were instructed to not call crisis lines to set up their appointments, but at times the same phone number was used for many services which included appointment scheduling and crisis help. If during a call, a staff person told one of the callers to call a designated number to make an appointment or reach another staff member, then that number was called to continue the process of making an appointment. Once a first and last name, social security number, date of birth, and address was used, that information was not used in another scenario although first names may have been repeated.

For prenatal programs, the phone numbers listed on the website or online were the

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<sup>1</sup> <https://kypartnership.org/resource/community-mental-health-centers-cmhcs-and-adult-state-operated-or-state-contracted-psychiatric-hospitals/>

phone numbers that were validated and then used in all five of the scenarios except for one of the programs that also had a dedicated appointment line. Counties used in these scenarios were either located within the same county as the program or near the program location.

For the SUD program referral lines, results for all calls are presented together regardless of the timing of the call because they are answered 24 hours a day. However, the description of the experience for each referral line is broken down by business hours and after business hours. Two referral lines were included in the secret shopper study. One of the referral lines was the Kentucky Hope and Help line, which is hosted and supported by the Kentucky state government. The second referral line included in this secret shopper project was the Kentucky Crisis Clinic and Information Center referral line (operated by Seven Counties Services). The purpose of this Louisville, KY based referral line is to offer help for individuals with substance use and mental health who are in crisis, needing to find treatment (referrals), and serve as a short-term follow-up. Multiple phone numbers connect with the Kentucky Crisis Clinic and Information Center referral line. More specifically, individuals who call the National Suicide Prevention Lifeline (988), Seven Counties 24/7 adult crisis line, and the national Substance Abuse and Mental Health Services Administration (SAMSHA) referral line may be connected with the Kentucky Crisis Clinic and Information Center referral line particularly those calling from Kentucky. Their service area covers all of Kentucky, but can also help with out of state referrals, too. More information can be found at this website link <https://www.icarol.info/ResourceView2.aspx?org=2320&agencynum=10038616> and through the Seven Counties Services website [www.sevencounties.org](http://www.sevencounties.org).

Overall results are presented separately for CMHCs and for Prenatal programs. Appendix A displays detailed results separately for each CMHC region (n = 14). Appendix B provides detailed description for each prenatal program included in the study (n = 4). Appendix C shows the results for each of the SUD program referral lines (n = 2).

# Results

## CMHCs

As Table 1.1 shows most consumers who spoke with a staff member were able to schedule an appointment (70.4%); however, an appointment was more likely if a consumer called during business hours (88.4%) compared to after business hours (10.7%, Table 1.3). The average number of days to an appointment was about nearly two weeks (Mean = 12.6 days, ranging from a same day appointment to an appointment 79 days although the median was 4.5 days).

For consumers who spoke with a staff member, regardless of whether the call was during or after business hours, 22.0% (n = 11) of the consumers were told they would be called back for an appointment. However, 45.5% (N = 5) of those consumers were not called back within the promised timeframe or within 7 days and the consumer had to call the program again.

Most consumers were required to provide a social security number in order to make an appointment, several appointments were denied due to invalid social security number issues (e.g., the social security number was not found in the database or was linked to a person with a different name). Several appointments were denied at two different CMHCs because the staff person told the consumer they must physically come to the program and fill out paperwork before an appointment could be made. One program denied an appointment because new appointments were on hold at the time of the call. However, these results were not necessarily consistent across the calls to a specific program.

Table 1.2 shows that few consumers were asked about program preference (1 in 5), just under half were asked about scheduling preferences, only 4.0% were asked about distance, time, or whether they had a vehicle to get to an appointment, and only 4.0% were asked about other resource needs. Overall, 64.0% were screened for issues other than pregnancy, incarceration, or opioid/injection drug use. Most of the consumers with screening (other than for pregnancy, incarceration, or opioid/injecting drug use) were asked details about their drug use, suicidality and other mental health concerns, and medical history.

Additionally, only a few of the program staff, regardless of time called, offered information or services to support recovery (20.0%) and if they did offer something it was the agency crisis line in almost all cases.

During business hours, consumers spent about 12 minutes on average, on the phone. In scenarios where consumers spoke with a staff person, 41.9% asked if the caller was pregnant, 32.6% asked about incarceration history, and 62.8% assessed opioid or injection drug use.

Also, during business hours, about 1 in 4 consumers (23.3%) were given information or services while waiting for an appointment and of those, almost all of them were told about the agency crisis line or to come into the program facility if they needed immediate

help. None of the programs talked with the consumer about signs or risks of overdose, where to obtain Narcan or other harm reduction equipment, detox, or AA/NA.

Additionally, none of the pregnant consumers were asked if they had prenatal care and only one consumer received a referral to a pregnancy-related service (KY-Moms MATR) out of the 29 different calls from a pregnant consumer.

**The overall rating of consumer experiences during business hours, on a scale where 1 represented the worst and 10 represented the best experience, was 7.6 with 65.1% with a rating of 8 or above.**

At the end of every scenario call, the consumer completed an overall rating of the experience with 10 being the best score and 1 being the worst. Across all scenarios, the overall rating was a 7.6, with 65.1% rating of 8 or above. Most of the consumers (82.1%) who called after business hours did not have the opportunity to speak to a staff member and were greeted by a message asking them to call back during business hours. Ratings ranged from 3 to 10 depending on the program and, among consumers who spoke with a staff person after hours, they rated the interaction as an

average of 5.7 (ranging from 2 to 8 depending on the program; see Appendix A for CMHC region secret shopper results).

TABLE 1.1 OVERALL RESULTS FOR CMHCS

|  | <b>n = 71</b>                           | <b>Frequency</b> |
|--|---|------------------|
| Spoke with staff person .....  | 70.4%                                   | 50               |
| Scenarios where an appointment was made.....   | 57.7%                                   | 41               |
| For those that spoke with a staff person but an appointment was not made.....  | n = 9                                   |                  |
| Appointments denied due to an issue with consumer’s social security number.....  | 33.3%                                   | 3                |
| Appointment was denied because the consumer was required to come to the program site and fill out paperwork before setting an appointment..... | 33.3%                                   | 3                |
| Appointment was denied because new appointments were on hold.....  | 11.1%                                   | 1                |
| No appointment was set because the consumer had to call back during business hours .....   | 22.2%                                   | 2                |
|  | n = 71                                  |                  |
| Average calls made.....  | 1.5                                     |                  |
| Average minutes spent on phone .....   | 9.8<br>(Range 1-34 minutes)             |                  |
| Average days to first appointment .....  | 12.3<br>(Range 0-79 days, median = 4.5) |                  |
| Telehealth appointment was offered.....  | 2.8%                                    | 2                |
| Consumer had to disclose pregnancy, recent incarceration, or opioid/ injection drug use .....  | 49.3%                                   | 35               |
| Appointment changed after disclosure .....   | 11.3%                                   | 8                |
| Average days to second appointment .....   | 6.1<br>(Range 1-21 days)                |                  |
| Average overall rating 1 = Worst to 10 = Best ( <i>friendliness, professionalism, caring</i> ) .....   | n = 50                                  |                  |
|  | 7.3                                     |                  |



TABLE 1.2 OVERALL RESULTS FOR CMHCS SCREENING, INFORMATION TO SUPPORT RECOVERY, AND ALTERNATE TREATMENT PROVIDER FOR CONSUMERS WHO SPOKE WITH A STAFF PERSON

| <b>Of those who spoke with a staff person:</b>   | <b>n = 50</b> | <b>Frequency</b> |
|--|---------------|------------------|
| Staff person asked about:  |               |                  |
| Pregnancy .....  | 40.0%         | 20               |
| Incarceration .....  | 28.0%         | 14               |
| Opioid or injecting drug use .....   | 60.0%         | 30               |
| Type of program or treatment preference.....   | 20.0%         | 10               |
| Of those asked about program or treatment preferences, staff person told the caller about:   | n = 10        |                  |
| Residential .....  | 60.0%         | 6                |
| Outpatient .....   | 90.0%         | 9                |
| MOUD .....   | 10.0%         | 1                |
| Detox.....   | 10.0%         | 1                |
|  | n = 50        |                  |
| Scheduling preferences .....   | 48.0%         | 24               |
| Travel distance or transportation .....  | 4.0%          | 2                |
| Resource needs other than payment or transportation.....   | 4.0%          | 2                |
| Screening ( <i>other than pregnancy, incarceration, or opioid/injection drug use</i> ).....  | 64.0%         | 32               |
| Of those screened, staff person asked about:   | n = 32        |                  |
| Drug use ( <i>e.g., when, where, how, how much, type</i> ).....  | 68.8%         | 22               |
| Mental health.....   | 53.1%         | 17               |
| Suicide/self-harm.....   | 50.0%         | 16               |
| Medical history ( <i>e.g., injuries, infections, hospitalization</i> ).....  | 43.8%         | 14               |
| Homicidal ideation .....   | 31.3%         | 10               |
| Criminal history.....  | 28.1%         | 9                |
| Probation/parole .....   | 21.9%         | 7                |
| Abuse/trauma .....   | 18.8%         | 6                |
| Disabilities .....   | 15.6%         | 5                |
| MAT use/history.....   | 12.5%         | 4                |
| Overdose history .....   | 6.3%          | 2                |
| Past treatment program involvement .....   | 3.1%          | 1                |
|  | n = 50        |                  |
| Staff person offered information or services to support recovery while waiting for an appointment.....   | 20.0%         | 10               |
| Of those that offered information, information included:   | n = 10        |                  |
| Crisis line.....   | 60.0%         | 6                |
| Asked consumer if they wanted information or referrals.....  | 10.0%         | 1                |
| Education on signs of overdose.....  | 0.0%          | 0                |
| Where to obtain clean needles or NARCAN .....  | 0.0%          | 0                |
| Referral and location of detox or inpatient services.....  | 0.0%          | 0                |
| Referral and location of AA/NA or other services for recovery.....   | 0.0%          | 0                |
| Other service was offered ( <i>e.g., if need help you can call agency or show up; can go to the ER if you have any pain; National Suicide Hotline</i> )..... | 30.0%         | 3                |
|  | n = 50        |                  |
| Information about alternate treatment provider was offered .....   | 6.0%          | 3                |

TABLE 1.3 RESULTS FOR CMHCS BUSINESS HOURS AND AFTER BUSINESS HOURS

| <b>Business Hours</b>   | <b>n = 43</b>             | <b>Frequency</b> |
|---|---------------------------|------------------|
| Spoke with staff person .....   | 100%                      | 43               |
| Scenarios where an appointment was made.....  | 88.4%                     | 38               |
| Voicemail or staff person told consumer to call back for an appointment.....  | 2.3%                      | 1                |
| No staff person answered at least one call to the program.....  | 18.6%                     | 8                |
| Consumer was told someone would call them back to set up an appointment .....   | 20.9%                     | 9                |
|   | <u>n = 9</u>              |                  |
| Of those, % did not receive a call back .....   | 44.4%                     | 4                |
|   | 12.2 (Range 3-34 minutes) |                  |
| Average minutes spent on phone .....  | <u>n = 43</u>             |                  |
|   | 12.6 (Range 0-79 days)    |                  |
| Average days to first appointment .....   |                           |                  |
| Consumer had to disclose pregnancy, recent incarceration, or opioid/injection drug use .  | 67.4%                     | 29               |
| Appointments changed after disclosure .....   | 17.2%                     | 5                |
|   | <u>n = 29</u>             |                  |
| Average days to second appointment.....   | 7.8 (Range 1-21)          |                  |
| Staff person asked about:   | <u>n = 43</u>             |                  |
| Pregnancy .....   | 41.9%                     | 18               |
| Incarceration .....   | 32.6%                     | 14               |
| Opioid or injecting drug use.....   | 62.8%                     | 27               |
| Type of program or treatment preference.....  | 16.3%                     | 7                |
| Scheduling preferences .....  | 48.8%                     | 21               |
| Travel distance or transportation .....   | 4.7%                      | 2                |
| Resource needs other than payment or transportation (e.g., if needed help with ID or birth certificate they could help) .....   | 2.3%                      | 1                |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use)   | 65.1%                     | 28               |
| For those who were pregnant:  | <u>n = 29</u>             |                  |
| Prenatal care.....  | 0.0%                      | 0                |
| Referral to other pregnancy related services (e.g., KY-Moms MATR) .....   | 3.4%                      | 1                |
|   | <u>n = 43</u>             |                  |
| Staff person offered any information or services to support recovery while waiting for an appointment (e.g., crisis line) ..... | 23.3%                     | 10               |
| Information about alternate treatment provider was offered .....  | 7.0%                      | 3                |
| Average overall rating, 1 = Worst to 10 = Best (friendliness, professionalism, caring).....                                     | 7.6                       |                  |
| <b>After Business Hours Scenarios</b>   | <b>n = 28</b>             |                  |
| Spoke with staff person .....   | 25.0%                     | 7                |
| Scenarios where an appointment was made.....  | 10.7%                     | 3                |
| Voicemail or staff person told consumer to call back for an appointment.....  | 82.1%                     | 23               |
| No staff person answered at least one call to the program.....  | 82.1%                     | 23               |
| Consumer was told someone would call them back to set up an appointment .....   | 7.1%                      | 2                |
|   | <u>n = 2</u>              |                  |
| Of those, % did not receive a call back .....   | 50.0%                     | 1                |
|   | <u>n = 28</u>             |                  |
| Consumer had an option to leave a message on voicemail.....   | 28.6%                     | 8                |
| Average overall rating (n = 7), 1 = Worst to 10 = Best (friendliness, professionalism, caring)                                  | 5.7                       |                  |

## Prenatal Programs

All consumers who called the prenatal programs during business hours were scheduled for an appointment (between same day appointments to 5 days later, average appointment was 1.4 days later). None of the appointments were denied due to a social security number issue. However, none of the consumers who called the prenatal programs after hours were able to make an appointment (Table 1.4 and 1.6).

**All consumers who called the prenatal programs during business hours were scheduled for an appointment (between same day appointments to 5 days later, average appointment was 1.4 days later).**

For consumers who spoke with a staff member, regardless of whether the call was during or after business hours, 42.9% (n = 6) of the consumers were told they would be called back for an appointment. However, 83.3% (n = 5) of those consumers did not receive a call and the consumer had to call the program again.

Table 1.5 shows about one-third of consumers were asked about program preference, just under two-thirds were asked about scheduling preferences, 57.1% were asked about distance, time, or whether they had a vehicle to get to an appointment, and 28.6% were asked about other resource needs. Overall, almost all consumers who spoke with a staff person (85.7%) were screened for issues other than pregnancy, incarceration, or opioid/injection drug use. Most of the consumers with screening (other than for pregnancy, incarceration, or opioid/injecting drug use) were asked details about their drug use, suicidality and other mental health concerns, and medical history.

Additionally, about one-third of the staff offered information or services to support recovery and if they did offer something it was the agency crisis line in most cases.

During business hours, consumers spent about 20 minutes on the phone on average (Table 1.6). In scenarios where consumers spoke with a staff person, 91.7% asked if the caller was pregnant, 66.7% asked about incarceration history, and 91.7% assessed opioid or injection drug use.

Also, during business hours, one-third of consumers were given information or services while waiting for an appointment and of those, most were told about the agency crisis line or to come into the program if they needed immediate help. None of the programs talked with the consumer about signs or risks of overdose, where to obtain Narcan or other harm reduction equipment, detox, or AA/NA.

Less than half (42.9%) of the consumers were asked if they had prenatal care and only one of the consumers was asked if she wanted information or referrals for other pregnancy related services.

The overall rating of the experiences during business hours, on a scale where 1 represented the worst and 10 represented the best experience, was 8.7, with 83.3% with

The overall rating of the experiences during business hours, on a scale where 1 represented the worst and 10 represented the best experience, was 8.7, with 83.3% with a rating of 8 or above.

a rating of 8 or above. Ratings ranged from 6 to 10 depending on the program (see Appendix B for prenatal program secret shopper results). When looking at the individual program results, several of the program staff explained to clients what to expect when they went to their first appointment.

None of consumers who called after business hours were able to make an appointment. Most of the consumers (87.5%) who called after business hours did not have the opportunity to

Speak to a staff member and were greeted by a message asking them to call back during business hours. The average rating of the overall interaction, for after hours calls that were answered by a staff person (n = 2), was 6.0 (ranging from 2 to 6 depending on the program).

TABLE 1.4 OVERALL RESULTS FOR PRENATAL PROGRAMS

|  | n = 20                    | Frequency |
|--|---------------------------|-----------|
| Spoke with staff person .....  | 70.0%                     | 14        |
| Scenarios where an appointment was made.....   | 60.0%                     | 12        |
| For those that spoke with a staff person but an appointment was not made                             |                           |           |
|  | n = 2                     |           |
| No appointment was set because the consumer had to call back during business hours .....             | 100%                      | 2         |
|  | n = 20                    |           |
| Average calls made.....  | 2.4                       |           |
| Average minutes spent on phone .....   | 13.8 (Range 2-28 minutes) |           |
| Average days to first appointment .....  | 1.4 (Range 0-5 days)      |           |
| Telehealth appointment was offered.....  | 0.0%                      | 0         |
| Consumer had to disclose pregnancy, recent incarceration, or opioid/injection drug use .....         | 25.0%                     | 5         |
| Appointment changed after disclosure.....  | 0.0%                      | 0         |
| Average days to second appointment.....  | --                        |           |
|  | n = 14                    |           |
| Average overall rating 1 = Worst to 10 = Best ( <i>friendliness, professionalism, caring</i> ) ..... | 8.3                       |           |

TABLE 1.5 OVERALL RESULTS FOR PRENATAL PROGRAMS SCREENING, INFORMATION TO SUPPORT RECOVERY AND ALTERNATE TREATMENT PROVIDER FOR CONSUMERS THAT SPOKE WITH A STAFF PERSON

| <b>Of those who spoke with a staff person:</b>   | <b>n = 14</b> | <b>Frequency</b> |
|--|---------------|------------------|
| Staff person asked about:  |               |                  |
| Pregnancy .....  | 78.6%         | 11               |
| Incarceration .....  | 57.1%         | 8                |
| Opioid or injecting drug use .....   | 78.6%         | 11               |
| Type of program or treatment preference .....  | 35.7%         | 5                |
| Of those asked about program or treatment preferences, staff person told the caller about:             | n = 5         |                  |
| Residential .....  | 100%          | 5                |
| Outpatient .....   | 0.0%          |                  |
| MOUD .....   | 0.0%          |                  |
| Detox.....   | 20.0%         | 1                |
|  | n = 14        |                  |
| Scheduling preferences .....   | 64.3%         | 9                |
| Travel distance or transportation .....  | 57.1%         | 8                |
| Resource needs other than payment or transportation.....   | 28.6%         | 4                |
| Screening ( <i>other than pregnancy, incarceration, or opioid/injection drug use</i> ).....            | 85.7%         | 12               |
| Of those screened, staff person asked about:   | n = 12        |                  |
| Specifics about drug use ( <i>e.g., when, where, how, how much, type</i> ) .....                       | 91.7%         | 11               |
| Criminal history.....  | 66.7%         | 8                |
| Mental health .....  | 66.7%         | 8                |
| Suicide/self-harm.....   | 66.7%         | 8                |
| Medical history (e.g., injuries, infections, hospitalization).....                                     | 50.0%         | 6                |
| Homicidal ideation .....   | 50.0%         | 6                |
| Probation/parole .....   | 50.0%         | 6                |
| Abuse/trauma .....   | 41.7%         | 5                |
| Disabilities .....   | 33.3%         | 4                |
| Overdose history .....   | 33.3%         | 4                |
| Past treatment program involvement .....   | 33.3%         | 4                |
| MAT use/history.....   | 25.0%         | 3                |
| Prenatal care .....  | 42.9%         | 6                |
| Other prenatal needs .....   | 0.0%          | 0                |
| If other pregnancy-related services were needed.....   | 7.1%          | 1                |
|  | n = 14        |                  |
| Staff person offered information or services to support recovery while waiting for an appointment..... | 28.6%         | 4                |
| Of those that offered information, information included:   | n = 4         |                  |
| Crisis line.....   | 50.0%         | 2                |
| Asked consumer if they wanted information or referrals.....  | 25.0%         | 1                |
| Education on signs of overdose.....  | 0.0%          | 0                |
| Where to obtain clean needles or NARCAN .....  | 0.0%          | 0                |
| Referral and location of detox or inpatient services.....  | 25.0%         | 1                |
| Referral and location of AA/NA or other services for recovery.....                                     | 0.0%          | 0                |
| Other service was offered .....  | 0.0%          | 0                |
|  | n = 14        |                  |
| Information about alternate treatment provider was offered .....                                       | 7.1%          | 1                |

TABLE 1.6 RESULTS FOR PRENATAL PROGRAMS BUSINESS HOURS AND AFTER BUSINESS HOURS

| <b>Business Hours</b>   | <b>n = 12</b>             | <b>Frequency</b> |
|---|---------------------------|------------------|
| Spoke with staff person .....   | 100%                      | 12               |
| Scenarios where an appointment was made.....  | 100%                      | 12               |
| No staff person answered at least one call to the program.....  | 66.6%                     | 8                |
| Consumer was told someone would call them back to set up an appointment .....   | 41.6%                     | 5                |
|   | <u>n = 5</u>              |                  |
| Of those, % did not receive a call back .....   | 80.0%                     | 4                |
|   | <u>n = 12</u>             |                  |
| Voicemail or staff person told consumer to call back for an appointment.....  | 8.3%                      | 1                |
| Average minutes spent on phone .....  | 20.1 (Range 6-28 minutes) |                  |
| Average days to first appointment .....   | 1.4 (Range 0-5 days)      |                  |
| Consumer had to disclose pregnancy, recent incarceration, or opioid/injection drug use ..   | 25.0%                     | 3                |
| Appointments changed after disclosure .....   | 0.0%                      | 0                |
| Average days to second appointment.....   | --                        |                  |
| Staff person asked about:   |                           |                  |
| Pregnancy .....   | 91.7%                     | 11               |
| Incarceration .....   | 66.7%                     | 8                |
| Opioid or injecting drug use.....   | 91.7%                     | 11               |
| Type of program or treatment preference.....  | 41.7%                     | 5                |
| Scheduling preferences .....  | 75.0%                     | 9                |
| Travel distance or transportation .....   | 66.7%                     | 8                |
| Resource needs other than payment or transportation (e.g., help with insurance, housing program, smoking program at the facility) ..... | 33.3%                     | 4                |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use).....  | 100%                      | 12               |
| Prenatal care .....   | 50.0%                     | 6                |
| Other prenatal needs .....  | 0.0%                      | 0                |
| If other pregnancy-related services were needed.....  | 8.3%                      | 1                |
| Any information or services offered to support recovery while waiting for an appointment (e.g., crisis line).....                       | 33.3%                     | 4                |
| Information about alternate treatment provider was offered .....  | 8.3%                      | 1                |
| Average overall rating, 1 = Worst to 10 = Best (friendliness, professionalism, caring).....   | 8.7                       |                  |
| <b>After Business Hours Scenarios</b>   | <b>n = 8</b>              |                  |
| Spoke with staff person   | 25.0%                     | 2                |
| Scenarios where an appointment was made   | 0.0%                      | 0                |
| No staff person answered at least one call to the program   | 87.5%                     | 7                |
| Consumer was told someone would call them back to set up an appointment   | 12.5%                     | 1                |
| Of those, % did not receive a call back (n = 1)   | 100%                      | 1                |
| Voicemail or staff person told consumer to call back for an appointment   | 100%                      | 8                |
| Consumers had an option to leave a message on voicemail   | 100%                      | 8                |
|   | <u>n = 2</u>              |                  |
| Average overall rating, 1 = Worst to 10 = Best (friendliness, professionalism, caring).....   | 6.0                       |                  |

## Referral Lines

The results for the two referral lines are presented in Appendix C. Every consumer spoke with a staff person at both referral lines and calls ranged 15.6 minutes to 20.6 minutes.

One referral line put all five consumers on hold at least once (Kentucky Crisis Clinic and Information Center Referral Line), with time on hold ranging from 2 to 19 minutes while the other referral line did not put anyone on hold (Kentucky Hope and Help Line).

**All of the referral lines referred pregnant women to SUD programs for pregnant women. However, none of the pregnant consumers were asked if they had prenatal care or if they needed other pregnancy-related services.**

The Kentucky Crisis Clinic and Information Center Referral Line staff did not ask about pregnancy or recent incarceration while Kentucky Hope and Help Line staff asked all consumers whether they were pregnant and 80% asked about incarceration history. All of the referral lines referred pregnant women to SUD programs for pregnant women. However, none of the pregnant consumers were asked if they had prenatal care or if they needed other pregnancy-related services. Consumers rated their interaction with the referral lines as ranging from 6.6 to 9.6.

## Limitations

As with any study there are limitations to consider in the interpretation of the results. Because this study only examined the initial point in the process, a phone call to make a first appointment to SUD services, it is not clear whether and how information and services proceed. It is possible that more screening and information will be shared during the in-person appointment. Further, it is possible that some programs had new and yet to be trained staff given staff shortages across Kentucky and the nation. Finally, these results are only a snapshot of what happened in a specific period when making a first appointment with an SUD program and that doing this kind of study on a regular basis may show results that may or may not be consistent.



## Conclusion and Recommendations

Making the first appointment for SUD treatment is a crucial point of entry into treatment and an important first step in engaging clients in the recovery process.

Many of the programs were able to help clients fairly quickly; 57.9% of consumers who called CMHCs and all of the prenatal programs during business hours had an initial appointment scheduled within 5 days. Additionally, the majority of CMHCs (65.1%) and prenatal programs (83.3%) had overall ratings for the staff-caller interactions of 8 or above, with 10 representing the highest quality rating.

Given the number of people who were told they would receive a call back, consumers with phones may be more successful in obtaining an appointment than consumers without a phone. Further, having insurance and an accurate social security number on hand can also help facilitate an appointment. However, it is unknown what proportion of callers to CMHCs do not have this information on hand.

Eliminating other barriers, for example, ensuring clients get called back if they are told they will be called back and not requiring clients to physically come to the program to fill out paperwork before they can schedule an appointment may also facilitate SUD program engagement. Also, asking about scheduling preferences to prevent time conflicts and transportation may be helpful. Ensuring that clients know where the program is located, what to bring, and what to expect at their first appointment may be helpful for clients in managing their expectations but also in helping them to be prepared with the necessary information to begin SUD treatment.

Additionally, screening for factors associated with potentially increased health risks may be important such as pregnancy, recent incarceration, opioid use, and overdose history. A small percent of clients were given information or services to support recovery while waiting for an appointment. It may be important to work with clients to address their needs and concerns during this period when actively trying to address their addiction. Staff may be able to quickly assess and provide information or referrals for several key barriers to SUD program engagement including housing, transportation, or other worries or concerns. For example, clients may find it helpful to learn about resources to increase their personal safety (e.g., National Domestic Violence Hotline or local shelter information). Also, providing information about overdose and Narcan, detox, or AA/NA could be helpful to clients. For pregnant clients, asking about prenatal care or providing resources to other pregnancy-related services such as KY-Moms MATR might be helpful.

For clients who have to wait longer for their appointment, providing follow-up calls in-between the time the appointments are first made and when they are scheduled may be helpful for ensuring clients show up to the first appointment. If a program were to adopt this practice, the caller should be informed during the first call that they will receive a reminder call.

Additionally, many of the interactions were friendly, professional, and caring; however, in some cases, the callers believed the interactions were not. Training staff persons fielding

**Only a few of the program staff (mostly for the prenatal programs) explained to clients what to expect at their first appointment. This may be helpful for clients in managing their expectations but also in helping them to be prepared with the necessary information to begin SUD programs.**

appointment calls on increasing the friendliness and caring of interactions may encourage consumers to show up to their appointment, even when they must wait longer periods for the first appointment. Because of the high staff turnover that is a widespread problem, having a standardized training protocol for fielding calls could be beneficial. Also, if not already in place, it could be beneficial for CMHC administrators/supervisors to check in with staff periodically to determine if there are workflow and processes that are drifting from the standards and to problem solve around the challenges and obstacles.

Furthermore, only a few of the program staff (mostly for the prenatal programs) explained to clients what to expect at their first appointment. This may be helpful for clients in managing their expectations but also in helping them to be prepared with the necessary information to begin SUD programs.

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# **Appendix A. Secret Shopper Results for CHMC Regions**

# Adanta (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**3**

Scenarios where an appointment was made



**15.3**

Average minutes spent on phone  
(Range 12-19 minutes)



**2.3**

Average days to first appointment  
(Range 1-5 days)



**3**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**1**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|  | SCENARIOS |
|--|-----------|
| Pregnancy .....  | 0         |
| Incarceration .....  | 0         |
| Opioid or injecting drug use .....   | 3         |
| Type of program or treatment preference .....  | 2         |
| Scheduling preferences .....   | 2         |
| Travel distance or transportation .....  | 0         |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0         |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 3         |

## INFORMATION OFFERED



**3**

Information or services to support recovery while waiting for an appointment (e.g., National Suicide Hotline; if need help come in; go to ER if have any pain)



**0**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**0**

Spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Consumer was told to call back for an appointment



**2**

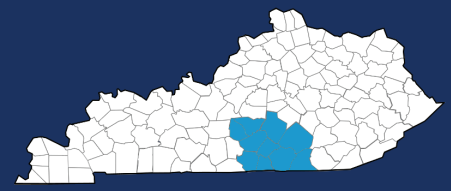
Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



**7.0**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Jessie (Scenario 1) called to set up her appointment. She was immediately informed someone would call her back, but when no one did, Jessie called again 7 days later. This time Jessie was transferred to another staff member. During this call, the staff member asked Jessie a number of questions and although she was not asked about pregnancy or incarceration, she was asked about opioid/injection drug use. After an appointment was scheduled (1 day out), Jessie told the staff member she was pregnant. After disclosing pregnancy, the staff member said, "You do know it's not good to use while pregnant, right?" The staff member then repeatedly asked Jessie why she used drugs and asked if it was because something bad had happened to her. The appointment time did not change after disclosure. The call ended with the staff member giving Jessie additional information and resources. The staff member informed Jessie of the National Suicide Hotline and told her to go to the emergency room if she had any pain before the appointment.

**Call 2.** When Krista (Scenario 3) called to set up her appointment, she was asked to provide her social security number before an appointment could be scheduled. Then, Krista was told a staff member would call back to schedule an appointment within 24 - 48 hours. However, no one called her back in that timeframe. Krista called again and the staff member told her they had tried to call her but wasn't able to leave a voicemail. Krista told them that was impossible, and when asked to confirm her phone number the staff member from the previous call had recorded it wrong. Krista was again told that someone would call her back within 24 hours to schedule an appointment. Within 3 hours, the staff member called her back and left a voicemail. When Krista called back again, staff member answered, transferred her, and placed her on hold for about 2 minutes. Krista was then screened and an appointment was scheduled (1 day out at 4:00p.m.). Krista was screened for opioid/injection drug use, but the staff member did not ask Krista about any pregnancy or incarceration. Krista disclosed her incarceration and asked for an earlier appointment. The staff person asked Krista if she was in crisis and if so, she could come in right away. Krista said she was not in crisis. The staff person did move the appointment time to the day of the call (90 minutes out) and told her if she needed help before her appointment time to just come into the site and they would help her.

**Call 3.** Eva (Scenario 5) called to schedule an appointment and the staff person who answered collected some basic information and transferred her to the scheduling team. Eva was told that someone would call her back to set up an appointment. The next day an Adanta staff member called Eva, but she missed the call. Eva called back and went through the intake process to get an appointment (5 days out). Staff personnel did not ask about pregnancy or incarceration but did ask about opioid/injection drug use. Eva disclosed she was pregnant, but her appointment time did not change. The staff member told Eva if she needed help before her appointment that she could call again or show up any time at the site. The staff member asked Eva if it was okay to call, leave voicemails, or send mail that is addressed from Adanta. The staff member was very friendly to Eva. The staff member also made sure to let Eva know what to bring to the appointment. When Eva mentioned she had no insurance the staff member said the program had no insurance assistance or payment help for her. They let her know that she would owe \$108 at her appointment.

### After Business Hours

**Call 1.** Violet (Scenario 2) called the county number around 8:00p.m. and was greeted by a voicemail message letting her know that the office was closed and what the business hours were. Violet had the option to leave a voicemail and the message stated that someone would get back with her during business hours if a message was left.

**Call 2.** Laura (Scenario 4) called the county number, and it went straight to Adanta's voicemail. The voicemail provided the agency business hours and said to leave a voicemail with her information. The voicemail informed Laura that staff would call her back during regular hours if she left a message.

# Communicare, Inc. (n = 6)



## BUSINESS HOURS SCENARIOS n = 4



**4**

Spoke with a staff person



**2**

Scenarios where an appointment was made



**6.3**

Average minutes spent on phone  
(Range 3-12 minutes)



**31.5**

Average days to first appointment  
(Range 1-62 days)



**4**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**0**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|   |   |
|---|---|
| Pregnancy .....   | 0 |
| Incarceration .....   | 1 |
| Opioid or injecting drug use .....  | 1 |
| Type of program or treatment preference .....   | 0 |
| Scheduling preferences .....  | 1 |
| Travel distance or transportation .....   | 0 |
| Resource needs other than payment or transportation<br>(e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/<br>injection drug use) .....   | 1 |

### SCENARIOS

0  
1  
1  
0  
1  
0  
0  
1

## INFORMATION OFFERED



**0**

Information or services to support recovery while waiting for an appointment



**0**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**2**

Spoke with a staff person



**1**

Scenarios where an appointment was made



**1**

Consumer was told to call back for an appointment



**1**

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



**6.0**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Alexa (Scenario 1) called the appointment line number, an operator answered the call and then transferred her to the Grayson County clinic. On the call, a staff member completed screenings with Alexa where she was asked about incarceration history and opioid/injection drug use, but not pregnancy. The appointment was scheduled for 1 day out. Alexa disclosed to the staff member she was pregnant, but the appointment time did not change. The staff member briefed her on what to expect for her appointment and the location of the facility. Alexa felt the appointment line was redundant because she did not make an appointment with this line, they only transferred her to the site she needed. Alexa found the site staff to be very friendly.

**Call 2.** Krista (Scenario 3) called the appointment line, navigated through the automated directory, and an operator answered her call. The operator transferred Krista to a staff member to discuss an appointment. Krista spoke with the staff member and they informed her that she would need to come to the site and fill out paperwork before she would be able to get an appointment. Krista told them she really wanted an appointment and did not feel comfortable just walking in. Krista also disclosed she had been recently incarcerated and uses opioid/injection drugs heavily. Even after disclosure, Krista was not allowed to make an appointment and no resources were given to her as support. Krista felt the staff member was not understanding and sounded annoyed with her pushing to have an appointment.

**Call 3.** Abigail (Scenario 5) called the appointment line and the operator transferred the call to the Meade County site to set up her appointment. A staff member from the site answered her call and informed her that she needed to come in to complete paperwork before making an appointment. Abigail pushed for an appointment and disclosed that she was pregnant and had been recently released from jail. Although the staff person was very nice, they couldn't help Abigail until paperwork was done. Abigail was offered no support or resources.

**Call 4.** Because two of the three calls did not result in an appointment, another attempt was made for this program. Madison (Scenario 5) called the appointment line and was immediately transferred to a site where a staff member answered. Madison was told by the staff member that she would need to come in to do paperwork for a telehealth appointment. Madison pushed for an in-person appointment and disclosed she was pregnant and recently released from jail. The staff member was willing to make an appointment for her (62 days out) and established her client chart in the system. Madison was not screened for opioid/injection drug use. When Madison indicated she had no insurance, the staff member told her it would cost \$140 per session. No cost assistance or other resources were provided to Madison while she waited for her appointment. Madison rated the interaction as very friendly and professional.

### After Business Hours

**Call 1.** Jennifer (Scenario 2) called the first appointment line number around 7:30p.m. An operator transferred her to the location she needed. A staff member answered the transferred call and screened her for pregnancy and opioid/injection drug use, but not incarceration history. The staff told Jennifer that someone would call her to set up an appointment and that if she didn't hear anything by Friday (3 days out) to call back. Jennifer never received a call and reached out again around 8:30p.m. (7 days after initial call). On the second call, a staff member answered and sounded confused. The staff transferred her to "access" because they would have information on appointments for her. The call rang for a while until a voicemail stated "No one is available, leave a message." Jennifer did not leave a message. Jennifer called for the third time the next day around 7:30 p.m. again. When the staff member answered the phone, she explained her situation and how she had not been able to make an appointment. The staff member then let Jennifer know she was given misinformation and that if she wanted an appointment, she would have to call during



# Communicare, Inc. (n = 6)



business hours. Jennifer told the staff member she really needed the appointment and informed staff that she was screened for pregnancy and drug use, but the staff member said they only screen clients who are in a crisis. The staff member then tried to look up Jennifer's information about her case in the system and couldn't find her profile. The staff apologized to Jennifer for the trouble and told her to call back during office hours to make her appointment. No resources or information were given to Jennifer at any point.

**Call 2.** Lacey (Scenario 4) called the county line number around 7:00p.m. A staff member answered and told Lacey that they would take her name and number so someone from their team could reach out to her during business hours. Lacey let the staff member know that she usually works during those hours and that she would not be able to answer the call. The staff member then collected some information about her. Lacey was only screened for her preferred name, preferred gender of her therapist, education level, and if she wanted text reminders. Lacey was scheduled for an appointment (7 days out). The staff member did not ask about incarceration and when Lacey disclosed this information, her appointment was moved up by a few days (5 days out). During the call, the staff member who was taking Lacey's information repeatedly needed to ask other staff what she should do. Lacey felt the staff person was not prepared to take her information. She was offered no resources during her wait time.

# Comprehend, Inc. (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



13.0

Average minutes spent on phone  
(Range 8-20 minutes)



13.7

Average days to first appointment  
(Range 5-19 days)



1

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



1

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|   |   |
|---|---|
| Pregnancy .....   | 3 |
| Incarceration .....   | 1 |
| Opioid or injecting drug use .....  | 3 |
| Type of program or treatment preference .....   | 0 |
| Scheduling preferences .....  | 1 |
| Travel distance or transportation .....   | 0 |
| Resource needs other than payment or transportation<br>(e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/<br>injection drug use) .....   | 3 |

### SCENARIOS

## INFORMATION OFFERED



0

Information or services to support recovery while waiting for an appointment



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



0

Spoke with a staff person



0

Scenarios where an appointment was made



2

Consumer was told to call back for an appointment



0

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



7.0

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Rose (Scenario 1) called the new client line to set up her appointment. Rose was first asked a number of questions including pregnancy and opioid/injection drug use, but not incarceration history. When screening was completed, Rose's appointment was set for 19 days away. The staff member said it was the earliest time available to meet with the provider. Rose was not provided with any additional resources or support for her wait time. The staff member advised her to arrive 30 minutes early for her appointment to complete paperwork.

**Call 2.** Shelby (Scenario 3) called the new client line, an operator answered and then transferred her to someone who could set up her appointment. The call was answered by a voicemail greeting and Shelby left a message with her contact information. Shelby did not receive a call back within 8 days, and therefore, decided to call again. When Shelby called, she was again transferred to a staff member to set up an appointment. The staff member screened Shelby for pregnancy and opioid/ injection drug use, but not incarceration. An appointment was scheduled for Shelby 17 days away. Shelby was not asked for her social security or insurance number though the staff member did tell Shelby to bring that information with her to the first appointment. Shelby disclosed she had recently been incarcerated and her appointment was moved up by 7 days (10 days away). Shelby was not offered any resources during her wait time.

**Call 3.** Faith (Scenario 5) called the new client line to make her appointment, but the operator put her on hold and the call was disconnected while Faith was waiting. Faith immediately called back and the same staff member from the first call picked up again. The staff member let Faith know that they were the only person in the office at the moment, and because they were working the front desk, someone would have to call Faith later to make an appointment. The staff member obtained some basic information about Shelby including her social security number before the call ended. Faith received a call back an hour later from the same staff member. The staff member was not friendly and seemed aggravated with Faith during the call. After Faith disclosed her address, the staff member asked if she wanted to contact the site located in her county. Faith said "yes" and was transferred. A staff member from the Vanceburg area picked up and completed a new client chart with Faith. Faith was screened for pregnancy, incarceration history, and opioid/ injection drug use. An appointment was set for Faith 5 days out. When booking the appointment the staff member said, "That's shocking, I figured it would have been 2 - 4 weeks out." Faith let the staff member know that she did not have insurance and she was told it would cost \$120 for her appointment but she could bring in proof of income for a sliding fee. The staff member also said that Faith could go to the food stamp office before her appointment to apply for insurance. Faith felt the Vanceburg staff member was very friendly and professional, but the appointment line staff member was not.

### After Business Hours

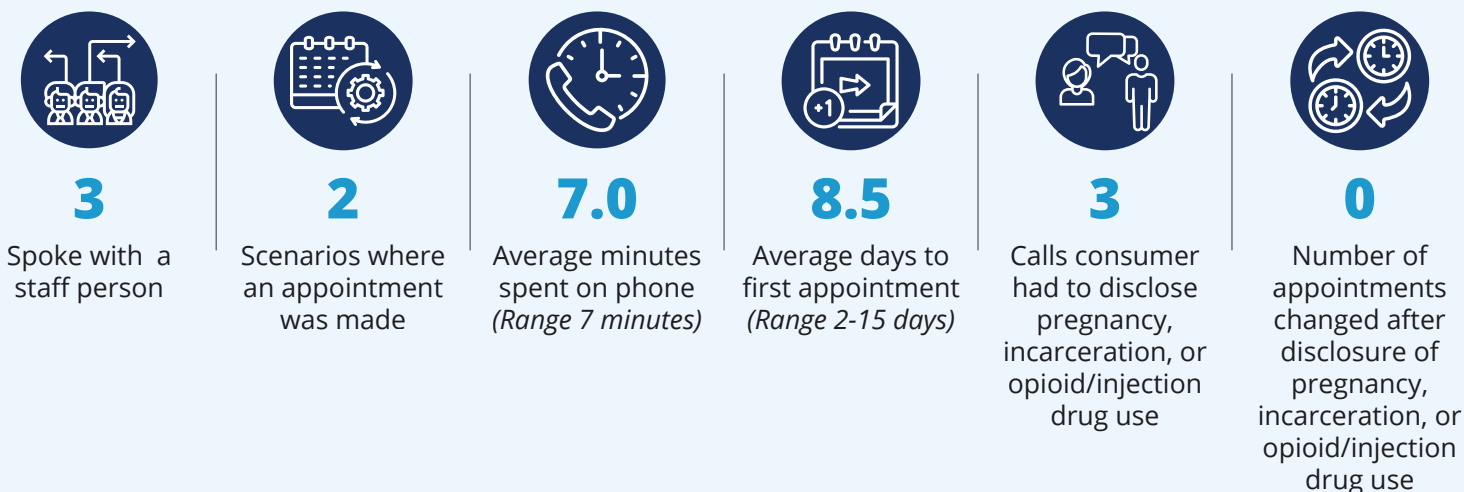
**Call 1.** Kimberly (Scenario 2) called the new client number around 7:00p.m. The call went directly to an automated message stating the office was closed and included their business hours as well as the crisis number in case of emergencies. Kimberly called the county number next, but received the same automated message. Kimberly had no option to leave a voicemail on either of the calls.

**Call 2.** Shelby (Scenario 4) called the county office line around 6:00p.m. to set up her appointment. The call went straight to a voicemail stating the site was closed and to call back during business hours. It also gave Shelby hours of operation and the emergency line number. There was no option to leave a voicemail for this call, and the message kept repeating. Shelby then called the new client number and, again, received an automated voicemail.

# Cumberland River Behavioral Health (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



### CALLS STAFF PERSON ASKED ABOUT:

### SCENARIOS

|  |   |
|--|---|
| Pregnancy .....  | 0 |
| Incarceration .....  | 0 |
| Opioid or injecting drug use .....   | 0 |
| Type of program or treatment preference .....  | 0 |
| Scheduling preferences .....   | 2 |
| Travel distance or transportation .....  | 0 |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 0 |

## INFORMATION OFFERED



0

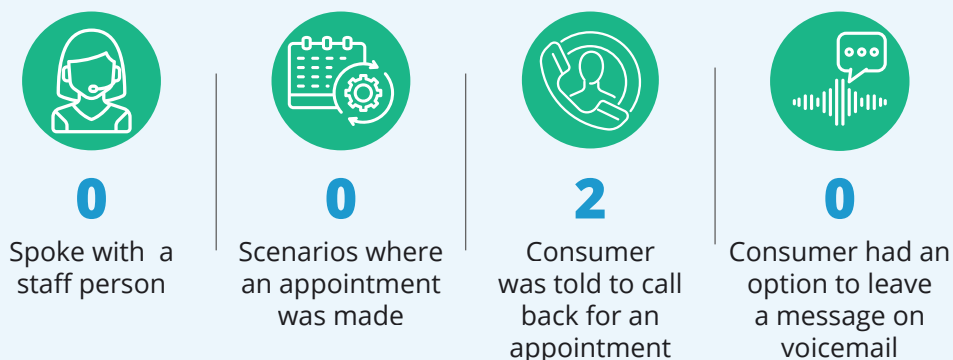
Information or services to support recovery while waiting for an appointment



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



## AVERAGE OVERALL RATING



**7.0**

1 = Worst to 10 = Best (friendliness, professionalism, and caring)

# Cumberland River Behavioral Health (n = 5)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** When Mary (Scenario 1) called to make an appointment a staff member informed her that the program was open access meaning she could walk-in for an appointment anytime Monday-Friday from 9:00a.m. – 2:00p.m. Mary asked to make an appointment over the phone because her work schedule not permit her to show up during the walk-in appointment times. The staff member agreed to find her an appointment. While searching the staff member said, “Our schedules are so full.” Mary’s appointment was scheduled for the earliest time the staff member could find which was 15 days away. Mary was not screened or asked for any information so she informed the staff member that she was pregnant. Mary’s appointment time did not change and she was given no resources during the wait period.

**Call 2.** Heather’s (Scenario 3) call was answered by an operator who transferred her to a staff person who would set up her appointment. That staff member informed Heather that she would need to come into the office to complete paperwork before an appointment could be scheduled. Heather asked to make an appointment and informed the staff member of her incarceration and heavy opioid/injection drug use. The staff member placed Heather on hold for 4 minutes. When the staff person came back on the call they let Heather know there was nothing they could do for her until she came into the office to fill out the forms. Heather thought the staff member was friendly, even though she did not get an appointment or any support resources.

**Call 3.** Taylor’s (Scenario 5 ) call was answered by a staff member who informed her the program was open access and she could come into the office anytime between Monday-Friday from 9:00a.m.-2:00p.m. Taylor asked if she could make an appointment for after those set hours, because she works during those times. The staff member was able to get her an appointment set 3 days away. Taylor was not screened for anything, so she disclosed her recent incarceration and pregnancy to the staff member. Taylor’s appointment time did not change and she was given no resources in the meantime. Taylor also informed the staff member that she did not have insurance and they said she would owe \$35 at her appointment.

### After Business Hours

**Call 1.** Summer (Scenario 2) called the county number around 8:00p.m. to arrange her appointment. The call rang to an automated voicemail saying the office was closed, gave their business hours, and the crisis line in case of emergencies. Summer remained on the phone to see if any additional options would be given, but the message repeated. Summer had no option to leave a voicemail.

**Call 2.** Katie (Scenario 4) called the county number around 6:30p.m. Her call went straight to the program’s voicemail that stated the office was closed, gave their business hours, and the crisis line in case of emergencies. The message continually repeated and there was no option for her to leave a voicemail message.

# Four Rivers Behavioral Health (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



11.7

Average minutes spent on phone  
(Range 9-16 minutes)



3

Average days to first appointment  
(Range 1-7 days)



0

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



0

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|   |   |
|---|---|
| Pregnancy .....   | 3 |
| Incarceration .....   | 3 |
| Opioid or injecting drug use .....  | 3 |
| Type of program or treatment preference .....   | 1 |
| Scheduling preferences .....  | 2 |
| Travel distance or transportation .....   | 0 |
| Resource needs other than payment or transportation<br>(e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/<br>injection drug use) .....   | 3 |

### SCENARIOS

3  
3  
3  
1  
2  
0  
0  
3

## INFORMATION OFFERED



2

Information or services to support recovery while waiting for an appointment (e.g., Crisis Line)



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



0

Spoke with a staff person



0

Scenarios where an appointment was made



2

Consumer was told to call back for an appointment



0

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



8.3

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

# Four Rivers Behavioral Health (n = 5)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Billie (Scenario 1) called the county line to set up her appointment and her call was answered by a staff member who began by asking some basic information. The staff member screened her for pregnancy, incarceration, and opioid/injection drug use. After the questions were finished, the staff member set an appointment 1 day away for Billie. The staff member also gave Billie the crisis line number just in case she needed it. No other resources were given to Billie for her wait time.

**Call 2.** Jan (Scenario 3) called to set up her appointment and the staff member who answered entered Jan's information in the system. Jan did have to provide her social security or insurance number to schedule her appointment. Jan was screened for pregnancy, incarceration, and opioid/injection drug use. Jan was also asked if she preferred a residential or outpatient treatment program. The staff member scheduled Jan's appointment 1 day away. The staff member offered Jan the crisis line number in case she needed it. Jan felt the staff person was very friendly and professional.

**Call 3.** Abby (Scenario 5) called the site to get an appointment. A staff member answered and began collecting some basic information. Abby was asked about pregnancy, incarceration, and opioid/injection drug use. After Abby disclosed her recent incarceration, the staff member transferred her call to another department to help with her case. That department staff member completed additional screenings with Abby. Abby was then able to get her appointment scheduled 7 days away. The staff member informed Abby what to expect for her appointment and let her know she would owe \$35 dollars at her appointment since she currently had no insurance. Abby noted several long pauses during her phone call with the staff, but overall the staff person was very friendly to her. Abby was given no resources for her wait period.

### After Business Hours

**Call 1.** Stephanie (Scenario 2) called the county number around 8:30p.m. to set up her appointment. The call went straight to the site's automated voicemail system that provided the business office hours for outpatient programs, crisis line number, and the number for residential facilities. Stephanie had no option to leave a voicemail and the message continued repeating.

**Call 2.** Jessica (Scenario 4) called the county number around 8:30p.m. The call went straight to the site's automated voicemail system that provided their business hours, crisis line number, and advised her to call back during normal office hours. The message continued to repeat and Jessica was unable to leave a voicemail.

# Kentucky River Community Care (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**3**

Scenarios where an appointment was made



**10.3**

Average minutes spent on phone  
(Range 5-14 minutes)



**15.7**

Average days to first appointment  
(Range 3-35 days)



**3**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**0**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|   |   |
|---|---|
| Pregnancy .....   | 0 |
| Incarceration .....   | 1 |
| Opioid or injecting drug use .....  | 1 |
| Type of program or treatment preference .....   | 0 |
| Scheduling preferences .....  | 2 |
| Travel distance or transportation .....   | 0 |
| Resource needs other than payment or transportation<br>(e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/<br>injection drug use) .....   | 1 |

### SCENARIOS

## INFORMATION OFFERED



**0**

Information or services to support recovery while waiting for an appointment



**0**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**0**

Spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Consumer was told to call back for an appointment



**0**

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



**7.7**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



# Kentucky River Community Care (n = 5)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Amanda (Scenario 1) called the program to make her appointment. A staff member answered Amanda's call and began by collecting contact information. An appointment was set for Amanda 3 days away. Amanda was not screened for anything including pregnancy, incarceration, or opioid/ injection drug use. Amanda disclosed to the staff member that she was pregnant. The staff member informed Amanda that her appointment time would not change due to her pregnancy, but the staff member did tell her that at her appointment she can disclose her pregnancy to the counselor so she could be entered into the KY-Moms program.

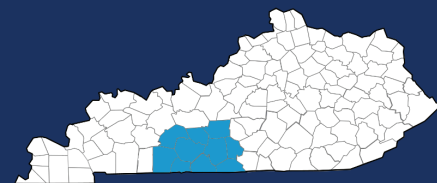
**Call 2.** Brittany (Scenario 3) called to make her appointment. A staff member answered and started asking about basic information. When asked about her social security number, Brittany said she didn't feel comfortable giving that information out over the phone and asked if she could bring it to her first appointment. The staff member responded, "No, because of billing and insurance issues." Brittany then told the staff person her social security number and an appointment was set for 35 days away. Brittany was not asked about pregnancy, incarceration, or opioid/injection drug use during the call. Brittany disclosed her drug use and incarceration and asked for an earlier appointment. The staff member said they were unable to provide her with an earlier appointment. Brittany was offered no resources for the wait period.

**Call 3.** Jill (Scenario 5) called the program to set up her appointment. She spoke with an operator who then transferred her call to a staff member. A staff member answered the call and immediately placed Jill on hold. When the staff person returned on the phone, they began filling out Jill's client chart and screened her for incarceration and opioid/injection drug use, but not pregnancy. Jill was placed on hold again after the initial screening. The staff member answered the call again and informed Jill that they were trying to reach out to another staff member who would help Jill due to Jill's incarceration. That staff member told Jill the other staff person she needed to speak with must be busy at the moment and finished making Jill's chart. After Jill's chart was made, the staff member told Jill someone from their team will reach out when they are available to help. Fourteen minutes later, Jill received a call back from the site. The staff member helped Jill set up her appointment which would be in 9 days. Jill then disclosed she was also pregnant, but there was no change to her appointment time. Jill received no resources for her wait time.

### After Business Hours

**Call 1.** Crystal (Scenario 2) first called a county line around 8:00p.m. to set up her appointment. Immediately the call told her to "please hold while I connect you" before waiting for 1 minute on hold. Crystal then heard an automated message that said, "Sorry, no one is available to take your call. Goodbye." Crystal's call was dropped after this message ended. The next day around 7:00p.m., Crystal called the same number again with the same outcome.

**Call 2.** Rebecca (Scenario 4) first called the county number around 7:45p.m. to set up her appointment. The call rang for 3 minutes until it was dropped. Rebecca had no option to leave a voicemail. Two days later, Rebecca tried the same number again around the same time, with the same outcome. Rebecca went a step further and tried calling the main office number (twice), but the call went to a dial tone both times.



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**2**

Scenarios where an appointment was made



**16.0**

Average minutes spent on phone  
(Range 8-23 minutes)



**2.0**

Average days to first appointment  
(Range 0-4 days)



**2**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**0**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

| CALLS STAFF PERSON ASKED ABOUT:  | SCENARIOS |
|--|-----------|
| Pregnancy .....  | 2         |
| Incarceration .....  | 1         |
| Opioid or injecting drug use .....   | 2         |
| Type of program or treatment preference.....   | 1         |
| Scheduling preferences .....   | 2         |
| Travel distance or transportation .....  | 0         |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0         |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 2         |

## INFORMATION OFFERED



**0**

Information or services to support recovery while waiting for an appointment



**1**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**0**

Spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Consumer was told consumer to call back for an appointment



**2**

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



**9.3**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** When Dove (Scenario 1) called to make an appointment her call was immediately answered with a hold. After 4 minutes on hold, a message stated that there was “Nobody to take your call.” She left a message for the site to call her back, but no one contacted her. A week later Dove tried calling again. This time the call went straight to a message stating “please wait while we connect your call.” Dove remained on the line, but no one answered her call. She left a voicemail for them to call her back, but was never contacted. A week later she called the appointment line for a third time, but was greeted with a message saying “All care representatives are busy with other clients.” She left a voicemail and received a call back from the site around 3 hours later. When Dove answered the phone and spoke with the staff member, the staff member informed Dove that Allen County LifeSkills was on hold for all new patients so they were not able to make an appointment for her. The staff member asked what treatment Dove was seeking and gave her information on other programs she could reach out to. The staff member recommended Scottsville Counseling Center or another staff member at LifeSkills would get Dove into Park Place Rehab. Dove was not screened for anything, so she disclosed to the staff person that she was pregnant. The staff member continued to tell her that she could not make an appointment. The staff member informed her that the only thing they could do for Dove was schedule a Zoom referral for another program if she wanted, but this would not be an appointment to start care. The staff member told Dove to call the referrals and if she still needed help to call them back. Dove felt the staff person was very professional and friendly to her.

**Call 2.** Suzanne (Scenario 3) called the site to set up her appointment and navigated the directory to select a new appointment for a new client. A staff member answered Suzanne’s call and started her intake for the appointment. Suzanne was asked about pregnancy and opioid/injection drug use, but not incarceration. Suzanne also did not have to disclose her social security or insurance number to set up the appointment. Suzanne’s appointment was scheduled 4 days away. At this time, Suzanne disclosed that she had recently been incarcerated to see if she could get an earlier appointment. The staff member did not offer her an earlier appointment or any resources for her wait period.

**Call 3.** Jazz (Scenario 5) called to set up her appointment and had to navigate the automated directory to select appointment for a new client. Jazz then waited on hold for 5 minutes until an automated message stated, “All care representatives are busy with other clients.” Jazz left a voicemail for someone to call her back. Jazz did not get a call back within a week, so she called again. She navigated the directory, was put on hold for 1 minute, and then a staff member answered her call. The staff member screened Jazz for pregnancy, incarceration, and opioid/injection drug use. When Jazz indicated she had no insurance, there was no mention of costs or financial support. After the intake process, the staff member told her she could have an appointment starting in 20 minutes. The staff member told Jazz that they wanted to get her into an appointment as soon as possible since she was pregnant. The staff member also told Jazz that they don’t care what she looks like, that she just needed to come in for her appointment. Jazz felt the staff person was very friendly.

### After Business Hours

**Call 1.** Lindsey (Scenario 2) called the main office number around 8:30p.m. to set up her appointment. Her call went to an automated messaging saying the office was closed. She pressed 0 to speak with an operator, but no one was available to take her call. She did have the option to leave a voicemail if needed. Lindsey then decided to call the appointment line after this call ended to see if she could reach someone. Her call went to a message saying “no care representatives are available.” The message also gave the crisis line number and had the option to leave a voicemail.

**Call 2.** Karen (Scenario 4) called the county number around 6:45p.m. to set up her appointment, but the call went straight to voicemail. The message included the crisis number and that no one was available to take her call. She did have the option to leave a voicemail. After this, Karen decided to call the appointment line to set up her appointment, but it also went straight to voicemail. The message told Karen that there was no representative available to take her call, gave the crisis line, and said to leave a voicemail with her name and contact information so they could call her back within the next business day.

# Mountain Comprehensive Care Center (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**2**

Scenarios where an appointment was made



**4.7**

Average minutes spent on phone  
(Range 3-6 minutes)



**21.0**

Average days to first appointment  
(Range 21 days)



**3**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**0**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|  | SCENARIOS |
|--|-----------|
| Pregnancy .....  | 0         |
| Incarceration .....  | 0         |
| Opioid or injecting drug use .....   | 0         |
| Type of program or treatment preference .....  | 0         |
| Scheduling preferences .....   | 0         |
| Travel distance or transportation .....  | 0         |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0         |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 0         |

## INFORMATION OFFERED



**0**

Information or services to support recovery while waiting for an appointment



**1**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**0**

Spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Consumer was told to call back for an appointment



**2**

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



**7.0**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

# Mountain Comprehensive Care Center (n = 5)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Victoria (Scenario 1) called for an appointment. A staff member picked up her call and began the intake process. During the call, an issue came up with Victoria's social security number. Victoria told the staff member that she was sorry and that she must have mixed up the numbers. Victoria said she did not have her card on her because she was trying to make an appointment while on a break at work. The staff member said they were unable to give her an appointment until this is fixed. Since Victoria was not screened for anything, she disclosed she was pregnant and that she really needed this appointment. The staff member then informed her that the system will not let them make the appointment, that Pike County's office was already short staffed, and booked out for a month for appointments. The staff member told Victoria to call another site to get help but did not tell her any resources or point her to any particular program. Victoria felt the call was a "tough luck" situation but the staff member was friendly.

**Call 2.** Lisa (Scenario 3) called the site number to set up her appointment. A staff member answered her call and started her intake process. When Lisa said she did not feel comfortable giving her social security number over the phone, the staff member said that it was okay to bring it in during Lisa's first session. Lisa was not screened for pregnancy, incarceration, or opioid/injection drug use. The staff member was able to get Lisa scheduled for an appointment in 21 days. Lisa disclosed her incarceration and opioid/injection drug use to see if she could get an earlier appointment. The staff member informed Lisa that there were no earlier appointments, but that she could reach out to other sites in the community to find an earlier appointment.

**Call 3.** Gretchen (Scenario 5) called the site for an appointment. A staff member answered Gretchen's call and started her intake process. The staff member obtained her basic information but Gretchen was not asked about pregnancy, incarceration, or opioid/injection drug use. The staff member mentioned no cost or financial assistance when Gretchen indicated she had no insurance. An appointment was made for Gretchen in 21 days. Gretchen then disclosed to the staff member that she was pregnant and had recently been incarcerated. There was no change in appointment time or resources given, but the staff member explained the first appointment was to set up a client chart and then the counselor will help Gretchen figure out what she needs for treatment.

### After Business Hours

**Call 1.** Emily (Scenario 2) called the county line around 7:30p.m. to set up her appointment. Her call rang to a message saying not available and to leave a message or to press pound for more options. Emily ended the call. Emily called again 2 days later around 5:30p.m. and the same sequence occurred.

**Call 2.** Jillian (Scenario 4) called the county line around 7:30p.m. to set up an appointment. The call rang and was answered with a voicemail greeting indicating the office was closed, the business hours, and to leave a brief voicemail and they would return the call as soon as they could.

# New Vista (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



20.7

Average minutes spent on phone  
(Range 14-34 minutes)



1.7

Average days to first appointment  
(Range 1-3 days)



2

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



1

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

### SCENARIOS

|  |   |
|--|---|
| Pregnancy .....  | 2 |
| Incarceration .....  | 0 |
| Opioid or injecting drug use .....   | 3 |
| Type of program or treatment preference .....  | 1 |
| Scheduling preferences .....   | 3 |
| Travel distance or transportation .....  | 0 |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 3 |

## INFORMATION OFFERED



1

Information or services to support recovery while waiting for an appointment  
(e.g., Crisis Line)



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



1

Spoke with a staff person



1

Scenarios where an appointment was made



1

Consumer was told to call back for an appointment



0

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



8.0

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Amy (Scenario 1) called the site for an appointment. A staff member answered Amy's call and began her intake process. Amy was screened for pregnancy and opioid/injection drug use, but not incarceration. Amy was also asked what kind of treatment she was seeking and the staff member informed her of all the options she could choose from (e.g., inpatient, outpatient, MOUD, or counseling). Amy was able to get her appointment scheduled in 3 days. The staff member asked Amy if she wanted phone call reminders for her appointment and also told Amy that if any issues come up over the weekend to give them a call.

**Call 2.** Abigail (Scenario 3) called the site for an appointment. A staff member answered the call and started her intake process. When the staff member asked Abigail for her social security number, she stated she didn't feel comfortable disclosing that information over the phone and asked if she could bring it in at her appointment. The staff member said they needed this information, so Abigail provided her social security number. Abigail was asked about pregnancy and opioid/injection drug use, but not incarceration. Abigail's appointment was set for the next day. Abigail disclosed her incarceration and the staff member placed her on hold to see if they could get her an earlier appointment. The staff member then told Abigail that they were trying to call the site's treatment center to push for an earlier appointment for her. The staff member informed Abigail that she now had an "emergency appointment" for that day and was scheduled an appointment in 15 minutes due to her injection drug use. The client was not asked about scheduling conflicts or transportation and no other information or resources were provided.

**Call 3.** Julie (Scenario 5) called the site to set an appointment. A staff member answered the call and started her intake process. Julie was screened for opioid/injection drug use, but not pregnancy or recent incarceration. Julie noticed a lot of long pauses during phone call and the call felt long with very few questions being asked (14 minutes total). When Julie indicated she had no insurance, there was no mention of cost or financial assistance for the appointment. Julie's appointment was scheduled for the next day. Julie then disclosed she was pregnant and had been recently incarcerated. There were no changes in appointment time or resources after disclosure. The staff member did ask Julie if she wanted appointment reminders.

### After Business Hours

**Call 1.** Samantha (Scenario 2) called the county number around 7:00p.m. to set up her appointment. Her call went to a voicemail message saying the office was closed. The message also gave Samantha the 24-hour line for emergencies, the site's office hours, and advised her to call back during those hours. Samantha had no option to leave a voicemail.

**Call 2.** Tracey (Scenario 4) called the site number around 6:00p.m. to set up her appointment. A staff member answered her call and started Tracey's intake process. Tracey was screened for pregnancy and opioid/injection drug use, but not incarceration. Tracey's appointment was scheduled 7 days away. Tracey then disclosed her recent incarceration to the staff member. The staff member was able to move her appointment up (3 days out) and informed Tracey of the engagement specialists that are assigned to new clients at the program. The staff member said the engagement specialist would contact Tracey before and after her first appointment. The staff member also mentioned text and call reminders leading up to the appointment. The staff member also said to Tracey that they were happy Tracey called and knew how difficult it must be. Tracey thought the staff person was very friendly and professional.

# NorthKey Community Care (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**3**

Scenarios where an appointment was made



**13.7**

Average minutes spent on phone  
(Range 9-18 minutes)



**2.7**

Average days to first appointment  
(Range 2-4 days)



**1**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**0**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|  | SCENARIOS |
|--|-----------|
| Pregnancy .....  | 3         |
| Incarceration .....  | 2         |
| Opioid or injecting drug use .....   | 3         |
| Type of program or treatment preference .....  | 0         |
| Scheduling preferences .....   | 3         |
| Travel distance or transportation .....  | 1         |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 1         |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 3         |

## INFORMATION OFFERED



**3**

Information or services to support recovery while waiting for an appointment  
(e.g., Crisis Line)



**0**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**0**

Calls spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Voicemail or staff person told consumer to call back for an appointment



**0**

Calls with option to leave a message on voicemail

## AVERAGE OVERALL RATING



**9.0**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)





## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Jamie (Scenario 1) called the county line for an appointment. A staff member answered and began the intake process. Jamie was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member informed Jamie that she needed to bring in any form of ID and it doesn't matter if there are any issues with it (e.g., expired license) because the site can help Jamie get it fixed. The staff person also told Jamie that this number can also be used as a crisis line and she could pass this number out to her friends in case they also need help. Jamie's appointment was set for 2 days away. Jamie felt the staff member was very friendly and professional.

**Call 2.** Grace (Scenario 3) called the county line to set up her appointment. A staff member answered the call and started the intake process. When Grace was asked about her social security number, she had to disclose the information to set up the appointment. The staff member had issues trying to find Grace's social security number in the database. The staff member told Grace that they would still be able to make an appointment but that she needed to bring her insurance card to the appointment. Grace was screened for pregnancy and opioid/injection drug use, but not incarceration. Grace's appointment was scheduled in 4 days. Then Grace disclosed her recent incarceration to get an earlier appointment. The appointment time did not change, but the staff member said they tried to get the appointment in as soon as possible already. Grace was offered the crisis line as an additional resource.

**Call 3.** Ashley (Scenario 5) called the county line and had to wait 4 minutes until a staff member picked up the phone. When the staff member answered, they began the intake process. Ashley was screened for pregnancy, incarceration, and opioid/injection drug use. When Ashley informed the staff member she had no insurance, the staff member said they would forward Ashley's information over to another staff member at the site to find out if the state would qualify her for insurance. The staff member explained that the insurance appointment would be over Zoom, explained what to expect, and how to navigate Zoom for that appointment. Ashley's appointment was scheduled in 2 days. The staff member told Ashley that she could call this number again if needed because it was also an emergency crisis line. Ashley felt the staff person was very friendly and professional.

### After Business Hours

**Call 1.** Brianna (Scenario 2) called the county number around 8:00p.m. and the call went straight to the program's voicemail message. The voicemail informed Brianna that the office was closed, gave the crisis line and suicide hotline numbers, and to press 1 if she was going to be late to an evening appointment. The voicemail continued to repeat with no option for Brianna to leave a voicemail.

**Call 2.** Ashlee (Scenario 4) called the county number around 7:00p.m. and it went straight to the program's voicemail message. The voicemail informed Ashlee that the office was closed and provided the crisis line and the suicide hotline numbers. The voicemail continued to repeat with no option for Ashlee to leave a voicemail.

# Pathways, Inc. (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**3**

Scenarios where an appointment was made



**9.3**

Average minutes spent on phone  
*(Range 8-11 minutes)*



**7.7**

Average days to first appointment  
*(Range 1-21 days)*



**2**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**0**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

### SCENARIOS

|  |   |
|--|---|
| Pregnancy .....  | 0 |
| Incarceration .....  | 2 |
| Opioid or injecting drug use .....   | 2 |
| Type of program or treatment preference .....  | 0 |
| Scheduling preferences .....   | 1 |
| Travel distance or transportation .....  | 0 |
| Resource needs other than payment or transportation<br><i>(e.g., housing, cell phones)</i> ..... | 0 |
| Screening <i>(other than pregnancy, incarceration, or opioid/injection drug use)</i> .....       | 3 |

## INFORMATION OFFERED



**1**

Information or services to support recovery while waiting for an appointment  
*(e.g., any information or referrals needed)*



**0**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**0**

Calls spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Voicemail or staff person told consumer to call back for an appointment



**1**

Calls with option to leave a message on voicemail

## AVERAGE OVERALL RATING



**7.7**

*1 = Worst to 10 = Best (friendliness, professionalism, and caring)*



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Rachel (Scenario 1) called the county line to set up her appointment and an operator answered the phone. Rachel's call was transferred to the scheduling team. The scheduling staff member answered and began the intake process. Rachel was screened for opioid/injection drug use, but not pregnancy or incarceration. Rachel's appointment was set for the next day because they had an appointment cancellation that fit into Rachel's schedule. Rachel disclosed that she was pregnant, but there was no appointment time change or resources given. Rachel felt the call was rushed.

**Call 2.** Patty (Scenario 2) called the county line to set up her appointment, but it rang and then went to a dial tone. Right after this call, Patty decided to call the appointment line to set up her appointment. The call was placed on hold for 3 minutes initially, then a staff member answered. The staff member started the intake process. When asked to provide her social security number, Patty said she would feel more comfortable bringing it in at her appointment. The staff member audibly sighed when Patty said this and sounded annoyed for the rest of the phone call. The staff member asked why Patty was seeking treatment and what was going on in her life at the moment. Patty was screened for incarceration and opioid/injection drug use, but not pregnancy. The initial appointment was scheduled in 21 days. The staff member did offer Patty a telehealth session while waiting for her appointment since it was 3 weeks until her appointment.

**Call 3.** Laikin (Scenario 5) called the appointment line and when a staff member answered her call, they immediately started the intake process. Laikin was asked about incarceration, but not pregnancy or opioid/injection drug use. When Laikin indicated that she had no insurance, the staff member told her that it would be a \$75 fee at 1st appointment, but she could bring in proof of hourly income and the fee would be waived. The appointment was scheduled for the next day (1 day out). Laikin then disclosed her pregnancy to the staff member. There was no change in Laikin's appointment time and no resources were provided after disclosure.

### After Business Hours

**Call 1.** Alexis (Scenario 2) called the county number around 7:00p.m. to set up her appointment. The call rang for 3 minutes until the voicemail message played, but the call dropped before the message was complete. Alexis called the appointment line number 10 minutes later and it went straight to a message stating the office was closed, gave their business hours, and provided the 24-hour helpline. Alexis had no option to leave a message and her call dropped after the message was finished. Two days later around 6:00p.m., Alexis tried calling the county number a second time and the call went to a Pathways after hours message. The message provided Alexis with the help line and advised her to call back during business hours.

**Call 2.** Sabrina (Scenario 4) called the county number around 8:15p.m. to set up her appointment. Sabrina's call reached the site's voicemail greeting and gave her the option to leave a message. About 5 minutes later, Sabrina called the appointment line which also went straight to a voicemail message that informed her that offices were closed, provided the crisis line number, and gave the program business hours. Sabrina's call dropped after the message finished playing and she had no option to leave a voicemail.

# Pennyroyal Center (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**3**

Scenarios where an appointment was made



**17.0**

Average minutes spent on phone  
(Range 10-27 minutes)



**10.7**

Average days to first appointment  
(Range 2-22 days)



**1**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**1**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|  |   |
|--|---|
| Pregnancy .....  | 2 |
| Incarceration .....  | 2 |
| Opioid or injecting drug use .....   | 2 |
| Type of program or treatment preference .....  | 1 |
| Scheduling preferences .....   | 0 |
| Travel distance or transportation .....  | 0 |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 3 |

### SCENARIOS

## INFORMATION OFFERED



**0**

Information or services to support recovery while waiting for an appointment



**1**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**1**

Calls spoke with a staff person



**0**

Scenarios where an appointment was made



**2**

Voicemail or staff person told consumer to call back for an appointment



**0**

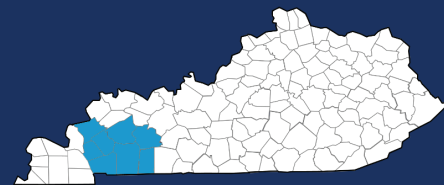
Calls with option to leave a message on voicemail

## AVERAGE OVERALL RATING



**5.8**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Tammy (Scenario 1) called the office line to set up her appointment. An operator answered and transferred Tammy to a member of the pre-screening team where she was screened for pregnancy, incarceration, and opioid/injection drug use. After screening was complete, the staff member transferred Tammy to the scheduling staff member who could set up her appointment. Tammy waited for the scheduling team to answer the phone, but they were busy at the moment. The pre-screening staff Tammy originally spoke with answered the call and told her that they will send Tammy's information over so they can call when they have a chance. The staff member told Tammy to have a good day, but called her Penny instead. Two hours later, Tammy (our office was closed at the time) had a missed call from the scheduling staff and they left a message for a Penny to call them back. The next morning, Tammy returned the call and the operator immediately transferred Tammy's call. She was then put on hold for 3 minutes until her call dropped. Tammy called back immediately, and the operator then informed Tammy that the office was still closed and she needed to call back when they opened. Tammy waited and called back when the office was open. Tammy was transferred to the scheduling staff member and the staff member had a hard time finding Tammy's information in the system because of the other staff person's mistake of getting her name incorrect. The staff member finally got Tammy's information pulled up and an appointment was set for 2 days away. Tammy felt that the scheduling staff were annoyed with her and that although the screening staff was friendly they were not very professional. Tammy was offered no resources for her wait time.

**Call 2.** Lauren (Scenario 3) called the office line to set up her appointment. A staff member answered Lauren's call and transferred her to the screening staff member. Lauren was not screened for pregnancy, incarceration, or opioid/injection drug use. After the screening questions were completed, Lauren was transferred to the scheduling staff member, but they did not answer the call. The screening staff member informed Lauren that the other staff must be busy at the moment and would call her back later. Lauren saw a missed call from the site the next day along with a voicemail asking her to call them back. The next day Lauren returned the call but was immediately placed on hold. The scheduling staff member answered the call and an appointment was scheduled 22 days out. Lauren disclosed her incarceration and her opioid/injection drug use, and her appointment was moved 1 day closer (21 days out). Lauren was given no resources for her wait time.

**Call 3.** Gwen (Scenario 5) called the office line to set up her appointment. Her call was answered, transferred, and staff answered the phone to start the intake process. Gwen was screened for pregnancy, incarceration, and opioid/injection drug use. When Gwen indicated she had no insurance, the staff member didn't disclose any cost or financial assistance. Gwen's appointment was scheduled for 8 days away. The staff member also informed Gwen of an inpatient program "Genesis" in case outpatient doesn't work for her. The staff member described the details of the 28-day inpatient program to Gwen as well. Gwen thought the staff were very friendly.

### After Business Hours

**Call 1.** Michelle (Scenario 2) called the office around 6:30p.m. A staff member answered her call and informed Michelle that office was closed and that they were unable to make an appointment for her at the moment. Michelle asked for the office hours and told the staff member that she usually works during those hours. Michelle asked if she could get an appointment set up now while she has time, but the staff member said no. Michelle then disclosed her pregnancy and opioid/injection drug use to the staff member. The staff member said they still couldn't make an appointment while the office is closed. Michelle felt the staff person was not friendly or helpful. The staff provided her with no resources or help.

**Call 2.** Josie (Scenario 4) called the office number around 6:45p.m. The call rang for 3 minutes and then was dropped. Josie had no option to leave a voicemail. Josie called again the next day around 7:30p.m., but encountered the same situation.

# RiverValley Behavioral Health (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



**3**

Spoke with a staff person



**3**

Scenarios where an appointment was made



**13.7**

Average minutes spent on phone  
(Range 7-27 minutes)



**53**

Average days to first appointment  
(Range 36-79 days)



**3**

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



**1**

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|   |   |
|---|---|
| Pregnancy .....   | 0 |
| Incarceration .....   | 0 |
| Opioid or injecting drug use .....  | 1 |
| Type of program or treatment preference .....   | 1 |
| Scheduling preferences .....  | 0 |
| Travel distance or transportation .....   | 1 |
| Resource needs other than payment or transportation<br>(e.g., housing, cell phones) ..... | 0 |
| Screening (other than pregnancy, incarceration, or opioid/<br>injection drug use) .....   | 0 |

### SCENARIOS

## INFORMATION OFFERED



**0**

Information or services to support recovery while waiting for an appointment



**0**

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



**1**

Spoke with a staff person



**0**

Scenarios where an appointment was made



**1**

Consumer was told to call back for an appointment



**0**

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



**6.8**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Rose (Scenario 1) called the county number and navigated the program's automated directory. After selecting the number for an outpatient therapy appointment, the message said, "Sorry, user mailbox cannot accept anymore messages" and then disconnected. Rose tried the same number again the next day and experienced the same message. After the call Rose felt something was wrong with their number and searched for a different number to try to find someone to speak with from the program. Rose called the number she found and was able to get connected to a staff member for the program. The staff member told Rose at the beginning of the call that the Henderson site was very backed up for appointments at the moment. The staff did not complete any screenings with Rose. Rose was offered either a telehealth appointment (49 days out), or an in-person appointment (79 days out). Rose chose the in-person appointment and then disclosed to the staff member that she was pregnant. The staff member then said, "Let's get you in sooner because that's very important." The staff member looked at other RiverValley sites in different counties and was able to schedule Rose for an appointment in Owensboro (6 days out). The site was located 40 minutes farther from her than the original program and no resources were offered in her wait time. Rose felt the staff member was very friendly and professional.

**Call 2.** Jamie (Scenario 3) called the main office line and when the operator answered her call she was immediately transferred to the new client entry staff. The call rang and went to a voicemail that said to leave a message and that someone would get back to her within 24 hours. Jamie left a voicemail and her call was returned by staff the next day. The staff member began the intake process. The staff member informed Jamie that she had to disclose her social security number or insurance number to set up the appointment. Jamie gave the staff member her social security number and the call continued. The staff member did not complete any screening questions with Jamie, but did ask her if she preferred a male or female counselor. Jamie's appointment scheduled 36 days away. Jamie then disclosed she had recently been incarcerated and was using opioid/injection drugs. The appointment time did not change, and no resources were given for her wait time.

**Call 3.** Breanna (Scenario 5) called the main office number and navigated an automated directory. Breanna selected the option corresponding to an outpatient therapy appointment. Breanna's call was then transferred, and she was put on hold for 2 minutes. A staff member answered Breanna's call and asked her if it was her first appointment. Breanna was then transferred to the new client intake office where she was greeted with a message saying "All intake representatives are busy right now." Breanna left a message for them to call her back. She received a return call 1 hour later but missed the call. When Breanna called back, a staff member answered Breanna's call and began the intake process. Breanna was asked about opioid/injection drug use, but not pregnancy or incarceration. When Breanna indicated she had no insurance, the staff member told her that her session would cost \$120 with no mention of financial assistance. Breanna's appointment was scheduled for 44 days later. Breanna then disclosed that she was pregnant and had recently been incarcerated. The staff member placed Breanna on hold to ask the therapist at the site if they could get her in quicker. After being on hold for 3 minutes, the staff member returned to the call and state that the therapist must be busy at the moment. The staff member told Breanna that they would call her back later that day. Breanna did not get a call back that day and waited another 3 business days (5 days in total) to hear back. Breanna called again and spoke with another intake staff member. The staff member said Breanna's appointment was still set for the original date, but they could check to see if they had any openings. The staff member told Breanna that there were no earlier dates. No resources were offered for the wait period.



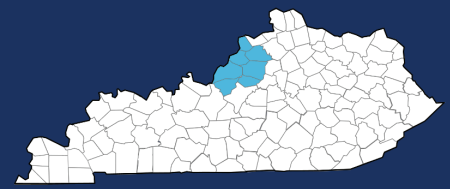
## After Business Hours

**Call 1.** Tiffany (Scenario 2) called the county line around 5:30p.m. to set up her appointment. Tiffany navigated the automated directory to select an outpatient therapy appointment, but received a message that state there was no one to take her call and proceeded to disconnect. Tiffany then called the main office number and selected the option corresponding to an outpatient therapy appointment. Tiffany was on hold for 3 minutes until a staff member answered her call and started by asking for some basic information. Tiffany was then transferred again to speak with another staff person to schedule her appointment. The staff member got Tiffany's insurance type, social security number, and reason she needed an appointment before telling her they would call her back with an appointment time. Tiffany received a call back 4 minutes later and was then told that her social security number wasn't appearing in the database. Tiffany said she didn't have her card on her at the moment and would bring it in at the appointment. The staff member told Tiffany that they needed this information in order to schedule the appointment and asked if she could provide her insurance identification. Tiffany said she didn't know her insurance number and then disclosed that she was pregnant and using opioid/injection drug use. The staff member continued to say she could not schedule an appointment without a social security number that could be found in the database or an insurance number, but did tell her she could call back anytime once she had the correct social security number. Tiffany was given no resources or information in the meantime.

**Call 2.** Lorrie (Scenario 4) called the main office line around 8:10p.m. to set up her appointment and was greeted by an automated directory. Lorrie navigated the directory to select the option for an outpatient therapy appointment. Lorrie's call was then transferred and she waited for someone to answer her call for 15 minutes. When Lorrie hit the 15-minute mark for waiting, she hung up the phone. Lorrie tried to call the site again the next day at 7:30p.m. and, again, received no answer. Lorrie had no option to leave a voicemail message for either of the calls.



# Seven Counties Services (n = 5)



## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



14.0

Average minutes spent on phone  
(Range 10-19 minutes)



7.0

Average days to first appointment  
(Range 4-13 days)



1

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



0

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|  |   |
|--|---|
| Pregnancy .....  | 3 |
| Incarceration .....  | 1 |
| Opioid or injecting drug use .....   | 3 |
| Type of program or treatment preference .....  | 1 |
| Scheduling preferences .....   | 1 |
| Travel distance or transportation .....  | 0 |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 1 |
| Screening (other than pregnancy, incarceration, or opioid/injection drug use) .....    | 3 |

### SCENARIOS

## INFORMATION OFFERED



0

Information or services to support recovery while waiting for an appointment



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



2

Spoke with a staff person



1

Scenarios where an appointment was made



0

Consumer was told to call back for an appointment



0

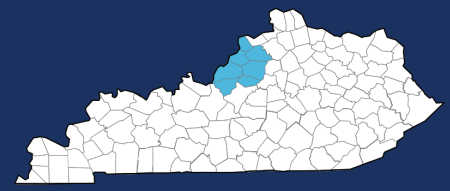
Consumer had option to leave a message on voicemail

## AVERAGE OVERALL RATING



7.8

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Marissa (Scenario 1) called the appointment line to schedule an appointment and navigated an automated directory. Marissa selected the option for addiction services and then waited 8 minutes for someone to answer the call and was disconnected. Marissa called a second time 11 days later and navigated the automated directory for addiction services. After being on hold for 2 minutes, a staff member answered the phone and began collecting basic information. When Marissa told the staff member her insurance type and social security number, the staff member said it wasn't working. The staff member asked when Marissa obtained her insurance and said she will have to call the company to get it fixed because it is not in the system. Marissa said she would, and the phone call continued. Marissa was asked about pregnancy and opioid/injection drug use, but not incarceration. Marissa's appointment was scheduled for 4 days away. Marissa was also told by the staff member that she would need to bring in proof of her pregnancy and that it did not matter if she was visually pregnant or not. Marissa thought the staff person was very friendly and professional. Marissa was given no resources for her wait period.

**Call 2.** Danielle (scenario 3) called the appointment line and navigated an automated directory. She selected the option for addiction services and was put on hold for 4 minutes. A staff member answered her call and began the intake process. Danielle was screened for pregnancy, incarceration, and opioid/injection drug use. Danielle had to provide her social security number to make her appointment, but the staff member had difficulty finding Danielle's information in the Medicaid database. Despite this, Danielle's appointment was scheduled for 4 days out. Danielle was given no resources for the wait period, but felt the staff member was very friendly and polite.

**Call 3.** Erika (Scenario 5) called the appointment line and navigated the automated directory for addiction services. She was put on hold for about 1 minute before a staff member answered and began collecting basic information. Erika was screened for pregnancy and opioid/injection drug use, but not incarceration. When the staff member was informed of Erika's current pregnancy, the staff member told Erika that she would need to bring proof of her pregnancy to the appointment. Erika's appointment was scheduled for 13 days out. Erika then disclosed she had recently been incarcerated, but the appointment time did not change. No resources were mentioned for during the wait period.

### After Business Hours

**Call 1.** Jackie (Scenario 2) called the county number around 8:00p.m., and was greeted with a message asking callers to leave a voicemail message. Jackie then called the appointment line and was placed on hold for 7 minutes until a staff member answered her call. The staff member explained to Jackie that she could make an in-person appointment as a walk-in anytime. After disclosing her social security number, the staff member let Jackie know that number was not found in the Medicaid database. Jackie told the staff member she felt more comfortable making an appointment rather than walking-in and that she must have accidentally transposed some numbers in her social security number which seemed to make the staff member hesitant. At this point, Jackie told the staff person she was pregnant and using opioid/injection drugs but was not asked about incarceration history. Jackie also mentioned her work schedule would prohibit her from coming to the program during their walk-in hours. The staff member agreed to make Jackie the appointment which was scheduled for 2 days away. No resources were offered for the wait period.

**Call 2.** Carrie (Scenario 4) called the appointment line at 8:15p.m. and a staff member answered and began the intake process. Carrie gave her social security number to the staff member, but the staff member was not able to find Carrie's information in the database. Carrie apologized for getting the numbers mixed up and said that she could bring her card to the first appointment. The staff member said they were unable to make the appointment without the correct social security number. Carrie disclosed her recent incarceration and told the staff member she really needed the appointment, but the staff member still refused to schedule an appointment. The staff member told Carrie that the number she called was open 24/7 and that she could call back anytime when she has the correct information. The staff member apologized to Carrie and repeated that anytime she called someone would be able to help her. Carrie was not asked about pregnancy or opioid/injection drug use and was given no resources.

## **Appendix B. Secret Shopper Results for Prenatal Programs**

# Appalachian Restoration Project (n = 5)

## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



13.3

Average minutes spent on phone  
(Range 6-19 minutes)



0.3

Average days to first appointment  
(Range 0-1 days)



1

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



0

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

| CALLS STAFF PERSON ASKED ABOUT:  | SCENARIOS |
|--|-----------|
| Pregnancy .....  | 2         |
| Incarceration .....  | 2         |
| Opioids or injecting drug use .....  | 2         |
| Type of program or treatment preference .....  | 2         |
| Scheduling preferences .....   | 3         |
| Travel distance or transportation .....  | 3         |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 2         |
| Screening (other than pregnancy, recent incarceration, or IV/opioid drug use) .....    | 3         |
| Prenatal care .....  | 0         |
| Other needed pregnancy-related services .....  | 0         |

## INFORMATION OFFERED



0

Information or services to support recovery while waiting for an appointment mentioned



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



0

Spoke with a staff person



0

Scenarios where an appointment was made



2

Consumer was told to call back for an appointment



2

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



8.7

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

# Appalachian Restoration Project (n = 5)

## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Carla (Scenario 1) called the program number and was greeted by the program's voicemail asking callers to leave a message and that the program would call them back. After a week with no return call, Carla tried calling again. This time, a staff member answered and completed a pre-screening with Carla. After the initial questions were completed, the staff member informed Carla that they were going to send Carla's information over to a different staff member who would call her back to schedule an appointment. Around three hours later, a staff member called Carla and spoke with her about whether the program would be a good fit for her. Carla was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member said Carla qualified for the program and even offered to personally pick Carla up for the appointment which was scheduled for the next day. Carla felt all the staff members she spoke with were very friendly and professional, especially the staff member who scheduled her appointment. No resources were offered for her wait period.

**Call 2.** Kendra (Scenario 3 alternate) called the program for an appointment and a staff member answered Kendra's call and completed a pre-screening with her. The staff member asked for contact information they could email to a different staff member in order for them to contact Kendra to schedule an appointment at a later time. After a week with no call back, Kendra called the program again. The call reached a voicemail message stating that, "mailbox is full, please call back later." Kendra tried calling again the next day and a staff member answered her call. The staff member informed Kendra that the scheduling staff member was out on vacation and may have missed the initial email. The staff member told Kendra that they would email her information over to the staff member again and that Kendra could expect a call back by the end of the day. Fifteen minutes later the program staff called Kendra but she missed the call. The staff member left Kendra a message with their number so she could call back. Kendra called a few minutes later and the staff person began asking some questions. Kendra was screened for opioid/injection drug use, but not pregnancy or recent incarceration. Kendra was told she could show up anytime that day. Kendra then mentioned she was pregnant and had recently been incarcerated. The staff member then asked Kendra for the name of the judge and specific information about her upcoming court date. Then the staff member went over what to expect when she came in for an appointment with Kendra. The staff member also informed Kendra about the program car policy, tobacco policy, the rule for not bringing person property for 30 days because the staff member said they "just assume everyone has bugs." The Kendra was asked if a faith-based program was okay with her. The staff member also went over the site's pregnancy services with Kendra and told her about the Baby Mama house. Kendra felt the staff who scheduled her interview was very friendly but was somewhat unprofessional.

**Call 3.** Jenny (Scenario 5) called the site number and her call was answered by voicemail greeting. Jenny left a message but after a week with no return call, Jenny called again. This time a staff member answered Jenny's call and gave her the phone number to speak with staff who could set up her appointment. Jenny called the number she was given and a staff member answered the call. Jenny was screened for pregnancy and incarceration, but not opioid/injection drug use. The staff member scheduled Jenny's appointment that began in 45 minutes. The staff member did not offer any additional resources, but told Jenny if she needed transportation help to let them know. Jenny felt the staff member who made her appointment was very friendly, but the first staff member she spoke to was not.

### After Business Hours

**Call 1.** Carol (Scenario 2) called the site number around 6:00p.m. and her call was immediately sent to a voicemail asking callers to leave a message and that someone would call them back. Carol called the site again the next day around 7:00p.m. with the same result.

**Call 2.** Madison (Scenario 4 alternate) called the site phone number around 9:30p.m. to set up an appointment, but the call went to a voicemail indicating the mailbox memory was full and to please try later. The call was dropped after the message. Madison called again the next day at 7:00p.m. but this time the voicemail asked callers to leave a message so someone could call them back.

# Chrysalis House (n = 5)

## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



23.0

Average minutes spent on phone  
(Range 20-26 minutes)



2.0

Average days to first appointment  
(Range 1-4 days)



0

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



0

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

| CALLS STAFF PERSON ASKED ABOUT:  | SCENARIOS |
|--|-----------|
| Pregnancy .....  | 3         |
| Incarceration .....  | 3         |
| Opioids or injecting drug use .....  | 3         |
| Type of program or treatment preference .....  | 0         |
| Scheduling preferences .....   | 0         |
| Travel distance or transportation .....  | 1         |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 0         |
| Screening (other than pregnancy, recent incarceration, or IV/opioid drug use) .....    | 3         |
| Prenatal care .....  | 2         |
| Other needed pregnancy-related services .....  | 0         |

## INFORMATION OFFERED



0

Any information or services to support recovery while waiting for an appointment mentioned



1

Information about alternate treatment provider was offered

## AFTER BUSINESS HOURS SCENARIOS n = 2



0

Spoke with a staff person



0

Scenarios where an appointment was made



2

Consumer was told to call back for an appointment



2

Consumer had an option to leave a message on voicemail

## AVERAGE OVERALL RATING



7.0

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

# Chrysalis House (n = 5)

## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Paula (Scenario 1) called the site number to schedule an appointment. Paula navigated the directory to the admissions option and was placed on hold for 2 minutes. The call was then sent to voicemail and Paula left a message for someone to call her back. Paula did not receive a return call and called the site again 10 days later. Paula's call was answered by a staff member who informed Paula that they had no space available at the moment. Paula asked the staff member if she could still be screened to see if she qualified, and although Paula felt the staff member was annoyed for asking to be screened, the staff member completed a long screener with Paula. Paula was asked about pregnancy, incarceration history, and opioid/injection drug use. At the end of the screener, Paula was told she qualified for the program but that she should look at other places because the program had no space available. The staff member did not give Paula any information or referrals to other programs. Paula asked for an estimated timeframe when she could check back to see if that program had openings but was told they did not know when this would happen. The next day Paula noticed a missed call from the program, but they did not leave a message. Paula returned the call, but had to leave a voicemail message. The staff member called Paula back to let her know a spot in the program had become available. Paula had to give her email address so they could send some information for her arrival. The staff member told Paula to not bring a lot of stuff and no more than 10 outfits. Paula thought the staff were not very friendly or professional, in part, because Paula was not told that they had placed her on a waitlist or that they would call her if there were any openings.

**Call 2.** Nina (Scenario 3 alternate) called for an appointment but had to leave a message. Nina did not hear back from the program, and after 7 days she called again. Once more, the call also went to voicemail and she left a message. Because she wasn't able to speak to any staff, she called again and this time selected the option for an operator. After being put on hold for about 1 minute, she had the option to leave a voicemail message. Two days later, Nina noticed a missed call from the program and called back within 4 minutes. A staff member answered Nina's call and began the intake process. Nina noticed that there were two staff members on the line completing her interview. One staff member was facilitating the interview and another site member would correct the other as needed. Nina thought they might be doing new staff training but she was not informed of that. The screening seemed to take a long time and there were a times the staff member had to be corrected by others during the call (23 minutes total). Nina was asked about pregnancy, incarceration, and opioid/injection drug use. Nina's appointment was scheduled for the next day. The staff member who helped the interviewer went over the no vape policy, what to bring, and what to expect. No resources were offered.

**Call 3.** Amanda (Scenario 5) called the program and her call immediately went to voicemail. Amanda left a message with her contact information but no one called her back. After 7 days, Amanda called again. A staff member answered the phone and notified her that there were no available spots at this time. Amanda asked if she could still be screened to see if she qualified. The staff member screened Amanda and asked about pregnancy, incarceration, and opioid/injection drug use. The staff member informed Amanda that she did qualify for the program and to call back on Monday to check if spots opened up over the weekend. Amanda called back Monday morning at 9:30a.m. and the staff member told her to call again around noon to see if anything had opened up. Around 11:15a.m. Amanda received a call from the program staff member letting her know they did, in fact, have an opening for the next day due to a cancellation. The staff member briefed Amanda on what to bring and what not to bring. No resources were offered.

### After Business Hours

**Call 1.** Amelia (Scenario 2) called the program around 7:00p.m. and navigated the directory to admissions. She was placed on hold for 1 minute before her call was sent to voicemail. The next day Amelia called the site again around 5:30p.m. and, again, was sent to voicemail. Amelia had the option to leave a message.

**Call 2.** Jordan (Scenario 4 alternate) called the program around 5:30p.m. and navigated the directory to speak with admissions, but the call went to a voicemail message. Jordan then selected pound for the operator, but no one answered the call. Jordan tried calling again 4 days later with the same result. Jordan had the option to leave a message.

# UK HealthCare Perinatal Assistance and Treatment Home (PATHways) Program (n = 5)

## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



20.3

Average minutes spent on phone  
(Range 17-26 minutes)



2.3

Average days to first appointment  
(Range 1-5 days)



2

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



0

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|  |   |
|--|---|
| Pregnancy .....  | 3 |
| Incarceration .....  | 0 |
| Opioids or injecting drug use .....  | 3 |
| Type of program or treatment preference .....  | 2 |
| Scheduling preferences .....   | 3 |
| Travel distance or transportation .....  | 2 |
| Resource needs other than payment or transportation (e.g., housing, cell phones) ..... | 2 |
| Screening (other than pregnancy, recent incarceration, or IV/opioid drug use) .....    | 3 |
| Prenatal care .....  | 3 |
| Other needed pregnancy-related services .....  | 1 |

### SCENARIOS

|   |
|---|
| 3 |
| 0 |
| 3 |
| 2 |
| 3 |
| 2 |
| 2 |
| 3 |
| 3 |
| 1 |

## INFORMATION OFFERED



2

Information or services to support recovery while waiting for an appointment mentioned (e.g. Referral and location of detox or inpatient services)



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



0

Calls spoke with a staff person



0

Scenarios where an appointment was made



2

Voicemail or staff person told consumer to call back for an appointment



2

Calls with option to leave a message on voicemail

## AVERAGE OVERALL RATING



9.7

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)



# UK HealthCare Perinatal Assistance and Treatment Home (PATHways) Program (n = 5)

## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Nina (Scenario 1) called the program and a staff member answered Nina's call and began the intake process. Nina was screened for pregnancy and opioid/injection drug use, but not incarceration. During the call the staff member assured Nina "Don't be ashamed, I'm glad you called." The staff member then asked Nina's reasons for seeking treatment, about her current situation, and briefed Nina on treatment options that included housing assistance (Chrysalis House). The staff member also asked about Nina's employment, the amount of weight she had to lift at her job, and the possibility of having documentation of lifting restrictions for safety at Nina's workplace. Nina's appointment was scheduled for the next day and the staff member then explained where to find the program (the address and what the building looks). The staff member also told Nina about the program staff. The staff member spoke with Nina about the behavioral health assessment she would be doing, the effect of drugs on the fetus, provided information about HIV and STD testing, and about starting prenatal care. The staff member asked Nina if she wanted any more information or services. Nina felt the staff person was very friendly and professional.

**Call 2.** Olive (Scenario 3 alternate) called the program but the call went straight to voicemail. Olive left her contact information but did not hear from anyone. Eight days later, Olive called the site again which was answered by a voicemail message. Olive again left her contact information. Two hours later, Olive had a missed call from the program. Olive called the program back but her call was again answered by a voicemail message. Olive then got a call back from the site 14 minutes later and started the intake process. Olive was screened for pregnancy and opioid/injection drug use, but not incarceration. The staff member also spoke with Olive about what kind of treatment Olive was seeking (i.e., residential or detox). Olive's appointment was scheduled for the next day. Olive then told the staff person she had been recently incarcerated. The appointment was not changed and no resources were offered. The staff member did explain about the program and what to expect at the appointment. Olive felt the site staff person was very friendly.

**Call 3.** Amy (Scenario 5) called the program and a staff member answered Amy's call and started the intake process. Amy was screened for pregnancy and opioid/injection drug use, but not incarceration. The staff member also told Amy, "Not much scares us, we are glad you called." Before her appointment was scheduled, the staff member informed Amy that they only make appointments on Wednesdays and Fridays. Since Amy had called on a Friday, they would schedule her for next Wednesday, which was 5 days away. Amy then disclosed her recent incarceration, but the appointment date didn't change. The staff member did tell Amy that in the meantime she could go to the UK Hospital to detox in triage and be given comfort medications before her appointment. The staff member gave Amy information about the clinic and the program staff. The staff member briefed Amy about the counselors, peer support specialist, nurses, and other staff. The staff member also prepped Amy on what to expect for her appointment. Amy wasn't asked about her insurance, so she informed the staff member she didn't have insurance. The staff member told her that they can get her set up in Medicaid at the program, or if she goes in for triage the hospital will assist her with that. The staff member also advised Amy to check if her jail insurance is still covering her as well. The staff member gave Amy the phone number and website of where she needed to go to see if it was still active. The staff member also told Amy if she wanted, she could sign up for WIC and SNAP on that same website. Amy felt the staff member was extremely friendly and professional.

### After Business Hours

**Call 1.** Hannah (Scenario 2) called the program around 7:30p.m. and the phone rang until going to voicemail. Hannah tried again the next day at 5:30p.m. with the same result. Hannah had the option to leave a voicemail on both calls.

**Call 2.** Ava (Scenario 4 alternate) called the program around 5:30p.m. and the call went to voicemail. Ava tried to call the program again 4 days later around 6:00p.m. with the same result. Ava called the program again right after the second attempt ended and she pressed pound for more options after the voicemail played. The call was sent back to the automated voicemail message again. Ava did have the option to leave a voicemail on all of the calls.

# Volunteers of America Mid-States (n = 5)

## BUSINESS HOURS SCENARIOS n = 3



3

Spoke with a staff person



3

Scenarios where an appointment was made



23.7

Average minutes spent on phone  
(Range 18-28 minutes)



1.0

Average days to first appointment  
(Range 1 days)



0

Calls consumer had to disclose pregnancy, incarceration, or opioid/injection drug use



0

Number of appointments changed after disclosure of pregnancy, incarceration, or opioid/injection drug use

### CALLS STAFF PERSON ASKED ABOUT:

|   |   |
|---|---|
| Pregnancy .....   | 3 |
| Incarceration .....   | 3 |
| Opioids or injecting drug use .....   | 3 |
| Type of program or treatment preference.....  | 1 |
| Scheduling preferences .....  | 3 |
| Travel distance or transportation .....   | 2 |
| Resource needs other than payment or transportation (e.g., housing, cell phones)..... | 0 |
| Screening (other than pregnancy, recent incarceration, or IV/opioid drug use).....    | 3 |
| Prenatal care .....   | 1 |
| Other needed pregnancy-related services .....   | 0 |

### SCENARIOS

## INFORMATION OFFERED



2

Information or services to support recovery while waiting for an appointment mentioned (e.g., Crisis Line)



0

Alternate treatment provider

## AFTER BUSINESS HOURS SCENARIOS n = 2



2

Spoke with a staff person



0

Scenarios where an appointment was made



2

Consumer was told to call back for an appointment



2

Consumer had option to leave a message on voicemail

## AVERAGE OVERALL RATING



8.0

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

# Volunteers of America Mid-States (n = 5)

## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Jenny (Scenario 1) called the program number and her call was answered by an operator. The operator transferred the call to the recovery branch of the site. Another staff member answered the call and completed pre-screening with Jenny. Jenny was told a resource counselor would call her back. However, 8 days later she still had not received a call from the program so she called again. This time the call went to an automated message that said the operator was currently unavailable or on another line. Jenny navigated the automated directory and pressed the corresponding option for addiction help. The call rang but was then disconnected. Jenny called again right away received a message that the operator was unavailable and she left a voicemail for someone to call her back. After a week with no call from the program, Jenny called again. This time a staff member answered her call and started the intake process. Jenny was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member made it clear that when they asked about Jenny's drug and alcohol use, she should not under-report her use. The staff member also told Jenny that all the information collected is confidential and is used to check if she qualifies for the program, thus underreporting would only hurt her chances to get into the program. Jenny indicated that she uses methamphetamine, but just uses when she can get some and that her use is not everyday. The staff member told Jenny that because her use is not everyday, they will need to speak with their team first to see if Jenny would qualify for the program. The staff member told Jenny that they would call her back the next day with an update. Jenny got a call back 4 minutes later from the same staff member. The staff member asked "If you did have enough to use every day, would you?" Jenny indicated that if she had the money she would use every day. The staff member then said, "Okay, I just called my supervisor to see if we can get you in. I'm going to self-disclose here – but I graduated from the Freedom House at 21 and I was pregnant, too. I told my supervisor we have to get you in... it was like I was talking to myself." Jenny thanked the staff member for her help and her appointment was scheduled for the next day. Jenny felt the staff member was very friendly and caring. Jenny was offered the agency crisis line as well.

**Call 2.** Morgan (Scenario 3 alternate) called the program and the call was immediately placed on a short hold (1 minute) before a staff member answered. The staff member completed a pre-screening with Morgan and told her someone would call her back to set up an appointment. Morgan didn't receive a call back so a week later she tried again. A staff member answered her call and Morgan explained that she completed an intake, but never received a call back. Morgan was placed on a 1-minute hold while the staff member searched for her information. Morgan's call then was transferred to another staff member, but the transfer went straight to voicemail. Morgan left a message, and the program staff called her back 7 minutes later. The staff member then began the intake process. The staff member told Morgan that their supervisor called and left Morgan a voicemail (Morgan went back through phone log records on the iPhone used to call and there was no missed call or voicemail left from the site). Morgan was screened for pregnancy, incarceration, and opioid/injection drug use. Morgan's appointment was set for the next day. Morgan was offered no resources or information for her wait time.

**Call 3.** Natasha (Scenario 5) called the program and an operator answered the call and told her to call the substance use disorder branch of the program. Natasha dialed that number and a staff member answered the call and started the intake process. Natasha was screened for pregnancy, incarceration, and opioid/injection drug use. Before answering the drug use questions, the staff member informed Natasha that all the information is kept confidential and that it is only used to verify if she qualifies for the program. The staff member also self-disclosed to Natasha that they were in recovery and that she didn't need to worry. Natasha qualified and was able to get her appointment scheduled for the next day. When Natasha disclosed that she had no insurance at the moment, no cost or assistance was mentioned by the staff member. The staff member told Natasha that after the phone call ended they would send her a text with information regarding what to bring to the appointment, the program address, and an appointment reminder. Natasha thought the site staff were very friendly. Natasha was offered the agency crisis line as well.

# Volunteers of America Mid-States (n = 5)

## After Business Hours

**Call 1.** Megan (Scenario 6) called the program around 7:00p.m. and was greeted by an automated directory. Megan navigated the directory and selected the option for substance use. The call rang 4 times and then was disconnected without the opportunity to leave a voicemail. Megan then called the intake line for the program. The call went to an automated message asking Megan to stay on the line and that someone would help her shortly. Megan was on hold for 2 minutes before a staff member answered the call. The staff member told Megan that the program's office hours are Monday through Friday from 8:30p.m.- 5:00p.m. and that she would need to call back during those hours if she wanted an appointment or they could take a message for her for someone to call back during office hours.

**Call 2.** Katie (Scenario 4 alternate) called the program around 5:45p.m. and the call was answered by an automated directory. Katie navigated the directory and a staff member answered her call. Katie explained to the staff member that she needed an appointment and the staff member collected contact information so someone could call her back. Katie told the staff member that she had to be called after business hours only. About 10 days later, after not receiving a call back, Katie called again at around 5:15p.m. Again, Katie navigated the directory and was able to get a staff person to answer. Katie explained the situation and again, the staff member collected some basic information and told her someone would call her back within 24 hours to set up an appointment. Katie then let the staff member know that she was currently pregnant, had recently been incarcerated, and used opioids and injected drugs. The staff member said someone would have to set up her appointment tomorrow. Katie told the staff member the call had to be after office hours due to her work schedule. The staff member included the time she needed to be called in the note and gave Katie no resources. Katie was never called. No other information or referrals were provided to Katie.

# **Appendix C. Secret Shopper Results for Referral Lines**

# Kentucky Crisis Clinic and Information Center Referral Line (Seven Counties Services (n = 5))



**5**

Spoke with a staff person



**15.6**

Average minutes spent on phone  
(Range 7-25 minutes)



**5**

Calls where consumer was put on hold



**8.8**

Average time consumer waited on hold  
(Range 2-19 minutes)

## AVERAGE OVERALL RATING



**6.6**

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

### CALLS STAFF PERSON ASKED ABOUT:

### SCENARIOS

|   |   |
|---|---|
| Pregnancy .....   | 0 |
| Incarceration .....   | 0 |
| Opioids or injecting drug use .....   | 3 |
| Type of program or treatment preference.....  | 3 |
| Scheduling preferences .....  | 1 |
| Travel distance or transportation .....   | 2 |
| Resource needs other than payment or transportation.....                            | 1 |
| Screening (other than pregnancy, recent incarceration, or IV/opioid drug use) ..... | 2 |

## INFORMATION OFFERED



**4**

Information or services to support recovery while waiting for an appointment mentioned (e.g, Crisis Line)

# Kentucky Crisis Clinic and Information Center Referral Line (Seven Counties Services, n = 5)

## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Justyn (Scenario 1) called the referral line and the call immediately was put on hold with music playing for 4 minutes until a staff member answered the call. Justyn explained she was looking for an SUD program and the staff member began asking some screening questions. The staff member asked whether she preferred inpatient or outpatient programs. Justyn was screened for opioid/injection drug use, but not pregnancy or incarceration. The staff member gave Justyn three referrals: Women's Addiction Recovery Manor, Vitals Sober living, and the Isaiah House. Justyn then disclosed she was pregnant. The staff member sighed after the disclosure and added the Seven Counties program as a referral. Justyn felt the staff member was not friendly but told her to call back if she needed more referrals.

**Call 2.** Melanie (Scenario 3) called the referral line and the call was immediately placed on hold with music for 4 minutes until a staff member answered her call. Melanie explained she was looking for SUD programs and the staff member started to screen Melanie for her needs. Melanie was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member also asked Melanie if she wanted to stay in Kentucky or if she would prefer an out-of-state program. Melanie replied she wanted to stay in Kentucky. The staff member gave Melanie three program referrals: AA and Associates, Carrolton Treatment Center, and New Beginnings. Melanie felt the staff member she spoke with was very friendly.

**Call 3.** Sarah (Scenario 5) called the referral line and the call was immediately put on hold with music. Sarah waited 10 minutes on the phone until a staff member answered her call. The staff member started to screen Sarah to see what programs would fit her best. The staff member asked Sarah about her preference for treatment programs and mentioned residential and detox programs. Sarah was screened for opioid/injection drug use, but not pregnancy or incarceration. When asked about insurance, Sarah informed the staff member that she had none at the moment. The staff member told Sarah that they would look for non-profit organizations to help with the cost. The staff member found two programs she referred Sarah to: Brighton and the Hope Center. Sarah then disclosed that she was pregnant and was recently incarcerated. The staff member continued searching for programs with this new information and gave Sarah two more program referrals: the Isaiah House and Volunteers of America Mid-States Freedom House. The staff member told Sarah to call back if none of those worked out for her.

### After Business Hours

**Call 1.** Carol (Scenario 2) called the referral line around 5:45p.m. and the call was immediately put on the hold with music for 9 minutes until a staff member answered the call. Carol explained that she was looking for an substance use disorder program and the staff member began with screening questions. The staff member asked for her preference on type of treatment such as detox. Carol was screened for opioid/injection drug use, but not pregnancy or incarceration. The staff member searched and referred Carol to Recovery Works in Mayfield, KY. Carol then disclosed that she was pregnant, but no other program referrals were made. The staff member told Carol she could call back if that program didn't work for her.

**Call 2.** Katelyn (Scenario 4) called the referral line around 7:30p.m. and the call was immediately placed on hold with music. Katelyn waited for 19 minutes before a staff member came on the call and asked how Katelyn was doing. The staff member did not ask for her name, any screening questions, or about program or treatment preferences. The staff member did ask if Katelyn only needed help for substance use or if she also needed help with mental health. The staff member gave Katelyn two phone numbers to call, but not the names of the programs/lines she would be calling. Katelyn then disclosed her incarceration, but additional referrals and resources were not given. The staff member told Katelyn to call back if those don't work out for her. Katelyn felt the call was rushed.

# Kentucky Hope and Help Line (n = 5)



5

Spoke with a staff person



20.6

Average minutes spent on phone  
(Range 12-40 minutes)



0

Calls where consumer was put on hold



0

Average time consumer waited on hold

## AVERAGE OVERALL RATING



9.6

1 = Worst to 10 = Best  
(friendliness, professionalism, and caring)

### CALLS STAFF PERSON ASKED ABOUT:

### SCENARIOS

|   |   |
|---|---|
| Pregnancy .....   | 5 |
| Incarceration .....   | 4 |
| Opioids or injecting drug use .....   | 5 |
| Type of program or treatment preference.....  | 5 |
| Scheduling preferences .....  | 0 |
| Travel distance or transportation .....   | 5 |
| Resource needs other than payment or transportation.....                            | 0 |
| Screening (other than pregnancy, recent incarceration, or IV/opioid drug use) ..... | 5 |

## INFORMATION OFFERED



1

Information or services to support recovery while waiting for an appointment mentioned (e.g. Asked if they want other information or referrals)



# Kentucky Hope and Help Line (n = 5)

## Secret Shopper Call Descriptions

### Business Hours

**Call 1.** Alexandra (Scenario 1) called the referral line and a staff member answered the call. The staff person asked a number of questions to assess Alexandra's needs and what program might work best for her. Alexandra was asked about pregnancy, incarceration, and opioid/injection drug use. The staff member also asked Alexandra what kind of treatment program was she looking for--mentioning inpatient, outpatient, or intensive options of these. After the screener was completed, the staff member asked for Alexandra's contact information and told her that they would text her the referral information. Alexandra received a text with all the referral information after about 1.5 hours. In the text message, the staff member included two programs: Hazel Hills in Owingsville, KY and Serenity House in Inez, KY. The staff member also included instructions on what Alexandra needed to do with her referrals, phone numbers for the programs, and let her know that staff from the referral line would follow-up with her to make sure those referrals worked. Alexandra noticed a missed call from the referral line the next day. When Alexandra called back, she spoke with the same staff member who had helped her before. The staff member wanted to follow-up with her to make sure those resources worked for her. The staff member further explained that Alexandra just needs to call the programs, and that staff from the referral line would call her back the next day to see how it was going. Alexandra felt the staff person was very friendly and professional.

**Call 2.** Jessica (Scenario 3) called the referral line and a staff member answered the call. The staff person began screening Jessica to see what program would be the best fit. Jessica was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member kept Jessica on the phone while they searched for program referrals, and found two residential programs close to Jessica's area. The staff member told Jessica they will email Jessica's information to the programs so those programs could reach out and set up appointments with her. The staff person also told Jessica they would follow-up with her to make sure those referrals worked for her.

**Call 3.** Noel (Scenario 5) called the referral line and a staff member answered the call. The staff person explained how the referral lines services worked and what they could provide for Noel. The staff member began asking some screening questions to see what programs would be the best fit. Noel was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member also inquired about treatment options preferences, such as residential or outpatient programs. When Noel indicated she had no insurance, the staff member examined programs that would be the best fit in this situation. The staff member asked if Noel would like them to call the referred programs for her, but Noel told the staff member she preferred to call herself. The staff member told Noel that they would follow-up via text with the program referral information when they are finished. Forty minutes later, Noel received a text from the staff member that included four referrals: New Vista recovery, ARC Karen's Place, Serenity house, and Park place recovery. The staff member included in their text that staff from the referral line would call her tomorrow to follow-up.

### After Business Hours

**Call 1.** Stephanie (Scenario 2) called the referral line around 5:30p.m. and a staff member answered the call. The staff person began by asking some screening questions to see what programs would be the best fit. Stephanie was screened for pregnancy and opioid/injection drug use, but was not asked about incarceration. The staff member also asked if residential programs would be a good fit for her. The staff member questioned if she had any upcoming court dates, because they could also help her with those. The staff member told Stephanie that they would do some research based on what Stephanie told her and would call her back in about 30 minutes with the program referrals. The called ended, but the staff member called Stephanie back right away to mention they almost forgot that she was pregnant. The staff member asked if it would be okay to send Stephanie's phone number to the program she had identified so that program could call her to set up an appointment. Stephanie agreed. The program that was referred to Stephanie called her twice and left a voicemail, but Stephanie did not answer. The referral line staff then

# Kentucky Hope and Help Line (n = 5)

called Stephanie back 20 minutes later to give her all the program referrals they had identified: ARC, New Vista, Freedom House, and Serenity House. The staff member told Stephanie that they would follow-up tomorrow to see if these referrals worked for her.

**Call 2.** Betty (Scenario 4) called the referral line around 7:15p.m. and a staff member answered the call. The staff member started asking Betty the screening questions to see what programs would be the best fit. Betty was screened for pregnancy, incarceration, and opioid/injection drug use. The staff member asked Betty about her program preferences and mentioned outpatient programs. The staff member told Betty that they would search for programs and would call her back. The staff member called Betty back 15 minutes later with three program referrals: Comprehend, ARC, and Pathways. The staff member said these programs usually work for outpatient treatment. The staff member gave Betty the phone numbers for the programs and said they would follow-up the next day to see if these programs worked for her.

## **Appendix D. Secret Shopper Scenarios**

## Secret Shopper Scenarios

1. Female who is 3 months pregnant (methamphetamine/cocaine use). Her boyfriend recently got arrested on drug charges and she is now worried about being arrested herself. She has a limited supply of preferred drugs (cocaine/methamphetamine), maybe enough to last a day or two, and is worried about not having access to more drugs. She has used cocaine/ methamphetamines, marijuana, and alcohol most recently. She has Medicaid, WellCare for insurance but does not have her card available; she will bring it when she comes to the appointment.
2. Female who is 3 months pregnant and uses opioids and engages in injection drug use. Her attorney told her to call for an appointment. She faces a marijuana possession charge and wants to be in treatment before going to court. Her dealer has been arrested and did not make bond. She has used oxycodone (Oxycontin), hydrocodone (Lortab), Xanax, and marijuana in the past few months as well as recent injection of Heroin. She has Medicaid, WellCare for insurance.
3. Female who was in jail for 8 months and was released a few weeks ago and uses opioids and engages in opioid use/injecting drugs (she is out on bail). She faces a drug possession charge and wants to be in treatment before going to court. Her dealer has been arrested and did not make bond. She has used Heroin, Percocet, and marijuana. She has Medicaid, WellCare for insurance but does not have her card available, she will bring it when she comes to the appointment.
4. Female who was recently released from being in jail for a year (she served out her time for drug possession charges). She is strung out, feeling bad, and knows there is no other alternative but to get into treatment. She was in counseling once before and got clean for a while but relapsed. Smokes cigarettes two packs a day. She has used methamphetamine, uppers, cocaine and marijuana in the past few months. She drinks to drunkenness at least once per month. She has Medicaid, WellCare for insurance. For social security number, she is uncomfortable giving this over the phone, but if pushed she will disclose SSN.
5. 3 and 4 alternatives: These alternatives were used for prenatal programs (for jail scenarios). Female who was in jail for 2 months and was released a few weeks ago (out on bail), used opioids and engaged in opioid use/injecting drugs. She is 4 months pregnant. She faces a drug possession charge and wants to be in treatment before going to court. Her dealer has been arrested and did not make bond. She has used Heroin, Percocet, and marijuana. She has Medicaid for insurance but does not have her card available, she will bring it when she comes to the appointment.
6. Female who was recently released from jail on drug charges and is currently out on bail. She faces drug possession charges and wants to get into treatment before her court date. She is also wanting to get into treatment because she is pregnant. She has not started prenatal services and thinks she's 3-4 months pregnant. Her dealer has been arrested and did not make bond. Her drugs of choice are cocaine/methamphetamines, marijuana, and alcohol. She also vapes/smokes cigarettes. She had insurance through her employer, but she lost her job when she was arrested and does not currently have health insurance.