



Hello, Is Anyone There?

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

Acknowledgments

PREPARED BY

TK Logan, Olivia Johnson, Jennifer Cole, Allison Scrivner, & Michele Staton

University of Kentucky,
Center on Drug and Alcohol Research,
Department of Behavioral Science,
College of Medicine
333 Waller Avenue, Suite 480
Lexington, KY 40504
<http://cdar.uky.edu/bhos>

Corresponding Author:
TK Logan, Ph.D.
tklogan@uky.edu
(859) 257-8248

SUGGESTED CITATION

Logan, T., Johnson, O., Cole, J., Scrivner, A., & Staton, M. (2023). *Hello, Is Anyone There? Results of A Secret Shopper Project to Make a First Appointment for SUD Treatment in Kentucky*. Lexington, KY: University of Kentucky, Center on Drug & Alcohol Research.

Acknowledgments: Special thank you to McKenzie Tatum-Johns, Ellen Bublioni, and Sydnee Mozick who helped with data collection. Also, a special thank you to McKenzie Tatum-Johns for helping with data entry.

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.

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.

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.

Conclusions and Recommendations

Making the first appointment for SUD

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.

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.

In addition, screening for factors associated with potentially increased health risks may be important such as

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

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.

Table of Contents

Acknowledgments	2
Executive Summary	3
Background	9
Method	10
Results	13
CMHCs	13
Prenatal Programs	18
Referral Lines	22
Limitations	23
Conclusion and Recommendations	24
References	26
Appendix A. Secret Shopper Scenarios	27

List of Tables

Table 1.1 Overall Results for CMHCs 15

Table 1.2 Overall Results for Cmhcs Screening, Information to Support Recovery, and Alternate Treatment Provider for Consumers Who Spoke with a Staff Person..... 16

Table 1.3 Results for CMHCs Business Hours and After Business Hours 17

Table 1.4 Overall Results for Prenatal Programs 19

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 20

Table 1.6 Results for Prenatal Programs Business Hours and After Business Hours 21

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 A 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.).¹ 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

¹ <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.

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).

TABLE 1.1 OVERALL RESULTS FOR CMHCS

	n = 71	Frequency
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 <i>(Range 1-34 minutes)</i>	
Average days to first appointment	12.3 <i>(Range 0-79 days, median = 4.5)</i>	
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 <i>(Range 1-21 days)</i>	
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

Of those who spoke with a staff person:	n = 50	Frequency
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

Business Hours	n = 43	Frequency
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	
After Business Hours Scenarios	n = 28	
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).

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).

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. 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 (friendliness, professionalism, caring)	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

Of those who spoke with a staff person:	n = 14	Frequency
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

Business Hours	n = 12	Frequency
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	
After Business Hours Scenarios	n = 8	
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

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.

References

Logan, T., Walker, R., & Stevenson, E. (2013). *Review of initial screening protocols for priority population first appointments*. UK CDAR. Lexington, KY.

Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>

Appendix A. 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.