


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Staff Response: No Wrong Door Policy	<u>POLICY #:</u> DSAMH017
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 08/03/2020
<u>RELATED POLICIES:</u> DSAMH041 Incident Notification	<u>REFERENCE:</u> N/A
<u>DATES REVIEWED:</u> 02/13/2023 11/06/2023	<u>DATES REVISED:</u> 11/16/2022 10/11/2023
<u>APPROVED BY:</u>  1B71C05196B24CA... <u>DATE APPROVED:</u> 12/11/2023 6:04 PM PST	<u>NOTES:</u> <input checked="" type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

- I. **PURPOSE:** The purpose of this policy is to outline general expectations for staff in response to inquiries from anyone seeking assistance.
- II. **POLICY STATEMENT:** All staff within the Division of Substance Abuse and Mental Health (DSAMH), are expected to assist those who contact us with professionalism and competence while providing excellent customer service. Regardless of position, we are all the “Front Door” for the public behavioral health system. Further, it is DSAMH’s policy to ensure there are no wrong doors to our array of services. Any staff receiving a request is to do their best to assist.
- III. **DEFINITIONS:**
“No Wrong Door” means a philosophy that emphasizes that individuals can be assisted no matter where they enter a system. An individual can contact or go to any of the staff within an agency to find the information, direct service, or referral they need. Every staff person within the agency participates in assuring the availability of services for individuals in need.

“Warm Hand-Off” means a transfer of care between two staff from within the same or different agencies, where the transfer occurs with the active involvement of the client and/or family. This transparent transfer of care engages clients and families in communication, allowing them to clarify or correct information or ask questions about their care. It also gives the receiving provider critical information.
- IV. **SCOPE:** This policy applies to all DSAMH staff and governs all interactions with individuals who contact the Division requesting services or information.

V. PROCEDURES/RESPONSIBILITIES:

- A. At a minimum, the following standards are expected by all DSAMH staff receiving inquiries:
- B. Always assist:
 - 1. A no-wrong-door approach is expected of all staff.
 - 2. It is not always clear to the public where to turn for help. Staff may not be able to provide the specific requested service but are expected to always provide direction and assistance to an appropriate service or resource.
 - 3. When directing individuals to treatment, staff with access will provide referrals using the Delaware Treatment Referral Network (DTRN). This includes warm hand-off calls and any other methods to facilitate linkage.
 - 4. Inform the person of resources that you have available and offer to support them with a call (hold, call, introduce, conference introduction, and exit when appropriate) or support with direct transfer.
 - 5. Regardless of the method utilized, the goal is that the person ends the encounter feeling that they were helped.
- C. Engage:
 - 1. Every new contact is an opportunity for engaging clients in need, natural family supports, providers, internal DSAMH colleagues, and the public at large.
 - 2. Staff should attempt to understand the full request of the person before formulating a response.
 - 3. It is essential to maintain the utmost professionalism and ensure a helpful tone throughout the conversation.
 - 4. For callers, ask permission before placing the person on hold. Minimize unnecessary background noise and be mindful of other individuals that might overhear what you are saying. Be careful of using a speakerphone, as the volume is uncertain, and privacy can be an issue as well. Always inform the caller if you are switching to speakerphone.
 - 5. Make sure your tone conveys warmth and personal regard for the person requesting assistance. There are many ways to improve your voice. For example, proper posture and smiling into a mirror can improve voice pitch.
- D. Inform:
 - 1. All DSAMH staff are to provide their name and the name of their unit for each new encounter at the start of a conversation. Speak slowly and clearly as it can be hard to understand names when heard for the first time.
 - 2. Providing your name establishes immediate rapport and signals your willingness to assist.
 - 3. Always ask how the person prefers to be addressed.
- E. Closure and next steps
 - 1. Thank the person for reaching out for help, recap if appropriate, ensure they have no other questions, give your name again, and ask them to contact you if they need more assistance.
 - 2. This step is a quality assurance review to ensure the person's need was met. It also gives the person the confidence you are interested in their well-being.
- F. Resources for Staff:
 - 1. All DSAMH bureaus should have written guides and resources for staff to use when assisting individuals.
 - 2. Resources can be:
 - a. Process diagrams or decision trees on how to support individuals based on the

- assistance requested;
- b. Charts or lists of provider resources with clear notes on what types of referrals may be appropriate; or
- c. Desk guides to assist staff in responding to requests, how to escalate requests that require assistance beyond their expertise, and information on resources available or requested from within their service area.
- 3. Each unit should have a strategy for staff to follow for frequent callers. This includes an escalation component that reviews frequent callers on a case-by-case basis and develops a strategy for best supporting each individual.
- 4. Derogatory or pejorative terms to describe people are to be avoided. All staff are to be aware of how the public may perceive their language. Supervisors should be aware that this type of language may indicate staff burnout and/or staff lack of confidence. Supervisors must address these issues if they arise with prompt support to employee(s) with education and supervision. Person-first language should be employed at all times.
- 5. The staff role is to assist clients with resolving any barriers positively and professionally.
- 6. Staff shall remain within their scope of responsibilities, and be transparent in letting an individual know that another staff member may be required to assist the client.
- 7. If a return call is scheduled, staff shall ensure timeliness and ability to meet the commitment.
- 8. Common errors that should be avoided:

Avoid:	Recommended:
<i>We don't do that here, call....</i>	The best resource for you might be ----- and I will help connect you.
<i>They don't work here anymore</i>	They no longer work here. Please tell me the reason for your call, and I will connect you to the appropriate person.
<i>I don't know</i>	I'm not sure, but I will find out.
<i>It is what I am told to do, or Management is making us....</i>	I understand you're not satisfied; would you like to speak to a supervisor?
<i>I don't know what they do over there (In response to a complaint about DSAMH or other parts of our treatment system) *</i>	I'm sorry that happened. How can I help you?

**Any disparaging comments about other parts of the treatment system reduces the individual's confidence in the treatment system.*

- G. Administrative Consideration: Staff shall be aware that certain situations may require notification to their supervisor and/or elevation to DSAMH management. If in doubt, staff shall notify their supervisor. (See DSAMH041 Incident Notification Policy).

VI. **POLICY LIFESPAN:** Policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

VII. **RESOURCES:** N/A