



**Los Angeles County – Department of Mental Health
Office of Administrative Operations – Quality, Outcomes, and Training Division**

**Guidelines and Instructions for Volunteer Test Callers
Calendar Year (CY) 2020**

This document outlines the procedures for the Annual Test Calls Project and was developed to support the successful implementation of the project in CY 2020. All Service Area (SA) liaisons and volunteer test callers are encouraged to review the following document and reach out to their respective SA QIC Chair with any questions. Additional resources for the Test Call Project include the:

- Test Call Project Survey Form
- Test Call Project Memo
- Policy and Procedure 200.03
- Test Call Scenarios,
- Test Call Study Presentation Slides

Why We Do Test Calls

- “Secret Shopper” calls to test the DMH’s 24/7 ACCESS Line 1-800-854-7771 (not clinic or other hotline numbers) in the following areas:
 - Availability 24-hours a day, seven days a week
 - Knowledge, helpfulness, and cultural sensitivity of the ACCESS Agent
 - Documentation of the call and callers in the ACCESS Call Log
 - Response capability in a non-English language
 - Information on how to use the beneficiary problem resolution and fair hearings processes
- In accordance with the California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) and 1810.405(f):
 - *Each Mental Health Plan (MHP-County) shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services (SMHS), including services needed to treat a beneficiary’s urgent condition, and how to use the beneficiary problem resolution and fair hearings processes.*
 - *The MHP shall maintain a written log of the initial requests SMHS from beneficiaries of the MHP. The requests shall be recorded whether they are made via telephone, in writing, or in person. The log shall contain the name of the beneficiary, the date of the request, and the initial disposition of the request.*

Service Area (SA) Guidelines

- Each SA should make **EXACTLY 8** calls within their assigned month with attention to the following **three (3)** variables:
 1. Time of day
 - **Four (4) calls during regular business hours**
 - Monday-Friday 8:00 AM to 4:59 PM
 - **Four (4) calls after hours**
 - Monday – Friday 5:00 PM – 7:59 AM, or on weekends (Friday 5:00 PM – Monday 7:59 AM), and/or Holidays (e.g. Memorial Day).
 2. Language
 - **Four (4) calls should be in English**
 - **Four (4) calls in the SA's threshold languages.** (Refer to Table 1 for the *Service Area Test Calls Schedule* and Table 2 for the list of *Threshold Languages by Service Area*).
 - If your SA has more than four languages, **you can choose any four** and do not have to have a Test Call for every language.
 - For all non-English calls, please request interpreter services. If you experience any issues with interpreter services, please let your SA liaison know as soon as possible.
 3. Type of Call
 - **Each SA should make one beneficiary problem/complaint related (Patient's Rights Office) call.** Beneficiary problem calls are those related to how to use beneficiary problem resolution and Fair Hearing processes or other complaints/questions related to beneficiary services (see Attachment #1). Only the beneficiary problem/complaint related Test Call scenarios provided by QID should be used.
 - **Each SA should make two crisis scenario calls** (see Attachment #2: QID crisis scenarios). Only the crisis scenarios provided by QID should be used.
 - **One (1) call** should occur during **business hours**
 - **One (1) call** should be made **after hours**
 - The remaining **five (5) calls** should inquire about **referrals for specialty mental health services** (see Attachment #3).

Preparing for Test Calls

Before the Call

- Check assignment so you are aware of the:
 - Month in which you should make the call
 - Type of call (referral, crisis, beneficiary problem/complaint)
 - Time to call (business vs after hours)
 - Language to use for the call
- Review the survey form.
- Review scenarios provided by QID. You should stick to the content of the scenarios although you may choose to change some of the minor details.
- Please be aware that the ACCESS Agent may ask you for your name, social security number, date of birth, phone number, address, and Medi-Cal beneficiary number. It is helpful to choose a unique name that is less likely to be in the existing database. Prior to making the Test Call, decide what personal information you are willing to share and what information you will be providing. **You do not need to share any authentic personal information as you are calling in the role of a “secret shopper.”**

During the Call

- **DO NOT IDENTIFY YOURSELF AS A TEST CALLER.** The goal is to evaluate whether we as a County MHP are providing consumers with all the information they request and to identify gaps. The more realistic the call is, the more we are able to assess our current system accurately.
- Listen carefully to the greeting from the ACCESS Agent, which is as follows: "**Los Angeles County Department of Mental Health ACCESS Center, Agent's First Name, interpreter services are available/we offer interpreter services, is this a Crisis or Emergency?**" The Agents should provide **their name** at the beginning of the greeting and **ask if the call is regarding a crisis or emergency**; you will need this information for two questions on the survey form.
- Please use a blocked phone number when calling the 24/7 ACCESS Line as the caller ID will show if you are calling from a clinic.
- **If asked, identify yourself as a resident of a city that is within the Service Area (SA) being tested. During the test call, please do not use the term “Service Area” as this may cue the Agent to this being a test call.** You can provide a local street address and phone number, or give general information such as a few cross-streets or landmarks.

- **If asked if you are a Medi-Cal beneficiary, and you respond positively, you will be asked for your 14-digit Medi-Cal Number. You may provide any 14-digit number or say you do not have it. Below is an image of a sample Medi-Cal card.**



- If you make the call for a mental health clinic referral, please **refuse all efforts by the ACCESS Agent to send an electronic mental health referral** for you to the clinic site. Instead, you can obtain a clinic phone number and inform the ACCESS Agent that you have chosen to contact the clinic directly because you are not ready to go to the clinic at this time. Remember, you **DO NOT** want the ACCESS Agent to make an electronically generated referral to the clinic or dispatch a Psychiatric Mobile Response Team (PMRT) for an urgent evaluation.
- **Keep the call short and succinct, ideally 10 minutes and under.** Do not tie-up the toll free line with a long call. Keep the line available to those who may need assistance. Relatedly, please **DO NOT** place the ACCESS Agent on hold.
- Please make sure you are **using the CY 2020 version of the Test Calls survey form** to enter information during the call.

Documenting on the Survey Form

- **Note the time and date of your call and your Service Area at the top of the survey form**
- **Note the name of ACCESS Agent.** If the Agent does not offer his/her/their name, please ask for it and for proper spelling before you end the call. This is important in locating your call in the ACCESS Call Log. Having the ACCESS Agent's name is also important in providing feedback regarding the call and your experience.
- **Write down the first and last name of the person for whom services were requested so the call can be located on the ACCESS Call Log.**

After the Call

- Please **complete the remaining questions on the survey form** related to your satisfaction or dissatisfaction with Interpreter Services and the ACCESS Agent in the order in which they appear. If your reason is not listed, please select “Other” and provide a brief explanation in the space provided.
- Email a scanned copy of your completed survey form to your SA Chair/Co-Chair as soon as it is completed.
- If you were dissatisfied with the interpreter services provided in your call, please forward your completed form to your SA Chair immediately. Your SA liaison will promptly forward this information to their ACCESS Center contact.
- **SA Liaisons only**: The CY 2020 Test Calls survey data should be entered online using the new Enterprise Feedback Management (EFM) system and not Vovici. All survey data to QID must be received via the online survey format.

**TABLE 1: SERVICE AREA TEST CALLS SCHEDULE
CY 2020**

SA	Assigned Month	Date Due to QID
SA 8	March 2020	April 10, 2020
SA 7	April 2020	May 11, 2020
SA 6	May 2020	June 10, 2020
SA 5	June 2020	July 10, 2020
SA 1	July 2020	August 10, 2020
SA 2	August 2020	September 10, 2020
SA 4	September 2020	October 13, 2020
SA 3	October 2020	November 10, 2020

**TABLE 2: THRESHOLD LANGUAGES BY SERVICE AREA
CY 2020**

SA	Threshold Language(s)
SA 1	Spanish
SA 2	Armenian, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese.
SA 3	Cantonese, Korean, Mandarin, Spanish, and Vietnamese.
SA 4	Armenian, Korean, Russian, Spanish, and Tagalog
SA 5	Farsi and Spanish
SA 6	Spanish
SA 7	Korean and Spanish
SA 8	Cambodian, Korean, Spanish, and Vietnamese