



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

**Guidelines and Instructions for Volunteer Test Callers
Calendar Year (CY) 2022**

This document outlines the procedures for the Annual Test Calls Project to support the successful implementation of the project in CY 2022. All volunteer test callers are encouraged to review the following document and reach out to the Quality Improvement (QI) team with any questions. Additional resources for the Test Call Project include the:

- Test Call Project Survey Form (English and Non-English versions)
- Test Call Study Workflow 2022
- Policy 200.03 Language Translation and Interpreter Services
- Test Call Scenarios
- Test Call Study Presentation Slides

Why We Do Test Calls

- “Secret Shopper” calls to test the LACDMH Help Line 1-800-854-7771 (not a 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 (County MHP) 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 5** calls within their assigned month with attention to time of day, language, and call type.
 1. Time of day (The specific breakdown of after hours and business hours calls will vary by month – see schedule below)
 - **Calls during regular business hours**
 - Monday-Friday 8:00 AM to 5:00 PM
 - **Calls after hours**
 - Monday – Friday 5:01 PM – 7:59 AM, or on weekends (Friday 5:01 PM – Monday 7:59 AM), and/or Holidays (e.g., Memorial Day).
 2. Language
 - Languages for calls will vary according to the threshold languages for the SA. Refer to Table 1 for the *Service Area Test Calls Schedule*.
 - **At least two (2) calls** should be **in English**
 - **Three (3) calls** in the **SA's threshold languages**.
 - For all non-English calls, please request interpreter services. If you experience any issues with interpreter services, please notify QI 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 Attachments #1 and #4). Only the beneficiary problem/complaint related Test Call scenarios provided by the QI Unit should be used.
 - **Each SA should make two crisis scenario calls** (see Attachments #2 and 5: QI Unit crisis scenarios). Only the crisis scenarios provided by the QI Unit should be used.
 - **One (1) call** should occur during **business hours**
 - **One (1) call** should be made **after hours**
 - The remaining **two (2) calls** should inquire about **referrals for specialty mental health services** (see Attachments #3 and 6). Time of Day assignments will be assigned by QI.

Preparing for Test Calls

Before the Call

- The QI Unit will work collaboratively with callers to designate the approximate time range, language, and type of call as well as the demographics and scenario to be used for the call (i.e., fictitious name, social security number, Medi-Cal number, location). Please review the survey form and check the pre-filled section at the top so you are aware of the:
 - Date and approximate time range at which you should make the call
 - Demographics to use for the call (name, location, Medi-Cal or SSN)

- Type of call (referral, crisis, beneficiary problem/complaint) and scenario
- Time to call (business vs after hours)
- Language to use for the call
- Review scenarios assigned by QI. You should stick to the content of the specific scenario as much as possible.
- 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. Please use the fictitious information provided to you by the QI team.

During the Call

- Please select **Option #1** when you call the 800 number to be connected to the ACCESS Center. The main contact number is also used for the Consumer, Employee, and Veteran hotlines and the message gives this information only in English.
- **DO NOT IDENTIFY YOURSELF AS A TEST CALLER**. The goal is to evaluate whether we as a County MHP provide potential consumers with all the information they request and 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. The Agents should provide **their name** at the beginning of the greeting, which you will need to indicate on the survey form. Please ask the Agent to spell their name if you did not hear it or if the spelling is unclear.
- Please use a blocked phone number when calling the LACDMH Help 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 SA being tested. Please also refer to the “Location for the Call” section on your survey form. During the test call, please do not use the term “Service Area” as this may cue the Agent to this being a test call.**
- **If asked if you are a Medi-Cal beneficiary, and you say “Yes”, you will be asked for your 14-digit Medi-Cal Number. Please provide the fictitious number given to you by the QI team.**
- If you make the call for a mental health clinic referral, please **refuse all efforts by the ACCESS Agent to schedule the appointment for you to the clinic site. The agent may also refer to this as sending an electronic mental health referral.** 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 concise, 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 2022 version of the Test Calls survey form** to enter information during the call. The test call assignment section is highlighted in gray and everything should be filled in for you.

Documenting on the Survey Form

- **Note the time of your call at the top of the survey form**
- **Note the name of the ACCESS Agent.** If the Agent does not offer their name, please ask for it and 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.

After the Call

- Please **complete the remaining questions on the survey form** related to whether you received a referral or information regarding grievances and the Patient's Rights Office, your overall experience on the call, and any feedback that you think would be helpful for the team.
- Email a scanned copy of your completed survey form to the QI team (Ishonibare@dmh.lacounty.gov) as soon as it is completed.
- If you were dissatisfied with the interpreter services provided in your call, please let the QI team know immediately as this information will be given to the Internal Services Division (ISD) for feedback.

**Table 1: Service Area Test Calls Schedule
CY 2022**

SA	Assigned Month	# Business Hours Calls	# After Hours Calls	Threshold Language(s)
SA 1	March 2022	3	2	Spanish
SA 2	April 2022	2	3	Armenian, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese
SA 3	May 2022	3	2	Cantonese, Korean, Mandarin, Spanish, and Vietnamese
SA 4	June 2022	2	3	Armenian, Korean, Russian, Spanish, and Tagalog
SA 5	July 2022	3	2	Farsi and Spanish
SA 6	August 2022	2	3	Spanish
SA 7	September 2022	3	2	Korean and Spanish
SA 8	October 2022	2	3	Cambodian, Korean, Spanish, and Vietnamese