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Los Angeles Department of Mental Health (LACDMH)
Non-Clinical Performance Improvement Project (PIP)
FY 18-19 Review

IDENTIFICATION OF PLAN/PROJECT

MHP Name: LACDMH

Project Title: *The Impact of Training and Psychoeducation to Front Office Staff on Consumer Satisfaction with Front Office Customer Service **(FOCS)***

Check One: Clinical ☐ Non-Clinical ☑

Project Leader: Martin Jones, LCSW
Title: Mental Health Clinical Program Manager III
Role: Lead Manager, Administration, Outpatient Services Bureau

Start Date (MM/DD/YY): **July 1, 2017**

Completion Date (MM/DD/YY): **June 30, 2019**

Projected Study Period (# of months): **24**

Brief Description of PIP:
(Please include the GOAL of the PIP and what the PIP is attempting to accomplish.)

Research has demonstrated the performance and attitude of front office staff can directly affect the retention of consumers. It is essential that front office staff have the ability to maintain an efficient, frictionless, and welcoming reception area that enhances the consumer experience. Organizations must understand what should be addressed when attempting to improve their customer service. This can be accomplished by gathering data and feedback through consumer satisfaction surveys.

The Los Angeles County Department of Mental Health (LACDMH) has administered a variety of consumer satisfaction surveys focusing on access to care and satisfaction with services. Survey data has reflected the feedback of consumers receiving services in general outpatient and specialized programs and across all age groups. There has been no organized effort to understand the consumer experience as it relates to the front office customer service. Further, based on the feedback received from the consumer focus groups facilitated by the External Quality Review Organization (ERQO) and the Cultural Competence Committee (CCC) members, LACDMH recognized the need to implement a consumer satisfaction survey to evaluate front office customer service at Directly Operated (DO) clinics.

The Outpatient Services Bureau (OSB) conducted a brief five (5) question Front Office Customer Service (FOCS) Satisfaction survey between February 12, 2018, and February 26, 2018. A review of the data gathered

from 4,782 consumers for the pre-survey at 35 DO clinics indicated relatively high ratings on consumer satisfaction. However, per the open ended comments reported by consumers, there were some concerning negative themes noted. In response to this feedback, OSB embarked on this Performance Improvement Project (PIP) and implemented two (2) interventions, namely customer service training and psycho-education to front office staff to improve their customer service and understanding of mental health disorders. The post survey was administered between June 5, 2018, and June 15, 2018 with a total of 4,419 consumers having completed the post-survey. An analysis of the post survey comments revealed a significant but selective improvement in relation to the training. There was an increase in the number of positive comments and a decrease in the number of negative comments. However, this positive result was specific to Questions 3 and 5. These two questions received the highest average ratings overall in the Likert scale data. Both questions have to do with the positive effect front office staff members have on consumers' feelings (respect, dignity, and professionalism), rather than with actual practical help to the consumer (helpfulness, and flexibility). This improvement is indicative of potential impact of the training on the quality of interactions of the front desk staff but not on the actual practical help. These findings imply a need for additional training in this specific area related to the practical help and handling of the consumers' needs by front office staff. Further, the department will administer the pre-survey and implement the two interventions at Legal Entity (LE) Contracted programs for Phase II of this PIP in FY 18-19 and collect post survey data to review improvements.

STEP 1: SELECT & DESCRIBE THE STUDY TOPIC

1. The PIP Study Topic selection narrative should include a description of stakeholders involved in developing and implementing the PIP. MHPs are encouraged to seek input from consumers and all stakeholders who are users of, or are concerned with specific areas of service.

   - Assemble a multi-functional team (e.g. clinical staff, consumers, contract providers as appropriate).

Members of the Non-Clinical PIP committee were chosen based on their familiarity, expertise, or interest in the subject matter. The Quality Improvement Division (QID) organized and coordinated the QI related activities for this Non-Clinical PIP. The following committee members reflect the QI program's collaboration with various LACDMH Bureaus, Divisions, and Programs, including: Outpatient Services Bureau (OSB), Human Resources Bureau (HRB), Worker Education and Resource Center (WERC) Inc. – Service Employee Local Union (SEIU) 721, Directly Operated (DO) and Legal Entity (LE) Contracted outpatient programs, and community stakeholders.

- Martin Jones, Mental Health Clinical Program Manager (MHCPM) III for OSB and project leader, led a team consisting of a psychologist, clinical social workers, and administrative/clerical staff. Under Mr. Jones's oversight, Liam Zaidel, Ph.D., assisted in developing the study question and measures, determining the evaluation methodology and analyzing the data. Mirna Firestone, Health Program Analyst II, also assisted in developing the study measures. Todd de la Torre Ugarte, Intermediate Typist Clerk, assisted in compiling and reporting the data. Administrative staff, led by Mirna Firestone, worked closely with the DO clinics throughout LACDMH, providing support and direction for administration, collection of data, and feedback. Staff also worked in conjunction with LACDMH HRB, WET Division, and Program Development and Outcomes Bureau regarding training and psycho-education materials.

- The Program Managers and selected staff from 35 DO programs greatly contributed to this project. The MHCPMs (III) and District Chiefs who have responsibility for each of the eight (8) Service Areas (SA) coordinated the survey administration.

- Members of the Cultural Competence Committee, (CCC) which consisted of consumers, family members, interested individuals from the community, and staff from various programs provided essential feedback through real-life examples of employees' lack of cultural sensitivity.

- WERC Inc. – SEIU 721 conducted the first training with Departmental staff and Ms. Phyllis Griddine, Program Development and Outcomes Bureau conducted the second training.

- Members of the Consumer Advisory Committee at Compton Mental Health Center discussed all aspects of the clinic's operations and customer service including service delivery by front office staff.

- Describe the stakeholders who are involved in developing and implementation of this PIP. Be sure to include CFM group representation.
- Describe the stakeholders' role(s) in the PIP and how they were selected to participate.

PIP Committee/Stakeholders

Additional contributions to this Non-Clinical PIP were received from the following committee members:

Naga Kasarabada, Ex MHCPM III, QID; Sandra Chang Ptasinski, MHCPM I, QID; LyNetta Shonibare, Supervising Psychologist, QID; Daiya Cunnane, Clinical Psychologist II, QID; Kathryn L. Crain, MHCPM I; Carol Sagusti, MHCPM II; Carolyn Paczona, Staff Assistant I; Nancy Smith, Staff Assistant I; Michele Renfrow, Clinical Psychologist II, SA 2; Michelle Majors, MHCPM II, SA 3; Regina Santos, Mental Health Services Coordinator II; Lisa Thigpen, Mental Health Clinical Supervisor; Kathryn Mason-Meadows, Staff Assistant II; Patrice Grant, MHCPM II, SA 5; Ontson Placide, MHCPM II, SA 6, William Tanner, MHCPM II, SA 6; Jackie Cox, MHCPM II, SA 6; Stephanie Platt, Mental Health Clinical Supervisor; Veronica Torok, Community Health Worker; Javier Nevarez, Mental Health Clinical Supervisor; Carlida Miguel, Management Secretary III, Anaeit Tahmasian, Senior Secretary III; Milena Semenova, Office Support Assistant; Azucena Estrada, Staff Assistant I; Lashawn Vaughn, Senior Typist-Clerk; Ana Vasquez, Intermediate Typist-Clerk; Jennell Maze, Mental Health Clinical Supervisor; Marcia Castro, Intermediate Clerk; Yesica Gomez Maltos, Intermediate Typist-Clerk; Maria E. Getz, Patient Financial Services Worker; Maria-Perla Rosales, Intermediate Typist-Clerk; Cherie Jackson, Secretary II; Robin Dean, Intermediate Typist-Clerk; LaTonya Fomby, Senior Typist-Clerk; Erica Melbourne, Training Coordinator, Mental Health; Angela Shields, Acting MHCPM III, SA 6; Makan Emadi, Mental Health Clinical Supervisor; Elizabeth Zimmerman, Mental Health Clinical Supervisor; Sear Ly, Senior Clerk; Shauntea Johnson-Smith, Intermediate Typist-Clerk; Maritza Flores, Senior Departmental Personnel Tech; Donna Powell, Patient Resources Worker; Cynthia Taylor, Senior Typist-Clerk; Melanie Harewood, Mental Health Clinical Supervisor; Guadalupe Aguilar, Intermediate Typist-Clerk; Cathy Williamson, Family Advocate; Members of the Consumer Advisory Committee at Compton Mental Health Center.

2. Define the problem.
   - The problem to be addressed should be clearly stated with narrative explanation including what brought the problem to the attention of the MHP.
     - What is the problem?

Front office staff are in contact with consumers the most; yet, research and measurement on consumer satisfaction with front office customer service has been minimal. LACDMH has administered the State mandated Consumer Perception Survey (CPS) forms twice a year, every May and November. CPS forms gathered data on the overall satisfaction with the programs including access to care, participation in treatment planning, cultural sensitivity, social connectedness, and outcomes. Additionally, Age group satisfaction surveys have been administered through the Children's System of Care, Transitional Age Youth System of Care, Older Adult System of Care and other Countywide specialized programs such as California Work Opportunity and Responsibility to Kids (CalWORKs). Satisfaction rates on the CPS and Age Group satisfaction surveys were historically high. However, when granted the opportunity to provide feedback in an open forum, consumers shared their personal experiences of unfavorable encounters with front office staff.

- How did it come to your attention?

In April 2016, the EQRO review team facilitated a consumer/family member focus group with 10 Latino Adult beneficiaries receiving services in SA 6. During the focus group, participants shared experiences that highlighted a need for front office staff to: improve their customer service behaviors; treat consumers with respect; and be responsive and timely. As cited in the recommendations of the Fiscal Year (FY) 15-16 EQRO report, LACDMH was encouraged to **"***create supportive staff training covering quality service and safety issues including: implementation of welcoming training for front desk/reception staff to utilize which supports quality customer service in a wellness and recovery-based environment".*

In response to the recommendation, LACDMH developed, through its Human Resource Bureau, a Welcoming Training titled "Client Experience Workshop, Using a Customer Service Model to Deliver an Excellent Team and Client Experience". The training incorporated feedback received directly from Program Leads and site leadership. The trainer conducted onsite clinic visits and received input towards the training curriculum on specific areas of improvement for front office staff. A total of 442 participants completed the first set of trainings, which was presented over 20 sessions between May through June 2017. The trainings were conducted by Worker Education and Resource Center (WERC) Inc. –SEIU Local 721.

Consumer/Stakeholder Input: Following this training, in July 2017 the LACDMH Ethnic Services Manager (ESM) solicited stakeholder input (that included consumers) from the CCC. The CCC provided real-life situations regarding front office staff's cultural sensitivity and appropriateness. The feedback gathered included the following areas for improvement:

- Staff needs to make an effort to connect with consumers as human beings and show respect by addressing them by name
- Allow consumers the opportunity to become involved as volunteers when they sign-up for an activity
- Be knowledgeable of the clinic activities such as self-help groups, SAAC meetings, and the work schedule of direct service staff
- Refrain from asking consumers what is the nature of problem they need to address while they sign-in

- Identify themselves by name when answering and assisting consumers over the phone
- Be knowledgeable about the brochures, flyers, and any other information available in the clinic lobbies
- Show sensitivity when a Limited English Proficiency (LEP) consumer is having difficulties communicating in English and offer to switch to their preferred language
- Refrain from humiliating consumers because they cannot communicate in English and do not tell them to learn English
- Security guards need to be trained on how to communicate with consumers courteously

Based on the aforementioned feedback from CCC members LACDMH recognized the need for additional front office customer service training beyond what was initially offered between May-June 2017 and also embarked on implementing the Non-Clinical Performance Improvement Project for FY 17-18 to address front office customer services related issues. The goal was to survey the consumers receiving services at Directly Operated (DO) programs to have a more in depth knowledge of their perception of front office customer service.

- What data have you reviewed that suggests the issue is indeed a problem for the MHP? Describe any relevant benchmarks.
- What literature and/or research have been reviewed that explain the issue's relevance to the MHP's consumers?

As mentioned earlier, qualitative feedback from CCC members suggested that front office customer service continues to be a concern for the MHP. Also, it was noted that the initial customer service training offered did not cover all front office staff and there was a need to provide additional training. Furthermore, it was recognized that additional interventions focusing on a one on one approach with front office staff within each clinic such as offering psychoeducational materials would be beneficial.

A survey of the literature shows that the performance and attitude of front office staff can directly affect the retention of consumers. Front office staff have the ability to maintain an efficient, frictionless, and welcoming reception area that enhances the consumer experience. Front office staff are key in maintaining efficiency and productivity as well as excellent consumer relationships. A "significant portion" of front office responsibilities involve working with the emotions of both the consumer and their families (Ward and McMurray, 2011).

Within LACDMH, front office staff have maintained an office or administrative role and often served as receptionists. Examples of LACDMH staff who may have served as front office staff included but were not limited to Intermediate Typist-Clerk, Community Worker, Patient Financial Worker, and Senior Typist-Clerk. Historically, front office staff are responsible for handling dozens of calls a day. It is not uncommon for consumers to call to confirm or reschedule appointment times, or update their information. In this process, front office staff are often presented with questions they are unable to answer.

Consumers preferred shorter wait times and did not like waiting to see the doctor (Levine, 2018). According to Levine, long waits were among the top 10 complaints that consumers had about their healthcare providers. Front office staff are expected to manage consumer dissatisfaction with wait times. In healthcare, providers tend to lose sight of the consumer because of competing demands, long wait lists for service, and limited clinician availability (Gooch, 2016).

It is more important than ever to evaluate clinic processes and refocus efforts on the consumer (Lloyd, 2013). The potential for new consumers to call or walk-in, interact with staff, and engage in treatment or go to another agency who offers better service and access has

increased. The concept of customer service is more often linked to retail providers. However, growing research in this field has highlighted the similarities and differences between customer service for retail shoppers and primary care and behavioral health providers.

According to Lloyd (2013), the following represents fundamental differences between primary care and behavioral health centers and retail providers.

Retail Providers	**Primary Care and Behavioral Health Centers**
• The customer comes first.	• The payer comes first.
• The customer defines excellence.	• The delivery system defines service.
• What is best for the customer is best for the organization.	• What's best for the clinician's schedule is best for the organization.
• Staff performance is measured by level of customer service offered.	• Staff lack key performance indicators related to customer service.
• The customer experience is built to meet a full range of needs.	• The customer experience is built on internal service silos.

SAMHSA (2013) reported that 63% of behavioral health organizations indicated they have no uniform measure of customer service and that 51% never measured customer satisfaction. Findings from Deloitte's 2016 *Consumer Priorities in Healthcare Survey* determined that, the following key customer priorities apply to healthcare systems:

- A high quality service level
- Convenience
- A satisfactory experience
- Accessibility
- Friendly care

Customer service needs and awareness are vital to an organization's quality improvement process. Data collection, same day access, and feedback through consumer surveys on their experience would prove supportive.

- The study topic narrative will address:
  - What is the overarching goal of the PIP?

This Non-Clinical PIP was aimed at enhancing cultural sensitivity and appropriateness among front office staff and improving customer service for consumers receiving services at LACDMH outpatient programs.

- How will the PIP be used to improve processes and outcomes of care provided by the MHP?

Individuals living with Serious Mental Illness (SMI) can be difficult to engage in ongoing treatment. The consumer's first experience at the clinic with front office staff may have a significant impact on their interest and adherence to treatment. Lack of treatment retention may in turn lead to poorer clinical outcomes with symptom relapse and re-hospitalizations. The quality of the relationships developed throughout the treatment process serves as an important element in determining success. This PIP provides two important interventions: 1) an initial Customer Service Training; and 2) psycho-education with support staff at the clinic level. Such staff are not clinically trained and regular discussion about various mental health issues could expand their knowledge base regarding the various diagnostic categories. Although consumer-centered care is a basic foundation within LACDMH, prior to this project, support staff received little to no training in this framework. Through exposure to training about cultural sensitivity and working with individuals who are managing mental health symptoms, this PIP is expected to encourage support staff to: become a significant part of integrated care; improve overall customer service; and enhance engagement in the treatment process.

- How any proposed interventions are grounded in proven methods and critical to the study topic?

LACDMH is one of the largest providers of mental health services in Los Angeles, including its DO, LE Contracted and network providers, with the expansion of Medi-Cal, consumers have options for their mental health services.

To date, there is limited research on proven interventions to enhance customer service provided by support/clerical and financial staff. However, SAMHSA (2013) indicated the importance of gathering data through the administration and analysis of client surveys and offering same day service. Providing psychoeducation related to effective communication; increased understanding and observation of consumer nonverbal communication; knowledge of the consumers' presenting issues (Hewitt, McCloughan, & McKinstry, 2009.); and proving support in front office staff emotion regulation (Ward & McMurray, 2011) could improve relations between front office staff and consumers. This PIP was the next step in the process of enhancing customer service and improving the consumer's experience with LACDMH.

- The study topic narrative will clearly demonstrate:
  - How the identified study topic is relevant to the consumer population?

LACDMH, the largest county mental health department in the country, directly operates more than 80 programs and contracts with more than 700 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to individuals of all ages.

Both the EQRO and the CCC identified that customer service provided by support/clerical and financial staff was an issue. This was confirmed by the statements made by the CCC membership and the pre-survey open-ended questions administered to consumer of the DO programs.

- How addressing the problem will impact a significant portion of MHP consumer population?
- How the interventions have the potential to impact the mental health, functional status, or satisfaction of consumers served?

In FY 16-17, DO and LE Contracted outpatient programs served approximately 206,383 consumers Countywide. Consumers often received services through LACDMH across multiple SAs and from both DO and LE Contracted providers. Therefore, it was in the Department's best interest to also evaluate the services delivered by front office staff Countywide. Approximately 78% of the consumers seen through LACDMH are seen in the outpatient environment. Consequently, the vast majority of consumers could receive a more welcoming, supportive response from support personnel.

STEP 2: DEFINE & INCLUDE THE STUDY QUESTION

The study question must be stated in a clear, concise and answerable format. It should identify the focus of the PIP. The study question establishes a framework for the goals, measurement, and evaluation of the study. (If more space is needed, press "Enter")

Will implementing front office customer service training and psycho-education on mental health educational materials improve the consumer satisfaction rates related to front office customer service as evidenced by pre and post improvements in survey scores and qualitative feedback from consumers receiving services with LACDMH outpatient programs?

STEP 3: IDENTIFY STUDY POPULATION

Clearly identify the consumer population included in the study. Include an explanation of how the study will address the entire consumer population, or a specific sample of that population. If the study pertains to an identified sector of the MHP consumer population, how inclusion of all members will occur is required. The documentation must include data on the MHP's enrolled consumers, as well as the number of consumers relevant to the study topic.

This Non-Clinical PIP aimed to improve front office care for all Medi-Cal beneficiaries and uninsured individuals who sought services from DO or LE/Contracted outpatient programs in FY 17-18. In FY 16-17, DO and LE Contracted outpatient programs served approximately 206,383 consumers Countywide. Of this 48% were under the age of 18, 44% were adults and 8% were older adults. An estimated 60% of the consumers were seen by LE Contracted agencies.

This Step may include:

- Demographic information;

The FY 17-18 demographic information for consumers who completed the FOCS Satisfaction survey are as follows (***Attachment 3E.1***):

Gender

- A higher number of participants identified as Female (56.6%) when compared to Male (39.9%) at pre-intervention

- A higher number of participants identified as Female (55.9%) when compared to Male (42.2%) at post-intervention

Ethnicity

- The highest number of participants identified as Hispanic/Latino (45.6%), followed by Black/African American (20.9%), White (20.4%), and Asian/Pacific Islander (5.2%) at pre-intervention
- The highest number of participants identified as Hispanic/Latino (43.9%), followed by White (20.2%), Black/African American (17.2%) and Asian/Pacific Islander (7.0%) at post-intervention

Age

- A higher number of participants reported being between 26 and 59 years old (74.4%) when compared to 16 to 25 years old (12.9%), 60 years and above (11.7%) and 15 years and under (2.3%) at pre-intervention
- A higher number participants reported being between 26 and 59 years old (72.7%) when compared to 16 to 25 years old (14.0%), 60 years and above (10.4%) and 15 years and under (1.6%) at post-intervention

- Utilization and outcome data or information available; and
- Other study sources (such as pharmacy data) that may be utilized to identify all consumers who are to be included in the study.

STEP 4: SELECT & EXPLAIN THE STUDY INDICATORS

Consumer-reported satisfaction, as evidenced by negative themes in the open-ended comments and the Likert scale responses to the five questions of the surveys, served as the study measures for this PIP. Tables 1 and 2 summarize the performance indicators for this project.

TABLE 1: NON-CLINICAL PIP PERFORMANCE INDICATORS

Performance Indicator			Numerator	Denominator	Baseline (number)	Goal (Percentage Points; PP)
1	Percentage Point (PP) improvement in scores related to "Helpfulness"	1a. Likert Scale responses to Q1	Total number of "High[1]" ratings to Q1 of the FOCS satisfaction survey	Total number of ratings ("High," "Neutral," and "Low") to Q1 of the FOCS satisfaction survey	88.1%	2 PP Increase in "High" ratings to Q1
		1b. Open-ended Comment	Total number of comments categorized as "Negative" for Q1 of	Total number of comments ("Positive" and "Negative") on Q1	28.8%	2 PP Decrease in "Negative" comments for Q1

		Themes for Q1	the FOCS satisfaction survey	of the FOCS satisfaction survey		
2	PP improvement in scores related to "Flexibility"	2a. Likert Scale responses to Q2	Total number of "High" ratings to Q2 of the FOCS satisfaction survey	Total number of ratings ("High," "Neutral," and "Low") to Q2 of the FOCS satisfaction survey	81.7%	2 PP Increase in "High" ratings to Q2
		2b. Open-ended Comment Themes for Q2	Total number of comments categorized as "Negative" for Q2 of the FOCS satisfaction survey	Total number of comments ("Positive" and "Negative") on Q2 of the FOCS satisfaction survey	17.2%	2 PP Decrease in "Negative" comments for Q2
3	PP improvement in scores related to "Dignity and Respect"	3a. Likert Scale responses to Q3	Total number of "High" ratings to Q3 of the FOCS satisfaction survey	Total number of ratings ("High," "Neutral," and "Low") to Q3 of the FOCS satisfaction survey	91.8%	2 PP Increase in "High" ratings to Q3
		3b. Open-ended Comment Themes for Q3	Total number of comments categorized as "Negative" for Q3 of the FOCS satisfaction survey	Total number of comments ("Positive" and "Negative") on Q3 of the FOCS satisfaction survey	25.1%	2 PP Decrease in "Negative" comments for Q3
4	PP improvement in scores related to "Feeling Welcomed"	4a. Likert Scale responses to Q4	Total number of "High" ratings to Q4 of the FOCS satisfaction survey	Total number of ratings ("High," "Neutral," and "Low") to Q4 of the FOCS satisfaction survey	89.2%	2 PP Increase in "High" ratings to Q4
		4b. Open-ended Comment Themes for Q4	Total number of comments categorized as "Negative" for Q4 of the FOCS satisfaction survey	Total number of comments ("Positive" and "Negative") on Q4 of the FOCS satisfaction survey	16.1%	2 PP Decrease in "Negative" comments for Q4
5	PP improvement in scores related to "Professionalism"	5a. Likert Scale responses to Q5	Total number of "High" ratings to Q5 of the FOCS satisfaction survey	Total number of ratings ("High," "Neutral," and "Low") to Q5 of the FOCS satisfaction survey	91.7%	2 PP Increase in "High" ratings to Q5
		5b. Open-ended Comment Themes for Q5	Total number of comments categorized as "Negative" for Q5 of the FOCS satisfaction survey	Total number of comments ("Positive" and "Negative") on Q5 of the FOCS satisfaction survey	24.5%	2 PP Decrease in "Negative" comments for Q5

Note: [1]High ratings include "Strongly Agree" and "Agree" responses. Data Source, OSB, August 2018.

TABLE 2: PIP RATIONALE FOR SELECTION OF PERFORMANCE MEASURES	
Rationale for Selection of Study Measure(s) 1 and 2	Practical assistance, or assistance provided to help consumers obtain mental health treatment services, is an important aspect of front office customer service delivery.
Quantifiable Measure 1:	Scores related to staff helpfulness
Quantifiable Measure 1a:	Likert scale ratings to Q1 of the FOCS satisfaction survey
Numerator:	Total number of "High" ratings to Q1 of the FOCS satisfaction survey
Denominator:	Total number of "High," "Neutral," and "Low" ratings to Q1 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	88.1%
Goal:	2 PP Increase in "High" ratings to Q1
Quantifiable Measure 1b:	Open-ended comment themes gathered from Q1 of the FOCS satisfaction survey
Numerator:	Total number of comments categorized as "Negative" for Q1 of the FOCS satisfaction survey
Denominator:	Total number of comments categorized as "Negative" and "Positive" for Q1 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	28.8%
Goal:	2 PP Decrease in "Negative" comments for Q1
Quantifiable Measure 2:	Scores related to staff flexibility
Quantifiable Measure 2a:	Likert scale ratings to Q2 of the FOCS satisfaction survey
Numerator:	Total number of "High" ratings to Q2 of the FOCS satisfaction survey
Denominator:	Total number of "High," "Neutral," and "Low" ratings to Q2 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	81.7%
Goal:	2 PP Increase in "High" ratings to Q2
Quantifiable Measure 2b:	Open-ended comment themes gathered from Q2 of the FOCS satisfaction survey
Numerator:	Total number of comments categorized as "Negative" for Q2 of the FOCS satisfaction survey
Denominator:	Total number of comments categorized as "Negative" and "Positive" for Q2 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	17.2%
Goal:	2 PP Decrease in "Negative" comments for Q2
Rationale for Selection of Study Measure(s) 3, 4, and 5	A consumer's experience of front office staff is guided by the way they are made to feel while interacting with front office
Quantifiable Measure 3:	Scores related to feeling treated with dignity and respect
Quantifiable Measure 3a:	Likert scale ratings to Q3 of the FOCS satisfaction survey
Numerator:	Total number of "High" ratings to Q3 of the FOCS satisfaction survey
Denominator:	Total number of "High," "Neutral," and "Low" ratings to Q3 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	91.8%

Goal:	2 PP Increase in "High" ratings to Q3
Quantifiable Measure 3b:	Open-ended comment themes gathered from Q3 of the FOCS satisfaction survey
Numerator:	Total number of comments categorized as "Negative" for Q3 of the FOCS satisfaction survey
Denominator:	Total number of comments categorized as "Negative" and "Positive" for Q3 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	25.1%
Goal:	2 PP Decrease in "Negative" comments for Q3
Quantifiable Measure 4:	Scores related to feeling welcomed
Quantifiable Measure 4a:	Likert scale ratings to Q4 of the FOCS satisfaction survey
Numerator:	Total number of "High" ratings to Q4 of the FOCS satisfaction survey
Denominator:	Total number of "High," "Neutral," and "Low" ratings to Q4 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	89.2%
Goal:	2 PP Increase in "High" ratings to Q4
Quantifiable Measure 4b:	Open-ended comment themes gathered from Q4 of the FOCS satisfaction survey
Numerator:	Total number of comments categorized as "Negative" for Q4 of the FOCS satisfaction survey
Denominator:	Total number of comments categorized as "Negative" and "Positive" for Q4 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	16.1%
Goal:	2 PP Decrease in "Negative" comments for Q4
Quantifiable Measure 5:	Scores related to staff professionalism
Quantifiable Measure 5a:	Likert scale responses to Q5 of the FOCS satisfaction survey
Numerator:	Total number of "High" ratings to Q5 of the FOCS satisfaction survey
Denominator:	Total number of "High," "Neutral," and "Low" ratings to Q5 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	91.7%
Goal:	2 PP Increase in "High" ratings to Q5
Quantifiable Measure 5b:	Open-ended comment themes gathered from Q5 of the FOCS satisfaction survey
Numerator:	Total number of comments categorized as "Negative" for Q5 of the FOCS satisfaction survey
Denominator:	Total number of comments categorized as "Negative" and "Positive" for Q5 of the FOCS satisfaction survey
First measurement period date(s):	February 12, 2018 through February 26, 2018
Baseline benchmark	24.5%
Goal:	2 PP Decrease in "Negative" comments for Q5

Data Source: OSB, August 2018**.**

STEP 5: SAMPLING METHODS (IF APPLICABLE)

The MHP must provide the study description and methodology.

- Identify the following:
  - Calculate the required sample size?

All consumers receiving services at the 35 DO clinics during the pre and post survey periods were offered the survey to complete. This resulted in a large sample size and there were no other calculations for sample size.

  - Consider and specify the true or estimated frequency of the event?

The frequency of the survey administration was chosen to be twice – pre-intervention and post-intervention.

  - Identify the confidence level to be used?

The 95% to 100% confidence interval was computed for this sample.

  - Identify an acceptable margin of error?

Based on the following formula for calculating margin of error, we arrived at 1.6% as a range of values above and below the actual results from the survey that we were willing to accept.

$$\text{Margin of error} = z \times \frac{\sigma}{\sqrt{n}}$$

Describe the valid sampling techniques used?

Consumers receiving services at the 35 participating DO clinics, during the survey period, were invited to participate. This anonymous and non-mandatory survey was administered to consumers from all age groups, ethnicities, languages, and programs. Overall, 9,201 consumers participated in the pre and post surveys periods. Of which, 4,782 consumers completed surveys at pre and 4,419 consumers completed surveys at post.

STEP 6: DEVELOP STUDY DESIGN & DATA COLLECTION PROCEDURES

A study design must be developed that will show the impact of all planned interventions. Include the information describing the following:

- Describe the data to be collected.

Front Office Customer Service (FOCS) Satisfaction survey data was collected for this project. Consumers provided responses to five (5) Likert scale rating questions that assessed the consumer's satisfaction with services provided by front office staff. The five questions pertained to front office staff helpfulness; flexibility; the degree to which consumers felt they were treated with dignity and respect; the degree to which consumers felt welcomed; and the degree to which consumers felt they were treated with professionalism. The open-ended comments for each of the five Likert scale questions were categorized into themes and tallied.

- Describe the methods of data collection and sources of the data. How do these factors produce valid and reliable data representing the entire consumer population to which the study indicators apply?

The FOCS surveys were distributed to and completed by consumers who arrived for services at the 35 participating DO clinics. Completed surveys were faxed to OSB for analysis.

The OSB conducted a brief five (5) question FOCS Satisfaction survey (***Attachment 3E.2***) between February 12, 2018 and February 26, 2018 for the pre-intervention survey and between June 5, 2018 and June 15, 2018 for the post-intervention survey. The survey was administered to evaluate the quality of services received from front office staff and explore areas for improvement. Survey questions were as follows:

1. Front office staff has been helpful when I contacted the clinic by phone (Q1)
2. Front office staff is flexible if I arrive late or miss an appointment (Q2)
3. I am treated with dignity and respect by the front office staff (Q3)
4. I feel welcomed by the front office staff when I arrive for appointments (Q4)
5. Front office staff communicate to me in a professional manner (Q5)

The FOCS survey questions were developed with input from all SA Chiefs who gathered feedback from their staff and managers. Feedback was also solicited from the Office of Consumer and Family Affairs to ensure additional consumer input was included.

The FOCS survey was conducted at 35 DO programs. Other than English, the survey was translated into: Spanish; Russian; Farsi; Armenian; Korean; Tagalog; Chinese (Traditional and Simplified); Arabic; Vietnamese; and Cambodian. Please refer to ***Attachment 3E.3*** for a language summary report by DO clinic.

Responses were received from 4,782 consumers for the pre-survey and 4,419 consumers for the post-survey. Figures 1 and 2 presents the number of completed FOCS Satisfaction surveys by clinic and at pre and post intervention.

FIGURE 1: NUMBER OF COMPLETED FOCS SATISFACTION SURVEYS BY CLINIC (PRE-INTERVENTION)

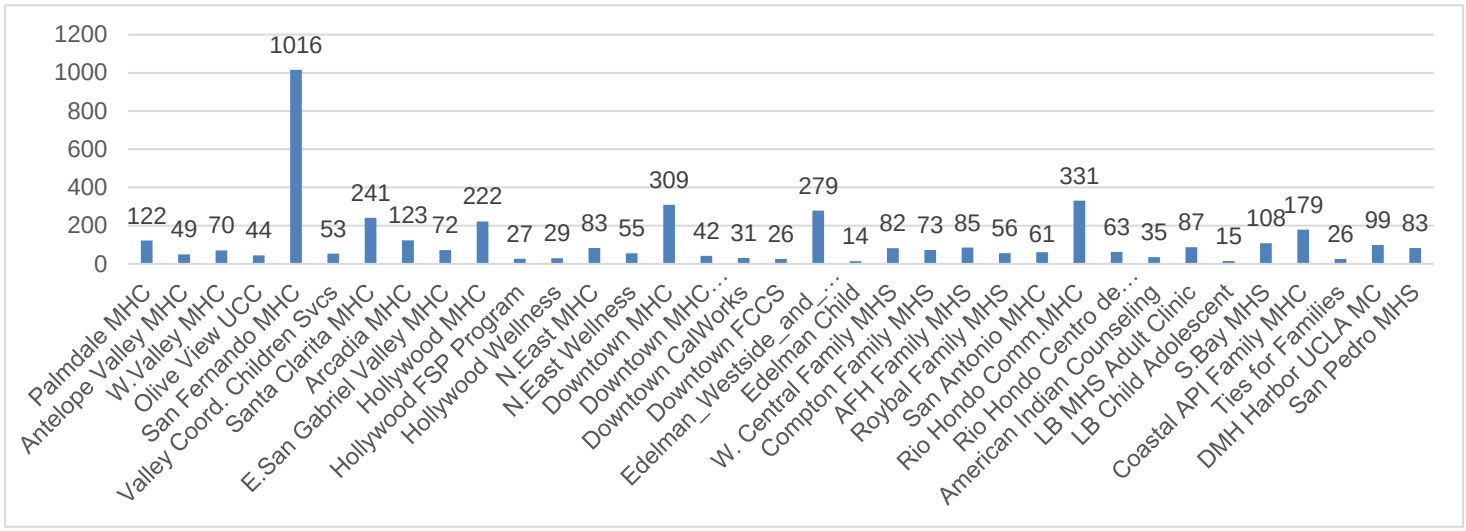
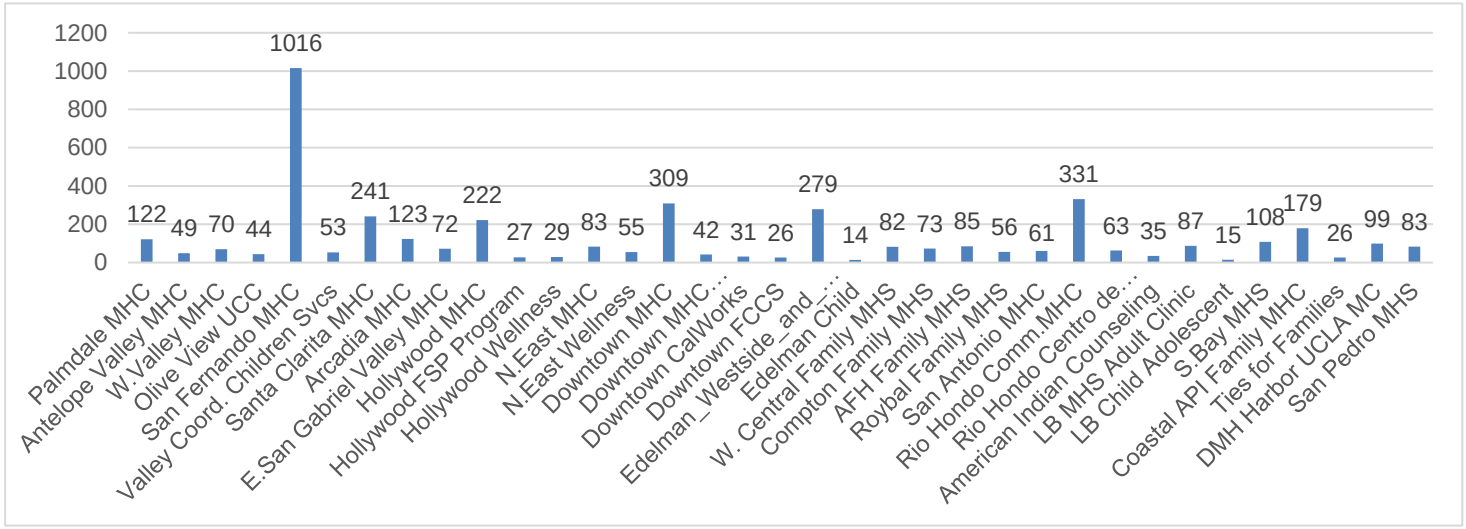


FIGURE 2: NUMBER OF COMPLETED FOCS SATISFACTION SURVEYS BY CLINIC (POST-INTERVENTION)



- Describe the instruments for data collection, and how they provided for consistent and accurate data collection over time.

The instrument used for assessing the customers' service satisfaction with front office staff was a Likert-scale survey composed of five (5) questions. The five (5) questions pertained to front office staff helpfulness; flexibility; the degree to which consumers felt they were treated with dignity and respect; the degree to which consumers felt welcomed; and the degree to which consumers felt they were treated with professionalism. One factor that may have affected the validity on part of the measure is the high number of consumers who did not respond to Question 2 (flexibility). One possible reason for this was confusion on the part of consumers about whether the question was asking about satisfaction with the tardiness rule of the clinic itself (e.g., if late by 15 minutes or more, the appointment will be cancelled) or about satisfaction with the degree to which front office staff was flexible beyond the rule. Consumers were also allowed to leave open-ended comments about their experience with the front office staff. The comments were organized into different themes and classified as either negative or positive.

- Describe the prospective data analysis plan. Include contingencies for untoward results.

Untoward results were reviewed on an ongoing basis and adjustments to data collection or interventions were made as indicated.

- A high number of consumers did not provide a response to Question 2 related to the flexibility of front office staff. Possible reasons include difficulty understanding whether the question pertained to the consumers' satisfaction with the flexibility of front office staff or the flexibility with the clinic's tardiness rule. Other possibilities include consumers were not late to their appointments and had no prior experiences with this issue or consumers who arrived late may not have been willing to admit to their tardiness. Consumers had the option to select "Not Applicable," though few selected this option. As a contingency plan, when the survey is rolled out at Contract provider clinics, front office staff will be encouraged to prompt consumers to provide a response to questions that are left blank and offer clarification, as needed.
- SA 1 displayed unusual ratings in that there was a large 7.38 PP decrease from pre- (93%) to post- (86%). SA 1 is comprised of Palmdale MHC and Antelope Valley MHC. There was a 12 PP decrease in "High" ratings at Palmdale MHC from pre- (95%) to post- (83%) and a small 2 PP increase in "High" ratings at Antelope Valley MHC from pre- (93%) to post- (95%). The large decrease in ratings at Palmdale MHC accounted for the overall decrease in SA 1 "High" ratings.

- Identify the staff that will be collecting data, and their qualifications. Include contractual, temporary, or consultative personnel.

Staff overseeing data collection for this Non-Clinical PIP includes:

- OSB staff including Clinical Psychologists with research and data analysis experience and Program Managers
- Quality Improvement staff and Program Managers
- DO outpatient service providers

STEP 7: DEVELOP & DESCRIBE STUDY INTERVENTIONS

TABLE 3: NON- CLINICAL PIP STUDY INTERVENTIONS
FY 17-18

Number of Intervention	List each Specific Intervention	Barriers/Causes Intervention Designed to Target	Corresponding Indicator	Date Applied
1	WERC Client Experience Workshop	Cultivate a more positive front office staff and consumer experience	1-5	5/2017-6/2017 3/2018
2	Provide psychoeducation by discussing mental health issues outlined in the curriculum	Expand front office staffs' level of understanding regarding the various diagnostic categories/mental health issues with the goal of increasing the understanding of a wellness and recovery-based environment and fostering a welcoming environment	1-5	3/2018

The MHP must develop reasonable interventions that address causes/barriers identified through data analysis and QI processes. Summarize interventions in a table that:

- Describes each intervention;
- Identifies the specific barriers/causes each intervention is designed to address;
- Identifies the corresponding indicator that measures the performance of the intervention; and
- Maintains the integrity/measurability of each intervention.
- Describe how the interventions will impact the indicators and help to answer the study question.

1. WERC Client Experience Workshop

In response to April 2016 EQRO recommendation, LACDMH HRB developed a Welcoming training, also known as the "Client Experience Workshop, using a Customer Service Model to Deliver an Excellent Team and Client Experience" for front office staff (***Attachment 3E.4***). A total of 442 LACDMH DO staff completed the WERC Client Experience Workshop held across 20 sessions between May and June 2017. An additional 121 LACDMH DO staff attended make-up sessions conducted in March and April 2018. Please refer to (***Attachment 3E.5***) for the most represented classifications among the 546 active staff trained as of July 16, 2018.

At the conclusion of the Client Experience Workshops, 335 survey responses were collected and evaluated. Results of the close-ended survey statements ranged from Strongly Agree to Strongly Disagree. Cumulatively, the majority of participants reported that they Strongly Agreed or Agreed to each question; Strongly Disagree, Disagree and Neutral were between 10% and 16%. Table 4 presents

the percent of respondents that Strongly Agreed and Agreed to statements regarding the Client Experience Workshop. The final Client Experience Workshop Evaluation report is included as ***Attachment 3E.6***.

TABLE 4: PERCENT OF RESPONDENTS WHO STRONGLY AGREED OR AGREED ON THE WORKSHOP EVALUATION JUNE 2017

Question	Strongly Agreed	Agreed
Objectives The objectives of the course were met.	**85%**	**12%**
Applicability The subject matter was beneficial and I will be able to apply this information in my work.	**83%**	**14%**
Organization The facilitator was organized and the material was communicated in a logical manner	**87%**	**10%**
Knowledge The facilitator was knowledgeable about the topic	**89%**	**9%**
Method Appropriate teaching methods (activities, discussions, etc.) were used	**84%**	**13%**
Materials The workshop materials (handouts, audiovisual, lighting, etc.) were efficient and useful	**80%**	**16%**

Note: Data was collected at the conclusion of the Client Experience Workshops conducted in May and June 2017 and March/April 2018.

Comments from LACDMH staff who attended the workshop included:

- It was a very helpful training
- Great facilitator
- A phenomenal presenter. The audio visual component was great as well
- Good presentation. Very educational
- I enjoyed the class. It was very helpful and informative
- Very excellent presenter. Very good job
- Awesome speaker

2. Psychoeducation for Front Office Staff

As the second intervention for this PIP, the team set forth to increase staff access to relevant psychoeducational materials and resources and orient them on the materials. Each LACDMH DO site program manager designated a staff person who met on a regular basis (at least monthly) with the clerical/support staff and provided psycho-education by discussing mental health issues outlined in the following curriculum with the goal of increasing the understanding of a wellness and recovery-based environment and fostering a welcoming environment:

- Everyone can play a role in the conversation about Mental Health (SAMHSA): https://store.samhsa.gov/shin/content//PEP14-FAITHFS/PEP14-FAITHFS.pdf
- Depression (NAMI): https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Depression-FS.pdf
- Anxiety Disorders (NAMI): https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Anxiety-Disorders-FS.pdf
- Schizophrenia (NAMI): https://www.nami.org/NAMI/media/NAMI-edia/Images/FactSheets/Schizophrenia-FS.pdf
- PTSD (NAMI): https://www.nami.orgNAMI/media/NAMI-Media/Images/FactSheets/PTSD-FS.pdf
- Bipolar Disorder (NAMI): https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Bipolar-Disorder-FS.pdf
- Anxiety Disorders – TAY (SAMHSA): https://store.samhsa.gov/shin/content/SMA16-5010/SMA16-5010.pdf
- Understanding Trauma (SAMHSA): https://www.cenpaticointegratedcareaz.com/content/dam/centene/cenpaticoaz/Documents/UnderstandingTraumaFactSheet-SAMHSA-2.pdf
- Comorbidity: Addiction and Other Mental Health Disorders (NIMH): https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/drugfacts_comorbidity.pdf
- Suicide (NAMI): https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Suicide-FS.pdf

Any incidents that occurred at the clinics were used as learning opportunities to educate staff on mental health issues, cultural sensitivity, and quality front office customer service.

STEP 8: DATA ANALYSIS & INTERPRETATION OF STUDY RESULTS

Data analysis begins with examining the performance of each intervention, based on the defined indicators. (For detailed guidance, follow the criteria outlined in Protocol 3, Activity 1, Step 8.)

- Describe the data analysis process. Did it occur as planned?

Data analysis occurred as planned. Across all SAs and clinics, the number of Strongly Agreed and/or Agreed responses exceeded the number of Disagreed and Strongly Disagree responses. Examples of positive remarks included: "very pleasant;" "friendly;" "takes time to check appointment time;" "very helpful on the phone and in person;" and "yes, I get immediate help and they are very nice to me."

Survey results (pre) were generally positive; however, several consumers/family members provided comments expressing levels of concern about their experience with front office staff. The following are some of those comments:

- I think they need to listen when my call comes through
- Gave wrong info on phone to me regarding cost;
- Some work just for the money, no concern for mental health
- When I call, no one answers or the line is busy
- More Spanish speakers are necessary
- People (staff) are like robots
- Depends on who is at the front office

Comments Theme and Rating Analyses

Comment theme analysis occurred as planned (***Attachment 3E.7***). Two separate analyses were performed. The first analysis involved evaluating a change in the number of positive and negative comment themes overall and for each question from pre-to-post. Comments from completed pre- and post- front office staff satisfaction surveys were reviewed. The comments were assigned to different theme categories describing the subject matter of the feedback. Then they were designated as having either a positive or negative content for each question. The frequencies of the themes were calculated. Themes were chosen based on intuitive assignment of comments into categories semantically relevant to each question.

In order to evaluate change in frequencies of comments for a given theme from pre- to post-, the proportion of frequencies of each themes pre- to post- was compared overall; by each question separately, and for positive and negative comments.

The second analysis involved evaluating the change in ratings from pre-to-post (***Attachment 3E.8***). The data was analyzed in two ways, each followed by examining change from pre-to-post- by demographic factors: gender, ethnicity and age. First, we examined direction and degree of change from pre-to-post- for each of the response categories "High" (Strongly Agree and Agree), Neutral, and "Low" (Disagree and Strongly Disagree), overall, and by SA. Second, the ratios of pre- to post- frequencies were compared using the average of the five questions 1-5. This was done overall and by SA. Only significant results were reported. Because the distribution of the rating responses

was not normally distributed, and since the samples used in the pre-to-post, conditions were independent, a non-parametric statistical test, chi-square, was used to evaluate change in ratings from pre-to-post-.

- Did results trigger modifications to the project or its interventions?

Results will trigger modification of Phase 2 of the PIP implementation with Contract Providers including a more focused effort in clarification of Question 2 when the survey is handed out and to ensure all questions are completed. The interventions and methodology will remain the same to ensure consistency for both DO and Contract programs and comparability of data.

- Did analysis trigger any follow-up activities?

Analysis triggered follow up activities related to implementation of Continuous Quality Improvement (CQI) plans by clinics that received overall ratings below 90%. Further, clinics with lower ratings on the post survey revealed factors that potentially contributed to the decrease in ratings. For example, one of the clinic's staff turnover and new front office staff during the post survey period, who did not receive the customer service training, contributed to lower ratings. Such staff will be scheduled to receive the customer service training when the Contract Providers cohort receives the training. Psycho-educational materials will be reviewed with this staff.

- Review results in adherence to the statistical analysis techniques defined in the data analysis plan.

The data analysis was in adherence to the statistical analysis techniques defined in the data analysis plan.

Comment Theme Analysis

Results. Overall, the ratio of pre- to post- training frequencies of positive comment themes was significantly different than the frequency of negative comment themes (chi square, $p<.001$). In particular, there was a higher number of negative pre- comment themes than post while there was a lower number of positive pre-comment themes than post-comment themes. The overall goal of a 2 PP decrease for negative themes was met.

When data was analyzed for each question (1 through 5), a similar pattern of results was observed for Question 3 (dignity and respect) and 5 (professional). The pattern was different for the remaining questions. Specifically, as with the overall result, there was a significant decrease in number of instances of negative comment themes and a significant increase in instances of positive comment themes (Question 3, $p<.001$; Question 5, $p=.001$). For Questions 1, 2, and 4, there was no difference between negative and positive comments in proportion of pre-to-post.

When analyzed by the themes that were relevant to the subject matter of each question, only Question 3 (dignity and respect) showed an even larger effect than it did across all themes for that question.

Conclusion. When consumers were invited to comment and share their ratings, an analysis of the comments revealed a significant but selective improvement in reaction to the training, as revealed by an increase in the number of positive comments and a decrease in the number of negative comments. However, this positive result was selective to Questions 3 and 5. These two questions received the highest average ratings overall in the Likert scale data. Both questions have to do with the positive effect front office staff members have on consumers' feelings (respect, dignity, and professionalism), rather than with actual practical help to the consumer (helpfulness, and flexibility). This suggests that front office staff training to improve service delivery affected the impression that front office staff made on consumers more than on consumers' satisfaction with the extent of practical support they receive from front office staff.

Ratings Analysis

Results and Conclusion. Changes between pre- and post- conditions were minimal with the highest change found for Question 1 (.02%). The ranking of the questions by amount of change from highest to lowest is

1. Q1
2. Q2 and Q4—tie
3. Q3
4. Q5

Direction of Change

Overall, the average of Questions 1-5 as well as four out of the five questions individually show the following pattern of changes: A decrease in frequency of "High", an increase in frequency of "Neutral", and a decrease in frequency of "Low". This change in "Neutral" interacted with the decreases in "High" and "Low" to effect a significant change.

Within each SA, there tended to be a consistent pattern in the direction of change. "High", "Neutral", and "Low" responses were in the same directions across questions and for the average of Q1-5. SA 2 and SA 3 showed the same pattern of change as seen in the overall sample; a decrease in "High," increase in "Neutral," and a decrease in "Low." In contrast, for SA(s) 4 and 8, there was an increase in "High", a decrease in "Neutral" and a decrease in "Low" responses. For SA 1, there was a decrease in "High", an increase in "Neutral", and an increase in "Low" responses. For each of SA(s) 5, 6 and 7, there was no statistically significant change from pre- to post- interventions. This information is also presented in Table 5 of ***Attachment 3E.7***.

Percent Change

Each question overall showed a significant change using a chi-square to explore the degree of change in relative proportion of pre- to post- frequencies. However, these changes were consistently small (-.01% to .02%) and of little practical significance.

With respect to Service Areas, change in "High," "Neutral" and "Low" from pre- to post- was statistically significant for SAs 1 and 4. In this study, it was unusual to see under 90% frequency of "High" ratings in pre- or post- conditions. However, there were two service areas that showed an unusually low frequency of "High" ratings in the pre- condition (SA 4 and SA 6). Compared to the average decrease in frequency of High ratings of .42% in the overall sample from pre- to post-, SA 4 showed a relatively large increase in frequency of High ratings from pre- (87.55%) to post- (91.01%) condition, 3.46%. For SA 6 on the other hand, although there was a relatively large increase of 3 PP, the frequency of "High" ratings only reached 89% in the post- condition from the pre- condition of 86%. The change in frequency of High

ratings for SA 1 was also unusual in that there was a large 7.38% decrease from pre- (93%) to post- (86%). SA 1 is comprised of Palmdale MHC and Antelope Valley MHC. There was a 12 PP decrease in "High" ratings in Palmdale MHC from pre- (95%) to post- (83%) and a small increase in "High" ratings in Antelope Valley MHC from pre- (93%) to post- (95%). It is clear that the large 12 PP decrease in "High" ratings in Palmdale MHC (but not in Antelope Valley MHC) explains the overall decrease in SA 1 "High" ratings. Factors that contributed to the lower ratings include: staff turnover and new front office staff who had not received the customer service training; clinic staff not usually assigned to the front office and providing coverage; and additional phone lines being added which contributed a busier front office during the post survey period. Additionally, the staffing patterns show considerable variation in the ratio of front office to psychiatrists/clinical staff available to meet the service request needs, as well as, considerable space limitations (i.e., interview rooms to meet with consumers). For example:

- With an increase in the number of psychiatrists on site, there was an increased need for front office staff responses to lab orders requests, consumer check-in, pharmacy calls, scheduling/rescheduling of appointments, etc.
- With an increase in the number of clinical/psychiatrists staff, the increased number of consumers arriving for services and fewer interview rooms available had a direct impact on the delivery system.

A breakdown of the pre- and post- survey frequencies and percentages for Q1 through Q5 overall by SA is presented in ***Attachment 3E.9*** and by agency in ***Attachment 3E.10***.

Demographic Group Change

We explored changes in demographic groups (***Attachment 3E.1***) age, gender and ethnicity from pre- to post-. Specific demographic groups showed a significant change. Within ethnicity, Hispanic/Latinos was the only group to show a significant change pre- to post- using a chi-square. The direction of change is consistent with that of the group overall, namely a decrease in "High", an increase in Neutral, and a decrease in "Low". This same pattern was observed for age group 25-59. This same pattern was also observed for males, but not for females. In particular, there were several unusual effects for females, namely the results show an increase in "High", an unusually small increase in Neutral, and a decrease in "Low".

Upon comparing pre- to post- of the average of Questions 1-5 by agency, we found that the sample sizes were too small, violating the assumptions of the chi-square test.

- Does the analysis identify factors that influence the comparability of initial and repeat measurements?

Multiple factors influenced the comparability of the pre- and post- measurements.

1. Subjects in pre- condition sample were not the same as subjects in post- condition sample, and the degree of overlap cannot be determined.

    a. Ideally, the same subjects would be in the pre-condition vs. post- condition—This would allow us to attribute any changes that occurred from pre-to-post- to the experimental manipulation (in this case effect of the front office staff training on front office staff service delivery). The extent of lack of overlap of the pre- and post- groups of consumers will affect the degree to which factors other than the front office staff training affected consumer satisfaction ratings. For example, the less

overlap there is between post- and pre- groups, the more random differences (unsystematic differences/variation) like individual differences will influence the results.

b. If it were a repeated-measures (within-subjects) design whereby the same subjects are used pre- and post, then **AT LEAST** any changes in ratings in satisfaction from pre- to post- due to systematic variation other than to the training of front office staff would be kept constant among subjects, which would minimize individual differences as a contributing factor to any change observed from pre-to-post-. These variables include individual differences between pre- and post- samples, and turn-over of front office staff in some clinics and not others between pre- and post- conditions.

2. There was systematic variation other than the intended intervention i.e., front office staff service delivery training that may affect consumer change in pre- to post- satisfaction ratings and comments:

a. busyness of some clinics more than others

b. length of time receiving treatment at a particular clinic, and front office staff turn-over between pre- and post- measurements (which happened in SA(s) 4 and 6).

These factors caused difficulties related to reliability and validity when comparing change in comments/ratings from pre-to-post-intervention.

3. Question 2 (flexibility): There was a high number of consumers who did not answer this question. One possible reason for this was confusion on the part of consumers about whether the question was asking about satisfaction with the tardiness rule of the clinic) itself (e.g., if late by 15 minutes or more, the appointment would be cancelled) or about satisfaction with the degree to which front office staff was flexible beyond the rule.

Results are further summarized in **Table 5.**

TABLE 5: SUMMARY OF PERCENT IMPROVEMENT PER NON-CLINICAL PIP PERFORMANCE INDICATOR

Performance Indicator(s)			Date of Baseline Measurement	Baseline Measurement	Baseline for Performance Indicator (number)	Results	Goal (Percentage Points; PP)	% Improvement Achieved
1	Percentage Point (PP) Improvement in scores related to "Helpfulness"	1a. Likert Scale responses to Q1	5/2017-6/2017 3/2018	Total number of "High" ratings to Q1 from pre to post / Total number of ratings ("High," "Neutral," and "Low") to Q1 pre to post	88.1%	87.1%	2 PP Increase	1 PP Decrease
		1b. Open ended Comment Themes for Q1	5/2017-6/2017 3/2018	Total number of comments categorized as "Negative" from pre to post for Q1 / Total number of comments ("Positive" and "Negative") on Q1 from pre to post	28.8%	27.0%	2 PP Decrease	1.8 PP Decrease

2	PP improvement in scores related to "Flexibility"	2a. Likert Scale responses to Q2	5/2017-6/2017 3/2018	Total number of "High" ratings to Q2 from pre to post / Total number of ratings ("High," "Neutral," and "Low") to Q2 pre to post	81.7%	84.2%	2 PP Increase	2.5 Increase
		2b. Open ended Comment Themes for Q2	5/2017-6/2017 3/2018	Total number of comments categorized as "Negative" from pre to post for Q2 / Total number of comments ("Positive" and "Negative") on Q2 from pre to post	17.2%	13.0%	2 PP Decrease	4.2 PP Decrease
3	PP improvement in scores related to "Dignity and Respect"	3a. Likert Scale responses to Q3	5/2017-6/2017 3/2018	Total number of "High" ratings to Q3 from pre to post / Total number of ratings ("High," "Neutral," and "Low") to Q3 pre to post	91.8%	91.4%	2 PP Increase	0.4 PP Decrease
		3b. Open ended Comment Themes for Q3	5/2017-6/2017 3/2018	Total number of comments categorized as "Negative" from pre to post for Q3 / Total number of comments ("Positive" and "Negative") on Q3 from pre to post	25.1%	12.1%	2 PP Decrease	13 PP Decrease
4	PP improvement in scores related to "Feeling Welcomed"	4a. Likert Scale responses to Q4	5/2017-6/2017 3/2018	Total number of "High" ratings to Q4 from pre to post / Total number of ratings ("High," "Neutral," and "Low") to Q4 pre to post	89.2%	89.1%	2 PP Increase	<0.5 PP Decrease
		4b. Open ended Comment Themes for Q4	5/2017-6/2017 3/2018	Total number of comments categorized as "Negative" from pre to post for Q4 / Total number of comments ("Positive" and "Negative") on Q4 from pre to post	16.1%	14.6%	2 PP Decrease	1.5 PP Decrease
5	PP improvement in scores related to "Professionalism"	5a. Likert Scale responses to Q5	5/2017-6/2017 3/2018	Total number of "High" ratings to Q5 from pre to post / Total number of ratings ("High," "Neutral," and "Low") to Q5 pre to post	91.7%	91.5%	2 PP Increase	< 0.5 PP Decrease
		5b. Open ended Comment Themes for Q5	5/2017-6/2017 3/2018	Total number of comments categorized as "Negative" from pre to post for Q5 / Total number of comments ("Positive" and "Negative") on Q5 from pre to post	24.5%	14.5%	2 PP Decrease	10 PP Decrease

Note: Data Source: OSB, August 2018.

STEP 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance, thoroughly analyzing results, and ensuring implementation of appropriate solutions. To analyze the results of the PIP the MPH must document the following steps:

- Describe issues associated with data analysis –
  - Did data cycles clearly identify when measurements occurred? Should monitoring have occurred more frequently?

Data cycles clearly identified when the measurements occurred. Pre-intervention surveys were administered between February 12, 2018 and February 26, 2018 and post-intervention surveys were collected between June 5, 2018 and June 15, 2018. Monitoring occurred per the identified plan.

  - Results of statistical significance testing.

- The ratio of pre- to post- training frequencies of positive comment themes was significantly different than the frequency of negative comment themes (chi square, p<.001). There was a higher number of negative pre- comment themes than post and a lower number of positive pre-comment themes than post-comment themes.
- When analyzed by each question, there was a significant decrease in number of instances of negative comment themes and a significant increase in instances of positive comment themes (Question 3, p<.001; Question 5, p=.001).

  - What factors influenced comparability of the initial and repeat measures?
  - What, if any, factors threatened the internal or external validity of the outcomes?

The following factors may have affected the comparability of the initial and repeat measures and the internal and/or external validity of the outcomes:

- Subjects in pre-condition were not the same as subjects in post-condition (some overlap, but is unclear how many).
  - Ideally, the same subjects would be in the pre-condition vs. post- condition—This would allow us to attribute any changes that occurred from pre- to post- to the experimental manipulation (in this case effect of the front office staff training on front office staff service delivery). The extent of lack of overlap of the pre- and post- groups of consumers will affect the degree to which other factors besides the front office staff training affected consumer satisfaction ratings. For example, the less overlap there is between post- and pre- groups, the more random (unsystematic differences/variation) and individual differences will obscure the results.
  - If it were a repeated-measures design (within-subjects design whereby the same subjects are used pre- and post-) then **AT LEAST** any changes in ratings in satisfaction from pre-to-post- due to systematic variation other than to the training of front office staff would be kept constant among subjects. This would minimize individual differences as a contributing factor to any change observed from pre-to-post. Those individual differences would be minimized because of keeping the individuals constant. These variables include individual differences between groups from pre-to-post-, and turn-over of front office staff in some clinics and not others between pre- and post- conditions.

- There was systematic variation other than the intended intervention i.e., front office staff service delivery training that may affect consumer change in pre- to post- satisfaction ratings and comments:

    - Busy schedules and environment of some clinics more than others
    - Length of time receiving treatment at a particular clinic; front office staff turn-over between pre- and post- measurements (as seen in SAs 4 and 6).
    - However, overall there was significant improvement in the increase in positive themes and decrease in negative themes.

This causes difficulties reliably/validly comparing change in comments/ratings from pre- to post- intervention. Not enough time was dedicated to sampling front office staff service delivery following the training.

Post-intervention surveys were administered two to three months following the training. This may not have been enough time for consumers to adequately and consistently experience the change in front office staff service delivery based on what was learned in the training.

Question 2 (flexibility): There was a high number of consumers who did not answer this question. One possible reason for this is confusion on the part of consumers about whether the question was asking about satisfaction with the tardiness rule of the clinic itself (e.g., if late by 15 minutes or more, the appointment will be cancelled) or about satisfaction with the degree to which front office staff was flexible beyond the rule.

- To what extent was the PIP successful and how did the interventions applied contribute to this success?

The PIP was successful in some of the areas related to front office customer service. An analysis of the post survey comments revealed a significant but selective improvement in relation to the training. There was an increase in the number of positive comments and a decrease in the number of negative comments. However, this positive result was specific to Questions 3 and 5. These two questions received the highest average ratings overall in the Likert scale data. Both questions have to do with the positive effect front office staff members have on consumers' feelings (respect, dignity, and professionalism), rather than with actual practical help to the consumer (helpfulness, and flexibility). This improvement is indicative of potential impact of the training on the quality of interactions of the front desk staff but not on the actual practical help. These findings imply a need for additional training in this specific area related to the practical help and handling of the consumers' needs by front office staff.

- Are there plans for follow-up activities?

There were follow up activities triggered by the findings of this PIP as listed below:

- Several DO clinics have already started implementing QI activities to improve customer service as this relates to "helpfulness" of front office staff and also engaging consumer advisory committees in ongoing feedback related to front office customer service. The findings of the FOCS pre-post surveys were shared with SA Chiefs on August 1, 2018, and

discussed in the Chiefs meeting. As a follow-up to the FOCS Satisfaction survey, clinics that did not reach a 90% rate of "High" ratings at post-intervention complete a CQI Plan. A CQI Plan is aimed at establishing clinic-specific goals that target, track, and growth of underdeveloped skill sets used when front office staff interact with consumers. A continuous feedback loop regarding FOCS is also a goal for this PIP. Highlights from the CQI Plan from Arcadia Mental Health Center are presented in the following:

- Program Head and Staff Assistant will discuss findings in a clerical meeting
- Program Head and Staff Assistant will discuss various customer service scenarios with the clerical staff during the clerical meeting
- Newly onboarded staff will be sent to the Client Experience Workshop training
- Staff Assistant will pull selected staff whom SA thinks requires one on one expedited customer service training.
- Staff Assistant will address any customer service issues when brought to the SA's attention at the time of the concern.
- Staff Assistant will also address customer service with the phone and the protocol for handling consumer calls
  - Calls are to be handled in a professional manner
  - Minimize "back and forth" and address this via a written protocol that everyone will follow

- Monthly and ongoing Consumer Advisory Committee meetings aimed at eliciting feedback to improve front office customer service have been supportive towards identifying specific areas of improvement for their respective clinics.
- Program managers have also engaged front office staff in monthly support staff meetings to identify specific issues unique to the clinic and to their team. These clinics further worked with staff to improve communication within the front office on potential schedule changes of clinical staff that may impact the interactions and responses with consumers. Additionally, scripts have been provided to improve the customer service and strategies to reach out to a supervisor when a question cannot be answered upfront. These scripts have been effective in improving the practical help aspect of customer service.
- Future customer service trainings will be made available online when the Contract providers' front office staff are trained and serve as a resource for new staff at all programs and for refresher trainings. This will address barriers to having staff leave clinics for trainings in-person and a more efficient way to train
- Additionally, new trainings that focus on additional aspects that include practical helpfulness of the front office staff will be developed
- Success stories of clinics that received high ratings and current strategies from the managers will be shared at larger provider meetings
- Besides FOCS training, the department recognizes the scope would benefit all staff, clinical and administrative, and could potentially impact overall customer service quality.

- Does the data analysis demonstrate an improvement in processes or consumer outcomes?

As outlined earlier with the limitations already explained, there was improvement in consumer satisfaction ratings noted in the areas of "dignity and respect" and "professionalism" as related to the decrease in negative themes and increase in positive themes. There was improvement in processes related to customer service at the front office as a result of the review of the findings and implementation of CQI plans to improve the quality of front office customer service.

It is essential to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance. The following questions should be answered in the documentation:

- How did you validate that the same methodology was used when each measurement was repeated?
- Was there documented quantitative improvement in process or outcomes of care?

The documented quantitative improvement was based on examining change in customer service satisfaction ratings from pre- to post- interventions designed to improve front office staff customer service delivery. With respect to the comment themes study, there was an increase in ratio of positive comments to negative comments from pre-to-post- intervention overall and for Questions 3 and 5 in particular. With respect to Likert scale ratings change from pre- to post-, there were changes in proportion of High, Neutral, and Low from pre- to post-intervention.

- Describe the "face validity," or how the improvements appear to be the results of the PIP interventions.

The items of the survey were face valid in that they appeared to measure consumer satisfaction with front office staff service delivery. The content of the questions directly reflected the constructs measured in the survey. Upon viewing the questions, participants were clear about the fact that the questions they were answering reflected different aspects of front office staff service delivery.

- Describe the statistical evidence supporting that the improvement is true improvement.

With respect to exploring change in ratings, Chi-square is a non-parametric statistical test that was used to evaluate the change in ratings from pre- to post- intervention. While there were statistically significant changes obtained, because the nature of the findings pertains to the change from pre to post in the proportions of frequencies of the different response choices, it is not possible to characterize this change as a clearly defined "improvement".

With respect to the comment theme analysis, there was an "improvement" as reflected by an increase in ratio of frequencies of positive comments relative to negative ones overall and for Questions 3 and 5. For Question 3, there was a 13 PP decrease in the number of comments categorized as negative in the pre/post analysis. For Question 5, there was 10 PP decrease in negative comments.

- Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?)

Surveys were completed over the course of a two-week window for pre and post intervention, respectively. To sustain in improving the quality of service provided by front office staff, LACDMH plans on rolling out this project to LE Contracted providers. Ongoing training of front office staff, (e.g., psychoeducational training about mental illness, and effective customer service, as well as culturally sensitive quality assurance measures) will be necessary to determine and be implemented.