

**Los Angeles County Department of Mental Health  
Office of Administrative Operations – Quality Improvement Division**

**Annual Report**

**Test Calls Study: Monitoring Accessibility to the 24/7 Toll Free ACCESS Line  
Calendar Year 2017**

**Goal**

The Test Calls Study aims to identify potential areas for quality improvement and strengths in the responsiveness of the Los Angeles County Department of Mental Health (LACDMH) ACCESS Center's 24 hour, 7 days a week (24/7) toll-free number to Medi-Cal beneficiaries/callers.

This report will summarize findings from the Test Calls Study conducted during the period of February 2017 to November 2017. The study findings will be compared with data obtained in the prior five years. Recommendations will be provided at the close of this report.

**Overview**

The ACCESS Center 24/7 Line is often the Medi-Cal beneficiary caller's first point of contact with LACDMH. The ACCESS Center operates the 24/7 Statewide, toll-free number (1-800-854-7771) for both emergency and non-emergency calls. ACCESS Center staff manage after-hours calls for the Patients' Rights Office (PRO), triage requests for a Psychiatric Mobile Response Team (PMRT), and provide general information and referrals for Specialty Mental Health Services (SMHS). ACCESS Center staff also offer language interpreter services by linking callers to the Language Line or by directly assisting the caller if they speak the preferred language requested. Telecommunication Device for the Deaf (TDD) and California Relay is available to callers who are hard of hearing or deaf. (See Attachments 1 and 2: Hearing Impaired Mental Health Access Policy - 200.02 and Language Translation and Interpretation Services Policy - 200.03).

ACCESS Center maintains call logs for the date, time, caller identification, types of requests, and disposition/referrals given. This process is in accordance with ACCESS protocols and Title 9 Regulation requirements to document all initial requests for services.

From 2010 to October 2016, the ACCESS Center utilized AVAZA, formerly "OCI", a countywide contracted vendor for interpreter services. As of October 13, 2016, three new language interpreter service vendors were approved for utilization: Language Line Services, Inc.; TransPerfect Translations International, Inc.; and WorldWide Interpreters, Inc.

In July 2016, the ACCESS Center developed a Quality Assurance (QA) protocol which focused on reviewing actual call center calls in a systematic manner. The calls are randomly selected for review and may include Test Calls. The Customer Service Evaluation Checklist is utilized to review and rate the actual calls selected for QA and evaluation. LACDMH implemented the Non-Clinical Performance Improvement Project (PIP) focusing on the ACCESS Center QA protocol from July 2016 through September 2017. This PIP was implemented to address the decline in performance related to documentation of calls and in other areas on the test calls. ACCESS Center supervisors reviewed approximately 24-32 actual calls each month across all shifts until August 2017. In September 2017, the number of calls being reviewed weekly increased to five per week for each supervisor per the recommendation of the External Quality Review Organization (EQRO) review team during the April 2017 EQRO review PIP session.

The ACCESS Center call volume for Calendar Year (CY) 2017 was 150,357. A greater number of calls were received during after-hours (N=79,783) when compared to daytime hours (N=70,574). The monthly call volume for CY 2017 (N=12,530) is slightly higher than the monthly call volume for CY 2016 (N=12,297).

## **Methodology**

The purpose for this study is to monitor:

- Responsiveness of the 24/7 toll-free line.
- Caller overall satisfaction with staff knowledge and helpfulness.
- Capability to respond to English and non-English calls.
- Caller satisfaction with the interpreter services provided.
- Whether staff members provide their first name to callers.
- Whether staff members assess if the call is a crisis or emergency.
- SMHS referrals or information provided by ACCESS Center staff as requested by test caller.
- ACCESS Center staff maintenance of a written log that contains the: name of the beneficiary (test caller), date of request for services, and initial disposition of the request.
- Whether staff members refer beneficiary complaints to the Patients' Rights Office.

A "Secret Shopper Test Call" approach was used for this study. Test Callers were provided with Test Calls Guidelines (see Attachment 3). Test Callers, while using a fictitious name, could develop their own non-emergency script for SMHS and choose from the sample non crisis-related and crisis-related scenarios provided (see Attachments 4 and 5). Test Callers were instructed not to call with an emergency or crisis scenario that would result in the dispatch of a mobile crisis team and were requested to keep the call short and succinct. Test Callers were asked not accept assessment appointments and were able to identify themselves as a Medi-Cal beneficiary, if asked. Test Callers could ask to obtain a phone number and inform ACCESS staff that they will contact the clinic directly. Test callers could also identify themselves as residents of the County, if asked.

The performance of the phone system and interactions with the toll-free line staff were rated using a 24/7 Test Calls Survey form (see Attachment 6).

ACCESS Center management and staff collaborate with the Quality Improvement Division (QID) staff and Service Area Quality Improvement Committee (SA QIC) Chairs/Co-Chairs each year for this study and for the development of this report. For CY 2017, SA QI liaisons were asked to organize and facilitate 10 Test Calls (5 calls in English and 5 in non-English during the day time and after-hours; see Attachment 7). The non-English calls were specified per the Service Area's identified threshold languages. After-hours was designated as before 8 AM or after 5 PM on weekdays or anytime on a weekend or holiday. In order to spread out the Test Calls, each SA was assigned one specific month to complete their calls. Significant differences are noted in the findings below.

### **Summary of Findings for CY 2017**

A total of 85 Test Calls were completed in CY 2017. All eight Service Areas participated during the February 2017 to November 2017 Test Calls Study period. Table 1 summarizes trends in the CY 2013 to CY 2017 ACCESS Center Test Calls data. A summary of the CY 2017 ACCESS Center Test Calls data is presented in the following section:

1. Of the 85 completed Test Calls, 48% (N=41) were completed during business hours and 52% (N=44) were completed after-hours or on the weekends.
2. Seventy-eight percent (N=66) of the test callers reported that the first name of the Agent was offered. For the remaining 22% (N=19), the ACCESS Center Agents did not announce/offer their name; 10 of these calls occurred during daytime hours while the remaining nine calls were initiated after-hours.
3. Among the 85 test callers, 71% (N=60) reported the Agent requested the caller/beneficiary's name. Documentation of the beneficiary's name is required to complete ACCESS Center call logs.
4. Approximately 53% (N=45) of the Test Calls were completed in English and 33% (N=28) were completed in Spanish. The remaining 14% (N=12) of Test Calls were completed in Armenian, Farsi, Mandarin, Cambodian/Khmer, Korean, Russian, or Vietnamese languages.
  - Of the 40 non-English test callers, 73% (N=29) reported they were offered interpreter services.

- When interpreter services were used, 53% (N=21) were provided by an ACCESS Agent and 48% (N=19) were provided through a language interpreter service vendor.
  - Approximately 95% (N=38) of the callers reported they were satisfied with interpreter services and 5% (N=2) reported they were dissatisfied. Please refer to Table 2 and Table 3.
5. Callers were instructed to select from the following types of help requested: (1) Mental Health Referral, (2) Medication Request, (3) Complaint/Beneficiary Request, or (4) Crisis Scenario. Test callers were instructed to check all that apply.
- Approximately 64% (N=54) of the test callers cited “Mental Health Referral” as their reason, followed by “Medication Request” at 17% (N=14), and “Complaint/Beneficiary Request” at 11% (N=9). Twenty-two percent (N=19) of the test callers reported “Crisis Scenario” as the reason for their call. Since the test callers were asked to check all reasons that apply, there were calls where the test caller checked more than one reason for their call. Four calls that requested help with a “Medication Request” resulted in a “Mental Health Referral” and one “Medication Request” was associated with a “Crisis Scenarios and Mental Health Referral” and six Crisis Scenario calls resulted in Mental Health Referrals to Urgent Care Centers and mental health clinics.
6. In response to, “Did the ACCESS Agent inquire if the situation is an emergency or crisis?” 82% (N=70) of the test callers reported the ACCESS Agent inquired if the call was for an emergency or crisis.
7. In response to the question on satisfaction with the Knowledge and Helpfulness of the ACCESS Agent, 88% (N=75) were satisfied and 12% (N=10) were dissatisfied with the knowledge and helpfulness of the ACCESS Agent (Refer to Table 3).
8. Among the 57% (N=43) of total calls logged in CY 2017, 49% (N=21) occurred during business hours and the remaining 51% (N=22) during after-hours.
- Test Calls cannot be verified by the ACCESS Center if the test caller does not indicate what name was used during the Test Call.

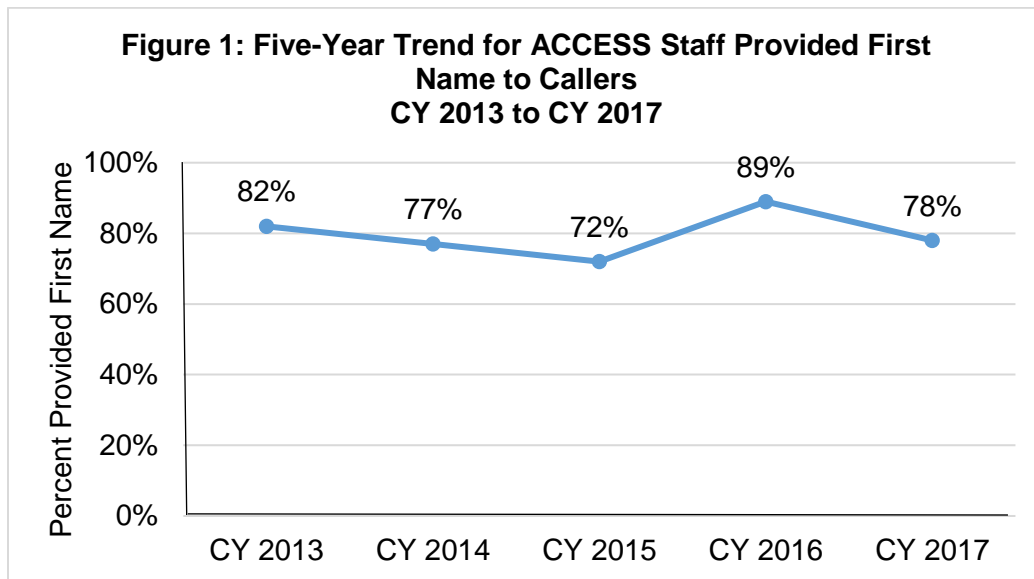
## Trending of ACCESS Center Test Calls Data

**Table 1: Trending of ACCESS Center Test Calls Data  
CY 2013-2017**

Test Calls Survey Question(s)	2013	2014	2015	2016	2017
ACCESS Staff Provided First Name to Caller	82%	77%	72%	89%	78%
ACCESS Staff Requested Caller's Name	77%	74%	68%	63%	71%
Reported Satisfaction with Interpreter Services	71%	86%	91%	81%	94%
ACCESS Staff Provided Referral	89%	94%	93%	93%	93%
ACCESS Staff Inquired if it was a Crisis or Emergency	75%	77%	72%	82%	82%
Reported Satisfaction with ACCESS Services	85%	80%	77%	84%	88%
Call was Logged by ACCESS Staff	60%	59%	52%	44%	57%

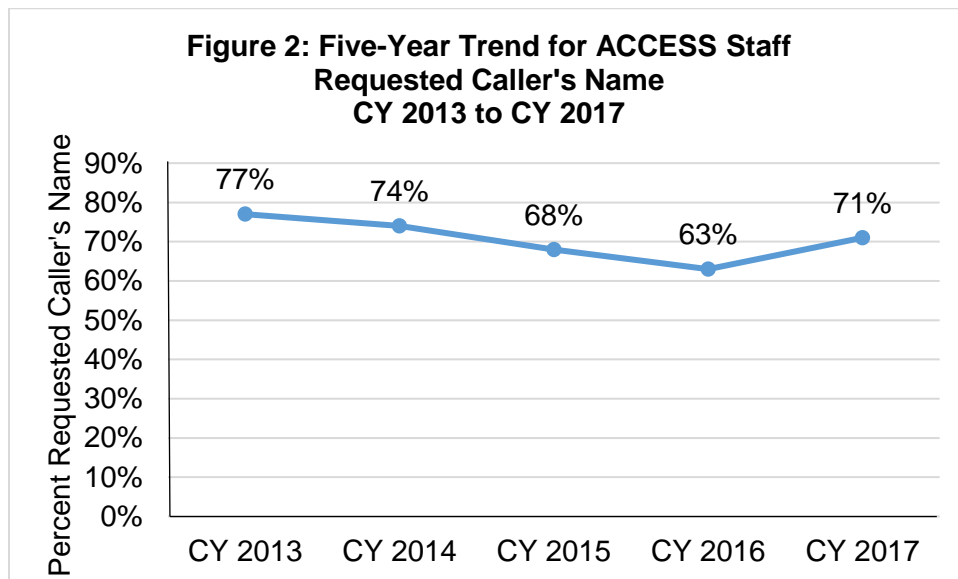
Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

Table 1 presents a five-year trend of ACCESS Center Test Calls data. Figures 1 through 7 present the trending of ACCESS Center Test Calls data for CY 2013 through CY 2017 and for each Test Call Survey question.



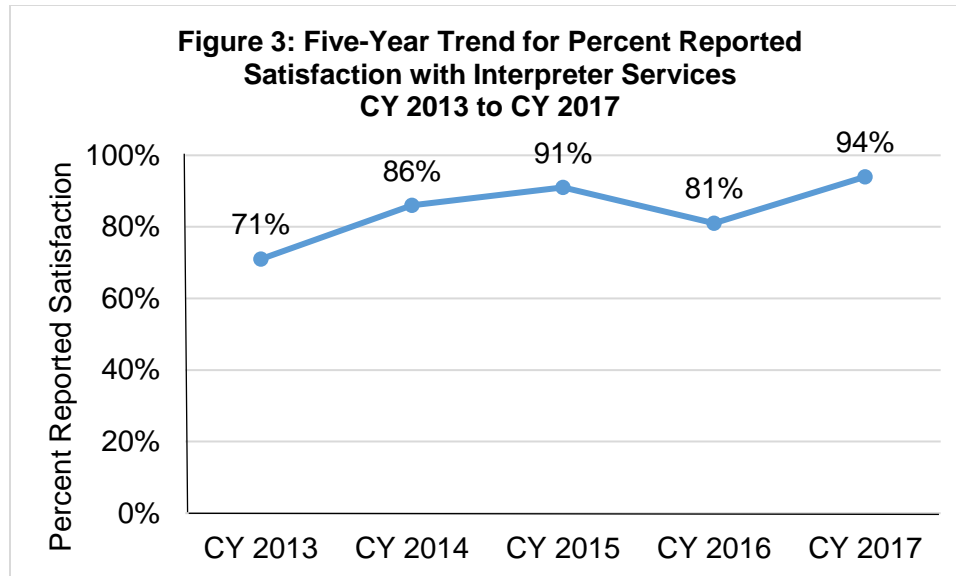
Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

The percent of ACCESS Center staff providing their first name to the caller declined by 4 PP from 82% in CY 2013 to 78% in CY 2017. When compared with CY 2016, there was an 11 PP decline from 89% to 78% in CY 2017.



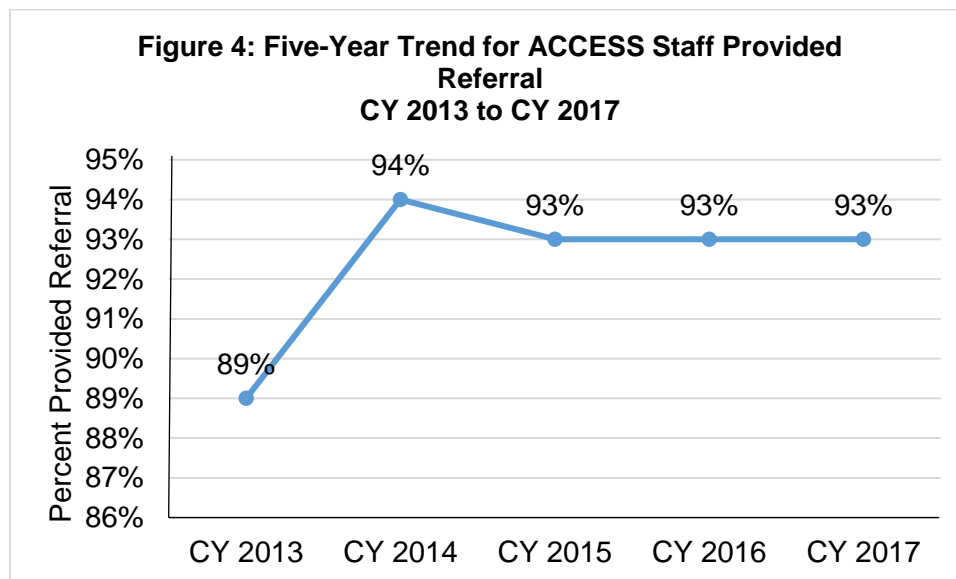
Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

The percent of ACCESS Center staff requesting the caller's name declined by 6 PP from 77% in CY 2013 to 71% in CY 2017. However, when compared with CY 2016, there was an 8 PP increase from 63% to 71% in CY 2017.



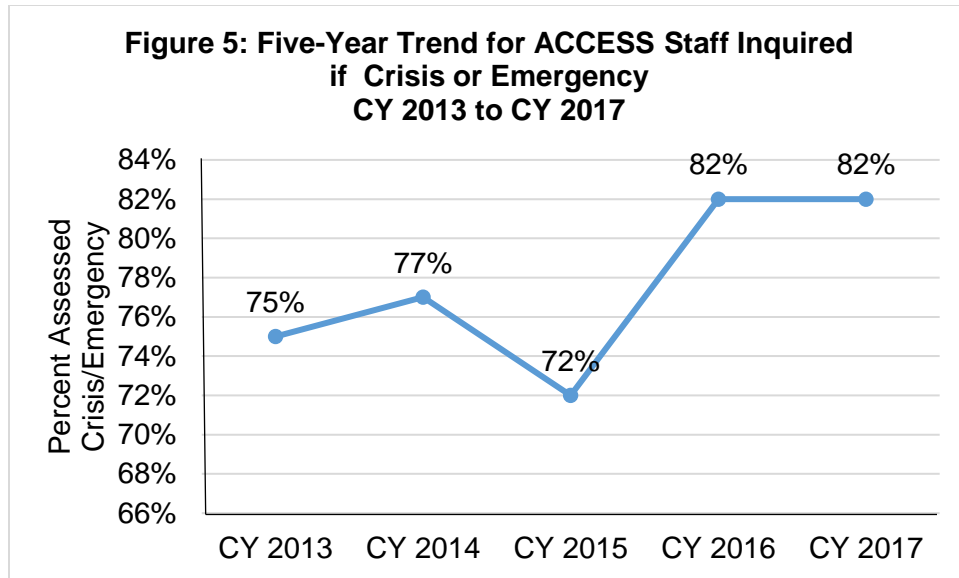
Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

Satisfaction with interpreter services increased by 23 PP from 71% in CY 2013 to 94% in CY 2017. When compared with CY 2016, there was a 13 PP increase from 81% to 94% in CY 2017.



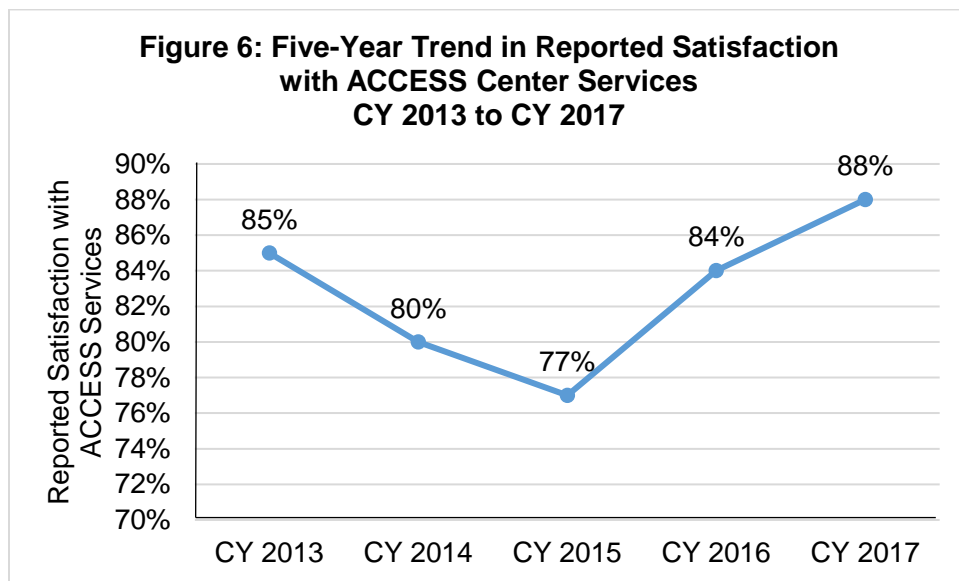
Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

The percent of ACCESS Center staff providing referrals increased by 4 PP from 89% in CY 2013 to 93% in CY 2017 and has been maintained at 93% since CY 2015.



Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

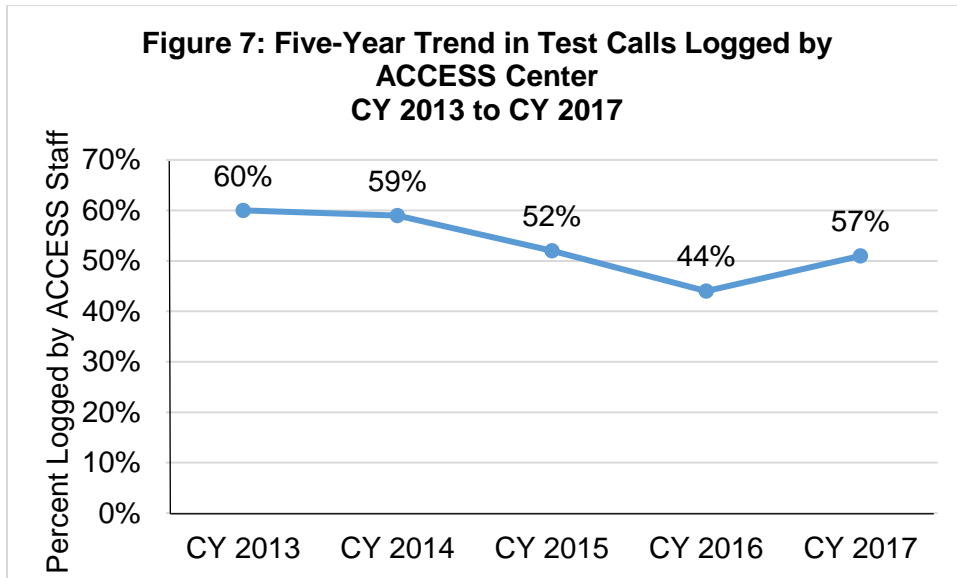
The percent of ACCESS Center staff asking test callers if the call was an emergency or a crisis increased by 7 PP from 75% in CY 2013 to 82% in CY 2017. The percent was maintained at 82% from CY 2016 to CY 2017.



Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

The percent of test callers reporting satisfaction with ACCESS Center services increased by 3 PP from 85% in CY 2013 to 88% in CY 2017. When compared with CY 2016, there was a 4 PP increase from 84% to 88% in CY 2017.





Data Source: VOVICI – Test Call Survey Report, CY 2013-2017

The percent of Test Calls that were logged by the ACCESS Center staff declined by 3 PP from 60% in CY 2013 to 57% in CY 2017. When compared with CY 2016, there was a 13 PP increase from 44% to 57% in CY 2017. This improvement was in response to the PIP implemented at the ACCESS Center with the Quality Assurance Protocol and ongoing review of calls for all shifts and feedback and training related to documentation of calls.

## Satisfaction with Interpreter Services

Out of the 40 non-English test callers, 95% (N=38) were verbally offered interpreter services and responded to the survey question on satisfaction with these services. However, all non-English calls were provided with interpreter services. Reasons for satisfaction and dissatisfaction with interpreter services provided by ACCESS Center staff or the language interpreter service vendors are described in Table 2 and Table 3.

**Table 2: Reasons for Satisfaction with ACCESS Agent or Language Interpreter Service Vendors among Non-English Callers  
CY 2017  
(N=38)**

Reasons for Satisfaction	ACCESS Agent (N=20)		Language Interpreter Service Vendor (N=18)	
	Number	Percent	Number	Percent
Good customer service	13	76%	10	53%
Good quality of interpretation	14	82%	15	79%
I got the help I needed	15	88%	16	84%
Short wait time	11	65%	12	63%
Other	2	12%	1	5%

Data Source: VOVICI – Test Call Survey Report, CY 2017

Table 2 presents the frequency of reported satisfaction with ACCESS Agent or language interpreter service vendor among non-English test callers, in CY 2017. Ninety-five percent (N=38) of the non-English test callers that utilized interpreter services were satisfied with the services they received. Among the 38 test callers who reported satisfaction with services, 53% (N=20) received services from an ACCESS Agent and 47% (N=18) from the language interpreter service vendor. “I got the help I needed” and “Good quality of interpretation” were the most frequently selected responses by test callers satisfied with services received from both an ACCESS Agent and language interpreter service vendor.

**Table 3: Reasons for Dissatisfaction with ACCESS Agent or Language Line –  
Interpreter Services among Non-English Callers  
CY 2017  
(N=2)**

Reasons for Dissatisfaction	ACCESS Agent (N=1)		Language Interpreter Service Vendor (N=1)	
	Number	Percent	Number	Percent
Poor customer service	1	100%	0	0%
Poor quality of interpretation	0	0%	0	0%
Did not get the help I needed	0	0%	0	0%
Long wait time	0	0%	0	0%
Other	0	0%	1	100%

Data Source: VOVICI – Test Call Survey Report, CY 2017

Table 3 presents the frequency of reported dissatisfaction with ACCESS Agent or Language Line interpreter services among non-English test callers, in CY 2017. The two test callers who reported dissatisfaction with interpreter services requested Spanish (N=1) and Russian (N=1) languages be used for their calls. The ACCESS Agent provided interpreter services to the Spanish-speaking caller who selected “Poor customer service” as their reason for dissatisfaction. No further comment was provided. The Language Line was utilized to assist the Russian-speaking test caller. They selected “Other” as their reason for dissatisfaction and noted difficulties with the connection and reportedly, the call was prematurely terminated.

**Table 4: Reasons for Satisfaction with the Knowledge and Helpfulness of the ACCESS Agent  
CY 2017  
(N=75)**

<b>Reasons for Satisfaction</b>	<b>Number</b>	<b>Percent</b>
Good customer service	59	79%
Was knowledgeable about what I needed	54	72%
I got the help I needed	62	83%
Short wait time	46	61%
Other	14	19%

Data Source: VOVICI – Test Call Survey Report, CY 2017

Among the 85 completed Test Calls, 88% (N=75) of the callers reported satisfaction with the knowledge and helpfulness of the ACCESS Agent. “I got the help I needed (83%)” was the most frequent response chosen among the list of reasons for satisfaction, followed by “Good customer service” at 79%; “Was knowledgeable about what I needed” at 72%; “Short wait time” at 61%; and “Other” at 19%.

Examples of “Other” reasons for satisfaction with the knowledge and helpfulness of the ACCESS Agent include:

- Showed compassion
- Very thoughtful; responsive to my needs
- Asked me everything!
- Polite and considerate
- Agent offered to make a referral to Patients’ Rights to assist me
- Very pleasant, quick and to the point
- Agent was empathetic and listened to my needs and request
- Assessed for immediate danger to self/others
- Calm & clear

**Table 5: Reasons for Dissatisfaction with the Knowledge and Helpfulness of the ACCESS Agent**  
**CY 2017**  
**(N=10)**

Reasons for Dissatisfaction	Number	Percent
Poor customer service	3	30%
Was not knowledgeable about what I needed	4	40%
Did not get the help I needed	4	40%
Long wait time	1	10%
Other	8	80%

Data Source: VOVICI – Test Call Survey Report, CY 2017

Among the 85 completed Test Calls, 12% (N=10) reported dissatisfaction with the knowledge and helpfulness of the ACCESS Agent. “Other” was the most frequent response (80%) among the list of reasons for dissatisfaction; followed by “Was not knowledgeable about what I needed” and “Did not get the help I needed” at 40%; “Poor customer service” at 30%; and “Long wait time” at 10%.

Examples of “Other” reasons for dissatisfaction with the knowledge and helpfulness of the ACCESS Agent include:

- Agent was very nice but had to put me on hold. Although I repeated several times I wanted help with my emotions & drinking, she just gave me Alcohol Referral. I kept on saying “I need counseling. I need help with my emotions,” and I sounded intoxicated
- Agent was rude, used a condescending tone
- She kept repeating they were mental health and that my daughter would probably need a behavioral therapist
- Agent stated I could only receive mental health services if referred through ACCESS. I was told I would not be able to seek services on my own
- Agent chuckled as I explained my crisis and asked me to call back, as her computer was not up
- Agent did not know if the agency would accept me without Medi-Cal; only able to give one referral
- Interpreter lost connection after getting my name
- Call dropped while Agent attempted to connect to language line. Incomplete call

**Table 6: Test Calls Completed by Service Area and Language  
CY 2017**

<b>Languages</b>	<b>SA 1</b>	<b>SA 2</b>	<b>SA 3</b>	<b>SA 4</b>	<b>SA 5</b>	<b>SA 6</b>	<b>SA 7</b>	<b>SA 8</b>	<b>Total</b>	<b>Percent</b>
English	6	5	5	7	5	6	6	5	45	53%
Spanish	5	2	2	2	4	5	5	3	28	33%
Armenian		1							1	1%
Cambodian/Khmer								1	1	1%
Farsi		1			1				2	2%
Korean				1				2	3	4%
Mandarin			2						2	2%
Russian		1		1					2	2%
Vietnamese			1						1	1%
<b>Total</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>10</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>85</b>	<b>100%</b>

Data Source: VOVICI – Test Call Survey Report, CY 2017

Table 6 shows the breakdown of completed Test Calls by SA and language. Nearly 53% (N=45) of the CY 2017 Test Calls were completed in English, 33% (N=28) in Spanish, and 13% (N=12) in other threshold languages.

## **Implications and Recommendations**

1. The findings in Table 1 indicate an area of improvement for ACCESS Center responsiveness based on the results for the test calls between CY 2016 and CY 2017 – “ACCESS staff providing first name to the caller.” While there is improvement in the ACCESS Center staff requesting caller’s name in CY 2017 compared to CY 2016, it was below the baseline of 77% in CY 2013. Similarly, there was significant improvement of calls logged improved from CY 2016 to CY 2017 (+13 PP) and may be attributed to the implementation of the ACCESS Center PIP on the QA protocol. However, the CY 2017 performance for calls logged was still lower than the CY 2013 baseline at 60% and there is room for improvement. From the focus group conducted in June 2017 with the ACCESS Center Agents, QID gathered information related to decline in performance for call logging. Multiple barriers were identified by the ACCESS Agents with the current system – Integrated Behavioral Health Information System (IBHIS) to document calls as listed below:
  - Navigation through multiple screens and windows for documentation that was:
    - Not user friendly
    - Caused delay in the completion of documentation
  - Frequent freezing of the system resulting in
    - Loss of information documented
  - Scenarios where it was difficult to document calls
    - Caller’s demographic information is not available but still involved navigation through multiple screens and windows

As a result of these findings from the focus group, the Chief Information Office Bureau (CIOB) has identified the need to replace IBHIS with a new Call Center Application. The new Call Center application will be a more user friendly and efficient system to document the calls, assisting with the overall improvement of documentation. CIOB is identifying needed resources to implement this new Call Center Application.

2. Staff training, supervisory oversight, and continuous monitoring of key issues identified from the Test Calls results and feedback will be implemented by ACCESS Center management to ensure quality services and accurate documentation of initial service requests for SMHS. The QA protocol implementation will continue beyond the closure of the PIP implementation to ensure ongoing QA reviews of calls for all shifts at ACCESS. The goal is for continuous quality improvement in all areas including documentation.
3. The Annual Test Calls Study Report will be shared with ACCESS Center staff and management and implications of the study and recommendations will be presented to Departmental Quality Improvement Council (QIC) and SA QIC members.

4. In order to address the issues associated with missing data on the test calls survey form, QID continues to implement the online test survey in VOVICI software that automatically prompts the caller to complete each question. This has resulted in a significant increase in complete (non-missing) data.
5. In order to improve the accuracy of the data reported, QID will revise the test calls survey form for CY 2018 to eliminate the “Medication Request” category as a reason for the call as there was overlap between the “Crisis Scenario” and “Medication Request” type of calls and the goal is to make these mutually exclusive categories to get an accurate count of the total calls based on the reason for the call.

Additionally, it was noted that there was one call where the response to the question related to “Were interpreter services offered?” was marked “No” but the test caller then actually rated satisfaction with the interpreter services received. Upon review of the data closely for this discrepancy, it was noted that the question related to “Were interpreter services offered?” actually focuses on whether the Agent verbally offered the interpreter services upfront as part of the script. If the Agent did not offer the interpreter services verbally initially the test caller will accordingly respond “No”, but later if the Agent recognizes the need for these services or if the caller asked for the interpreter services and these were provided, the test caller will rate satisfaction with services provided. A new question was added to the test calls survey form to address this discrepancy and gather more meaningful data. The new question reads, “Were interpreter services provided?”. Having these two questions discretely will help ACCESS Center management to identify the specific areas for improvement and training namely:

- 1) Did the Agent verbally offer interpreter services upfront per the expectation to ask this as part of the initial greeting and script?
- 2) Did the Agent provide interpreter services needed for the caller?

These changes to the test call survey form will be important to gather more accurate data that can be interpreted accurately to identify areas for improvement.

## **Limitations**

1. Test callers were prompted to provide a response to each question on the Test Calls Survey form. Some test callers did not provide their full name or last name even though instructed to do so. In some cases, they did not provide the name of the beneficiary or did not log the name of the ACCESS Agent resulting in calls that could not be verified. Such test calls were excluded and another test call was repeated to provide valid data for the evaluation.
2. Some of the reasons for dissatisfaction were identified as “Other” though there were more appropriate categories already listed such as “poor customer service”,



and “did not get the help needed”. Test Callers will be instructed to select the appropriate category for rating the reasons.

### **Plan for Monitoring the Responsiveness of the 24/7 Toll Free Line in CY 2018**

- Each of the eight SAs will be asked to make 10 Test Calls on a volunteer basis to the ACCESS Center with 50% of calls in English and 50% in a non-English language. Non-English calls will be requested in threshold languages specific to each SA.
- Test callers will be requested to call during daytime and after-hours and/or weekends beginning March 2018. In subsequent years, the monthly assignment will continue to be rotated (see schedule below).
- The QA protocol will be implemented on an ongoing basis to continue QA review of the actual calls received by the 24/7 ACCESS hotline across all shifts to identify areas of improvement and address with feedback and training to the staff.
- The technical issues related to IBHIS that impact call processing and documentation will be monitored and ACCESS Center management will work closely with CIOB to replace IBHIS with a new Call Center application.

**Table 7: Service Area Test Calls Schedule  
CY 2018**

<b>Service Area (SA)</b>	<b>Month Assigned For Test Calls</b>
SA 4	March 2018
SA 3	April 2018
SA 1	May 2018
SA 2	June 2018
SA 7	July 2018
SA 8	August 2018
SA 5	September 2018
SA 6	October 2018


- Calls will be made during day time and after-hours (five each per SA) and also in English and non-English (five in English and five in non-English that are evenly split between daytime and after-hours). Additionally, each SA will make one beneficiary request call and two crisis scenario related calls. Scenarios will be provided in English and Spanish. Reinforcement of this recommendation continues to be a collaborative effort between SA QIC Chairs, Departmental QIC members, QID, and the ACCESS Center to improve the process and gather better data.

### **Reinforcement of the following:**

- If test callers request services for themselves or for someone else (for example, friend, family member), they will be required to provide the first and last name of the beneficiary for whom they are requesting services for tracking purposes. They will also be required to provide their name as the caller. This instruction will be strongly emphasized to ensure information required to verify the logs/documentation is available to provide to ACCESS Center.
- Test callers will be reminded to document on the survey form the name of the Agent.
- Test callers will continue to follow Test Calls Guidelines and Instructions.
- Test calls survey forms will be closely reviewed by assigned CIOB staff on a monthly basis to ensure data is accurately captured.
- Each SA QIC Chair will coordinate these efforts with identified QID staff and ensure test call instructions are clearly outlined and test callers are trained thoroughly on these instructions and protocols.
- Each SA QIC Chair will emphasize the requirement to complete calls according to the instructions and within slated time frames, for example May-June 2018.
- Based on findings from CY 2017, ACCESS Center management will address areas of improvement such as staff providing their first name and requesting the caller's name.
- QID will continue to monitor the interpreter services complaints from the 24/7 line and work closely with ASB to address issues to ensure timely resolution with the three interpreter services vendors: Language Line Services, Inc., TransPerfect Translations International, Inc., and WorldWide Interpreters, Inc. The satisfaction rates for interpreter services for CY 2017 were high (94%).
- QID will continue utilizing best practices by emphasizing the utility of the online Test Calls format.



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT <b>HEARING IMPAIRED MENTAL HEALTH ACCESS</b>	POLICY NO. <b>200.02</b>	EFFECTIVE DATE <b>04/07/2010</b>	PAGE <b>1 of 3</b>
APPROVED BY:  Director	SUPERSEDES <b>202.17</b> <b>04/07/2010</b>	ORIGINAL ISSUE DATE <b>09/01/1993</b>	DISTRIBUTION LEVEL(S) <b>1, 2</b>

## PURPOSE

- 1.1 To update the Los Angeles County Department of Mental Health (LAC-DMH) policy regarding access by the hearing impaired to all mental health services regardless of the County Department providing services.

## POLICY

- 2.1 In accordance with applicable Federal, State, and County policies and agreements, DMH shall provide equal access to services for clients with mental illness and hearing impairment at all LAC-DMH directly operated and contracted clinic programs.
- 2.2 Interpretation services coordinated by DMH are available at no cost to clients with hearing impairment.
- 2.3 Access to interpretation services is managed by contacting LAC-DMH, ACCESS Center.
- 2.4 Sign language interpretation/translation services are available 24 hours a day, seven days a week, via the DMH agreement with Accommodating Ideas, Interpreter Unlimited, and LifeSigns.

## PROCEDURE

- 3.1 Non-Emergency Sign Language Interpreter Service
  - 3.1.1 DMH American Sign Language (ASL) Liaison shall coordinate all requests for sign language interpreter services.
    - 3.1.1.1 DMH directly operated and contracted clinics must contact DMH ASL Liaison at 800-854-7771.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
<b>HEARING IMPAIRED MENTAL HEALTH ACCESS</b>	<b>200.02</b>	<b>04/07/2010</b>	<b>2 of 3</b>

3.1.1.2 Live telephone contact is available 24 hours per day, 7 days per week.

3.1.2 DMH requires four (4) business days prior to date of service to schedule an ASL appointment for non-emergency services.

### 3.2 Emergency Sign Language Interpreter Services

3.2.1 Emergency interpretation/translation services are available and must be coordinated by contacting the DMH ASL Liaison at 800-854-7771.

3.2.1.1 Live telephone contact is available 24 hours per day, 7 days per week.

3.2.1.2 Emergency interpreter requests will be dispatched within 45 to 60 minutes of the request. (Travel time will vary depending on distance and time of day).

### 3.3 Cancellation of Requests

3.3.1 DMH directly operated and contracted clinic programs are required to provide notice of cancellation per the following schedule:

3.3.1.1 For assignments lasting two hours or less, cancel at least 24 hours in advance.

3.3.1.2 For assignments lasting more than two hours, cancel at least 48 hours in advance.

3.3.1.3 Note that interpreters will arrive on schedule if assignments are not cancelled and DMH will be billed for the full service.

### 3.4 Hearing Impaired Access to DMH and Contractor Sites

3.4.1 The hearing impaired public can access DMH services information via a Teletype/Telecommunications Device for the Deaf (TTY/TDD) using telephone number 562-651-2549, staffed by the ACCESS Center Emergency Outreach Bureau, 24/7.



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- 3.5 DMH and contractor staff can make calls to and take calls from any client with hearing impairment in Los Angeles County with the assistance of the California Relay Service (CRS). This Statewide service of the telephone company, free to all users, facilitates communication via centrally located telephone interpreter. Calls from standard DMH and contractor office telephones to clients with hearing impairments and who possess TTY/TDD can be accessed by linking via the CRS at 800-735-2922. Similarly clients with hearing impairment using personal TTY/TDD may call mental health offices via this CRS linking service.
- 3.6 Signs in English and other languages, denoting the TTY/TDD telephone numbers for the DMH 24-hour ACCESS Center and for the CRS shall be posted in each directly operated and contract service site.

### **AUTHORITY**

Voluntary Compliance Agreement OCR 09-89-3143/US  
Department of Health and Human Services, Office of Civil Rights

### **REVIEW DATE**


This policy shall be reviewed at the same time that the contracts in Section 2.4 are renewed or replaced.

### **RESPONSIBLE PARTY**

DMH ACCESS Center



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

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<b>LANGUAGE TRANSLATION AND INTERPRETATION SERVICES</b>	<b>200.03</b>	<b>02/01/2016</b>	<b>1 of 9</b>
APPROVED BY:  Acting Director	SUPERSEDES <b>200.03</b> <b>08/01/2004</b>	ORIGINAL ISSUE DATE <b>05/14/2004</b>	DISTRIBUTION LEVEL(S) <b>1, 2</b>

### PURPOSE

- 1.1 To establish the Los Angeles County Department of Mental Health (LACDMH) policy and guidelines regarding language translation and interpretation services.
- 1.2 To ensure that under no circumstances a beneficiary is denied access to mental health services due to language barriers.
- 1.3 To ensure all non-English speaking and Limited English Proficient (LEP) consumers receive equal access to interpretation services in their primary or preferred language including threshold and non-threshold languages.

### DEFINITION

- 2.1 **Limited English Proficient (LEP):** A limited level of English language skills that, within the context of accessing mental health services, would call into question the consumer's ability to adequately understand and respond to issues related to his or her treatment. (Authority 8)
- 2.2 **Threshold Language:** A language identified as the primary language spoken at a high proportional rate within a geographic region of the state.
  - 2.2.1 A countywide annual numeric identification of either 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is not English, and for whom information and services shall be provided in their primary or preferred language. Other than English, the threshold languages are Arabic, Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, Other-Chinese [for purposes of written communication, Chinese includes Traditional and Simplified Chinese], Russian, Spanish, Tagalog, and Vietnamese. (Authority 9)



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- 2.3 **Non-Threshold Language:** Other non-English languages that do not meet threshold language criteria as briefly described in Section 2.2.
- 2.4 **Primary or Preferred Language:** A language, including sign language, which must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary. (Authority 10)
- 2.5 **Translation:** A conversion of a text message or written form from the source language into an equivalent target language.
- 2.5.1 **Source Language:** A language in which a message is originally given.
- 2.5.2 **Target Language:** A language in which a message is to be translated or interpreted.
- 2.6 **Interpretation:** A conversion from a source, verbal, or sign language of a message into an equivalent verbal target or sign language.
- 2.6.1 **Face-to-Face Language Interpretation:** LACDMH services that involve the physical presence of a language interpreter to facilitate verbal or sign language communication, in real time, between two (2) or more people who are not fluent in each other's languages. Language interpreters take into consideration the spoken language and the cultural differences related to nonverbal forms of communication, including facial expressions, eye-to-eye contact, physical space, body posturing, and gestures. Language interpreter services include verbal and sign languages. (Authority 11)
- 2.6.2 **Simultaneous Interpretation:** Highly complex cognitive activity that requires the interpreter to listen, analyze, comprehend, convert, edit, and reproduce in real time a speaker or signer's message while the speaker or signer continues to speak or sign, in a specific social context.
- 2.6.3 **Telephonic Language Interpretation:** A process of connecting interpreters via telephone to individuals who wish to communicate with each other but have issues with the language barrier. The telephone



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interpreter converts the spoken language from one language to another enabling listeners and speakers to understand each other.

- 2.6.3.1 Telephone or Telephonic Language Interpreting is carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speakerphone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting is served as a three-way teleconference. (Authority 11)

### **POLICY**

- 3.1 In accordance with applicable federal, state and, County Policy and Agreement, LACDMH will provide equal access to all LEP consumers in Los Angeles County for threshold and non-threshold languages as well as consumers needing services in American Sign Language (ASL).
- 3.2 Non-English or LEP consumers have the right to language assistance services, at no cost, in their primary or preferred language.
- 3.3 Non-English or LEP consumers are to be informed in writing of their right to language assistance services at no cost and how to access these services.
- 3.4 Consumers have the right to culture-specific rendering providers and to receive specialty mental health services in their primary or preferred language.
- 3.5 LACDMH shall provide a listing of service providers that identifies names, locations, telephone numbers and culture-specific services, non-English language capabilities of staff, specialty mental health services, and culture specific services.
- 3.6 Emergency assessments for involuntary hospitalization shall be conducted with assistance from appropriate language interpretation services.





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- 3.7 LACDMH will continue to recruit and hire mental health professionals who are proficient in non-English languages.

### **PROCEDURE**

#### **General:**

- 4.1 LACDMH informs consumers of their right to receive mental health services in their primary or preferred language and at no cost language interpretation services including Teletypewriter/Telecommunications Device for the Deaf (TTY/TDD), and how to access specialty mental health services via the Guide to Medi-Cal Mental Health Services, the Beneficiary Handbook, and Local Mental Health Plan Posters displayed at provider sites.
- 4.2 LACDMH will provide upon request a listing of specialty mental health and culture-specific providers via the Service Area Provider Directories which include names, addresses, telephone numbers, hours of operation, types of Specialty Mental Health Services (SMHS), age groups served, and non-English languages offered including American Sign Language (ASL) and cultural considerations (veterans, homeless and other) in provider locations.

The Provider Directories can also be accessed online at <http://psbqi.dmh.lacounty.gov/providerdirectory.htm>. The Provider Directories also provide translated information on the availability of Specialty Mental Health Services in the County in more than 90 languages via the Google Translator. This information can be accessed at <http://maps.lacounty.gov/dmhSL/>

#### **Language Translation Services:**

- 4.3 LACDMH Directly Operated Programs requiring access to language translation services shall follow this procedure:
- 1) Obtain the contact information and vendor agreement for the contracted language translation vendor from the Administrative Support Bureau (ASB)/Procurement Office (Procurement).



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- 2) Confirm that the desired target language(s) for translation are included in the vendor agreement.
  - 3) Contact the contracted language translation vendor and obtain a quote for the cost of the translation needed.
  - 4) Ensure that the unit price of the quote obtained is consistent with the pricing in the vendor agreement prior to submitting the Special Request (SR) to Procurement for a Purchase Order (PO).
  - 5) To obtain a PO, the requestor should submit to Procurement a completed SR form with the vendor quote attached.
  - 6) Once Procurement issues a PO, Procurement will release the signed PO to the vendor and requestor in order to commence language translation services. The requestor can then start coordinating the services with the vendor.
  - 7) Programs requesting language translation services in non-threshold languages not listed on the agreement shall obtain at least three quotes for amount over \$1,500 but less than \$5,000. Amount over \$5,000 requires a formal solicitation conducted by Internal Services Department (ISD) requiring a detailed Statement of Work (SOW).
  - 8) For language translation projects priced below \$1,500, only one vendor quote is required.
  - 9) For questions regarding this procedure, please contact Procurement at (213) 738-4800 or by email at "Procurement Inquiry" under the Global Address List on Outlook.
- 4.4 Translated materials shall be written at a 6th grade reading level and go through a review mechanism for ensuring accuracy and cultural competency of the translation (e.g., back translation and field testing).
- 4.4.1 In back translation, the translated document gets translated back into the source language by another translator. Both source and target language translations are compared to ensure that they mirror each other.
  - 4.4.2 In field testing, the translated document is reviewed by consumers/family members/community members or LACDMH bilingual certified employees who are proficient in the target language. This



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process ensures that the translated document has meaning beyond a literal translation.

### **Face-to-Face Language Interpretation:**

- 4.5 LACDMH provides free verbal or sign language assistance services in threshold and non-threshold languages to consumers. Language assistance services for LACDMH Directly Operated Programs shall be provided following the procedure specified in the LACDMH Policy No. 602.01, Bilingual Bonus, Sections 4.3 to 4.7.
- 4.6 LACDMH Directly Operated and Contracted Programs maintain a current internal roster of staff proficient in non-English languages. All providers utilize their bilingual staff as a primary resource for language interpretation services for consumers requesting/needing interpretation in their primary or preferred language.
  - 4.6.1 LACDMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation (LACDMH Policy No. 602.01, Bilingual Bonus).
- 4.7 LACDMH staff providing language interpretation services to the consumer shall document that free language services in the consumer's primary or preferred language were offered and provided. The documentation of language interpretation services shall be completed in accordance to the procedural guidelines specified in the Short Doyle/Medi-Cal Organizational Provider's Manual, which can be accessed at  
[http://file.lacounty.gov/sdsinter/dmh/1025960\\_shortdoyle\\_org\\_manual.pdf](http://file.lacounty.gov/sdsinter/dmh/1025960_shortdoyle_org_manual.pdf)
- 4.8 Exception: Consumer needs may better be served by referral to an agency provider of similar but more culturally or language-specific services. The referral process will allow latitude for clinical judgment in some cases.
- 4.9 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited.



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- 4.9.1 If a consumer insists on using a family member or friend as an interpreter, they may do so only after being informed of the availability of free interpreter services.
- 4.9.2 Minor children should not be used as interpreters.
- 4.10 The LACDMH Program Support Bureau - Workforce Education and Training Division will make annual training available in the use of interpreter services for staff that have direct consumer contact.
- 4.11 Directly Operated Programs requiring access to language interpretation services for meetings and conferences shall follow this procedure:
- 1) Obtain the contact information and vendor agreement for the contracted language interpretation vendor from ASB/Procurement.
  - 2) Confirm that the desired target language(s) for interpretation are included in the vendor agreement.
  - 3) Contact the contracted language interpretation vendor and obtain a quote for the cost of the services needed.
  - 4) Ensure that the unit price of the quote obtained is consistent with the pricing in the vendor agreement prior to submitting the SR to Procurement for processing.
  - 5) The SR form shall specify the date, time and location of the meeting (e.g., address, floor, and room number); the number of hours of language interpretation services needed; the target language(s) being requested; and the number of participants expected to attend for each of the requested target languages.
  - 6) SR forms completed for multiple meetings shall specify the location for each, when different locations are involved.
  - 7) To obtain a PO, the requestor should submit to Procurement a completed SR form with the vendor quote attached.
  - 8) Once Procurement issues a PO, Procurement will release the signed PO to the vendor and requestor in order to commence language interpretation services. The requestor can then start coordinating the services with the vendor.



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- 9) If other non-threshold languages are not listed on the agreement, requestor needs to obtain bids for amount over \$1,500 to \$5,000. Amount above \$5,000 requires a formal solicitation conducted by ISD.
- 10) Procurement can process the SR for amount under \$1,500 requiring one single quote for services not covered under the agreement.
- 11) For questions regarding this procedure, please contact Procurement at (213) 738-4800 or by email "Procurement Inquiry" under the Global Address List on Outlook.

### **Telephonic Language Interpretation:**

- 4.12 The 24/7 toll-free ACCESS Center hotline, 1-800-854-7771, will make telephonic language interpretation services available to all callers requesting specialty mental health services or referral information. The ACCESS Center does not fulfill requests for language interpretation services originating from LACDMH Directly Operated or Contracted Programs.
- 4.13 Directly Operated Programs may request access to the contracted language line from ASB by calling (213) 637-4591 and providing the following information: Division/Program Name, Address, Contact Name, Contact Phone Number, Fax Number, and Contact's Email. ASB will provide the phone number and access code to the Directly Operated Program to access the language line.

### **Hearing Impaired Language Interpretation:**

- 4.14 The hearing impaired public can access LACDMH services information 24/7 via TTY/TDD using telephone number (562) 651-2549.
- 4.15 For additional information on hearing impaired access for Directly Operated and Contracted Providers, refer to LACDMH Policy No. 200.02, Hearing Impaired Mental Health Access, Section 3.1 for Non-Emergency Sign Language Interpretation Service and Section 3.2 for Emergency Sign Language Interpretation Service.



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### **AUTHORITY**

1. Voluntary Compliance Agreement
2. OCR 09-89-3143/US
3. Department of Health and Human Services, Office of Civil Rights
4. CCR Title 9 Chapter 11 Section 1810.410
5. National Standards on Culturally and Linguistically Appropriate Services (CLAS)
6. Dymally-Alatorre Bilingual Services Act 1973
7. Title VI, Civil Rights Act, Federal Register, Volume 68, No. 153
8. California DMH (AKA California Department of Health Care Services - DHCS) Information Notice No 10-02
9. California Department of Health Care Services (DHCS) Information Notice No. 13-09
10. California Code of Regulations Title IX Section 1810.410(a) (2) Cultural and Linguistic Requirements
11. Culturally and Linguistically Appropriate Services Standards (CLAS)

### **REFERENCE (HYPERLINKED)**

1. [LACDMH Policy No. 200.02, Hearing Impaired Mental Health Access](#)
2. [LACDMH Policy No. 401.02, Clinical Records Maintenance, Organization, and Contents](#)
3. [LACDMH Policy No. 602.01, Bilingual Bonus](#)
4. [LACDMH Policy No. 602.01, Bilingual Bonus \(Attachment 1 - Request for Interpretation/Translation Services \(RITS\) Form\)](#)

### **RESPONSIBLE PARTY**

LACDMH Program Support Bureau, Quality Improvement Division

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION  
(CY 2017)**

**TEST CALLS GUIDELINES/INSTRUCTIONS**

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "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, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(f) specifies: "The MHP shall maintain a written log of the initial requests for specialty mental health services 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."

The California Code of Regulations, Title 9, Chapter 11, Section 1810.410(d)(1) specifies: "Each MHP shall provide: a statewide, toll-free telephone number available 24 hours a day, seven days a week, with language capacity in all the languages spoken by the beneficiaries of the MHP as required by Section 1810.405(d)."

**PURPOSE OF THE TEST CALLS**

Calls to test the MHP'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 and helpfulness of the Access Line staff
- Recording of the call on the ACCESS Call Log
- Response capability in a non-English language
- Information on how to use the beneficiary problem resolution and fair hearings processes

**BASIC PRINCIPLES OF THE TEST CALLS**

- 1) Before calling please be aware that the ACCESS Center employee MAY ASK YOU for your name, social security number, date of birth, phone number and address. Prior to making the Test call, decide what personal information you are willing to share and what information you will be



providing. IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A “SECRET SHOPPER.”

- 2) DO NOT IDENTIFY YOURSELF AS A TEST CALLER.
- 3) **If you make the call for a mental health referral, please** refuse all efforts by ACCESS Line employees to arrange an assessment appointment for you at the clinic site. **Remember, do not make, ask for, or accept appointments as it will tie-up needed clinical services. Instead, you can obtain a phone number and inform the ACCESS Line employee that you have chosen to contact the clinic directly or that you are not ready for an appointment at this time.**
- 4) **Keep the call short and succinct.** Do not unnecessarily tie-up the toll free line with a long call. Keep the line available to those who may need assistance.
- 5) **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 a fake number or say you don't have it.



Sample Medi-Cal Card

- 6) If asked, give a name that you feel comfortable providing to the MHP staff. You may use any name that you choose. **Write down the name given, so the call can be located on the ACCESS Call Log.**
- 7) If you are calling regarding a request for services for someone other than yourself, **please document on the survey form your name as well as the name of the person (beneficiary) for whom you are requesting services.**
- 8) **If asked, identify yourself as a resident of the Service Area (SA) being tested.** You can provide a local street address and phone number, or give general information such as a few cross-streets or landmarks. You



- may also state that you just moved to the area and/or that you prefer not to give your address.
- 9) The 24/7 Test ACCESS Line Test Calls survey is available online. All survey data to QID must be received via this online survey format.
  - 10) **ALWAYS note the time and date of your call and the name of ACCESS Center employee.** This is important in locating your call in the ACCESS Call Log. Even if they do not offer their name, please persist in asking their name and note the name before you end the call. Having the employee's name is important in providing feedback regarding the call and your experience.
  - 11) **Each Service Area should make EXACTLY 10 calls -- Five (5) calls during regular business hours (Monday-Friday 8:00 AM to 4:59 PM)**  
**and**
  - 12) **Five (5) 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. Monday, February 20<sup>th</sup>)**  
**and**
  - 13) **Each SA will make one beneficiary request call.** Beneficiary request calls are those related to how to use beneficiary problem resolution and Fair Hearing processes or other complaints/questions related to beneficiary services.
  - 14) **Each SA will make two crisis scenario calls** (see attached QID lists of crisis scenarios). One call should occur during the daytime and one call should be made after hours. Only the crisis scenarios provided by QID should be used. For all Non-English calls, please request interpreter services.
  - 15) Of the 10 calls, 5 calls should be in English and 5 calls in your Service Area threshold languages (See below: Table 1 for the test calls schedule CY 2017 and Table 2 for the list of SA threshold languages.

Table 1

<b><u>Service Area</u></b>	<b><u>Assigned Month</u></b>	<b><u>Date Due to QID</u></b>
SA 4	March 2017	April 10, 2017
SA 3	April 2017	May 10, 2017
SA 1	May 2017	June 10, 2017
SA 2	June 2017	July 10, 2017
SA 7	July 2017	August 10, 2017
SA 8	August 2017	September 10, 2017
SA 5	September 2017	October 10, 2017
SA 6	October 2017	November 10, 2017

Table 2

<b><u>Service Area</u></b>	<b><u>Threshold Language</u></b>
SA 1	Spanish
SA 2	Armenian, Farsi, Russian, Spanish and Tagalog
SA 3	Cantonese, Mandarin, Spanish and Vietnamese
SA 4	Armenian, Cantonese, Korean, Russian, Spanish and Tagalog
SA 5	Farsi and Spanish
SA 6	Spanish
SA 7	Spanish, Korean
SA 8	Cambodian, Korean and Spanish

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION  
(CY 2017)**

**SAMPLE TEST CALL SCENARIOS (NON-CRISIS RELATED)**

The following are scenarios you can use to make the test calls or use as ideas to develop your own script. Please note that the scenarios are not crisis or emergency situations and each is an initial request for mental health services.

Scenario # 1 Parent calling regarding their child who has signs of depression:

Hello, I'm calling to see if I can get help for my son. My son mainly stays in bed in his room for long periods of time and won't come out. He has not been talking much to anyone. He has lost weight and hasn't been eating much. His grades have gone down at school. I brought him to our family doctor and he told me to call for mental health services for my son. My son has not had mental health services before. I'm calling to ask you what I should do.

Scenario # 2 Grief after recent loss:

I'm calling to see if you can help me. I've had a recent loss of a loved one and have been crying a lot and unable to concentrate. I haven't been interested in going places or doing things. I've even lost weight. I went to my family doctor and he said that I'm depressed and could benefit from counseling. Do you know where I can get help?

Scenario # 3 Request for medication:

I just moved here about a month ago. I found your phone number in the phone book. I was seeing a psychiatrist until a month ago and was taking medication. I lost my medication during the move. I need to see a doctor about my medication. Can you help me?

Scenario # 4 Request for information:

I would like to talk to someone about the problems I'm having. I haven't had mental health services before. I thought I could handle the problems myself. I recently lost my job (or, recently got a divorce, etc) and I need to talk to someone because I'm getting very anxious, upset and can't sleep or concentrate. Could you give me information on where I could get services? Would I go to a clinic or could I go to a private psychiatrist? How could I get a list of private psychiatrists close to where I live so I could have information on what my choices are? (Or, how would I get a copy of a beneficiary booklet that would tell me how to obtain services?)

SAMPLE CRISIS-RELATED TEST CALL SCENARIOS (CY 2017)

Scenario #1 Request for Medication Refill

Hi. I hope I have called the right number because I need to have my medication refilled. I called the free health clinic and they gave me your number. I'm from out of state and relocated here to be with my boyfriend. **I'm about to run out of my "nerve" medication.** I used to see a doctor at my local free health clinic, **but haven't seen anyone since moving here 2 months ago.** I feel tired, I am having trouble sleeping (going to sleep), "people are getting on my last nerve", and I am "feeling stressed" because me and my boyfriend are arguing a lot. I don't have Medi-Cal yet and I want a few clinic contacts near me and the hours they are open **so that I can go there when he is out of the house.**

Scenario #2 Lost Insurance, needs to see a therapist

Howdy. I'm under a lot of stress right now, is there someone I can talk to? My parents are getting old and feeble, I just lost my job and my insurance, and on top of that I need to move as my landlord has sold the house I am renting a room in. I had insurance up until last month, but nothing now. I saw your number on a pamphlet somewhere, so that's why I am calling you for help. When I had insurance, I used **to see a therapist and the last time I saw her was 2 months ago.** With all these changes in my life, I am "feeling worn out", I am having headaches, can't sleep or eat. **I feel hopeless and not sure if I can continue living like this.** I do hope you can help me?

Scenario #3 Out- of -Control Child, Referral for Specialty Mental Health Services

Good day. I need some help with my 14 year old daughter. She is missing school, staying out late, hanging with the wrong crowd, and says she hates life because her mother and I are currently separated. I was trying to keep her **from running out of the house,** so I called the police. They came and interviewed us and told me to call your agency for assistance. I really don't know where to turn. Help!!

Scenario #4 Grandparent whose grandson is experiencing signs of depressed mood

Hey there. I do hope you can help me and my youngest grandson. He is 10 years old and I have noticed some changes in his mood and behavior in the last month. He moved in with me and my new husband 2 months ago when he was taken away from my daughter who is on drugs again. I really don't need this right now as I am already taking care of 4 of my daughter's other kids. He's spending an awful lot of time in his room, he seems sad and he hasn't been hanging out with his friends like he used to. **He has reduced eating and I need to force him to eat.** Both the teacher and the Principal at his school called me in for a teacher-parent conference to talk about their concerns about my grandson. They gave me your number to call

Scenario #5 Adult child with psychiatric history

Where do I begin? I'm new to LA County. I am 65 years old and I feel like I'm 80. My issue is with my daughter. She is 39 years old and she has a history of going through phases of wanting to hurt herself or others. She has a history of cutting herself and she has been hospitalized at least 12 times over the past 10 years. She sees a psychiatrist but doesn't always take her medications. She takes Klonopin, Elavil and Lamictal. She is stable at the moment, **but what should I do if her behavior escalates to the point that I'm again scared that she may take my life???**

Scenario #6 Post hospitalization appointment and medication evaluation

How do you do? My name is XXXXX and I am calling about my son XXXX. XXXX just turned 16 and he was released from an acute psychiatric hospital 3 days ago. He was there for about 2 weeks because he took an overdose of his depression medication. **It seems like he is having a reaction to his new medication as he is sleeping more at night and appears a bit more on edge and agitated during the day.** It's been difficult getting an appointment at the psychiatric clinic down the road from me. I don't have a car, but hope this isn't an issue. Can you please tell me what are my options?

Scenario #7 Psychotropic medication request

Well hello. You seem like just the right person to help me. I am a schizo and **now I only have one day left of my medication.** I received a clinic referral, but it's for two weeks from now. **I need help with expediting this urgent matter!!!**

## LACDMH PSB QUALITY IMPROVEMENT DIVISION (CY 2017)

**24/7 ACCESS LINE TEST CALLS SURVEY**

ACCESS PHONE (800) 854-7771

**Please Complete One Survey Form per Test Call**

Call start time: hr:   min:   ☐ a m ☐ p m

/ /  
M M D D Y Y Y Y

Call end time: hr:   min:   ☐ a m ☐ p m

1 2 3 4 5 6 7 8

SERVICE AREA (choose one)

1) Did the ACCESS Agent provide his/her first name? Yes No

2) (If not provided, test caller must ask for the first name of the ACCESS Agent)

What was the first name of the ACCESS Agent? \_\_\_\_\_

Did the ACCESS Agent ask for your name? Yes No

**Please enter the name used in the Test Call even if the ACCESS Agent did not ask for your name.**

**NAME you used in the TEST CALL: First: \_\_\_\_\_ Last: \_\_\_\_\_**

If you called for services regarding someone other than self, please enter name:

First: \_\_\_\_\_ Last: \_\_\_\_\_

3) Did the ACCESS Agent inquire if the situation is an emergency or a crisis? Yes No

4) LANGUAGE you USED IN the TEST CALL: English \_\_\_\_\_ Spanish \_\_\_\_\_

5) IF NOT ENGLISH or SPANISH, what specific language did you use for the TEST CALL? \_\_\_\_\_

6) For non-English calls, were Interpreter Services offered? Yes No

Did you request Interpreter Services? Yes No

If Interpreter Services were used, please check one of the following options on who provided Interpreter Services: a. ACCESS Agent b. Language Line c. N/A

If Interpreter Services were used, were you satisfied with Interpreter Services? Yes No N/A

If Yes, please check all reasons that apply:

- 1) Good customer service
- 2) Good quality of interpretation
- 3) I got the help I needed
- 4) Short wait time to connect to an Interpreter
- 5) Other \_\_\_\_\_

If No, please check all reasons that apply:

- 1) Poor customer service
- 2) Poor quality of interpretation
- 3) Did not get the help I needed
- 4) Long wait time to connect to an Interpreter
- 5) Other \_\_\_\_\_

7) Reason for the call or type of help requested? **Check all that apply**

- 1) Mental Health Referral
- 2) Medication Request
- 3) Complaint/Beneficiary Request
- 4) Crisis Scenario

8) Were you provided with a referral or other information? Yes No

If yes, list here \_\_\_\_\_

9) Were you satisfied with the knowledge and helpfulness of the ACCESS Agent? Yes No

If Yes, please check all reasons that apply:

- 1) Good customer service
- 2) Was knowledgeable about what I needed
- 3) I got the help I needed
- 4) Short wait time
- 5) Other \_\_\_\_\_

If No, please check all reasons that apply:

- 1) Poor customer service
- 2) Was not knowledgeable about what I needed
- 3) Did not get the help I needed
- 4) Long wait time
- 5) Other \_\_\_\_\_

***Thank you for your participation. Please submit completed form to your SA QIC Chair/Co-Chair.***

**THIS SECTION TO BE COMPLETED BY QI DIVISION:**

10) WAS THE CALL LOGGED BY ACCESS CENTER EMPLOYEES (name, date, and disposition)?

Name: Yes No

Date: Yes No

Disposition: Yes No

## SERVICE AREA TEST CALLS SCHEDULE CY 2017

<u>Service Area</u>	<u>Month Assigned For Test Calls</u>	<u>Date Due to QID Due to QID</u>
SA 4	March 2017	April 10, 2017
SA 3	April 2017	May 10, 2017
SA 1	May 2017	June 10, 2017
SA 2	June 2017	July 10, 2017
SA 7	July 2017	August 10, 2017
SA 8	August 2017	September 10, 2017
SA 5	September 2017	October 10, 2017
SA 6	October 2017	November 10, 2017

**5 Calls in English**  
**Day time 3      After hours 2**

**5 Calls in Non-English**  
**Day time 3      After hours 2**