

**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 2018**

January 2019

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 March 2018 through October 2018. 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 callers' 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. The 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).

The ACCESS Center maintains call logs for the date, time, caller identification, types of requests, disposition, and referrals provided. 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) 2018 was 118,332. A greater number of calls were received during after-hours (N=73,857) when compared to business hours (N=67,603). The monthly call volume for CY 2018 (N=11,788) was slightly lower than the monthly call volume for CY 2017 (N=12,530).

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 to make or accept assessment

appointments and were able to identify themselves as a Medi-Cal beneficiary, if asked. Test Callers could ask for a phone number and inform ACCESS staff that they would 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 2018, 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 calls. Significant differences are noted in the findings below.

Summary of Findings for CY 2018

A total of 84 Test Calls were completed in CY 2018. All eight Service Areas participated during the February 2018 to October 2018 Test Calls Study period. Table 1 summarizes trends in the CY 2014 to CY 2018 ACCESS Center Test Calls data. A summary of the CY 2018 ACCESS Center Test Calls data is presented in the following section:

1. Of the 84 completed Test Calls, 61% (N=51) were completed during business hours and 39% (N=33) were completed after-hours or on the weekends.
2. Ninety-one percent (N=76) of the test callers reported that the first name of the Agent was provided. For the remaining 10% (N=8), the ACCESS Center Agents did not announce/offer their name; six of these calls occurred during business hours while the remaining two calls were initiated after-hours.
3. Among the 84 test callers, 74% (N=62) reported the Agent requested the caller/beneficiary's name. Documentation of the beneficiary's name is required to complete ACCESS Center call logs.
 - Test Calls cannot be verified by the ACCESS Center if the test caller does not indicate what name was used during the Test Call.
4. Fifty percent (N=42) of the Test Calls were completed in English and 29% (N=24) were completed in Spanish. The remaining 21% (N=18) of Test Calls were completed in Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, Russian, and Vietnamese languages.

- Of the 42 non-English test callers, 98% (N=41) reported they were offered interpreter services. However, all non-English callers were provided with interpreter services.
 - When interpreter services were used, 48% (N=20) of these services were provided by an ACCESS Agent and 52% (N=22) were provided through a language interpreter service vendor.
 - Approximately 90% (N=38) of the callers reported they were satisfied with interpreter services and 10% (N=4) 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) Crisis Scenario, and (3) Complaint/Beneficiary Request. Test callers were instructed to check all that apply.

Seventy-five percent (N=63) of the test callers cited “Mental Health Referral” as their reason, followed by “Complaint/Beneficiary Request” at 12% (N=10). Nineteen percent (N=16) 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. For the five calls that led to a “Mental Health Referral,” one call was associated with a “Complaint/Beneficiary Request” and the remaining four calls with a “Crisis Scenario.”

6. In response to, “Did the ACCESS Agent inquire if the situation is an emergency or crisis?” 75% (N=63) 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, 86% (N=72) were satisfied and 14% (N=12) were dissatisfied with the knowledge and helpfulness of the ACCESS Agent (Refer to Table 3).
8. Among the 68% (N=50) of total calls logged in CY 2018, 64% (N=32) were logged during business hours and the remaining 36% (N=18) were logged during after-hours. Of the total calls made that were required to be logged, 72% of the total calls made during business hours were logged while 58% of the total calls made during after-hours were logged.

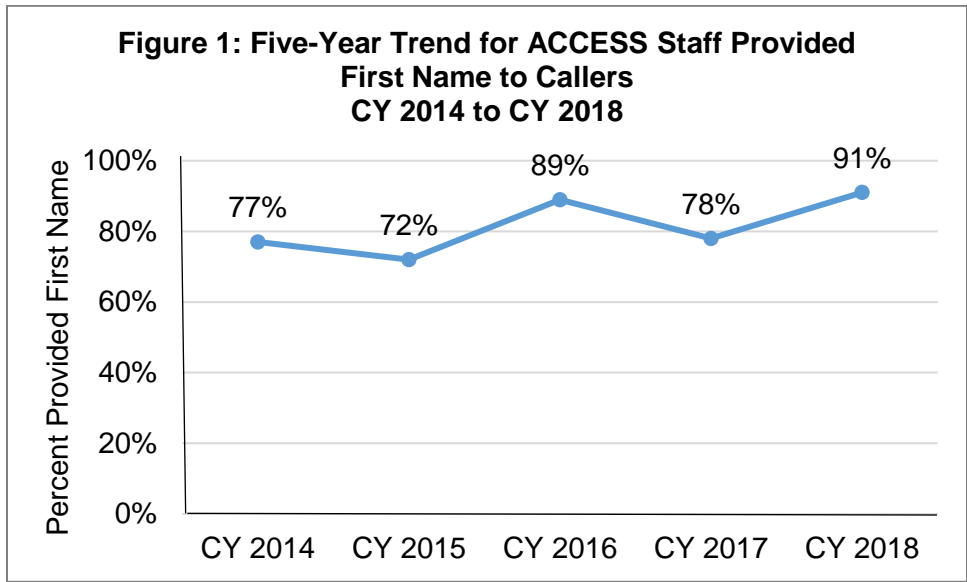
Trending of ACCESS Center Test Calls Data

**Table 1: Trending of ACCESS Center Test Calls Data
CY 2014-2018**

| Test Calls Survey Question(s) | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|------|------|------|------|------|
| ACCESS Staff Provided First Name to Caller | 77% | 72% | 89% | 78% | 91% |
| ACCESS Staff Requested Caller's Name | 74% | 68% | 63% | 71% | 74% |
| Reported Satisfaction with Interpreter Services | 86% | 91% | 81% | 94% | 91% |
| ACCESS Staff Provided Referral | 94% | 93% | 93% | 93% | 99% |
| ACCESS Staff Inquired if it was a Crisis or Emergency | 77% | 72% | 82% | 82% | 75% |
| Reported Satisfaction with ACCESS Services | 80% | 77% | 84% | 88% | 86% |
| Call was Logged by ACCESS Staff | 59% | 52% | 44% | 57% | 68% |

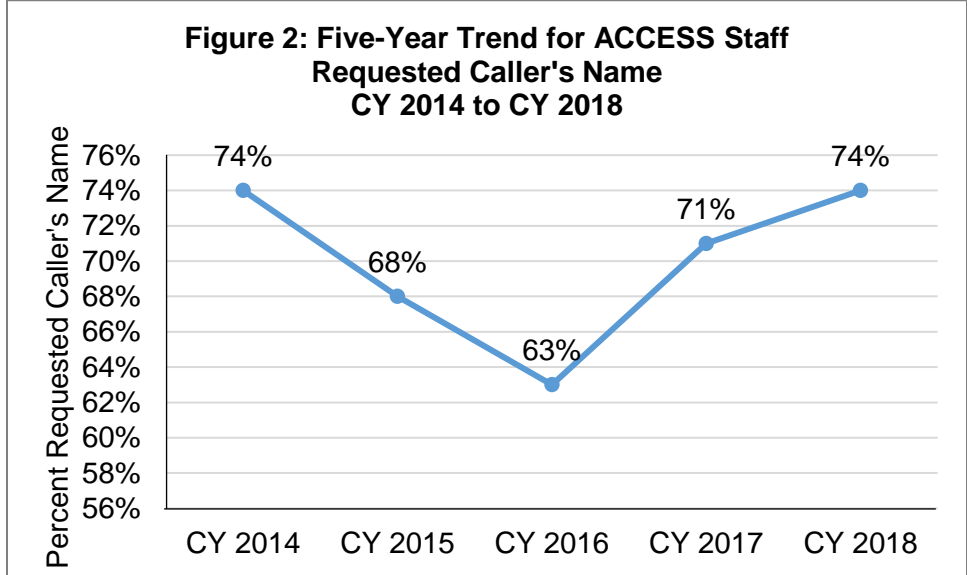
Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

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 2014 through CY 2018 and for each Test Call Survey question.



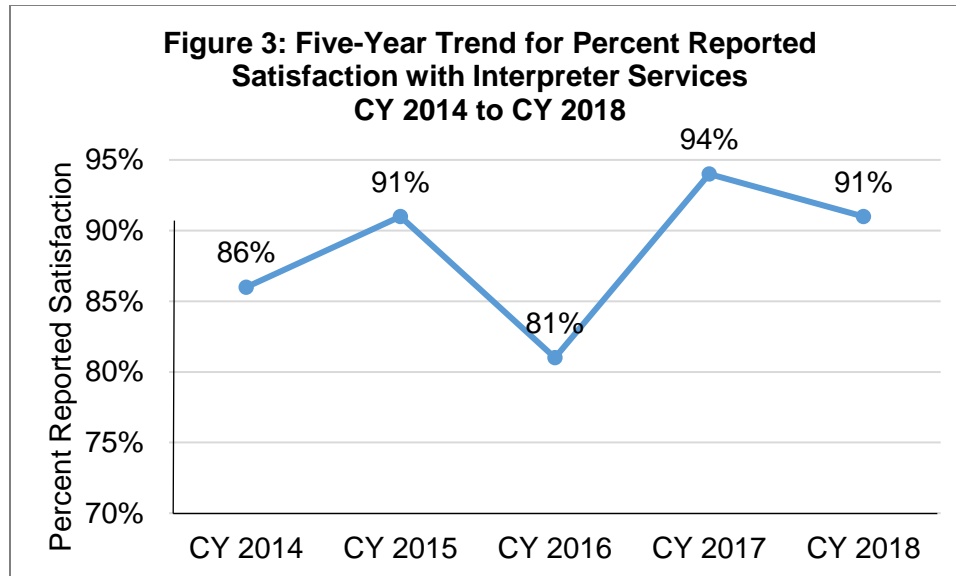
Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

The percent of ACCESS Center staff providing their first name to the caller increased by 14 Percentage Points (PP) from 77% in CY 2014 to 91% in CY 2018. When compared with CY 2017, there was a 13 PP increase from 78% to 91% in CY 2018.



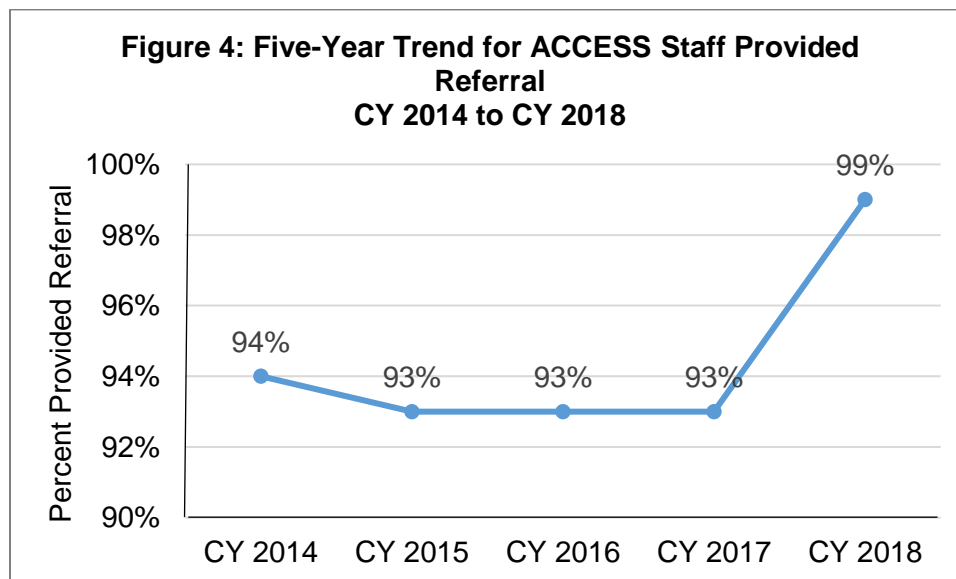
Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

The percent of ACCESS Center staff requesting the caller's name remained the same when comparing 74% in CY 2014 to 74% in CY 2018. However, when compared with CY 2017, there was a 4 PP increase from 71% to 74% in CY 2018.



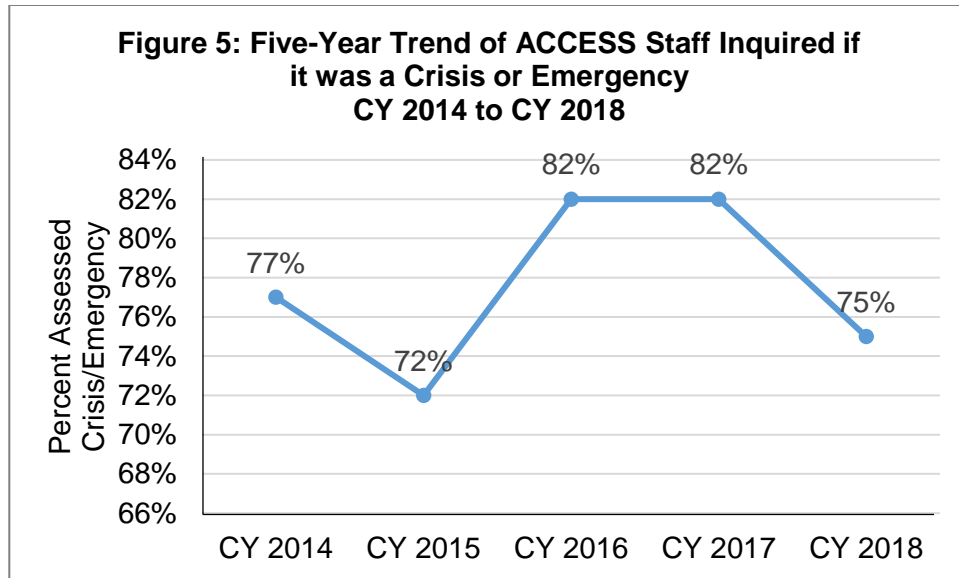
Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

Satisfaction with interpreter services increased by 5 PP from 86% in CY 2014 to 91% in CY 2018. When compared with CY 2017, there was a 3 PP decline from 94% to 91% in CY 2018.



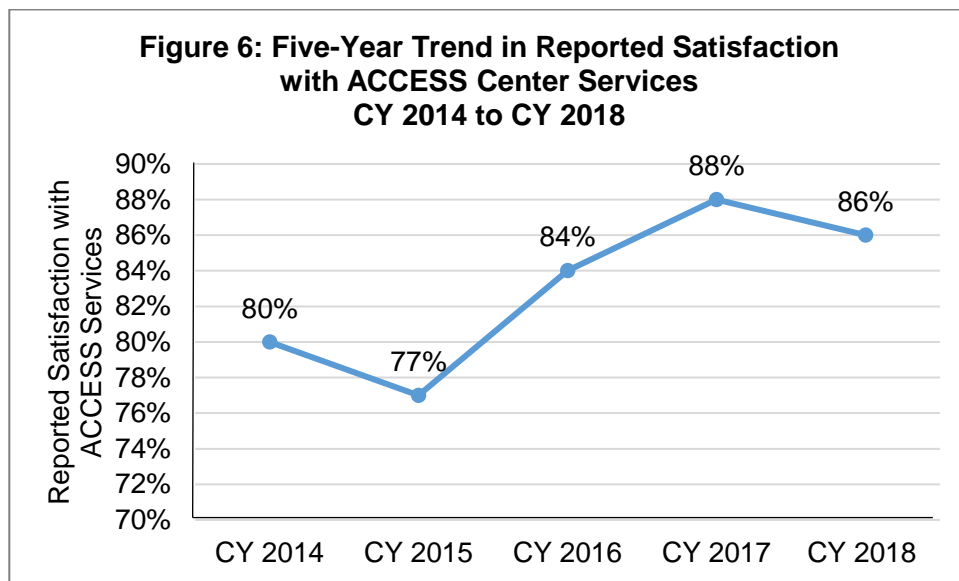
Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

The percent of ACCESS Center staff providing referrals increased by 5 PP from 94% in CY 2014 to 99% in CY 2018. When compared with CY 2017, there was a 6 PP increase from 93% to 99% in CY 2018.



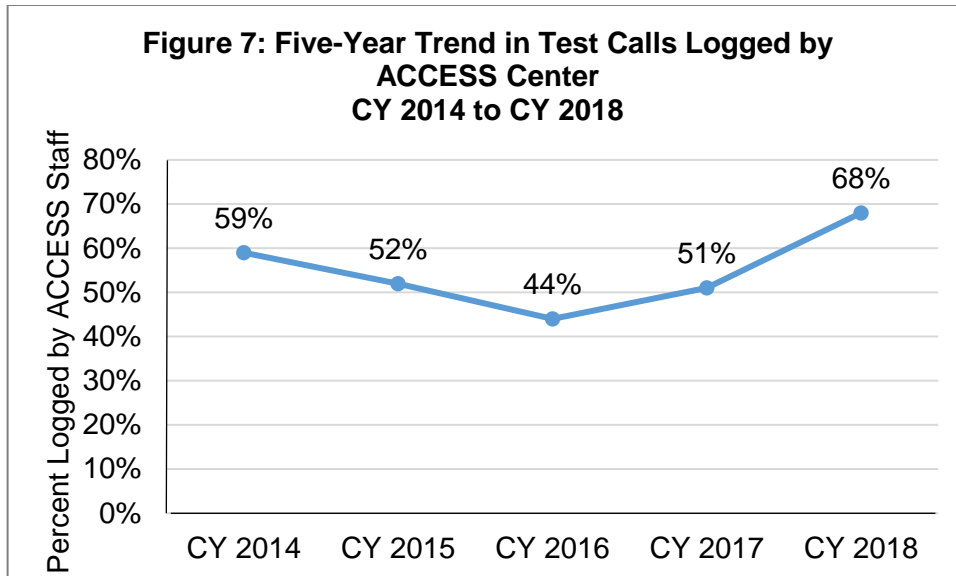
Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

The percent of ACCESS Center staff asking test callers if the call was an emergency or a crisis decreased by 2 PP from 77% in CY 2014 to 75% in CY 2018. When compared with CY 2017, there was a 7 PP decrease from 82% to 75% in CY 2018.



Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

The percent of test callers reporting satisfaction with ACCESS Center services increased by 6 PP from 80% in CY 2014 to 86% in CY 2018. When compared with CY 2017, there was a 2 PP decrease from 88% to 86% in CY 2018.



Data Source: VOVICI – Test Call Survey Report, CY 2014-2018

The percent of Test Calls that were logged by the ACCESS Center staff increased by 9 PP from 59% in CY 2014 to 68% in CY 2018. When compared with CY 2017, there was a 17 PP increase from 51% to 68% in CY 2018. This improvement was in response to the non-clinical PIP implemented at the ACCESS Center in July 2016. This PIP was focused on the Quality Assurance Protocol, ongoing review of calls for all shifts, and feedback and training related to documentation of calls.

Satisfaction with Interpreter Services

Out of the 42 non-English test callers, 90% (N=38) were provided interpreter services and responded to the survey question regarding satisfaction with these services. However, all non-English callers 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 2018
(N=38)**

| Reasons for Satisfaction | ACCESS Agent (N=19) | | Language Interpreter Service Vendor (N=19) | |
|--------------------------------|------------------------|---------|---|---------|
| | Number | Percent | Number | Percent |
| Good customer service | 17 | 89% | 15 | 79% |
| Good quality of interpretation | 15 | 79% | 13 | 68% |
| I got the help I needed | 18 | 95% | 13 | 68% |
| Short wait time | 11 | 58% | 11 | 58% |

Data Source: VOVICI – Test Call Survey Report, CY 2018

Table 2 presents the frequency of reported satisfaction among non-English test callers in CY 2018 with language interpreter services provided by the ACCESS Agent or the language interpreter service vendor. Ninety 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, 50% (N=19) received services from an ACCESS Agent and 50% (N=19) from the language interpreter service vendor. “I got the help I needed” and “Good customer service” 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 Interpreter Service Vendor – Interpreter Services among Non-English Callers
CY 2018
(N=4)**

| Reasons for Dissatisfaction | ACCESS Agent (N=1) | | Language Interpreter Service Vendor (N=3) | |
|--------------------------------|--------------------|---------|---|---------|
| | Number | Percent | Number | Percent |
| Poor customer service | 0 | 0% | 0 | 0% |
| Poor quality of interpretation | 0 | 0% | 2 | 66% |
| Did not get the help I needed | 0 | 0% | 0 | 0% |
| Long wait time | 1 | 100% | 1 | 33% |
| Other | 1 | 100% | 1 | 33% |

Data Source: VOVICI – Test Call Survey Report, CY 2018

Table 3 presents the frequency of reported dissatisfaction among non-English test callers in CY 2018 with language interpreter services provided by the ACCESS Agent or the language interpreter service vendor. The four test callers who reported dissatisfaction with interpreter services requested Armenian (N=1), Korean (N=2), and Spanish (N=1). The ACCESS Agent provided interpreter services to the Korean-speaking caller who selected “Poor quality of interpretation” as their reason for dissatisfaction. No further comment was provided. A language interpreter service vendor was utilized to assist with the remaining Armenian, Korean, and Spanish test callers that reported dissatisfaction. When asked to select their reasons for dissatisfaction with the language interpreter service provided by the vendor, both the Armenian-speaking and Korean-speaking test callers selected “Long wait time” and “Other;” the Spanish-speaking caller selected “Poor quality of interpretation.”

**Table 4: Reasons for Satisfaction with the Knowledge and Helpfulness of the ACCESS Agent
CY 2018
(N=72)**

| Reasons for Satisfaction | Number | Percent |
|---------------------------------------|---------------|----------------|
| Good customer service | 57 | 79% |
| Was knowledgeable about what I needed | 52 | 72% |
| I got the help I needed | 59 | 82% |
| Short wait time | 39 | 54% |
| Other | 9 | 13% |

Data Source: VOVICI – Test Call Survey Report, CY 2018

Among the 84 completed Test Calls, 86% (N=72) of the callers reported satisfaction with the knowledge and helpfulness of the ACCESS Agent. “I got the help I needed (82%)” 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 54%; and “Other” at 13%.

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

- “Informed me that agencies should have Patients’ Rights/Grievance policies in lobby of agency.”
- “Very compassionate and empathetic.”
- “Very patient/really tried to help with what I needed.”
- “Agent was very friendly.”
- “Was very resourceful and courteous.”
- “Polite and patient even if refused to share my date of birth and social security number.”

**Table 5: Reasons for Dissatisfaction with the Knowledge and Helpfulness of the ACCESS Agent
CY 2018
(N=12)**

| Reasons for Dissatisfaction | Number | Percent |
|---|---------------|----------------|
| Poor customer service | 4 | 33% |
| Was not knowledgeable about what I needed | 3 | 25% |
| Did not get the help I needed | 3 | 25% |
| Long wait time | 3 | 25% |
| Other | 10 | 83% |

Data Source: VOVICI – Test Call Survey Report, CY 2018

Among the 84 completed Test Calls, 14% (N=12) reported dissatisfaction with the knowledge and helpfulness of the ACCESS Agent. “Other” was the most frequent response (83%) among the list of reasons for dissatisfaction followed by “Poor customer service” at 33%. The frequency of “Was not knowledgeable about what I needed,” “Did not get the help I needed” and “Long wait time” as a reason for dissatisfaction was the same at 25%.

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

- “No assessment to determine if this was a crisis.”
- “Initially referred me back to child’s school for IEP and counseling. Caller requested referral to a clinic so child could see doctor, then agent provided the referral info to Harbor UCLA.”
- “Couldn't hear them well. Phone was disconnected twice.”
- “While waiting for an interpreter, my call got disconnected two times after waiting over 10 min.”
- “Staff was undecided. I didn't really have a chance to explain before being told my call was not appropriate.”
- “Never asked name or attempted to assist with Mental Health Services and Housing.”
- “Agent made assumptions about me and my child and my parenting and offered non-solicited advice.”
- “Quick to pass me off to crisis line when I had previously told her I was not in crisis and that I was returning to live in LA. Little interest in helping me find help in L.A. Gave agent cross streets (Alvarado & 7th St) but agent did not provide a referral.”
- “I did not appreciate his tone & impatience while he was explaining or asking for information. I've called the ACCESS line in the past and have received

contact info of several clinics so I don't understand or find it helpful to be redirected to the ACCESS.”

- “Didn't ask questions to get to know me and my situation.”

**Table 6: Test Calls Completed by Service Area and Language
CY 2018**

| Languages | SA 1 | SA 2 | SA 3 | SA 4 | SA 5 | SA 6 | SA 7 | SA 8 | Total | Percent |
|-----------------|-----------|----------|-----------|----------|-----------|-----------|-----------|-----------|-------|---------|
| English | 9 | 3 | 5 | 4 | 5 | 4 | 6 | 6 | 42 | 50% |
| Spanish | 4 | 2 | 1 | 4 | 3 | 5 | 4 | 1 | 24 | 29% |
| Armenian | | 2 | | 1 | | | | | 3 | 4% |
| Cantonese | | | 1 | | | | | | 1 | 1% |
| Cambodian/Khmer | | | | | | | | 1 | 1 | 1% |
| Farsi | | | | | 1 | 3 | | | 4 | 5% |
| Korean | | | 1 | | 1 | | 1 | 2 | 5 | 6% |
| Mandarin | | | 1 | | | | | | 1 | 1% |
| Russian | | 1 | | | | | | | 1 | 1% |
| Vietnamese | | | 1 | | | | | 1 | 2 | 2% |
| Total | 13 | 8 | 10 | 9 | 10 | 12 | 11 | 11 | | |

Data Source: VOVICI – Test Call Survey Report, CY 2018

Table 6 shows the breakdown of completed Test Calls by SA and language. Nearly 50% (N=42) of the CY 2018 Test Calls were completed in English, 29% (N=24) in Spanish, and 21% (N=18) 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 Inquired if it was a Crisis or Emergency.” While there was an improvement related to documentation of calls in CY 2018, there is still room for further improvement as the percentage of calls logged was 68%.
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. These efforts will help ensure quality services and accurate documentation of initial service requests for SMHS.
3. The Annual Test Calls Study Report was shared with ACCESS Center staff and management. The implications of the study and recommendations were presented to the Departmental Quality Improvement Council (QIC) and SA QIC members. Based on feedback from ACCESS Agents, the question “Were interpreter services offered” will be deleted from the CY 2019 test calls survey. The question, “Were interpreter services provided” will serve as the indicator for linguistic capability. When a caller to the ACCESS hotline selects a specific language option, such as Spanish, the call could potentially go to a Spanish-speaking ACCESS Agent and the Agent immediately responds in Spanish when responding to the call. In this case, there is no opportunity for an Agent to actually offer interpreter services and is no longer applicable as the interpreter service is already being provided. Therefore, this question will be removed from the test call survey as the question “were interpreter services provided,” covers this indicator. Further, the ACCESS Center QA checklist where supervisors review actual calls on a weekly basis will still have the question, “Were interpreter services offered”. On this checklist, a “Not Applicable” option is available and can be selected by the rater if the call already started with the ACCESS Agent providing interpreter service and there was no need to verbally offer interpreter services.
4. Another recommendation from the ACCESS Center was to revise the instructions/script for the CY 2019 test calls. This recommendation stems from the electronic referrals that were generated for the CY 2018 test calls. In CY 2018, the instructions were not as specific for the caller regarding the electronic referral not to be sent to the clinic. The new instructions for CY 2019 will read:

If you make the call for a mental health clinic referral, please refuse all efforts by the ACCESS Agent to send an electronic mental health referral for you to the clinic site. Instead, you can obtain a clinic phone number and inform the ACCESS Agent that you have chosen to contact the clinic directly because you are not ready to go to the clinic at this time. Remember, you do not want the ACCESS Agent to make an electronically generated referral to the clinic.

5. In order to address the issues associated with missing data on the test calls survey form, the QID will continue to implement the online test survey in VOVICI software that automatically prompts the caller to complete each question. This practice has resulted in a significant increase in complete (non-missing) data.
6. One of the issues related to documentation of calls that was identified through a focus group with ACCESS Agents in July 2017 was related to the current call center application – Integrated Behavioral Health Information System (IBHIS) which has Navigation through multiple screens and windows for documentation that were:
 - 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. This application will be a more user-friendly and efficient system to document the calls; assisting with the overall improvement of documentation. CIOB identified a project manager and the first kick off meeting took place in October 2018. Currently, the technical and functional requirements are being gathered for the new Call Center Application. Monthly meetings are in progress on this project and a project charter is being developed for approval by the Chief Information Officer.

7. In order to improve the accuracy of the data reported, the QID revised the test calls survey form for CY 2018. The “Medication Request” category was eliminated as a reason for the call as there was overlap between the “Crisis Scenario” and “Medication Request” type of calls. The goal is to make these mutually exclusive categories and obtain an accurate count of the total calls based on the reason for the call. However, some test callers still used the previous CY 2017 test calls survey. Test Callers for the CY 2019 test calls survey will be advised to use the CY 2019 version.

Limitations

1. 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.

2. Although SAs were advised to conduct 50% of the test calls during after-hours and 50% during business hours, there were more calls conducted during business hours (61%). Test callers for the CY 2019 test calls study will be instructed to follow the guidelines for the equal distribution for after-hours versus business hours.

Plan for Monitoring the Responsiveness of the 24/7 Toll Free Line in CY 2019

- 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 2019. 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.

**Table 7: Service Area Test Calls Schedule
CY 2019**

| Service Area (SA) | Month Assigned For Test Calls |
|--------------------------|--------------------------------------|
| SA 5 | March 2019 |
| SA 6 | April 2019 |
| SA 7 | May 2019 |
| SA 8 | June 2019 |
| SA 4 | July 2019 |
| SA 3 | August 2019 |
| SA 2 | September 2019 |
| SA 1 | October 2019 |

- Calls will be made during day time and after-hours (five each per SA) and also in English and non-English languages (five in English and five in non-English languages that are evenly split between daytime and after-hours). Additionally, each SA will make one beneficiary problem resolution-related 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 Strategies

- 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. These instructions 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 2019.
- Based on findings from CY 2018, the ACCESS Center management will address areas of improvement such as staff inquiring if it is an emergency or crisis and documentation of calls.
- The QID will continue to monitor the interpreter services complaints from the 24/7 line and work closely with Administrative Support Bureau (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 2018 were high (90%) and no issues were reported by ACCESS Center Agents regarding the three Language Line vendors currently being used.
- The QID will continue utilizing best practices by emphasizing the utility of the online Test Calls format.