53873

LACDMH PSB QUALITY IMPROVEMENT DIVISION (CY 2013)

SERVICE AREA TEST- CALLS TO ACCESS LINE FORM

ACCESS PHONE (800) 854-7771

Please Complete One Survey Form per Test Call

Date

M M / D D / Y Y Y Y

Call start time: hr: ___ ___ min: ___ ___ O am O pm

Time a *live person* answered: hr: ___ ___ min: ___ ___ O am O pm

Call end time: hr: ___ ___ min: ___ ___ O am O pm

SERVICE AREA (chose one only)

1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O

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

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

What was the first name of the ACCESS agent: _____

2) Did the ACCESS agent ask you for your name? O Yes O No

NAME you used in the TEST CALL: First: _____ Last: _____

3) LANGUAGE you USED IN the TEST CALL: O English O Spanish O Other

IF NOT ENGLISH or SPANISH, what language did you use for the TEST CALL? _____

4) For non-English calls, were interpreter services offered? O Yes O No

If interpreter services were used, were you satisfied with interpreter services? O Yes O No

If no, explain any problems: _____

5) Reason for the call or type of help requested:

O Counseling referral O Medication request O Beneficiary complaint O General information

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

If yes, list here: _____

7) Were you put on hold? O Yes O No If yes, how many minutes were you on hold? _____

8) Did the ACCESS agent inquire if the situation is an emergency or a crisis? O Yes O No

9) How satisfied were you with the knowledge and helpfulness of the ACCESS agent?

O Very dissatisfied O Not satisfied O Somewhat satisfied O Satisfied O Very satisfied

Thank you for your participation. Please submit completed form to your SA QIC Chair.

THIS SECTION TO BE COMPLETED BY QI DIVISION:

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

O Yes O No

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION

May 13, 2013

TO: Service Area QIC Chairs, Co-Chairs, Liaisons

FROM: Martha Drinan, RN, MN
District Chief

Mary Crosby, RN, CNS
Mental Health Counselor, RN

SUBJECT: **TEST CALLS PROJECT, 2013**

Based on the recommendation from the of the Summary Report of Test Calls Study: Monitoring Accessibility to the 24/7 Toll Free ACCESS Line (see attached) conducted in 2012, Service Area QICs are asked to participate in the 2013 Test Calls Project. The Test Calls Project is conducted in collaboration with the ACCESS Center and in accordance with California Code of Regulations, Title 9, Section 1810.405 and the State Performance Contract for timeliness and access to services requirements (Section A, 9a. and Section I, 4b. 1-4).

From June 16, 2013 to August 10, 2013, each SA QIC will be responsible for completing 10 test calls, with 5 calls in English and 5 in a non-English language. One Test Call from each service area should be a request for information on beneficiary rights or the beneficiary grievance procedure. Each Test Caller is to complete a Service Area Test Calls to ACCESS Line Form (see attached) for each call placed to the ACCESS Center. Instructions for completing Test Calls are provided (see Test Call Instructions, Test Call Guidelines, and Test Call Scenarios).

Once the 10 Test Calls are completed, please return all Service Area Test-Calls to ACCESS Line Forms to Mary Crosby by August 30, 2013. Please contact Mary Crosby at (213) 251-6736 or email at mcrosby@dmh.lacounty.gov should you have any questions or concerns. Thank you for your continued participation in the Test Calls Project.

Attachments:
- Summary Report of Test Calls Study: Monitoring Accessibility to the 24/7 Toll Free ACCESS Line
- Service Area Test Call Schedule
- Test Call Scenarios
- Test Call Instructions
- Test Call Guidelines
- Service Area Test Calls to ACCESS Line Form
- DMH Policy 202.21

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

SERVICE AREA TEST CALL SCHEDULE

In order to avoid overwhelming the ACCESS Center with calls, each Service Area is assigned a one-week period in which to complete Test Calls.

Test Call Schedule:

- Service Area 2, June 16– June 22, 2013
- Service Area 3, June 23 – June 29, 2013
- Service Area 4, June 30 – July 6, 2013
- Service Area 5, July 7 – July 13, 2013
- Service Area 6, July 14 – July 20, 2013
- Service Area 7, July 21 – July 27, 2013
- Service Area 8, July 28 – August 3, 2013
- Service Area 1, August 4 – August 10, 2013

Thank you for your participation.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

TEST CALL GUIDELINES

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each MHP shall provide a statewide, toll-free telephone number that functions 24-hours a day, seven days a week, with language capacity in the languages spoken by the beneficiaries of the county that will provide information to beneficiaries about how to access specialty mental health services, 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 ACCESS Line (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 requests-for-service 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

A) **Do not call with an emergency or crisis scenario.** Please call with a routine request for specialty mental health services. If you state that this is an emergency or crisis call, the MHP may contact law enforcement or other emergency personnel.

B) **Make the call an initial request for specialty mental health services.** Only requests for specialty mental health services and only initial requests for services must be logged by ACCESS.

C) **Inquire about services for yourself or a family member.** Technically, only requests for mental health services for Medi-Cal beneficiaries must be logged, but most MHPs record requests from any family member, too. Please refuse all efforts by ACCESS Line employees to arrange an assessment appointment for you at the clinic site. Remember, do not make or accept an appointment as it will tie-up needed clinical services. Instead, you could obtain a phone number and inform the ACCESS Line employee that you have chosen to contact the clinic directly.

D) **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.

E) **If asked**, **deny that you are a Medi-Cal beneficiary**. Otherwise, you will be asked for your Medi-Cal #.

F) **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 in the MHP call log.

G) **If asked, identify yourself as a resident of the county being tested.** Some MHPs may record non-resident calls differently or may not log non-resident calls. 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.

H) **Note the time and date of your call and, if known, the name of ACCESS Line employee.** Test calls should be made after-hours and on weekends, only. Write down the name you used and the time and date that the call was made. This is important in locating your call in the MHP log. If possible, note the name of the ACCESS Line employee. Having the employee's name is important in providing feedback regarding the call and your experience.

I) **Complete calls after hours (Monday – Friday before 8:00 AM and after 5:00 PM), on weekends (Friday 5:00PM – Monday 7:59AM, and/or Holidays only (e.g. Thursday July 4th, July 4th 8 am until July 5th 7:59 am**).

J) **Do not identify yourself as a Test Caller.**

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

TEST CALL SCENARIOS

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?)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION (FY 2013-2014)

TEST CALL INSTRUCTIONS

Plan to make Test Calls during the week in which your Service Area Test Calls are scheduled (See Service Area Test Call Schedule). Test Calls may be placed on weekends (Friday after 5:00PM – Monday before 8:00AM), holidays (e.g. Thursday July 4th), and/or after hours (Monday – Friday before 8:00AM and after 5:00PM).

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 a Test Call, decide what personal information you are willing to share and what fictional information you will be providing.

Please print out a test call Form from the LACDMH QI website and complete one form per test call.

You will also be asked if you are a Medi-Cal recipient of services and you should respond that you are NOT. If you respond that you are a Medi-Cal recipient you will be asked for your Medi-Cal number.

IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A "SECRET SHOPPER." Decide in advance how you want to respond to the following questions.

- Caller's name?
- Caller's social security number? (You are encouraged to make one up in advance of the call or just refuse to provide it.)
- Caller's date of birth?
- Caller's phone number?
- Caller's address?

DO NOT CALL WITH A CRISIS OR EMERGENCY SCENARIO. If you want scenario ideas, see the Test Call Scenarios document. You may follow the scenarios exactly or use them to help you in developing your own scenario. When applicable, inquire about the process for obtaining a list of the MHP's providers.

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **HEARING IMPAIRED MENTAL HEALTH ACCESS**	POLICY NO. **202.17**	EFFECTIVE DATE **4/7/10**	PAGE **1 of 3**
APPROVED BY: Director	SUPERSEDES **202.17** **2/15/06**	ORIGINAL ISSUE DATE **9/01/93**	DISTRIBUTION LEVEL(S) **2**

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.

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.

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

SUBJECT: **LANGUAGE INTERPRETERS**	POLICY NO. **202.21**	EFFECTIVE DATE **08/01/04**	PAGE **1 of 2**
APPROVED BY: Director	SUPERSEDES **202.21**	ORIGINAL ISSUE DATE **05/14/04**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).

1.1.1 **Under no circumstances shall a consumer be denied services because of language barriers.**

POLICY

2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages

2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

PROCEDURE

3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.

3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese.

3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.

3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.

3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.

3.2.2.2 Identified bilingual staff available for interpreting services will be provided training.

3.2.3 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.

4.1 Interpreter services are available at no additional cost to the consumer.

4.2 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited. See Section 3.2.1 on the availability of AT&T language line services.

4.2.1 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.

4.2.2 It is strongly recommended that minor children not be used as interpreters.

4.3 Emergency involuntary hospitalization assessment shall be made providing appropriate interpretive services.

AUTHORITY

Voluntary Compliance Agreement
OCR 09-89-3143/US
Department of Health and Human Services
Office of Civil Rights
CCR Title 9, Chapter 11, Section 1810.410(b)(4)

REVIEW DATE

This policy shall be reviewed on or before May 15, 2009

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

SUMMARY REPORT OF TEST CALLS STUDY: MONITORING ACCESSIBILITY TO THE 24/7 TOLL FREE ACCESS LINE

November 5, 2012

GOAL

The goal of the Test Calls Study is to identify potential areas for quality improvement and strengths in the responsiveness of the LAC-DMH ACCESS Center 24-hour, 7 day a week Toll Free number to Medi-Cal beneficiaries/callers.

This report summarizes findings from the Quality Improvement Division (QID) Test Calls Study conducted during the period of July 2012 to September 2012, compares these findings with the findings of the Test Calls studies completed during the previous four years, and offers recommendations.

OVERVIEW

Often the ACCESS Center 24/7 Line may be a Medi-Cal beneficiary caller's first point of contact with the County of Los Angeles, Department of Mental Health. The ACCESS Center operates the 24 hour, 7 Day Statewide, Toll Free number, 1-800-854-7771, for both emergency and non-emergency calls. ACCESS Center staff triages requests for Psychiatric Mobile Response Team (PMRT) and information and referrals services. Staff provides direct language services by linking callers to the Language Assistance Line, as well as the Telecommunication Device for the Deaf (TDD). (See attachments: Language Interpreters Policy & Procedure 202.21 and Hearing Impaired Mental Health Access Policy & Procedure 202.17) Call logs are maintained for date, time, caller identification, types of requests, and referrals given. This process is in accordance with ACCESS protocols.

During the first half of 2012, the ACCESS Center averaged approximately 28,000 calls per month, or more than 900 calls per day. Of these calls, the number of Non-English calls averaged over 770 calls per month representing 2.7% of the calls received. The majority of the non-English calls were Spanish language calls (96% of non-English calls are in Spanish), which averages to be about 28 Spanish language calls per day.

The ACCESS Center works with Open Communications International (OCI) for interpreter services. OCI has been a countywide contracted vendor for interpretation services since 2010. The ACCESS Center is implementing telephone and call center technology upgrades which will be completed prior to year end 2012.

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.
- Specialty mental health service 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.

A "Secret Shopper Test Call" approach was used for this study. Test Callers were provided with written Instructions for Test Calling the ACCESS Line. The instructions outline the *Purpose of the Test Calls* and include the *Basic Principles of the Test Calls* (see attachments). Test Callers, while using a fictitious name, could develop their own non-emergency script for specialty mental health services or choose from example scenarios provided. Test Callers were instructed not to call with an emergency or crisis scenario 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 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 *Worksheet for Test Callers to the ACCESS Line* (see attachments).

ACCESS Center management and staff collaborate with the QI Division staff each year for this study and for the development of this report. For 2012, Service Area (SA) QI liaisons were asked to organize and to facilitate 10 after hours Test Calls to be placed from each SA. Five of the ten Test Calls were requested to be in English and five Test Calls were requested to be in a non-English language. 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 week to place their calls. In addition, a one week make-up time period was designated prior to the completion of the Test Call project for any SA that may not have completed their Test Calls during their designated week. Statistical significance tests were run to compare English vs. non-English test calls on reported satisfaction, ACCESS staff providing their name, ACCESS staff asking the caller's name, whether callers were asked if it is a crisis or emergency, and whether referral information was provided. Significant differences found are noted in the findings that follow.

FINDINGS

1. A total of ninety-seven (97) Test Calls were attempted by staff from the (8) Service Areas from July 2012 to September 2012 and of those, ninety-four (94) calls or 97%, were successfully completed. Three (3) calls, or 3%, were abandoned without completion.

2. Of the ninety-four (94) completed calls, twenty (20) calls, or 21%, were completed during daytime hours (initiated between 8 AM and 5 PM on weekdays) and seventy-four (74) calls, or 79%, were initiated after hours or on weekends.

3. Test Callers were asked to report how many minutes elapsed between initiating the Test Call and having a live human being answer the call. Eighty-eight (88), or 91%, of the test calls were answered with a reported wait time of ten (10) minutes or less. One test caller reported a wait time of 40 minutes before they abandoned the attempted call. The ACCESS Center 24/7 line rings initially very briefly (1 to 3 rings) at which time various taped messages may be played if the call is not answered immediately. The taped greeting identifies the DMH ACCESS Center and requests the caller to hold for staff response, and/or may give extensions for various requests. Taped messages may explain the volume of calls is currently large and to please have patience for staff to respond. There may be periods of time between taped messages where phone ringing occurs.

4. The total length of time for each Test Call, including the wait time, ranged from two (2) minutes to one hour and two (62) minutes. The average call length, defined as length of time on the call from start to finish, was twelve (12) minutes.

5. Test Callers reported that ACCESS Center staff provided his/her first name in sixty-three (63) of the ninety-four (94) test calls answered, (67%). Statistical analysis reveals ACCESS Center staff was significantly more likely to provide their name to English speaking callers. Of the English speaking test callers, 82% reported ACCESS Center staff offered their name; while for non-English speaking callers, only 62% of test callers reported ACCESS staff offered their name.

6. ACCESS Center staff reportedly asked for the test caller's name in sixty-four (64) of ninety-four (94) completed test calls, (68%).

7. ACCESS Center staff reportedly asked test callers if there was a crisis or an emergency in sixty-five (65) of the ninety-four (94) completed test calls, (69%). Test callers were specifically instructed not to use an emergency or crisis scenario.

8. Seventy-six (76) of the ninety-four (94) completed Test Callers, or 81%, were reportedly given a referral to a specialty mental health service agency in their area of residence or other information requested by the test caller.

9. Seventy-nine (79) of the ninety-four (94) completed Test Callers, or 84%, responded yes to “in general, were you satisfied with the knowledge and helpfulness of the employee?”

10. In 2012 the testing of seventeen different languages to the ACCESS Center is an increase over 2011 when Test Calls were conducted in ten languages. The results show ACCESS Center performance with regard to interpreter service is good with room for improvement. Thirty-six (36) of the Fifty-four (54) Test Callers using an interpreter, or 67%, reported that they were satisfied with interpreter services. Fourteen (14) Test Callers or 26% reported they were not satisfied with interpreter services. The Test Callers that were not satisfied with interpreter services included: two test calls each in Cantonese, Farsi, Spanish and Vietnamese; and one test call each in Cambodian, French, Korean, Lao, Mandarin, and Portuguese.

11. Forty-nine (49) of the ninety-four (94) completed test calls, or 52%, were logged by the ACCESS Center staff.

12. Thirty-five (35) of the Ninety-four (94) completed test calls were in English, or 37%, five (5) calls were conducted using ASL relay service, or 5%, and fifty-four (54), or 58% were in a non-English language. Languages used in the 2012 Test Calls are shown in Table 1 below.

LIMITATIONS

Limitations of this study include the following:

1. Although test calls were requested for after hours, twenty (20) calls, or 21% of the ninety-four (94) completed calls, were made during day time hours.

2. Instructions requested 50% of the test calls be conducted in English and 50% be conducted in a non-English language. Results reveal 35 calls, or 37% were in English; 5 calls, or 5% were in ASL-Relay; and 54 calls, or 58% were non-English. All callers were volunteers and it is unknown whether any had been certified bilingually proficient employees by the County of Los Angeles, Office of the Director of Personnel. (See DMH Bilingual Bonus Policy 602.01)

3. Not all SAs completed the ten (10) requested Test Calls and some SAs completed more than the ten (10) requested Test Calls.

4. Some Test Call items were missing complete responses. Sixteen (16) Test Callers (17%) did not provide a name even though instructed to do so and thus those Test Calls could not be logged. Five (5) Spanish language Test Callers did not indicate whether they were satisfied with the interpreter, but all of those reported overall call satisfaction. Three (3) of the Test Callers did not indicate whether or not ACCESS staff provided their name. Four (4) of the Test Callers did not indicate whether or not crisis or emergency was assessed. Two Test Callers did not indicate whether ACCESS staff asked the Test Caller’s name.

Table 1. Languages of ACCESS Center 2012 Test Calls

Language	Number	Percent
Amharic	1	1.0%
Armenian	3	3.2%
ASL-Relay	5	5.4%
Cambodian	1	1.0%
Cantonese	4	4.3%
English	35	37.3%
Farsi	4	4.3%
French	1	1.0%
Japanese	2	2.1%
Korean	3	3.2%
Lao	1	1.0%
Mandarin	6	6.5%
Portuguese	1	1.0%
Russian	2	2.1%
Spanish	20	21.3%
Tagalog	2	2.1%
Vietnamese	3	3.2%
Total	94	100.0%

Table 2. Trending of ACCESS Center Test Calls

In 2012, Test Calls were made in 17 different languages as shown in Table 1. Table 2 shows 5 years of ACCESS Center Test Calls data. Test Calls in 2008 were all non-English, in 2009 all test calls were in English, in 2010 six (6) Test Calls were made in English and seven (7) were in Spanish, in 2011 eighty-nine (89) test calls were conducted in 10 different languages.

ACCESS Center staff show continued improvement from 2011 to 2012 in providing their first name to the test callers with 67% of test callers reporting ACCESS Center staff provided their first name. ACCESS Center staff declined slightly in requesting the name of the caller going from only 71% of test calls in 2011, to 68% in 2012. After a decline last year, the percentage rose from 46%

in 2011 to 68% of test calls in 2012, indicating ACCESS Center staff asked if it is a crisis or emergency situation. Referral information given to test callers remains strong with a reported 81% of test callers reporting the provision of referral information.

Test caller satisfaction with ACCESS Center staff knowledge and helpfulness remains high with 84% of test callers reporting satisfaction with staff knowledge and helpfulness.

Table 2. Trending of ACCESS Center Test Calls

Test Calls Report Trending					
	2008	2009	2010	2011	2012
Number of Test Calls Completed	12	10	13	89	94
ACCESS Staff Provided First Name to Caller	8%	89%	36%	62%	67%
ACCESS Staff Requested Caller's Name	17%	33%	62%	71%	68%
ACCESS Staff Assessed Crisis or Emergency	0%	33%	62%	46%	69%
ACCESS Staff Provided Referral	70%	89%	100%	87%	81%
Report Satisfaction with ACCESS Services	56%	90%	71%	88%	84%
Report Satisfaction with Interpreter Services	Not available	NA	63%	70%	67%
Call was Logged by ACCESS Staff	8%	1%	54%	54%	52%
Call Language	All Non-English	All English	Spanish & English	10 Langu-ages	17 Langu-ages

Table 3. Test Calls Conducted in 2012 by Service Area (SA) and Language

2012 Test Call Distribution by SA and Language									
	1	2	3	4	5	6	7	8	Total
Amharic						1			1
Armenian				1	1		1		3
ASL-Relay			5						5
Cambodian								1	1
Cantonese			1	2		1			4
English	6	5	2	7	6	2	3	4	35
Farsi	3			1					4
French						1			1
Japanese					1			1	2
Korean				1	1	1			3
Lao				1					1
Mandarin		1	1	3			1		6
Portuguese			1						1
Russian		1		1					2
Spanish	2	3	2	2	2	5	3	1	20
Tagalog								2	2
Vietnamese				1		2			3
Total	11	10	12	20	11	13	8	9	94

Table 3 shows the distribution of test calls conducted by service area and language.

SUMMARY OF FINDINGS FOR 2012

Test calls showed that:

1. Continued improvement is needed in the ACCESS Center Staff providing their names to callers. Staff offered their first name in 67% of the ninety-four (94) completed test calls. Based upon these Test Call results, ACCESS Center staff are significantly more likely to offer their name to English speaking callers.

2. Improvement is needed in ACCESS Center staff requesting the name of the beneficiary. Of the ninety-four (94) test calls completed, sixty-four (64) or 68% requested the beneficiary name. ACCESS Center call logs can not be completed as required without documentation of the beneficiary's name.

3. The ACCESS Center staff improved in inquiring if the caller is experiencing a crisis or emergency, up to 69% of test calls in 2012; over the 46% level reported for test calls in 2011. Asking if the caller is experiencing an emergency or crisis is a state requirement and a critical measure for safety and quality care. Therefore, continued improvement is needed.

4. ACCESS Center staff performance on providing information and referrals has consistently been strong over recent years. 2012 performance on this indicator remains strong at 81%.

5. General satisfaction of the test callers with services received by the ACCESS Center staff has fluctuated over recent years. However, 2012 reported satisfaction remains strong at 84% which is a slight decline over 2011.

6. The majority (67%) of non-English speaking test callers reported satisfaction with the interpreter service received.

RECOMMENDATIONS RESULTING FROM QI DIVISION AND ACCESS CENTER COLLABORATION:

1. The findings indicate areas for ACCESS Center staff improvement when interpreters are required.

- Protocols to be established for evaluating the quality of interpreter services being provided.
- QI Report with test caller feedback to be shared in training sessions with ACCESS Center Staff.
- QI Report with test caller feedback to be presented to OCI as quality concerns regarding interpreter sensitivity in providing mental health services.

2. ACCESS Center to complete the implementation of upgraded telephone and call center technology as planned prior to year end 2012 to address problems related to telephone and call center systems that directly affect the timely response of the toll free hotline.

3. ACCESS Center Administration to review call volume patterns and staffing patterns to address wait times. The goal is to cover periods of peak call volume with appropriate numbers of staff members.

Evaluate current number of permanent ACCESS Center staff (FTE's) capacity for answering the 24/7 Line. Apply call volume metrics to identify number of FTE's if needed vs. use of part-time staff.

4. Internal Services Department (ISD) currently monitors the OCI contract. It is recommended that QID, Administrative Services Bureau (ASB), ACCESS Center, and the Workforce Education and Training Division (WET) review and monitor the OCI contract to ensure requirements for specific mental health skills training for OCI interpreters utilized by the ACCESS Center 24/7 Line Services.

5. The 2012 Annual QI Test Calls Summary Report will be presented to the Departmental QIC for distribution to SA Administration and to the SA Advisory Committees (SAACs).

2013 plan for monitoring of ACCESS Center Test Calls:

- Each of the eight (8) Service Areas will be asked to make ten (10) test calls on a volunteer basis to the ACCESS Center with 50% of calls in English and 50% non-English.
- All test calls will be requested to be placed during afterhours and/or weekends during a two month period (TBD).
    - Results of the SA Test Calls will be due by October 1, 2013.
    - Test calls are to follow the QI Division instructions provided. Test callers must provide a first and last name for logging purposes.
    - Efforts will be made to avoid making test calls between 3 pm and 7 pm during the ACCESS Center's busiest times.
    - Test callers will be asked to note the referral given during the call.
    - Consideration will be given to the use of on-line reporting for test calls (such as Monkey Survey) to increase accuracy of reporting.
- Each Service Area QI liaison will coordinate these efforts with identified QI Division staff.
- The 2013 Annual QI Test Calls Summary Report to include countywide findings and recommendations will be presented to the Departmental QIC for distribution to SA Administration and to the SA Advisory Committees (SAACs).

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT: **LANGUAGE INTERPRETERS**	POLICY NO. **202.21**	EFFECTIVE DATE **08/01/04**	PAGE **1 of 2**
APPROVED BY: Director	SUPERSEDES **202.21**	ORIGINAL ISSUE DATE **05/14/04**	DISTRIBUTION LEVEL(S) **2**

PURPOSE

1.1 To provide Department of Mental Health (DMH) policy and guidelines to ensure all non-English speaking DMH consumers receive equal access to services in the language of their choice (i.e., consumer's primary or preferred language).

1.1.1 **Under no circumstances shall a consumer be denied services because of language barriers.**

POLICY

2.1 DMH will continue to recruit and hire mental health professionals who are proficient in non-English languages

2.2 In accordance with applicable Federal, State and County Policy and Agreements, DMH will provide equal access to all non-English speaking mentally ill consumers in Los Angeles County.

PROCEDURE

3.1 The DMH Training and Cultural Competency Bureau will make annual training available in the use of interpreter services for staff that have direct consumer contact.

3.2 Brochures and other forms of literature will be made available in the eleven (11) threshold languages for directly operated and contract clinic sites. Other than English, the threshold languages are: Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, other-Chinese, Russian, Spanish, Tagalog and Vietnamese.

3.2.1 Directly operated and contract programs will have access to AT&T Language Line Services interpreter services 24 hours a day, 7 days a week, via ACCESS CENTER at 800-854-7771.

3.2.2 Directly operated and contract programs will maintain an internal roster of staff proficient in non-English languages.

3.2.2.1 DMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation.

3.2.2.2 Identified bilingual staff available for interpreting services will be provided training.

3.2.3 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.

4.1 Interpreter services are available at no additional cost to the consumer.

4.2 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited. See Section 3.2.1 on the availability of AT&T language line services.

4.2.1 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.

4.2.2 It is strongly recommended that minor children not be used as interpreters.

4.3 Emergency involuntary hospitalization assessment shall be made providing appropriate interpretive services.

AUTHORITY

Voluntary Compliance Agreement
OCR 09-89-3143/US
Department of Health and Human Services
Office of Civil Rights
CCR Title 9, Chapter 11, Section 1810.410(b)(4)

REVIEW DATE

This policy shall be reviewed on or before May 15, 2009

DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE

SUBJECT **HEARING IMPAIRED MENTAL HEALTH ACCESS**	POLICY NO. **202.17**	EFFECTIVE DATE **4/7/10**	PAGE **1 of 3**
APPROVED BY: Director	SUPERSEDES **202.17** **2/15/06**	ORIGINAL ISSUE DATE **9/01/93**	DISTRIBUTION LEVEL(S) **2**

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.

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.

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

SUBJECT **BILINGUAL BONUS**	POLICY NO. **602.01**	EFFECTIVE DATE **04/21/11**	PAGE **1 of 5**
APPROVED BY: Director	SUPERSEDES **602.1** **11/01/01**	ORIGINAL ISSUE DATE **04/02/79**	DISTRIBUTION LEVEL(S) **1**

PURPOSE

1.1 To establish the County of Los Angeles - Department of Mental Health (LAC-DMH) policy and guidelines in the administration of bilingual bonus payments consistent with the provisions of the Los Angeles County Code, Section 6.10.140.

DEFINITION

2.1 **Bilingual Bonus**: Compensation paid to certified bilingually proficient employees whose assignments require fluency in both English and at least one foreign language, as well as knowledge of, and sensitivity toward, the culture and needs of the foreign-language group clientele which LAC-DMH serves. Such a bonus does not constitute "base rate" pay. American Sign Language (ASL) is considered a foreign language for purposes of this bonus.

POLICY

3.1 To qualify for the bilingual bonus, employees must meet all of the following eligibility conditions:

3.1.1 Hold permanent and full-time status; or hold a temporary or recurrent position.

3.1.2 Be assigned to duties that require the use of the foreign language(s) on a continuing and frequent basis to meet the public service responsibility of LAC-DMH. Examples of situations that meet the definition of "continuing and frequent" include, but are not limited to:

3.1.2.1 Being a bilingual employee who is assigned a caseload that requires the use of a second language.

3.1.2.2 Being a bilingual employee whose assignment requires regular, ongoing contact with the public where the use of a second language is necessary. The employee also possesses and displays a

knowledge of, and sensitivity toward, the culture and needs of the foreign language group.

3.1.2.3 Being a bilingual employee who is not an interpreter but who is required to translate materials on a regular and ongoing basis from English to another language or from another language to English.

3.1.2.4 Being a bilingual employee and possess a valid Language Proficiency Certificate issued as a result of the County's Bilingual Proficiency Examination procedure, which tests for proficiency to either speak, read, and/or write the language.

3.1.2.5 Administrative and managerial positions do not routinely meet this condition since they are not considered public contact positions. However, in some situations, with the Deputy Director's written approval, an administrative or managerial position may be designated as one involving significant public contact in which bilingual skills are needed and would further the LAC-DMH public service responsibility.

3.2 It is the responsibility of the Deputy Director or designee at the level of Program Manager to determine the skill required for the assignment and to ensure the employee is properly certified for the needed skill.

PROCEDURE

4.1 LAC-DMH may administer examinations and establish eligible lists for some positions with foreign language skills as a requirement.

4.1.1 Candidates will be tested for bilingual proficiency as part of the examination process and, if successful, issued a Language Proficiency Certificate.

4.1.2 Successful candidate names will then be placed on the eligible lists. LAC-DMH may select candidates from the eligible lists when the foreign language skills are needed for a position.

4.1.3 Candidates who are appointed from such lists are employed on the condition that they use their bilingual skills while holding the position.

4.2 The bilingual bonus is authorized or terminated with the Request for Bilingual Bonus form. The Bilingual Bonus form is posted on the LAC-DMH Intranet under Human Resources Bureau (HRB) forms. (See Attachment 1)

Authorization

4.3 The Deputy Director or designee at the level of Program Manager who finds the need to meet the public service responsibility of communicating with foreign language clientele can submit a Request for Bilingual Bonus Authorization/Termination/Continuation.

4.3.1 The Deputy Director or designee at the level of Program Manager shall enter specific justification information, such as frequency of use, on the Request for Bilingual Bonus form for the employee who already has a valid Language Proficiency Certificate or for the employee who does not have a valid Language Proficiency Certificate.

4.3.2 If the employee passes the proficiency test, the Bilingual Coordinator shall attach a copy of the Language Proficiency Certification to the Request for Bilingual Bonus form and submit the request to the Departmental Human Resources Manager or designee for approval.

4.4 The Deputy Director or designee at the level of Program Manager determines and justifies whether a given assignment requires a bilingual employee.

4.5 The Deputy Director or designee at the level of Program Manager has responsibility for authorizing a bilingual bonus.

4.5.1 Supervisory levels are not to be delegated final authority to approve a bilingual bonus.

4.6 The DMH-HRB Staff shall review the Request for Bilingual Bonus form and complete the Human Resources Use Only section.

4.7 DMH-HRB Staff shall determine the effective date when no requested effective date is indicated.

4.8 DMH-HRB Staff shall notify the appropriate requestor if the Bilingual Bonus form is not approved as submitted.

4.9 The DMH-HRB Processing Staff shall enter the information into Countywide Timekeeping and Payroll Personnel System (CWTAPPS) or Countywide Advantage System. The Request for Bilingual Bonus form, along with a copy of the Language Proficiency Certificate, shall be filed in the employee's Official Personnel Folder.

4.10 Authorization to receive the bilingual bonus terminates whenever the employee is rated less than competent in an official Performance Evaluation, begins an unpaid leave, has been on a continuous leave of absence for 60 days, changes pay location, changes classification, demotes, promotes, or transfers between County departments.

4.11 The Deputy Director or designee at the level of Program Manager must terminate the bonus as soon as possible, but no later than five (5) business days, after eligibility ceases.

4.12 The Deputy Director or designee at the level of Program Manager shall complete the "Termination" portion of the Bilingual Bonus Form and send the original to the DMH-HRB Bilingual Coordinator.

4.12.1 The Processing Staff shall terminate the bonus and file the original Request for Bilingual Bonus form in the employee's Official Personnel Folder.

4.13 The Deputy Director or designee at the level of Program Manager has the responsibility for resubmitting a bilingual bonus authorization to reinstate the bonus when a transaction or event which terminates the bilingual bonus has taken place.

4.14 Payment of the bilingual bonus may only be authorized as long as the facts upon which it is based continue to exist and the employee continues to remain eligible.

4.15 Full-time employees certified to receive the bilingual bonus established in County Code Section 6.10.140 shall receive additional compensation at the rate specified by the Board of Supervisors. Employees paid on an hourly basis shall receive additional compensation at the hourly rate specified by the Board of Supervisors.

4.16 In no event shall such compensation be effective before the employee is certified or before the first day of his/her assignment to the qualifying position.

4.17 At least annually, DMH-HRB shall audit all work locations with employees receiving a bilingual bonus.

4.17.1 The Deputy Director or designee at the level of Program Manager for that work location shall confirm in writing that the employee identified as receiving a bilingual bonus meets the criteria as set forth in the eligibility section of this policy.

4.18 On a monthly basis the Payroll staff shall notify the DMH-HRB Bilingual Bonus Coordinator to stop payment of the bilingual bonus for those employees receiving the bonus but have been absent 60 calendar days

4.19 The Deputy Director or designee at the level of Program Manager has the responsibility to terminate a bilingual bonus when the qualifying conditions no longer exist, such as, no longer required to use the foreign language on the job.

AUTHORITY

Los Angeles County Code, Section 6.10.140
Memoranda of Understanding between the County and Certified Bargaining Units

ATTACHMENT (HYPERLINKED)

1. Request for Bilingual Bonus Authorization/Termination/Continuation

RESPONSIBLE PARTY

LAC-DMH Human Resources Bureau