

**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 14, 2011

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 2011 to September 2011, compares these findings with the findings of the Test Calls studies completed during the previous three years, and offers recommendations.

OVERVIEW

Often the ACCESS Center 24/7 Line may be a Medi-Cal beneficiary callers' 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 triage 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 & 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 2011, the ACCESS Center averaged approximately 25,000 calls per month, or more than 800 calls per day. Of these calls, the number of Non-English calls averaged over 700 calls per month. The majority of the non-English calls were Spanish language calls (97% of non-English calls are in Spanish), which averages to be about 23 Spanish 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 anticipates major telephone and call center technology upgrades in March of 2012.

METHODOLOGY

The purpose for this study is to monitor the:

- 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 assess if the caller is in 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 2011, Service Area (SA) QI representatives 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 two 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. Only one significant difference was found as noted in the findings that follow.

FINDINGS

1. A total of ninety-eight (98) Test Calls were attempted by staff from the (8) Service Areas from July 2011 to September 2011 and of those, eighty-nine (89) calls or 91%, were successfully completed. Nine (9) calls, or 9%, were abandoned without completion.
2. Of the eighty-nine (89) completed calls, twenty-four (24) calls, or 27%, were completed during daytime hours (initiated between 8 AM and 5 PM on weekdays) and sixty-five (65) calls, or 73%, 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. Of the completed test calls, eighty-one (81), or 91%, were answered with a reported wait time of seven (7) minutes or less. Two (2) calls reported waiting over one hour before being answered. 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 ranged from two (2) minutes to one hour and twenty-three (83) minutes. The average call length, defined as length of time on the call from start to finish, was eleven (11) minutes.
5. Test Callers reported that ACCESS Center staff provided his/her first name in fifty-five (55) of the eighty-nine (89) test calls answered, (62%). Statistical analysis reveals ACCESS Center staff was significantly more likely to provide their name to English speaking callers. Of the 55 callers that reported ACCESS staff offered their name, 69%, or 38 were English language Test Callers vs. 31%, or 17 non-English Test Callers.
6. ACCESS Center staff reportedly asked for the test caller's name in sixty-three (63) of eighty-nine (89) completed test calls, (71%).
7. ACCESS Center staff reportedly asked test callers if there was a crisis or an emergency in forty-one (41) of the eighty-nine (89) completed test calls, (46%). Test callers were specifically instructed not to use an emergency or crisis scenario.
8. Seventy-seven (77) of the eighty-nine (89) completed Test Callers, or 87%, 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-eight (78) of the eighty-nine (89) completed Test Callers, or 88%, responded yes to “in general, were you satisfied with the knowledge and helpfulness of the employee?”

10. In 2011 the testing of ten different languages to the ACCESS Center is a major change over previous years when Test Calls were limited to English and Spanish languages. The results show ACCESS Center performance with regard to interpreter service is good with room for improvement. Twenty-six (26) of the thirty-two Test Callers using an interpreter, or 81%, reported that they were satisfied with interpreter services. Six (6) Test Callers or 19% reported they were not satisfied with interpreter services. Of those six Test Callers that were not satisfied with interpreter services: two calls were in Armenian, one Cantonese, one Mandarin, one Spanish and one Tagalog. Both of the Armenian Test Callers dissatisfied with interpreter service as well as the Cantonese and Spanish dissatisfied Test Callers were reportedly cut off while being connected to the interpreter. The Mandarin Test Caller reported being connected first to a Spanish interpreter and the Tagalog Test Caller was dissatisfied with the length of wait while being connected to an interpreter.

11. Forty-seven (49) of the eighty-nine (89) completed test calls, or 56%, were logged by the ACCESS Center staff.

12. Fifty-two (52) of the eighty-nine (89) completed test calls were in English, or 58%, and thirty-seven (37), or 42% were in a non-English language. Languages used in the 2011 Test Calls are shown in Table 1 below.

Table 1. Languages of ACCESS Center 2011 Test Calls

Language	Number	Percent
Armenian	2	2.3%
Cambodian	2	2.3%
Cantonese	2	2.3%
English	52	58.4%
Japanese	1	1.0%
Korean	3	3.4%
Mandarin	2	2.3%
Russian	1	1.0%
Spanish	22	24.7%
Tagalog	2	2.3%
Total	89	100.0%

LIMITATIONS

Limitations of this study include the following:

1. Although call instructions requested the test calls to be conducted after hours, twenty-four (24) test calls, or 27% of the eighty-nine (89) completed test calls, were conducted during day time hours.
2. The test call instructions requested 50% of the test calls be conducted in English and 50% be conducted in a non-English language. Results reveal that 52 calls or 58% were in English and 37 calls or 42% were in non-English.
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. One Test Caller refused to provide a name even when asked and thus the Test Call could not be logged. Five (5) non-English Test Callers (1-Japanese, 1-Tagalog, and 3-Spanish) did not indicate whether they were satisfied with the interpreter. All but one of those reported overall call satisfaction. Five (5) of the Test Callers did not indicate whether or not ACCESS staff provided their name. Five (5) of the Test Callers did not indicate whether or not crisis or emergency was assessed. One Test Caller did not indicate overall call satisfaction and two Test Callers did not indicate whether ACCESS staff asked the Test Caller's name.

Table 2. Trending of ACCESS Center Test Calls

In 2011, Test Calls were made in 10 different languages as shown in Table 1. Table 2 shows 4 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.

ACCESS Center staff greatly improved from 2010 to 2011 in providing their first name to the test callers with 62% of test callers reporting ACCESS Center staff provided their first name. ACCESS Center staff has consistently improved over the 4 years in requesting the name of the caller going from only 17% of calls in 2008, to 71% in 2011. After three years of noted improvement in the ACCESS Center staff asking test callers if there is a crisis or emergency, between 2008 and 2010; there was a decline with only 46% of callers in 2011 indicating ACCESS Center staff asked if it is a crisis or emergency situation. Referral information given to test callers remains strong with a reported 87% of test callers reporting the provision of referral information.

Test caller satisfaction with ACCESS Center staff knowledge and helpfulness remains high with 88% of test callers reporting satisfaction with staff knowledge and helpfulness.

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

SUMMARY OF FINDINGS FOR 2011

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 62% of the eighty-nine (89) completed test calls. In sixteen (16) of the thirty-seven (37), or 43%, of the non-English language calls the ACCESS Center Staff offered their first name. (This does not include interpreters.) Based upon these Test Call results, ACCESS Center staff is 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 eighty-nine (89) test calls completed, sixty-three (63) or

71% requested the beneficiary name. ACCESS Center call logs can not be completed as required without documentation of the beneficiary's name.

3. While the ACCESS Center staff had consistently improved over 3 years in inquiring if the caller is experiencing a crisis or emergency from 2008 to 2010, the performance level declined in 2011 to 46% from the 2010 level of 62%. Asking if the caller is experiencing an emergency or crisis is a state requirement and a critical measure for safety and quality care. Therefore, improvement continues to be needed.

4. ACCESS Center staff performance on providing information and referrals has consistently been strong over the last three years. 2011 performance on this indicator is strong at 87%.

5. General satisfaction of the test callers with services received by the ACCESS Center staff has fluctuated over recent years however, 2011 reported satisfaction remains strong at 88%.

6. The majority (81%) 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 remain on track with implementation of upgraded telephone and call center technology as planned for March 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. "Workforce Management" is a software program that evaluates these patterns and is an anticipated aspect in the technological upgrades for 2012.

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.

2012 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, 2012.
 - Test calls are to follow the QI Division Worksheet and instructions provided.
- Each Service Area QI liaison will coordinate these efforts with identified QI Division staff.
- The 2012 Annual QI Test Calls Summary Report to include countywide findings and recommendations will be presented to the Departmental QIC.