



17764

LACDMH PSB QUALITY IMPROVEMENT DIVISION (CY 2015)

24/7 ACCESS LINE TEST CALLS SURVEY

ACCESS PHONE (800)854-7771



Please Complete One Survey Form per Test Call

Please shade circles like this: ● not like this: ⊗

SERVICE AREA (choose one):

DATE (MM-DD-YYYY)

- 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8

Hour Min ○ am ○ pm Call start time
Hour Min ○ am ○ pm Time a live person answered:
Hour Min ○ am ○ pm Call end time

1) Did the ACCESS agent provide his/her first name? ○ Yes ○ 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 your name? ○ Yes ○ No
NAME you used in the TEST CALL:
First: _____
Last: _____

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

First: _____
Last: _____

3) Did the ACCESS agent inquire if the situation is an emergency or crisis? ○ YES ○ NO

4) LANGUAGE you USED IN the TEST CALL? ○ English ○ Spanish ○ Other

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

Language: _____

5) For non-English calls, were interpreter services offered? ○ YES ○ NO
a) If interpreter services were used, please select one of the following options:
○ ACCESS AGENT ○ Language Line
b) If interpreter services were used, were you satisfied with the interpreter services: ○ YES ○ NO

PLEASE CONTINUE ON TO THE OTHER SIDE





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Cont. 5) If Yes, please select the reason: Good customer service
 Was knowledgeable about what I needed
 I got the help I needed
 Short wait time to connect to an interpreter
 Other _____

If No, please select the reason: Poor customer service
 Was not knowledgeable about what I needed
 Did not get the help I needed
 Long wait time to connect to an interpreter
 Other _____

6) Reason for the call or type of help requested?:
 Mental Health Referral Medication Request Complaint Gen. Information Other

7) Were you provided with a referral or other information?: Yes No
 If yes, list here: _____

8) Were you placed on hold: Yes No
 If yes, how many minutes were you on hold: _____

9) Were you satisfied with the knowledge and helpfulness of the ACCESS agent?: Yes No
 If Yes, please select the reason: Good customer service
 Was knowledgeable about what I needed
 I got the help I needed
 Short wait time
 Other _____
 If No, please select the reason: Poor customer service
 Was not knowledgeable about what I needed
 Did not get the help I needed
 Long wait time
 Other _____

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, disposition)?

Name: Yes No

Date: Yes No

Disposition: Yes No