

LACDMH OFFICE OF PERFORMANCE DATA – QUALITY IMPROVEMENT DIVISION (CY 2018)
24/7 ACCESS LINE TEST CALLS SURVEY

ACCESS PHONE (800) 854-7771

Please Complete One Survey Form per Test Call

Call start time: hr: min: am pm
MM / DD / YYYY
1 2 3 4 5 6 7 8

Call end time: hr: min: am pm
SERVICE AREA (choose one)

- 1) Did the ACCESS Agent provide his/her first name? Yes No
- 2) **(If not provided, test caller must ask for the first name of the ACCESS Agent)**

What was the first name of the ACCESS Agent? _____

Did the ACCESS Agent ask for your name? Yes No

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

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

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

First: _____ Last: _____

- 3) Did the ACCESS Agent inquire if the situation is an emergency or a crisis? Yes No
- 4) LANGUAGE you USED IN the TEST CALL: English _____ Spanish _____
- 5) IF **NOT** ENGLISH or SPANISH, what specific language did you use for the TEST CALL? _____
- 6) For non-English calls, a. were Interpreter Services offered? Yes No
b. were Interpreter Services provided? Yes No

If Interpreter Services were provided, please check one of the following options on who provided Interpreter Services:

a. ACCESS Agent b. Language Line

If Interpreter Services were provided, were you satisfied with Interpreter Services? Yes No

If YES, please check all reasons that apply:

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

If NO, please check all reasons that apply:

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

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

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

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

If YES, list here _____

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

If YES, please check all reasons that apply:

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

If NO, please check all reasons that apply:

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

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

THIS SECTION TO BE COMPLETED BY QI DIVISION:

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

Name: Yes No

Date: Yes No

Disposition: Yes No