

**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
JANUARY 2016**

GOAL

The goal of the Test Calls Study is to identify potential areas for quality improvement and strengths in the responsiveness of the Los Angeles County Department of Mental Health (LACDMH) ACCESS Center 24-hour, 7 day a week Toll Free number to Medi-Cal beneficiaries/callers.

This report summarizes findings from the Test Calls Study conducted during the period of May 2015 to September 2015. These study findings will be compared with prior results completed during the past five years, and recommendations will be offered.

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 24/7 Statewide, Toll Free number (1-800-854-777) for both emergency and non-emergency calls. ACCESS Center staff manages after-hours calls for Patients' Rights and triages requests for Psychiatric Mobile Response Team (PMRT), general information, and referral services. ACCESS Center staff also offers language interpreter services either by linking callers to the Language Line or 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: Language Interpreters Policy & Procedure 200.03* and *Hearing Impaired Mental Health Access Policy & Procedure 200.02*). Call logs are maintained for the date, time, caller identification, types of requests, and disposition/referrals given. This process is in accordance with ACCESS protocols and Title 9 Regulation requirements to document all initial requests for services.

The ACCESS Center works with AVAZA for interpreter services. AVAZA, formerly under the name "OCI" has been a countywide contracted vendor for interpretation services since 2010. The ACCESS Center implemented telephone and call center technology upgrades in November 2012 and again in October 2013. As of July 2015, the ACCESS Center went live in the new Integrated Behavioral Health Information System (IBHIS) system. System

implementation required significant new training for the ACCESS Center call agents and imposed data gathering challenges as well. Staff continue to receive on-going training on the use of IBHIS. The call volume for Calendar Year (CY) 2015 was 163,304. The monthly call volume for CY 2015 (13,608) is slightly less than the monthly call volume for CY 2014 (14,999).

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.
- 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/Instructions* (see *Attachment #3*). Test Callers, while using a fictitious name, could develop their own non-emergency script for specialty mental health services and choose from the sample non crisis-related scenarios provided (see *Attachment #4*). Test Callers were instructed not to call with an emergency or crisis scenario that would result in 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 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 *24/7 Test Calls Survey form* (see *Attachment #5*).

ACCESS Center management and staff collaborate with the QI Division staff and SA QIC Chairs each year for this study and for the development of this report. For CY 2015, Service Area (SA) QI liaisons were asked to organize and to facilitate 10 Test Calls (5 calls in English and 5 in non-English during the day time and after-hours) (see *Attachment #6*). The non-English calls were specified per the SA 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 their calls. Significant differences are noted in the findings below.

SUMMARY OF FINDINGS FOR 2015

Table 1 summarizes data for the test calls study completed for Calendar Year (CY) 2015.

1. A total of ninety-one (91) test calls were attempted and successfully completed from the eight (8) SAs from May 2015 to September 2015.
2. Of the ninety-one (91) completed test calls, forty (40) calls or 44% were completed during business hours and fifty-one (51) calls or 56% were completed after-hours or on the weekends.
3. Eighty-three (83) or 91% of callers responded to the question, “Did the ACCESS agent provide his/her first name?” Out of these, for sixty (60) or 72% of calls, the first name of the agent was offered. In twenty-three (23) or 28% of calls, ACCESS Center agents did not announce/offer their name. Most of these calls were made during peak hours and could have contributed to the agents not offering their name on these calls. Fifteen (15) or 65% of the calls occurred during daytime hours and eight (8) or 35% of calls were initiated after-hours.
4. Of the ninety-one (91) completed test calls, ninety (90) or 99% responded to the question, “Did the ACCESS agent ask you for your name?” Among these 90 test callers, sixty-one (61) or 68% responded that the agents requested the beneficiary name. ACCESS Center call logs cannot be completed as required without documentation of the beneficiary’s name. Of the 61 calls, forty-six (46) or 75% of the calls were logged by ACCESS Center staff.
5. All ninety-one (91) completed test callers reported the language in which the call was completed. Forty-five (45) or 49% calls were in English and forty-six (46) or 51% calls were in a non-English language. Among non-English calls, twenty-four (24) or 52% were in Spanish and twenty-two (22) or 48% were in other languages.
6. Of the forty-six non-English test calls, 82% (n=36) of respondents indicated that they were offered interpreter services.
7. Thirty-three (35) or 76% of test callers responded to the question on satisfaction with interpreter services. Among these 35 callers, thirty-two (32) or 91% reported they were satisfied with interpreter services, three (3) or 9% were dissatisfied (see Table #2). Of the three callers who were not satisfied with interpreter services, two (2) spoke Armenian and one (1)

spoke Spanish. Of the three (3) dissatisfied callers, two (2) or 66% indicated they utilized the language line.

8. Of the 91 completed test calls, Ninety (90) or 99% of test callers reported the reason for their call. Reasons given for the completed test calls consisted of five (5) 5% Beneficiary Complaint, sixty-three (63) 70% Mental Health Referral, (10) 11% General Information, (10) 11% Medication Request, and (2) 2% Other.
9. Of the 91 completed test calls, eighty-five (85) or 93% responded to the question if they were provided with a referral or other information. Types of referrals included the names of nearby mental health clinics or other information requested by the caller.
10. Of the 91 completed test calls, eighty (80) callers answered the question, "Did the ACCESS agent inquire if the situation is an emergency or crisis?" Of these eighty callers, fifty-eight (58) or 72% callers reported that the ACCESS agent inquired if the call was for an emergency or crisis.
11. Eighty-five (85) or 93% of callers reported their satisfaction or dissatisfaction with the knowledge and helpfulness of the ACCESS agent. Sixty-three (63) or 77% responded that they were satisfied; twenty-two (22) or 23% of callers were dissatisfied (see Table #3).
12. In CY 2015, only forty-seven (47) or 52% of the 91 completed calls were logged. The remaining calls (N=44) did not have the necessary documentation for verification. Test Calls cannot be verified by the ACCESS Center if the test caller does not indicate what name was used during the Test Call.

TRENDING OF ACCESS CENTER TEST CALLS DATA (See Table #1)

- The percentage of completed test calls has increased from 91% in 2011 to 100% in 2015.
- Percent ACCESS Center staff providing their first name to the test caller increased by 10% from 62% in CY 2011 to 72% in CY 2015.
- Percent ACCESS Center staff requesting test callers name decreased by 3% from 71% in CY 2011 to 68% in CY 2015.
- Percent of test calls in Non-English languages increased by 9% from 42% in CY 2011 to 51% in CY 2015.
- Satisfaction with interpreter services increased by 21% from 70% in CY 2011 to 91% in CY 2015.

- Percent ACCESS Center staff providing mental health referrals increased by 6% from 87% in CY 2011 to 93% in CY 2015.
- Percent ACCESS Center staff asking test callers if the call was an emergency or a crisis increased by 26% from 46% in CY 2011 to 72% in CY 2015.
- Percent test callers reporting satisfaction with the ACCESS Center services decreased by 11% from 88% in CY 2011 to 77% in CY 2015.
- Percent test calls that were logged by the ACCESS Center decreased by 2% from 54% in CY 2011 to 52% in CY 2015. Number of languages in which test calls were completed increased slightly from 10 in CY 2011 to 11 in CY 2015 (see Table #4)

Table 1: Trending of ACCESS Center Test Calls Data

	2011	2012	2013	2014	2015
Percent Test Calls Completed	91%	97%	98%	98%	100%
ACCESS Staff Provided First Name to Caller	62%	67%	82%	77%	72%
ACCESS Staff Requested Caller's Name	71%	68%	77%	74%	68%
Calls in Non-English Language	42%	58%	48%	43%	51%
Reported Satisfaction with Interpreter Services	70%	67%	71%	86%	91%
ACCESS Staff Provided Referral	87%	81%	89%	94%	93%
ACCESS Staff Assessed Crisis or Emergency	46%	69%	75%	77%	72%
Reported Satisfaction with ACCESS Services	88%	84%	85%	80%	77%
Call was Logged by ACCESS Staff	54%	52%	60%	59%	52%

Table 2: Reasons for Satisfaction and Dissatisfaction with Interpreter Services by ACCESS Agent and Language Line

Reasons for Satisfaction	ACCESS Agent (N = 17)		Language Line (N = 15)	
	Number	Percent	Number	Percent
Good Customer Service	10	58.8%	8	53.3%
Was Knowledgeable about what I needed	2	11.8%	1	6.7%
I got the help I needed	4	23.5%	6	40.0%
Short Wait Time	1	5.9%	0	0.0%
Other	0	0.0%	0	0.0%
Total	17	100.0%	15	100.0%

Reasons for Dissatisfaction	ACCESS Agent (N = 0)		Language Line (N = 3)	
	Number	Percent	Number	Percent
Long Wait Time	0	0.0%	1	33.3%
Other	0	0.0%	2	66.6%
Total	0	0.0%	3	100.0%

Thirty-six (36) callers were offered interpreter services out of which 35 (97%) responded to the question on satisfaction with these services.

Of these 35 callers, thirty-two (32) callers or 91.5% were satisfied with the interpreter services and three (3) or 8.5% were dissatisfied with the services.

Good customer service was the most frequently chosen response among the reasons listed for satisfaction for both ACCESS Agent interpreter services (58.8%) and for Language Line interpreter services (53.3%). The other reasons in order of frequency were providing the help needed (23.5% for ACCESS Agent interpreter services and 40.0% for Language Line interpreter services), being knowledgeable about caller's needs (11.8% for ACCESS Agent interpreter services and 6.7% for Language Line interpreter services) and in addition, 5.9% listed short wait time as the reason for satisfaction with ACCESS Agent interpreter services.

Reasons for dissatisfaction with Language Line interpreter services included 33.3% long wait time and 66.6% "Other reasons".

Table 3: Reasons for Satisfaction and Dissatisfaction with the Knowledge and Helpfulness of the ACCESS Agent

Reasons for Satisfaction		
	Number	Percent
Good Customer Service	32	51.0%
Was Knowledgeable about what I needed	11	17.5%
I got the help I needed	12	19.0%
Short Wait Time	4	6.2%
Other	4	6.2%
Total	63	100.0%

Reasons for Dissatisfaction		
	Number	Percent
Poor Customer Service	5	23.0%
Was Not Knowledgeable about what I needed	1	4.5%
Did not get the help I needed	4	18.2%
Long Wait Time	2	9.1%
Other	10	45.2%
Total	22	100.0%

Eighty-five (85) or 93% of callers reported their satisfaction or dissatisfaction with the knowledge and helpfulness of the ACCESS Agent.

Of these 85 callers, sixty-three (63) or 74% were satisfied with the knowledge and helpfulness of the ACCESS Agent and twenty-two (22) or 26% were dissatisfied with the services.

The most frequent response chosen among the list of reasons for satisfaction with services was good customer service (51.0%) followed by “providing the help needed” at 19%, “being knowledgeable about caller’s needs” at 17.5%, and 6.2% for short wait time and “Other”, respectively.

A similar trend was seen with reasons for dissatisfaction with services: 23.0% poor customer service, 18.2% for “not providing the help needed”, 4.5% for “was not knowledgeable about caller’s needs”, and 9.1% for long wait time. A large percentage (45.2%) chose “Other” as the reason for dissatisfaction.

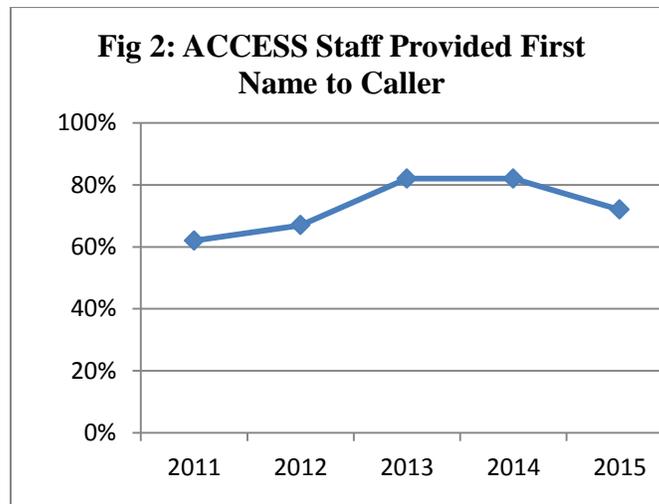
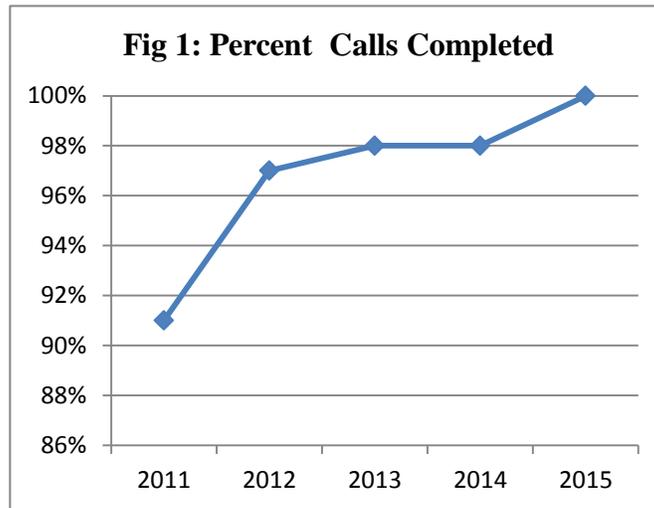


Fig 3: ACCESS Staff Requested Caller's Name

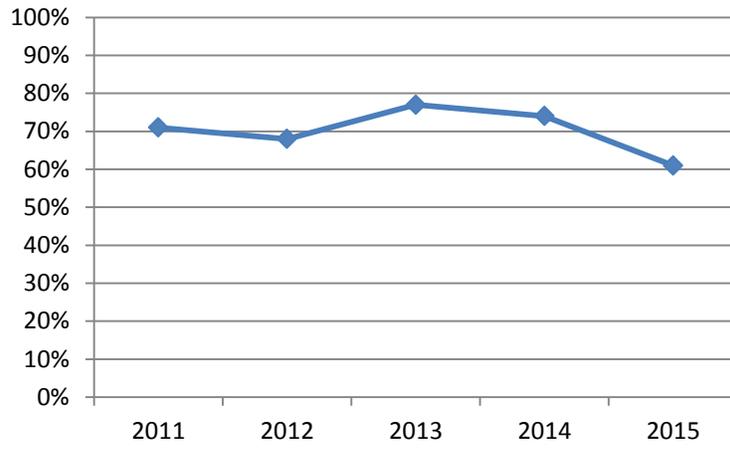
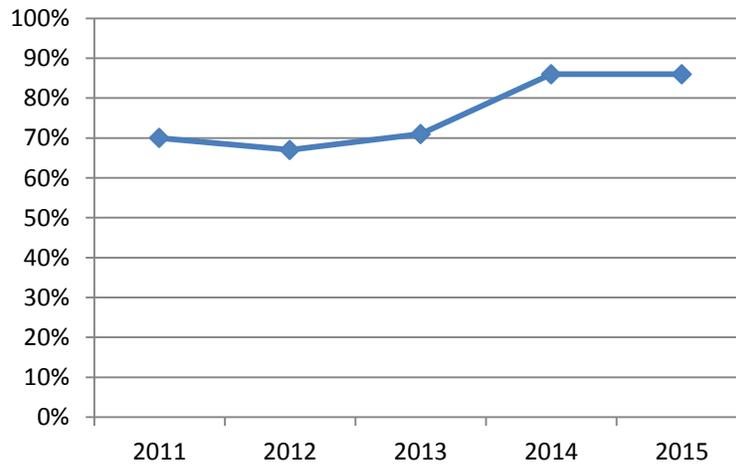


Fig 4: Reported Satisfaction with Interpretor Services



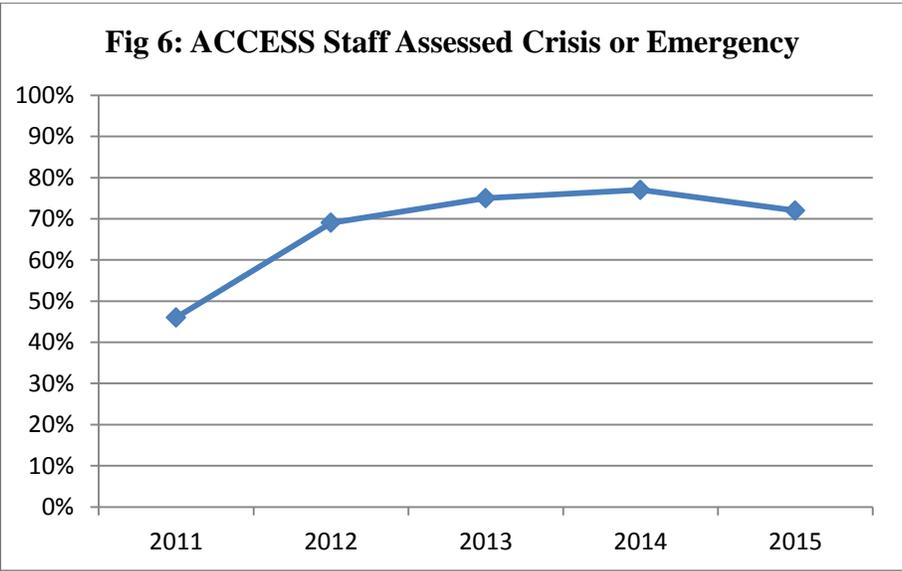
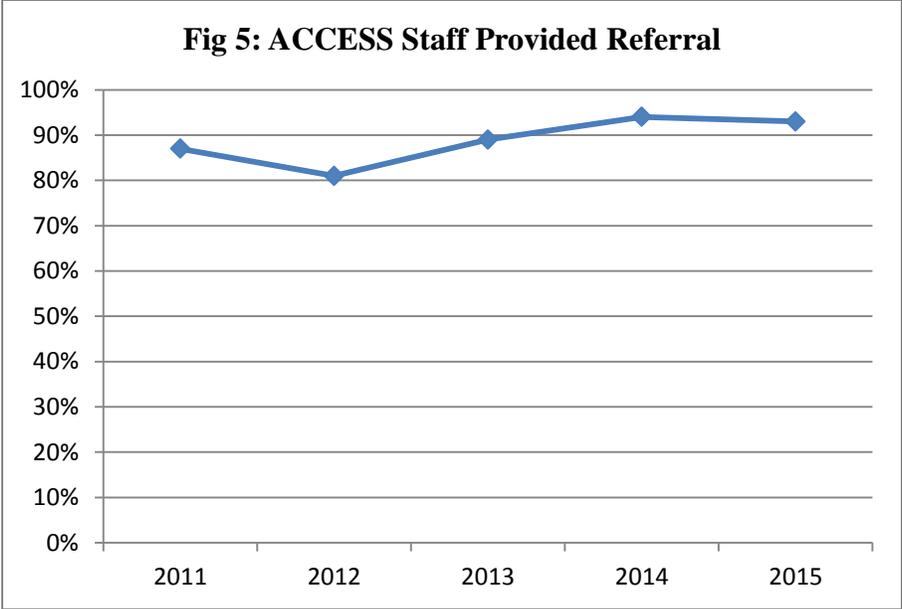


Fig 7: Reported Satisfaction with ACCESS Services

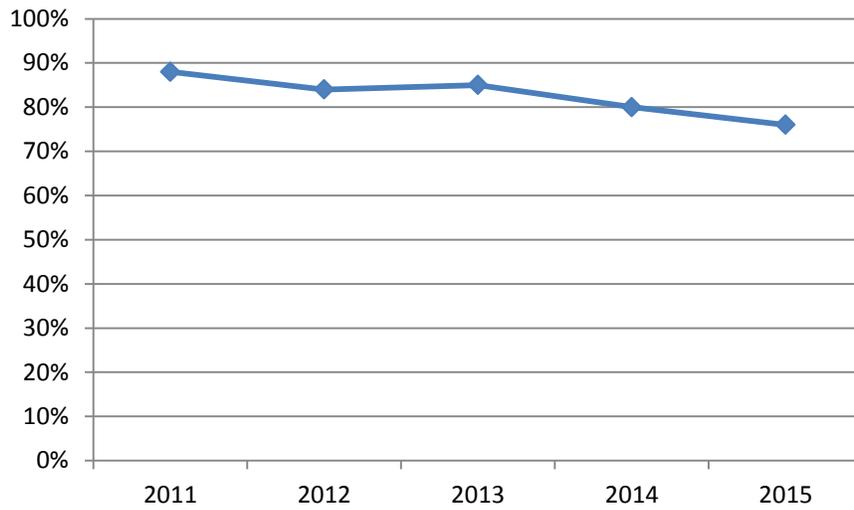


Fig 8: Call was Logged by ACCESS Staff

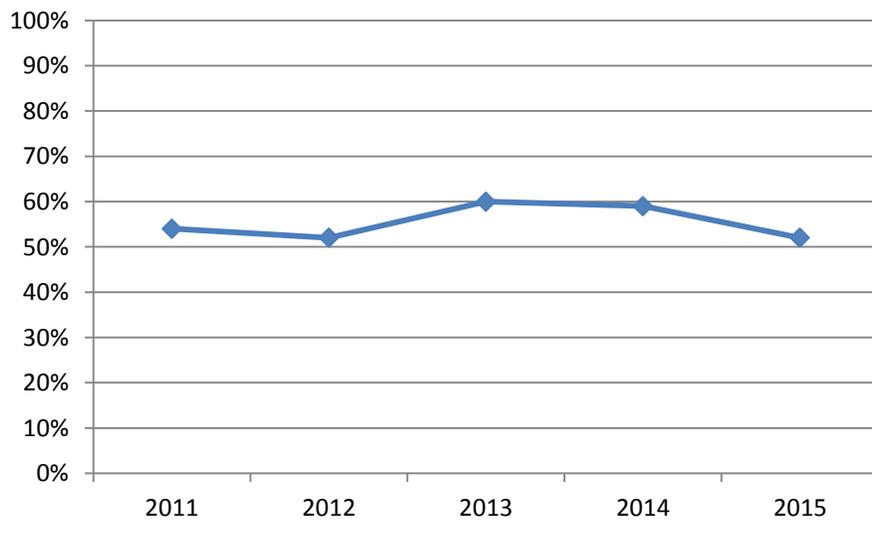


Table 4: Test Calls Completed in 2015 by Service Area (SA) and Language

SAs									
Languages	SA-1	SA-2	SA-3	SA-4	SA-5	SA-6	SA-7	SA-8	Total
English	5	5	6	7	5	5	7	5	45
Spanish	6	2	1	2	3	2	5	3	24
Mandarin			1						1
Tagalog	1								1
Vietnamese			1			1			2
Russian		1							1
Armenian		3		3					6
Cantonese			1			1			2
Korean				2		1			3
Farsi	1				3				4
Cambodian								2	2
Total	13	11	10	14	11	10	12	10	91

RECOMMENDATIONS:

1. The findings indicate potential areas of improvement for ACCESS Center responsiveness.
 - Staff training, supervisory oversight, and continuous monitoring of key issues identified from the test calls results will be implemented by ACCESS Center management to ensure quality services and accurate documentation of initial service requests.
 - Review of established protocols to report complaints with interpreter services via the complaint log will be emphasized with ACCESS Center staff.
 - QI Report with test caller feedback will be shared with ACCESS Center staff and management and implications of the study and recommendations will be discussed.

2. QID, Administrative Services Bureau (ASB), and ACCESS Center developed protocols in May 2014 to address quality concerns related to interpreter services provided by AVAZA identified in the 2013 test calls study (See *Attachment 6*). As a result of adherence to these protocols, there has been a notable increase in the test callers' satisfaction with interpreter services from 70% in 2011 to 91% in 2015.

3. QID is currently exploring the option of additional language line vendors to address the diverse needs of consumers for multiple preferred languages and better customer service.
4. The 2015 Annual QI Test Calls Summary Report will be widely shared at the Departmental QIC meeting and SA QIC Meetings.
5. The Test Calls methodology will be reviewed with ACCESS Center, SA QIC Chairs and Departmental QIC members to improve the data collection efforts and quality of data for the 2016 Test Calls study.
6. The test calls survey form will be revised to match the State 24/7 Test Call Quarterly Update Report Form.
7. In order to address the issues with missing documentation on the test calls survey form by test callers, QID is implementing the online test survey that will automatically prompt the test caller to complete each question before answering the next.

LIMITATIONS

1. Although 50% of the Test Calls were requested for daytime hours, forty (40) or 44% of the ninety-one (91) completed calls were made during day time hours of 8 AM to 4:59 PM.
2. Instructions requested that one test call from each Service Area be a request for beneficiary rights or the grievance procedures. Results revealed 5 calls or 62% were for a request for beneficiary rights or the grievance procedure.
3. Some Test Call items were missing complete responses. Some test callers did not provide the full name or last name even though instructed to do so. In some cases, they did not provide the name of the beneficiary or did not log the name of the ACCESS agent resulting in calls that could not be verified.

2016 PLAN FOR MONITORING THE RESPONSIVENESS OF THE 24/7 TOLL-FREE NUMBER:

- Each of the eight (8) SAs 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% in a non-English language. Non-English calls will be requested in threshold languages specific to a SA.
 - Test callers will be requested to call during daytime and after-hours and/or weekends beginning February 2016. In

subsequent years, the monthly assignment will be rotated (see schedule below).

Month	2016	2017	2018	2019
Feb-March	SA 1 and 2	SA 3 and 4	SA 7 and 8	SA 5 and 6
May-June	SA 3 and 4	SA 1 and 2	SA 5 and 6	SA 7 and 8
July-Aug	SA 5 and 6	SA 7 and 8	SA 1 and 2	SA 3 and 4
Sept-Oct	SA 7 and 8	SA 5 and 6	SA 3 and 4	SA 1 and 2

- Calls will be made during day time and after-hours (five each per SA) and also in English and non-English (five in English and five in non-English that are evenly split between daytime and after-hours). Additionally, each SA will make one beneficiary request call and two crisis scenario related calls. QID will provide the list of crisis scenarios for this purpose. Reinforcement of this prior recommendation in methodology continues as a collaborative effort between SA QIC Chairs, Departmental QIC members, QID, and the ACCESS Center to improve the process and gather better data.
- **Reinforcement of the following:** If Test callers request for services for themselves or for someone else (for example, friend, family member), they are required to provide the first and last name of the beneficiary for whom they are requesting services for tracking purposes.
- Test callers will be reminded to document on the survey form the name of the agent.
- Test callers will follow QID instructions and guidelines.
- Test calls survey forms will be closely reviewed by QID 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 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 February-March 2016.
- Based on findings from CY 2015, ACCESS Center management will address areas of improvement such as the ACCESS agent providing their name to the test caller, customer service, logging of

calls, assessing if the call is a crisis or emergency and requesting the caller's name.

- Two of the three callers (66%) who expressed dissatisfaction with interpreter services utilized the language line. QID will continue to monitor the interpreter services complaints from the 24/7 line and work closely with ASB to address issues to ensure timely resolution with the interpreter services vendor, AVAZA.
- QID will utilize best practices by converting the 2016 test calls survey from a hard copy to an online format.