

**LOS ANGELES COUNTY 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- CY 2016
APRIL 2017**

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 February 2016 to October 2016. These study findings will be compared with prior results completed during the past five years, and recommendations are offered.

OVERVIEW

Often the ACCESS Center 24/7 Line may be a Medi-Cal beneficiary caller's first point of contact with the Los Angeles County 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 referrals for Specialty Mental Health Services (SMHS). ACCESS Center staff also offer 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 Translation and Interpretation Services Policy - 200.03 and Hearing Impaired Mental Health Access Policy - 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.

From 2010 to October 2016, the ACCESS Center utilized a countywide contracted vendor named AVAZA, formerly "OCI", for interpreter services. As of October 13, 2016, three (3) new language interpreter service vendors were approved for utilization: Language Line Services, Inc., TransPerfect Translations International, Inc., and WorldWide Interpreters, Inc.

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 continues to receive on-going training on the use of IBHIS.

The ACCESS Center has also developed a Quality Assurance (QA) protocol which is focused on reviewing actual call center calls in a systematic manner. The QA Protocol began in July 2016 and the calls randomly selected for review may include test calls. LACDMH implemented the ACCESS Center QA protocol as the Non-Clinical Performance Improvement Project (PIP) for Fiscal Year (FY) 16-17. The Customer Service Evaluation Checklist is utilized to review and rate the actual calls selected for QA and evaluation. ACCESS Center Supervisors review approximately 24-32 actual calls each month across all shifts. The three outcomes indicators identified based on the trends for the past few years and indicative of need for improvement in critical areas for this PIP are:

1. Percent requesting caller's name
2. Percent of callers satisfied with ACCESS Center services and
3. Percent of *actual calls* logged by the ACCESS Center

In addition, the percent of callers who received appropriate referrals for SMHS and percent of callers who were offered interpreter services to meet language needs for calls in non-English were also the areas of focus.

The ACCESS Center call volume for Calendar Year (CY) 2016 was 147,565. The monthly call volume for CY 2016 (12,297) is slightly less than the monthly call volume for CY 2015 (13,608).

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 and crisis-related scenarios provided (see *Attachments #4 and #5*). 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 forms* (see *Attachment #6*).

ACCESS Center management and staff collaborate with the QI Division staff and SA QIC Chairs/Co-Chairs each year for this study and for the development of this report. For CY 2016, 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 # 7*). 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 2016

Table 1 summarizes data for the test calls study completed for Calendar Year (CY) 2016.

1. A total of ninety-four (94) test calls were successfully completed from the eight (8) SAs from February 2016 to October 2016. This is a 10 Percentage Point (PP) increase from 91 calls in CY 2015.
2. Of the ninety-four (94) completed test calls, forty-seven (47) calls or 50% were completed during business hours and forty-seven (47) calls or 50% were completed after-hours or on the weekends.
3. Ninety-Four (94) or 100% of callers responded to the question, "Did the ACCESS agent provide his/her first name?" Out of these, for eighty-four (84) or 89% of calls, the first name of the agent was offered. In ten (10) or 11% of calls, ACCESS Center agents did not announce/offer their name. Five (5) or 50% of

these calls occurred during daytime hours and five (5) or 50% of calls were initiated after-hours.

4. Of the ninety-four (94) completed test calls, ninety-four (94) or 100% responded to the question, "Did the ACCESS agent ask you for your name?" Among these 94 test callers, fifty-nine (59) or 63% responded that the agents requested the beneficiary name. ACCESS Center call logs cannot be completed as required without documentation of the beneficiary's name.
5. All ninety-four (94) completed test callers reported the language in which the call was completed. Forty-six (46) or 49% calls were in English and forty-eight (48) or 51% calls were in a non-English language. Among non-English calls, thirty-seven (37) or 77% were in Spanish and eleven (11) or 23% were in other languages.
6. Of the forty-eight (48) non-English test callers, forty-three (43) or 89% reported they were offered interpreter services.
7. Forty-three (43) out of the 49 non-English test callers responded to the question on satisfaction with interpreter services. Among these, thirty-five (35) or 81% reported they were satisfied with interpreter services and eight (8) or 19% reported they were dissatisfied.
 - a. Of the eight dissatisfied callers with interpreter services, one (1) spoke Armenian, one (1) spoke Mandarin and six (6) spoke Spanish. Six (6) of the eight dissatisfied callers or 75% utilized the Language Line.
8. Of the 94 completed test calls, ninety-four (94) or 100% of test callers reported the reason(s) for their call. Callers were able to select "all that apply". Reasons given for the completed test calls consisted of eight (8) or 8% for Beneficiary Complaints, fifty seven (57) or 61% for Specialty Mental Health Services (SMHS) Referrals and for General Information, eleven (11) or 12% for Medication Requests, and eighteen (18) or 19% for Crisis Scenarios.
9. Of the 68 Specialty Mental Health Services (SMHS) referrals, General Information, or Medication Request test calls, sixty three (63) or 93% of test callers reported they were provided relevant information. Types of SMHS referrals included names of nearby mental health clinics or other information requested by the caller.
10. Of the 94 completed test calls, ninety-four (94) callers answered the question, "Did the ACCESS agent inquire if the situation is an emergency or crisis?" Of these ninety-four, seventy-seven (77) or 82% reported the ACCESS agent inquired if the call was for an emergency or crisis.
11. Ninety-four (94) or 100% of callers responded to the question on satisfaction with the Knowledge and Helpfulness of the ACCESS agent. Seventy-nine (79) or 84%

of the callers were satisfied and fifteen (15) or 16% were dissatisfied with the knowledge and helpfulness of the ACCESS agent (see Table 3).

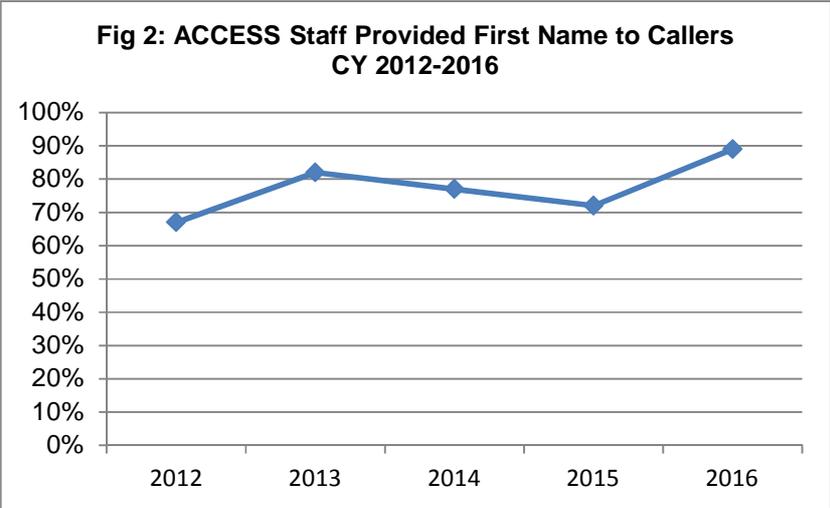
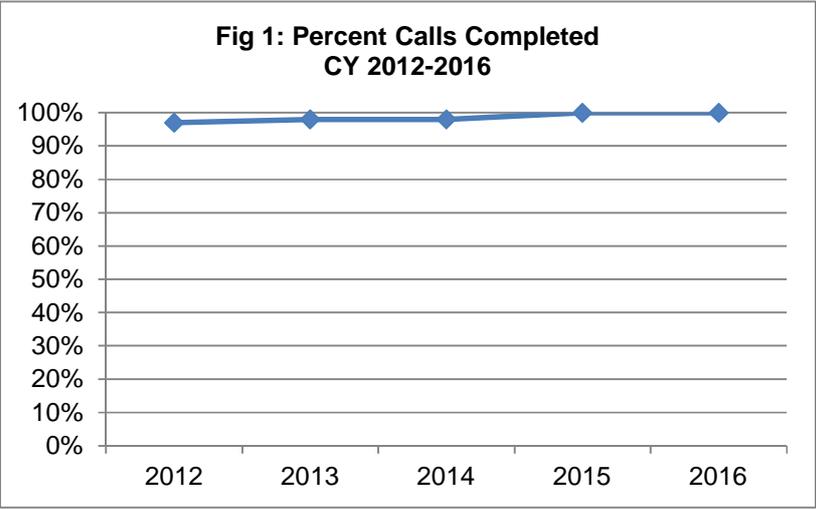
12. In CY 2016, forty-one (41) or 44% of the 94 completed calls were logged. Test Calls cannot be verified by the ACCESS Center if the test caller does not indicate what name was used during the Test Call. For some test calls, the log could not be verified because the test caller's name was not provided on the survey form.

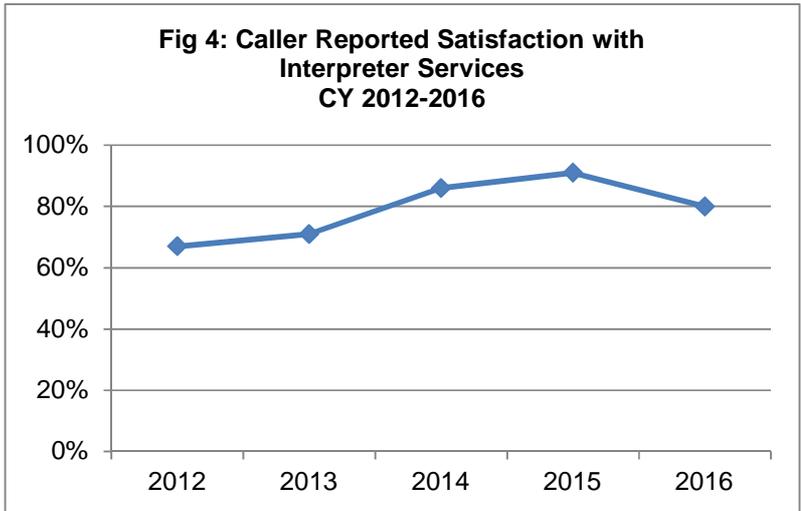
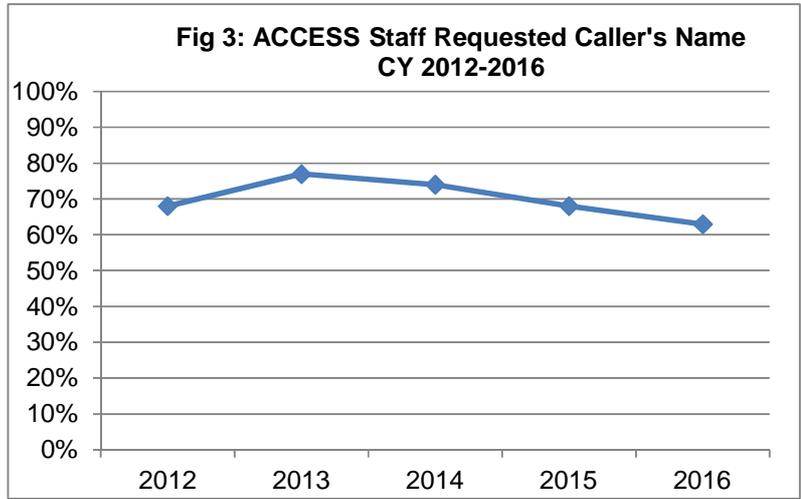
TRENDING OF ACCESS CENTER TEST CALLS DATA (See Table 1)

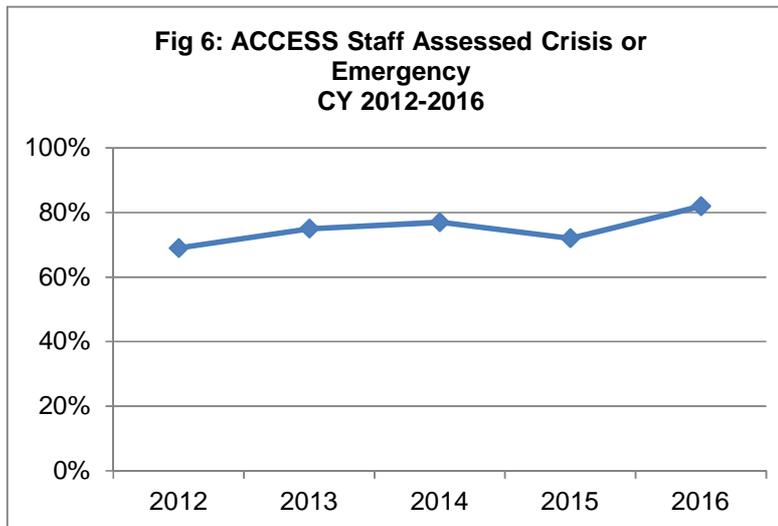
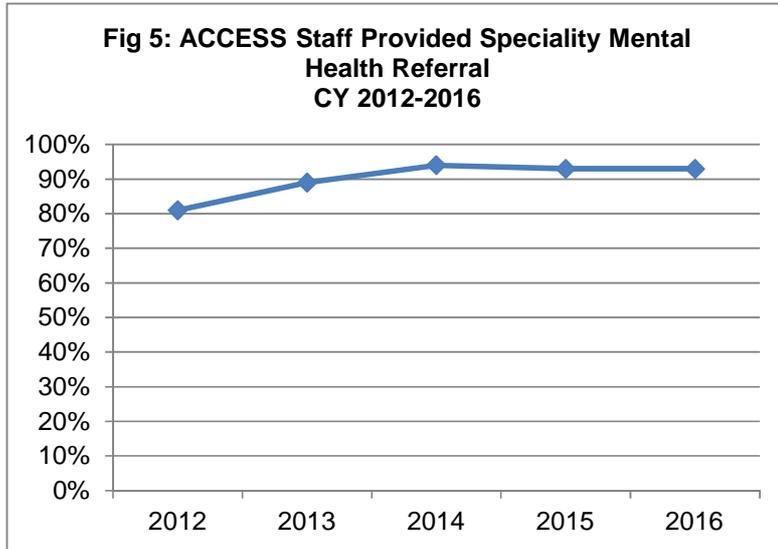
- The percentage of completed test calls increased by 3 Percentage Points (PP) from 97% in CY 2012 to 100% in CY 2016.
- Percent ACCESS Center staff providing their first name to the test caller increased by 22 PP from 67% in CY 2012 to 89% in CY 2016.
- Percent ACCESS Center staff requesting test callers name declined by 5 PP from 68% in CY 2012 to 63% in CY 2016.
- The percent of test calls in Non-English language declined by 7 PP from 58% in CY 2012 to 51% in CY 2016. However the number of different languages in which test calls were completed increased from 10 in CY 2012 to 11 in CY 2016 (see Table 4)
- Satisfaction with interpreter services increased by 13 PP from 67% in CY 2012 to 81% in CY 2016.
- Percent ACCESS Center staff providing referrals increased by 13 PP from 81% in CY 2012 to 94% in CY 2016.
- Percent ACCESS Center staff asking test callers if the call was an emergency or a crisis increased by 13 PP from 69% in CY 2012 to 82% in CY 2016.
- Percent test callers reporting satisfaction with the ACCESS Center services remained the same during the five years between CY 2012 and CY 2016 at 84%.
- Percent test calls that were logged by the ACCESS Center declined by 12 PP from 52% in CY 2012 to 44% in CY 2016.

**Table 1: Trending of ACCESS Center Test Calls Data
CY 2012-2016**

	2012	2013	2014	2015	2016
Percent Test Calls Completed	97%	98%	98%	100%	100%
ACCESS Staff Provided First Name to Caller	67%	82%	77%	72%	89%
ACCESS Staff Requested Caller's Name	68%	77%	74%	68%	63%
Calls in Non-English Language	58%	48%	43%	51%	51%
Reported Satisfaction with Interpreter Services	67%	71%	86%	91%	81%
ACCESS Staff Provided Referral	81%	89%	94%	93%	94%
ACCESS Staff Assessed Crisis or Emergency	69%	75%	77%	72%	82%
Reported Satisfaction with ACCESS Services	84%	85%	80%	77%	84%
Call was Logged by ACCESS Staff	52%	60%	59%	52%	44%







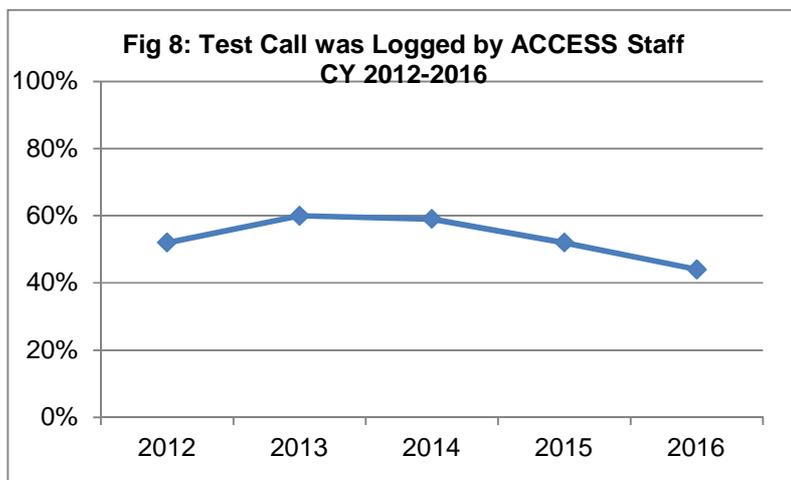
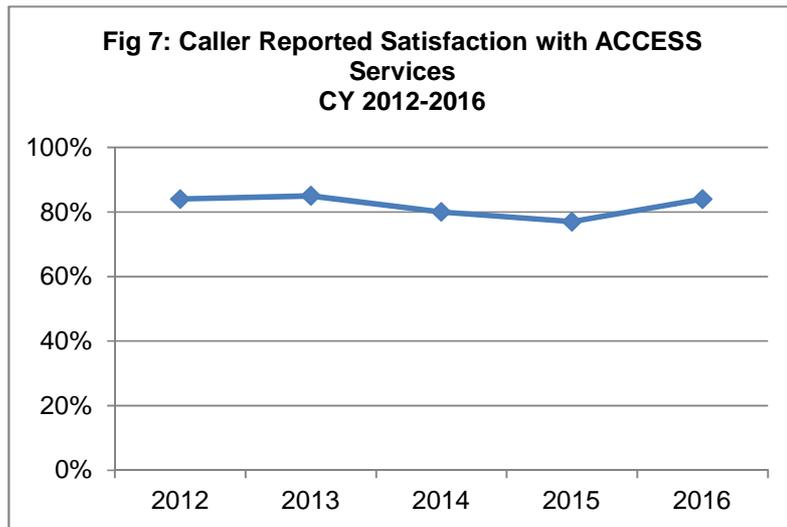


Table 2: Reasons for Satisfaction and Dissatisfaction with ACCESS Agent or Language Line-Interpreter Services among Non-English Callers (N = 43)

Reasons for Satisfaction	ACCESS Agent (N = 19)		Language Line (N = 16)	
	Number	Percent	Number	Percent
Good Customer Service	15	79%	15	94%
Good Quality of Interpretation	15	79%	14	87%
I got the help I needed	15	79%	15	94%
Short wait time to connect with interpreter	8	92%	12	75%
Other	3	100%	0	0%

Reasons for Dissatisfaction	ACCESS Agent (N = 2)		Language Line (N = 6)	
	Number	Percent	Number	Percent
Poor customer service	0	0%	2	33%
Poor quality interpretation	1	50%	4	67%
Did not get the help I	0	0%	1	17%
Long Wait Time	0	0%	1	17%
Other	2	100%	3	50%

Out of the forty-eight (48) non-English test callers, forty-three (43) or 89% were offered interpreter services and responded to the question on satisfaction with these services.

Of these 43 callers, thirty-five (35) or 81% were satisfied with the interpreter services and eight (8) or 19% were dissatisfied with these services.

Among the 35 test callers who were satisfied with these services, nineteen (19) or 54% received services from the ACCESS agent and sixteen (16) or 46% from the Language Line- Interpreter Services.

“Good Customer Service” and “I Got the Help I Needed,” were the most frequently selected response for test callers satisfied with the Language Line-Interpreter Services at 94%.

“Short Wait Time to Connect with the Interpreter” was the most frequently chosen response among callers satisfied with the ACCESS agent at 92%.

“Poor Quality of Interpretation” was the most frequently selected response for callers dissatisfied with the Language Line-Interpreter Services at 67% and with the ACCESS agent at 50%.

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

Reasons for Satisfaction (N=79)		
	Number	Percent
Good Customer Service	65	82%
Was Knowledgeable About what I needed	59	75%
I got the help I needed	63	80%
Short Wait Time	58	73%
Other	10	13%

Reasons for Dissatisfaction (N = 15)		
	Number	Percent
Poor Customer Service	6	40%
Was Not Knowledgeable about what I needed	4	27%
Did not get the help I needed	3	20%
Long Wait Time	4	27%
Other	14	93%

Of the seventy-nine (79) or 84% callers satisfied with the knowledge and helpfulness of the ACCESS Agent, “Good Customer Service” was the most frequent response chosen among a list of reasons for satisfaction at 82% followed by “I Got the Help I Needed” at 80%,” “Was Knowledgeable About What I Needed” at 75%, “Short Wait Time” at 73% and “Other Reasons” at 13%.

Of the fifteen (15) or 16% callers dissatisfied with the knowledge and helpfulness of the ACCESS Agent, “Other Reasons” was the most frequent response chosen among a list of reasons for dissatisfaction at 93%, followed by “Poor Customer Service” at 40%, “Was Not Knowledgeable About What I Needed” and “Long Wait Time” at 27%, and “Did Not get the help I Needed” at 20%.

**Table 4: Test Calls Completed in CY 2016
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	7	5	5	8	6	5	5	5	46
Spanish	6	3	2	3	4	9	6	4	37
Mandarin			1						1
Tagalog									0
Vietnamese			1						1
Russian									0
Armenian		2		1					3
Cantonese			1						1
Korean				1					1
Farsi					2				2
Cambodian/Khmer								2	2
Total	13	10	10	13	12	14	11	11	94

Nearly 49% (N = 46) of the test calls were in English, 39% (N = 37) in Spanish and 12% (N = 11) in other threshold languages.

IMPLICATIONS AND RECOMMENDATIONS:

1. The findings in Table 1 indicate three areas of improvement for ACCESS Center responsiveness based on the results for the test calls between CY 2015 and CY 2016. These are: caller's name requested, reported satisfaction with interpreter services, and calls logged. The PIP implementation for FY 16-17 focuses on these three areas for the monthly review and evaluation of the random sample of calls selected. Recommendations are for appropriate action plans for improvement in these areas through Plan Do Study Act (PDSA) cycles to be implemented.
2. Staff training, supervisory oversight, and continuous monitoring of key issues identified from the test calls results and feedback will be implemented by ACCESS Center management to ensure quality services and accurate documentation of initial service requests for SMHS. The logging of calls will be an important area of focus for CY 2017 as there is a decline in performance over the past two years in this area. Following feedback from ACCESS staff and management when test calls data was presented at the staff meeting on May 4, 2017, QID will conduct a focus group with ACCESS Center agents to further address potential reasons for lack of data on call logging for test calls. The goal

is to identify reasons and address appropriate areas for improvement in collaboration with the Chief Information Office Bureau (CIOB).

3. 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. As a result of adherence to these protocols, there was a notable increase in the test callers' satisfaction with interpreter services from 67% in CY 2012 to 91% in CY 2015. However, there was a notable drop to 81% in CY 2016. It was noted that the drop was largely due to problems with the language line – poor customer service, quality of interpretation, lack of timely connection to the interpreter line and service availability for languages requested as reported in the monthly complaint logs by ACCESS agents.

Due to lack of response to these complaints by the language interpreter line vendor, AVAZA, LACDMH worked closely with the Internal Services Department (ISD) to provide additional language lines for the ACCESS Center to use. To address the diverse needs of consumers for multiple preferred languages and better customer service, as of October 13 2016, three (3) new language interpreter service vendors were approved for use: Language Line Services, Inc., TransPerfect Translations International, Inc., and WorldWide Interpreters, Inc. Previously, AVAZA provided this service (2010 to 10/13/16).

Review of established protocols to report complaints with interpreter services via the complaint log will be emphasized with ACCESS Center staff. For the months of November and December 2016, there has been improvement in both the customer service and quality of services provided by the three new language lines. QID and ACCESS Center will continue to monitor the quality of interpreter services provided by the language lines.

4. QI Report with test caller feedback will continue to be shared with ACCESS Center staff and management and implications of the study and recommendations will be presented to Departmental Quality Improvement Council members and Service Area Quality Improvement Committees.
5. In order to address the issues associated with missing data on the test calls survey form, QID continues to implement the online test survey in VOVICI software that automatically prompts the caller to complete each question. This has resulted in a significant increase in complete (non-missing) data.
6. It was noted that for a large number of calls (14), the reasons for dissatisfaction chosen by the test callers regarding the knowledge and helpfulness of the ACCESS agent were listed as "Other". Upon review of the comments for this category, it was noticed that these could have been better categorized into one of the reason categories already listed on the survey such as "poor customer

service, not knowledgeable, or not helpful”. Instructions for completing the test calls survey for the next year’s test calls schedule will address this to obtain more accurate and meaningful data.

LIMITATIONS

1. 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.
2. Some of the reasons for “Dissatisfaction“ were identified as “Other” though they were more appropriate for categories already listed such as “poor customer service”, “did not get the help needed”. Test Callers will be instructed to select the appropriate category for rating the reasons.

PLAN FOR MONITORING THE RESPONSIVENESS OF THE 24/7 TOLL-FREE NUMBER in CY 2017:

- 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 March 2017. In subsequent years, the monthly assignment will continue to be rotated (see schedule below).

Month	2017	2018	2019	2020
March-April	SA 3 and 4	SA 7 and 8	SA 5 and 6	SA 1 and 2
May-June	SA 1 and 2	SA 5 and 6	SA 7 and 8	SA 3 and 4
July-Aug	SA 7 and 8	SA 1 and 2	SA 3 and 4	SA 5 and 6
Sept-Oct	SA 5 and 6	SA 3 and 4	SA 1 and 2	SA 7 and 8

- 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. 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 continue to follow Test Calls Guidelines and Instructions.
- Test calls survey forms will be closely reviewed by QID on a monthly basis 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 2017.
- Based on findings from CY 2016, ACCESS Center management will address areas of improvement such as logging of calls and requesting the caller's name and monitor this through the current PIP underway with ACCESS Center.
- 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 three interpreter services vendors: Language Line Services, Inc., TransPerfect Translations International, Inc., and WorldWide Interpreters, Inc.
- QID will continue utilizing best practices by emphasizing the utility of the online test calls format.
- Remove the "General Information" category from Question #6 (reason for the test call or type of help requested) on the 2017 Test Calls Survey to be consistent with the State test calls quarterly template that includes – crisis, SMHS and beneficiary grievance related calls.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT LANGUAGE TRANSLATION AND INTERPRETATION SERVICES	POLICY NO. 200.03	EFFECTIVE DATE 02/01/2016	PAGE 1 of 9
APPROVED BY: <i>Robin Kay, Ph.D.</i> Acting Director	SUPERSEDES 200.03 08/01/2004	ORIGINAL ISSUE DATE 05/14/2004	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To establish the Los Angeles County Department of Mental Health (LACDMH) policy and guidelines regarding language translation and interpretation services.
- 1.2 To ensure that under no circumstances a beneficiary is denied access to mental health services due to language barriers.
- 1.3 To ensure all non-English speaking and Limited English Proficient (LEP) consumers receive equal access to interpretation services in their primary or preferred language including threshold and non-threshold languages.

DEFINITION

- 2.1 **Limited English Proficient (LEP):** A limited level of English language skills that, within the context of accessing mental health services, would call into question the consumer’s ability to adequately understand and respond to issues related to his or her treatment. (Authority 8)
- 2.2 **Threshold Language:** A language identified as the primary language spoken at a high proportional rate within a geographic region of the state.
 - 2.2.1 A countywide annual numeric identification of either 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is not English, and for whom information and services shall be provided in their primary or preferred language. Other than English, the threshold languages are Arabic, Armenian, Cambodian/Khmer, Cantonese, Farsi, Korean, Mandarin, Other-Chinese [for purposes of written communication, Chinese includes Traditional and Simplified Chinese], Russian, Spanish, Tagalog, and Vietnamese. (Authority 9)



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- 2.3 **Non-Threshold Language:** Other non-English languages that do not meet threshold language criteria as briefly described in Section 2.2.
- 2.4 **Primary or Preferred Language:** A language, including sign language, which must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary. (Authority 10)
- 2.5 **Translation:** A conversion of a text message or written form from the source language into an equivalent target language.
 - 2.5.1 **Source Language:** A language in which a message is originally given.
 - 2.5.2 **Target Language:** A language in which a message is to be translated or interpreted.
- 2.6 **Interpretation:** A conversion from a source, verbal, or sign language of a message into an equivalent verbal target or sign language.
 - 2.6.1 **Face-to-Face Language Interpretation:** LACDMH services that involve the physical presence of a language interpreter to facilitate verbal or sign language communication, in real time, between two (2) or more people who are not fluent in each other’s languages. Language interpreters take into consideration the spoken language and the cultural differences related to nonverbal forms of communication, including facial expressions, eye-to-eye contact, physical space, body posturing, and gestures. Language interpreter services include verbal and sign languages. (Authority 11)
 - 2.6.2 **Simultaneous Interpretation:** Highly complex cognitive activity that requires the interpreter to listen, analyze, comprehend, convert, edit, and reproduce in real time a speaker or signer’s message while the speaker or signer continues to speak or sign, in a specific social context.
 - 2.6.3 **Telephonic Language Interpretation:** A process of connecting interpreters via telephone to individuals who wish to communicate with each other but have issues with the language barrier. The telephone



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interpreter converts the spoken language from one language to another enabling listeners and speakers to understand each other.

2.6.3.1 Telephone or Telephonic Language Interpreting is carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speakerphone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting is served as a three-way teleconference. (Authority 11)

POLICY

- 3.1 In accordance with applicable federal, state and, County Policy and Agreement, LACDMH will provide equal access to all LEP consumers in Los Angeles County for threshold and non-threshold languages as well as consumers needing services in American Sign Language (ASL).
- 3.2 Non-English or LEP consumers have the right to language assistance services, at no cost, in their primary or preferred language.
- 3.3 Non-English or LEP consumers are to be informed in writing of their right to language assistance services at no cost and how to access these services.
- 3.4 Consumers have the right to culture-specific rendering providers and to receive specialty mental health services in their primary or preferred language.
- 3.5 LACDMH shall provide a listing of service providers that identifies names, locations, telephone numbers and culture-specific services, non-English language capabilities of staff, specialty mental health services, and culture specific services.
- 3.6 Emergency assessments for involuntary hospitalization shall be conducted with assistance from appropriate language interpretation services.



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3.7 LACDMH will continue to recruit and hire mental health professionals who are proficient in non-English languages.

PROCEDURE

General:

- 4.1 LACDMH informs consumers of their right to receive mental health services in their primary or preferred language and at no cost language interpretation services including Teletypewriter/Telecommunications Device for the Deaf (TTY/TDD), and how to access specialty mental health services via the Guide to Medi-Cal Mental Health Services, the Beneficiary Handbook, and Local Mental Health Plan Posters displayed at provider sites.
- 4.2 LACDMH will provide upon request a listing of specialty mental health and culture-specific providers via the Service Area Provider Directories which include names, addresses, telephone numbers, hours of operation, types of Specialty Mental Health Services (SMHS), age groups served, and non-English languages offered including American Sign Language (ASL) and cultural considerations (veterans, homeless and other) in provider locations.

The Provider Directories can also be accessed online at <http://psbqi.dmh.lacounty.gov/providerdirectory.htm>. The Provider Directories also provide translated information on the availability of Specialty Mental Health Services in the County in more than 90 languages via the Google Translator. This information can be accessed at <http://maps.lacounty.gov/dmhSL/>

Language Translation Services:

- 4.3 LACDMH Directly Operated Programs requiring access to language translation services shall follow this procedure:
 - 1) Obtain the contact information and vendor agreement for the contracted language translation vendor from the Administrative Support Bureau (ASB)/Procurement Office (Procurement).



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- 2) Confirm that the desired target language(s) for translation are included in the vendor agreement.
- 3) Contact the contracted language translation vendor and obtain a quote for the cost of the translation needed.
- 4) Ensure that the unit price of the quote obtained is consistent with the pricing in the vendor agreement prior to submitting the Special Request (SR) to Procurement for a Purchase Order (PO).
- 5) To obtain a PO, the requestor should submit to Procurement a completed SR form with the vendor quote attached.
- 6) Once Procurement issues a PO, Procurement will release the signed PO to the vendor and requestor in order to commence language translation services. The requestor can then start coordinating the services with the vendor.
- 7) Programs requesting language translation services in non-threshold languages not listed on the agreement shall obtain at least three quotes for amount over \$1,500 but less than \$5,000. Amount over \$5,000 requires a formal solicitation conducted by Internal Services Department (ISD) requiring a detailed Statement of Work (SOW).
- 8) For language translation projects priced below \$1,500, only one vendor quote is required.
- 9) For questions regarding this procedure, please contact Procurement at (213) 738-4800 or by email at "Procurement Inquiry" under the Global Address List on Outlook.

4.4 Translated materials shall be written at a 6th grade reading level and go through a review mechanism for ensuring accuracy and cultural competency of the translation (e.g., back translation and field testing).

4.4.1 In back translation, the translated document gets translated back into the source language by another translator. Both source and target language translations are compared to ensure that they mirror each other.

4.4.2 In field testing, the translated document is reviewed by consumers/family members/community members or LACDMH bilingual certified employees who are proficient in the target language. This



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process ensures that the translated document has meaning beyond a literal translation.

Face-to-Face Language Interpretation:

- 4.5 LACDMH provides free verbal or sign language assistance services in threshold and non-threshold languages to consumers. Language assistance services for LACDMH Directly Operated Programs shall be provided following the procedure specified in the LACDMH Policy No. 602.01, Bilingual Bonus, Sections 4.3 to 4.7.
- 4.6 LACDMH Directly Operated and Contracted Programs maintain a current internal roster of staff proficient in non-English languages. All providers utilize their bilingual staff as a primary resource for language interpretation services for consumers requesting/needing interpretation in their primary or preferred language.
 - 4.6.1 LACDMH staff identified by the Human Resources Bureau as proficient in a non-English language may qualify for bilingual compensation (LACDMH Policy No. 602.01, Bilingual Bonus).
- 4.7 LACDMH staff providing language interpretation services to the consumer shall document that free language services in the consumer’s primary or preferred language were offered and provided. The documentation of language interpretation services shall be completed in accordance to the procedural guidelines specified in the Short Doyle/Medi-Cal Organizational Provider’s Manual, which can be accessed at http://file.lacounty.gov/dmh/cms1_243533.pdf
- 4.8 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.
- 4.9 In accordance with Title VI (Civil Rights Act) requirements, the expectation that family members provide interpreter services is prohibited.



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- 4.9.1 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.
- 4.9.2 Minor children should not be used as interpreters.
- 4.10 The LACDMH Program Support Bureau - Workforce Education and Training Division will make annual training available in the use of interpreter services for staff that have direct consumer contact.
- 4.11 Directly Operated Programs requiring access to language interpretation services for meetings and conferences shall follow this procedure:
 - 1) Obtain the contact information and vendor agreement for the contracted language interpretation vendor from ASB/Procurement.
 - 2) Confirm that the desired target language(s) for interpretation are included in the vendor agreement.
 - 3) Contact the contracted language interpretation vendor and obtain a quote for the cost of the services needed.
 - 4) Ensure that the unit price of the quote obtained is consistent with the pricing in the vendor agreement prior to submitting the SR to Procurement for processing.
 - 5) The SR form shall specify the date, time and location of the meeting (e.g., address, floor, and room number); the number of hours of language interpretation services needed; the target language(s) being requested; and the number of participants expected to attend for each of the requested target languages.
 - 6) SR forms completed for multiple meetings shall specify the location for each, when different locations are involved.
 - 7) To obtain a PO, the requestor should submit to Procurement a completed SR form with the vendor quote attached.
 - 8) Once Procurement issues a PO, Procurement will release the signed PO to the vendor and requestor in order to commence language interpretation services. The requestor can then start coordinating the services with the vendor.



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- 9) If other non-threshold languages are not listed on the agreement, requestor needs to obtain bids for amount over \$1,500 to \$5,000. Amount above \$5,000 requires a formal solicitation conducted by ISD.
- 10) Procurement can process the SR for amount under \$1,500 requiring one single quote for services not covered under the agreement.
- 11) For questions regarding this procedure, please contact Procurement at (213) 738-4800 or by email "Procurement Inquiry" under the Global Address List on Outlook.

Telephonic Language Interpretation:

- 4.12 The 24/7 toll-free ACCESS Center hotline, 1-800-854-7771, will make telephonic language interpretation services available to all callers requesting specialty mental health services or referral information. The ACCESS Center does not fulfill requests for language interpretation services originating from LACDMH Directly Operated or Contracted Programs.
- 4.13 Directly Operated Programs may request access to the contracted language line from ASB by calling (213) 637-4591 and providing the following information: Division/Program Name, Address, Contact Name, Contact Phone Number, Fax Number, and Contact's Email. ASB will provide the phone number and access code to the Directly Operated Program to access the language line.

Hearing Impaired Language Interpretation:

- 4.14 The hearing impaired public can access LACDMH services information 24/7 via TTY/TDD using telephone number (562) 651-2549.
- 4.15 For additional information on hearing impaired access for Directly Operated and Contracted Providers, refer to LACDMH Policy No. 200.02, Hearing Impaired Mental Health Access, Section 3.1 for Non-Emergency Sign Language Interpretation Service and Section 3.2 for Emergency Sign Language Interpretation Service.



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AUTHORITY

1. Voluntary Compliance Agreement
2. OCR 09-89-3143/US
3. Department of Health and Human Services, Office of Civil Rights
4. CCR Title 9 Chapter 11 Section 1810.410
5. National Standards on Culturally and Linguistically Appropriate Services (CLAS)
6. Dymally-Alatorre Bilingual Services Act 1973
7. Title VI, Civil Rights Act, Federal Register, Volume 68, No. 153
8. California DMH (AKA California Department of Health Care Services - DHCS) Information Notice No 10-02
9. California Department of Health Care Services (DHCS) Information Notice No. 13-09
10. California Code of Regulations Title IX Section 1810.410(a) (2) Cultural and Linguistic Requirements
11. Culturally and Linguistically Appropriate Services Standards (CLAS)

REFERENCE

1. LACDMH Policy No. 200.02, Hearing Impaired Mental Health Access
2. LACDMH Policy No. 401.02, Clinical Records Maintenance, Organization, and Contents
3. LACDMH Policy No. 602.01, Bilingual Bonus
4. LACDMH Policy No. 602.01, Bilingual Bonus (Attachment 1 - Request for Interpretation/Translation Services (RITS) Form)

RESPONSIBLE PARTY

LACDMH Program Support Bureau, Quality Improvement Division



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT HEARING IMPAIRED MENTAL HEALTH ACCESS	POLICY NO. 200.02	EFFECTIVE DATE 04/07/2010	PAGE 1 of 3
APPROVED BY:  Director	SUPERSEDES 202.17 04/07/2010	ORIGINAL ISSUE DATE 09/01/1993	DISTRIBUTION LEVEL(S) 1, 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.



**DEPARTMENT OF MENTAL HEALTH
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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.



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
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- 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

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION
(CY 2016)**

TEST CALLS GUIDELINES/INSTRUCTIONS

The California Code of Regulations, Title 9, Chapter 11, Section 1810.405(d) specifies: "Each Mental Health Plan (MHP-County) 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 24/7 ACCESS Line 1-800-854-7771 (not clinic or other hotline numbers) in the following areas:

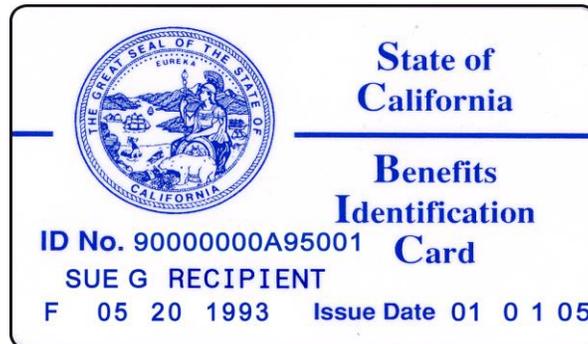
- Availability 24-hours a day, seven days a week
- Knowledge and helpfulness of the Access Line staff
- Recording of the call on the ACCESS Call Log
- Response capability in a non-English language
- Information on how to use the beneficiary problem resolution and fair hearings processes

BASIC PRINCIPLES OF THE TEST CALLS

- 1) 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 the Test call, decide what personal information you are willing to share and what information you will be

providing. IT IS NOT NECESSARY FOR YOU TO SHARE ANY AUTHENTIC PERSONAL INFORMATION AS YOU ARE CALLING IN THE ROLE OF A "SECRET SHOPPER."

- 2) DO NOT IDENTIFY YOURSELF AS A TEST CALLER.
- 3) **If you make the call for a mental health referral, please** refuse all efforts by ACCESS Line employees to arrange an assessment appointment for you at the clinic site. **Remember, do not make, ask for, or accept an appointment as it will tie-up needed clinical services. Instead, you can obtain a phone number and inform the ACCESS Line employee that you have chosen to contact the clinic directly or that you are not ready for an appointment at this time.**
- 4) **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.
- 5) **If asked if you are a Medi-Cal beneficiary, and you respond positively,** you will be asked for your 14-digit Medi-Cal Number. You may provide a fake number or say you don't have it.



Sample Medi-Cal Card

- 6) 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 on the ACCESS Call Log.**
- 7) If you are calling regarding a request for services for someone other than yourself, **please document on the survey form your name as well as the name of the person (beneficiary) for whom you are requesting services.**
- 8) **If asked, identify yourself as a resident of the service area being tested.** 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.

- 9) The 24/7 Test ACCESS Line Test Calls survey is available online. All survey data to QID must be received via this online survey format.
- 10) ALWAYS **note the time and date of your call and the name of ACCESS Line employee.** This is important in locating your call in the ACCESS Call Log. Even if they do not offer their name, please persist in asking their name and note the name before you end the call. Having the employee's name is important in providing feedback regarding the call and your experience.
- 11) **Each Service Area should make EXACTLY 10 calls -- Five (5) calls during regular business hours (Monday-Friday 8:00 AM to 4:59 PM)**

and
- 12) **Five (5) calls after hours (Monday – Friday 5:00 PM - 7:59 AM), or on weekends (Friday 5:00 PM – Monday 7:59 AM), and/or Holidays (e.g. Monday, February 15th)**

and
- 13) **Each SA will make one beneficiary request call.**
- 14) **Each SA will make two crisis scenario calls** (see attached QID list of crisis scenarios). One call should occur during the daytime and one test call should be made after hours. Only the crisis scenarios provided by QID should be used. For all Non-English calls, please request interpreter services.
- 15) Of the 10 calls, 5 calls should be in English and 5 calls in your Service Area threshold languages (See below: Table 1 for the test calls schedule CY 2016 and Table 2 for the list of threshold languages by SA).

Table 1

<u>Service Area</u>	<u>Assigned Month</u>	<u>Date Due to QID</u>
SA 1	February 2016	March 10, 2016
SA 2	March 2016	April 10, 2016
SA 3	May 2016	June 10, 2016
SA 4	June 2016	July 10, 2016
SA 5	July 2016	August 10, 2016
SA 6	August 2016	September 10, 2016
SA 7	September 2016	October 10, 2016
SA 8	October 2016	November 10, 2016

Table 2

<u>Service Area</u>	<u>Threshold Language</u>
SA 1	Spanish
SA 2	Armenian, Farsi, Russian, Spanish and Tagalog
SA 3	Cantonese, Mandarin, Spanish and Vietnamese
SA 4	Armenian, Cantonese, Korean, Russian, Spanish and Tagalog
SA 5	Farsi and Spanish
SA 6	Spanish
SA 7	Spanish
SA 8	Cambodian and Spanish

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION
(CY 2016)**

SAMPLE TEST CALL SCENARIOS (NON-CRISIS RELATED)

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?)

SAMPLE CRISIS-RELATED TEST CALL SCENARIOS (CY 2016)

Scenario #1 Request for Medication Refill

Hi. I hope I have called the right number because I need to have my medication refilled. I called the free health clinic and they gave me your number. I'm from out of state and relocated here to be with my boyfriend. **I'm about to run out of my "nerve" medication.** I used to see a doctor at my local free health clinic, **but haven't seen anyone since moving here 2 months ago.** I feel tired, I am having trouble sleeping (going to sleep), "people are getting on my last nerve", and I am "feeling stressed" because me and my boyfriend are arguing a lot. I don't have Medi-Cal yet and I want a few clinic contacts near me and the hours they are open **so that I can go there when he is out of the house.**

Scenario #2 Lost Insurance, needs to see a therapist

Howdy. I'm under a lot of stress right now, is there someone I can talk to? My parents are getting old and feeble, I just lost my job and my insurance, and on top of that I need to move as my landlord has sold the house I am renting a room in. I had insurance up until last month, but nothing now. I saw your number on a pamphlet somewhere, so that's why I am calling you for help. When I had insurance, I used **to see a therapist and the last time I saw her was 2 months ago.** With all these changes in my life, I am "feeling worn out", I am having headaches, can't sleep or eat. **I feel hopeless and not sure if I can continue living like this.** I do hope you can help me?

Scenario #3 Out- of -Control Child, Referral for Specialty Mental Health Services

Good day. I need some help with my 14 year old daughter. She is missing school, staying out late, hanging with the wrong crowd, and says she hates life because her mother and I are currently separated. I was trying to keep her **from running out of the house,** so I called the police. They came and interviewed us and told me to call your agency for assistance. I really don't know where to turn. Help!!!

Scenario #4 Grandparent whose grandson is experiencing signs of depressed mood

Hey there. I do hope you can help me and my youngest grandson. He is 10 years old and I have noticed some changes in his mood and behavior in the last month. He moved in with me and my new husband 2 months ago when he was taken away from my daughter who is on drugs again. I really don't need this right now as I am already taking care of 4 of my daughter's other kids. He's spending an awful lot of time in his room, he seems sad and he hasn't been hanging out with his friends like he used to. **He has reduced eating and I need to force him to eat.** Both the teacher and the Principal at his school called me in for a teacher-parent conference to talk about their concerns about my grandson. They gave me your number to call

Scenario #5 Adult child with psychiatric history

Where do I begin? I'm new to LA County. I am 65 years old and I feel like I'm 80. My issue is with my daughter. She is 39 years old and she has a history of going through phases of wanting to hurt herself or others. She has a history of cutting herself and she has been hospitalized at least 12 times over the past 10 years. She sees a psychiatrist but doesn't always take her medications. She takes Klonopin, Elavil and Lamictal. She is stable at the moment, **but what should I do if her behavior escalates to the point that I'm again scared that she may take my life???**

Scenario #6 Post hospitalization appointment and medication evaluation

How do you do? My name is XXXXX and I am calling about my son XXXX. XXXX just turned 16 and he was released from an acute psychiatric hospital 3 days ago. He was there for about 2 weeks because he took an overdose of his depression medication. **It seems like he is having a reaction to his new medication as he is sleeping more at night and appears a bit more on edge and agitated during the day.** It's been difficult getting an appointment at the psychiatric clinic down the road from me. I don't have a car, but hope this isn't an issue. Can you please tell me what are my options?

Scenario #7 Psychotropic medication request

Well hello. You seem like just the right person to help me. I am a schizo and **now I only have one day left of my medication.** I received a clinic referral, but it's for two weeks from now. **I need help with expediting this urgent matter!!!**

LACDMH PSB QUALITY IMPROVEMENT DIVISION (CY 2016)

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: a m
 p m M M D/D Y Y Y Y

Call end time: hr: min: a m
 p m 1 2 3 4 5 6 7 8
SERVICE AREA (choose one)

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 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 Other

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

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

Did you request Interpreter Services? Yes No

If interpreter services were used, please check one of the following options on who provided interpreter services: a. ACCESS Agent b. Language Line c. N/A

If interpreter services were used, were you satisfied with interpreter services? Yes No N/A

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 _____

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

- 1) Mental Health Referral
- 2) Medication Request
- 3) Complaint/Beneficiary Request
- 4) General information
- 5) Crisis Scenario

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

If yes, list here _____

8) 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.

THIS SECTION TO BE COMPLETED BY QI DIVISION:

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

Name: Yes No

Date: Yes No

Disposition: Yes No

SERVICE AREA TEST CALLS SCHEDULE CY 2016

<u>Service Area</u>	<u>Month Assigned For Test Calls</u>	<u>Date Due to QID Due to QID</u>
SA 1	February 2016	March 10, 2016
SA 2	March 2016	April 10, 2016
SA 3	May 2016	June 10, 2016
SA 4	June 2016	July 10, 2016
SA 5	July 2016	August 10, 2016
SA 6	August 2016	September 10, 2016
SA 7	September 2016	October 10, 2016
SA 8	October 2016	November 10, 2016

5 Calls in English
Day time 2 After hours 3

5 Calls in Non-English
Day time 3 After hours 2