

## CAEQRO PIP Outline via Road Map

MHP: Fresno County  
Date PIP Began: October 2012  
Title of PIP: Access Line  
Clinical or Non-Clinical: Non-Clinical

Assemble multi-functional team

1. Describe the stakeholders who are involved in developing and implementing this PIP.

| NAME               | TITLE                           | DIVISION / AGENCY  |
|--------------------|---------------------------------|--|
| Dawan Utecht       | Director                        | Fresno County Department of Behavioral Health                      |
| Irene Takahashi    | Division Manager                | Children's Services, Fresno County Department of Behavioral Health |
| Kannika Toonnachai | Quality Improvement Coordinator | Quality Improvement, Fresno County Department of Behavioral Health |
| Chris Schreiber    | Utilization Review Specialist   | Managed Care, Fresno County Department of Behavioral Health        |
| Robert Hager       | Systems and Procedures Analyst  | Information Systems, Fresno County Department of Behavioral Health |
| Chao Xiong         | Staff Analyst                   | Quality Improvement, Fresno County Department of Behavioral Health |
| Francisco Escobedo | Sr. Staff Analyst               | Quality Improvement, Fresno County Department of Behavioral Health |

**"Is there really a problem?"**

2. Define the problem by describing the data reviewed and relevant benchmarks. Explain why this is a problem priority for the MHP, how it is within the MHP's scope of influence, and what specific consumer population it affects.

### **DEFINE THE PROBLEM**

#### **Introduction:**

Pursuant California Code of Regulations (CCR), title 9, chapter 11, Section 1810.405(d) and 42 CFR 438.240(d), the Mental Health Plan (MHP) is mandated to provide a statewide, 24/7 toll-free telephone number (Fresno County Mental Health Plan Access Line) with language capabilities in all languages spoken by Fresno County Medi-Cal beneficiaries that will provide information not limited to:

1. How to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met,
2. Services needed to treat a beneficiary's urgent condition, and
3. How to use the beneficiary problem resolution and fair hearing processes

The MHP is also required to maintain a record of the initial requests made by telephone, in writing or in person for Specialty Mental Health Services from beneficiaries of the MHP. This log is maintained by the MHP currently in the form of an Access database. The log shall contain the beneficiary's name, date of the request, and the initial disposition.

These MHP requirements are in place to make outpatient services easily accessible to all Medi-Cal beneficiaries. The requirement to log the phone calls ensures that all requests are documented and responded to in a timely fashion. Service accessibility is an important indicator of a Mental Health Plan's ability to outreach and provide the much-needed outpatient services that are being requested. From a quality of care perspective, providing outpatient mental health services when requested could prevent future crises episodes.

Historically, to meet State mandated requirements, Fresno County has operated a call center that provided general information, screening requests for mental health services, linkages to appropriate services and programs, and referrals. The call center was staffed by Department of Behavioral Health employees around the clock, which was costly and became an unsustainable

expense for the Department due to budgetary cuts. Consequently, the service was contracted out to an answering service vendor with little to no mental health background.

The Access Line is the main entry point for access to services for beneficiaries of the County. This is the MHP's first opportunity to gain the trust of a potential client, if we are to help them. From a client's perspective, if there are obstacles or barriers, whether they are language, structural, stigma-related or otherwise, at the point of entry into the mental health system of care, it can discourage a person who needs these services from seeking them. From a regulatory standpoint, it is important for the MHP to meet the requirements of the State which are aimed at ensuring the MHP is providing appropriate mental health services to its beneficiaries and potentially reduce the occurrences of preventable crisis episodes. In addition, the repercussions of unmet requirements are that the MHP will be required to submit and implement a plan of correction.

#### **Findings:**

Switching from the Department In-House call center to Professional Exchange Services Corporation (PESC), contractor provider, to operate the telephone Access Line was a substantial cost savings but came at the expense of accessibility to services for prospective beneficiaries. During the Department of Health Care Services' review of the MHP in 2012 (April 2<sup>nd</sup> through the 5<sup>th</sup>), the auditors reported that in the area of "Access", four out of five of the calls tested of initial requests for mental health services to the MHP's Access Line were not logged. The one call that was entered in the database was mishandled in that the caller was not assessed for an urgent condition nor was the caller provided any information on how to access specialty mental health services. Despite the fact that these services are written into the contractor's scope of work and trainings have been provided to PESC resulting from a Corrective Action Plan, these issues and inconsistencies in outcomes are still an ongoing concern.

#### **Data Reviewed from Fresno County**

The MHP has followed in the footsteps of the Department of Health Care Services (DHCS) in utilizing test callers to gauge how well the access line is doing in terms of assisting beneficiaries of Fresno County. The MHP has set the minimum standard of five test calls per month, to be consistent with the number performed by DHCS. We have averaged about 12 test calls per month during the reporting period of data presented below.

The MHP selects programs within the Department from which to request test callers, including those that employ bilingual staff and/or operate outside normal business hours. For manageability purposes, among foreign language test calls, the MHP is focusing on the threshold languages, not to be interpreted as excluding other foreign languages. Test calls are conducted by in-house staff, contract provider staff and community and family members. The 24/7 Children's Crisis Assessment and Intervention Resolution (CCAIR) unit performed after-hour test calls. Rural programs performed Spanish test calls and the API (Asian Pacific

Islander) team performed Hmong test calls. In collaboration with stakeholders calls are also made by community based organizations, clients and family members to conduct test calls. In December 2013, test calls were coordinated by the Department's Urgent Care Wellness Center (UCWC), which is staffed with bilingual personnel and includes a multidisciplinary team, clinicians, case managers, and clerical support. The reason for this change was due to UCWC being tasked with following up on the Access Line calls, and they found themselves spending an extraordinary amount of time calling back, logging and documenting their actions for potential clients that turned out to actually be test callers. By coordinating the test calls itself, UCWC was able to reduce the time spent following up with test callers, and they were more able to focus on the actual beneficiaries that are calling to inquire about services. In September 2014, due to multiple vacancies within the UCWC team, the responsibility of coordinating test calls reverted back to the previous method until these vacancies were filled.

The identified test callers are provided with scripts as a guide as well as a test call feedback form to document their experience and the information they provided to the answering service operator. Some information typically included are the fictitious name used, reason for the call, and emergency assessment. These mental health scenarios have been reviewed by the adult and parents of child consumers advisory committees (Review and Advisory Committee) of the Quality Improvement Counsel (QIC). The purpose of having these committees review them was to ensure that the test callers' scenarios reflected the true needs of the community.

The completed test call data is collected and checked against the information logged in the Access database. Below are some examples of scripts/scenarios test callers are encouraged to use:

| REQUESTS FOR MENTAL HEALTH SERVICES | <p>1. <u><b>Parent Calling for Child:</b></u> 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.</p> <p>2. <u><b>Grief after Recent Loss:</b></u> 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?</p> |
|-------------------------------------|---|
| REQUESTS OR INFORMATION             | <p>3. <u><b>Accessing Services:</b></u> 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</p>  |

*could I get a list of private psychiatrists close to where I live so I could have information on what my choices are?*

**4. Change of Provider:** *I am upset at my provider for treating me badly. He yelled at me since I relapsed, and I want to talk to someone over there about their customer service. No one should be treated badly like that.*

Test call data collected over the eight month period, October 2012 through May 2013, revealed that initial requests for mental health services were not being appropriately processed 100% of the time. The Access Line received 3,704 calls (October 2012 through May 2013) of which, 99 (2.7%) of were test calls during this reporting period. Test calls measured: calls Logged; accuracy of logged calls; appropriate handling of call; and whether or not clients were linked to County's Department of Behavioral Health services (access achieved).

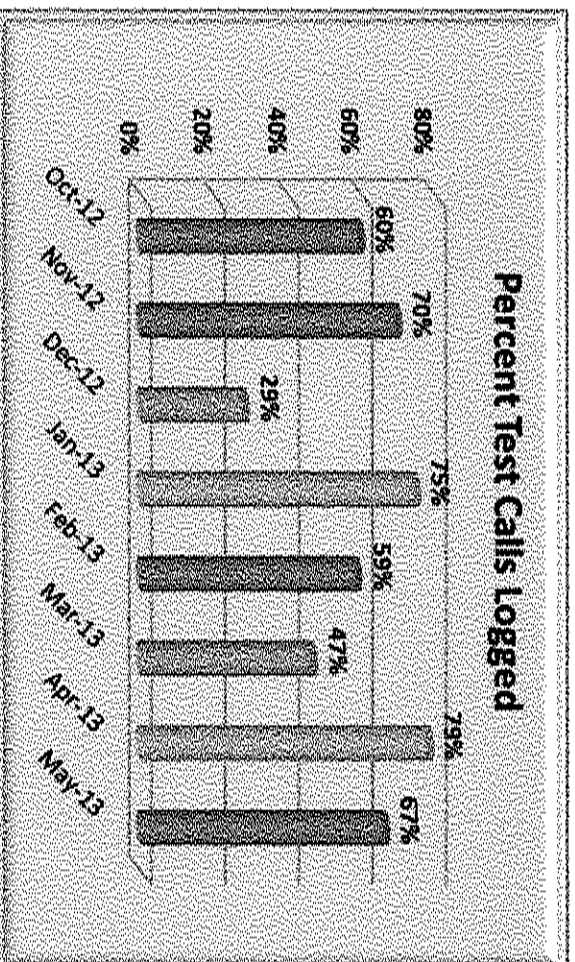
Results of the initial test calls are as follows:

- ***Calls Logged*** (Table 1): Of the 99 test calls identified, only 61 (62%) were logged.
- ***Accuracy of Calls*** (Table 2): These calls identified the accuracy of information provided to the operator, such as names, dates and phone numbers. Of the test calls where the caller provided a name (59 of the 99 of the test calls), only 47 (80%) of the calls logged identified accurate name. Test calls that provided dates (60 of the 99 test calls), only 57 (95%) of the dates were recorded accurately. Test calls where the caller provided a phone number to the operator (40 of the 99 test calls), only 35 (88%) of the phone numbers were recorded accurately.
- ***Appropriate handling of the calls*** (Table 3): test call scenarios included assessing for crisis, access to specialty mental health services and whether or not the caller was offered interpreting services free of charge. Out of 84 test calls that involved assessment for crisis 77 (95%) callers were assessed for crisis. Of test calls where the caller was given information as to how to access specialty mental health services; 77 out of the 84 or 90% of the callers were given accurate information. Test calls included 49 foreign language calls logged; 40 (81%) of the callers were offered language services, free of charge
- ***Access Achieved*** (Table 4): in addition to those measurable items listed above, the Department of Behavioral Health (DBH) also accounted for those beneficiaries linked to services. Linkage for service calls were monitored over a three (3) month period (April 1, 2013 through June 30, 2013). Of the 303 calls made during this reporting period, 149 (49%) were linked to and received specialty mental health services.

# TEST CALL DATA FROM OCTOBER 2012-MAY 2013

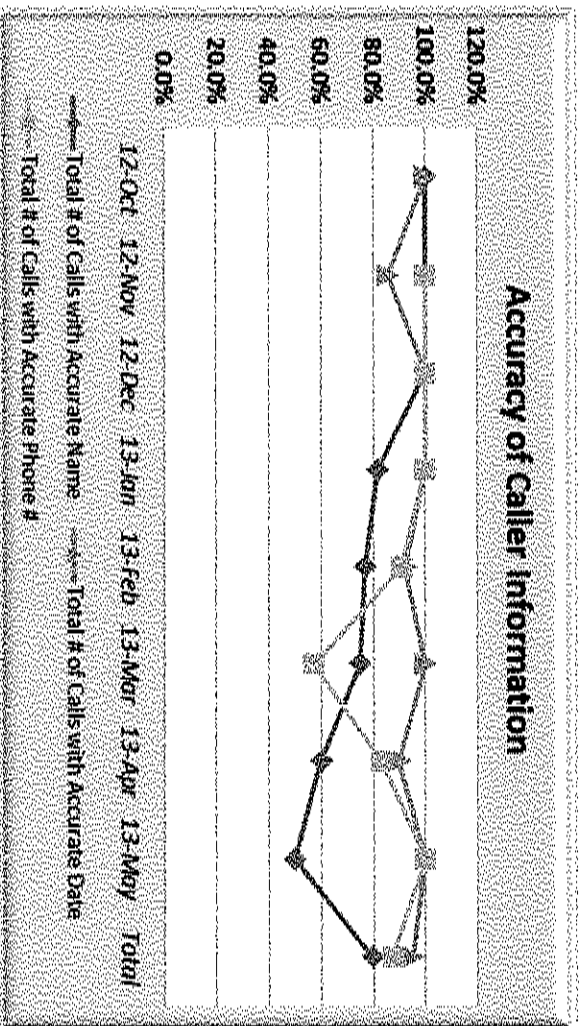
Table 1: Percent Test Calls Logged

| Month        | # Test Calls Compared to All Calls Rec'd on Access Line |                   |              | # Test Calls Logged Compared to # Test Calls Made |                 |                     |
|--------------|---|-------------------|--------------|---|-----------------|---------------------|
|              | Test Calls Made   | Total Calls Rec'd | % Test Calls | Test Calls Logged                                 | Test Calls Made | % Test Calls Logged |
| Oct 2012     | 10  | 348               | 2.9%         | 6   | 10              | 60.0%               |
| Nov 2012     | 10  | 452               | 2.2%         | 7   | 10              | 70.0%               |
| Dec 2012     | 7   | 303               | 2.3%         | 2   | 7               | 28.6%               |
| Jan 2013     | 16  | 514               | 3.1%         | 12  | 16              | 75.0%               |
| Feb 2013     | 22  | 566               | 3.9%         | 13  | 22              | 59.1%               |
| Mar 2013     | 17  | 489               | 3.5%         | 8   | 17              | 47.1%               |
| Apr 2013     | 14  | 526               | 2.7%         | 11  | 14              | 78.6%               |
| May 2013     | 3   | 506               | 0.6%         | 2   | 3               | 66.7%               |
| <b>TOTAL</b> | <b>99</b>   | <b>3,704</b>      | <b>2.7%</b>  | <b>61</b>   | <b>99</b>       | <b>61.6%</b>        |



**Table 2 - Accuracy of Caller Information**

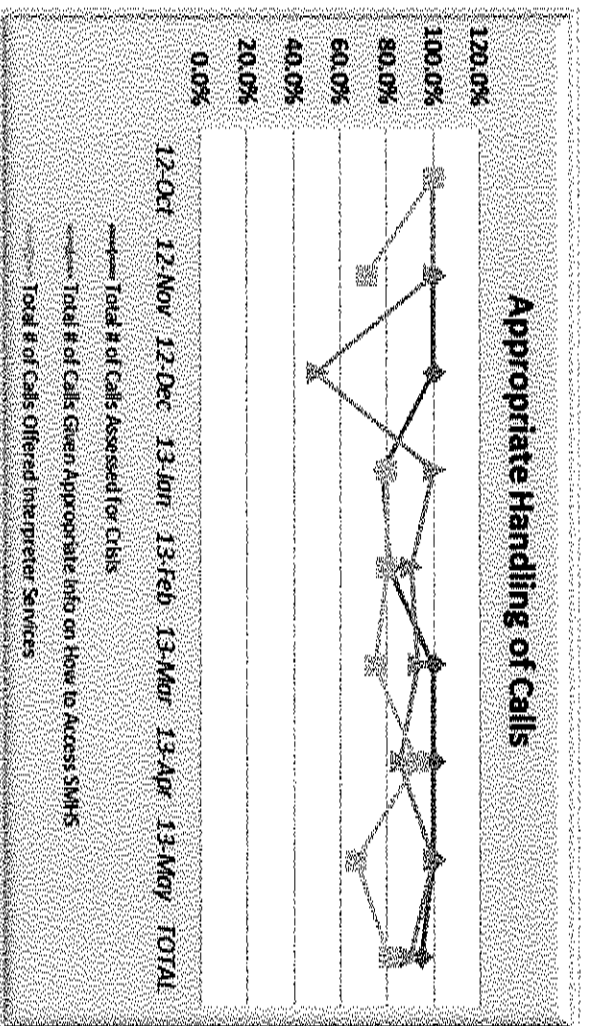
| Month        | Total # of Calls w/Accurate Names |           |              | Total # of Calls w/Accurate Dates |           |              | Total # of Calls w/Accurate Phone #s |           |              |
|--------------|-----------------------------------|-----------|--------------|-----------------------------------|-----------|--------------|--------------------------------------|-----------|--------------|
|              | Actual                            | Expected  | %            | Actual                            | Expected  | %            | Actual                               | Expected  | %            |
| Oct 2012     | 6                                 | 6         | 100.0%       | 6                                 | 6         | 100.0%       | N/A                                  | N/A       | N/A          |
| Nov 2012     | 7                                 | 7         | 100.0%       | 6                                 | 7         | 85.7%        | 0                                    | 0         | 100.0%       |
| Dec 2012     | 2                                 | 2         | 100.0%       | 2                                 | 2         | 100.0%       | 2                                    | 2         | 100.0%       |
| Jan 2013     | 9                                 | 11        | 81.8%        | 12                                | 12        | 100.0%       | 9                                    | 9         | 100.0%       |
| Feb 2013     | 10                                | 13        | 76.9%        | 12                                | 13        | 92.3%        | 10                                   | 11        | 90.9%        |
| Mar 2013     | 6                                 | 8         | 75.0%        | 8                                 | 8         | 100.0%       | 4                                    | 7         | 57.1%        |
| Apr 2013     | 6                                 | 10        | 60.0%        | 9                                 | 10        | 90.0%        | 5                                    | 6         | 83.3%        |
| May 2013     | 1                                 | 2         | 50.0%        | 2                                 | 2         | 100.0%       | 1                                    | 1         | 100.0%       |
| <b>TOTAL</b> | <b>47</b>                         | <b>59</b> | <b>79.7%</b> | <b>57</b>                         | <b>60</b> | <b>95.0%</b> | <b>35</b>                            | <b>40</b> | <b>87.5%</b> |





**Table 3 - Appropriate Handling of Calls**

| Month        | Total # of Calls Assessed for Crisis |           |              | Total # of Calls w/Appropriate Info. Given on How to Access SMHS |           |              | Total # of Calls Offered Free Interpreter Services When Appropriate |           |              |
|--------------|--------------------------------------|-----------|--------------|--|-----------|--------------|---|-----------|--------------|
|              | Actual                               | Expected  | %            | Actual   | Expected  | %            | Actual  | Expected  | %            |
| Oct 2012     | 7                                    | 7         | 100.0%       | 7  | 7         | 100.0%       | 2   | 2         | 100.0%       |
| Nov 2012     | 7                                    | 7         | 100.0%       | 7  | 7         | 100.0%       | 5   | 7         | 71%          |
| Dec 2012     | 3                                    | 3         | 100.0%       | 1  | 2         | 50.0%        | N/A   | N/A       | N/A          |
| Jan 2013     | 11                                   | 14        | 78.6%        | 14   | 14        | 100.0%       | 4   | 5         | 80.0%        |
| Feb 2013     | 17                                   | 21        | 81.0%        | 19   | 21        | 90.5%        | 8   | 10        | 80.0%        |
| Mar 2013     | 16                                   | 16        | 100.0%       | 14   | 15        | 93.3%        | 6   | 8         | 75.0%        |
| Apr 2013     | 14                                   | 14        | 100.0%       | 12   | 14        | 85.7%        | 13  | 14        | 92.9%        |
| May 2013     | 2                                    | 2         | 100.0%       | 2  | 2         | 100.0%       | 2   | 3         | 66.7%        |
| <b>TOTAL</b> | <b>77</b>                            | <b>84</b> | <b>94.9%</b> | <b>76</b>  | <b>82</b> | <b>89.9%</b> | <b>40</b>   | <b>49</b> | <b>80.9%</b> |

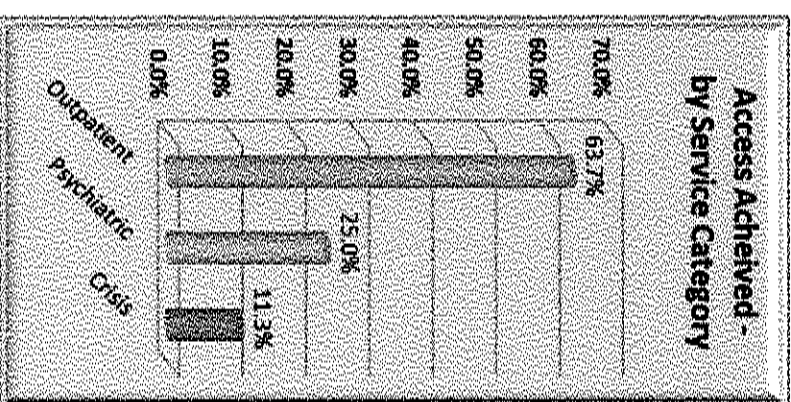




**Table 4 - Access Achieved (Baseline)**

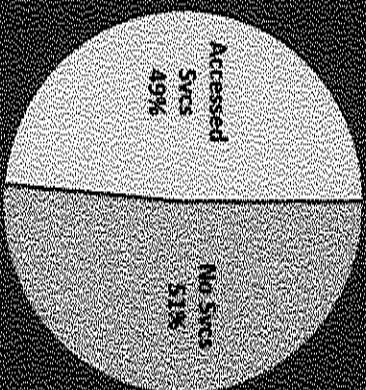
| <b>DETAIL:</b><br>Type of Service                    | Accessed Services | Cancel / No Shows | Total      | % Accessed Services |
|--|-------------------|-------------------|------------|---------------------|
| Assessment   | 16                | 10                | 26         | 12.9%               |
| Medication Evaluation Mgmt Assessment                | 23                | 3                 | 26         | 18.5%               |
| Case Management Linkage/consultation                 | 19                | 0                 | 19         | 15.3%               |
| Individual Therapy (Face to Face)                    | 9                 | 7                 | 16         | 7.3%                |
| Plan Development                                     | 8                 | 3                 | 11         | 6.5%                |
| Individual/Family therapy Non-MD (MC only)           | 10                | 0                 | 10         | 8.1%                |
| Meds Education / Administration / Refill / Injection | 8                 | 1                 | 9          | 6.5%                |
| Crisis Stabilization                                 | 7                 | 0                 | 7          | 5.6%                |
| Rehabilitation                                       | 6                 | 1                 | 7          | 4.8%                |
| Group therapy  | 5                 | 0                 | 5          | 4.0%                |
| Crisis Intervention - Other - Unbillable             | 3                 | 0                 | 3          | 2.4%                |
| Linkage/Consultation - Unbillable                    | 3                 | 0                 | 3          | 2.4%                |
| Hospital Care Subsequent Bedside PP                  | 2                 | 0                 | 2          | 1.6%                |
| Inpatient Acute Day                                  | 2                 | 0                 | 2          | 1.6%                |
| Collateral   | 1                 | 0                 | 1          | 0.8%                |
| Family Therapy w/Patient                             | 1                 | 0                 | 1          | 0.8%                |
| Vocation Case Consultant                             | 1                 | 0                 | 1          | 0.8%                |
| <b>Total:</b>  | <b>124</b>        | <b>25</b>         | <b>149</b> | <b>100.0%</b>       |

| <b>SUMMARY:</b><br>Service Category | Accessed Services | Cancel / No Shows | Total      | % Accessed Services |
|-------------------------------------|-------------------|-------------------|------------|---------------------|
| Outpatient Planned Services         | 79                | 21                | 100        | 63.7%               |
| Psychiatric Services                | 31                | 4                 | 35         | 25.0%               |
| Crisis Services                     | 14                | 0                 | 14         | 11.3%               |
| <b>Total:</b>                       | <b>124</b>        | <b>25</b>         | <b>149</b> | <b>100.0%</b>       |

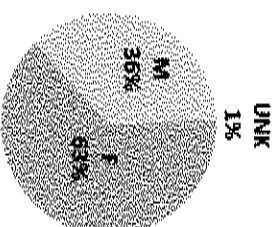


## Demographics of Access Line Callers Who Accessed Services

| Summary                          | #          | %             |
|----------------------------------|------------|---------------|
| No Services                      | 154        | 50.8%         |
| Accessed Services                | 149        | 49.2%         |
| <b>Total Mental Health Calls</b> | <b>303</b> | <b>100.0%</b> |

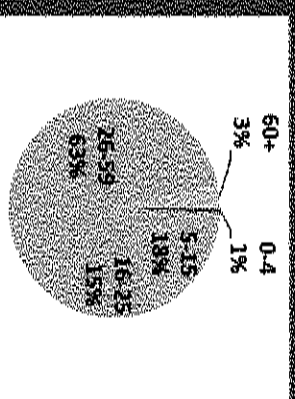


| Gender       | #          | %             |
|--------------|------------|---------------|
| Female       | 94         | 63.1%         |
| Male         | 54         | 36.2%         |
| Unknown      | 1          | 0.7%          |
| <b>Total</b> | <b>149</b> | <b>100.0%</b> |



| Race                                  | #          | %             |
|---------------------------------------|------------|---------------|
| White                                 | 54         | 36.24%        |
| Other Race (Mexican/Mexican American) | 47         | 31.54%        |
| Black/African American                | 22         | 14.77%        |
| Other Race (Other Hispanic/Latino)    | 13         | 8.72%         |
| Other Race (Not Hispanic)             | 2          | 1.34%         |
| Asian Native                          | 2          | 1.34%         |
| Chinese                               | 2          | 1.34%         |
| American Indian                       | 1          | 0.67%         |
| Cambodian                             | 1          | 0.67%         |
| Filipino                              | 1          | 0.67%         |
| Laotian                               | 1          | 0.67%         |
| Other Asian                           | 1          | 0.67%         |
| Unknown                               | 1          | 0.67%         |
| Vietnamese                            | 1          | 0.67%         |
| <b>Total</b>                          | <b>149</b> | <b>100.0%</b> |

| Age Group    | #          | %             |
|--------------|------------|---------------|
| 0-4          | 1          | 0.7%          |
| 5-15         | 26         | 17.4%         |
| 16-25        | 23         | 15.4%         |
| 26-59        | 94         | 63.1%         |
| 60+          | 5          | 3.4%          |
| <b>Total</b> | <b>149</b> | <b>100.0%</b> |



**EXPLAIN HOW THE PROBLEM IS WITHIN THE MHP'S SCOPE OF INFLUENCE:**

Access Line is the main entry point into MHP system of care. The problem of calls not being logged, logged inaccurately, and being mishandled directly impacts access to services for beneficiaries who call the Access Line. This systematic problem is within the MHP's scope of influence. The MHP can provide the tool PESC answering service needs to fulfill its contractual requirements and fulfill the County's mandate toll-free access line. With the development and implementation of said tool, Access Line services will improve; allowing calls to be more effectively and efficiently beneficial to beneficiaries and their families.

**WHY THIS IS A PROBLEM PRIORITY FOR THE MHP:**

The State Department of Health Care Services (DHCS) Program Oversight and Compliance Branch, reviews counties on a Triennial basis to verify that county MHP's are providing services and in compliance with California Code of Regulations (CCR), Title 9, Chapter 11 and the provisions of the approved federal waiver for Medi-Cal Specialty Mental Health Services Consolidation yielded the following findings:

The DHCS' review team made five (5) test calls to the Fresno County Mental Health Plan Access Line. All five calls were initial request for specialty mental health services (SMHS).

- Four (4) of the five (5) test calls were not in compliance because the callers were not provided information on how to access SMHS.
- The MHP's are to maintain a written log that contains the beneficiary's name, date of request, and the initial disposition; however, only one of the five calls was logged.

The ability and ease of clients to access mental health services is extremely important for the MHP, as mental illness can potentially lead to tragic consequences. This could include suicide, substance abuse, a lowered quality of life, involvement with the justice system, preventable hospitalizations, and overall health problems that can lead to a shortened life expectancy. Access starts with an entryway that is not only user-friendly but accurately documents service inquiries to enable the MHP to effectively follow up with beneficiaries. The accuracy of logging mental health requests can have a direct impact on the number of clients seen by the MHP. It can also increase the number of clients receiving voluntary outpatient services rather than costly involuntary inpatient services.

**DEFINE THE SPECIFIC CONSUMER POPULATION**

The specific consumer population impacted is the Medi-Cal beneficiaries utilizing the Access Line. The average number of calls received via the Access Line per month is 463 (as measured during the eight-month period from October 2012 through May 2013).

**Team Brainstorming: "Why is this happening?"**  
Root cause analysis to identify challenges/barriers

3. a) Describe the data and other information gathered and analyzed to understand the barriers/causes of the problem that affects the mental health status, functional status, or satisfaction. How did you use the data and information to understand the problem?

As previously mentioned, the Access Line was an in-house call center managed by the Department and served as the direct point of contact for individuals requesting services. When that operation was determined to be financially unsustainable during a time when Fresno County was experiencing steep budget cuts, the Access Line operation was bid out, through the County's Request for Proposal process, via the Purchasing Department. Professional Exchange Services Corporation (PESC) provided the most competitive bid and was subsequently awarded the contract. PESC has been providing answering services for other County Departments for the past seven years.

In order to analyze the barriers to PESC's inability to log or appropriately answer 100% of our test calls to the 24-hour Access Line, the PIP team conducted a survey in September of 2013 to gather information on the factors that people (inclusive of PESC telephone operators, PESC management staff, test callers, PIP team members, Access Committee members, Department staff who follow-up on calls logged in the Access Line database) perceive as contributing to this problem. Seventy-five percent of the respondents were employees of the Department, while 25% were employed by the answering service vendor.

**Survey Respondents Agency of Employment:**

| <b>What Agency Do You Work For?</b>  | <b>Count</b> | <b>%</b>    |
|--------------------------------------|--------------|-------------|
| Department of Behavioral Health      | 15           | 75%         |
| Professional Exchange Services Corp. | 5            | 25%         |
| <b>Total:</b>                        | <b>20</b>    | <b>100%</b> |

Below is a listing of comments made by respondents to the following open-ended survey questions:

| THEME   | OPEN-ENDED RESPONSES   |
|---|--|
| <p><b><u>Helpfulness of Staff/Access Line to Client Needs</u></b></p> <p>20% (4 responses/20 respondents)</p> | <ul style="list-style-type: none"> <li>• I don't feel like we are helping these people. The callers say it is not an emergency but they want help now. I know I would never call this line as a person who needed help. I have had other agencies call and they cannot believe they cannot get through to you.</li> <li>• It is sometimes painful to tell people who really need to just talk to someone that there is nowhere for them to call. The calls I mean are late at night when people at a time when things could get more desperate and daytime counseling is not an alternative.</li> <li>• Need more after hour referral – talk lines</li> <li>• The Wellness center always acts agitated that we are calling them and act like they do not want the call. For the most part, the callers want to make an appointment but they don't understand why they have to wait 3 days for a call back, to them that is a long time.</li> </ul> |
| <p><b><u>Test Calls Related Comments</u></b></p> <p>10% (2 responses/20 respondents)</p>                      | <ul style="list-style-type: none"> <li>• I think it is sad that the County can afford to pay an answering service and test callers (which make the operators feel like they are being set up) but can't afford to hire 1 or 2 employees to answer their phones 8-5 and direct these people accordingly.</li> <li>• Even during the best conditions, verbal communication can be precarious and misunderstandings can occur. While I do not think the test calls are meant to "trick" our staff, I think the feedback we receive is not always accurate about what takes place on the call. Plus there is a lot of information to navigate through to provide a solid resource for a caller to get in contact with.</li> </ul>  |
| <p><b><u>Database Related Comments</u></b></p> <p>5% (1 response/20 respondents)</p>                          | <ul style="list-style-type: none"> <li>• Database needs updating. Maybe combine it with the current contact info or resources.</li> </ul>  |
| <p><b><u>MHP Follow-up</u></b></p> <p>10% (2 responses/20 respondents)</p>                                    | <ul style="list-style-type: none"> <li>• I review both adult and children calls on the access line as I have both DBH and Rural SB. I notice that calls for the metro area stay on the access line way to long and I am not sure if these calls are taken care of or just forgotten.</li> <li>• Children calls for metro area are not removed timely</li> </ul>  |

- b) What are barriers/causes that require intervention? Use Table A, and attach any charts, graphs, or tables to display the data.

**Table A – List of Validated Causes/Barriers**

| <b>Describe Cause/Barrier</b>   | <b>Briefly describe data examined to validate the barrier</b>   |
|---|---|
| 1. The database is difficult to navigate / cumbersome to use                                    | 55.0% (11 responses/20 total respondents) indicated the database is difficult to use  |
| 2. Poor training on how to handle mental health calls   | 55.0% (11 responses/20 total respondents) indicated poor/no training was received on how to handle mental health calls  |
| 3. Informing materials are insufficient, outdated, confusing, overwhelming                      | 50.0% (10 responses/20 total respondents) indicated the informing materials were overwhelming and difficult to use.   |
| 4. The test callers from Fresno County are not accurately reporting the contents of their call. | 40.0% (8 responses/20 total respondents) indicated test callers are not accurately reporting the contents of their call   |
| 5. Callers are difficult to deal with / understand  | 35.0% (7 responses/20 total respondents) indicated the callers were not easy to handle or understand  |
| 6. Feedback from the test callers is provided to PESCC too late                                 | 20.0% (4 responses/20 total respondents) indicated that feedback from test calls were not sent in a timely manner to PESCC in order to easily address the issues noted. |
| 7. The Language Line is difficult to operate  | 25.0% (5 responses/20 total respondents) indicated Language Line interpreter services is difficult to use   |
| 8. There is high staff turnover at PESCC  | 15.0% (3 responses/20 total respondents) felt that the high staff turnover at PESCC was a contributing factor   |

**"How can we try to address the broken elements/barriers?"**  
Planned interventions

Specify the performance indicators in Table B and the Interventions in Table C.

9. a) Why were these performance indicators selected?

The identified performance indicators were selected for three (3) main reasons: 1) The MHP feels that it is vital to gather enough information from the caller to later communicate with beneficiary for services, 2) Result of audit findings from the onsite review conducted by DHCS (April 2012), and 3) Validate the MHP's compliance with State mandates, 1810.405(d)(f).

| # | Performance Indicator                                      | State Requirement   | Important to Allow Call-Back  |
|---|--|---|---|
| 1 | Calls Logged   | State requires the MHP to maintain a log of all initial requests for SMHS   | It is imperative to log all mental health calls to allow the MHP to call the requestor back   |
| 2 | Accuracy of Logged Caller Name/Date/Disposition            | State requires the initial requests log to include the beneficiary's name   | This information allows the MHP to identify the caller in order to call them back.  |
| 3 | Accuracy of Logged Caller Phone Number                     |   | The accuracy of the caller's phone number can potentially determine whether or not the MHP is able to contact the caller/client back  |
| 4 | Client Assessed for Crisis, access for assessment services | State requires the MHP to provide information on how to access service for a beneficiaries urgent condition       | This information affects how a call should be handled.  |
| 5 | Appropriate Information Given on How to Access SMHS        | State requires that the access line provides information to beneficiaries on how to access SMHS                   | Giving a caller accurate information on how access services is crucial especially when the call / contact information is not logged and the MHP cannot get in touch with the requestor          |
| 6 | Foreign Language Calls Offered Interpreter Services        | State requires the access line to have language capabilities in all languages spoken by beneficiaries of the MHP. | It is crucial to offer interpreter services to callers who need/request it in order to communicate with the caller and to collect the necessary information for the MHP to contact beneficiary. |
| 7 | Callers of the Access Line linked to services              |   | This information shows how well people who request services are accessing them.   |



- b) How do these performance indicators measure changes in mental health status, functional status, beneficiary satisfaction, or process of care with strong associations for improved outcomes?

The percentage of calls logged and handled appropriately allows the MHP to contact prospective clients back to assess them for services.

**Table B – List of Performance Indicators, Baselines, and Goals (Reporting Period: October 2012 - May 2013)**

| #  | Describe Performance Indicator   | Numerator  | Denominator   | Baseline for performance indicator | Goal |
|----|--|--|---|------------------------------------|------|
| 1  | <u>Calls logged</u>  | # of test calls logged = 61  | Total # of test calls made = 99   | 61 / 99 = 62%                      | 100% |
| 2  | <u>Accuracy of logged caller information:</u><br>o Caller Name   | # of test calls logged with accurate caller name = 47                          | Total # of test calls where test caller provided name = 59                                    | 47 / 59 = 80%                      | 100% |
| 3  | <u>Accuracy of logged caller information:</u><br>o Phone Number  | # of test calls logged with accurate phone # = 35                              | Total # of test calls where test caller provided phone # = 40                                 | 35 / 40 = 88%                      | 100% |
| 4  | <u>Appropriate handling of calls</u><br>o Client assessed for crisis                                       | # of test calls where client assessed for crisis = 77                          | Total # of test calls where test caller reported on assessment for crisis = 84                | 77 / 84 = 95%                      | 100% |
| 5  | <u>Appropriate handling of calls:</u><br>o Appropriate information given on how to access SMHS             | # of test calls where appropriate info given on how to access SMHS = 76        | Total # of test calls where test caller reported appropriateness of information received = 82 | 76 / 82 = 90%                      | 100% |
| 6  | <u>Appropriate handling of calls:</u><br>o Foreign language calls offered interpreter services when needed | # of foreign language test calls offered interpreter services = 40             | Total # of foreign language test calls made = 49  | 40 / 49 = 81%                      | 100% |
| 7. | <u>Access Achieved*</u><br>o Callers of the Access Line linked to services (April 1, 2013 –June 30, 2013)  | # of individuals who requested SMHS through Access Line that received services | Total # of individuals who requested SMHS through Access Line                                 | 49 / 303 = 49%                     | 100% |

10. Use Table C to summarize interventions. In column 2, describe each intervention. Then, for each intervention, in column 3, identify the barriers/causes each intervention is designed to address. Do not cluster different interventions together.

**Table C – Interventions**

| Number of Intervention | List each specific intervention   | Barriers/causes each specific intervention is designed to target                                | Dates Applied |
|------------------------|---|---|---------------|
| 1.                     | An intuitive, decision-tree type, database containing step by step instructions and scripts for collecting minimal, required and necessary information of the call that any person, with or without mental health background, and minimal computer knowledge can utilize to log mental health calls | 1. The database is difficult to navigate/cumbersome to use                                      | December 2014 |
| 2.                     | Provide routine/periodic trainings to the vendor on how to handle mental health calls including linkage to immediate services and resources.  | 2. Poor training on how to handle mental health calls   | December 2014 |
| 3.                     | Place informing materials and resources in the database that can be easily updated by the MHP and accessible by the user. Perform regular audits of this information for updates.   | 3. Informing materials are insufficient / outdated / confusing / overwhelming                   | December 2014 |
| 4.                     | Revise the test call feedback form to collect specific information geared toward minimizing discrepancies in reporting call content.  | 4. The test callers from Fresno County are not accurately reporting the contents of their call. | October 2013  |
| 5.                     | Provide routine/periodic trainings to the vendor on how to handle mental health calls, including linkage to immediate services and resources.   | 5. Callers are difficult to deal with / understand  | December 2014 |
| 6.                     | Provide test caller feedback to vendor within two business day of when test call was made / feedback was received   | 6. Feedback from the test callers is provided to PESCC too late                                 | June 2013     |

### Formulate the study question

4. **State the study question. This should be a single question in 1-2 sentences which specifically identifies the problem that the interventions/approach for improvement.**

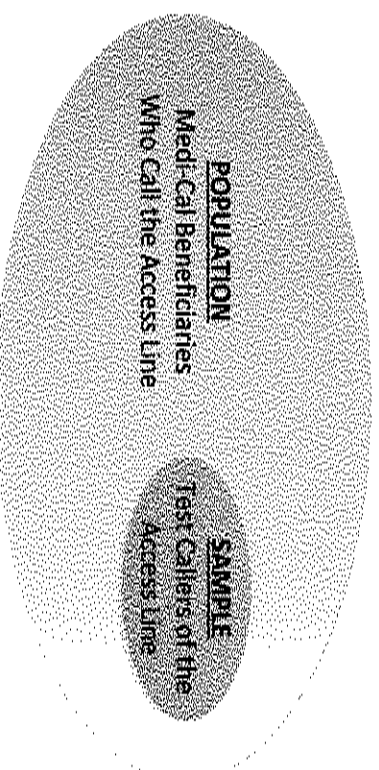
If the Department of Behavioral Health develops and implements an intuitive data base, then, the Department will increase test call performance indicators to 100% to improve access services to County beneficiaries?

5. **Does this PIP include all beneficiaries for whom the study question applies? If not, please explain.**

This PIP will only include Medi-Cal beneficiaries who call the MHP's 24-hours a day, 7-days a week, toll-free Access Line, which has the potential of helping all Medi-Cal beneficiaries that could potentially access the services provided by the MHP.

6. **Describe the population to be included in the PIP, including the number of beneficiaries.**

The population is inclusive of all Medi-Cal beneficiaries who call the Access Line. The sample comprises all test callers.



**7. Describe how the population is being identified for the collection of data.**

The population is comprised of all Med-Cal beneficiaries who call the 1 (800) 654-3937 Access Line and are logged into the Access Line database. The study sample will be identified through the PIP team as test callers.

**8. a) If a sampling technique was used, how did the MHP ensure that the sample was selected without bias?**

A random but purposive, nonprobability sampling method was used to gather baseline data. Test calls to the Access Line will be conducted by English and foreign language speakers, including the MHP threshold languages, Hmong and Spanish. Test calls will be performed by DBH and contracted provider staff, as well as community/family members.

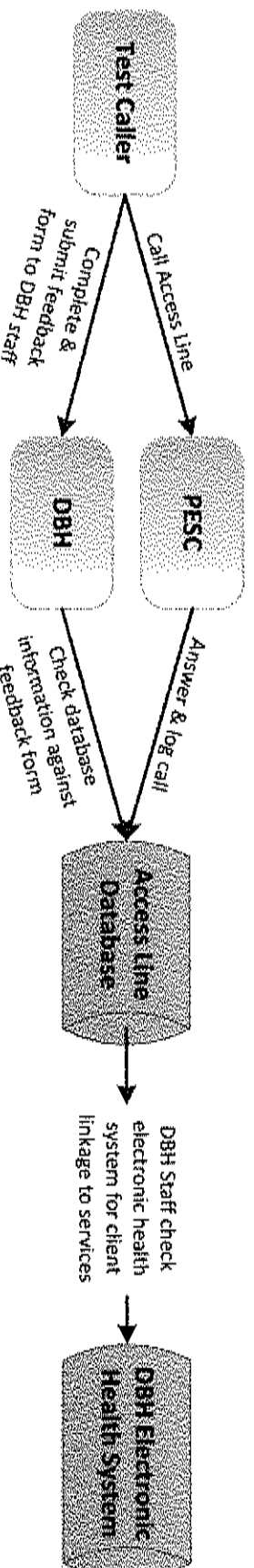
**b) How many beneficiaries are in the sample? Is the sample size large enough to render a fair interpretation?**

The sample consists of a minimum of 5 test callers per month. The MHP believes this number is a large enough sample size to render a fair interpretation, as this is the same number of calls performed by the State Department of Health Care Services during their onsite review of the MHP.

## Apply Interventions: "What do we see?" Data analysis: apply intervention, measure, interpret

### 11. Describe the data to be collected.

The data is collected using a test caller feedback form (Exhibit A - "Test Call Form"). The test caller places a call to the Access Line, PESc answers the call and logs it into the Access Database (Exhibit B) and Department staff checks the database against the feedback form for accuracy of the caller information and call content in addition to checking for beneficiaries linked to services. The caller information from the Access Line database is checked against the Department's electronic health system to see if the client was connected to services.



### 12. Describe method of the data collection and the sources of the data to be collected. Did you use existing data from your Information System? If not, please explain why.

#### Method of Data Collection:

- PIP Team to request department staff, identified MHP provider staff and community members to conduct test calls to the Access Line in various languages
- Test callers fill out "Test Call Form" after call is completed and return the form to PIP Team
- PIP Team members check test call feedback data against database and analyze data; in addition,
- PIP Team members check electronic health records for beneficiary linkage for services

Existing data from the MHP's electronic information system (Avatar) was not used. However, the data was extracted from a separate Access software database where mental health requests received by PESc are logged.

### 13. Describe the plan for data analysis. Include contingencies for untoward results.

A chi-square test will be done to compare the intervention phase data to the baseline data.

14. Identify the staff that will be collecting data as well as their qualifications, including contractual, temporary, or consultative personnel.

| NAME   | STATUS                 | ROLE                 |
|--|------------------------|----------------------|
| Chris Schreiber, Utilization Review Specialist | Permanent Co. Employee | Data Collection      |
| Kannika Toomnachat, QI Coordinator             | Permanent Co. Employee | Report/Data Analysis |
| Chao Xiong, Staff Analyst                      | Permanent Co. Employee | Data Analysis        |
| Francisco Escobedo, Sr. Staff Analyst          | Permanent Co. Employee | Report/Data Analysis |

15. Describe the data analysis process. Did it occur as planned? Did results trigger modifications to the project or its interventions? Did analysis trigger other QI projects?

**Table D - Table of Results for Each Performance Indicator and Each Measurement Period**

| Describe performance indicator   | Date of baseline measurement | Baseline measurement (numerator/denominator) | Goal for % improvement | Intervention applied & dates applied  | Date of re-measurement | Re-measurement Results (numerator/denominator) | % improvement achieved |
|--|------------------------------|--|------------------------|---|------------------------|--|------------------------|
| THIS IS THE BASELINE INFORMATION FROM TABLES A, B, AND C<br>USED HERE FOR COMPARISON AGAINST RESULTS |                              |  |                        |   |                        |  |                        |
| Calls logged   | Oct 2012 – May 2013          | 61/99 = 61.6%                                | 100%                   | <ul style="list-style-type: none"> <li>Intuitive Database (Applied December 2014)</li> </ul>  | Dec 2014 – Jul 2015    | 26/35 = 74.3%                                  | 20.6% ↑                |
| Accuracy of logged caller information:<br>o Caller Name  | Oct 2012 – May 2013          | 47/59 = 79.7%                                | 100%                   | <ul style="list-style-type: none"> <li>Intuitive Database (Applied December 2014)</li> </ul>  | Dec 2014 – Jul 2015    | 25/35 = 71.4%                                  | 10.4% ↓                |
| Accuracy of logged caller information:<br>o Phone Number   | Oct 2012 – May 2013          | 35/40 = 87.5%                                | 100%                   | <ul style="list-style-type: none"> <li>Intuitive Database (Applied December 2014)</li> </ul>  | Dec 2014 – Jul 2015    | 24/35 = 68.6%                                  | 21.7% ↓                |
| Appropriate handling of calls<br>o Client assessed for   | Oct 2012 – May 2013          | 77/84 = 94.9%                                | 100%                   | <ul style="list-style-type: none"> <li>a. Intuitive Database (Applied December 2014)</li> <li>b. Regular Trainings (Applied as of December 2014)</li> <li>c. Provide Timely Feedback</li> </ul> | Dec 2014 – Jul 2015    | 31/35 = 88.5%                                  | 6.7% ↓                 |

| Describe performance indicator  | Date of baseline measurement | Baseline measurement (numerator/denominator) | Goal for % improvement | Intervention applied & dates applied   | Date of re-measurement | Re-measurement Results (numerator/denominator) | % improvement achieved |
|---|------------------------------|--|------------------------|--|------------------------|--|------------------------|
| crisis  |                              |  |                        | to Vendor (intervention applied as of June 2013)   |                        |  |                        |
| <u>Appropriate handling of calls:</u><br><ul style="list-style-type: none"> <li>Appropriate information given on how to access SMHS</li> </ul>                  | Oct 2012 – May 2013          | 76/82 = 89.9%                                | 100%                   | <ul style="list-style-type: none"> <li>a. Intuitive Database (Applied December 2014)</li> <li>b. Regular Trainings (Applied as of December 2014)</li> <li>c. Provide Timely Feedback to Vendor (intervention applied as of June 2013)</li> </ul> | Dec 2014 – Jul 2015    | 29/35 = 82.9%                                  | 7.9% ↓                 |
| <u>Appropriate handling of calls:</u><br><ul style="list-style-type: none"> <li>Foreign language calls offered interpreter services when appropriate</li> </ul> | Oct 2012 – May 2013          | 40/49 = 80.9%                                | 100%                   | <ul style="list-style-type: none"> <li>a. Intuitive Database (Applied December 2014)</li> <li>b. Regular Trainings (Applied December 2014)</li> <li>c. Provide Timely Feedback to Vendor (intervention applied as of June 2013)</li> </ul>       | Dec 2014 – Jul 2015    | 24/35 = 68.6%                                  | 15.2% ↓                |
| <u>Access Achieved*</u><br><ul style="list-style-type: none"> <li>Mental health callers of the Access Line linked to services</li> </ul>                        | Apr 2013 – Jun 2013          | 149/303 = 49.2%                              | 100%                   | <ul style="list-style-type: none"> <li>a. Intuitive Database (Applied December 2014)</li> <li>b. Regular Trainings (Applied December 2014)</li> <li>c. Provide Timely Feedback to Vendor (intervention applied as of June 2013)</li> </ul>       | Jan – Mar 2015         | 112/325 = 34.5%                                | 29.9% ↓                |

\*Data for the "Access Achieved" performance indicator was gathered during reporting period (April 1, 2013 through June 30, 2013). April 1<sup>st</sup> marked the date the Department began enforcing completion of the Access Form, a new method for logging initial requests for mental health services into the MHP's electronic health system (Avatar). This new process enables the MHP to reconcile data from the Access Line database (which was the system PESC used to log Access Line calls) with data in Avatar. In June 2013, the MHP began applying one of the identified interventions – provide timely test call feedback to PESC. In December 2014, the MHP applied the main intervention, the new intuitive database.

A report of all mental health calls during this 3-month time period was generated from the Access Line database and researched in Avatar to find out what happened to the calls. The finding was that 149 (49.2%) callers requesting mental health services were linked. Of those callers linked for service, 25 (16.8%) clients, cancelled or no-showed. Of the 124 who were actually linked for service, 79 (63.7%) received outpatient services; 31 (25%) received psychiatric services; and 14 (11.3%) crisis services.



**"Was the PIP successful?" What are the outcomes?**

**17. Describe issues associated with data analysis:**

Data cycles occurred on a monthly basis and reported at both Department Access Committee and Quality Improvement Committee (QIC) monthly meetings. Committees are comprised of multidisciplinary County staff, inclusive of Leadership Team, and Community based organizations/contractual providers and community participants. During the monthly meetings, test calls stats are distributed and discussed among committee participants.

There are no factors that hinder the comparability of the initial and repeated measurements; indicators identified within the goals of the "Test Calls" clearly reflect Department goals.

Factors that threaten the validity of the outcomes data is as follows:

- a) Length of Time: Base line reporting period for test calls is an eighth month period
- b) Inconsistency of the categorical test calls during base line reporting period
- c) Methodology of Access Achieved – 1) reporting period only for a three month period, 2) Access Achieved data not tracked or reported on a monthly basis, and 3) calculations for post testing did not follow the previous methodology due to change in staffing.

**18. To what extent was the PIP successful? Describe any follow-up activities and their success.**

Although the Pre and Post test are inconsistent measurables (not comparing apples to apples), the PIP did allow for the Department to identify deficiencies: 1) not reaching its goals compared to State goals, 2) Methodology utilized at baseline, and 3) Deficiency in Contract provider deliverables.

In addition, the PIP process allowed for the development and implementation of Access line database, identifies all State mandates but disposition which can be resolved through other Department reports (Exhibit B – Access Database Decision Tree), Training for Contract provider staff – scripts, and a call log tracking system. Revision in the Test Call Feedback Form (Exhibit A). Through this exercise, the Department of Behavioral Health (DBH) has improved its Test Call process and is currently in the process of amending existing Contract provider (PESC) agreement to reflect State goals and allowing the Department time to send out to bid for 800 call services.

19. Describe how the methodology used at baseline measurement was the same methodology used when the measurement was repeated. Were there any modifications based upon the results?

Data set indicator measurements reflect the same methodology utilized during the Pre and Post - test; however the number of calls varied for each indicator and due to staffing changes, Quality Improvement team estimated the methodology used for the "Access Achieved" indicator for the Post test.

Both the Pre and Post Test indicators were measured over an eight month period; these indicators consisted of Calls Logged, Accuracy of Logged Caller Information (Caller Name, Phone Number, & Client Assessed for Crisis), and Appropriate Handling of Calls (Appropriate information given on how to access SMHS & Foreign Language Calls Offered Interpreter Services when Appropriate). There were no modification to the indicators utilized and both the Pre and Post Test were measured accordingly, each over an eight month period. At a later period (March 2013) during the PIP – Access Line exercise the Multi-functional team along with the Access Committee decided to incorporate the "Accessed Achieved" as a performance indicator. This indicator was measured over a three month period in both the Pre and Post Test. Although the three month time period was utilized for both the Pre and Post Test, the baseline denominator was also similar size.

20. Does data analysis demonstrate an improvement in processes or client outcomes?

| Calls Logged |          |           |        |
|--------------|----------|-----------|--------|
|              | Pre Test | Post Test | % Diff |
| Calls Logged | 61.6%    | 74.3%     | 20.6%  |
|              |          |           | ↑      |

| Accuracy of Logged Caller Information |          |           |        |
|---------------------------------------|----------|-----------|--------|
|                                       | Pre Test | Post Test | % Diff |
| Caller Name                           | 79.7%    | 71.4%     | 10.4%  |
| Phone Number                          | 87.5%    | 68.6%     | 21.7%  |
|                                       |          |           | ↓      |

| Appropriate Handling of Calls           |          |           |        |
|---|----------|-----------|--------|
|   | Pre Test | Post Test | % Diff |
| Client Assessed for Crisis              | 94.9%    | 88.5%     | 6.7%   |
| Information given on How to Access SMHS | 89.9%    | 82.9%     | 7.9%   |
|   |          |           | ↓      |

| Foreign Language Calls offered Interpreter services when appropriate | 80.9%    | 68.6%     | 15.2%   | ↓       |
|--|----------|-----------|---------|---------|
| Access Achieved  |          |           |         |         |
|  | Pre Test | Post Test | % Diff. | Up/Down |
| MH callers of the Access Line Linked to services                     | 49.2%    | 34.5%     | 29.9%   | ↑       |

The States categorical goal for each indicator for success is 100%. Although the results indicate a percent ranging from 34.5% to 88.5%, it is not meeting State standards. Of the seven (7) indicators, the test calls achieved an improvement in only one of the categorical indicators (14.3%). In Access Achieved category, the three (3) month time period and the denominator were similar in size in the Pre-test and Post-Test. The results showed a decrease of 29.9% in the number of mental health callers of the Access line linked to Specialty Mental Health Services (SMHS). The finding was that 112 (34.5%) callers requesting mental health services were linked. Of those callers linked for service, 16 (14.3%) clients, cancelled or no-showed. Of the 112 who were actually linked for service, 90 (80.4%) received outpatient services; 5 (4.5%) received psychiatric services; and 17 (15.1%) crisis services.

## 21. Describe the “face validity” – how the improvement appears to be the result of the PIP intervention(s).

In review of the indicator results, it is undetermined to describe the “face validity” and to truly show an improvement in the process. This indetermination is due to the time period allotted for both the Pre and Post Tests (8 month period) and the comparison of the number of test calls placed during the Pre and Post Test which varied greatly in each categorical indicator. Although the Access Achieved indicator was recorded over a three (3) month period it was comparable in the number of mental health callers linked to SMHS services.

To be noted is this Performance Improvement Project has streamlined the County's Access Line, as it has allowed the Department of Behavioral Health to better monitor and track calls on a monthly basis; allowed for the development of a Access Line database; provide necessary training for contracted provider staff operating the calls; and finally this project has allowed the County to amend the existing agreement to reflect State standards.

**22. Describe statistical evidence that supports that the improvement is true improvement**

Although there has been the development of a tracking and monitoring of test calls evidence in this projects doesn't support a true measurement of improvement. Support to continue said project, by increasing measurable time period from eight months (3 months for Accessed Achieved) to 12 to 18 months period and having comparable number of calls for each of the categorical indicators will provide for a more accurate indication of improvement.

**23. Was the improvement sustained over repeated measurements over comparable time periods?**

This project will be provided to the Department of Behavioral Health with a recommendation to continue the tracking/monitoring of test calls on an ongoing monthly basis and continue to report to the Access and Quality Improvement Committees as well as Department administration for support and guidance on change for improvement. In addition, it will be recommended to the Department to allow for re-evaluation of the Access Line and continue collection of demographics of those callers linked to services.

**1-800-654-3937 Access Line Test Call Feedback Form**

## TEST CALLER INFORMATION

Date of Call:        /        /

Time of Call: : ☐ AM ☐ PM

Client is a(n): ☐ Minor (under 18 years)  
☐ Adult (18 years and over)

Caller's/Client's Phone # Provided to Operator: (     ) -     ☐ None Given    ☐ N/A

## RESULTS OF TEST CALL

- |  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| 1. Did the person who took your call tell you his/her name?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  | If Yes, what was it:        |
| 2. Did the person who took your call ask if your situation is a crisis / emergency?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |                             |
| 3. Did the person who took your call ask for your name?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |                             |
| 4. Did the person who took your call ask for your phone number?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |                             |
| 5. <b><i>Foreign language test callers only:</i></b> Did the person who took your call speak your language or provide help with free language assistance services? | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did the person give appropriate information on how to access services?  | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Did the person give appropriate phone #'s (i.e. UCWC/Exodus) to contact DBH?  | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Did the person give appropriate information on how to receive literature upon your request?   | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Did the person give appropriate information on how to file a complaint upon your request?   | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### ADDITIONAL COMMENTS

**1 (800) 654-3937 Access Line - State of Deficiencies and Plan of Correction**

Phone (       )       -       Ext.

[illegible]

Date \_\_\_\_\_

## Fresno County Mental Health Plan 24/7 Toll-Free Access Line Intuitive Database for Logging Calls

The Access Line database is a web-based application, developed with intuitive, decision-tree functionality that will be used by the answering service provider, Professional Exchange Services Corp. (PESC) for the collection of caller/client information received on the 24/7 Toll-Free Access Line and all other department programs utilizing the answering service, and to provide callers with information on how to access SMHS in accordance with the State requirements. The database contains features incorporates the State-mandated requirements related to logging initial requests for specialty mental health services.

### DATABASE SCREENSHOTS

**GREETING SCREEN:** User's name will appear in the greeting based upon the user's login information.

FRESNO COUNTY MENTAL HEALTH PLAN

Thank you for calling Fresno County Mental Health Plan. This is admin admin, is this an emergency?

**INTERPRETER SCREEN:** After either option from the greeting menu above is selected, the interpreter screen opens up. It contains a drop-down listing of languages and step-by-step instructions on how to reach Language Line Services

### Interpreter

Does the caller need/want an interpreter?

☒ Yes ☐ No

Does the caller need/want an interpreter?

Spanish

1. Dial: 1-866-874-3972
2. Enter on your telephone keypad or provide the representative:
  - 6-digit **Client ID#**: [REDACTED]
  - Press 1 for Spanish
  - Press 2 for all other languages and speak the name of the language you need at the prompt. (If you do not know which language to request, a representative will help you)
  - When prompt, please enter your **Cost Center**: [REDACTED]
3. Brief the Interpreter. Summarize what you wish to accomplish and give any special instructions
4. ADD THE limited-ENGLISH SPEAKER to the line
5. Say "End of Call" to the Interpreter when the call is completed.



**EMERGENCY SCREEN:** Questions on the "Client" tab change according to the response in regards to whom the call is made for.

| FRESNO COUNTY MENTAL HEALTH PLAN   |   | I   |            |
|--|---|---|------------|
| Any issues with call? <input type="radio"/> Hangup <input type="radio"/> Prank Call                  |   |   |            |
| Emergency  |   |   |            |
| What is your emergency? I need to gather some information before I connect you to emergency services |   |   |            |
|  |   |   |            |
| Caller   |   | Client  |            |
| May I have your first name?  | John  | May I have your first name?                         | John       |
| May I have your last name?   | Doe   | May I have your last name?                          | Doe        |
| Would you like an interpreter?   | <input checked="" type="radio"/> Yes <input type="radio"/> No | Date of Birth                                       | MM/DD/YYYY |
| What Language do you speak?  | Spanish   | Estimated Age                                       |            |
| Would you please provide me with a phone number I can reach you at in case we get disconnected?      | (555) 555-5555  | Would you provide your address or current location? |            |
| Are you calling for yourself?  | <input checked="" type="radio"/> Yes <input type="radio"/> No | What city are you in?                               |            |
| Connection   |   |   |            |
| I will connect you to 911, please stay on the line   |   |   |            |
| Did you successfully connect the caller to 911?  | <input type="radio"/> Yes <input checked="" type="radio"/> No |   |            |
| Any other comments you would like to add   |   |   |            |
| OK   |   | Cancel  |            |

## NON-EMERGENCY CALLS – ROUTING SCREEN

The caller is requesting only information about mental health services and does not wish to access services at this time or receive a call back.

Are you calling to request services or for information about services from the Fresno County Mental Health Plan?

Are you calling to leave a message for your current care provider or you're a county employee leaving a message for a supervisor?

Are you calling to request a Medi-Cal Mental Health Booklet or Provider List?

Are you calling to file a complaint or appeal with the Fresno County Mental Health Plan?

What is the reason for your call?

**REQUEST NO CALL BACK SCREEN:** For callers requesting only information regarding MH services or access to MH services.

## Request No Callback

The Fresno County Mental Health Plan provides crisis and routine services to both children and adults.

### For persons under 18 years of age

Crisis services are provided by:

Children's Crisis Assessment Intervention Resolution Center (CCAIR) – (24/7)

3133 N. Millbrook Ave., Fresno, CA 93703

(559) 600-6760

Routine services are provided by:

Children's Mental Health Outpatient (M-F, 8-5PM)

3133 N. Millbrook Ave., Fresno, CA 93703

(559) 600-8918

### For persons 18 years and older

Crisis services are provided by:

Exodus Recovery - (24/7)

4411 E. Kings Canyon Rd., Fresno, CA 93702

(556) 453-1014

Routine Services are provided by:

Adult System of Care / Metro Area Outpatient Clinic (M-F, 8-5PM)

4441 E. Kings Canyon Rd., Fresno, CA 93702

(559) 600-4095

If you would like to access services in the future, please call back at this number: 1(800) 654-3937. We will ask for some information about the person requesting services to be provided to Fresno County Mental Health Plan so that someone can call you back, which is usually within 3 working days.

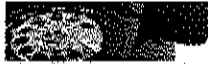
Thank you for calling the Fresno County Mental Health Plan. Have a nice day.

Was caller provided information on mental health services?

☒ Yes ☐ No

Close

## SERVICE REQUEST SCREEN:



FRESNO COUNTY MENTAL HEALTH PLAN



### Service Request

Any issues with call?

☐ Hang-up

☐ Prank Call

Caller

May I have your first name?

May I have your last name?

Would you like an interpreter?

☐ Yes ☐ No

May I have your phone number in case we get disconnected?

Are you calling for yourself?

☐ Yes ☐ No

Client

May I have the first name of the person you are calling for?

May I have the last name?

May I have the last 4 digits of the person's SSN?

May I have the person's Date of Birth?

Estimated Age

May I have the person's address?

Street Address

City

State

Zip Code

May I have the person's primary phone number?

Do you have another phone number the client you can be reached at?

Thank you for contacting the Fresno County Mental Health Plan. Someone will call you back within a working day.

In the meantime, if you have for the client any an urgent need for services, you may contact the Fresno County Mental Health Plan directly.

For persons under 18 years old, call:

• Children's Crisis Assessment and Intervention (Crisis) Center, any time at 438-0760.

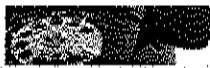
For persons 18 years old or older, call:

• Urgent Care/Admission Center at 438-6127, Monday through Friday, 8:00am-5:00pm, or

• Extension at 438-1014 after normal business hours.

Any other comments you would like to add.

**LEAVE A MESSAGE SCREEN:**



FRESNO COUNTY MENTAL HEALTH PLAN



**Message**

Any Issues with call?

☐ Hang-up

☐ Prank Call

Caller

May I have your first name?

May I have your last name?

Would you like an interpreter?

☐ Yes ☒ No

Phone

Are you calling for yourself?

☐ Yes ☒ No

Client

May I have the person's first name?

May I have the person's last name?

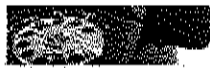
Primary Phone #

Secondary Phone #

Comments



## REQUEST LITERATURE/INFORMATION SCREEN:



FRESNO COUNTY MENTAL HEALTH PLAN



### Literature Request

Any Issues with call?

☐ Hang-up

☐ Prank Call

Order

May I have your first name?

May I have your last name?

Would you like an interpreter?

☐ Yes ☒ No

May I have your mailing address?

Street Address

City

State

Zip Code

May I have your phone number?

Literature

What literature are you requesting?

☒ Medi-Cal Mental Health Booklet

☒ Provider List

☐ Other

The Medi-Cal Mental Health Services booklet and Provider List are available in English, Spanish, and Hmong, and come in normal or large print and audio. The English version is also available in Braille. Which language and format would you prefer?

#### English

☐ Normal Print

☐ Large Print

☒ Audio

☐ Braille

#### Spanish

☐ Normal Print

☒ Large Print

☐ Audio

#### Hmong

☐ Normal Print

☒ Large Print

☐ Audio

Do you have any additional requests?

## FILE COMPLAINT SCREEN (Part 1 of 2):



FRESNO COUNTY MENTAL HEALTH PLAN



### File Complaints

Any issues with call? ☐ Hang-up ☐ Prank Call

Caller

May I have your first name?

May I have your last name?

Interpreter Needed ☐ Yes ☐ No

May I have your mailing address?

Street Address

City

State

Zip Code

May I have your phone number?

Are you calling for yourself? ☐ Yes ☐ No

Client

May I have the person's first name?

May I have the person's last name?

May I please have the last 4 digits of the person's Social Security Number?

May I please have the date of birth?

May I have an estimated age?

May I have the client's address?

Street Address

City

State

Zip Code

May I have the client's phone number?

Do you have another phone number the person can be reached at?



**FILE COMPLAINT SCREEN SCREEN (Part 2 of 2):** Provides descriptions of the various types of complaints that can be filed and offers alternative formats for the various forms.

What type of complaint would you like to file: an Appeal, Grievance, or Change of Provider?

An Appeal is way to file a formal complaint when you have a problem with a denial, modification, reduction, or termination of services or a failure to receive services in a timely manner.

☒ Appeal

You may request that your appeal be addressed within 3 working days if a delay in services will jeopardize your life, your health, or your ability to obtain, maintain, or regain maximum functioning.

Is this an expedited appeal? Yes No

| English                            | Spanish                            | Hmong                              |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Normal Print | <input type="radio"/> Normal Print | <input type="radio"/> Normal Print |
| <input type="radio"/> Large Print  | <input type="radio"/> Large Print  | <input type="radio"/> Large Print  |

A Grievance is a way to file a formal complaint when you have a general concern with treatment that you want addressed, such as abuse, billing, quality of care, confidentiality, or medication. (Expedited service not available)

☐ Grievance

| English                            | Spanish                            | Hmong                              |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Normal Print | <input type="radio"/> Normal Print | <input type="radio"/> Normal Print |
| <input type="radio"/> Large Print  | <input type="radio"/> Large Print  | <input type="radio"/> Large Print  |

A Change of Provider is a formal way to make a request when you would like a change providers. (Expedited service not available)

☐ Request Change of Provider

Who is your current provider?

| English                            | Spanish                            | Hmong                              |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Normal Print | <input type="radio"/> Normal Print | <input type="radio"/> Normal Print |
| <input type="radio"/> Large Print  | <input type="radio"/> Large Print  | <input type="radio"/> Large Print  |

If you're not sure which type of complaint to file, someone from Managed Care can assist you.

☒ Unsure ☐ Send All


Would you like a call back from Managed Care? \* Yes No

You may also contact  
**MANAGED CARE**  
directly at (555) 600-4645.


Is this the best number for Managed Care to reach you at?

Do you have additional requests?

**OTHER REASON SCREEN:** For calls that fall outside of the list of call types (routing screen).



FRESNO COUNTY MENTAL HEALTH PLAN



### Other Request

Any Issues with call? ☐ Hang-up ☐ Prank Call

Caller

May I have your first name?

And your last name?


May I have your phone number?

The reason for your call?


Any other comments you would like to add.

Done

**BACK-END USER DASHBOARD:** Logged calls are categorized by call type. Allows department staff to retrieve and triage calls for appropriate follow-up. Features include the ability to view and edit the logged call, provide comments on what was done with the call, and close the call out once the appropriate follow-up/action(s) has been completed.



FRESNO COUNTY MENTAL HEALTH PLAN



Emergency Service Requests Missing/Unresponsive Literature Request Complaints Others

Emergency

| Type | Caller | Client | Phone | City | Emergency Connected | Status | Date | Edit | View | Respond |
|------|--------|--------|-------|------|---------------------|--------|------|------|------|---------|
|------|--------|--------|-------|------|---------------------|--------|------|------|------|---------|