



*First 5 LA Parent Helpline External Evaluation Assessment Of
Progress In Achieving
Implementation And Outcome Goals*

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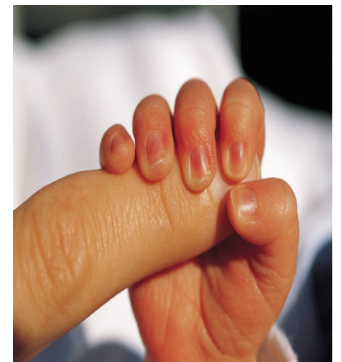


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Executive Summary

This summary of the *First 5 LA Parent Helpline* performance in its first 18 months of implementation under contract to 211 LA supports several overall conclusions.

- First, the *First 5 LA Parent Helpline* has realized significant accomplishments in its initial phase of implementation. In particular it has established a record of excellence in its call center performance, meeting or exceeding many industry standards.
- Second, the *First 5 LA Parent Helpline* has met its mandate to be more than a standard information and referral center. It provides a level of rapport with the caller, assistance in meeting high priority needs (e.g., health insurance applications), advocacy and support, and individual consultation that brings the “value added” that *First 5 LA* wanted from this center.
- Third, the *First 5 LA Parent Helpline* has had remarkable success in providing access for families in need, particularly in Latino and African American communities.

Very importantly, both *First 5 LA* and the *First 5 LA Parent Helpline* have demonstrated and implemented a commitment to accountability, evaluation and data-based decision making. EMT, *First 5 LA*, and 211 LA regularly collaborate in developing and implementing program improvements based on monitoring and evaluation data. The promise for the future is that the collaborative *First 5 LA Parent Helpline* team will not stop with current program accomplishments, but will sustain and strengthen the program to realize the potential demonstrated in this report and in the program’s ongoing system of data-based decision making and program improvement.

Summary of First 5 LA Parent Helpline Findings

First 5 LA was born of the concern that the people of California, and of Los Angeles County, hold for their youngest and most vulnerable members – infants, toddlers and children in the first five years of life. Science has increasingly demonstrated the importance of ages zero through five by identifying how the foundation for productive, responsible and caring adulthood is laid in these years. Ensuring safe, healthy and nurturing environments and care for children ages zero to five must be among our highest public priorities, and *First 5 LA* is dedicated to strengthening and, when necessary, creating the services that families and children need to ensure safety, health and positive physical, social and cognitive development for very young children.

Needed services and information will have their intended effects only if those in need have awareness of and access to the services or information that meet their particular needs. The *First 5 LA Parent Helpline* was officially launched in May, 2003 to facilitate access of the citizens of LA County to information and services that are responsive to their own felt needs. The service is a comprehensive information and referral service that centers on a telephone call center that meets a broad range of information and referral needs. The *First 5 LA Parent Helpline* is more than a crisis line because it provides direct assistance in critical areas, such as health insurance; provides extended on-line consultation and service in specific areas of acute need that are triaged to internal specialists, and links callers specifically to alternative community service resources that meet their individual needs. This summary highlights information from a variety of monitoring and evaluation data sources designed to ensure the accountability of the *First 5 LA Parent Helpline* to the *First 5 LA* Commission, and to strengthen the design and management of the information and referral services provided through the program.

Specifically, the purposes of this brief narrative summary include the following.

- To confirm the need for call center services
- To assess implementation progress since the switch to a new contractor; including numbers served, types of services, caller satisfaction, referral success, perceived success in meeting need, and implementation efficiency.
- To assess data based decision making and continuous quality improvement capacity and use; and
- To make recommendations for *First 5 LA Parent Helpline* priorities and improvements.

This assessment of the *First 5 LA Parent Helpline* comes at an important time. The call center is just 18 months into implementation under a new contractor (211 LA). In this initial phase of a complex project some implementation problems are inevitable, and it is expected that there will be a need for program modification and improvement. To ensure the capacity to learn from experience and make data-based decisions about

program improvement, *First 5 LA* has funded EMT Associates as the independent, external evaluator of the *First 5 LA Parent Helpline*. This summary report highlights relevant findings based on on-going analysis of program monitoring data.

Sources of Data

The *First 5 LA Parent Helpline* has developed strong capacity for monitoring the call center's performance, evaluating its use by the community, assessing caller satisfaction, and assessing the utility of program services. 211 LA regularly prepares performance monitoring reports, and EMT provides regular feedback to both 211 LA and *First 5 LA* based on their independently gathered evaluation information. EMT provides an integrated analysis of the full complement of data gathered by 211 LA and EMT on a monthly basis. This report presents a compilation of findings during the first 18 months of 211 LA's contract. Accordingly, it contains information from each of the following data sources.

211 LA Quality Monitoring Data

To ensure fiscal accountability and to provide an evidence base for management decisions, 211 LA's call center operations produce several regular sources of performance monitoring.

- Call Data is captured through call monitoring software that captures the date of each call, calculates wait time, and provides other detailed information regarding call flow. This system automatically aggregates data into summary monitoring reports for specified periods of time. This data is automated and is not open to manipulation, and in this sense is objective.
- Call Center Data Base contains information on primary need identified by the caller, caller characteristics, referrals, and service(s) provided through an on-line data template completed by Community Resource Advisors (CRAs).

EMT Independent Evaluation Data

EMT collects both quantitative and qualitative information directly from call recordings and from callers to the *First 5 LA Parent Helpline*. These data include the following:

- Call monitoring is conducted by trained EMT call monitors. EMT receives call recordings via compact disc each week from 211 LA for incoming calls to the *First 5 LA Parent Helpline*. EMT call monitors apply a detailed monitoring protocol to each call in order to determine if the service is meeting benchmarks established by *First 5 LA*.
- Caller surveys are conducted at two separate and distinct points in time. The first survey is a brief satisfaction survey at the conclusion of the call with the *First 5*

LA Parent Helpline. All callers are transferred to an automated survey at the conclusion of the call. Callers chose whether or not to participate at that point. Survey data is not linked to the call data and is therefore anonymous. The second survey is a follow up telephone survey conducted 15-30 days after the initial call to the *First 5 LA Parent Helpline*. Callers who consent to the brief automated survey are asked at the conclusion of that survey whether they agree to participate in the follow up survey. Callers who consent are asked to provide their telephone number in order to contact them for the follow up survey. These surveys collect detailed information on call content, caller satisfaction, and utility of the information or referral received from the *First 5 LA Parent Helpline*.

External Data

This report also draws on external data such as census information on the LA County population, the literature on call centers, and established performance norms and standards from the Call Center industry and other public service call centers such as 2-1-1 centers across the country.

The *First 5 LA Parent Helpline* Mission: Criteria for Assessment

The *First 5 LA Parent Helpline* was designed to play a special role in meeting *First 5 LA*'s mission to promote safe and supportive environments for children prenatal to five years. As the name implies, the program's major goal was to *help* the citizens of LA County to information and services (sponsored by *First 5 LA* or already existing in the community).

- To accomplish this, the first component of the *First 5 LA Parent Helpline* mission (as stated in the request for applications) was to “be the most visible Proposition 10-funded project in LA County.” If the program is to provide widespread access to citizens in need it, there must be a high level of awareness and recognition throughout LA County's diverse populations.
- The *First 5 LA Parent Helpline* was designed to be much more than a traditional warm line or information and referral line. It was to be a more comprehensive and helpful service that provided information where needed, provided a selection of referral agencies appropriate to the callers needs, and assisted callers in identifying needs and accessing services when necessary. In sum it was to provide “...integrated, coordinated, and comprehensive service to provide referral and support, and assistance to expectant parents, parents of children up to age 5 and their families.”
- *First 5 LA* was particularly concerned that their face-to-the-public be sensitive and responsive. Increasing access to at-risk families requires the ability to quickly build trust.

First 5 LA selected a call center strategy because of its suitability to this mission. Call centers provide convenience and accessibility. They provide a safe access point that combines personal contact and interaction with a feeling of autonomy and confidentiality. They allow efficiency because many services can be accessed through a single point, and they offer opportunity for follow-up and pro-active help through call backs. The degree to which the opportunities provided by this design are realized depends on the quality of program implementation. This report provides an assessment of that quality.

Call Profile

In addition to operating a designated 888 line for the *First 5 LA Parent Helpline*, 211 LA established a special First 5 LA option on the automated system that callers first hear when the line is picked up. Callers to 211 LA are asked if they are pregnant or have a child in the household between the ages of birth to five years. A trained group of *First 5 LA Parent Helpline* Community Resource Advisors handle those calls, along with the incoming calls to the *First 5 LA Parent Helpline*. The term “*First 5 LA Parent Helpline*” is used throughout this report, and includes the 211 calls and callers receiving First 5 LA Parent Helpline services.

The *First 5 LA Parent Helpline* and 211 LA received 37,812 incoming calls from November 2005 to November 2006.¹ While these calls involved a range of needs for caregivers and families, nearly half (46%) focused on specific needs of children in the caller’s care. This section profiles the inbound calls to the *First 5 LA Parent Helpline*. Details about the primary needs of callers and utilization by ethnic group and Service Planning Area (SPA) is provided in this section.

Primary Need

Figure 1 summarizes caller data regarding the focus of service—who the caller sought services for from the First 5 LA Parent Helpline.² As noted above, 46 percent (N=6,584) calls were from parents, caregivers or guardians seeking service(s) for a child in their care. A substantial percentage (43%) of callers were parents seeking services for themselves (N=6,142). Callers also included community based agency staff seeking assistance for clients/families, as well as parents assisting other adults with service linkage.

¹ 211 LA’s automated call accounting system was initially not configured to separate out 211 callers with a child ages birth to five from the general public. An accurate call count was not available until November 2005.

² The focus in this section is on April 2006 through November 2006 because this period represents complete and accurate collection of data on callers by Community Resource Advisors.

Figure 1

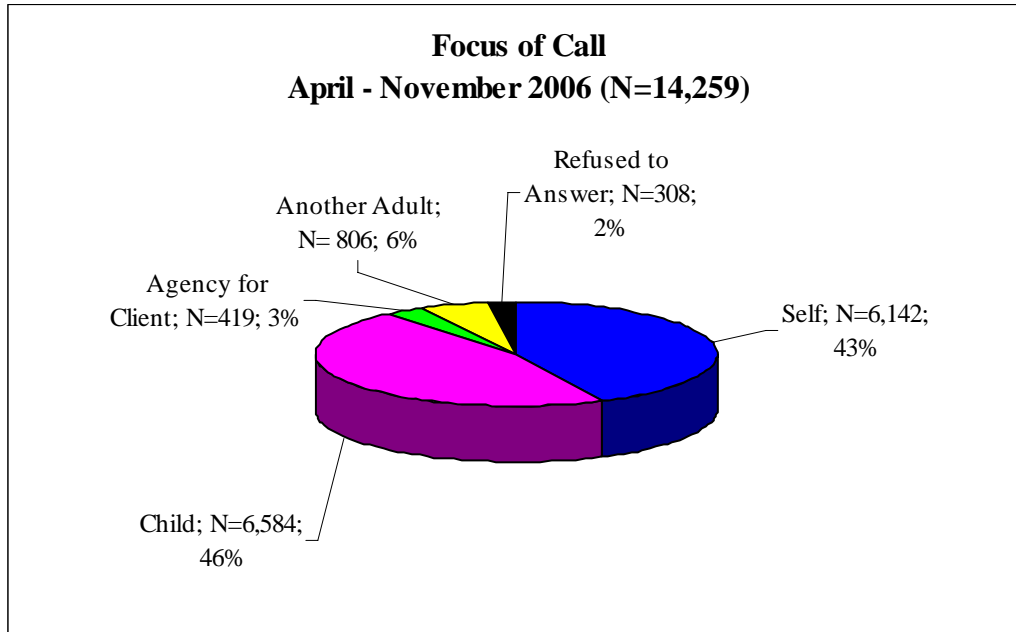


Figure 2 summarizes monitoring data concerning the primary needs asked about in calls to the *First 5 LA Parent Helpline*. The most common primary call need was health insurance (25%), and most commonly the need for help in applying for health insurance for children in the family. 29 percent of the children who are the subject of calls do not have health insurance, compared to just eight percent in the County population. The prominence of health insurance as a call topic is a result of a) the fact the *First 5 LA Parent Helpline* has developed specific capability in the area because it is so central to adequate access to health care for children in need, b) there is a large unmet need for this assistance, and c) the *First 5 LA Parent Helpline* has become known in certain communities as a safe and trusted place to go for help with health insurance. This combination of community need, well-developed capacity to help, and community awareness of this capacity is a model for strengthening social marketing of *First 5 LA Parent Helpline* services in other areas that are not as fully utilized currently.

Other areas that callers contacted the *First 5 LA Parent Helpline* for assistance with included “information services” (information about the First 5 LA Family Literacy initiative, local libraries, etc.) Approximately 13% of the calls involved a request for information services.

Parenting and child care represented the 3rd and 4th most often-cited need of callers. Approximately seven percent of parents sought advice on parenting or assistance locating day care.

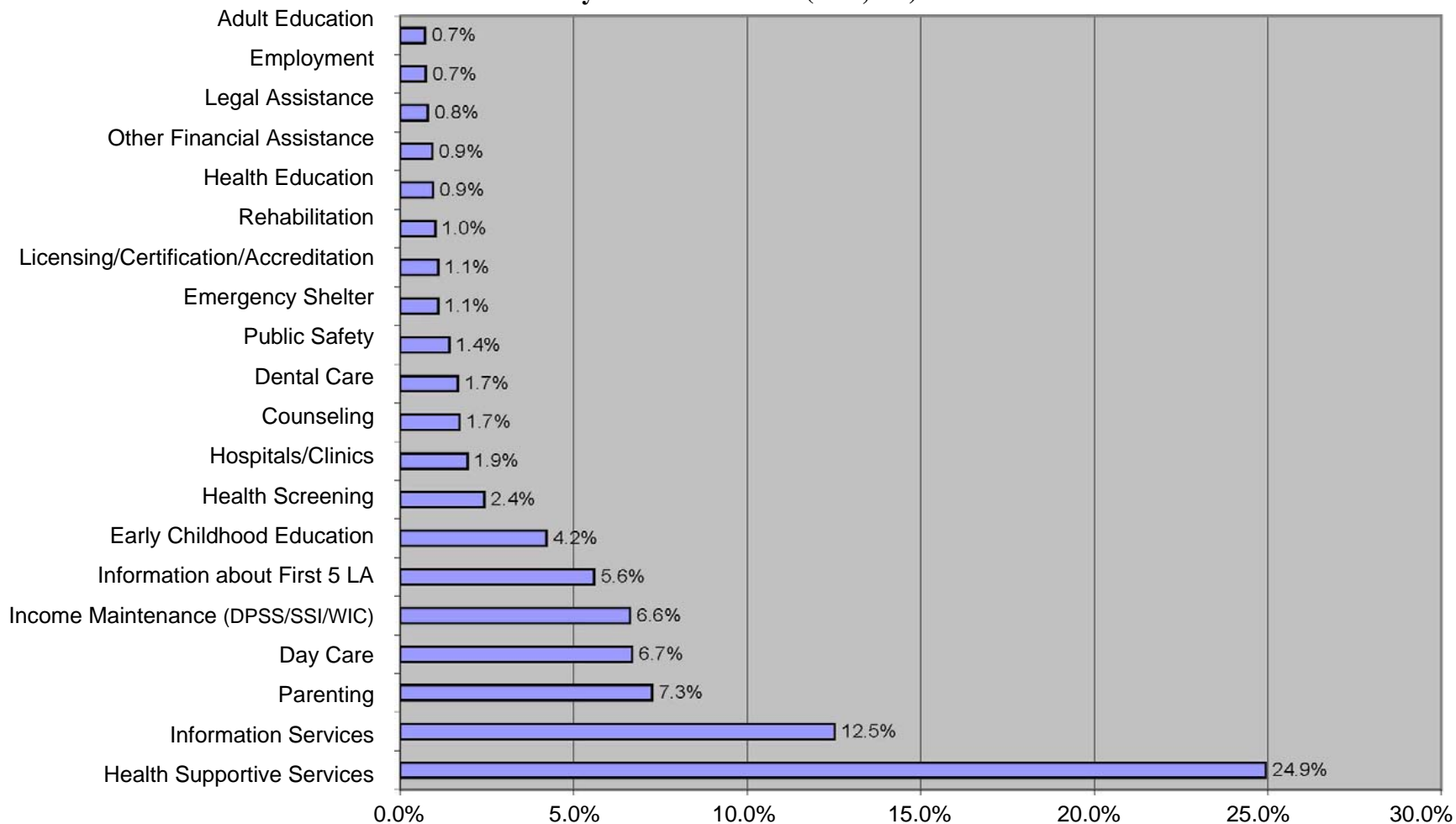
Another area of need was income maintenance for parents (6.6%), typically handled through referral to the LA County Department of Social Services, the Social

Security Administration, and the Women, Infants and Children Program (WIC). Indeed, 82% of callers who participate in the follow up survey indicate that they are enrolled in WIC. The prominence of income assistance and WIC enrollment suggests that low-income parents are contacting the First 5 LA Parent Helpline. Low-income families represent a constituency that First 5 LA intended the Parent Helpline to serve. These results are indicative of 211 LA's success in reaching low-income families.

Information about First 5 LA was the express need of close to six percent of all callers. Early childhood education was the expressed need of approximately four percent of callers. However, only 32 percent of callers with a preschool age child indicated that their child was enrolled in preschool, suggesting that the need for preschool is greater than demand, perhaps because parents are not clear about their options under the new First 5 LA Universal Preschool initiative. Indeed, over half of the parents surveyed were unaware that First 5 LA could assist them in locating free or reduced cost preschool.

In addition to Community Resource Advisors, 211 LA also has social workers on hand to answer calls. Social workers are transferred calls requiring expertise on parenting and child development. Many of these calls stem from KCET viewers of the First 5 LA-sponsored program, "A Place of Our Own." Approximately 1% of the incoming calls during 2006 (N=156) were transferred to a social worker.

Figure 2
First 5 Top 20 Service Requests
July - November 2006 (N=3,640)

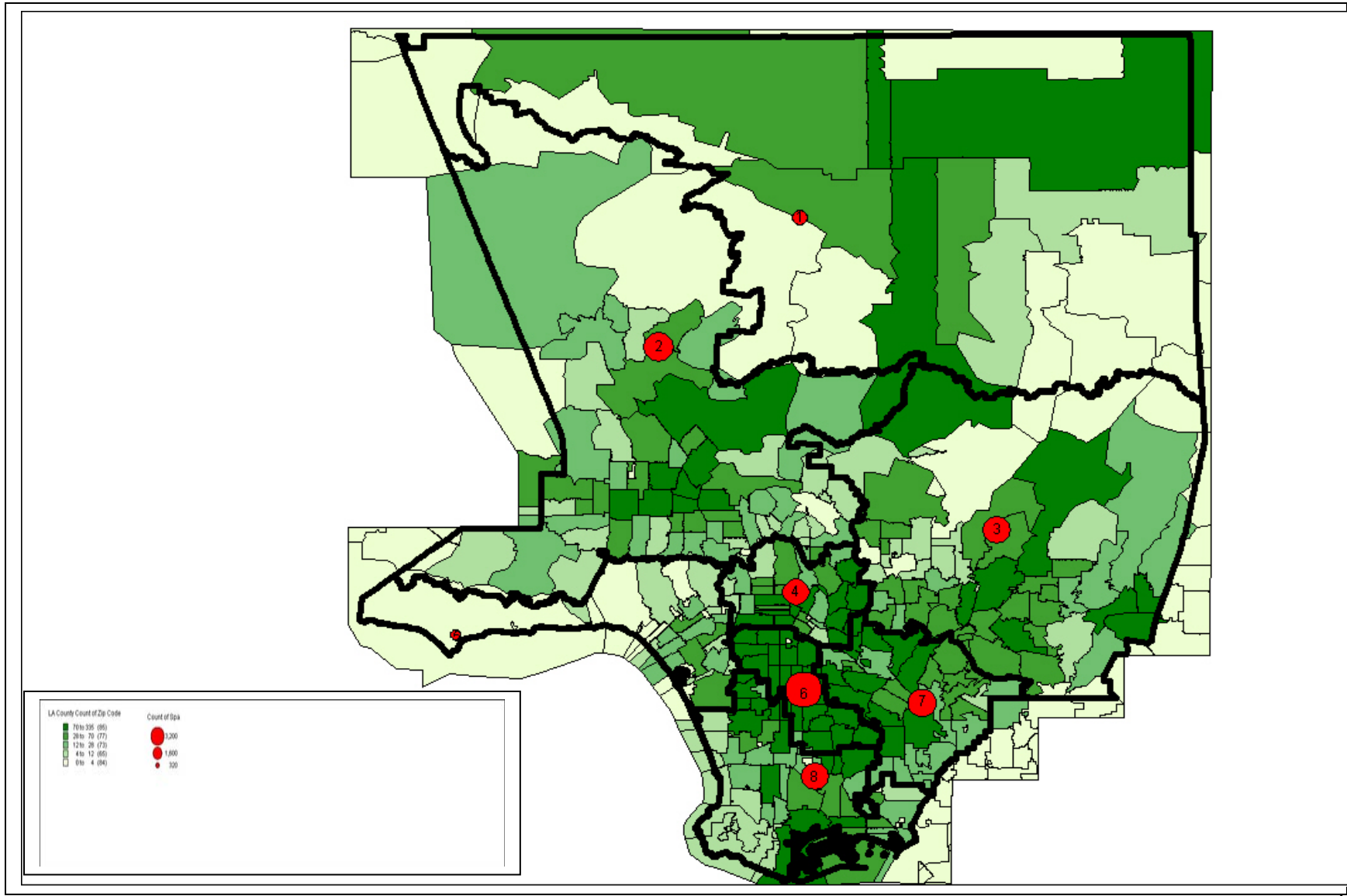


Callers

The *First 5 LA Parent Helpline* call center services are by concept open to anyone who can access a telephone. In fact several factors will influence the degree to which individuals actually pick up that telephone and make a call to the *First 5 LA Parent Helpline*. This section presents profile information on these actual callers. Figure 3³ displays the concentration of callers by Service Planning Area (SPA).

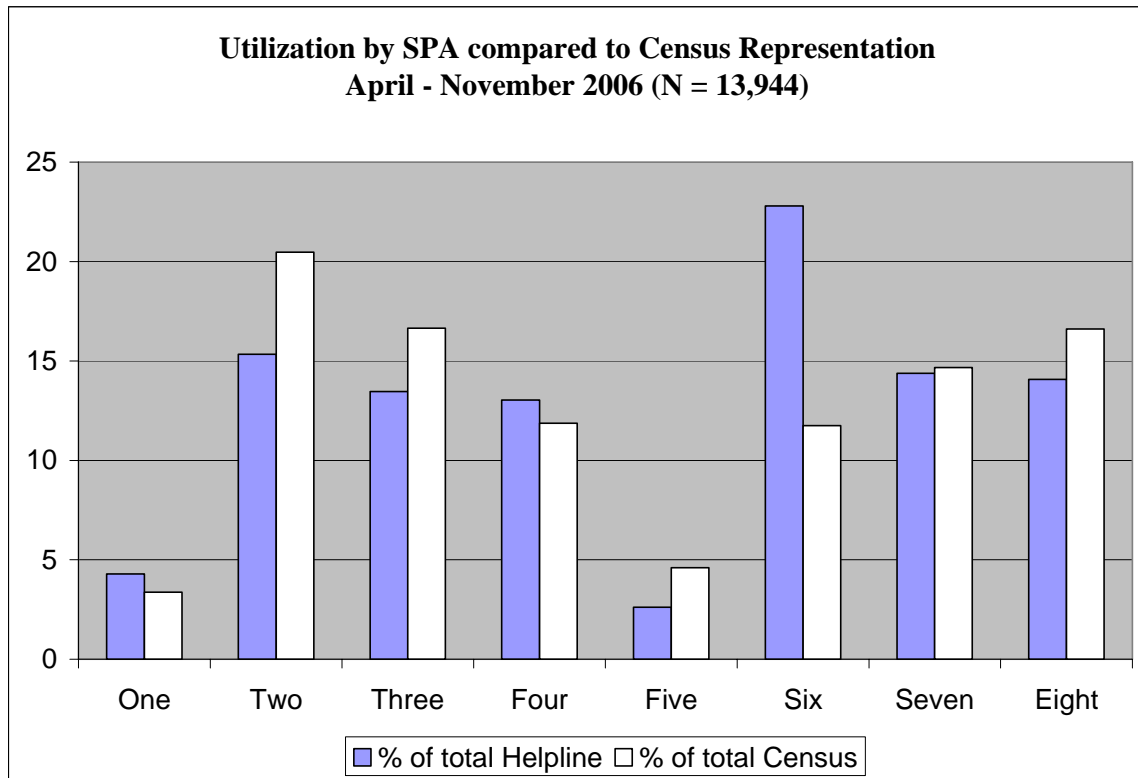
³ The Figure 3 map is provided to allow visual display of information. Every reasonable effort has been made to ensure the accuracy of the maps and data provided; nevertheless, some information may not be accurate. EMT Associates assumes no responsibility arising from use of this information

Figure 3
Caller Service Planning Area (SPA)
April – November 2006 (N= 13,962)



In Figure 4, the distribution of the portion of total incoming calls (April 2006 – November 2006) from each of LA County’s eight SPAs is compared to the population distribution. The number of callers is generally proportionate to the census figures – that is larger SPAs produce more calls. Calls from SPAs 1, 4, 5 and 7 are not significantly different from their census representation. However, there are some significant deviations. SPA 6 is over-represented, and SPAs 2, 3 and 8 are under-represented. Over-representation in SPA 6 is an indication that some of the neediest families in the County are utilizing the First 5 LA Parent Helpline. SPA 6 has consistently been identified as in need of resources and housing a high number of low income families. Coupled with caller profile information provided in this section, these results suggest that families in need are accessing the service.

Figure 4



Figures 5 and 6 display information on the racial/ethnic identity of callers whose needs are being addressed through the *First 5 LA Parent Helpline*. The percentages of Latino (66%) and African American callers (21%) are over the proportional representation of their numbers in LA County (based on census data). Caucasians, Asians and other ethnic groups underutilize the *First 5 LA Parent Helpline*. These results suggest that the *First 5 LA Parent Helpline* is being well utilized by Latino and African American families, but other ethnic groups under-utilize the service.

Figure 5

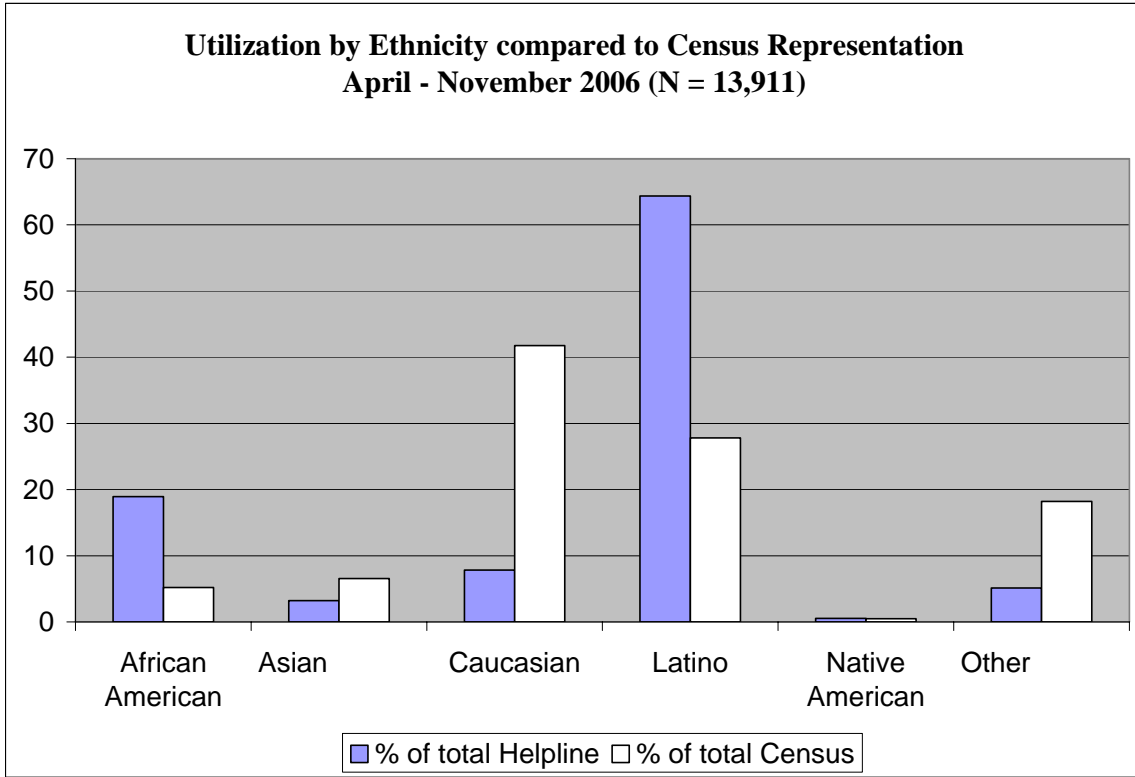
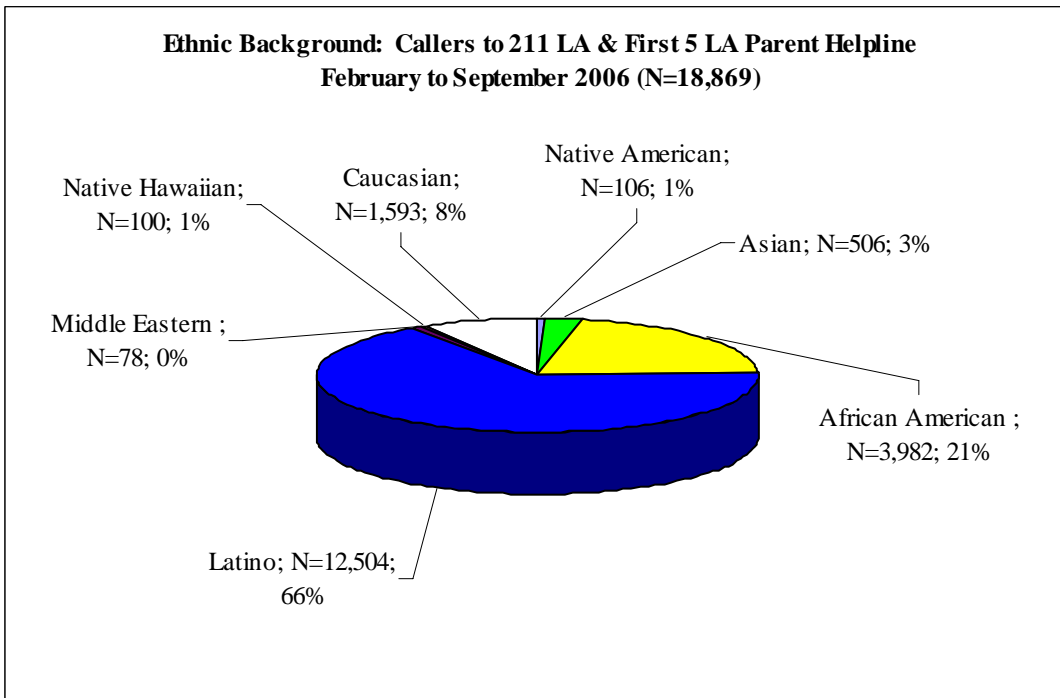
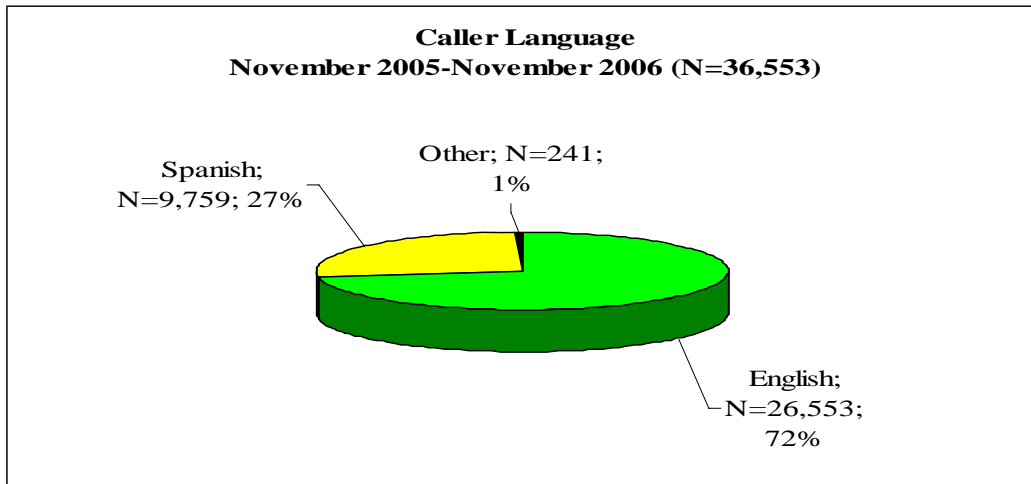


Figure 6



Profile information on callers also demonstrates that the *First 5 LA Parent Helpline* is reaching high need families in the community. For example, nearly one-third of callers (30%) are not English speaking, and multi-lingual staff provide them with access. Nearly all callers who speak a language other than English are Spanish speaking. Spanish speakers represent 26% of all callers. Comprising the 3% who spoke languages other than English or Spanish were individuals who spoke Persian, Chinese, Korean, Vietnamese, Russian and Armenian. 211 LA has in place a contract with AT&T to provide translation services for callers speaking languages other than English or Spanish.

Figure 7



Health Insurance Enrollment

Health insurance represents the number one need of callers. The *First 5 LA Parent Helpline* has become a gateway to health insurance programs serving children in need in LA County. Figure 8 depicts the number of applications processed for major programs of child health insurance through the *First 5 LA Parent Helpline* in 2006.

Figure 8

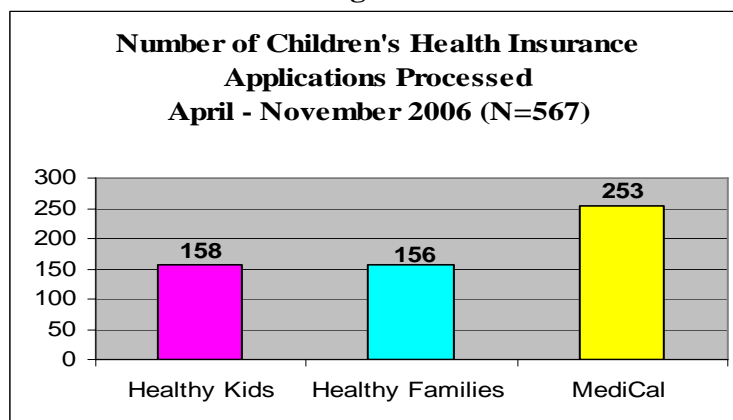
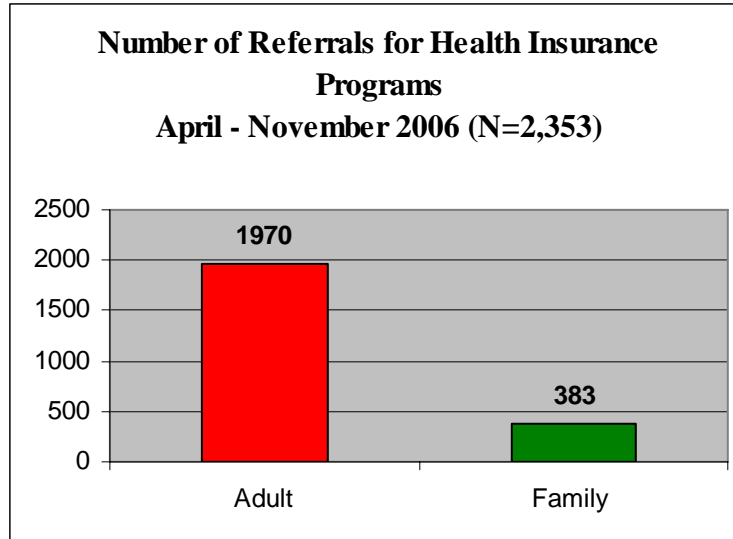


Figure 9 depicts the number of referrals to agencies enrolling adults and families in health insurance programs during 2006.

Figure 9



Accountability Assessment

The previous discussion has focused on the organization of the *First 5 LA Parent Helpline* services, the nature of the needs being addressed, and the characteristics of callers. This section focuses on more explicit indicators of the quality of service delivery and program management. The quality of services is assessed both through objective indicators of work output, and more qualitative indicators of satisfaction, comfort and utility of information. Some of the indicators presented below can be interpreted in comparison to industry standards or the performance of other call center programs. In the context of the *First 5 LA Parent Helpline* mission, the quality of the response that the caller gets from the Community Resource Advisor is of central importance. The degree to which the caller is satisfied with the information they have received and finds it useful is an indicator of outcome performance.

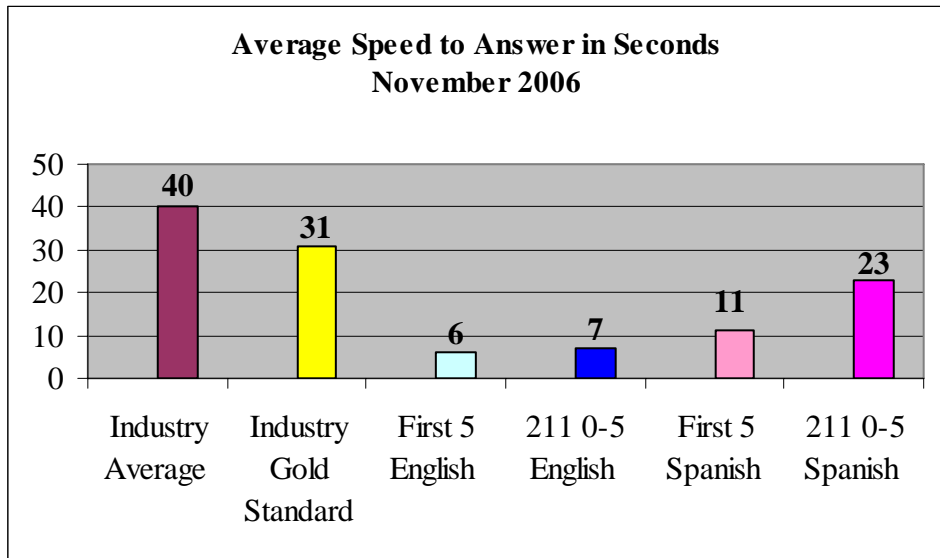
Quality of the Call Response

As noted above, *First 5 LA* has placed a high priority on the sensitivity and responsiveness of the call center. For many callers who have experienced barriers in the service community, being treated with respect and care is essential to building trust and willingness to participate in helping services. Being quickly connected to a “live” person, being treated politely, and being shown respect in the discussion of your needs are all critical to building an effective bridge to service access and use. This section summarizes

several indicators of the degree to which the *First 5 LA Parent Helpline* has achieved these objectives in call response.

- Wait Time. Figure 10 displays data comparing the average time that a *First 5 LA Parent Helpline* caller waited to speak to a live agent to industry standards and averages. The average wait for English speaking callers to the *First 5 LA Parent Helpline* was 11 seconds and for Spanish speakers was 23 seconds. The average wait for English speaking parents to 211 LA was 6 seconds and for Spanish speakers was 7 seconds. All are below the government and non-profit gold standard of 31 seconds and well below the industry average of 40 seconds.

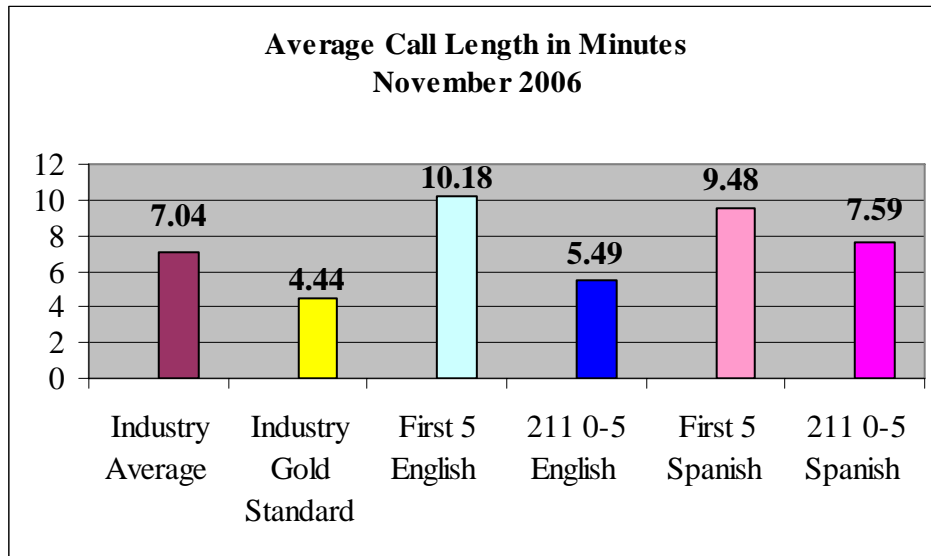
Figure 10



- Call Length. The length of time that a caller is on the phone is an important indicator for a number of reasons. First, it is an indication of efficiency of resource use. Assuming constant quality, a shorter call is preferable. It achieves an equivalent outcome with less resource use, for both caller and the call center. When the service being offered is simply information for which the caller has a clear and defined need, the principle that less duration is preferable is clear. However, within the *First 5 LA Parent Helpline* mission this is not so clear. Crisis lines, for example, often want to keep the caller on the line for prolonged periods of time to decrease risk of harm. Similarly, consultation concerning needs identification may be successful only if the caller can be kept on the line for a period of time appropriate to an accurate diagnosis. Referrals in complex cases may require prolonged engagement with the caller. Figure 11 compares the length of *First 5 LA Parent Helpline* calls with 211 LA calls and industry standards. 211 calls from parents with a child aged birth to five years are comparable in length to the government and non-profit average. *First 5 LA Parent Helpline* calls tend to be longer due to the predominance of health

insurance enrollment. Callers are walked through the application process, which requires more time to complete the objective of completing applications. These data indicate that *First 5 LA Parent Helpline* management and staff effectively differentiate between those calls that should require less time, and those in which more time is essential to success.

Figure 11



- **Continuous Quality Improvement.** A census of *First 5 LA Parent Helpline* call recordings are screened and monitored each month using the First 5 LA Call Monitoring Scorecard, a tool developed in collaboration with First 5 LA. Call monitoring serves multiple functions:
 1. To measure quality of service specifically related to First 5 LA objectives;
 2. To measure fidelity to the “*best practice*” model established by First 5 LA as articulated and detailed in the scope of work for *First 5 LA Parent Helpline* operations;
 3. To document the collection of required First 5 LA data elements for each call; and
 4. To provide feedback designed to be used by 211 LA County in continuous quality improvement efforts.

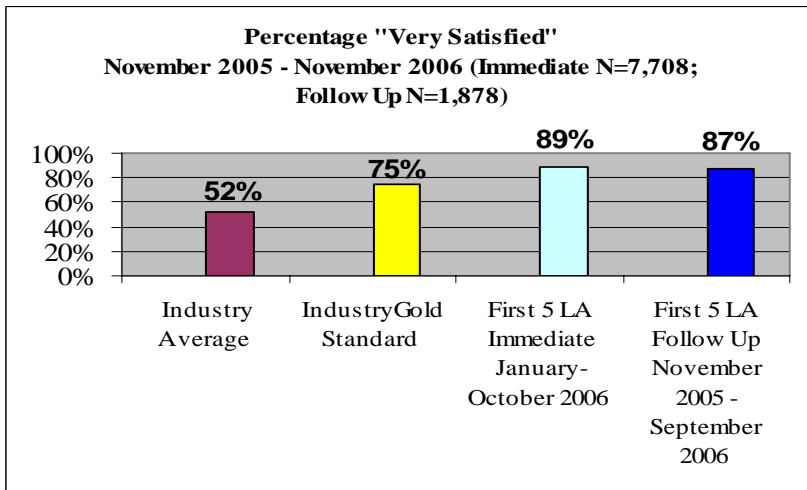
Evaluation feedback based on call monitoring is provided to 211 LA on a weekly basis. Figure 12 provides an example of feedback provided at the individual Community Resource Advisor level. 211 LA supervisors review call monitoring feedback regularly with Community Resource Advisors. The level of detail provided in evaluation feedback reports allows supervisors to pinpoint the exact behaviors in need of correction.

Figure 12⁴
Sample from the Weekly Community Resource Advisor Feedback Report

		Monthly Percentage Correct							
		Question	A	B	C	D	E	F	G
Part 1	P1_1A	91%	96%	100%	100%	100%	100%	100%	100%
	P1_1B	100%	100%	100%	100%	100%	100%	100%	100%
	P1_1C	89%	91%	100%	89%	100%	100%	100%	100%
	P1_1D	100%	100%	100%	100%	100%	*	100%	
	P1_1E	96%	96%	94%	90%	100%	100%	100%	
	P1_1F	83%	88%	100%	80%	100%	100%	100%	
	P1_2A	100%	100%	*	*	100%	100%	100%	
	P1_2B	100%	*	*	*	*	*	100%	
	P1_2C	80%	67%	100%	100%	*	*	*	
	P1_2D	100%	91%	100%	100%	100%	100%	100%	

- **Satisfaction.** Figure 13 displays the percentage of *First 5 LA Parent Helpline* callers that report being “very satisfied” with the service immediately following their call, 15 to 30 days following their call, and in comparison to government and non-profit standards.

Figure 13



⁴ Blank cells with * indicate that the item was not applicable for calls monitored

Figure 13 displays the percentage of *First 5 LA Parent Helpline* callers that report being “very satisfied” with the service immediately following the call, 15 to 30 days following the call, and in comparison to government and non-profit standards. The comparisons in Figure 13 support the following observations.

- The levels of satisfaction with the *First 5 LA Parent Helpline* are well above the government/non-profit average and gold standard. Satisfaction following the call remains on par with satisfaction immediately following the call.

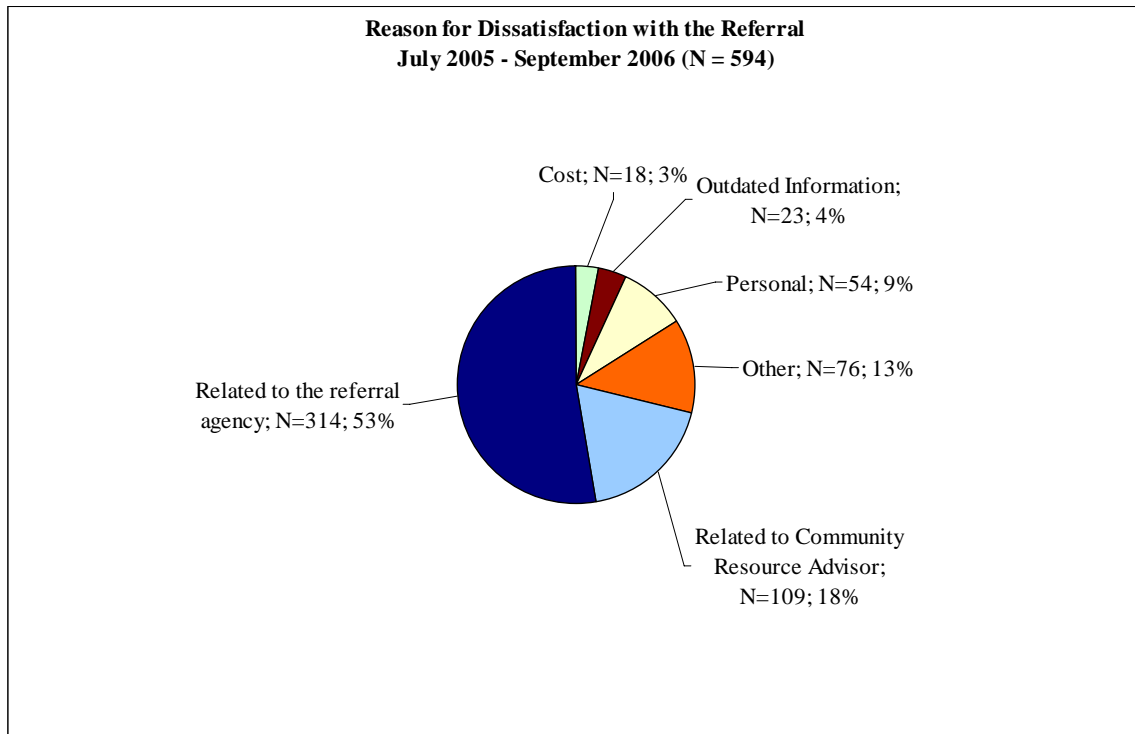
Callers were virtually unanimous in agreeing that they would call the *First 5 LA Parent Helpline* again (99%; N=1,845) and that would refer others to the service (99%; N=1,862). Indeed, over half indicated that they had already referred others to the First 5 LA Parent Helpline (54%; N=1,020).

The *First 5 LA Parent Helpline* evaluation also collected information on caller satisfaction with referrals they received from Community Resource Advisors. 70 percent of callers (N=1,441) who contacted the *First 5 LA Parent Helpline* between November 2005 and September 2006 were “very satisfied” with the referral received. These ratings were collected at least 15 days after the initial call, so they often will reflect direct contact with the referral agency. Given that *First 5 LA Parent Helpline* callers often experience multiple barriers to service, these satisfaction levels are encouraging.

Callers who reported being less than “very satisfied” with the referral provided an explanation for their dissatisfaction, depicted in Figure 14. Barriers encountered included:

- cost,
- inconvenient hours of service,
- lack of transportation,
- referral located too far away,
- caller or caller’s child not qualifying for services,
- being treated poorly by agency staff,
- referral agency never calling back,
- no one answering the phone at agency, and
- receiving insufficient or unclear information from the First 5 LA Parent Helpline Community Resource Advisor

Figure 14



Among the callers who received a referral, 87% (N=1,833 referrals) contacted the agency. Among those callers who contacted the agency, 56% (1,017 referrals) resulted in a positive outcome for the caller. Positive outcomes included:

- receiving a needed service,
 - getting an appointment,
 - completing an application, and
 - getting needed information
- Comfort. *First 5 LA* has emphasized the importance of building trust with callers and showing them respect. The program has been very successful in meeting this mandate. The responses of callers participating in the follow up survey are virtually unanimous in reporting that Community Resource Advisors were polite (99.7%), respectful (99.7%) and patient (99.3%). This is important confirmation of the ability of Community Resource Advisors to achieve a positive rapport with callers. Management and supervision policy established for the *First 5 LA Parent Helpline* are very supportive of this feature of program quality.

Conclusions

This summary of the *First 5 LA Parent Helpline* performance in its first 18 months of implementation under contract to 211 LA supports several overall conclusions.

- First, the *First 5 LA Parent Helpline* has realized significant accomplishments in its initial phase of implementation. In particular it has established a record of excellence in its call center performance, meeting or exceeding many industry standards.
- Second, the *First 5 LA Parent Helpline* has met its mandate to be more than a standard information and referral center. It provides a level of rapport with the caller, assistance in meeting high priority needs (e.g., health insurance applications), advocacy and support, and individual consultation that brings the “value added” that *First 5 LA* wanted from this center.
- Third, the *First 5 LA Parent Helpline* has had remarkable success in providing access for the families in need, particularly in Latino and African American communities.

Very importantly, both *First 5 LA* and the *First 5 LA Parent Helpline* have demonstrated and implemented a commitment to accountability, evaluation and data-based decision making. EMT, *First 5 LA*, and 211 LA regularly collaborate in developing and implementing program improvements based on monitoring and evaluation data. The promise for the future is that the collaborative *First 5 LA Parent Helpline* team will not stop with current program accomplishments, but will sustain and strengthen the program to realize the potential demonstrated in this report and in the program’s ongoing system of data-based decision making and program improvement.