FIRST 5 LA CONNECT EXTERNAL EVALUATION ASSESSMENT OF
PROGRESS IN ACHIEVING
IMPLEMENTATION AND OUTCOME GOALS

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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. First 5 LA Connect 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. First 5 LA Connect 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 First 5 LA Connect 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 project initiation; 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 Connect priorities and improvements.

This assessment of First 5 LA Connect comes at an important time. The call center is just 21 months into implementation. 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 First 5 LA Connect. This summary report highlights relevant findings and recommendations based on ongoing analysis of program monitoring data gathered by Nexcare, the First 5 LA Connect contractor.
Findings and Suggested Improvements Summary

This report represents a comprehensive review of First 5 LA Connect progress. Analyses based on multiple sources of data have produced evaluative findings in the areas of call center performance, access by the LA County population, responsiveness to caller needs, links to the community and resource use and decision making. Findings and suggested improvements for each of these areas include the following.

Call Center Performance

- First 5 LA Connect performs at and often well above industry standards and comparable services in terms of time to answer, availability of “live” staff, and consumer satisfaction.

- Suggested Improvement. Continue the recruitment, training, and operations procedures that have supported this performance.

Access and Representation of LA County Population

- First 5 LA Connect has increased its call volume since the service was initiated, and currently exceeds the target of 300 calls per day on peak days. The service has been particularly successful in reaching the Latino community and one in ten LA County Latino families with children under 5 have called First 5 LA Connect at least once. Callers represent all SPAs in the County but some are represented more heavily than others. Racial/ethnic groups other than Latino’s are under-represented.

- It is clear that there is unmet need for First 5 LA Connect services, and that adequate social marketing mobilizes this need into caller demand that exceeds current service targets. In particular, the Telemundo coverage of First 5 LA Connect has consistently produced spikes in caller demand that exceed program call targets.

- Caller profiles confirm that First 5 LA Connect provides information and referral access to the County’s more in-need citizens, those that typically experience barriers to service access.

- Suggested Improvement. A strategic social marketing plan must be developed to mobilize the clear unmet need for First 5 LA Connect services. This plan must consider the specific communication patterns of different ethnic/cultural communities in the state, and learn from the success of the Telemundo events in the Latino community, and from other marketing information in this report.

- Suggested Improvement. Capacity to handle other common languages in Los Angeles County should be developed. The present system provides an introductory message in English and Spanish only. Callers who speak other languages are effectively barred from accessing the system.

- Suggested Improvement. Four positions should be reallocated from Information & Referral (I & R) staff to community outreach positions. These positions will
improve community outreach by promoting awareness of *First 5 LA Connect* in communities, strengthening collaboration with local providers and community leaders, and generating better mutual understanding of the ways in which *First 5 LA Connect* can meet community need. (This suggestion will also meet additional needs identified below.)

**Responsiveness to Caller Needs**

- Nearly half of *First 5 LA Connect* calls concern health insurance needs. This prominence reflects high need and awareness of this service generated through effective social marketing. This service goes beyond standard I & R protocol because callers are given detailed assistance in the application process. As a result, *First 5 LA Connect* has become a major gateway to health insurance for infants and young children in need. Currently, the majority of calls concern health needs.
- *First 5 LA Connect* I & R specialists have achieved a remarkable record of performance with respect to politeness and comfort for the caller. Their performance far exceeds what is typical in the industry, and provides a crucial link between marginalized families and the service system.
- *First 5 LA Connect* professional staff (social workers and nurses) provide important “value added” services beyond what typical call centers offer. These services often involve circumstances that are important to ensuring the safety and protection of young children.

**Suggested Improvement.** Reallocate resources to double the number of social workers on staff. This will a) better address the needs of the recent influx of KCET callers (an effective social marketing strategy), and b) increase capacity and reduce response time for these important calls.

**Suggested Improvement.** Through improved community linkages, a more efficient provider list, and appropriate social marketing, *First 5 LA Connect* should improve awareness, quality and use of social I & R services other than health needs.

**Links to the Community**

- Community providers and community leaders are not well-informed about how *First 5 LA Connect* can better meet their needs and the needs of their communities.
- Only a small portion of the providers on the current provider data base actually receive a substantial number of referrals. It is clear that the data base needs to be culled and improved.

**Suggested Improvement.** The community outreach positions recommended above should be charged with improving communication and collaboration with local leaders and providers, particularly CBOs that can meet the social service needs of LA County’s diverse communities.
- **Suggested Improvement.** The provider list and I & R data base should be improved to allow incorporation of consumer feedback, and better prioritize access to appropriate services.

**Resource Use and Decision Making**

- Based on a gross estimate of cost per call¹, *First 5 LA Connect* cost per call is within the range of similar call centers. This is very encouraging given that a) they achieve very high performance standards, and b) they offer direct “value added” services that go well beyond standard I & R, and that consume more staff time. Nonetheless, there are identified areas in which efficiency can be improved.

- *First 5 LA* has created a strong basis for data-based decision making and continuous quality improvement through a) an independent evaluation capability, and b) strong monitoring and accountability provisions. Use of this comprehensive data can be improved.

- **Suggested Improvement.** Evaluation analyses and collaborative feedback to Nexcare have identified areas in which staff adjustments, and procedural improvement can increase efficiency. These steps should be implemented.

- **Suggested Improvement.** The data pipeline between *First 5 LA Connect*, the independent evaluator, and *First 5 LA* should be improved to a) ease data transfer, b) strengthen protection of consumer information, c) facilitate “real time” access to data that supports reports, accountability and administrative decisions, and d) streamline contract management.

**Sources of Data**

*First 5 LA Connect* 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. Nexcare regularly prepares performance monitoring reports, and EMT provides regular feedback to both Nexcare and *First 5 LA* based on their independently gathered evaluation information. This report represents the first integrated analysis of the full complement of data gathered by Nexcare and EMT. Accordingly, it contains information from each of the following data sources.

**Nexcare Quality Monitoring Data**

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

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¹Limitations on time and scope of work did not allow EMT to conduct a formal cost assessment. Cost per call was therefore calculated by taking the 2004 budgeted amount for First 5 LA Connect and dividing it by the total number of inbound and outbound calls from 2004.
• **Call Data** is captured through call monitoring software that captures start and stop time for each call, classifies them according to in-coming or out-going status, 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 call tracking and outcome through an on-line data template completed by Information & Referral (I & R) Specialists.

**EMT Independent Evaluation Data**

EMT collects both quantitative and qualitative information directly from callers to *First 5 LA Connect*, from providers of relevant services, and from *First 5 LA Connect* staff. These data include the following:

• **Caller surveys** are conducted by telephone with consenting callers that agree to be part of the independent evaluation. These surveys collect detailed information on call content, caller satisfaction, and utility of the information or referral received from *First 5 LA Connect*. Data are collected 15 days after the call about which respondents are being asked.

• **Focus Groups** have been conducted with members of the target caregiver population in different SPAs and different racial/ethnic groups. These groups were conducted to gain target population awareness of *First 5 LA Connect*, reactions to marketing strategies, and perceptions of service need and priority.

• **Key Stakeholder Interviews** were conducted with SPA council members, relevant providers throughout the county, and callers from select racial/ethnic groups. These interviews focused on awareness, perceptions of the degree to which *First 5 LA Connect* was meeting the needs of specific membership groups, and suggestions for improved service.

**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.

**First 5 LA Connect Mission: Criteria for Assessment**

*First 5 LA Connect* was designed to play a special role in meeting *First 5 LA’s* mission to promote safe and supportive environments for children zero to five. As the name implies, the program’s major goal was to connect 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 Connect 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, there must be a high level of awareness and recognition throughout LA County’s diverse populations.

First 5 LA Connect 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 Connect is open to the entire community because of the nature of a call center, but it is also expected to build collaborative ties to community providers and leaders that will build capacity to adequately serve high need, high impact areas.

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

First 5 LA Connect received 26,750 incoming calls for the 9 months that the center was in operation in 2003, and 56,037 calls in 2004. While these calls involved a range of needs for caregivers and families, more than two-thirds of the 2004 calls (36,027) focused on specific needs of children in the caller’s care. Call records documented that the needs of 71,022 children were discussed on calls in 2004. This section profiles the inbound calls to First 5 LA Connect. The focus is on 2004, but information from 2003 is sometimes included to provide context and document trends. Details about the number of calls, the number of calls involving children and the number of children assisted on calls is provided in this section.

Primary Need

Figure 1 summarizes monitoring data concerning the primary needs asked about in calls to First 5 LA Connect in 2004. The most common primary call need was health insurance, and most commonly the need for help in applying for health insurance for children in the family. The prominence of health insurance as a call topic is a result of a)
the fact the First 5 LA Connect 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) First 5 LA Connect 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 Connect services in other areas that are not as fully utilized currently.

Other areas that callers contacted First 5 LA Connect for assistance with included free books (termed the “Reading Program” in the graph below). Information about the Reading Program was also broadcast on Telemundo. The reporter covering the story talked about the importance of early reading, and promoted First 5 LA Connect as a source for free books that parents could read young children. 11% of the incoming calls during 2004 were related to the Reading Program.

First 5 LA Connect also provided free bassinettes to mothers with babies ages birth through four months. Telemundo broadcast an interview with the First 5 LA Connect Principal Investigator discussing the dangers of co-sleeping. The reporter informed the audience that they could call First 5 LA Connect to receive a free bassinette. 15% of the incoming calls during 2004 were related to the Safe Sleeping Campaign.

In addition to Information and Referral Specialists, First 5 LA Connect also has professional staff on hand to answer calls. Professional Advisors are social workers and nurses who are transferred calls requiring more than basic information and referral. In addition, social workers are transferred calls from KCET viewers of the First 5 LA-sponsored program, “A Place of Our Own.” Approximately 6% of the incoming calls during 2004 were transferred to Professional Advisors. This component is described in more detail further in the report.

Figure 1

2004 Caller Needs (N=40,282 Calls)

- Professional Advisor: 6%
- Reading Program: 11%
- Bassinettes: 15%
- Health Insurance: 47%
- Health Care: 9%
- Basic Needs: 1%
- Other: 8%
- Child Care: 3%
**Volume**

Figures 2 and 3 display trends in the volume of incoming calls to *First 5 LA Connect* by month in 2003 and 2004\(^2\). Figure 2 displays the total number of calls each month, and Figure 3 displays the average number of daily calls per month.

**Figure 2**

*Monthly Call Volume 2003-2004*

![Monthly Call Volume 2003-2004](https://via.placeholder.com/150)

**Figure 3**

*Daily Average by Month: Incoming Calls*

![Daily Average by Month: Incoming Calls](https://via.placeholder.com/150)

\(^2\) Incomplete calls (hang ups and abandoned calls) are included in the number of inbound calls. While there was insufficient time to deduct incomplete calls from the call volume graphs, the total number does not significantly impact the overall number of incoming calls. Appendix A breaks down the number of incoming calls processed, and the number of incomplete calls.
These displays support several important observations.

- Call volume has increased dramatically from 2003 to 2004. The low volume in the first four months is natural, and the overall increase is encouraging. The average number of calls per day more than doubled from 2003 (87) to 2004 (180).
- Within this overall increase, there is substantial month to month fluctuation in call volume. This is partly cyclical, with higher volume in the summer and lower volume in the winter and holiday periods. However, there is still substantial remaining variation. Monitoring and understanding this variation is an important tool for program improvement. Some of these analyses are discussed at other points in this report.
- The daily average in call volume remains below the program target of 300 incoming calls a day. The reasons for this are several, including the fact that the program is still in a learning phase, and that the nature of First 5 LA Connect services includes categories of calls (e.g., insurance and family resource calls explained below) and support services (e.g., provider verification, follow up calls, call backs) that go beyond traditional I & R service. Most importantly, though, analyses of the fluctuation in daily calls and the social marketing that drives spikes in demand suggest that the 300 call a day target is attainable, and that social marketing is the key to meeting this goal. These analyses are explained more fully later in the report.

Callers

First 5 LA Connect 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 First 5 LA Connect. This section presents profile information on these actual callers. In Figure 4, the distribution of calls and callers during 2004 within and outside LA County is depicted. “Calls” refers to incoming calls, whereas “callers” refers to the number of individuals who called First 5 LA Connect at least once. The latter is what is termed an “unduplicated” number of individual callers.

**Figure 4**

2004: Number of Calls & Number of Unduplicated Individuals Calling, LA County compared to Other Counties
Figure 5 depicts the number of children helped on calls, broken out by age category and county of residence. Information about the total number of children assisted on calls is reported, given that Information and Referral Specialists can assist more than one child on each call. Information about the total number of calls involving at least one child is also depicted in Figure 5.

As noted previously, First 5 LA Connect received 56,037 incoming calls during 2004. During the months of January through November, more than two-thirds of the 2004 calls (36,027) focused on specific needs of children in the caller’s care. Many of these calls focused on children who were between birth and five years of age (21,533). Among the calls focused on children between newborn and five years of age, 18,928 calls involved children residing in LA County. 2,605 calls involved children aged birth to five residing outside of LA County. A total of 27,857 children between the ages of birth to five years were assisted on a call—this figure includes calls in which more than one child was assisted. Among these children, 24,490 resided in LA County, while 3,367 resided outside of LA County. Many calls also addressed the needs of older siblings or concerned older children as the focus (21,236). Among these calls, 18,242 involved children residing in LA County, while 2,994 involved children residing outside of the county. A total of 36,111 children between the ages of six and 17 years were assisted on calls received by First 5 LA Connect between January and November 2004. Among these children, 31,052 resided in Los Angeles County, while 5,059 resided outside of the county. Call records documented that the needs of 71,022 children were discussed on
calls in 2004. Among these children, 61,712 resided in Los Angeles County, while 9,310 resided outside of the county.

In Figure 6, the distribution of the portion of total incoming 2004 calls 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. However, there are some significant deviations. SPA five, for example, is under-represented in calls, and SPAs eight and two are also under-represented to a lesser degree. On the other hand, residents in SPA eight are more likely to call First 5 LA Connect, as are callers in SPAs four and seven though to a lesser degree.

Figure 6

![Utilization by SPA Compared to Census Representation](image-url)
Figures 7 through 9 display information on the racial/ethnic identity of callers and of the children whose needs are being addressed. These displays document the large representation of Latino callers. Indeed, nearly 90 percent of First 5 LA Connect calls come from Latino members of the community. Representation of other communities is much lower.

**Figure 7**

Utilization by Ethnic/Racial Group Compared to Census Representation

![Bar chart showing utilization by ethnic/racial group compared to census representation.](image-url)
First 5 LA Connect has demonstrated great success in reaching the Latino community, where need is high. Indeed, nearly one in ten Latino families residing in LA County has actually called First 5 LA Connect. This is a very notable achievement. In the coming year, First 5 LA needs to build on this success and develop social marketing that adapts practices that have been effective in the Latino community to increase participation in other segments of the LA County population.
Profile information on callers also demonstrates that *First 5 LA Connect* is reaching high need families in the community. For example, callers are often not English speaking, and multi-lingual staff help provide them with access. Nearly three of four (72%) of callers have a primary language other than English. Nearly all callers who speak a language other than English are Spanish speaking. Other languages were spoken by less than 1% of the callers who spoke a language other than English. Comprising this 1% were individuals who spoke Persian, Chinese, Korean, Vietnamese, Russian and Armenian. Practical strategies for meeting this need in smaller language communities need to be developed. Other barriers exist for callers: over one fourth (28%) of the children for whom callers are inquiring are undocumented. Nearly half of the children who are the subject of calls do not have health insurance, compared to just six percent in the County population. For adult callers, 85 percent are without health insurance compared to 34 percent County wide. Furthermore, as demonstrated in Figure 10, the great majority of callers who are looking for assistance with health insurance are very low income.

**Figure 10**

![Annual Family Income Chart](image)

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3 Indeed, the number of abandoned calls (profiled in Appendix A) may be related to callers who were not proficient in either English or Spanish hanging up because they could not understand the initial message played for all incoming calls. Recall that all incoming callers hear a message asking them whether they would like to speak to someone in English or in Spanish. This message is only played in English and Spanish.
Referrals

One of the major services of *First 5 LA Connect* is the provision of referrals to agencies that can meet service needs. Indeed a total of 35,533 referrals were provided during 2003 and 2004. Figure 11 displays the percentage of referrals that fall into different primary need areas during 2004. Because the Call Center data base allows numeric recording of only the primary need, only 12,795 of the 17,070 referrals provided in 2004 could be linked back to need. Note that health insurance is classified as a referral because the application is submitted to the insurer.

**Figure 11**

<table>
<thead>
<tr>
<th>Need Category</th>
<th>% of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>47.9%</td>
</tr>
<tr>
<td>Health Care</td>
<td>14.5%</td>
</tr>
<tr>
<td>Bassinette</td>
<td>11.0%</td>
</tr>
<tr>
<td>Reading Program</td>
<td>6.3%</td>
</tr>
<tr>
<td>Professional Advisor</td>
<td>2.6%</td>
</tr>
<tr>
<td>Child Care</td>
<td>1.3%</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>0.0%</td>
</tr>
<tr>
<td>Preschool</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

Nearly half of the referrals were to health insurance programs. Indeed, *First 5 LA Connect* has become a major gateway to health insurance programs serving children in
need in LA County. Figures 12 through 14 compare the number of referrals to major programs of child health insurance that were made through *First 5 LA Connect* in 2003 and 2004 as compared to those made through the LA County Department of Health Services. *First 5 LA Connect* is clearly an important gateway for these programs, and particularly for Healthy Kids.

**Figure 12**

![Healthy Kids Applications](chart)

**Figure 13**

![Healthy Families Applications](chart)

**Figure 14**

![Medi-Cal Applications](chart)
Other programs supported by First 5 LA (e.g., the Reading First, the bassinette program, and professional staff advisors) receive a relatively high percentage of referrals (31.8% combined). Other health care programs receive close to ten percent of the referrals (8.8 %). All other referrals to social and basic needs programs in the community account for just 11.5 percent of the total number of referrals made by I & R staff.

The First 5 LA Connect provider data base is an important resource for I & R staff as they identify referrals to services that are best suited to meet a caller’s needs. Standard procedure is to identify three suitable alternatives from which the caller can select. The provider data base can be searched by key words, and I & R staff report that the search process could be streamlined. Of the 12,919 providers in the data base, fewer than one fourth (22.3 %) have ever received a referral from an I & R specialist. Just 266 agencies have received 25 or more referrals. Figure 15 summarizes the skewed distribution of the numbers of referrals to agencies. This chart shows that, among agencies who received a referral, the majority – 80% received between one and 9 referrals. Nearly 11% received between 10 and 24 referrals, while around 5% received between 25 to 49 referrals. The remaining percentages are fairly small, with only five agencies receiving 500 or more referrals.

Figure 15

# of Referrals Received by Agencies with at least 1 Referral During 2004
As shown in Figure 16, three fourths of the most frequently used referral agencies provide health-related services. Those used less frequently tend to more often provide services in areas other than health (see Figure 17).
In the next year, the expansion of referral resources and capacity in under-utilized need areas should be elevated to a program priority. This report includes recommendations designed to further that goal.

First 5 LA Connect Specialists

The availability of Family Resource Specialists and nurses as First 5 LA Connect staff available to provide information or telephone consultation to callers in acute need of these services is a major factor that distinguishes First 5 LA Connect from other I & R call centers. While these calls are more resource-consuming than standard I & R calls, they play a critical role in meeting program goals for promoting safe environments for children and for providing a sensitive and responsive gateway to critical services. Demand for these services frequently outstrips capacity, especially since KCET has increased the visibility and salience of these services. Analysis of 2004 call center data show that approximately 6% of calls representing over 2,400 families were transferred to Professional staff. These specialists often address acute or crisis circumstances involving child safety, the behavioral health of caregivers, or immediate health risks. This report includes recommendations for focusing and increasing capacity of the Family Resource Specialists and nurses to bring this important “added value” to First 5 LA Connect.

Quality Assessment

The previous discussion has focused on the organization of First 5 LA Connect 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 Connect mission, the quality of the response that the caller gets from the I & R specialist 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 First 5 LA Connect has achieved these objectives in call response.
- **Wait Time.** Figure 19 displays data comparing the average time that a First 5 LA Connect caller waits for an answer to industry standards and averages. The average wait for English speakers is 19 seconds and for Spanish speakers it is less than 17 seconds. Both are below the industry gold standard, and well below the industry average of 35 seconds.

  ![Figure 19]

- **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 resources, 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 Connect 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 20 compares the length of First 5 LA Connect I & R calls and health insurance calls with 2-1-1 calls and industry standards. For I & R referral calls, First 5 LA Connect performs right at the industry gold standard and comparable 2-1-1 performance. These calls are shorter than the industry average. Insurance calls, in which callers are walked through the application process, require more time to complete the objective of completing applications. These data indicate that First 5 LA Connect management and staff effectively differentiate between those calls that should require less time, and those in which more time is essential to success.
Satisfaction. Figure 21 displays the percentage of First 5 LA Connect callers that report being “very satisfied” with their call over time and in comparison to 2-1-1 performance and industry standards.

The trends and comparisons in Figure 21 support the following observations.

- Reported satisfaction with call response has steadily improved at First 5 LA Connect, rising from 75 percent “very satisfied” to 93 percent in the last quarter of 2004.
- The levels of satisfaction with First 5 LA Connect are nearly double the private sector average, and are well above the industry gold standard. Satisfaction has
improved to a level significantly higher than the level of satisfaction with 2-1-1 services reported in the literature.

The *First 5 LA Connect* evaluation also collected information on caller satisfaction with referrals they received from I & R specialists. Satisfaction levels for different types of referral are displayed in Figure 22. These ratings were collected at least 15 days after the initial call, so they often will reflect direct contact with the referral agency. With the exception of referrals for parenting/adult education, which are higher, satisfaction levels are around 60 percent for other needs. Given that *First 5 LA Connect* callers often experience multiple barriers to service, these satisfaction levels are encouraging.

![Figure 22](image)

**Figure 22**

Percentage "Very Satisfied" with Referral

<table>
<thead>
<tr>
<th>Health Insurance</th>
<th>Health Care</th>
<th>Material Needs</th>
<th>Social Services</th>
<th>Parenting/Adult Ed</th>
</tr>
</thead>
<tbody>
<tr>
<td>58.8%</td>
<td>66.4%</td>
<td>63.5%</td>
<td>60.7%</td>
<td>84.6%</td>
</tr>
</tbody>
</table>

Data Source: EMT External Evaluation Caller Survey Data, 2003 & 2004

Figure 23 displays additional positive indicators of satisfaction with *First 5 LA Connect* services. Callers were virtually unanimous in agreeing that they would call *First 5 LA Connect* again, and that would refer others to *First 5 LA Connect*.

![Figure 23](image)

**Figure 23**

Would you call First 5 LA Connect again?

- Yes: 99%
- No: 1%
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 displayed in Figure 25 are again virtually unanimous in reporting that I & R specialists were polite, respectful and patient. This is important confirmation of the ability of I & R specialists to achieve a positive rapport with callers. Management and supervision policy established for *First 5 LA Connect* are very supportive of this feature of program quality. Training and management policy, including rotating specialists into a variety of support tasks to lower the stress of caller interaction, place a high priority on sensitivity to and respect for the caller.

**Figure 25**

**Was the Information and Referral Specialist:**

- **Polite?**
  - Yes 99.7%
  - No 0.3%

- **Respectful?**
  - Yes 99.9%
  - No 0.1%

- **Patient?**
  - Yes 99.9%
  - No 0.7%

Data Source: 2004 EMT External Evaluation Survey; N=1,240

Utility. Figure 26 demonstrates that the great majority of callers (82%) found the information provided by *First 5 LA Connect* to be useful. This is an important indicator of perceived benefit of *First 5 LA Connect* services.
Resource Use. One of the strong arguments for a call center approach to I & R services is the potential efficiency of using the telephone as an access point. Transaction costs are greatly reduced because time in transit for those seeking information is eliminated, a large number of topics can be handled at a single point, and organized retrieval of information can be used to make the process more efficient. As we have noted above, the degree to which costs of call-in services can be reduced depends partly on the scope of service provided. For First 5 LA Connect, fully meeting its mission requires much more than simply fielding inbound calls. Figure 27, for example, displays the total number of calls going in and out of the call center by month for 2004. Clearly there are many more outbound calls than inbound.
The outbound calls serve several important purposes, including following through on health insurance documents and applications, call backs for calls that were not fully completed on first contact, verification of provider list, community liaison, and follow up calls for quality assurance. Throughout this report, the importance of these functions has been stressed. Other support for adequately handling inbound calls includes preparation of insurance submission packages and research concerning services and strengthening linkages to providers.

Even with the extensive support services necessary to the First 5 LA Connect service model, and the greater call length necessary for insurance and Family Resource Specialist calls, First 5 LA Connect costs per call are in the expected range for similar services. Figure 28 compares these per call costs to several other programs and standards.

**Figure 28**

Cost Per Call

<table>
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<tr>
<th></th>
<th>$35.00</th>
<th>$30.00</th>
<th>$25.00</th>
<th>$20.00</th>
<th>$15.00</th>
<th>$10.00</th>
<th>$5.00</th>
<th>$-</th>
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</thead>
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<tr>
<td>Private Sector Averge</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Source: 2004 Call Center and Outsourcing Industry Benchmark Report: Best in Class Call Center Performance. Purdue University’s Benchmark Portal, Dr. Jon Anton; 2001 Maryland 211: Costs & Benefits of a 211 System for Maryland, PSComm LLC; Final 211 Report: Survey of Existing I & R Services & a Nebraska 211 System Cost/Benefit Analysis; F5LAC 2004 budget; F5LAC 2004 Daily Numbers database

It is important to emphasize that this cost per call is calculated with no budget adjustments, it is simply the entire budgeted grant amount for 2004 divided by the number of calls in 2004. Many reasonable adjustments could be made, and peak volume costs are clearly much lower than this average. Furthermore, comparison to private sector average and gold standard are of minimal utility because these services do not include the extensive support activities necessary to a successful public sector call center such as First 5 LA Connect, and as we have seen their average levels on performance quality indicators are substantially below what has
been achieved at *First 5 LA Connect*. Still, this raw cost per call figure is very close to what has been achieved in less ambitious 2-1-1 call centers, and below what has been achieved in other public center call centers reaching special populations. It is also notable that cost-benefit studies of call centers, which are beyond the scope of this project, have consistently shown beneficial results.

**The Need for Social Marketing**

The key to improving access to *First 5 LA Connect* services is to strengthen awareness throughout the community, particularly in those components of the community where need is greatest. In marketing, what has worked in the past is often a strong guide to what should be strengthened in the future. Accordingly, Figure 29 summarizes caller report concerning how they became aware of *First 5 LA Connect* services.

**Figure 29**

The slide supports several observations.

- Television is by far the most frequently cited source of awareness, accounting for 60 percent of the responses.
- Word of mouth (9 %) and clinics (7 %) are significant sources of awareness, though far below television in impact. The contribution of clinic referrals reflects *First 5 LA* outreach and promotions to health care providers that was intended to increase their awareness and support of the service. This kind of “two-step” process in which professional and provider groups are informed with the anticipation that they will inform the relevant public can be important.
- Other air and print media combined accounted for only eight percent of the reported awareness sources.

Figure 30 provides a breakout of the reports that television was where the caller learned about *First 5 LA Connect*. It is clear that a series of media news or public service announcements on Spanish language Telemundo had a large impact on awareness in the community – one explanation for the strong *First 5 LA Connect* utilization by Latinos. It
should be noted that the KCET program that promotes *First 5 LA Connect* is relatively new, and has been noted by staff as a significant source of caller awareness.

**Figure 30**

![Where Caller Heard About F5LAC: TV Only](image)

To test the consistency and magnitude of the impact of marketing events on caller demand (i.e., number of calls per day), EMT conducted analyses of the relationship between the days in which events occurred and the number of calls on that day and the days immediately following the event. Figures 31 and 32 display the results of these analyses for June and July, 2004 respectively. These were months with a significant number of Telemundo stories and announcements concerning *First 5 LA Connect*. These events were “earned media” exposure, not paid advertisements, and were the result of outreach by Nexcare
Figure 31

F5LAC's Daily Numbers for June 2004 Contrasted with Media Exposure
Figure 32

F5LAC's Daily Numbers for July 2004 Contrasted with Media Exposure
The pattern is clear. Telemundo media events are consistently followed by a significant spike in demand. These spikes in demand often exceed the 300 inbound calls a day target, sometimes by a huge margin. When health insurance broadcasting began in June, the response was overwhelming. When the Reading Connection campaign first aired in July, another large spike in calls occurred. Analyses of other months have shown that not all topics aired on Telemundo results in a spike in calls. An obesity prevention campaign, for example, did not result in a significant call spike. This pattern suggests that not only is there significant unmet need in the community for First 5 LA Connect services – particularly health insurance but when effective marketing occurs and people become aware of the service, demand increases.

Figure 33 displays a similar chart for September, 2004 and highlights the occurrence of some First 5 LA events promoting First 5 LA Connect. There is no similar pattern of immediate spikes in demand for these events. This display also conveys important lessons. First, it reaffirms the effectiveness of the Telemundo events as an immediate impetus to demand. Second, however, it does not mean that these other events were not important. Many First 5 LA events are of the two-step variety identified above, and are focused on provider, leadership and professional groups. These efforts may well be important, as evidenced by the reports that clinics were a source of knowledge about First 5 LA Connect. They will, however, work more slowly and will not produce an immediate spike in calls.
Figure 33

First 5 LA Events Completed vs. F5LAC’s Call Volume for September 2004
Figure 34 depicts the impact of media exposure on First 5 LA Connect call volume, contrasted with the impact of First 5 LA event exposure in Figure 34.

**Figure 34**

First 5 LA Connect's Average Call Volume

![First 5 LA Connect's Average Call Volume](chart)

- **Media Events/Following Day**
  - 2003: 203
  - 2004: 278

- **Other Days**
  - 2003: 62
  - 2004: 98

Data Source: F5LAC Daily Numbers database; Calendar of events 2003 & 2004

**Figure 35**

F5LAC's Call Volume on the Days of & After First 5 LA Marketing Events

![F5LAC's Call Volume on the Days of & After First 5 LA Marketing Events](chart)

- **First 5 LA Events Completed/Following Day**
  - September-November 2004: 77

- **Other Days**
  - September-November 2004: 183

Data Source: First 5 LA Calendar of Events 2004; F5LAC Daily Numbers Database
The overall lesson of these analyses is that First 5 LA should develop and implement a strategic plan for social marketing of First 5 LA Connect. This plan should be informed by the data collected through the evaluation and monitoring of First 5 LA Connect, should include a mix of direct marketing to the public (quick impact) and longer term strategies for working with community leaders and providers (institutionalized awareness). It is only natural that a new program like First 5 LA Connect would be in the early stages of developing this strategy, and the success of the Telemundo events demonstrates the potential impact of a well-developed and well-implemented strategy. Ironically, the fact that the highly successful Telemundo campaign was idiosyncratic also demonstrates important liabilities related to the lack of a systematic social marketing strategy. The success of those events has exacerbated some of the imbalances in First 5 LA Connect service delivery, particularly the relative lack of participation of ethnic communities other than Latinos, and the emphasis on a few high visibility services, most notably health insurance. A strong social marketing strategy is one key to a stronger future for First 5 LA Connect, and for very young children in LA County.

Conclusions

This summary of First 5 LA Connect performance in its first 21 months of implementation supports several overall conclusions.

- First, First 5 LA Connect 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, First 5 LA Connect 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, First 5 LA Connect has had remarkable success in providing access for the Latino community. The response to specific marketing events has demonstrated that the unmet need for First 5 LA Connect services can be mobilized into demand – actual calls.

- Fourth, First 5 LA Connect has demonstrated that even with its expanded service scope and excellent performance, it operates within cost parameters typical of similar services.

Very importantly, both First 5 LA and First 5 LA Connect have demonstrated and implemented a commitment to accountability, evaluation and data-based decision meeting. EMT, First 5 LA, and First 5 LA Connect regularly collaborate in developing and implementing program improvements based on monitoring and evaluation data. EMT was able to gain access to call center data for the first time in preparation for this report, facilitating EMT’s ability to conduct more comprehensive analyses of First 5 LA Connect.
operations. Indeed, this report has generated a number of recommendations for improvement that are summarized earlier in this report. The promise for the future is that the collaborative First 5 LA Connect 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.
Appendix A: Number of Incoming Calls Processed and Incomplete Calls
Note that data on incomplete calls is only available for 2004. Calls deemed “abandoned” are those which never reach an Information and Referral Specialist live agent. The caller hangs up during the initial message asking whether the caller would like to speak to someone in English or in Spanish. There were 3,918 abandoned calls from January-November 2004. Calls deemed “hang ups” are calls in which the caller hangs up after speaking to an Information and Referral Specialist. There were 96 hang ups from January through November 2004. Unfortunately, this information was received too late to be included when calculating the charts contained in this report.

These numbers are mitigated by the fact that calls received after-hours are not tallied with the inbound calls. After-hours calls are recorded via voice message, and the system does not currently count these calls—there is no data source from which to report the number of inbound calls received after-hours.

In sum, the number of inbound calls documented in the report is not exact, but likely a close approximation. If the number of incomplete calls was removed from the total, and the number of after-hours calls added in (if that number was known), the totals may very well be close to those documented in the report.