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Executive
Office.**

COUNTY OF LOS ANGELES

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CHIEF EXECUTIVE OFFICER

Fesia A. Davenport

December 12, 2023

To: Supervisor Lindsey P. Horvath, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Fesia A. Davenport 
Chief Executive Officer
FAD (Dec 12, 2023 10:19 PST)

REPORT BACK ON EXPLORING THE FEASIBILITY OF BRINGING INFORMATION AND REFERRAL CONTRACTED SERVICES IN-HOUSE (ITEM NO. 9, AGENDA OF NOVEMBER 15, 2022)

On November 15, 2022, the Board of Supervisors (Board) adopted a motion (Motion) directing the Chief Executive Officer (CEO), in consultation with the Acting Chief Information Officer and County Counsel, to report back to the Board with options for implementing a Los Angeles County (County) administered Information and Referral (I&R) Service.

The Motion directed the CEO to: 1) conduct an analysis of County department I&R call center services and programs; 2) evaluate options for Countywide I&R services to be provided in-house by the County, including operational and funding considerations; 3) evaluate the feasibility of transitioning the current vendor's workforce to County employees; 4) analyze the current contractor's organizational, operational costs and other aspects related to I&R service delivery; and 5) conduct a broad comparative analysis of the current contractor's operation with other 2-1-1 providers in the State.

Part One of Chief Executive Officer's Report Back (Part 1) addressed Directives 1 and 4 (Attachment I). This report (Part 2) contains analyses for the remaining directives as detailed below and in the attachments, including feedback and recommendations from a focus group of eight County health and human (HHS) services¹ departments and the Office of Child Protection. These recommendations are included as they represent opportunities for the County to break down unnecessary barriers to service coordination

¹ Participants included the Departments of: Aging and Disability, Child Support Services, Consumer and Business Affairs, Children and Family Services, Health Services, Economic Opportunity, Public Health, and Public Social Services.



and fundamentally shift the County’s service delivery system toward a holistic, person-centric model.

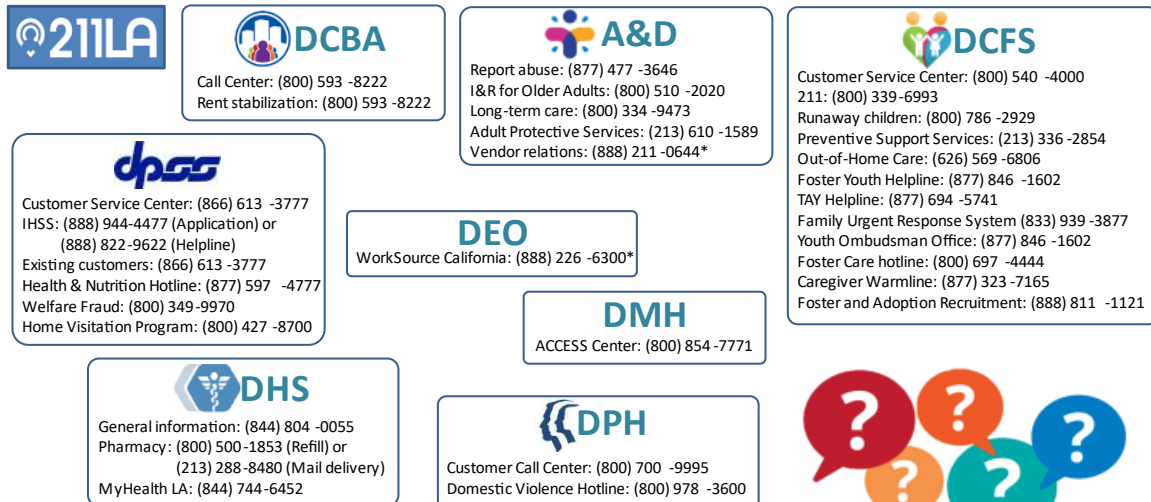
Summary of Directives 2 and 3: In-House Options and Staff

Context

Before developing scenarios for the County to become a provider of I&R services, the CEO took a step back to place I&R in the context of the larger County service delivery landscape, and to further examine what the service delivery/access experience looks like from the constituents’ point of view. Diagrams 1 and 2 below represent, respectively, a microcosm of the County’s I&R and service delivery landscape, and a mapping of the journey that constituents experience as they seek to access County services.

Additionally, the concepts presented in Diagrams 1 and 2, provide important context for understanding the feedback and recommendations provided by the HHS focus group participants when they were presented with scenarios for bringing I&R services into the County.

Diagram 1: Microcosm of the County’s I&R and Service Landscape



FY 2020-21

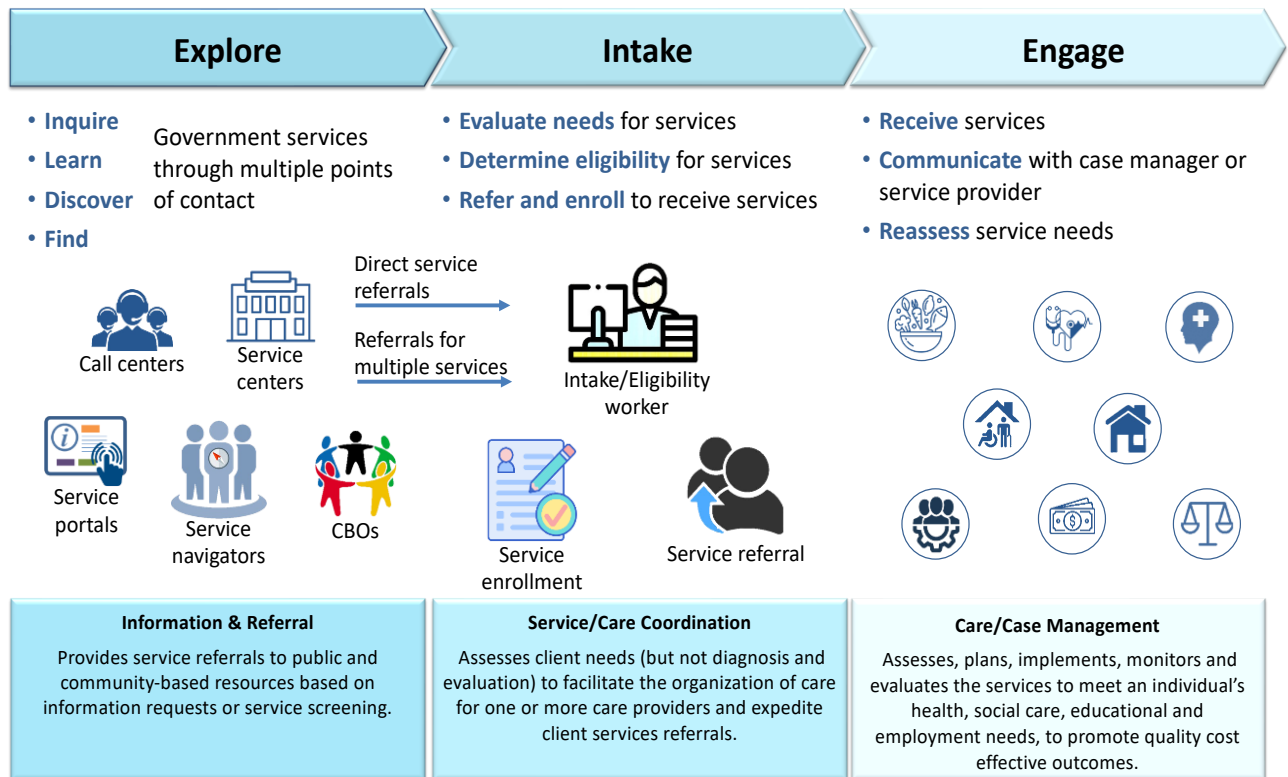
Dept/Agency	Incoming calls	Calls handled
CSSD	407,937	382,052
DCBA	154,085	140,500
DMH	165,178	130,690
DPSS CSC	5,798,045	4,510,901
DPSS IHHS	1,665,034	671,860
County totals	8,180,279	5,836,003
211LA	673,556	562,966



Note: 211LA made 153,353 referrals to County departments

As can be seen from the diagram above, the County receives and handles a much larger volume of calls from constituents seeking services than 211 LA does. Furthermore, the diagram illustrates how 211 LA is but one of many doors that constituents can walk through to access County services. 211 LA's vast majority of referrals are made to Community-Based Organizations (CBOs), cities, partners, and non-County departments or agencies. For 211 LA, less than 20 percent of all its referrals are directed to County departments or agencies. Furthermore, due to its community facing role, 211 LA plays an important part in the overall service delivery landscape by being a community door by which constituents can access County and other services. In other words, the I&R landscape in Los Angeles County is far broader than referrals for County-provided services. The County's role is limited to receiving service inquiries for County services, while 211 LA serves a larger coordinating function in the region for the County and non-County service providers.

Diagram 2: Constituent Journey Map



The diagram above breaks down the steps and processes that constituents experience while on the road to obtaining services from the County. Starting with the exploration of services needed, receiving either a "direct" referral to a service provider to address a single need, or multiple referrals to multiple providers to address multiple needs. Once referred, the provider conducts the intake process, evaluates needs and determines eligibility, the constituent is then enrolled to receive services. Only after these

preparatory steps are completed can the constituent receive the service sought. Depending on the number of services needed, this process is repeated several times until their needs are met.

CEO's Analysis of Possible In-House Scenarios

Against this backdrop, the CEO evaluated whether it was feasible to bring the contracted I&R services in-house and operate the services ourselves. For the reasons outlined below, we conclude that doing so would be operationally challenging, would likely not enhance customer service levels, and would likely be as costly as contracting the services out, if not more expensive.²

To conduct this feasibility analysis, the CEO evaluated the five County department call centers included in the Part 1 report and used the Department of Consumer and Business Affairs' (DCBA) call center as a proxy for 211 LA's call center. DCBA's call center was selected based on a combination of factors, including similarities between call volume, profile of calls, types of inquiries, and call handling methods, such as directly responding to inquiries and referring callers to County and non-County services. This resulted in the development of the three scenarios and respective cost models described below:

- **Scenario 1** assumes bringing the full scope of the contracted I&R services in-house, handling all regional calls received through the 2-1-1 dialing code regardless of whether it is a County service or not, and setting a call abandonment rate of 10 percent or less.
- **Scenario 2** assumes bringing the full scope of the contracted core I&R services in-house and setting a 23 percent abandonment rate or less, which is the same abandonment rate as the current contract with 211 LA.
- **Scenario 3** assumes bringing only partial I&R services in-house. The County call center would only receive and process the approximately 20 percent of referrals made to the County by 211 LA and the remaining 80 percent of referrals would continue to be made by 211 LA to other non-County entities.

² The current contract with 211 LA for core services (excluding special projects) is approximately \$7.8 million per year.

The scenarios and their respective budgetary estimates are summarized in the table below.

Scenario	Description	Call Center Agents	Abandonment Rate	Budgetary Estimate
1. Full in-house I&R call center – 10 percent abandonment rate	The County would receive and handle all I&R calls for the region (regardless of whether it is a County referral or not), but at a lower abandonment rate than the current contract with 211 LA.	66	10%	\$14.5M
2. Full in-house I&R call center – 23 percent abandonment rate	Same as above, but at the same abandonment rate as the current contract with 211 LA.	48	23%	\$10.5M
3. Partial in-house I&R call center	The County would only receive and process the referrals involving County services (about 20% of the total referrals made by 211 LA).	20	10%	\$4.4M

Scenarios 1 and 2 both envision bringing all core I&R services in-house, albeit at different service levels based on abandonment rates. Both scenarios face significant operational and fiscal barriers to success. First, the County would be committing to taking on all I&R services for the region, meaning that 80 percent of the total referrals (and a commensurate share of the call center’s operating cost) would include referring callers to services provided by an agency or entity other than the County. This would create significant additional workload for staff to regularly verify and confirm that the services not offered by, or contracted with, the County were appropriate and available. Second, under both Scenarios 1 and 2, the County would need to petition the CPUC to name the County as the region’s I&R provider and assign the County rights to the 2-1-1 dialing code designation. Such a petition would likely be contested and, assuming 211 LA (the current designated I&R provider for the region) is able to provide I&R services through other revenue sources, the CPUC may elect not to assign control of the dialing code to the County. Failure to receive rights to the dialing code designation would likely render both Scenarios 1 and 2 infeasible, as the County would have to operationalize a new phone number and market it separately from the 2-1-1 dialing code, leading to confusion and duplication. Finally, neither of these scenarios would enhance the County’s ability to improve the delivery, coordination, or quality of services to constituents. Rather, implementation costs would be focused on call center staffing and coordination with departments and service providers, rather than investing that funding in better service delivery.

Scenario 3 would not necessarily cost the County more to implement than the current contract with 211 LA³ and would not require the County to obtain authority over the 2-1-1 dialing code designation. However, upon discussing this option with the HHS focus group, the group **determined** that Scenario 3 would be operationally challenging and not desirable as it **would not**: 1) improve the constituents' experience or achieve coordinated service delivery; 2) reduce inefficiencies or duplication of efforts; or 3) reduce the workload of call center and departmental staff.

The HHS focus group's reasoning for this was that bringing the I&R services in-house would create an additional layer of call routing, meaning that callers would have another person to talk to in order to get to the exact same place as before (because 211 LA would refer County calls to the County call center for further referrals to County service providers). This would add time to the call and the "time tax" callers experience as a result. There would not be any additional coordination received by callers, so the quality of service would not be improved.

Instead, the focus group participants recommended that the County implement a true no-wrong-door model for improving service coordination. This would consist of creating a cross-departmental Service Coordination Team (SCT) of point-people who would work together to break down unnecessary silos and barriers to service coordination. Having a centralized SCT in place would reduce the number of contacts constituents would need to make in order to connect with all of the County supports they are interested in, and it would speed up the time needed for them to realize all the services they are eligible for because the SCT would offer them all upfront. This model can be implemented within the County and without taking ownership of the regional I&R service, and it has the potential to meaningfully improve the County's service delivery and the customer experience of our constituents.

Community Information Exchange

The focus group also described the need for a data service to support the SCT's operations and access constituent-specific service information, track referrals, and confirm that service linkages were made. This could be achieved by establishing a Community Information Exchange (CIE) for the County. The CIE would also integrate information from key County stakeholders such as 211 LA, contracted entities, and other community-based providers and partners, and could also be created without taking ownership of the regional I&R service.

This combined SCT and CIE approach would fundamentally shift the County's service delivery system toward a holistic, person-centric model. Additional details regarding the focus group's findings and recommendations are detailed in Attachment III.

³ This assumes the County no longer contracts with 211 LA to service callers seeking County services, which may not be an appropriate assumption considering the County may wish to continue its contractual relationship with 211 LA to ensure County-associated calls are handled appropriately and within agreed-upon standards.

Summary of Directive 5: Comparative Analysis of other 2-1-1 Providers

In January 2023, the CEO developed a survey to capture the operational details of the six 2-1-1 providers serving other counties outlined in the Motion.⁴ Of the six counties contacted, only 211 LA and Interface Children and Family Services (serving Ventura County and 34 other counties) responded. As a result, the CEO used publicly available information, such as the Internal Revenue Services' Form 990 (Return of Organization Exempt from Income Tax), and providers' respective websites, reports, etc., to complete its analysis.

One of the key findings of this analysis is that, compared to the other five counties, the County of Los Angeles was the only county that has funded nearly all of the operational costs of its California Public Utilities Commission (CPUC) designated I&R provider (211 LA).

For example, in 2019, the County funded nearly 93 percent of 211 LA's operational cost, while San Diego County and Ventura County funded approximately five and seven percent of their respective I&R providers' operational costs. Most other I&R providers relied primarily on securing funding from their local United Ways and other philanthropies, non-county governmental entities (e.g., local cities, the State, and First 5), private organizations (e.g., Kaiser), and various donations and campaigns to fund their operational costs.

The data collected and details of the CEO's findings are contained in Attachment II.

Recommendations and Next Steps

Given the findings contained in this report and its attachments, bringing the contracted I&R services in-house does not appear to be cost-effective nor operationally feasible. Based on direction from the Board to improve access to information and coordination, the CEO recommends that the County:

1. Explore a new I&R funding model for the region to enhance constituent access and connection to resources.

A diverse regional funding model is needed to engage local cities, the State, United Way, other local philanthropies, and the private sector, to bring it in line with other 2-1-1 providers. Diversifying this model could increase the funding for I&R services for the region.

⁴ In addition to 211 LA, other 2-1-1 providers outlined in the Motion include those serving the counties of Orange, Riverside, San Bernardino, San Diego, and Ventura.

2. Support State legislative efforts to fund 2-1-1s.

To reduce 211 LA's dependency on County funding, the County should consider supporting legislation that advances the provision of I&R services through increased State-level funding. One recent example of such legislation is Senate Bill 318 (Ochoa Bogh), the 2-1-1 Infrastructure Act (02/06/2023).

3. Establish a no-wrong-door model for the County.

Create a cross-departmental Service Coordination Team (SCT) and an integrated electronic Community Information Exchange (CIE) to improve coordination and service delivery to constituents, break down unnecessary silos and barriers to service coordination, and fundamentally shift the County's service delivery system towards a holistic, person-centric model.

Unless otherwise instructed by your Board, the CEO will move forward with implementing the recommendations outlined in this report, developing a phased implementation plan and budget for the creation of the SCT and CIE, and continue to explore additional options to ensure constituents have the most accurate and efficient access to information and essential resources.

Should you have any questions concerning this matter, please contact me or Carrie D. Miller, Branch Manager, Policy Implementation and Alignment, at (213) 262-7823 or cmiller@ceo.lacounty.gov.

FAD:JMN:CDM:JFO
CP:GS:PN:pp

Attachments

- c: Executive Office, Board of Supervisors
- County Counsel
- Aging and Disabilities
- Child Support Services
- Children and Family Services
- Consumer and Business Affairs
- Economic Opportunity
- Health Services
- Mental Health
- Public Health
- Public Social Services
- 211 LA

ATTACHMENT I

**BOARD OF
SUPERVISORS**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District



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CHIEF EXECUTIVE OFFICER

Fesia A. Davenport

February 24, 2023

To: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Kathryn Barger

From: Fesia A. Davenport *FAD*
FAD (Feb 24, 2023 16:01 PST)
Chief Executive Officer

**REPORT BACK ON EXPLORING THE FEASIBILITY OF BRINGING
INFORMATION AND REFERRAL CONTRACTED SERVICES IN-HOUSE
(ITEM NO. 9, AGENDA OF NOVEMBER 15, 2022)**

On November 15, 2022, the Board of Supervisors (Board) adopted a motion (Motion) directing the Chief Executive Officer, in consultation with the Acting Chief Information Officer and County Counsel, to report back to the Board in 90 days with options for implementing a County-administered Information and Referral (I&R) Service.

Background

The Motion directed the Chief Executive Office (CEO) to: 1) conduct an analysis of County department I&R call center services and programs; 2) evaluate options for Countywide I&R services to be provided in-house by the County, including operational and funding considerations; 3) evaluate the feasibility of transitioning the current vendor's workforce to County employees; 4) analyze the current contractor's organizational, operational costs and other aspects related to I&R service delivery; and 5) conduct a broad comparative analysis of the current contractor's operation with other 2-1-1 providers in the State.



"To Enrich Lives Through Effective And Caring Service"

Reporting Approach

To address each of the Board's directives, the report will be divided into two parts. Part one (this report) contains initial findings taken from the landscape analysis of five health and human service County call centers (CCs) and programs that most closely resemble the volume and function of existing countywide I&R services. It also contains a summary of key findings related to the current contractor's¹ (211 LA) operational data² over the last five years.

Part two of the report will be submitted upon the completion of the following: 1) the comparative I&R provider analysis requested; 2) a deeper, validated analysis of County CCs and 211 LA operational and cost data; and 3) an evaluation of options for bringing I&R services in-house. This approach will also allow I&R providers more time to respond to a CEO survey that was prepared with the assistance of 211 LA and distributed in early January 2023. Additionally, the CEO will convene a focus group of representatives from the five County CCs described in this report to confirm their operational and cost data, validate call profiles, and identify best practices and potential opportunities that will shape the options presented to the Board. We will provide an update to the Board by March 31, 2023, on the status of the above tasks and provide the Board with a deadline by which we will submit part two.

Report Back: Part One

It is important to note that the County's CCs, like 211 LA, are each part of a broader countywide safety net and that as such their functions and roles are highly specialized (e.g., Department of Mental Health (DMH) specializes in mental health screenings while 211 LA specializes in I&R services). These specializations are reflected in their respective call volumes, the nature of the calls received and how they are handled, and how they track their respective operational data.

Below are highlights of key findings stemming from a landscape analysis of both the County CCs and 211 LA. More detailed operational data for both the County's CCs and 211 LA are included in the two attachments as indicated in the sections below.

Landscape Analysis: County Call Centers

With guidance from the Acting Chief Information Officer, the CEO obtained operational data for Fiscal Year (FY) 2020-2021 from five³ CCs residing within the following four departments: Child Support Services (CSSD), Consumer and Business Affairs (DCBA), DMH⁴, and Public Social Services (DPSS).

¹ The Information and Referral Federation of Los Angeles County, Inc. dba 211 LA County.

² Operational data includes volume, metrics, and staffing for County CCs and 211 LA.

³ The Departments of Children and Family Services (Child Abuse Hotline) and Health Services (Patient Access) were not included due to their highly specialized functions.

⁴ Data provided by DMH is for Calendar Year 2021.

Highlights of County CCs

Below is summary of some initial takeaways for the CCs, as a whole. Collectively, the five CCs reported:

- **Receiving 8,180,279 incoming calls** and handling 5,836,003 calls.⁵
- **Employing a total of 3,328 CC staff**, with 2,545 CC agents handling more than 5.8 million calls, or an average of 2,293 calls per agent.
- **Varying call volumes and wait times from one to 18 ½ minutes**, from a low of 154,085 calls received by DCBA to a high of 5,798,045 received by DPSS' Customer Service Center (CSC); and a wait time of approximately one minute for DMH's Access Line to approximately 18 1/2 minutes for DPSS' CSC. These measures may reflect the type of caller assistance being provided by CCs, such as program intake, determining eligibility, and case management.
- **Technology and automation play key roles** in helping CCs to triage and route callers to appropriate programs, services, or agents through the use of Interactive Voice Response (IVR) systems, voice recognition software, and other means.
- **1,250,281 calls abandoned or 15.3 percent of incoming calls**, meaning that callers disconnected after making a final IVR selection, while waiting to speak with an agent.⁶
- **Rarely making referrals to non-County providers.** Of the five CCs only DCBA reported that 5.3 percent of their calls handled resulted in an external referral for community-based services.

Additional operational details and brief descriptions for each CC can be found in Attachment I.

Below, following the same format as the County CCs, are highlights of similar operational data pertaining to 211 LA's I&R services contract with the County.

211 LA Highlights

For FY 2020-21, 211 LA reported:

- **Receiving a total of 673,556 incoming calls** and handling approximately 562,966 calls.
- **Employing a total of 63.50 agents**, and 50.33 non-agents, to provide the County's I&R services. On average each agent handled 8,866 I&R calls.

⁵ "Incoming calls" consist of calls that are handled, abandoned, and dropped during IVR navigation. Please refer to Attachment I for additional details.

⁶ Abandonment rates are calculated based on the actual number of abandoned calls.

- **An eight-minute average wait time.**
- **110,590 calls abandoned or 16.4 percent of incoming calls.**
- **Making 153,343 referrals to County departments** and 748,463 to non-County and community providers.

Please see Attachment II for additional details relating to these and five years' worth of operational data submitted by 211 LA.

Next Steps

As outlined earlier, the CEO will submit part two of this report following the receipt and analysis of responses to the I&R survey and convening the five CCs. Part two will contain: 1) the comparative I&R provider analysis requested; 2) a deeper and validated analysis of all operational and cost data; and 3) an evaluation of any options for bringing I&R services in-house. As mentioned above, we will provide a status update by March 31, 2023.

Should you have any questions concerning this matter, please contact me or Julia F. Orozco, Acting Branch Manager, Policy Implementation and Alignment, at (213) 974-1152 or jorozco@ceo.lacounty.gov.

FAD:JMN:JFO
CP:GS:PN:pp

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Aging and Disabilities
Child Support Services
Children and Family Services
Consumer and Business Affairs
Economic Opportunity
Health Services
Mental Health
Public Health
Public Social Services
211 LA

Analysis and Key Takeaways of County Call Centers Operational Data

Overview

On November 15, 2022, the Board of Supervisors (Board) directed the Chief Executive Officer to, among other things, conduct an analysis of County departments Information and Referral (I&R) call center services and programs (CC). The purpose of this analysis is to inform the Board of the development and evaluation of options to consider when determining whether countywide I&R services should be provided in-house by the County.

In consultation with the Acting Chief Information Officer, the Chief Executive Office (CEO) prepared a survey to capture the operational data needed to conduct this landscape analysis and reached out to four County health and human services departments, whose CC call volumes and functions most closely resembled the call volumes and functions of the current County contracted I&R provider (the Information and Referral Federation of Los Angeles County, Inc. dba 211 LA County, or 211 LA).¹

Overview of County Call Centers

Table 1 below is a high-level summary of the five CCs selected for this study.

Table 1: Departmental Call Center Functions

Dept. /CC	Hours of Operation	Call Center Functions
Child Support Services (CSSD) – Customer Contact Center (CCC)	Monday - Friday, 7:00 AM to 5:00 PM	<ul style="list-style-type: none"> • Information • Referrals (e.g., Case Management) • Follow-Up Calls • Live Chat • Financial Services • Civil Rights Assistance
Consumer and Business Affairs (DCBA)	Monday - Friday, 8:00 AM to 4:30 PM	<ul style="list-style-type: none"> • Information/Referrals <ul style="list-style-type: none"> ○ Tenant Protections ○ Foreclosure Prevention ○ Consumer Counseling ○ Mediation Services ○ Immigrant Services
Mental Health (DMH) – Access Line	24/7	<ul style="list-style-type: none"> • Service Referrals • Crisis Assessments • Field Deployments

¹ The Departments of Children and Family Services (Child Abuse Hotline) and Health Services (Patient Access) were not included due to their highly specialized functions.

Dept. /CC	Hours of Operation	Call Center Functions
		<ul style="list-style-type: none"> • Mental Health Screening/Assessment • Referrals to Service Providers • Crisis Counseling • Linkages to Other Services/Resources
Public Social Services (DPSS) – Customer Service Center (CSC)	Monday - Friday, 7:30 AM - 6:30 PM	<ul style="list-style-type: none"> • General Inquiries • Case Information/Management • Applications • Automated Interactive Voice Response (IVR) System • Referrals (via IVR) to Various Hotlines • Self-Service Menu • Civil Rights Resources
Public Social Services (DPSS) – In-Home Supportive Services (IHSS)	Monday - Friday, 8:00 AM - 5:00 PM	<ul style="list-style-type: none"> • Services Both Consumers (IHSS Recipients) and Care Providers <ul style="list-style-type: none"> ○ General Inquiries ○ Timesheet Assistance (Completion, Status, etc.) ○ Provider Resources ○ Payment Services ○ Appointment Scheduling ○ Referrals ○ Chat Feature

Call Volumes and Key Metrics

The County’s CCs, like 211 LA, are part of a broader countywide safety net and as such their functions and roles are specialized (e.g., DMH specializes in mental health screenings and 211 LA specializes in I&R services). These specializations are reflected in their respective call volumes, nature of calls received and how they are handled, as well as the impact that they have on the operational data outlined in this document. All data presented in this document is for Fiscal Year 2020-2021, except for DMH which is for Calendar Year 2021.

The table below summarizes key metrics that can help better understand the operations of County CCs, as well as the corresponding, underlying service needs expressed by County residents that drives the call volume and in turn impacts the County’s ability to respond to that need. Additionally, the data presented provides insight into the role that technology and automation can play to increase efficiency and support call handling agents.

Table 2: Summary of County Departmental Call Center Volumes and Metrics

Dept.	Call Center	Incoming Calls	Handled Calls	Avg. Calls/ Agent	Aband. Rate	Wait time
CSSD	CCC	407,937	382,052	5,381	6.3%	00:02:59
DCBA		154,085	140,500	7,025	8.0%	00:17:00
DMH	Access	165,178	130,690	1,790	7.0%	00:01:10
DPSS	CSC	5,798,045	4,510,901	2,022	19.2%	00:18:28
DPSS	IHSS	1,655,034	671,860	4,479	5.4%	00:11:12
	Total	8,180,279	5,836,003	20,697	-	-
	Avg.	1,636,056	1,167,201	2,293	-	00:10:10

The total of 8,180,279 incoming calls across all CCs consist of the following categories:

- 5,836,003 handled (calls answered by agents);
- 1,250,281 abandoned after final IVR selection (calls abandoned during wait time before speaking with an agent), and;
- 1,093,995 dropped during IVR navigation (e.g., caller disconnects, erroneous IVR selection, incoming robocalls, system errors, etc.).

Takeaways

- **Technology and automation play key roles in helping CCs to triage and route callers** to appropriate CC programs, services, or agents. Through the use of extensive IVR systems, voice recognition software, and other means callers to the five CCs are routed to a combination of self-service options, other hotlines, or to a live agent for extensive, hands-on service.

For example, during this period of time DPSS’s IVR received over 10.8 million calls. However due to automation, ~6.1 million callers were diverted to a self-service option, while another ~47,000 callers were routed to other departmental hotlines. The remainder approximately 5.8 million calls were routed to the CSC, and over 4.5 million of these calls were handled by agents.

- **Annual call volumes, wait times and abandonment rates varied greatly.** Volumes fluctuated from a low of 154,085 calls received by DCBA to a high of 5,798,045 received by DPSS’s CSC; wait times varied from approximately one minute for DMH’s Access Line to approximately 18 1/2 minutes for DPSS’s CSC; and abandonment rates were lowest for DPSS’ IHSS at 5.4 percent, but highest for DPSS’s CSC at 19.2 percent.

These longer wait times could be reflective of the type of caller assistance provided by the CCs, such as, conducting program intake, determining eligibility, and case management. Additionally, these measures are also impacted by the

hours of operations of each CC, making it challenging to compare them against 24/7/365 I&R provider data.

The next table summarizes important differences between call volumes and related metrics of CCs and 211 LA, which are consistent with their respective roles.

Table 3: County Call Center vs. 211 LA Annual Volumes and Metrics

Org.	Incoming Calls	Handled Calls	Abandon. Rate	Wait times
County	8,180,279	5,836,003	15.3%	10:10
211 LA	673,556	562,966	16.1%	07:53

Takeaways

- **Compared to 211 LA, County CCs** received approximately 11.5 times the call volume, and handled nearly 10.5 times more calls.
- **211 LA's abandonment rate was 1.1 percent lower than the combined average of County CCs**, and their wait times were two minutes and 17 seconds shorter than the County's.

Staffing

Combined, the five CCs reported having a total of 3,328 CC staff. Of these, **2,545 are agents that handled more than 5.8 million calls, or an average of 2,293 calls per agent.** The remaining 783 staff play a variety of supporting roles ranging from clerical to supervisory. Below is a breakdown of staffing patterns for each CC, as well as the proportion that agents represent.

Table 4: Summary of County Departmental Call Center Staffing

Dept.	CC	Total Staff	#Non-Agents/ Other	# Agents	% Agents
CSSD	CCC	110	39	71	64.5%
DCBA		27	7	20	74.1%
DMH	Access	91	18	73	80.2%
DPSS	CSC	2,924	693	2,231	76.3%
DPSS	IHSS	176	26	150	85.2%
	Totals	3,328	783	2,545	-
	Avg.	-	-	-	76.5%

Takeaway

- **The proportion of agents handling calls to all other CC staff were comparable**, but DPSS' IHSS CC had the largest agent to non-agent rate at 85.2 percent, while CSSD had the lowest rate at 64.5 percent.

Table 5 below provides a high-level comparison of the staffing patterns of County CCs to that of 211 LA staff assigned to the County I&R Contract.

Table 5: County Call Centers and 211 LA I&R Contract Staff
(Full Time Equivalent)

Org.	Total Staff	#Non-Agents/ Other	# Agents	% Agents
County	3,328	783	2,545	76.5%
211 LA	113.83	50.33	63.50	55.8%

211 LA Referral Activity

Table 6 summarizes the number and type of referral activity reported by 211 LA, consistent with its role as an I&R provider. It is noteworthy that the number of referrals may not necessarily add up to the total number of incoming or handled calls, because calls may result in more than one referral. Also, there is a high probability of overlap between the categories in Table 6.

Table 6: Type of referrals made by 211 LA

Type of Handled Calls	Referrals	Comments
Information only	78,202	No referral provided
2-1-1 Unassisted Referrals	331,367	No warm-hand-off provided
Referrals to County offices/departments	153,343	
Referrals to non-County or community-based organizations (CBO)	748,463	Includes County contracted CBOs
Assisted Referrals/Intake	79,143	Warm-hand-off provided
Adult Protective Services reports	3,969	
Crisis Calls	639	e.g., domestic violence, suicide hotline, etc.

Takeaways

- **Combined, 211 LA made 901,806 referrals** to both County departments and CBOs.
- **Seventeen percent of referrals were made to County departments and 83 percent represented referrals made to CBOs.**

Additional comments

Based on data provided by the County CCs, and consistent with their specialized roles within the County's safety net ecosystem, the following comments are worth highlighting in the context of the data presented in Table 6 above:

- **County CCs rarely make referrals to non-County providers.** For the purposes of this analysis County contracted agencies and services were defined as being an extension of the County's safety net. Based on this criterion only DCBA reported that 5.3 percent of their calls handled resulted in an external referral for community-based services.
- **County CCs do not maintain centralized databases** of community-based providers as their function is to handle the needs presented in-house (e.g., DPSS' CSC), or via contracted providers (DMH's Access) or by referring to or working directly with the State (DPSS's IHSS and CSSD CCC). Additionally, when residents call the County CCs they are seeking specific County services and not general I&R services, so the need for referrals to non-County services may not exist.
- **Limited 24/7/365 operations.** Except for DMH's Access Line CC, no other County CC reported operating on a 24/7/365 basis, although some did report extended weekday and weekend hours, due in large part to the pandemic.

Analysis and Key Takeaways of 211 LA Five-Year Data

As directed in the November 15, 2022, Board motion, the Chief Executive Office (CEO) met with the current contractor, the Information and Referral Federation of Los Angeles County, Inc. dba 211 LA County (211 LA), on January 4, 2023, and January 5, 2023, to begin working on the analysis of existing County Information and Referral (I&R) services and programs.

Among other things, Board motion directed the CEO to analyze the current contractor's data from the last five years, and evaluate the organizational structure, operational costs and other aspects related to the delivery of I&R services. The CEO worked with 211 LA to obtain data for Fiscal Years (FY) 2017-18 through FY 2021-2022. This data includes information regarding 211 LA's operations, performance, financials, and other elements necessary to conduct the analysis, some of which is summarized in the sections below.

Call Volumes and Key Metrics

The table below summarizes key metrics related to call center operations.

Table 1: Summary of 211 LA's Volumes and Average Metrics

Fiscal Year	Calls Received	Calls Handled	County Refs.	Non-Cnty. Referrals	FTE ¹	Calls/Agent	Aban. Rate	Wait time
17-18	471,296	393,117	130,620	658,075	48.5	8,106	16.6%	02:42
18-19	481,475	378,252	118,193	604,144	48.5	7,799	21.4%	04:18
19-20	671,522	524,323	123,726	585,485	58.5	8,963	21.9%	11:04
20-21	673,556	562,966	153,343	748,463	63.5	8,866	16.4%	07:53
21-22	564,348	470,439	125,698	565,257	48.5	9,700	16.6%	05:43
Total	2,862,197	2,329,097	651,580	3,161,424	-	43,433	-	-
Avg.	572,439	465,819	130,316	632,284	53.5	8,687	18.6%	06:20

Takeaways

- The analysis of the five-year metrics above, indicates that **211 LA is improving its efficiency in handling more calls with the same number of agents**, which is also supported by the improving number of calls handled per agent.
- The increased call volume starting in FY 19-20, and the resulting **higher abandonment rate and wait times can be attributed to pandemic related surges** in call volume.
- Compared to fluctuations in incoming or handled calls, **fluctuations in number of referrals to County offices are milder.**
- **On average, 211 LA makes about 21 percent of its referrals to County offices.**

At the start of the current contract (2020), the County negotiated for 211 LA to meet the limit of their abandonment rate at 23 percent or less. 211 LA has met this

¹ Full Time Equivalent

requirement since the start of the current contract and has maintained an average of 18.58 percent abandonment rate during the past five years. The average abandonment rate across the five County call centers (CCs) in FY 2020-21, was 9 percent.

The Performance Requirements Summary (PRS) in Table 2 below displays the major contractual requirements that are monitored by the County on a quarterly basis.

Table 2: Required Sections in the PRS Chart (in Current 211 LA Contract)

Required Section	Description
Quality Control (QC)	Maintain QC Plan; monitor and review records
Call Recording	Record all 2-1-1 calls
Contractor Furnished Items	Post required notices at Contractor’s facilities
Information & Referral Services	Immediate response and accurate information pertinent to the request, special attention to crisis calls, accessibility to all persons, operational 24 hours per day, 365 days per year
LA County Area Agency on Aging (AAA) Information and Assistance (I&A) Services	Maintain availability of AAA I&A telephone line, support/administration of phone line, maintain confidentiality of clients
Elder Abuse Reporting	Maintain 24-Hour toll-free hotline
Training Requirements	e.g., provide training on cultural awareness and diversity, child abuse reporting responsibilities
Code Enforcement and CEO DEP Hotline	Provide 24-hour toll-free County Code enforcement information and referral line for unincorporated area residents; availability of disaster/emergency line, as needed
Staff Orientation/Training, Ongoing Training	Provide orientation and training consistent with achieving Alliance of Information and Referral Systems (AIRS) certification
Provide Follow-up	Provide service-related follow-up calls each month
Data Form Preparation	Prepare data form (transaction sheet) for each I&R transaction
Statistical Reporting	Maintain statistical reporting and accounting responsibilities; maintain records for 36 months
Reports to the County on monthly call metrics	Provide monthly report on volume of 211 and general I&R calls, as well as other specialized calls received
Community Resource Information Bank (CRIB) Tracking System	Maintain CRIB updated through series of web-based interfaces and automated mechanisms
On-line Access	Maintain an operational tracking system that is sufficient to ensure appropriate follow-through on surveys, new entries, and changes
	Provide CCAs (County Contract Administrators) online access to the CRIB and maintain an adequate digital copy backup system

Required Section	Description
CRIB Access and Response to Requests for Information	County to develop web-based interfaces to allow participating County departments and authorized users access to the CRIB for purpose of developing customized directories, reports, and other materials

Organizational Structure and Staffing

211 LA’s staffing composition mainly consists of agents, Care Coordinators, and administrative and support staff. Agents are mainly responsible for answering or handling calls, Care Coordinators are mainly assigned to work with clients of the Special Projects, and the administrative and support staff serve in various capacities such as supervision, training, Information Technology, human resources, accounting, management, etc. Table 3 provides a summary of the type and number of I&R staff designated to the County’s I&R contract over the last five FYs.

Table 3: Number of FTE Staff on County’s I&R Contract

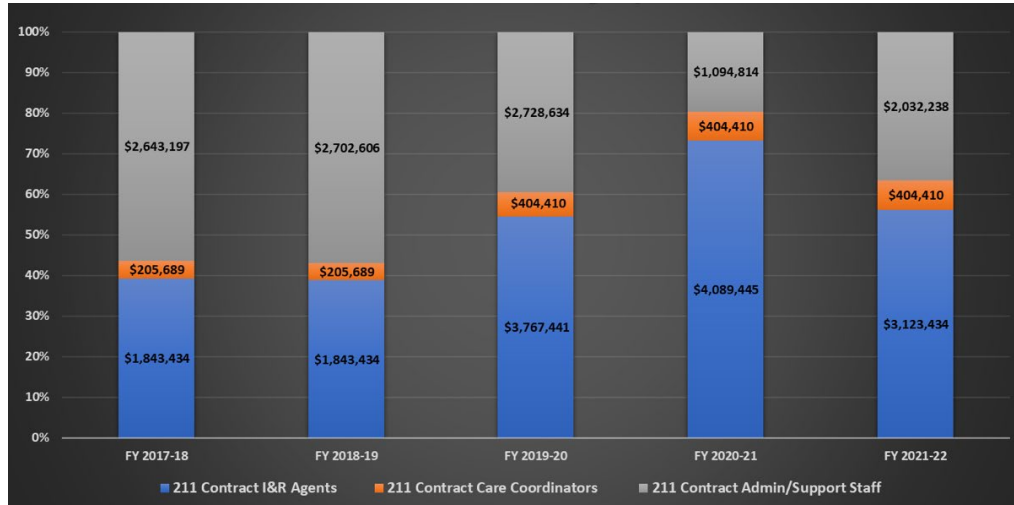
	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
I&R Contract Agents	48.50	48.50	58.50	63.50	48.50
I&R Contract Care Coordinators	4.35	4.35	12.35	12.35	12.35
I&R Contract Admin and Support Staff	33.30	33.30	37.98	37.98	37.98
Other staff (other contracts)	39.50	37.50	42.00	199.50	70.75

Takeaways

- **The number of agents grew by approximately 31 percent during the first four years, but then declined in FY 2021-22 back to their FY 17-18 levels.** The increase in the number of agents could be attributed to the expanded scope of work for the current contract (commenced January 1, 2020), as well as operational needs in response to the pandemic related surges in call volume. However, 211 LA’s FY 21-22 and current number of agents are back to 48.50 FTEs.
- Although the number of supervisors per agent fluctuated from year to year, **on average, 211 LA provided one supervisor per seven agents** over the past five years.

Chart 1 below summarizes 211 LA’s salaries and employee benefits (S&EB) expenditures on the 211 call center staff, which reflects all staffing paid for by the County’s I&R contract.

Chart 1: 211 Call Center S&EB Expenses (County I&R contract only)



Takeaway

- 211 LA’s S&EB expenditures on the County contract throughout past FYs shows that the fluctuation of their **staffing expenses related to agents are on the rise despite maintaining the same number of agents on the County contract** (48.50 FTE) in FY 17-18, FY 18-19, and FY 21-22, which could be attributed to salary increases. Their FY 2021-22 staffing expenses on the County contract are 56 percent for agents, 37 percent for overhead staff, and seven percent for care coordinators.

Organization-wide Revenues and Expenses

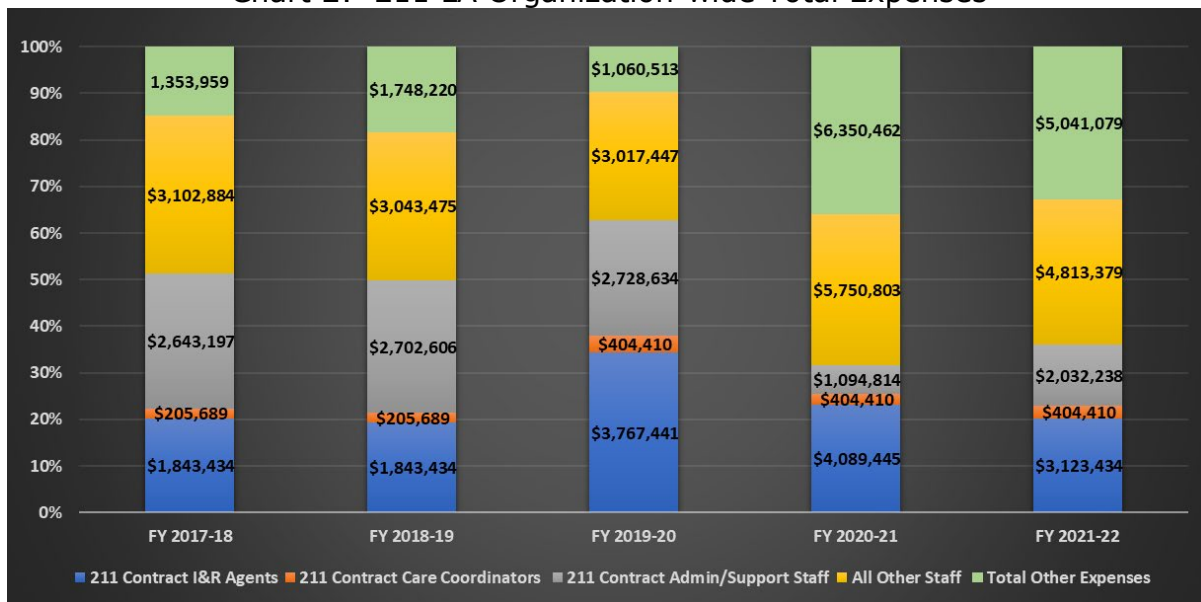
The five-year revenue and expenditure data obtained from 211 LA was evaluated in the context of revenue sources and 211 LA’s portfolio of contracts, which include the County’s I&R contract.

Over the past five years, 211 LA has secured multiple contracts with various agencies ranging from County departments and Commissions (e.g., Department of Public Health COVID-19 Vaccination Services and the Los Angeles County Development Authority’s Emergency Rental Assistance program), to State programs (e.g., Statewide Safely Surrender Baby), and quasi-County agencies like the Los Angeles Homeless Services Authority, Metropolitan Transportation Authority, and First5 LA.

211 LA’s expenses in areas other than call center staffing have grown significantly, which is consistent with the growth in their revenues secured by other contracts.

Chart 2 below summarizes 211 LA’s total expenditures across its portfolio of contracts while identifying S&EB expenditures on the County I&R contract. Costs related to services and supplies are not separated from organization-wide expenses. Part 2 of this report will provide additional context for the information related to information and referral services expenditures within 211 LA.

Chart 2: 211 LA Organization-wide Total Expenses



Training

All required training mentioned in the detailed version of the PRS in the current contract, is being monitored on a quarterly basis; and 211 LA is meeting its contractual requirements. Since the pandemic, 211 LA agents have been working remotely from home and 211 LA has completely switched to online training to accommodate the new workstyle. Adjustments in day-to-day operations and minor training sessions are launched online either in the form of a virtual meeting, or a recorded online training for staff to take outside of their time on the phone.

Database maintenance

To provide information or make referrals, 211 LA maintains and uses a database called the Community Resource Information Bank (CRIB), which is owned by the County. The number of provider profiles (agencies and respective services provided) contained in the CRIB has fluctuated slightly over the past five years, but has hovered around 4,500 provider agencies, and over 50,000 services

The current contract requires 211 LA to update each profile in the CRIB at least once a year and provide an online profile for the agencies to update their information as needed throughout the year. However, the annual update requirement does not guarantee that the data in the CRIB reflects close to real-time updates.

ATTACHMENT II

Comparative Analysis of 211 LA's and Other Information and Referral Providers

On November 15, 2022, the Board of Supervisors (Board) adopted a motion (Motion) directing the Chief Executive Officer, in consultation with the Acting Chief Information Officer (CIO) and County Counsel, to report back to the Board in 90 days with options for implementing a County-administered Information and Referral (I&R) Service. The Motion directed the Chief Executive Officer to: 1) conduct an analysis of County department I&R call center services and programs; 2) evaluate options for Countywide I&R services to be provided in-house by the County, including operational and funding considerations; 3) evaluate the feasibility of transitioning the current vendor's workforce to County employees; 4) analyze the current contractor's organizational, operational costs and other aspects related to I&R service delivery; and 5) conduct a broad comparative analysis of the current contractor's operation with other 2-1-1 providers in the State.

This analysis is responsive to Directive 5, above.

In January 2023, the CEO developed a survey to capture the operational details of the six 2-1-1 providers serving other counties outlined in the Motion.¹ Of the six counties contacted, only 211 LA and Interface Children and Family Services (serving Ventura County and 34 other counties) responded. As a result, the CEO used publicly available information, such as the Internal Revenue Services' Form 990 (Return of Organization Exempt From Income Tax), and providers' respective websites, reports, etc. to complete its analysis. The data collated from these sources have been organized into five tables, each focusing on the following respective areas:

- Table 1. Overview of 2-1-1 Services and Resources by Provider
- Table 2. Overview of Staffing and Referrals by Provider
- Table 3. Overview of Top Ten Referral Types (Categories of Needs) in 2020 by Provider
- Table 4. Budget, Revenue, and Expenses by Provider
- Table 5. Funding Sources by Provider in 2020

Key Takeaways

Given the few responses to the Survey received and publicly available information for the six 2-1-1 providers, comparisons drawn are limited to 2019 data (in some cases calendar year, and in others, fiscal year), except when similar data for another year was available for all providers and noted.

Below are highlights of the information contained in each of the tables, organized into the following categories:

- **Service delivery**
 - All 2-1-1s essentially provided the same core I&R and Emergency Response/Disaster services.

¹ In addition to 211 LA, other 2-1-1 providers outlined in the Motion include those serving the counties of: Orange, Riverside, San Bernardino, San Diego, and Ventura.

- Additional (non-core) I&R services were delivered via special projects, campaigns, or contracts.
 - Interface Children and Family Services (211 VC) was the largest 2-1-1 in the state serving 13 million constituents living in Ventura County and 34 other contracting counties.
 - Only 211 San Diego (211 SD) uses a Community Information Exchange (CIE) Model to coordinate referrals and multidisciplinary service delivery and maintain longitudinal constituent data and records based on consents².
- **Staffing/Referrals**
 - 211 SD had the largest organization, with 212 Full-Time Employees (FTEs).
 - 211 LA and 211 VC were similarly same-sized organizations with approximately 150 employees each.
 - 211 VC reported making nearly 1.6 million referrals, almost double that of 211 LA (~786,000).
 - 211 LA used almost twice (58.5 FTEs) the number of call center Agents to answer calls and make I&R referrals than 211 VC did (30 FTEs).
 - Despite the difference in the number of referrals made, the relative share of referrals to county offices/agencies were similar: 211 VC (13%) and 211 LA (16%).
- **Budget/Revenue/Expenses**
 - 211 SD had the largest operating budget with nearly \$15.7 million, while 211 Riverside had the smallest with \$945,000.
 - Share of operating budget for I&R services: 211 VC (29%), 211 LA (64%).
 - 211 LA reported that 93% of its revenue came from County and other governmental sources, while 211 SD reported that only 5% came from similar sources.
 - 211 SD reported as having the largest Salary and Employee Benefits (S&EB) cost with almost \$11 million, while 211 Orange County (211 OC) (excluding Riverside) reported the smallest (~\$1.9 million).
 - 211 Riverside merged with 211 San Bernardino in July 2020 to form Inland SoCal 211+.

² Subsequent to the analysis conducted, it was learned that Monterey County also uses a CIE model to deliver its I&R services, and that Orange, Sonoma, and Ventura counties are at various stages of developing and implementing their respective CIEs.

Table 2. Overview of 2-1-1 Services and Resources by Provider

Provider	County(ies) Served	Pop.	I&R Core Services and Access	Other Non-Core I&R Services
211 LA	Los Angeles County	10,014,009	<ul style="list-style-type: none"> ▪ Services available: Information and Referral (I&R) services provided 24/7, 365 days a year. ▪ Access: Phone, text, email, and online through website. ▪ Resource Database: Contains 4,239 agencies and 49,683 resources. ▪ Languages: Over 240 via interpretation services. ▪ Disaster services: Available when activated. Includes local disaster planning, response, and recovery services. 	<p>County (CEO) Contract:</p> <ul style="list-style-type: none"> ▪ DCFS Early Education Enrollment ▪ DCFS Family Coming Home Together/BFH ▪ Executive Office LA vs. Hate Campaign ▪ CEO Homeless Initiative Outreach E6 <p>Other County Contracts (Special Projects):</p> <ul style="list-style-type: none"> ▪ Problem Solving: Homeless prevention care coordination (LAHSA) ▪ Homeless Family Solutions CESF: I&R and emergency housing vouchers (LAHSA) ▪ Augmented Winter Shelter: Emergency housing vouchers (LAHSA) ▪ Prevention and Aftercare: Care coordination (DCFS) <p>California State Contracts:</p> <ul style="list-style-type: none"> ▪ CA vs. Hate: Reporting line and care coordination (Civil Rights Department) ▪ Stop the Hate: Outreach and onsite care coordination (CDSS) ▪ CA Tobacco Control Program: Tobacco cessation referrals (CDPH) ▪ Incentive Payment Program: Enhanced care management/care coordination (DHCS)

Provider	County(ies) Served	Pop.	I&R Core Services and Access	Other Non-Core I&R Services
				<ul style="list-style-type: none"> ▪ Safely Surrender Baby: Statewide hotline (CDSS OCAP) ▪ PATH CITED: Enhanced care management/care coordination (DHCS) <p>Other:</p> <ul style="list-style-type: none"> ▪ Social Connection Partnership: Care coordination and network development (Kaiser Permanente) ▪ Public Safety Power Shutoff: Emergency planning care coordination (Edison) ▪ SoCalGas: Outreach and inreach program (SoCalGas Co.) ▪ Ayudando a Quien Ayuda: Connecting Latino caregivers to resources (AARP) ▪ Aging & Disability Resource Connection Program (LAC and CALIF) ▪ Achieving My Potential: Care coordination (UCLA/Kaiser Permanente/NIH) ▪ Emergency Food and Shelter Program (United Way) ▪ Ride-Share/LYFT: Transportation support (United Way)

Provider	County(ies) Served	Pop.	I&R Core Services and Access	Other Non-Core I&R Services
Interface Children & Family Services, Interface 211, Ventura County 211 (211 VC)	Ventura and 34 other counties (largest 2-1-1 in California) Also serves as an after-hours and holiday overflow call center for Orange and San Joaquin counties.	13 million (includes all 35 counties served)	<ul style="list-style-type: none"> ▪ Services available: Same as 211 LA. ▪ Access: Same as 211 LA. ▪ Resource Database: Contains 9,282 agencies and 27,818 resources. ▪ Languages: Over 300 via interpretation services. ▪ Disaster services: Same as 211 LA. Additionally, 211Now.com Disaster Resource Website, Disaster Recovery Information Exchange, and Disaster Client Case Management System. Volunteer Organizations Active in Disaster Coordination. 	<ul style="list-style-type: none"> ▪ Homeless Management Information System (HMIS) Screenings and Intakes ▪ Hate Crime Reporting California vs. Hate ▪ COVID-19 Public Health Hotline ▪ Tobacco Cessation Intake Hotline ▪ CalFresh Application Assistance ▪ Utility Payment Application Assistance (HEAP) ▪ All Hazard and Public Safety Power Shutoff Utility Customer Care Coordination and Active Power Outage Response Support for SCE and PG&E Customers ▪ Lyft and Uber Emergency Transportation Assistance ▪ Doordash and Amazon Emergency Food Delivery
211 San Diego (211 SD)	San Diego and Imperial counties	3,298,634	<ul style="list-style-type: none"> ▪ Services available: Same as 211 LA. ▪ Access: Same as 211 LA but uses a Community Information Exchange (CIE) model to coordinate integrated, person-centered care service delivery for the region (see next column). ▪ Resource Database: Contains 1,290 agencies and over 5,580 resources available online and maintained on a real-time basis. 	<ul style="list-style-type: none"> ▪ Multidisciplinary services delivery via network of partners using a shared language, resource database, and an integrated technology platform. ▪ Integrate data from multiple sources, make bi-directional referrals, and create a shared longitudinal constituent record.

Provider	County(ies) Served	Pop.	I&R Core Services and Access	Other Non-Core I&R Services
			<ul style="list-style-type: none"> ▪ Languages: Over 200 via interpretation services. ▪ Disaster Services: Same. 	
2-1-1 Orange County (211 OC)	County of Orange	3,186,989	<ul style="list-style-type: none"> ▪ Services available: Same. ▪ Access: Same. ▪ Resource Database: Contains 2,000 agencies and thousands of resources. ▪ Languages: Over 300 via interpretation services. ▪ Disaster services: Same. 	<ul style="list-style-type: none"> ▪ Homeless Housing Navigation ▪ Management of OC's Homeless Management Information System ▪ Public Safety Power Shutoff (PSPS) ▪ Family Resource Center referrals ▪ CalFresh (application assistance) ▪ Emergency Rental Assistance ▪ Help Me Grow (I&R/care coordination for families with young children with developmental, behavior, or learning issues) ▪ Workforce Development (training and placement services. Participants are placed with 211 OC for three months, some are hired) ▪ 211Ride (assists constituents to navigate public transportation services)
Inland SoCal United Way/Inland SoCal 211+* (ISCUW)	Riverside/San Bernardino	4,599,839**	<ul style="list-style-type: none"> ▪ Services available: Same as 211 LA. ▪ Access: Same as 211 LA. ▪ Resource Database: Not provided via the Survey nor available online. ▪ Languages: Over 100 via interpretation services. ▪ Disaster services: Same as 211 LA. 	<ul style="list-style-type: none"> ▪ Court Referral Program (alternative sentencing and monitoring program) ▪ Workplace Campaigns ▪ Fire Fund (Application/assistance for constituents impacted by fires) ▪ Cal EITC ▪ Cool Places to Go 2023 ▪ Prescription Savings Card ▪ Rental Assistance ▪ Crisis & Suicide Hotline ▪ Several other campaigns and projects

*Riverside's merger with San Bernardino became effective on July 1, 2020.

**Population represents total for both Riverside and San Bernardino counties.

Table 3. Overview of Staffing and Referrals by Provider*

Staff/Referrals	211 LA 2019	211 LA 2020	211 VC 2019	211 VC 2020	211 SD 2019	211 SD 2020	211 OC 2019	211 OC 2020	ISCUW 2019	ISCUW 2020
Calls answered	371,739	661,924			107,470	148,611				
Agents answering calls (FTEs)	58.5	58.5	30	75						
Total Org. Staff (FTEs)	150.8	169.6	150	225	212		55		79**	
Agents to Org. staff ratio	39%	29%	20%	33%						
Referrals to non-County offices/CBOs	585,485	565,257	1,020,171	1,236,282						
Referrals to County offices only	123,726	125,698	204,034	247,256						
Total referrals (Includes "info. only")	785,828	736,560	1,564,262	1,895,632	309,002	415,452				
Pct. of all referrals to County offices	16%	17%	13%	13%						

*An empty field means that information was not provided via the CEO Survey nor readily available online.

**Represents total staff for Riverside and San Bernardino 2-1-1 staff prior to their merger in July 2020.

Table 4. Overview of Top Ten Referral Types (Categories of Needs) in 2020 by Provider

Provider	Top 10 Referral Types (Needs) (Includes referrals to county agencies)
211 LA	<ul style="list-style-type: none"> ▪ COVID-19 Services ▪ Housing Counseling/Search Assistance ▪ Adult Protective Services ▪ Emergency Shelter ▪ Health Screening/Diagnostic Services ▪ Groceries ▪ Information Lines/Websites ▪ Utility Assistance ▪ Housing Expense Assistance/Home Loans ▪ Public Safety
211 VC	<p>Top 3 Needs</p> <ul style="list-style-type: none"> ▪ Housing ▪ Mental Health/Addiction ▪ Individual and Family Life <p>COVID-Related Calls</p> <ul style="list-style-type: none"> ▪ VITA/Tax Deadline ▪ Utility Payment Assistance ▪ [COVID] Testing Site Information/Availability ▪ Rent Payment Assistance ▪ Homelessness/Shelter/Motel Vouchers ▪ Grocery/Meals Delivery ▪ General Coronavirus Information ▪ Food Pantries/School Meals ▪ Essential Business Information ▪ Best Sources of Information
211 SD	<ul style="list-style-type: none"> ▪ Housing ▪ Utilities ▪ Income Support & Employment ▪ Health Care ▪ Nutrition ▪ Community and government

Provider	Top 10 Referral Types (Needs) (Includes referrals to county agencies)
	<ul style="list-style-type: none"> ▪ Consumer Services ▪ Criminal Justice/Legal ▪ Individual and family life ▪ Material goods
211 OC	<ul style="list-style-type: none"> ▪ Community clinics ▪ Dental care ▪ Immunization ▪ Prescription assistance ▪ Food ▪ Homeless shelters ▪ Elder and childcare services ▪ Legal services ▪ Other resources offered by local nonprofits and government agencies
ISCUW*	<ul style="list-style-type: none"> ▪ Housing ▪ Utility Assistance ▪ Food/Meals ▪ Individual ▪ Family and Community Support ▪ Mental Health/Substance Abuse Disorders ▪ Health Care ▪ Information Services ▪ Clothing/Personal/Household Needs, Income Support/Assistance.

*Represents needs for both Riverside and San Bernardino 2-1-1 as of June 2022.

Table 5. Budget, Revenue, and Expenses by Provider*

	211 LA 2019	211 LA 2020	211 VC 2019	211 VC 2020	211 SD 2019	211 SD 2020	211 OC 2019	211 OC 2020	ISCUW** 2019	ISCUW 2020
Total Operating Budget (Org.)	\$11,349,286	\$15,392,347	\$7,000,000	\$12,000,000	\$15,673,768		\$2,673,073		\$6,007,046	
Total I&R Allocation	\$7,266,004	\$7,598,352	\$2,000,000	\$3,691,903						
Share of Budget for I&R	64%	49%	29%	31%						
Total Revenue	\$11,828,153	\$15,516,354	2,000,000	\$3,691,903	\$16,688,479		\$2,963,705		\$6,011,054	
Share of Revenue from County/Govt. Grants	93%	69%	7%	4%	5%		69%		48%	
Total S&EB Cost	\$9,917,932	\$11,339,472	\$9,562,178		\$11,000,254		\$1,916,919		\$3,771,679	
Share of S&EB Cost for I&R	\$3,767,441	\$4,089,445	\$3,771,679							

*An empty field means that information was not provided via the CEO Survey nor readily available online.

**Figures represent totals for both Riverside and San Bernardino, prior to their merger.

Table 6. Funding Sources by Provider in 2020

2-1-1 Provider	Funding Sources
211 LA	Los Angeles County CEO Contract (I&R Core and Disaster Services) and <ul style="list-style-type: none"> ▪ County of Los Angeles Special Projects/Campaigns (various contracts) ▪ Los Angeles County Development Agency (LACDA) ▪ Los Angeles Homeless Services Authority (LAHSA) ▪ AARP ▪ Georgia State University ▪ Goodwill Sacramento ▪ Harbor Regional Center ▪ Kaiser Community Benefit Grant ▪ State of California ▪ United Way ▪ University of Southern California
211 VC	<ul style="list-style-type: none"> ▪ Cities of Ventura, Oxnard, Simi Valley, Port Hueneme, Moorpark, Ojai, Thousand Oaks, Santa Paula, and Fillmore ▪ County of Ventura ▪ Pacific Gas & Electric and Southern California Edison ▪ Ventura County Community Foundation
211 SD	Grants, contracts, private contributions, and rental income.
211 OC	<ul style="list-style-type: none"> ▪ County of Orange ▪ Cities of Santa Ana and Garden Grove ▪ First 5 ▪ Help Me Grow ▪ HUD ▪ Kaiser ▪ OC Transit Authority ▪ Southern California Edison ▪ Union Bank ▪ United Way OC ▪ Various foundations
ISCUW*	<ul style="list-style-type: none"> ▪ Bequests ▪ Corporate Donations ▪ Governmental Grants ▪ Individual Donations ▪ Partnership Grants ▪ Workplace Campaigns

ATTACHMENT III

In-House Information and Referral (I&R) Services Motion

Part Two Report: Opportunity for the County to establish a Service Coordination Team and No-Wrong-Door Model

Background

As outlined in Attachment II, the CEO convened a focus group of eight County health and human (HHS) services departments¹ and the Office of Child Protection to review options for bringing Information and Referral (I&R) services into the County. Three scenarios were developed with their respective budgetary estimates based on the Department of Consumer and Business Affairs' (DCBA) call center as a proxy for the 2-1-1 call center². However, upon further analysis, the first two were not deemed financially viable and were discarded. Scenario 3 was presented to the focus group.

Scenario 3

Scenario 3 assumes bringing only partial I&R services in-house. The County call center would only receive and process the approximately 20 percent of referrals made to the County by 211 LA and the remaining 80 percent of referrals would continue to be made by 211 LA to other non-County entities.

As seen in Diagram 1 on page 2, Scenario 3 was further broken down into Options 3a and 3b both called for the creation of a centralized County call center that would receive all of the referrals made by 211 LA to the County³. The call center would then handle the referrals and send them to the appropriate departments based on need. The only differences between the two Options 3a and 3b are whether the County's call center be a new, stand-alone entity residing in a non-HHS department (Option 3a) or expand upon an existing call center within one of the HHS departments (Option 3b).

The feedback received from the focus group participants was that neither option would be feasible or desirable because both ***would not***:

- Improve the constituents' experience nor achieve coordinated service delivery;
- Reduce inefficiencies or duplication of efforts, because it added additional layers of call routing, and thus greatly contributing to the "Time Tax" experienced by constituents; and
- Reduce the workload of call center and departmental staff.

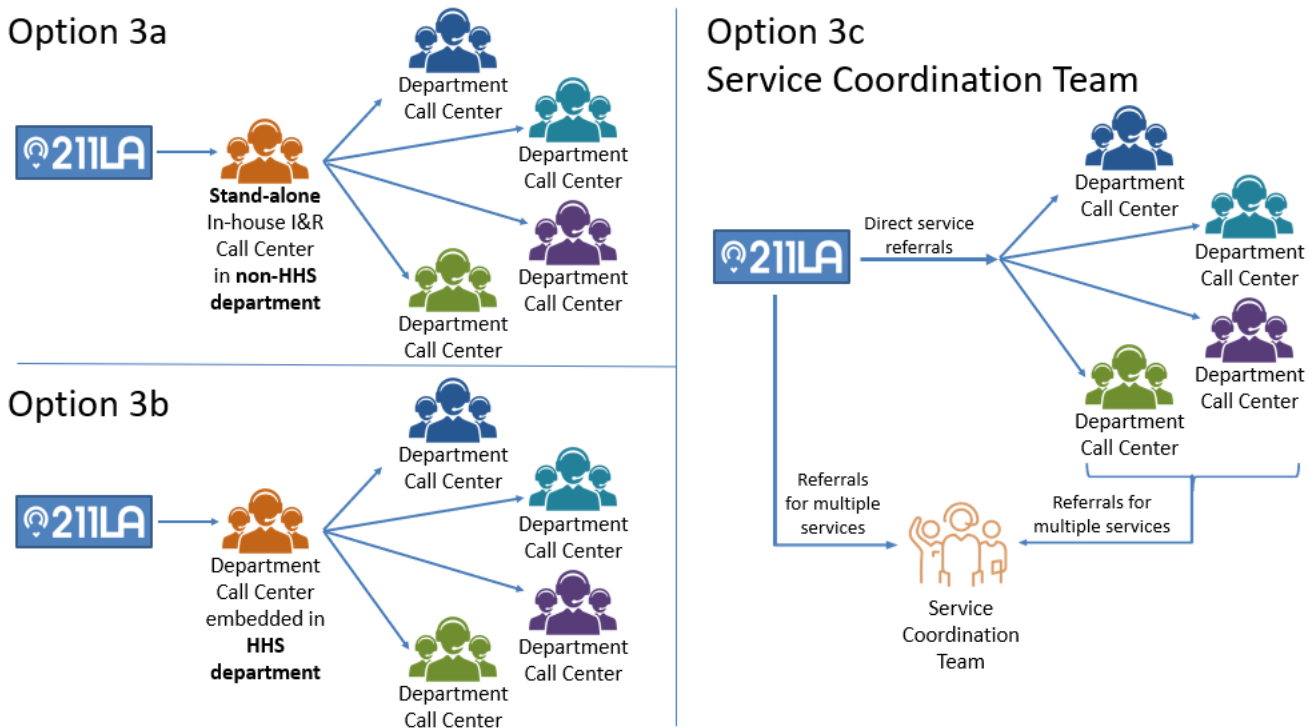
Instead of establishing another call center, focus group participants recommended that the County create a cross-departmental Service Coordination Team (SCT) (Scenario 3c) of point-people to improve the constituents' experience by coordinating the delivery of County services and addressing the operational inefficiencies inherent to Options 3a and 3b.

¹ Participants included the Departments of: Aging and Disability, Child Support Services, Consumer and Business Affairs, Children and Family Services, Health Services, Economic Opportunity, Public Health, and Public Social Services.

² DCBA's call center was used due to its similarity to 2-1-1 LA's call center volume, calls handled, and overall operations.

³ Currently, 211 LA refers constituents directly to a County department based on the need assessed. If constituents have multiple needs for County services, they are referred to multiple departments.

Diagram 1: In-House I&R Service Scenarios



As can be seen in the diagram above, the SCT (Option 3c) would receive referrals from 211 LA involving constituents with multiple service needs across various County departments. Constituents with specific, singular needs would continue to be referred directly to the appropriate department. If a department serving a direct service referral discovers that the constituent has additional needs outside of their department’s purview, the department would warmly-hand-off the constituent to the SCT to help coordinate services and confirm that service linkages were made.

Additional details regarding the SCT, its role, membership, protocols, etc., can be found in Exhibit 1 “Service Coordination Team White Paper” accompanying this attachment.

Additionally, implementation of the SCT gives the County the opportunity to address the following operational processes to ensure the Team’s success:

- **People:** The County should consider developing a dedicated call center classification/position to standardize the scope and duties of existing staff on existing call centers, as well as the SCT.
- **Processes:** Departments/call centers will need to align their policies, procedures, and practices to support the functions of the SCT, including adopting shared metrics and outcomes for the coordination of care.
- **Technology:** The County has a set of robust data systems and repositories that are still significantly siloed. Bridging these system-based silos is necessary for establishing a shared, coordinated referral and care infrastructure for the County.

No-Wrong-Door Model and County Community Information Exchange (CIE)

To support the service coordination function of the SCT and make a no-wrong-door model a reality, the County needs to implement an integrated electronic CIE and consent management solution to tie disparate County data efforts together (e.g., the InfoHub, service provider registries, etc.). An electronic County CIE will also greatly facilitate the creation of portals and applications to address the needs of priority populations (e.g., Transition Aged Youth, Unincorporated Area constituents, etc.) as they would all be part of a Countywide platform.

Working in concert, the CIE and the SCT will help break down unnecessary silos serving as barriers to service coordination, and fundamentally shift the County's service delivery system towards a holistic, person-centric model.

Over time, the CIE will include information from key County stakeholders such as 211 LA, contracted entities, and community-based providers. Participation by key non-County partners will result in a genuine, no-wrong-door care coordination infrastructure for the region.

Diagrams 2 and 3 below, respectively illustrate the holistic, person-centric vision to service coordination, and key, existing components that would make up the County's CIE system.

Diagram 2: Vision for Service Coordination

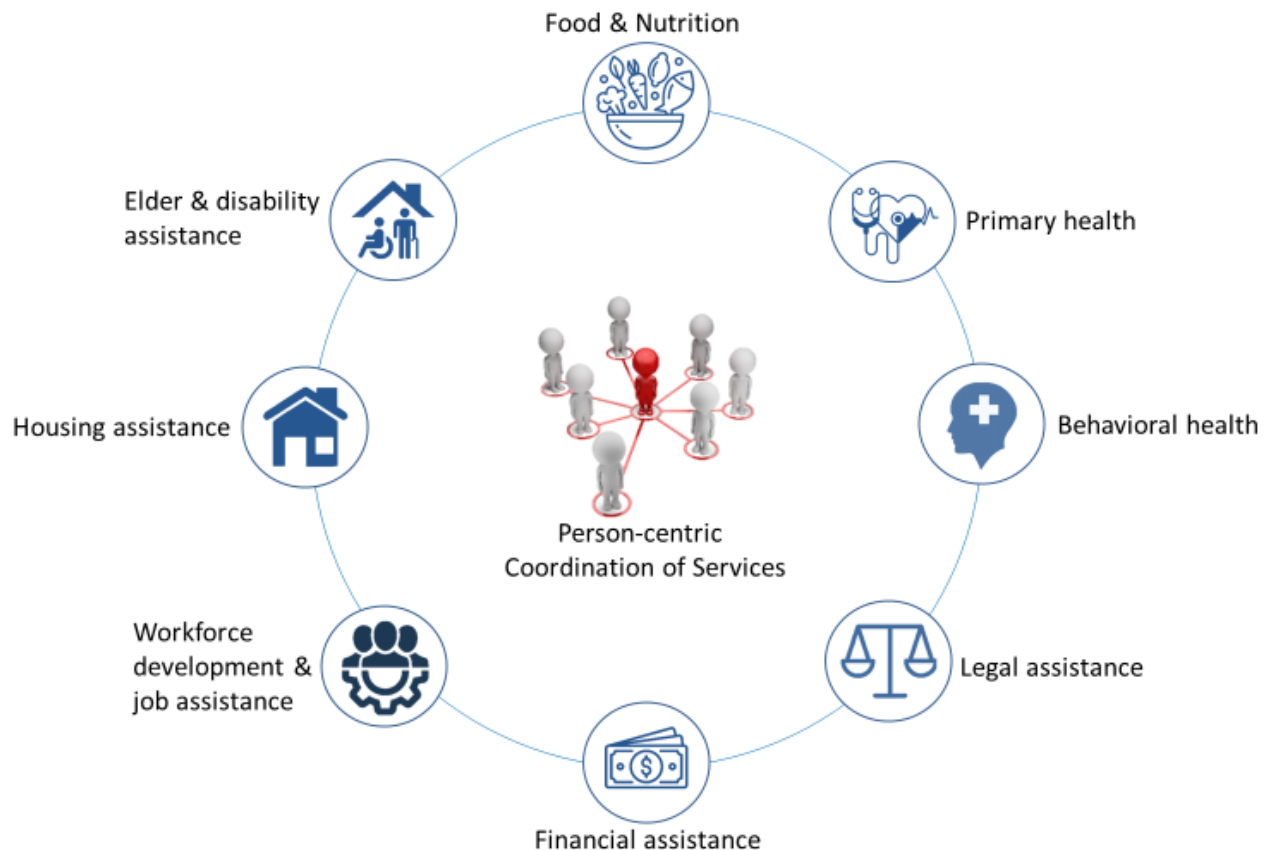
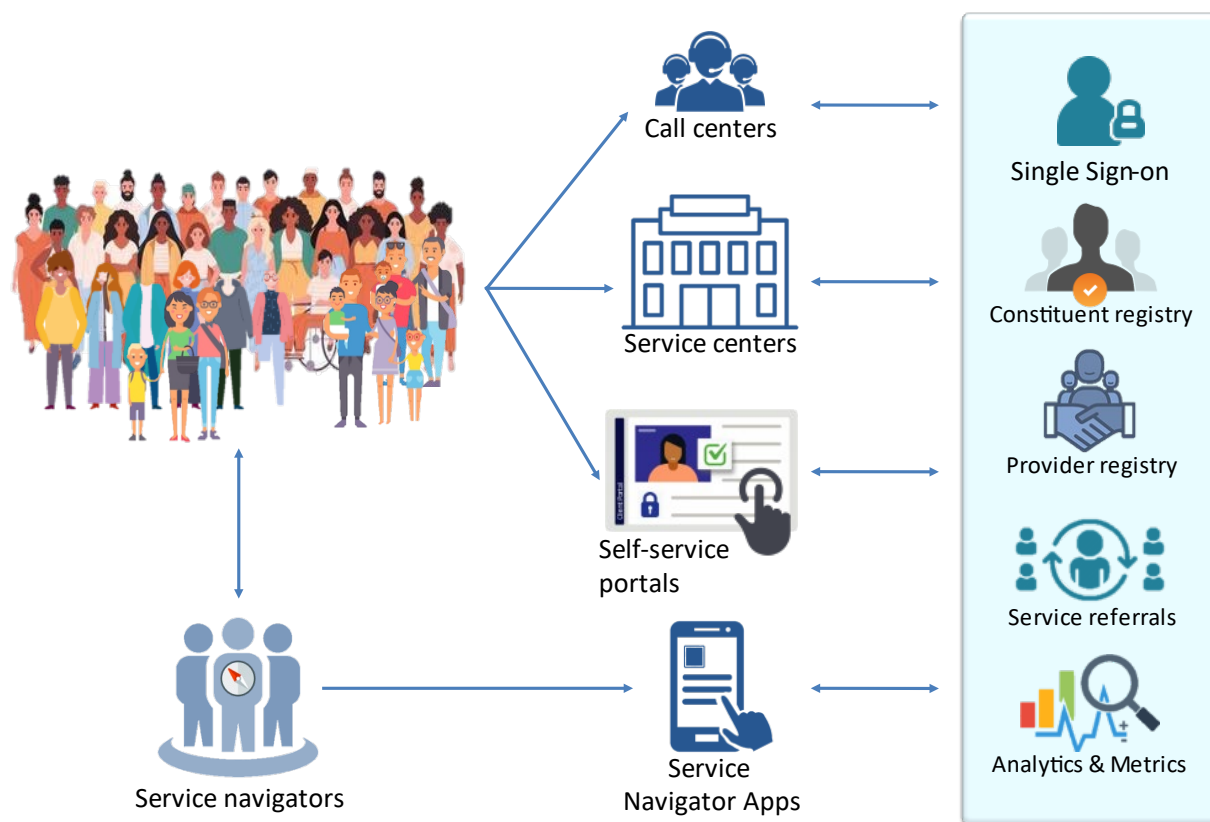


Diagram 3: Components of CIE



Conclusion

As described earlier, both the SCT and an integrated electronic Community Information Exchange working in concert are needed to fundamentally shift the County's direction for service delivery and coordination. Establishment of the SCT will result in improving the constituent's experience by serving as the County's "service concierge." The CIE will play an important behind-the-scenes role as the data backbone, which will allow the SCT to, via consent, access constituent-specific service information, track referrals, and confirm that service linkages were made. Collectively, these service enhancements will result in improved service delivery to constituents. Operating on their own, either component will have nominal impact on County service delivery systems and the lives of constituents. If the Board of Supervisors agrees, pursuit of this no-wrong-door model will require that the County:

- a. Identify a single County CIE/SCT lead to coordinate a phased implementation process.
- b. Address the people, processes, and technology opportunities outlined above.
- c. Ensure that all HHS departments work together under the auspices of the CIE/SCT lead to engage in the development and support of its use.
- d. Engage County Counsel to explore the creation of a single Memorandum of Understanding for the County, so that HHS departments can systemically coordinate the delivery and continuity of services to constituents without the need for ad hoc agreements, as is currently the case.

SERVICE COORDINATION TEAM (SCT) White Paper

Purpose

The Service Coordination Team (SCT) will serve as a centralized County call center with point-people specializing in assisting constituents with *non-crisis*, but complex health and human service (HHS) needs by coordinating the delivery of multidisciplinary services involving two or more County departments.

The SCT will not handle:

- Crisis-related referrals for which existing avenues and protocols are already in place (e.g., violence, life threatening, child or elder abuse-related, etc.).
- Routine referrals that can be handled by a single department due its function or scope of responsibility.

Establishment of the SCT will result in improving the constituent's experience by serving as the County's "service concierge." The service concierge will coordinate requests received from 211 LA and departmental call centers when multiple HHS services are needed to address the constituent's needs in the most holistic and effective way possible.

Referrals to the Service Coordination Team

The SCT will receive constituent referrals from HHS departments and 211 LA.

Protocols

County HHS departments, 211 LA, and other stakeholders will be engaged to assist with the development of new protocols, or modification of existing ones, that detail how constituent referrals and information will be made available to the SCT (based on consent), and follow-up conducted by the SCT, as needed, and legally permissible.

Consents and Data Exchange

Based on the **phased completion of the electronic Community Information Exchange (CIE) and consent management system**, County HHS departments and 211 LA will be able to share constituent referral and service information, legally permissible, based on constituent consent and levels of authority established by the parties.

Team Members

SCT members will consist of County staff from HHS departments that are:

- **Trained and experienced** in their respective departments' services.
- **Empowered to liaise** with SMEs of sister departments experienced in addressing multidisciplinary service needs.
- **Experienced in securing County resources** and convening teams to address constituent needs.

Duties/Responsibilities

- **Receive referrals and verify constituent intake information** received by County HHS departments or 211 LA.
- **Enter all intake/constituent information** into the CIE for access by the multidisciplinary team.
- **Determine the constituent's needs and County departments** needed to address them.
- **Resolve at least one pressing constituent need**, either directly due to experience/training or via a warm-hand-off to a department specializing in addressing the identified need.
- **Set appointments and follow up with the constituent and an Interim Lead (IL) department representative(s)**. ILs are identified based on the TBD protocols and responsible for leading the first multidisciplinary service team to address remaining issues.
- **Follow-up with departments or 211 LA**, as legally permitted, to close the referral loop, confirm that service linkages were made, and support accountability for all parties.