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INFORMATION & REFERRAL: HOW WELL ARE WE DOING? A MODEL FOR EVALUATION OF 2-1-1 SERVICES

Prepared for:
2-1-1 Finger Lakes Collaborative

Susan Lepler, MSW, MPA
Project Director

One South Washington Street
Suite 400
Rochester, NY 14614
Phone: (585) 325-6360
Fax: (585) 325-2612

100 State Street
Suite 930
Albany, NY 12207
Phone: (518) 432-9428
Fax: (518) 432-9489

www.cgr.org

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A MODEL FOR EVALUATION OF 2-1-1 SERVICES

August, 2006

SUMMARY

CGR was engaged by the 2-1-1 Finger Lakes Collaborative to develop an evaluation model that would help staff members, leaders and the larger community gauge the performance of the 2-1-1 system. After researching models in other states, CGR worked with staff and Collaborative members to reach agreement on a set of desired outcomes and measures to be used to assess progress toward each outcome. The following six outcomes provide the Collaborative with a vision of where it should be going, and the evaluation model describes how to measure its progress:

- ❖ 2-1-1 callers will receive service in a timely fashion.
- ❖ 2-1-1 callers will report being satisfied with the information and referral service received.
- ❖ 2-1-1 callers will receive accurate information from 2-1-1.
- ❖ 2-1-1 dialing code is activated throughout the 12-county Finger Lakes region, including accessibility from cell phones.
- ❖ 2-1-1 becomes widely recognized as the number to call and/or website to visit “when you need help, but don’t know where to turn.”
- ❖ 2-1-1 will provide real-time community service inventories and needs assessments to help community planners and funding organizations improve their responsiveness to emerging needs and shifting service demands.

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Staff Team

Erika Rosenberg assisted with the research and writing of this report.

SECTION 1: INTRODUCTION

Background

Under the leadership of the United Way of New York State and the New York State Alliance of Information and Referral Systems, New York State is implementing a regional network of 2-1-1 call centers. Part of a national movement, 2-1-1 will serve as the number to call to access community information and referral services for non-emergency situations. New York State government recently demonstrated its commitment to 2-1-1 with an appropriation of \$6.9 million to support planning, development, capital, and operating expenses for 2-1-1 regions across the state.

The 2-1-1 Finger Lakes Collaborative, covering 12 counties in the western New York region, has served as one of three pilot regions in New York State. Once fully operational, the Finger Lakes Collaborative will include a regional hub call center in Rochester operated by ABVI Goodwill, and two partner centers in Bath and Ithaca, operated by the Institute for Human Services and Human Services Coalition of Tompkins County respectively.

On behalf of the Finger Lakes 2-1-1 Collaborative, the United Way of Greater Rochester secured the services of the Center for Governmental Research (CGR) to assist with developing an evaluation model. This project was jointly funded by the United Way of Greater Rochester and CGR's Fund for the Public Interest.

Scope

The primary focus of CGR's work was to help the Collaborative determine the desired outcomes for 2-1-1 and to develop an approach to assess performance on these outcomes. This evaluation model should be viewed as one component of an overall approach to assess quality and effectiveness. 2-1-1 centers must adhere to the National Alliance of Information and Referral Systems (AIRS) standards and 2-1-1 New York State call center compliance standards. These quality assurance mechanisms guide operations and practice and clearly have an impact on how well the centers achieve desired outcomes.

Process

CGR's process included the following:

- ❖ Interviewing key stakeholders, including the statewide 2-1-1 coordinator, Rochester hub call center staff, and staff from the United Way of Greater Rochester, to understand 2-1-1 goals and current evaluation strategies.
- ❖ Conducting model research to learn how six established 2-1-1 initiatives across the country evaluate their performance to inform the development of the evaluation model for the 2-1-1 Finger Lakes Collaborative. Models included Atlanta, Georgia; Jacksonville, Florida; Indiana; Twin Cities, Minnesota; and Salt Lake City, Utah.
- ❖ Updating the logic model used by the 2-1-1 Finger Lakes Collaborative, which specifies inputs, activities, and outcomes.
- ❖ Reviewing pertinent documents, including materials presented at the June 2006 National Alliance of Information and Referral Systems conference on metrics for 2-1-1 centers.
- ❖ Working with the Finger Lakes 2-1-1 to process the findings of our research and develop this evaluation model. While the full Collaborative provided comments and suggestions, the stakeholders involved with the Rochester regional hub served as our core group of advisors since 2-1-1 is only operational in greater Rochester area at this time.

SECTION 2: EVALUATION MODEL

Logic Model and Definitions

We began our work with Finger Lakes 2-1-1 by reviewing its existing logic model. A logic model is a way of depicting key inputs, activities, and desired outcomes related to a program or initiative. The process of preparing a logic model is as valuable as the finished product in that it serves to clarify and distill the essence of the initiative. The logic model is meant to be a high-level summary, rather than to reflect every detail of the operation.

For this project, our focus was on reaching agreement on the desired outcomes for Finger Lakes 2-1-1 that should be reflected on the logic model. Outcomes are defined by the United Way of Greater Rochester as the “effects on knowledge, attitudes, skills,

behavior, condition, or status during or after the program or project.” We make a distinction between two types of outcomes: outcomes for people (i.e., the users of 2-1-1 service) and outcomes for systems (i.e., changes at the community, organizational, program or policy level). In this model, outcomes for people are the primary responsibility of the call centers whereas the system-level outcomes will require leadership and active participation from the Collaborative and call center advisory groups to achieve.

The revised logic model for the 2-1-1 Finger Lakes Collaborative is included as an attachment.

Guiding Principles

Several guiding principles were important to the Collaborative when selecting outcomes for this model.

- ❖ ***Keep it simple.*** The goal is to assist - not overwhelm - the regional collaborative and call centers.
- ❖ ***Make sure outcomes are easy to communicate.*** The ability to communicate outcomes and their significance to stakeholders is critical, particularly in light of new funding from state government.
- ❖ ***Include outcomes that the 2-1-1 Collaborative and call centers have control over and can fairly be held accountable for achieving.*** Based on this principle, it was decided to not include an outcome measure on the “percent of callers who follow up with referrals and get the help they need.” While it is the sincere hope of 2-1-1 that callers will use the referral to get the help they need, the 2-1-1 centers are not in control of what the callers do with the information or how well agencies respond to the need. While not included as an outcome measure in this evaluation model, the Collaborative does plan to collect and track information on this important measure as part of its caller follow-up survey.

Working Document

This is a working document and should be reviewed and updated annually based on the experience of the 2-1-1 Finger Lakes Collaborative. In addition, the National Alliance of Information and Referral Systems is convening a work group to develop guidance and/or recommendations regarding metrics for 2-1-1s, and these findings should be incorporated as they become available.

Use of Model

This evaluation model is a tool to help 2-1-1 document and assess its performance on outcomes. The goal should be to establish baseline data and then to track data on key outcome measures over time. Evaluation results should be used for program accountability purposes and to drive program and system improvements. While developed in partnership with the Finger Lakes Collaborative, CGR believes that this model has utility for the other New York State 2-1-1 regions and their call centers as well.

Format for Model

There are six outcomes included in the evaluation model. For each outcome, we present:

- ❖ Measures that can be used to assess progress on the outcome.
- ❖ A performance target for measures when appropriate – i.e. when there was either baseline data available through the Rochester regional hub call center or benchmark data from model research that we could use as reference points. For those measures without targets, the goal will be to compile baseline data over the next year that can be used to frame a target in the subsequent year.
- ❖ A statement of significance regarding the outcome and measures.
- ❖ Benchmarks that were used to frame the outcomes, measures, and/or targets.
- ❖ Method to obtain the data.
- ❖ Frequency of data collection and reporting.

Implementation Timetable

The 2-1-1 Finger Lakes Collaborative plans to implement this evaluation model beginning January 1, 2007. During the remainder of 2006, the Collaborative will provide training to call center staff on the evaluation model and develop the policies and procedures needed to obtain and analyze outcome measurement data. During this implementation planning phase, call centers will continue to adhere to their existing performance measures.

Outcomes for People

| Outcome 1: 2-1-1 callers will receive service in a timely fashion. | |
|---|---------------|
| Measures | Target |
| 1.1 Percent of calls that are answered within 20 seconds by a telecounselor | 80% |
| 1.2 Percent of calls answered before they are abandoned by caller | 95% |

Significance

Timeliness of response is important to measure for two reasons. First, the speed of response influences the caller's experience with the 2-1-1 service. Second, tracking these measures will allow the Collaborative to examine the trends and interrelationships between response time, call volume, and staff resources and determine if adjustments are needed in organizational capacity to achieve the target.

Benchmarks

The International Customer Management Institute (ICMI), a global leader in call center consulting, training, publication and membership services, has established the industry standard that 80% of calls are answered in 20 seconds. The federal government's guideline is that 80% of calls are answered within 60 seconds.¹ The standard used by 2-1-1 models we researched were closer to the federal standard than ICMI's. Baseline data, covering the period January – May 2006, indicates that the Rochester regional hub call center answered 85% of calls within 20 seconds.

In terms of abandonment rate, according to a presentation by Evaluation, Management and Training Associates at the June 2006 Alliance of Information and Referral Systems conference, 3% of all callers will hang up no matter what. The federal government's guideline is that the call abandonment rate should not exceed 4%.

¹ The U.S. General Service Administration's Citizen Service Levels Interagency Committee Report, October 2005.

Models researched by CGR set targets ranging from 5-14%. Baseline data, covering the period January – May 2006, indicates that the Rochester regional hub call center answered 90% of calls before they were abandoned by the caller (i.e., 10% abandonment rate).

Method

The call center will obtain this data from its Symposium call-tracking system.

Frequency

This information should be compiled and reviewed monthly.

| Outcome 2: 2-1-1 callers will report being satisfied with the information and referral service they received. | |
|---|---------------|
| Measures | Target |
| 2.1 Percent of callers who report being very satisfied or satisfied with the information and referral service they received | 90% |
| 2.2 Percent of callers who respond that the telecounselor seemed to understand their needs | 90% |
| 2.3 Percent of callers who respond that the telecounselor was courteous | 90% |
| 2.4 Percent of callers who respond that the telecounselor was helpful | 90% |
| 2.5 Percent of callers who respond that they would use 211 again | 90% |

Significance

2-1-1's exist to assist callers, and delivering the service in a way that yields high satisfaction is critical to build credibility as a community resource. These measures will provide essential feedback to guide continuous quality improvement strategies for telecounselors.

Benchmarks

All of the models reviewed by CGR included a method to assess customer satisfaction. Five out of the six models ask targeted questions about how the call specialist treated the caller and whether the caller would call 2-1-1 again. Baseline data for the Rochester regional hub call center, covering the period January - May 2006, indicates that 94% of callers reported being very

satisfied or satisfied with the information and referral service they received.

Method

Finger Lakes 2-1-1 will secure this data using a caller follow-up survey. Based on the findings of model research, the call center will modify its current follow-up survey process in two important ways. First, using the survey instrument developed by Indiana (see attachment) as a model, the call center will add questions to measure specific components of customer satisfaction as noted above (2.2 – 2.5). We recommend that Finger Lakes 2-1-1 modify Indiana's question format to allow for gradation of response rather than a simple yes/no response. This will give callers more options to describe their experience and provide more of a flavor of the caller's opinion to Finger Lakes 2-1-1.

Second, follow-up calls will be made by a separate arm of ABVI Goodwill, rather than by 2-1-1 telecounselors themselves, to provide greater objectivity. ABVI Goodwill will establish protocols between call center staff and staff responsible for the follow-up survey to guide this process and make sure that there is a quick response if the caller identifies the need for additional 2-1-1 assistance.

Finger Lakes 2-1-1 should strive to obtain survey results representative of the entire caller population (currently 138,000 for the Rochester regional hub call center) with a margin of error of no more than plus or minus 3.5 percentage points. Standard sample size calculation methods (available on the Internet) call for a sample size of 780 callers. In accordance with AIRS standards, the center will only follow-up with clients that have provided their consent. The call center may need to dial as many as three callers for each completed survey. Therefore, the survey process should be designed so that calls are attempted with approximately 2,400 callers, or 2 % of the total. Follow-up calls should be made within a month from the original call.

Frequency

The information should be compiled and reviewed quarterly.

| Outcome 3: 2-1-1 callers will receive accurate information from 2-1-1. | |
|--|-----------------------|
| Measures | Target |
| 3.1 Percent of callers who report that the information provided by 2-1-1 was correct | Collect baseline data |
| 3.2 Percent of database records that are verified as being 100% correct | Collect baseline data |
| 3.3 Percent of records containing major errors | Collect baseline data |
| 3.4 Percent of records containing minor errors | Collect baseline data |

Significance

The information provided by 2-1-1 centers needs to be accurate for the service to be of value to the caller. The database is the core tool used by telecounselors in providing information and referral services. These measures provide a quality check on the work of those responsible for maintaining and updating the database.

Benchmarks

Two of the 2-1-1 models researched by CGR set standards for database accuracy. Connecticut focuses more on activity than outcomes, requiring each database staff member to send out 50 requests per week to agencies to update their information in the database. Indiana uses an outside evaluation firm to call agencies and verify their information in the 2-1-1 database, checking 25 records per call center and calculating an error rate that weighs critical information in the database more heavily than less important details about an agency.

Method

Measure 3.1 will be tracked via the same caller follow-up survey described under Outcome 2. Using the Indiana 2-1-1 survey as a model, the caller follow-up survey will be revamped to include the following types of questions:

- Was the information correct? (yes, no, partially)

- If no, what was incorrect? (e.g., phone, address, hours, program no longer exists, other)
- Did the incorrect information prevent contact? (yes, no)

Measures 3.2, 3.3 and 3.4 will be tracked through another method. Finger Lakes will institute a process to pull a sample of records, call the agency to verify the accuracy of information, and tally the number of errors that appear in the sampled records. In so doing, Finger Lakes 2-1-1 will weigh critical information such as the phone number and services provided by an agency most heavily. Rather than developing a complicated formula for calculating an overall “error rate” for the database, we recommend that Finger Lakes 2-1-1 track the percent of records that were 100% accurate, the percent containing major errors (such as phone number) and the percent containing minor errors.

Finger Lakes should attempt each year to verify between 5% and 10% of the 4,000 records in the Rochester regional hub call center database. This would mean calling to check the accuracy of 200 to 400 records per year, a task that should be spread across the four quarters of the year.

Frequency

This information should be compiled and reviewed quarterly.

Outcomes for Systems

| Outcome 4: 2-1-1 is fully activated in the 12-county Finger Lakes region. | |
|---|---------------|
| Measures | Target |
| 4.1 Percent of population in the region living in counties where 2-1-1 is accessible from land lines | 100% |
| 4.2 Number of cell phone carriers and counties in the region where 2-1-1 is accessible from cell phones | 100% |

Significance

Full activation of 2-1-1 – from land lines and cell phones – means that all residents of the Finger Lakes region will have the opportunity to utilize the services.

Benchmarks

2-1-1 service is now accessible in 7 of the 12 counties in the region, representing 76 percent of the total population in the region. As for cell-phone coverage, 2-1-1 is now accessible to users with Verizon service living in the Monroe, Wayne, Ontario and Livingston service area.

Method

2-1-1 service is to be available throughout the region by the end of December 2006. Achieving this deadline will require partnership between the regional and partner hub centers and assignment of responsibility to develop the necessary agreements with telecommunication companies. Monitoring progress on these measures should be the responsibility of the Collaborative.

Frequency

This information should be compiled and reviewed quarterly.

| Outcome 5: 2-1-1 becomes widely recognized as the number to call and/or web site to visit “when you need help, but don’t know where to turn.” | |
|--|-----------------------|
| Measures | Target |
| 5.1 Percent of total calls that come into the center using 2-1-1 vs. Lifeline (previous information and referral line) | 50% |
| 5.2 Percent increase in calls to 2-1-1 | 8% |
| 5.3 Percent of general population that indicates awareness of 2-1-1 | 50% |
| 5.4 Percent increase in Web site activity, including hits, email requests for information and referral, queries to database through the web site, and live chats | Collect baseline data |
| 5.5 Number of new initiatives that ask 2-1-1 to provide information and referral services for them rather than initiate their own | Collect baseline data |

Significance

From a systems perspective, a key measure of success will be when there is broad-based awareness and recognition that 2-1-1 is the

number to call when you need help in a non-emergency situation. A group of measures will be used to indicate progress on this outcome.

Benchmarks

Finger Lakes 2-1-1 has baseline data for three of these measures, including the percentage of calls coming into 2-1-1 as opposed to Lifeline (40% in 2005), the increase in calls (32.2% from 104,501 calls in 2004 to 138,150 calls in 2005) and the measure of community awareness. In a September 2005 community survey, the “Voice of the Voter” survey, respondents were asked if they were aware of and/or had called both 2-1-1 and Lifeline. Thirty-nine percent said they were aware of 2-1-1.

Methods

The call center will track measures 5.1 and 5.2 using data generated from the Symposium call-tracking system. However, the accuracy of these measures will be affected by the phenomenon of “phantom calls,” where electric impulses on the phone line trigger calls to 2-1-1 that are not real. We expect that as Finger Lakes 2-1-1 implements solutions to the phantom call problem, its total call volume may fall, which would affect both the measurement and target-setting for measures 5.1 and 5.2.

To gauge change in recognition of 2-1-1 in the community (measure 5.3), the Collaborative will identify opportunities to piggyback on other community surveys and insert a set of core questions about 2-1-1, as was accomplished in 2005 with the Voice of the Voter survey. The United Way and the Ad Council present possible future opportunities for surveys.

Measure 5.4 will be tracked by the call center using web traffic reports.

Measure 5.5 attempts to quantify the extent to which the community’s recognition of 2-1-1 as the primary information and referral service reduces the establishment of separate and new information and referral services. This will be a soft rather than a hard measure. Staff members will make it a point once a year to review and compile what they know about instances of new initiatives turning to 2-1-1 for information and referral services and/or new hotlines established.

Frequency

Measures 5.1 and 5.4 should be compiled and reviewed monthly. Measures 5.2 and 5.5 and should be reviewed annually. Measure 5.3 should be compiled and reviewed when possible.

| |
|---|
| <p>Outcome 6: 2-1-1 will provide real-time community service inventories and needs assessments to help planners and funding organizations improve their responsiveness to emerging needs and shifting service demands.</p> |
| <p>Measures, baseline and targets to be developed.</p> |

Significance

2-1-1 centers maintain a wealth of information about community needs and services and can serve as a vital resource for planning. This outcome reflects the commitment of 2-1-1 to be a proactive source of information and to use its data to frame issues for the community.

Benchmarks

Four of the models researched by CGR have systems in place for tracking and communicating needs to the larger community. Connecticut 2-1-1 provides state legislators with reports on calls from their districts and sets a goal of providing 40 data reports a year to organizations. It also provides customized reports through its web site. Indiana 2-1-1 provides reports on community needs to United Ways throughout the state and state government, as well as using call center web sites to report on specific trends in types of calls received by 2-1-1. Both Atlanta and Jacksonville publicize information on “unmet needs,” that is, needs stated by callers for which there is no resource in the database, using the web and printed reports provided to the larger community.

Method

Finger Lakes 2-1-1 plans to work toward this outcome but not measure it at this time. It has several developmental tasks that need to be completed first. These include: identifying the key stakeholders in the community who are potential consumers of information; determining what information would be of greatest

value to these stakeholders; and identifying strategies for disseminating information through multiple venues. Call center staff will work with the Collaborative and local advisory groups to carry out this work.

At-A-Glance Summary

A summary of the outcomes and measures included in this evaluation model is presented on the following page.

| 2-1-1 Finger Lakes Collaborative Summary of Outcomes and Measures | |
|--|--|
| Outcome 1: 2-1-1 callers will receive service in a timely fashion. | |
| Measures: | |
| 1.1 | Percent of calls that are answered within 20 seconds by a telecounselor |
| 1.2 | Percent of calls answered before they are abandoned by caller |
| Outcome 2: 2-1-1 callers will report being satisfied with the information and referral service received. | |
| Measures: | |
| 2.1 | Percent of callers who report being very satisfied or satisfied with the information and referral service they received |
| 2.2 | Percent of callers who respond that the telecounselor seemed to understand their needs |
| 2.3 | Percent of callers who respond that the telecounselor was courteous |
| 2.4 | Percent of callers who respond that the telecounselor was helpful |
| 2.5 | Percent of callers who respond that they would use 211 again |
| Outcome 3: 2-1-1 callers will receive accurate information from 2-1-1. | |
| Measures: | |
| 3.1 | Percent of callers who report that the information provided by 2-1-1 was correct |
| 3.2 | Percent of database records that are verified as being 100% correct |
| 3.3 | Percent of records containing major errors |
| 3.4 | Percent of records containing minor errors |
| Outcome 4: 2-1-1 dialing code is activated throughout the 12-county Finger Lakes region, including accessibility from cell phones. | |
| Measures: | |
| 4.1 | Percent of population in the region living in counties where 2-1-1 is accessible from land lines |
| 4.2 | Number of cell phone carriers and counties in the region where 2-1-1 is accessible from cell phones |
| Outcome 5: 2-1-1 becomes widely recognized as the number to call and/or website to visit "when you need help, but don't know where to turn." | |
| Measures: | |
| 5.1 | Percent of total calls that come into the center using 2-1-1 vs. Lifeline (previous information and referral line) |
| 5.2 | Percent increase in calls to 2-1-1 |
| 5.3 | Percent of general population that indicates awareness of 2-1-1 |
| 5.4 | Percent increase in Web site activity, including hits, email requests for information and referral, queries to database through the web site, and live chats |
| 5.5 | Number of new initiatives that ask 2-1-1 to provide information and referral services for them rather than initiate their own |
| Outcome 6: 2-1-1 will provide real-time community service inventories and needs assessments to help community planners and funding organizations improve their responsiveness to emerging needs and shifting service demands. | |
| Measures: To be developed in 2007 | |

SECTION 3: ATTACHMENTS

2-1-1 Finger Lakes Collaborative Logic Model
Indiana Caller Survey

2-1-1 FINGER LAKES REGION LOGIC MODEL

Revised: August 2006

| Inputs (<i>\$'s, staff, volunteers, materials & other resources required</i>) | Activities (<i>What the program does with the inputs to achieve its outcomes</i>) | Projected Outcomes (<i>Effects on knowledge, attitudes, skills, behavior, condition or status during or after the program/project</i>) | |
|---|--|--|---|
| | | Outcomes for People | Outcomes for Systems |
| <p><u>FUNDING</u> Start-up funding and annual operating budget</p> <p><u>STAFF</u> Program Director Call Center Manager Operations Manager 211 Coordinator IT Specialist Resource Specialist Teleounselors</p> <p><u>GOVERNANCE</u> 211 Local Advisory Group Finger Lakes Collaborative</p> <p><u>INFORMATION</u> Comprehensive database of the services of community nonprofit and governmental agencies</p> <p><u>SPACE/ EQUIPMENT</u> Advanced telecommunications equipment Properly equipped call center work stations</p> <p><u>QUALITY ASSURANCE</u> - Accredited by AIRS - 25 percent of staff certified by CIRS - Certified by American Assoc. of Suicidology - Designated by State 211 Collaborative</p> | <ul style="list-style-type: none"> -Maintain capacity to offer 24/7 coverage - Provide the following service to callers: <ul style="list-style-type: none"> - Provide information as requested - Conduct interview to assess caller need and provide 3 appropriate referral choices - Provide supportive counseling and/or crisis intervention appropriate to caller's circumstances - Advocate for caller through further calls if necessary -Assess caller satisfaction and 211 effectiveness: <ul style="list-style-type: none"> - Follow-up on a statistically valid sample of callers to determine satisfaction and effectiveness of I&R service and the referral -Collect and track information about percentage of 211 callers receiving help through the referrals -Provide training for new hires -Provide ongoing professional development to employees -Maintain comprehensive, accurate database of human services -Maintain 211 website offering access to database, voice or e-mail contact with teleounselors and links to web resources on on high-demand topics -Work with telephone companies to ensure 211 access throughout the target region -Report to 211 NYS on call center standards compliance -Report annually to the community on call volume demographics, services in highest demand and service gaps -Market 211 as a community resource | <p>211 callers will receive service in a timely fashion.</p> <p>211 callers will report being satisfied with the information and referral service received.</p> <p>211 callers will receive accurate information from 211.</p> | <p>211 dialing code is activated throughout the 11-county Finger Lakes region, including accessibility from cell phones.</p> <p>211 becomes widely recognized as the number to call and/or website to visit "when you need help, but don't know where to turn."</p> <p>211 will provide real-time community service inventories and needs assessments to help community planners and funding organizations improve their responsiveness to emerging needs and shifting service demands.</p> |

Call ID or Code: _____

Center Name Goes Here

Indiana 211 Outcome Survey

Person Making Call: _____

Date: ____ / ____ / 20____

Call Attempt (#): _____

| General Questions | | | |
|--|------------------------------|------------------------------------|-----------------------------|
| 1. Did the specialist carefully listen to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| 2. Did the specialist seem to understand your needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| 3. Was the specialist courteous? | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| 4. Was the specialist helpful? | <input type="checkbox"/> Yes | <input type="checkbox"/> Partially | <input type="checkbox"/> No |
| 5. Would you use 2-1-1 again? | <input type="checkbox"/> Yes | <input type="checkbox"/> Maybe | <input type="checkbox"/> No |

Notes:

| Referral Information | | |
|--|---|--|
| Name or Code: _____ | | Need Code: _____ |
| Was the information correct? | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Partially |
| IF NO: What was incorrect? | <input type="checkbox"/> Phone Number | <input type="checkbox"/> Program no longer exists |
| | <input type="checkbox"/> Address | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Hours | |
| Did you contact the referral? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the incorrect information prevent contact? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you receive the service from the referral? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the referral meet the need you had? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If Client did not make contact or referral was not successful... (Check all that apply): | | |
| <input type="checkbox"/> Agency does not provide resources | <input type="checkbox"/> Long waiting list | <input type="checkbox"/> Phone automation problems |
| <input type="checkbox"/> Agency gave another number to call | <input type="checkbox"/> Low Functioning/Confused | <input type="checkbox"/> Staff person rude |
| <input type="checkbox"/> Answering Machine | <input type="checkbox"/> Mix-up/Delay | <input type="checkbox"/> Too busy/Long Wait |
| <input type="checkbox"/> Cost too high | <input type="checkbox"/> No resources/Money | <input type="checkbox"/> Too confusing |
| <input type="checkbox"/> Found other help | <input type="checkbox"/> No transportation | <input type="checkbox"/> Too far away |
| <input type="checkbox"/> Ineligible | <input type="checkbox"/> Not in Service Area | <input type="checkbox"/> Waiting for service/Pending |
| <input type="checkbox"/> Intake too difficult | <input type="checkbox"/> Not open/No Answer | <input type="checkbox"/> Wrong phone number |
| <input type="checkbox"/> Left Message/No call yet | <input type="checkbox"/> Paperwork hassles | <input type="checkbox"/> Other _____ |

For additional referrals, use the Additional Referrals sheet.

| Demographic Information | |
|--|--|
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Age: _____ |
| Ethnicity: | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Race: (Check only one) | |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> More than one race |
| Primary Language: | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ |

Comments: