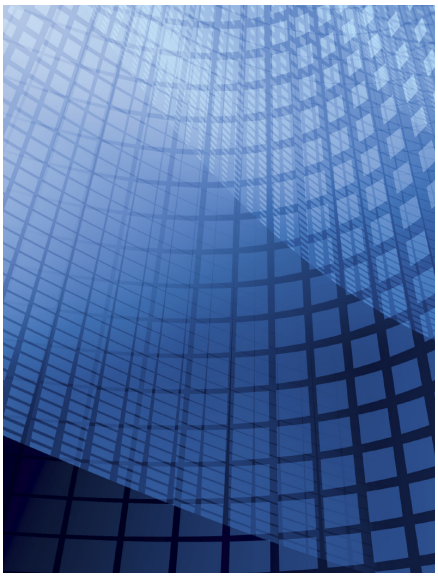
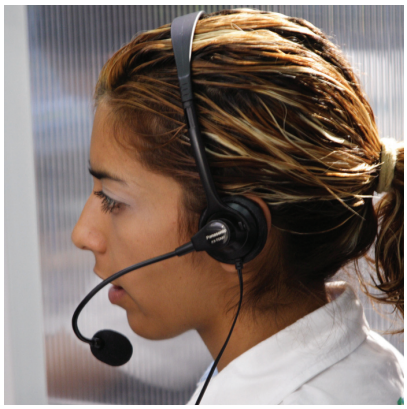
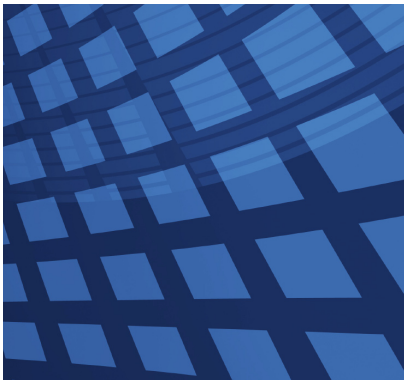
211/311: Is There a Case for Consolidation or Collaboration?

AN ICMA WHITE PAPER

David Eichenthal, The Ochs Center for Metropolitan Studies







June
2010

ICMA
Leaders at the Core of Better Communities

the Ochs Center
for metropolitan studies

211/311: Is There a Case for Consolidation or Collaboration?
An ICMA White Paper

Prepared by David Eichenthal

June 2010

About ICMA

ICMA advances professional local government worldwide. Its mission is to create excellence in local governance by developing and advancing professional management of local government. ICMA, the International City/County Management Association, provides member support; publications, data, and information; peer and results-oriented assistance; and training and professional development to more than 9,000 city, town, and county experts and other individuals and organizations throughout the world. The management decisions made by ICMA's members affect 185 million individuals living in thousands of communities, from small villages and towns to large metropolitan areas.

ICMA
777 North Capitol Street, NE
Suite 500
Washington, DC 20002-4201
202-289-ICMA (4262)
icma.org

About the Author

David Eichenthal is the President and CEO of the Ochs Center for Metropolitan Studies, a Chattanooga, Tennessee based non-profit organization that conducts independent data analysis and policy research to improve the quality of life in the Chattanooga region.

Under Mr. Eichenthal's leadership, the Ochs Center works with local government, foundations and other non-profit organizations on a variety of research projects on education, the environment, the economy, health, public safety and other areas of public policy. The Ochs Center has also consulted with local governments across the nation—including Cleveland, Gary, Milwaukee, New Orleans, Philadelphia, Pittsburgh—on budget and operational issues, including the development and operation of government call centers. Mr. Eichenthal has worked closely with the International City and County Management Association in its efforts to study and report on best practices related to government CRM systems. He also served as a member of the Advisory Committee that supported the launch of Philadelphia's 311 system.

In 2007, Mr. Eichenthal was named a Nonresident Senior Fellow at the Brookings Institution's Metropolitan Policy Program.

Prior to joining the Ochs Center (then the Community Research Council) in 2005, Mr. Eichenthal was the Director of Performance Review and then City Finance Officer for Chattanooga. In that role, he oversaw the development and implementation of Chattanooga's 311 system and a citywide performance initiative, chattanoogaRESULTS.

Before coming to Chattanooga, Mr. Eichenthal spent a dozen years in senior positions in state and local government in New York—including serving as Chief of Staff to New York City's second highest elected official.

Mr. Eichenthal received his J.D. from NYU School of Law and a B.A. in Public Policy Studies from the University of Chicago.

211/311: Is There a Case for Consolidation or Collaboration?[1]

David Eichenthal, The Ochs Center for Metropolitan Studies

Local governments across North America are moving forward with the implementation of 311 systems that allow residents to access information and nonemergency city services with one call. Thirteen years after 311's initial adoption in Baltimore, eight out of the ten largest U.S. cities have implemented 311 systems. Major cities in Canada are following the lead of the United States, with similar systems being adopted in the United Kingdom, Germany, Australia, and elsewhere around the globe.

Still, 311 systems remain the exception rather than the rule in all but the largest U.S. cities. As of March 2008, there were 64 U.S. cities and counties with a 311 system—less than 5 percent of the 914 counties and 627 cities in the U.S. with more than 50,000 residents. A 2007 International City/County Management Association (ICMA) survey found that just 15 percent of responding local governments reported having any form of centralized customer service system.[2]

By comparison, 211 systems—which provide access to information and referrals (I&R) in response to social service needs—are ubiquitous. As of April 2009, more than 240 million Americans have access to 211. There are more than 240 active 211 systems in 46 states, Washington, D.C., and Puerto Rico. In 2008, 211 systems nationwide received more than 13.5 million calls.[3]

Given the growth of 311 and the prevalence of 211 systems, could there be opportunities for consolidation or coordination between these types of one-call systems?

In its earlier assessments of 311 and other government CRM systems, ICMA noted an interest in just how these two types of call center systems would work together. This white paper offers a set of preliminary answers to the question by examining the history of both 311 and 211 systems, similarities and differences between the systems, opportunities for collaboration where both systems exist, and three case studies of consolidated operations—New York City, Bridgeport, Connecticut, and Halton, Ontario.

Background and History of 211 and 311

To explore whether there are opportunities for 211 and 311 systems to collaborate or consolidate, it is important to understand the respective histories of the two systems.

Development of 211 in North America

211 is a partnership between the United Way of America (United Way) and the Alliance of Information and Referral Systems (AIRS). 211 systems provide those in need of human or social services with I&R to programs that may address their needs.[4]

While the concept of I&R phone lines dates back to the 1950s, the modern history of 211 begins in 1974, with the development of a seven-digit I&R number for social services by the United Way for Metropolitan Atlanta. In 1992, the Whitehead Foundation awarded a grant to United Way to launch First Call for Help, which made the system available seven days per week.[5] In 1996, the Georgia Public Service Commission approved the use of the 211 number for social service and referral in Atlanta. In 1997, United Way assumed management of the service, thus forming the first United Way 211 service in the nation.

In 1999, United Way of Connecticut implemented the first statewide 211 system.[6] 211 Connecticut, like Atlanta 211, was built atop an existing statewide I&R system that dated back to 1985. In 2000, the Federal Communications Commission (FCC) approved a petition by United Way—along with the National 211 Collaborative, AIRS, The Florida Alliance of Information and Referral Services (FLAIRS), and Texas Information and Referral Network—to establish 211 as the national standard calling code for social service I&R services.[7]

In 2002, Toronto launched the first 211 system in Canada.[8]

Development of 311 in North America

The development of 311 systems in the United States and Canada coincided with the development of 211

systems. For many years, local governments throughout the United States had maintained seven-digit numbers that frequently functioned as city-wide call or contact centers or switchboards. 311 was created as an easy-to-remember nonemergency municipal service number to complement 911.

311 was initially a response to the high volume of nonemergency calls received by emergency 911 call centers. In 1996, President Clinton called for the establishment of 311:

> Today, most calls to 911 are important and serious, but they're not emergencies. . . . We need a new national community policing number that's just as simple and easy to remember as 911, so that if you have a tip for the police, if you see a suspicious activity, [or] if a car alarm is going off, you will still be able to call a community policing number.[9]

Within a year the FCC approved the use of 311 for this purpose, and Baltimore had implemented the beginnings of the first system.[10] In 1998, Chicago became the first city to use 311 for nonpolice and nonemergency services.[11]

The expansion of 311 was initially aided by the support of the federal government through the Justice Department's COPS program. Between 1996 and 2007, the COPS program provided $6 million in funds for the development, enhancement, and evaluation of nonemergency 311 numbers in the United States.[12]

In 2004, Canada approved the 311 designation, and Calgary became the first Canadian city to implement a 311 system in 2005.[13]

Comparing 311 and 211

311 systems are designed to provide a single point of entry for individuals seeking nonemergency information or services from their local government. With 311, residents and businesses no longer have to play "blue-pages roulette," where they are forced to guess the correct municipal phone number to address their question or problem. Instead, 311 allows businesses and residents to call one telephone number, where a centralized staff of call-center employees can either provide the information requested or take the information necessary to request a city service. Centralized call-center staff can directly provide that information to the responsible department or departments of city government.

In most cities with 311, the majority of calls are for information (e.g., operating hours of a recreation center, garbage collection days) rather than for service requests (e.g., filling a pothole, pruning a tree).

The effectiveness of a 311 system is dependent on the performance of actual operating departments. Although 311 can function as the "front door" to local government, it does not actually fill potholes, inspect housing, or collect garbage. Software supporting most 311 systems, however, allows local governments to measure the timeliness of municipal response to citizen-based 311 calls.

311 calls requesting services are treated as individual requests for service. In other words, one call about an abandoned vehicle, a pothole, and graffiti is treated as three individual requests for service rather than an

Figure 1 Timeline for development of 211 and 311 systems

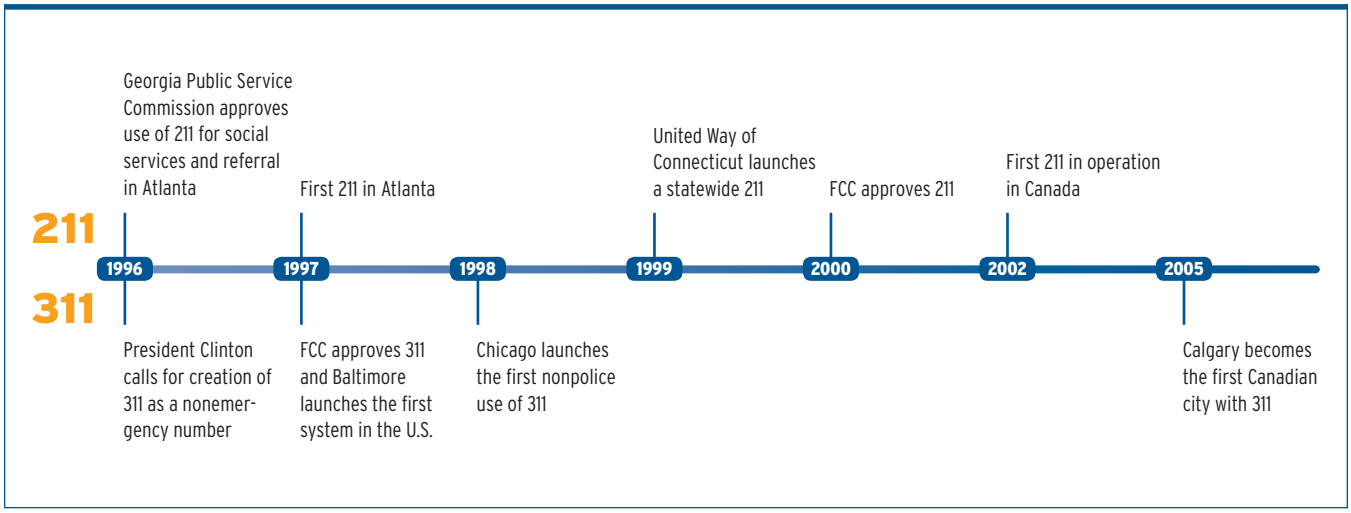


Table 1 Example of types of service requests for Chicago 311[1]

Service request	Purpose
Graffiti removal	To request the removal of graffiti on buildings
Pothole in street	To report a street pothole in the surface of the street
Tree trim	To request a tree trim for trees located on a public way
Abandoned vehicle complaint	To report an abandoned vehicle
Dead animal pickup	To request the removal of a dead animal
Weed cutting	To request that high weeds be cut from a public way

1 City of Chicago, Chicago 311 Service Request Descriptions, http://www.cityofchicago.org/city/en/svcs/find.html as of 6/30/2010.

overall complaint about conditions in a specific neighborhood or community.

In the best-run systems, however, calls to 311 can be used to document and diagnose problems at the community- or citywide level. Data about service requests, information requests, and local government response can be incorporated into performance measurement and management systems.

311 systems are typically run by local government and are specific to a single city or single county. There currently are no regional or statewide 311 systems in the United States. Localities that implement 311 develop their own processes for responding to calls, standard procedures, and qualification and training requirements for individuals staffing the call or contact centers.

Additionally, each locality determines which services will be covered by 311. Although 311 was initially designed for nonemergency police calls, not all localities direct nonemergency police calls to their 311 systems; some localities maintain a separate seven-digit nonemergency police telephone number.

Some 311 systems have also developed a means of requesting city services through the Internet or by e-mail. The hours of service provided by a 311 system are at the discretion of the local government. Larger cities provide 24-hour access to service representatives, seven days per week. Smaller jurisdictions, however, close their 311 centers during all or part of evenings and weekends.

211 is an I&R line that provides callers with information about human services and community information. These systems provide six different types of referral services: (1) human needs, (2) physical and mental health, (3) employment support, (4) support

More Questions than Answers

The ICMA/Ochs Center for Metropolitan Studies white paper on 311 and 211 represents early research and thinking on this topic. Relatively few combined 311-211 systems exist in North America and that dearth of examples itself begs the question "Why aren't there more?"

Part of the answer may stem from the fact that the focus and orientation of 311 and 211 systems are really quite different–customer service versus social service–though there certainly is overlap. Among the questions that arise when considering this issue are:

- Are the training needs for 311 agents different than those for 211 agents? The customer service skills needed by a 311 call agent are not necessarily the same skills needed by a 211 call agent who often deal with individuals in the midst of a personal crisis.
- How should staffing for the two systems be handled? 311 systems most often have paid staff who handle phone calls whereas a number of 211 systems (New Mexico, Vermont, and Missouri to name a few) use volunteers from the community.
- How should performance metrics be structured for the two systems? While most 311 calls can be answered in a relatively short time period–talk times generally range from 2 to 5 minutes–whereas the length of a call to 211 can take much longer–up to 20 minutes–because agents often need to question and explore with the caller what his/her needs truly are.

Table 2 Information and referral requests for 211[1]

Referral category	Type of referrals
Human needs	Food banks, clothing, shelters, rent assistance, utility assistance
Physical and mental health	Medical info lines, crisis intervention, support groups, counseling, drug and alcohol intervention, rehabilitation, health insurance programs, Medicaid and Medicare, maternal health, children's health insurance programs
Employment support	Unemployment benefits, financial assistance, job training, transportation assistance, education programs
Support for older Americans and persons with disabilities	Home health care, adult day care, congregate meals, Meals on Wheels, respite care, transportation, homemaker services
Support for children, youth, and families	Quality childcare, youth programs, after-school programs, Head Start, family resource centers, summer camps, recreation programs, mentoring, tutoring, protective services
Volunteer opportunities and donations	Various community and local organizations

1 CMAP, *An Overview of 211 Services in the Nation*, October 2008.

for older Americans and persons with disabilities, (5) support for children, youth, and families, and (6) volunteer opportunities and donations.

Unlike 311, 211 in the United States is a national initiative under the leadership of United Way of America and AIRS with individual call centers developed at the local, state, or regional level. In Canada, 211 initiatives are supported by a similar national steering committee and organized by province.[16] As 211 systems have expanded to an increasing number of jurisdictions, two distinct operational models have been developed.

- *Single call center.* Under the administration of a single I&R administrator for an entire state or region, this model is normally used within small states or medium-sized counties or regions. Connecticut, Idaho, New Hampshire, Rhode Island, and Vermont all use this model. There are also single call centers that serve individual communities but are not part of a larger statewide system.
- *Integrated state systems.* More appropriate for larger states and populations, this model requires collaboration among administrative entities that manage local or regional call centers but do not have the capability to implement service over a larger geographic area. Each region or community may have its own presence and local staff, but there is a common telephony, technology, resource database, and reporting system.

211 centers in the United States are generally operated by nonprofit organizations, and approximately 40 percent are operated by affiliates of United Way. United Way funds and coordinates efforts that focus on community social service, health, and other needs. AIRS is a professional association of almost 1,300 I&R providers that sets detailed standards for the operation of 211 centers as well as the training and credentials of 211 call takers.

Also unlike 311, calls to 211 are more frequently treated as cases. The I&R specialists who handle 211 calls are trained to explore the underlying problems and service needs of a caller who might only be seeking information about a shelter or a food pantry. On the other hand, because calls frequently result in a referral to a third-party agency, it is often difficult to track the outcome of a call (i.e., whether a person received the service for which he or she was seeking information).

Reasons for 211/311 Consolidation or Collaboration

The development of both 211 and 311 was based on the notion that individuals in need of assistance should not bear the burden of determining which department of government or nonprofit service provider is best positioned to meet their needs or answer

their questions. Members of the public do not care who provides the service or answers their question; they just want their need met or a service delivered.

Given that premise, there is a strong argument for consolidation or collaboration between 311 and 211 systems. Differences between nonprofit and government service providers are no more relevant to members of the public than whether a service is provided by Public Works or Code Enforcement. In some cities, the case is made clear by the considerable overlap between the services provided by government and accessible through 311 and the services provided by United Way agencies and other nonprofit service providers accessible through 211. Local government human service, employment, health, aging, and other organizations are both municipal and social services.

Moreover, some evidence suggests that many individuals calling 311 are the same individuals calling 211. Residents from low- and moderate-income communities are among the most frequent callers of 311 in some cities.[17] These residents are also the most likely to seek social services. It is easy to envision scenarios wherein certain callers might need access to both. For example, in those municipalities that provide utility services, callers to 311 with concerns about their inability to pay utility bills would be natural candidates for referral to 211 programs as well.

Greater consolidation and collaboration through the sharing of data would also allow for a clearer and more comprehensive understanding of a locality's needs. A neighborhood-specific analysis of 311 data on housing complaints and 211 data on requests for shelter would surely be more complete than one that relied on one source of information rather than both.

Certain efficiencies could be achieved as well in the areas of staffing, technology, and training. The same economies of scale available through the consolidation of multiple department call centers into a centralized 311 or unified call center would seem to apply to consolidation or coordination of separate 311 and 211 systems.

Consolidation would eliminate the need for the public to remember when to call 311 as opposed to 211. On the other hand, collaboration would allow for joint marketing efforts to make the differences between two systems clear in the minds of the public, just as many cities have sought to do in advertising campaigns that distinguish when to call 311 and when to call 911.

Last, coordination between social and municipal services would prove essential when communities are forced to respond to disaster. Disasters can generate calls for shelter, medical assistance, and food as well as downed trees, abandoned vehicles, and nonemergency police response. In many cases, individuals are trying to solve multiple problems—some that require a social service response and some that require a municipal service response. To achieve a coordinated response with one call, rather than many, would save both time and resources.

Case Studies of the Relationship between 311 and 211

311 and 211 have come together in New York City; the Region of Halton in Ontario, Canada; and Bridgeport, Connecticut. Case studies of the ongoing efforts in New York and Halton and the Bridgeport experiment are important to understanding the challenges and opportunities of consolidation. In other cities, steps short of consolidation point to opportunities to better define the relationship between 211 and 311.

New York City[18]

New York is the most populous city in the United States, with an estimated 2009 population of 8.39 million residents. New York provides a wide variety of municipal services, including many traditionally associated with county and state governments.

In March 2003, New York City launched the nation's largest 311 system. NYC 311 has a full-time staff of 450 call takers and receives an average of 53,000 calls per day. NYC 311 is operational 24 hours a day, seven days a week.

As New York was launching 311, United Way and local nonprofit agencies were already engaged in ongoing discussions about creating a 211 system for the city. Development of 211 in New York was complicated by several factors. First, a large number of social service programs in the city are wholly or partially funded by government. Second, there were preexisting dedicated hotlines for social services—many of which were also funded by the city or the state. Third, there are approximately 42,428 registered nonprofits in the city, and only some are funded by United Way.

A blueprint developed by United Way envisioned a separate 211 system, but one funded by and housed in the city's Department of Information Technology and Telecommunications. City officials noted that 311 was already processing thousands of 211 calls. Unlike many

Figure 2 New York City 311

other local governments, New York City is responsible for direct delivery of numerous social services. In addition to direct-service provision, the city has contracts with more than 2,500 nonprofit social and human service organizations. City officials also believed that having a separate 211 system would be confusing to the public, who were already used to calling 311.

The city began building a nonprofit coalition in support of a joint 311/211 system in early 2006. United Way, the Human Services Council, and the city worked together to develop a common plan. In November, Mayor Michael Bloomberg publicly proposed a consolidated 311 and 211 system. The city worked with United Way to establish a separate organization for the purpose of establishing a 211 number and accessing funding for 211 from the State of New York. In New York State, the Public Service Commission had delegated the approval of 211 to a statewide collaborative co-chaired by AIRS New York and United Way. The organization's board includes two representatives of the city as well as representatives of United Way, the Human Services Council, FEMA, and the Red Cross.

In March 2007 the collaborative and the city received approval from the state for use of the 211 number, and the blended 311/211 model went into effect later in the spring. Under New York City's model, individuals can call either 311 or 211 to access I&R services. Calls to 211 or 311 for I&R services are treated in one of three ways:

- In the case of many calls, 311 call takers are able to simply provide basic information to the caller. To

do so, the city added information about some 2,500 services provided through nonprofit providers to its 311 database—including information from databases maintained by United Way and the Greater New York Hospital Association.

- In some cases, 311 call takers refer calls to nonprofit or government entities either through transfers or by providing a telephone number.
- For callers with more complex social service needs, calls are referred to I&R specialists in the 311 center. These call takers have received the standard training for 211 centers, and New York City 311 received AIRS accreditation in December 2009. AIRS training has also been offered to nonprofit service providers that receive telephone transfers from 311.

Like 311 service requests, there are guidelines for response to 211 calls – along with a new "call back" functionality to assess customer satisfaction with the I&R experience. The city and nonprofit agencies are beginning to use both 311 and 211 data to examine trends of requests for service and to identify service gaps. Incorporation of 211 I&R has also provided the city with an opportunity to engage with nonprofit providers that did not have a contractual relationship with the city.

City officials also believe the result of consolidation has been increased efficiency—streamlining access to social services and creating economies of scale related to software and personnel costs.

In April 2008, the city rebranded its 311 service to stress the increased availability of social services (see figure 2). Since launching, the city receives more than 2.7 million calls a year for health and human services, making it the highest volume 211 system in the nation.

In 2009, NYC 311 Online was launched to provide internet access to many of 311's services. In January of 2010, NYC 311 Online was enhanced with an online Facility Finder to locate Government and Health and Human Services facilities. Callers and web users may also be referred to ACCESS NYC, a website allowing New Yorkers to get information about, screen, and apply for over 35 city, state, and federal benefit programs.

City officials and the nonprofit sector continue to build a comprehensive knowledge base for 211. Nonprofits under contract with the city are included in 311 only if their services are available on an open basis. If there are eligibility requirements for a service, 311 routes callers to the agency that handles the case management function. To avoid the potential of preferring a particular provider where there are multiple nonprofits providing the same service, 311 call takers are trained to provide information on three nonprofits that provide the requested service.

Halton, Ontario[20]

The Regional Municipality of Halton was incorporated in 1974 within the Province of Ontario. Halton has a population of 467,200 and includes the municipalities of Burlington, Halton Hills, Milton, and Oakville. The regional municipality provides government services such as public works as well as those that had previously been provided by the province, such as health, social, and community services.

In June 2007, a 211 service was launched in Halton. Like its counterpart in the United States, 211 in Canada functions as an I&R service, providing access to social services. Canadian 211 is often funded by United Way and provincial governments, and 211 systems across Canada conform to InformCanada standards, which mirror the AIRS standards in the United States.

The Regional Municipality of Halton is responsible for the governance and operation of 211, with the advice and assistance of a citizens advisory committee. The citizens advisory committee includes members of the Regional Council, the Halton Information Providers, and United Way agencies in Halton. The Regional Municipality of Halton also has an agreement with the Oakville Public Library, which acts as the lead agency for the Halton Information Providers and both develops and maintains a community services database.

In March 2008, Halton launched 311 to provide access to local government services in Halton and participating municipalities and other local government entities. The 311 initiative is governed by an implementation agreement between 311 members (Burlington, Halton Hills, Milton, Oakville, Halton District School Board, Halton District Catholic School Board, and Halton Regional Police Service) and the Regional Municipality of Halton. In the case of some municipalities, the consolidated call center transfers calls to a single municipality contact number. In other cases, integration ranges from e-mail transmittal of service requests to full integration at a municipal level with the Customer Relationship Management (CRM) system in use at the consolidated call center. Individual 311 members provide information for the system-wide knowledge base. Halton provides regularly reports to each of the 311 members.

The implementation agreement also creates a 311 Steering Committee and a 311 Operations Committee, with representation of the Regional Municipality of Halton and the members of 311.

By April 2009, the consolidated call center in Halton was receiving approximately 24,000 calls per month. More than 90 percent of calls handled in the contact center were to ten-digit numbers for Halton government agencies. Upon implementation, three dozen ten-digit numbers were eliminated. The call center is open from 7 a.m. to 9 p.m. on weekdays and 8 a.m. to 4:30 p.m. on weekends. Outside these times, calls are answered by external parties on behalf of Halton. A total of 18 call takers staff the call center, with an average of 11 call takers working during a typical weekday shift.

Halton's consolidated call center predates both 211 and 311. Access Halton provided access to government agencies, had a dedicated staff, and was supported by a customer relationship management or CRM system, a software application that enables the effective management of large volumes of data including a knowledgebase of frequently asked questions.

The process for the development of 211 in Halton occurred over an eight-year period. Four Halton Information Providers—Information Oakville (the public library), Information Burlington (the public library), Information Milton (a joint service of United Way and the Town of Milton) and Information Halton Hills (the public library)—led the effort to bring 211 to the region. Halton Region was invited to participate in the planning process because it already not only provided certain social and health services but also had the centralized contact center in place.

The decision to consolidate 211 into the region's call center came after considerable deliberation and initial opposition to allowing a local government to deliver 211 services. Halton Region was the first municipality to deliver 211 services in Canada. After comparing different approaches and models and examining costs and benefits, the local stakeholder committee endorsed the decision to consolidate 211 and the existing call center. The Regional Council subsequently approved the plan.

The decision to consolidate was driven by some of the same factors as the decision to consolidate 311 and 211 in New York. Access Halton already had infrastructure and staff in place. Also, prior to 211, approximately two-thirds of calls to the contact center were inquiries about Halton Region human and social services. In addition, the decision to have the region provide 211 was widely viewed as the most sustainable means of implementation. Two additional staff were hired to support the additional calls for 211, but Halton employs a universal agent model so that all call takers can handle initial intake on both 211 and 311 calls.

Call takers in the call center do not counsel callers. If a person is calling about regional programs and services (e.g., child development), the call taker directs the call to an intake case worker, who provides counseling. In other cases, 211 calls generate a service request to a back-office specialist, who will then return the call.

The consolidation of Access Halton, 211, and 311 has produced a series of benefits. Additional training and the rigor of the accreditation process has benefited all call takers. The perceived advantages of efficiency and sustainability are apparently being achieved.

Consolidation of 211 and 311 in Halton, however, is still a work in progress. Halton is working to develop a means of better categorizing calls to measure the value of 311 and 211. The consolidation also requires the call center to meet goals and act consistently with values of a larger group of stakeholders than was required when it was solely a government call center. Halton is also seeking to increase awareness of 211 and 311 and the distinction between the two services, which has proven to be a challenge.

Bridgeport, Connecticut[21]

United Way of Connecticut has the oldest statewide 211 system in the nation. It has a long history of working with state government to provide information related to state health insurance programs and other state-provided child services. Moreover, Connecticut is unique because of its lack of a county-level of government.

In 2005, Michael Meotti became the President of United Way of Connecticut. Meotti had previously led the Connecticut Policy and Economic Council, where he had spearheaded an effort to develop an online citizen request project for municipalities throughout the state. At the United Way, Meotti recognized the opportunity for using the existing 211 system to begin to handle municipal service calls as well. In fact, for years, Connecticut residents had already called 211 for municipal requests when they were unable to determine the right entry point for their local government.

In 2007, United Way and the City of Bridgeport entered into a formal agreement whereby 211 would take calls for municipal service from Bridgeport residents. Meotti convinced Bridgeport's mayor that United Way—which already had significant telephony and other infrastructure in place—could provide the service

better and at a lower cost than the city could itself. Bridgeport initially provided the United Way with funding to hire three new staff to enable 211 to handle municipal calls from Bridgeport, but in the second year of the agreement, funding was reduced to support only two call takers. The United Way also developed a web-based workflow-management system in which requests for service were sent to city departments.

Despite apparent efficiencies, obstacles to success included:

- Some of the existing 211 staff resisted the idea of taking municipal service calls as well as social service calls. Municipal service requests were considered a distraction. In many cases, 211 staff used to providing crisis-level assistance were now being asked to take calls related to missed trash pickups.
- Bridgeport was a very small part of the total statewide 211 calling area. Approximately 350,000 calls to 211 were made statewide annually, and Bridgeport was expected to generate only 10,000 to 15,000 municipal calls per year. There was a need to identify calls from Bridgeport and determine which calls were for 211 and which were for municipal services. 211 set up an Interactive Voice Response (IVR) system to try to screen municipal service calls from Bridgeport, but the result was that callers frequently had to be transferred to 211 specialists. The additional staff hired to handle municipal service calls were not trained to handle 211 calls.
- Before implementing the 211 system, the City of Bridgeport did not analyze workflow or departmental outcomes. None of the city departments had a well-established work order system. Calls to 211 for municipal services generated an e-mail to the appropriate department, but there was no way to track resolution. Department employees would frequently close out requests without acting on them.
- 211 service was provided 24 hours per day, seven days a week, but it was unclear that a similar level of service was need for 311 calls.
- Minimal effort was made to link 211 service to performance management or measurement.

With a change in administration, the contract between United Way and Bridgeport ended on December 31, 2008. Bridgeport's interest in citizen access and performance measurement continued beyond the experiment with using 211 for municipal services. In mid-2008 the new Mayor of Bridgeport, Bill Finch, launched a CitiStat program led by the city's deputy chief administrative officer. In early 2009, the city announced plans to create its own call center to take requests for service.[22] The Mayor's 2009–10 budget proposal included a call to "grow and develop Bridgeport's new CitiStat program to improve efficiency and accountability throughout Bridgeport City Government . . . [and] increase use of the City's 576-1311 call center and bi-weekly accountability meetings with all city department heads."[23]

311 and 211: Opportunities for Coordination and Collaboration

Even where consolidation may be impractical, 311 and 211 leaders in other localities acknowledge that there are opportunities for coordination and collaboration. In most cities and counties that have 311, call volume is greater than 211. As a result, 311 and 211 may frequently refer calls to each other.

In Minneapolis,[24] as the city was moving to implement 311, it worked with the state, county, and 211 to clarify where social service calls would best be handled. The result was an informal understanding that with few exceptions, all social service calls to 311 should be transferred to 211. 311 staff view 211 staff as better trained and better prepared to handle social service calls that may require heightened levels of awareness and the ability to identify issues beyond those that are the initial reason for the call. At the same time, 311 and 211 staff communicate on occasion to ensure that 211 is fully aware of city programs related to social services, such as employment and job training.

In Kansas City,[25] 211 played an important role in the development of the 311 system. Along with a representative of 911, 211 participated in a committee that helped to oversee the deployment of 311. All three systems frequently communicate, and both 211 and 311 participate in a community-wide response to heat conditions. [In at least two cases, the result of this history of close cooperation and communication allowed 311 call takers to identify individuals requesting municipal services as potentially suicidal and to quickly connect those individuals to 211.]

Most 311 systems make an effort to distinguish between the types of service that they provide and the types of service provided by 911. In Minneapolis[26] and Hartford, [27] there was no effort to distinguish between 311 and 211; apparently there was no resulting confusion on the part of residents. But in Kansas City there have been joint marketing efforts to ensure public understanding of how the systems differ.

Conclusion

By providing greater public access to essential services delivered by local government and nonprofit organizations, both 311 and 211 systems increase the efficiency and effectiveness of the delivery of those services. Despite the obstacles, the opportunity for consolidation and the need for collaboration are clear.

Opportunity for Consolidation

New York City's operation of 311 and 211 may be a model for localities that currently lack either service. There are, however, relatively few locations in which a 311 system preceded 211 as it did in New York.

The greater potential may lie in the ability to have 211 systems provide the platform for the development of 311 systems. With the majority of the nation covered by 211, efficiency would suggest that 211 should assume the role of providing for municipal as well as social services. The lessons of the Bridgeport experiment, however, suggest the need for caution. Although integration of 311 into an existing 211 system may spare some local governments the expense of recreating a call-center infrastructure, cities must prepare to invest in the workflow systems that are critical to the effectiveness of 311. Whether a local government is looking to develop its own 311 system or partner with 211, leadership commitment to the effort—accompanied by adequate resources—is essential.

Use of 211 for municipal systems may also lead to the development of more regional 311 systems. Many 211 systems already operate at a regional level. The example of Bridgeport suggests that a regional 311 system being operated by a regional 211 system may result in a better fit for consolidation.

Consolidation of existing 311 and 211 initiatives may be harder to achieve. Many 211 initiatives are regional or statewide, but few 311 systems are. If a 311 system were to take over 211 calls for a specific city or county, 211 would still need to exist for those parts of a region or state not currently served by 311.

Need for Collaboration

With fewer obstacles to success, there is a clearer need for 311 and 211 systems to closely collaborate even where they remain separate.

- Both 211 and 311 systems play critical roles in a local area response to a disaster, natural or otherwise. Close collaboration should be commemorated through formal disaster response agreements.
- 211 and 311 organizations can learn from each other with regard to best practices in the operation of public-interest call centers. Common best practices in telephony and training are feasible first steps for collaboration.
- Both 311 and 211 systems are important sources of data for comprehensive community indicators. By studying data from both systems, local governments can achieve a much clearer picture of community needs.
- Joint marketing efforts would clarify the respective roles of the two systems.

The federal government can and should play a role in ensuring greater collaboration between these two systems wherever possible. Potential Department of Homeland Security funding for 211 could be linked to parallel funding efforts by the Justice Department for the development and deployment of 311 systems. Similarly, Community Development Block Grant (CDBG) funds—which currently can be used for development of a 211 system—should also be permitted for use for the development of a 311 system.[28]

Acknowledgments

The author thanks the following people for contributing information to this report through interviews.

- AIRS: Clive Jones
- City of Hartford: Susan McMullen
- City of Kansas City: Elizabeth Gray
- City of Minneapolis: John Dejung, Don Stickney
- City of New York: Linda Gibbs, Louisa Chafee
- Regional Municipality of Halton: Katie Johnson
- United Way of Connecticut: Sean Ghio, Michael Meotti
- United Way of New York City: President Gordon Campbell, Hayyim Obadyah

Notes

1 This report was commissioned by the International City/County and Management Association (ICMA) with the support of the Alfred P. Sloan Foundation. The author is grateful for the assistance of Cory Fleming of ICMA and for research assistance provided by Dr. William Tharp, Senior Policy Analyst at the Ochs Center.

2 Evelina Moulder, "Call 311: Connecting Citizens to Local Government Data Report" (Washington, D.C.: International City/County Management Association, 2007).

3 United Way/AIRS Nationwide Status, http://www.211us.org/status.htm.

4 Chicago Metropolitan Agency for Planning (CMAP), *An Overview of 211 Services in the Nation*, October 2008.

5 University of Texas Telecommunications and Information Policy Institute, *Telecommunications and 211—A Primer*, May 2002.

6 Ibid.

7 CMAP, *An Overview of 211 Services in the Nation*, October 2008.

8 Deborah Woods and Jonquil Eyre, *211 for All Ontario: Bringing People and Services Together*, July 2003.

9 President William Jefferson Clinton, Remarks in Sacramento, CA, on July 23, 1996.

10 U.S. Department of Justice, *COPS Fact Sheet*, August 2003. http://www.cops.usdoj.gov/html/cd_rom/tech_docs/pubs/311forNonEmergencies.pdf.

11 Carl A. Fillichio, *The Public Manager*, Vol. 32, 2003.

12 U.S. Department of Justice, *COPS Fact Sheet*, November 2007. http://www.cops.usdoj.gov/files/RIC/Publications/e01060007.pdf.

13 "City of Calgary Office of the Mayor, "Calgary 311," 2008. http://www.calgarymayor.ca/initiatives/accountability/calgary311.cfm.

14 City of Chicago, Chicago 311 Service Request Descriptions, http://egov.cityofchicago.org/city/webportal/portalDeptCategoryAction.do?deptCategoryOID = -536896082&contentType = COC_EDITORIAL&topChannelName = Dept&entityName = 311 + City + Services&deptMainCategoryOID = -536884534 .

15 CMAP, *An Overview of 211 Services in the Nation*, October 2008.

16 University of Texas Telecommunications and Information Policy Institute, *211 State by State: A Periodic Report on the National Implementation of Three-Digit-Accessed Telephone and Information Referral Services*, February 2002.

17 Cory Fleming, *Call 311: Connecting Citizens to Local Government Case Study Series—Minneapolis 311 System*, International City/County Management Association, 2008.

18 The case study of New York's combined 311 and 211 system is based on interviews with Deputy Mayor Linda Gibbs and Louisa Chafee of the Deputy Mayor's office (May 1, 2009), and Gordon Campbell and Hayyim Obadyah of United Way of New York City (May 29, 2009).

19 U.S. Census Bureau, Population Estimates Program, 2008. http://www.census.gov/popest/cities/SUB-EST2008.html.

20 Unless otherwise indicated, this case study is based on an interview with Katie Johnston of the Regional Municipality of Halton. (June 9, 2009).

21 Unless otherwise indicated, this case study is based on interviews with Michael Meotti (May 19, 2009)and with Sean Ghio of United Way of Connecticut (May 29, 2009).

22 Keila Torres, "CitStat's Goal is to Improve Efficiency," *Connecticut Post Online*, February 13, 2009.

23 City of Bridgeport, Proposed 2009–10 City Budget, http://ci.bridgeport.ct.us/__documents/2009-2010%20Proposed%20Budget/PROPOSED0910.pdf .

24 Based on an interview with John Dejung, former director, 911/311 Communications, City of Minneapolis and Don Stickney, assistant director, 911/311 Communications, City of Minneapolis, May 15, 2009.

25 Based on a telephone interview with Elizabeth Gray, 3-1- 1 Call Center Manager, City of Kansas City, May 26, 2009.

26 Ibid, Dejung and Stickney interview.

27 Based on a telephone interview with Susan McMullen, Chief of Staff, Mayor's Office, City of Hartford, April 2, 2009.

28 U.S. Department of Housing and Community Development, "Use of Community Development Block Grant (CDBG) Funds to Assist in Establishing and Operating 211 Calling Systems," June 9, 2004. http://www.hud.gov/offices/adm/hudclips/notices/cpd/04-7c.doc.

ICMA National Study of 311 and Customer Service Technology

With funding from the Alfred P. Sloan Foundation, ICMA is conducting research and developing new resources and tools for jurisdictions considering implementation of 311/CRM systems. Working with the Ochs Center for Metropolitan Studies, ICMA's research focuses on overall system management, including organizational issues as staff training as well as citizen engagement and performance measurement and management.

For more information on the study, contact Cory Fleming, project director, at cfleming@icma.org or 207-854-1083.

ICMA

Leaders at the Core of Better Communities

the Ochs Center
for metropolitan studies

10-207