



December 2016

The Honorable Lawrence J. Hogan, Jr.
Governor
State of Maryland
100 State Circle
Annapolis, MD 21401

Dear Governor Hogan,

The Health & Human Services Referral Board is proud to report annually on the provision of services through 211 Maryland and our system of partners. 211 Maryland responded to more than 278,000 calls and connected people in need to a cadre of more than 4,000 private nonprofit and public health and human service programs. Few other organizations in Maryland make this many connections annually.

Working around the clock with interpretation in 170 languages, 211 Maryland strengthens our community by empowering people with information to solve problems, make better decisions, improve their situation, and become independent. Maryland is a better place to live when 211 is successful.

The Health & Human Services Referral Board ensures 211 Maryland is a reliable partner in our efforts to continually improve access to services for our most vulnerable populations. Together with the Department of Health & Mental Hygiene as well as other State Departments, local governments, a dozen United Ways in Maryland, and thousands of nonprofits in Maryland, this system of four 211 call centers help our residents on the path to self-sufficiency every day.

The Health & Human Services Referral Board recommends a review of the current 211 Maryland System structure and an increased investment in daily operations. The service is good but we can and need to do better. Our aging technology and stretched staff strains the service delivery infrastructure and requires new funding commitments, new ideas, and new business models from State and local leadership. Please review our service highlights and recommendations detailed in this report.

Sincerely,

Patricia M. Lambert
Chair

Maryland 
2-1-1™
Get Connected. Get Answers.

Demand for Health & Human Service Information & Referral

Proliferation of Statewide Hotlines

Public and nonprofit service provision and delivery systems are becoming increasingly complicated and bureaucratic. It is difficult for a person to figure out where they go for help. Even with online databases and search engines, people still need help diagnosing problems and finding the correct treatment of those problems.

Despite the law making 211 Maryland’s official “help number,” many government-sponsored hotlines have been established to help people learn about programs and an increasing number of 10-digit hotlines continues to proliferate the maze of resources and perpetuates the fragmentation of an efficient service delivery system in our State.

“The community needs information about the wide range of excellent programs and services to help people in need. The community can benefit from greater knowledge of 211 at all levels – members of the public, as well as nonprofit and governmental agencies.

Lives can literally be saved by timely access to the right services. And, agencies can save time and money with an easy and accessible referral option.”

Heather Illif, CEO
Maryland Nonprofits

Government and nonprofits cannot independently solve every problem and require a unified approach to access and service navigation. *An increase in coordination and a stricter adherence to existing Maryland State Health General Code 24-1201 (see appendix) is required to ensure the most effective use of resources among State hotlines.*

Local Jurisdictions Identify Access as Top Priority

A variety of needs, unique gaps in services, and demand for diverse programs vary across the State of Maryland. Nevertheless, all communities agree that a central access point to services is critical. For example:

- Carroll County Cited **access to services** as one of five top needs for Carroll County and inability to **navigate services** as the primary barrier to getting help. In addition, providing information on available resources was cited at one of the top three strategies to address gaps in services. *(FY 15 Carroll County Local Management Board Needs Assessment, Adopted June 15, 2015)*

- Anne Arundel County Early Childhood Coalition identified that a **lack of knowledge** of resources and supports to families with young children are believed to contribute to the differences in readiness levels among students entering kindergarten. (*Children Entering School Ready to Learn, 2009-2010 Maryland Model for School Readiness*)

“In an ever-more connected world, there are too many missed connections among those who most need a helping hand and those offering one. 211 and its partner agencies are improving the lives of the hungry, the homeless, the abused and the out of work by linking Maryland’s helpers with those in need of help.”

Jacob R. Day, Mayor
City of Salisbury

211 Maryland is poised to be a central access point for local jurisdictions, but *increased coordination is required to better integrate local funding, local organizations, and local governments into the 211 partnership.*

Ten-Year Commitment to Maryland

2016 marked the ten-year anniversary of the 211 service being available to residents of Maryland and it’s sixth year as Maryland’s official help number. Community Crisis Services, Inc., The Life Crisis Center, Mental Health Association of Frederick County, and United Way of Central Maryland collectively secure and invest more than \$3 million annually to provide 211 access free of charge, 24/7, to residents.

Across the country, 211 programs are increasingly becoming a “social utility” as more Federal and State programs are looking to consolidate and improve access to services through the efficiencies of 211. In San Diego, 211 is the hub for veterans seeking services. In Michigan, 211 played a critical role in the Flint Water Crisis. And in Texas, 211 is the State funded hotline for all public assistance programs.

“We can solve so many problems like homelessness, addiction, suicide, hunger, trauma and loneliness. There are so many resources that many just don't know about. By collecting and mapping data on the calls we can find hotspots of need and direct greater resources to this neighborhoods.”

Roger Hartley, Dean
College of Public Affairs
University of Baltimore

Maryland State Health General Code 24-1201, passed in 2010, requires State agencies to “consult with 211 Maryland about using the 211 system to provide public access to information.” Many State programs, municipalities, nonprofit organizations, foundations, and private businesses support 211, but *an increase in financial commitments from the State is critical to maintain and grow 211 for the next decade of service.*

211 Cultivates Self Sufficiency

Information is empowering and cultivates self-sufficiency. The 211 Maryland, . resource database has entries for more than 4,000 health and human service organizations. Call center specialists use the database to link callers with the resources they need. A version of the database is also available on the 211 Maryland web site for use by the public.

Resources from the 211 database across the state provide residents with tools they need to improve their situation. Individuals get help to weatherize their home or pay utility bills. Families access prenatal nutrition programs, food banks, and summer meals for kids. Evictions are prevented, children access educational opportunities, senior citizens receive critical care to help them age in place, and lives are saved.

The resource database, built over years of effort by the four 211 partners has significant value. 211 Maryland designates staff with the specific responsibility of maintaining the database, and updating each entry at least once annually. In addition, by following the Alliance for Information and Referral (AIRS) standards, 211 Maryland assures that the database will be organized according to nationally recognized principles.

“211 is more and more like a “flu shot” – the 211 system doesn’t simply help people heal after an illness and find resources, 211 prevents illness, prevents problems from getting worse, and empowers people with information so they can stay healthy and well.”

Patricia M Lambert, Esq
Pessin Katz Law, P.A.

Information and resources are only useful when people have access to those resources. *Greater emphasis on proactively providing, or rather “pushing out,” information to people in need is required to unleash the full potential of the 211 database of resources.*

211 is Committed to Efficiency

With robust performance measures, 211 strives to be the most efficient central access point for multiple hotlines in Maryland. 211 Maryland monitors performance by tracking key metrics (% of abandoned calls, % of database resources updated each fiscal year, customer satisfaction as measured by follow-up calls). Additionally the system conducts mystery call audits, through which an independent contractor calls the 211 call centers and measures how the call specialists respond on different scenarios. The mystery-calling project is part of a national initiative, allowing 211 Maryland to compare its performance with that of 211 systems in other states.

211 Maryland receives grants from DHMH and the Maryland Department of Juvenile Services to provide services for those State agencies. 211 Maryland helps State agencies improve their services for Maryland citizens. By managing phone calls and referrals to services, 211 frees-up State agencies to concentrate on their core missions of providing service to their constituents, as mandated by Federal and State law.

The efficiency of the 211 service is dependent on a comprehensive system of accountability that includes regularly monitoring metrics, on-going training, current technology, and an investment commitment from stakeholders. *As 211 call volume continues to grow, the Health and Human Services Referral Board suggests close scrutinization of 211 Maryland to ensure the system is accountable and maintains its efficiency.*

“211 provides a foundation for building an interconnected “No Wrong Door” network of service providers throughout the region. 211’s leadership in this area is critical as we continue to explore new and innovative ways to meet the needs of low-income people and families.”

Aaron Merki
Program Officer
Weinberg Foundation

211 is an Asset to Maryland

211 is available around the clock in every jurisdiction in Maryland. In the fiscal year ending June 30, 2016, the 211 Maryland system responded to 278,359 calls and referred callers to more than 4,000 services and programs across the state. Callers obtained shelter, free tax preparation, food, education, health & dental care, housing supports, counseling, substance abuse treatment and many other necessary services.

The 211 Maryland system represents a considerable asset for local municipalities and for the State of Maryland. The total budget for the system is approximately \$3 million annually, with funding sources including United Ways, foundations, private corporations, State government and local government. The call specialists are trained professionals with skill at rapport building and needs assessment as well as knowledge of resources.

211 Maryland plays a growing role in the State’s response to emergencies. In 2009, 211 Maryland provided hotline services for the Maryland Department of Health and Mental Hygiene (DHMH) in responding to the potential H1N1 pandemic. This year 211 Maryland at United Way of Central Maryland was named as one of 25

“As a small, state-wide organization, it would be impossible for us to field the almost 20,000 annual calls with questions about the Earned Income Tax Credit and free tax preparation locations. Working with 211 allows our partners to do what they do best, providing high quality, free tax returns and helping residents to maximize every dollar of their refund. We know that by using 211, residents can also take the first step to resolve their other financial issues.”

Robin McKinney, Director
Maryland CASH Campaign

call centers in the country to serve the Center for Disease Control's (CDC) Flu-On-Call Hotline.

The 211 Maryland System has answered hundreds of crisis related phone calls during the Derecho and Super Storm Sandy emergencies as well as Hurricane Joaquin. 211 Maryland and the Maryland Emergency Management Agency (MEMA) executed a Memorandum of Understanding defining 211 Maryland's role during future emergency and recovery periods. MEMA intends to work closely with 211 Maryland in order to ensure residents affected by future disasters have efficient access to referral services.

Consistent and increased investments are required to ensure 211 remains nimble, technologically adept, and responsive during future large scale disasters or health pandemics.

2017 Recommendations

The Health and Human Services Referral Board recommends that Governor Hogan and State Departments continue to fund the growth of the 211 Maryland and provide leadership to study the issues associated with this report. The 211 Maryland System is an invaluable asset to every jurisdiction in Maryland and provides critical services to our most vulnerable populations helping them on the path to self-sufficiency. A fully funded 211 system complements the efficiency and customer focus of State Government and ensures Maryland residents efficiently obtain the services they need.

As required by law, the following considerations are recommended for 2017.

1. Fund Infrastructure

- The State of Maryland should provide continuous robust funding to maintain current 211 services and build infrastructure to meet the demand for future services. This specifically includes:
 - Acquiring a new telephone system to manage peak times and equitable call distribution during emergencies, disasters, and seasonal fluctuations.
 - Updating and enhancing the current web interface to ensure it is customer friendly and accessible to underserved populations.
 - Enhancing interconnectivity with other existing databases in Maryland.
 - Providing additional resources for training and hiring new staff to ensure low call abandonment rates.
 - Implementing a statewide marketing plan to reach rural Counties.

Please note that the State of Maryland should continue to provide funding to 211 Maryland at current levels until further review of the current system, development of new infrastructure, and potential State integration.

2. Proactive Provider of Information

- Look to establish formal partnerships with additional organizations (i.e Schools, local Health Departments, Libraries, etc.) to “push out” information and share resources proactively with vulnerable populations.
- In addition to an online database and call center, explore new technologies as tools to provide 211 information to a broader population.
- Explore new points of engagement with the general population as national trends point to a decrease in call volume.

“Maryland residents need a comprehensive information and referral system because there is a lot of noise about what is possible – information and referral systems are poised to reduce the noise and connect people with what is actually available instead of just what is possible.”

Tim Jansen, Executive Director
Community Crisis Services, Inc.

3. System Metrics & Goals

- Continue to monitor the call abandonment rate at each call center and require a stricter performance levels prior to receiving funding/contracts.
- Continue to subscribe to the national quality assurance audit and work with call centers to track and improve call quality prior to receiving funding/contracts.
- Work with each call center to create an additional dashboard of metrics (besides the abandonment rate) to better highlight strengths and/or areas for improvements.

4. System Consistency

- Review the governance structure of the 211 Maryland System and consider new configurations for call distribution, database management, and board/management organization.
- Continue to work with national networks to ensure quality and availability as more of the general population is transient and depends on 211 being available nationwide.
- Establish protocols for database sharing internally (within four call centers) and externally with other key partners (i.e. Hospitals, Aging Services, Nonprofits, etc.)

5. State Integration

- Improve compliance with Maryland State Health General Code 24-1201 requiring State entities to work with 211 as they seek to establish public information access points.
- Review 211 Maryland governance structure to improve integration with other State hotlines and databases.
- Develop partnerships with the Governor's Office and his priority to improve efficiency and customer service for residents by expanding and integrating use of 211.

"As a single point of access for community services across Frederick County, 2-1-1 truly is a foundation of support for our citizens. Virtually every non-profit service provider in our community relies on 2-1-1 to connect clients with services ranging from mental health counselors to peer recovery coaches."

Jan H. Gardner
Frederick County Executive

Appendix A: 2-1-1 Call Volume by Need & by County

2-1-1 Maryland System Contacts FY 2013- FY 2016 Trends				
Fiscal Year:	FY 13	FY 14	FY 15	FY 16
Performance Data				
Total calls answered	274,273	292,924	272,414	278,359
Percent calls abandoned	9%	13%	15%	16%
Problems/Needs	FY 13	FY 14	FY 15	FY 16
Domestic Violence, Shelter, and Support	1,002	841	1,129	1,254
Emergency Shelter	8,754	11,361	41,831	38,075
Employment	1,213	1,540	1,816	1,132
Financial Assistance	1,708	3,443	2,815	2,469
Food	14,890	17,371	19,654	20,896
Health Care Concerns	8,906	11,468	8,583	6,318
Housing Assistance	19,817	22,807	24,132	24,113
Individual, Community, and Family Programs	17,335	20,708	17,203	17,377
Legal and Public Safety	4,481	5,907	7,020	5,792
Mental Health and Substance Abuse	35,965	36,739	37,878	44,746
Suicide and Crisis	3,647	4,517	5,285	7,347
Tax Information and Preparation Assistance	12,366	12,846	15,359	16,807
Transportation	1,127	1,294	1,366	1,352
Utility Assistance	17,326	74,258	65,801	62,567

**The increase in Emergency Shelter Calls between FY 2014 and FY 2015 is a result of a change in reporting methodology.*

Calls by Jurisdiction

Allegany	655	Charles	1,222	Prince George's	65,285
Anne Arundel	5,446	Dorchester	625	Queen Anne's	390
Baltimore	23,039	Frederick	8,712	Saint Mary's	303
Baltimore City	66,291	Garrett	390	Somerset	392
Calvert	446	Harford	4,140	Talbot	485
Caroline	533	Howard	3,403	Washington	1,692
Carroll	1,784	Kent	433	Wicomico	4,112
Cecil	1,630	Montgomery	8,943	Worcester	1,929

Appendix B: 2-1-1 State Enabling Legislation

HEALTH – GENERAL

TITLE 24. MISCELLANEOUS PROVISIONS

SUBTITLE 12. HEALTH AND HUMAN SERVICES REFERRAL SYSTEM

Md. HEALTH-GENERAL Code Ann. § 24-1201 (2011)

§ 24-1201. Definitions

- (a) In general. -- In this subtitle the following words have the meanings indicated.
- (b) Board. -- "Board" means the Health and Human Services Referral Board.
- (c) Health and Human Services Referral System. -- "Health and Human Services Referral System" means telephone service that automatically connects an individual dialing the digits 2-1-1 to an established information and referral answering point.
- (d) 2-1-1. -- "2-1-1" means the abbreviated dialing code assigned by the Federal Communications Commission for consumer access to community information and referral services.
- (e) 2-1-1 Maryland. -- "2-1-1 Maryland" means the Maryland Information Network, 2-1-1 Maryland, a 501(c)(3) corporation in the State.
- (f) 2-1-1 Maryland call center. -- "2-1-1 Maryland call center" means a nonprofit agency or organization designated by 2-1-1 Maryland to provide 2-1-1 services.

§ 24-1202. Purposes

- (a) Statement by General Assembly. -- The General Assembly:
 - (1) Recognizes the importance of a statewide information and referral system for health and human services;
 - (2) Recognizes that an integrated telephone system would provide a single source for information and referral to health and human services, community preparedness, and crisis information and could be accessed toll free from anywhere in Maryland, 24 hours a day, 365 days a year;
 - (3) Acknowledges that the three-digit number, 2-1-1, is a nationally recognized and applied telephone number which may be used for information and referral and eliminates delays caused by lack of familiarity with health and human service numbers and by understandable confusion in circumstances of crisis; and
 - (4) Recognizes a demonstrated need for an easy to remember, easy to use telephone number that will enable individuals in need to be directed to available community resources.
- (b) In general. -- The purposes of this subtitle are to:
 - (1) Establish the three-digit number, 2-1-1, as the primary information and referral telephone number for health and human services in the State; and
 - (2) Establish a board to oversee the 2-1-1 Maryland call centers and the operation of a statewide Health and Human Services Referral System in the State.

§ 24-1203. Approval of Maryland Call center

- (a) Approval required. -- Except as provided in subsection (d) of this section, an agency or organization shall be approved by 2-1-1 Maryland as a 2-1-1 Maryland call center in order to provide 2-1-1 services in the State.
- (b) Limitation. -- No more than five call centers may be approved by 2-1-1 Maryland to provide 2-1-1 telephone services in the State.

- (c) Considerations. -- When approving a 2-1-1 service provider, 2-1-1 Maryland shall consider:
- (1) The ability of the proposed 2-1-1 service provider to meet the national 2-1-1 standards recommended by:
 - (i) The Alliance of Information and Referral Systems and adopted by the National 2-1-1 Collaborative; or
 - (ii) An equivalent entity;
 - (2) The financial stability of the proposed 2-1-1 service provider;
 - (3) Any community support for the proposed 2-1-1 service provider;
 - (4) Any experience that the proposed 2-1-1 service provider has with other information and referral services;
 - (5) The degree to which the county in which the proposed call center is to be located has dedicated substantial resources to the establishment of a single telephone source for non-emergency inquiries regarding county services; and
 - (6) Any other criteria that 2-1-1 Maryland considers appropriate.
- (d) Public access to information. -- If a unit of the State that provides health and human services establishes a public information telephone line or hotline, the unit shall consult with 2-1-1 Maryland about using the 2-1-1 system to provide public access to information.

§ 24-1204. Health and Human Services Referral Board

- (a) Established. -- There is a Health and Human Services Referral Board in the Department of Health and Mental Hygiene.
- (b) Composition. -- The Board shall consist of the following members:
- (1) One member of the Senate of Maryland, appointed by the President of the Senate;
 - (2) One member of the House of Delegates, appointed by the Speaker of the House;
 - (3) The Secretary of Human Resources, or the Secretary's designee;
 - (4) The Secretary of Health and Mental Hygiene, or the Secretary's designee;
 - (5) The Secretary of Information Technology, or the Secretary's designee;
 - (6) The Secretary of Aging, or the Secretary's designee;
 - (7) A representative of the Office of Homeland Security, appointed by the Governor;
 - (8) A representative of 2-1-1 Maryland, appointed by the Board of Directors of 2-1-1 Maryland;
 - (9) A representative of each 2-1-1 Maryland call center, appointed by the call center;
 - (10) A representative of the Maryland Child Care Resource Network, appointed by the Governor;
 - (11) A representative of the Maryland State Association of United Ways, appointed by the Governor; and
 - (12) Two members of the public with experience in telecommunications, appointed by the Governor.
- (c) Term. --
- (1) The term of a member is 4 years.
 - (2) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

- (3) If a vacancy occurs after a term has begun, a successor shall be appointed to represent the organization or group in which the vacancy occurs.
- (4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.
- (5) A member may not serve more than two consecutive full terms.
- (d) Time and place of meetings. -- The Board shall determine the time and place of the meetings and may adopt rules for the conduct of the meetings.
- (e) Quorum. -- A majority of the Board members constitutes a quorum for transacting business at any meeting and action by a majority of Board members present at the meeting shall be an act of the Board.
- (f) Chair and vice chair. -- Each year, the Board shall elect from among the members:
 - (1) A chair and vice chair; and
 - (2) Any other officer the board requires.
- (g) Compensation and reimbursement for expenses. -- Each member of the Board:
 - (1) Serves without compensation; but
 - (2) Is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.
- (h) The Maryland State Association of United Ways shall provide staff to the Board.
- (i) Diversity of members. -- The composition of the Board as to the race and gender of its members shall reflect the composition of the population of the State.

§ 24-1205. Duties; reports

- (a) Duties. -- The Board shall:
 - (1) Maintain public information available from State agencies, programs, and departments that provide health and human services;
 - (2) Support projects and activities that further the development of 2-1-1 Maryland;
 - (3) Examine and make recommendations to maximize the use of information technology in making 2-1-1 services available throughout the State; and
 - (4) Evaluate the performance of each 2-1-1 Maryland call center;
 - (5) Make recommendations to 2-1-1 Maryland regarding the quality of service provided by call centers or the performance of call centers when issues related to service quality and performance are presented to the Board;
 - (6) Make recommendations regarding corrective action to be taken by a call center, as appropriate; and
 - (7) Develop policies and procedures governing conflict of interest standards for Board members.
- (b) Reports. -- On or before December 31, 2005, and every year thereafter, the Board shall report to the Governor and, subject to § 2-1246 of the State Government Article, to the General Assembly on the activities performed under subsection (a) of this section.

§ 24-1206. Funding

Funding for the Board is subject to the availability of appropriated funds.

Appendix C: Board Roster

Patricia McHugh Lambert, Esq.

Representing United Way of Central Maryland 2-1-1 Call Center

Gloria Brown Burnett

Department of Human Resources

Delegate Bonnie Cullison

Maryland House of Delegates

Stephen Rohde

Maryland Child Care Resource Network

Chas Eby

Governor's Office of Homeland Security, MEMA

Bonnie Hudson

Department of Information Technology

Timothy Jansen

Community Crisis Services 2-1-1 Call Center

Roy Lancraft

Public Member w/ Telecommunications Experience

Martina A. Martin

Maryland State Association of United Ways

Kathleen Momme'

Life Crisis Center 2-1-1 Call Center

Richard A. Proctor

Department of Health and Mental Hygiene

Wayne Scott Schelle

Public Member w/ Telecommunications Experience

Administrative Support:

United Way of Central Maryland

For more information, call MD State Association of United Ways: 410-895-1476