

**State of Maryland
Health and Human Services
Referral Board**

Annual Report
December 2013

Table of Contents

Executive Summary	3
I. Statutory Basis.....	4
II. Background and Vision.....	4
III. 2-1-1 Organization and Services.....	4
IV. 2-1-1 Call Centers Performance Fiscal Year Ending June 30, 2013.....	6
V. Progress on Developing a 2-1-1 System in Maryland	8
VI. Summary and Next Steps	13
Appendix A: 2-1-1 State Enabling Legislation	14
Appendix B: 2013 Maryland Health and Human Services Referral Board	17

Executive Summary

Maryland continues to play a key role in the nationwide movement to revolutionize access to help using 2-1-1. The enclosed document is the third annual report of the Health and Human Services (HHSR) Board, re-established as part of the legislation (SB527), which Governor Martin O'Malley signed into law in 2010 making the 2-1-1 system permanent in Maryland.

The HHSR Board provides oversight and guidance to the 2-1-1 Maryland system, working with the board of directors and executive director of 2-1-1 Maryland, Inc., and the four 2-1-1 call centers. It is also required to make recommendations to the State and 2-1-1 Maryland, Inc., to ensure the 2-1-1 system's success in serving the people of Maryland effectively.

2-1-1 Maryland took significant steps in 2013 toward becoming a more robust service system. In FY 2013, the four 2-1-1 Maryland call centers answered 274,273 calls, a 3% increase over FY 2012 levels. 2-1-1 Maryland, Inc., the state administrative and coordinating office for the system and the four 2-1-1 call centers worked together to improve data collection and quality assurance. The system reached out to State and local agencies, and established social media mechanisms to improve outreach. 2-1-1 Maryland, Inc. obtained on-going funding from the Maryland Department of Health and Mental Hygiene, and explored additional partnerships with other state agencies. 2-1-1 Maryland, Inc. staff created a more consistent administrative structure for the 2-1-1 state office.

The HHSR Board continues to be concerned about the long-term sustainability of the 2-1-1 Maryland System. 2-1-1 Maryland, Inc. must engage in more focused resource development for the system, but it will need more support from State agencies. In addition, the State should take steps to assure that State health and human service agencies are aware of the provisions with Md. HEALTH-GENERAL Code Ann. § 24-12. The law requires these agencies to consider use of 2-1-1 when they establish a public information telephone line or hotline to offer the public access to services.

2-1-1 systems continue to grow across the United States. Maryland has the opportunity to be a national leader in this effort to simplify access to services, and to provide the public support during emergencies. This report documents the progress the 2-1-1 Maryland system has made, but also outlines the challenges that remain to fulfill the potential 2-1-1 offers to the citizens of Maryland.

I. Statutory Basis

The Health and Human Services Referral Board is submitting this report in accordance with Md. Health-General Code Ann. § 24-1201 (2011), which requires the Board to report annually on its activities. The law charges the Board to make recommendations to strengthen the performance of Maryland's 2-1-1 system and to maintain public information available from State health and human services agencies (see *Appendix A for the text of the statute and Appendix B for Board composition*).

II. Background and Vision

2-1-1 Maryland is part of the national 2-1-1 movement designed to simplify access to health and human services. By dialing 2-1-1, individuals receive guidance and support in obtaining the services they need. The 2-1-1 concept addresses a fundamental problem of the current service system: it is not easy to access. Different agencies and programs each have their own points of entry, web sites, and phone numbers (a 2010 study by Maryland Department of Information Technology noted that 1,066 ten-digit help numbers exist in Maryland alone).

2-1-1 systems simplify access by providing an easy to remember three-digit phone number for persons in need. 2-1-1s play three key roles:

1. A simple, quick link for callers in need 24/7 in multiple (180 in Maryland) languages.
2. A barometer of health and human needs (both current and emerging).
3. A partner in disaster response and emergencies (for first responders and citizens).

Since 2000, 2-1-1 systems have developed in all 50 states, the District of Columbia, Puerto Rico and several provinces in Canada. The vision for Maryland 2-1-1 outlined in the 2-1-1 Business Plan presented to Governor Martin O'Malley and his predecessor, Governor Robert Ehrlich, is: ***"Because of 2-1-1 Maryland, it will be easy to access information about health and human services and critical incidents."***

III. 2-1-1 Organization and Services

Organizational Structure

The 2-1-1 Maryland system consists of a State administrative office (the Maryland Information Network 2-1-1 Maryland, Inc., hereafter referred to as 2-1-1 Maryland, Inc.) and four regional call centers, each operated by a non-profit organization. 2-1-1 Maryland, Inc., staffed by one FTE (a part-time executive director and a part-time operations director) coordinates services of the call centers, manages statewide contracts, markets and publicizes the 2-1-1 service and strengthens operations through a quality assurance program. See staff contact information in Appendix B.

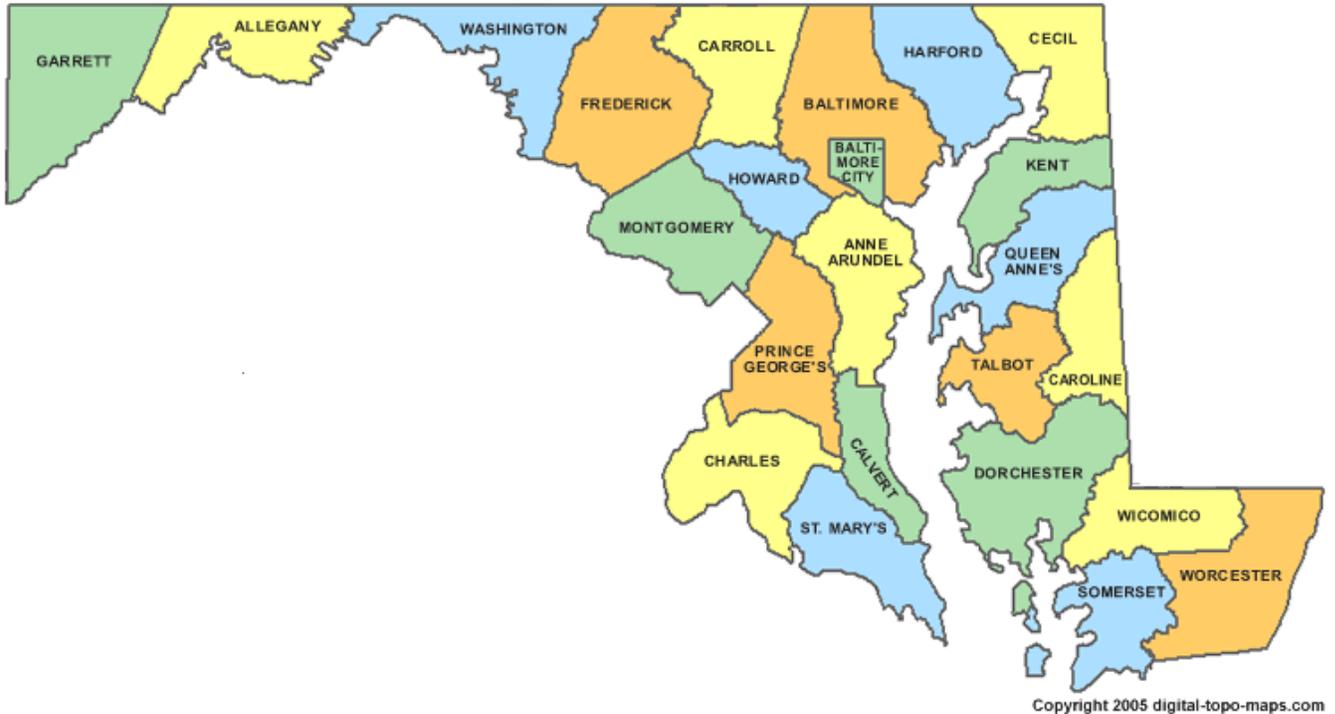
The four call centers provide 24/7 statewide access to 2-1-1:

Central Maryland: 2-1-1 Maryland at United Way of Central Maryland (Baltimore) serving Baltimore City and Anne Arundel, Baltimore, Carroll, Harford and Howard counties

Eastern Shore: Life Crisis Center, Inc. (Salisbury) serving Caroline, Cecil, Dorchester, Kent , Queen Anne's, Somerset, Talbot, Wicomico and Worcester counties

Southern Maryland and the Capital Region: Community Crisis Services, Inc. (Hyattsville) serving Calvert, Charles, Montgomery (south of Barnesville), Prince George's and St. Mary's counties

Western Maryland: Mental Health Association of Frederick County (Frederick) serving Allegany, Garrett, Frederick, Montgomery (north of Barnesville) and Washington counties.



How 2-1-1 Works

When an individual dials 2-1-1, his/her phone carrier routes the call to the call center serving the caller's location. Call center specialists answer the calls as they are received. Each call center specialist has access to an on-line resource database, with over 4,000 entries of organizations, programs and resources that provide services in Maryland. Call center specialists seek to provide the caller with at least three resource referrals, using the database.

As the call center specialists take calls, they document the calls in the database. 2-1-1 Maryland, Inc. uses this data to develop quarterly reports and to analyze needs patterns in the state. Not all callers are willing to provide this information; as a result, the number of calls recorded and demographic information will not necessarily be consistent.

Each of the four call centers employs a resource specialist who updates the portion of the resource database that pertains to his/her call center's service area. The specialists update all the entries in the database at least once a year, to assure that the resource information is current.

In addition, the 2-1-1 Maryland system operates a Web site, <http://www.211md.org> through which users can access the 2-1-1 resource database, and find information about services. Users may also email inquiries to 2-1-1 Maryland, Inc. through the Web site; 2-1-1 Maryland, Inc. staff then route these emails to the appropriate call center for response.

IV. 2-1-1 Call Centers Performance Fiscal Year Ending June 30, 2013

Please refer to the chart on the following page.

In FY 2013, the 2-1-1 Maryland system answered 274,273 calls, a 3% increase over the FY 2012 level of 266,281. These call totals encompass all calls answered by call center specialists in accordance with 2-1-1 protocols, including those that come in on other hotlines managed by the call centers, and funded by various government entities. Contracts for these additional lines supplement the limited 2-1-1 funding currently available to address demand.

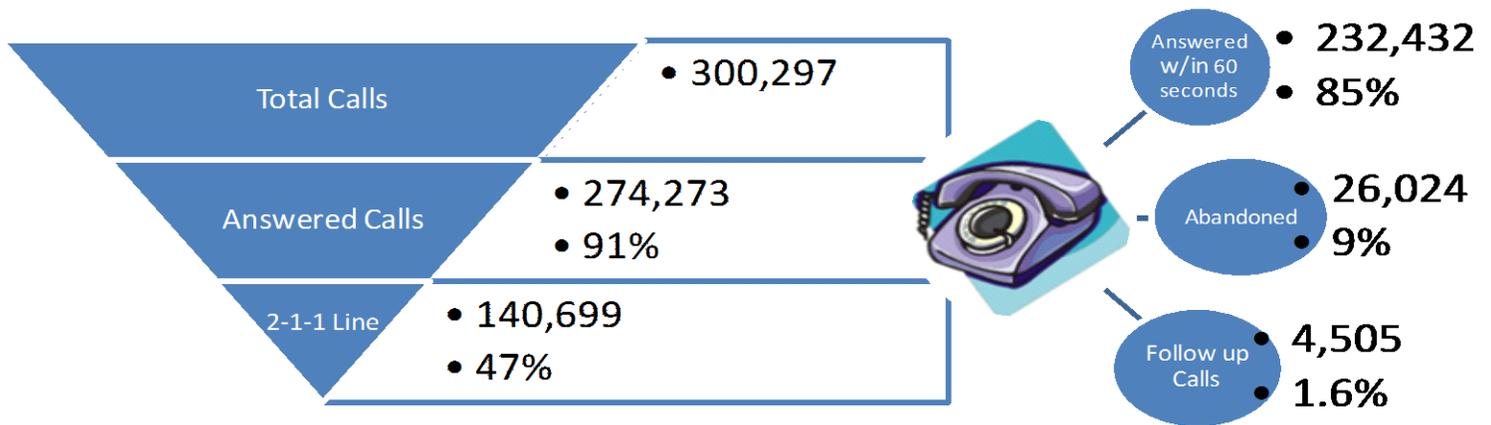
The data collected by the system shows that calls about health care and mental health have increased significantly since FY 2012, while other need categories showed smaller fluctuations. 2-1-1 callers are overwhelmingly female (by a three to one proportion) and a majority of them are African-American.

Geographic distribution of the calls tends to be consistent with population patterns in Maryland, with the greatest volume of calls coming from larger jurisdictions. The data reveals, however, that call volume tends to be higher in the home jurisdictions of the four call centers (Baltimore City, Prince George’s County, Frederick County and Wicomico County), and is smaller in jurisdictions further away from the home bases of the centers. This distribution indicates the need for more outreach in these “outlying” counties.

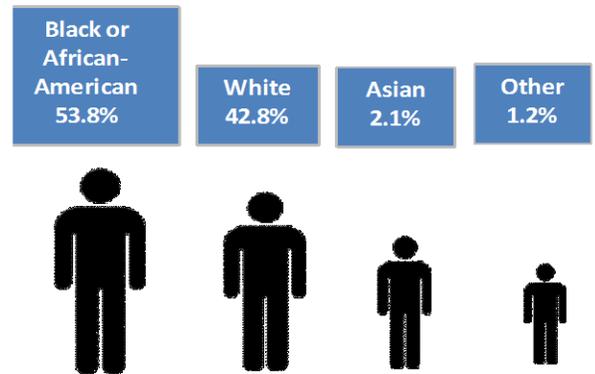
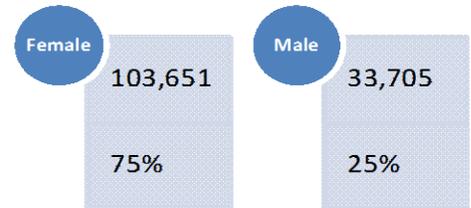
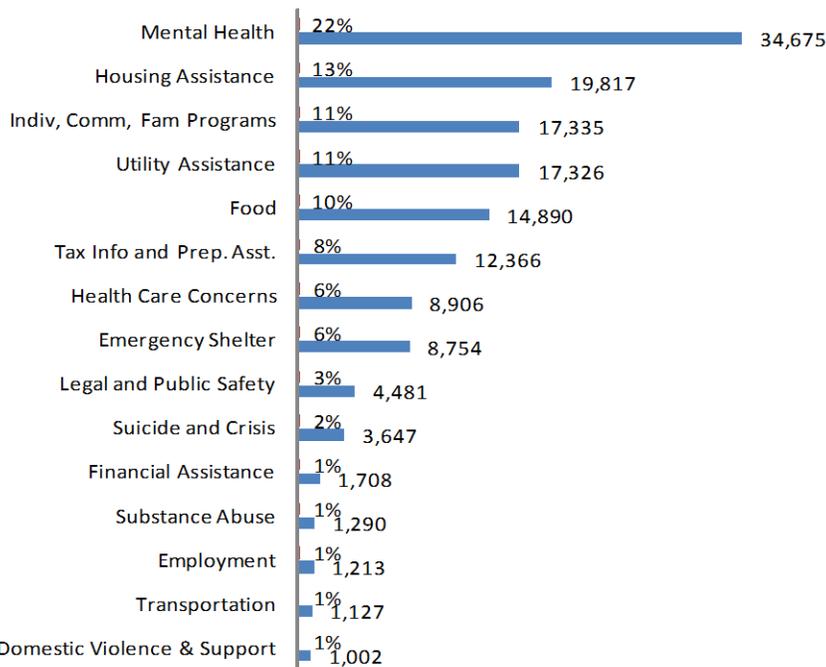
The 2-1-1 Maryland system uses four quality indicators to measure its performance as shown in the table below:

Indicator	Goal	Performance year ending 06/30/13
Answer Rate	80% of calls answered within 60 seconds	85%
Abandonment Rate	Caller hang-ups will be under 10%	9%
Database Record Updates	All records will be verified annually	104%
Follow up Calls	1% of callers will receive follow up calls to assess if referrals addressed their needs	1.6%

The data indicates that 2-1-1 Maryland has been able to maintain consistency in adhering with the quality indicators, with some fluctuation between 2012 and 2013. Of particular note has been the work by the call centers’ resource database specialists to maintain and improve the on-line resource database.



Problems/Needs Identified



Calls by Jurisdiction

Allegany	1,221	1%	Charles	610	0%	Prince George's	25,947	20%
Anne Arundel	4,055	3%	Dorchester	668	1%	Queen Anne's	615	0%
Baltimore	16,819	13%	Frederick	8,780	7%	Saint Mary's	231	0%
Baltimore City	44,620	34%	Garrett	131	0%	Somerset	684	1%
Calvert	499	0%	Harford	1,686	1%	Talbot	426	0%
Caroline	662	1%	Howard	1,882	1%	Washington	984	1%
Carroll	1,211	1%	Kent	403	0%	Wicomico	6,207	5%
Cecil	1,544	1%	Montgomery*	7,453	6%	Worcester	2,238	2%

Mental Health Association of Frederick County (includes Montgomery County north of Barnesville)
 United Way of Central Maryland
 Community Crisis Services, Inc. (includes Montgomery County south of Barnesville)
 Life Crisis Center

As of June 30, 2013, the database contained 4,643 resources, and the resource specialists had verified 4,837 records during the fiscal year (some records were verified twice in the same year, and 150 new resources were added to the database). In addition, the specialists began a yearlong project to overhaul the taxonomy or classification schema for the database. When this project is completed, the centers will be using the same taxonomy for all services, which will generate more consistent and efficient searches among the four centers.

V. Progress on Developing a 2-1-1 System in Maryland

Beginning in 2011, the Health and Human Services Referral Board annually has made recommendations to strengthen the 2-1-1 system in Maryland. These recommendations can be divided into four major categories:

1. System Management (including data tracking and staff training)
2. Outreach and Communications
3. Sustainable Funding
4. Board Development and Governance

A. System Management/Tracking and Training

In the 2012 report, the Health and Human Services Referral Board recommended that 2-1-1 Maryland, Inc. strengthen its system for collecting and disseminating data and improve its quality assurance program. The Board also recommended that 2-1-1 Maryland, Inc. develop a systematic way of measuring and responding to training needs for call center staff, and support call center initiatives to maintain staff certification and organizational accreditation from national professional organizations.

2013 Update

In FY 2013, 2-1-1 Maryland laid the foundation for a management information system that can measure the performance of the 2-1-1 system, and help identify areas requiring improvement.

The Director of Operations for 2-1-1 Maryland, Inc. has worked with the four call centers to put the following data collection protocols in place:

- A quarterly statistical report that includes data on call volume, documented needs, distribution of calls by jurisdiction, caller and demographic information. The report also includes data on suicide, mental health, substance abuse and veterans related calls. The Director of Operations for 2-1-1 Maryland and the four call centers have developed common definitions of data elements, to assure consistency in reporting. 2-1-1 Maryland provides these reports to its State agency partners, including several administrations and offices within the Maryland Department of Health and Mental Hygiene.
- The call centers make regular follow-up calls to a sample of their callers, and include three common questions in these calls:
 - 1) Were you successful in contacting the referrals?
 - 2) Did you receive the information, services, or supports you requested from the referral?
If not why not?
 - 3) Were you satisfied with the information and services provided by the referrals?

At the end of FY 2014, 2-1-1 Maryland will have a full year's worth of data based on responses to these questions.

All four 2-1-1 Maryland call centers continue to be accredited by national professional organizations. Accreditation requires each center to maintain on-going staff training programs, and to improve staff capacity to provide a quality service. In addition, 2-1-1 Maryland has organized special training sessions, in-person and via Webinar, covering such topics as texting, and hot weather emergency response.

In 2014, 2-1-1 Maryland, Inc. expects to develop additional quality assurance standards and protocols. It plans to implement a mystery-calling project in early 2014. The state office and the call centers should be able to use the data gathered from this work to lay the foundation for a system-wide continuous quality improvement (CQI) process. Through this process, the state office will be able to identify strengths and weaknesses in system operations, take steps to correct technical problems, and organize training when indicated to support call center staff as they provide the 2-1-1 service.

Recommendations by Health and Human Services Referral Board

- 1) 2-1-1 Maryland should expand dissemination of the data collected through its quarterly reporting process to assist State agencies and other partners in identifying unmet needs. Dissemination strategies could include timely posting of the quarterly data on 2-1-1 Maryland's web page, and distribution of the data to public agencies, local and State elected officials, United Way organizations across the State, Maryland based foundations and key nonprofits.
- 2) 2-1-1 Maryland should use the data collected from its quality assurance process, including the mystery-calling project, to establish measurable objectives for system improvement. 2-1-1 Maryland should also develop cost estimates for achieving these objectives.
- 3) 2-1-1 Maryland should support call center initiatives to increase staff certification by national professional organizations, and where financially feasible, organizational accreditation. Support should include seeking additional funding for the call centers to support such initiatives.

B. Outreach and Communications

In the 2012 report, the Health and Human Services Referral Board recommended that 2-1-1 Maryland, Inc. develop an outreach and communications plan, with a particular focus on developing relationships with State and local health and human service agencies. The Board also recommended that 2-1-1 Maryland, Inc. form relationships with State liaisons in State departments, and with key state agency assistant attorney generals to support dissemination of information about the law.

2013 Update

2-1-1 Maryland improved its ability to communicate about the 2-1-1 service in 2013. Work included:

- A well-received presentation before the General Assembly's House Appropriations Committee in January 2013.
- Technical improvements to the 2-1-1 Maryland website and implementation of a partnership with United Way of the National Capital Area to improve the search function on the website, using federal funds obtained by that organization.
- Expanded marketing of the system including establishment of social media accounts, and development of marketing materials.

- Presentations/meetings with state and local agencies and nonprofit groups.

In addition, 2-1-1 Maryland staff has conducted outreach to State agencies to inform them of 2-1-1's role as the State's "primary information and referral telephone number for health and human services in the State" (Md. HEALTH-GENERAL Code Ann. § 24-1201 (Md. HEALTH-GENERAL Code Ann. § 24-1202, b, (1).) 2-1-1 staff has held or participated in a series of meetings with Maryland Health Connection (the Maryland Health Benefits Exchange), the Department of Human Resources, the Department of Veterans Affairs, the Maryland Department of Aging, and the Department of Public Safety and Corrections.

In 2014, 2-1-1 Maryland, Inc. will continue to improve the visibility of the 2-1-1 system through the following activities:

- Conducting outreach in Maryland jurisdictions underserved by the 2-1-1 system. 2-1-1 staff will identify these jurisdictions by analysis of quarterly call data.
- Completing the project to improve the resource search function on the 2-1-1 Maryland website, with the support of United Way of the National Capital Area.
- Continuing to make presentations to and meet with staff of State and local health and human service agencies to inform them about the 2-1-1 service.
- Strengthening and expanding the reach of 2-1-1 Maryland's social media components, through effective use of Facebook, Twitter, and similar media.

Recommendations by Health and Human Services Referral Board

- 1) Each State agency should designate a liaison to take inventory of existing and planned hotline/information lines and report these to the HHSR Board on a regular basis.
- 2) State agency assistant attorney generals should work with the HHSR Board to educate their client agencies about the requirements of the Health General Article, Title 24, Subtitle 12.
- 3) 2-1-1 Maryland should continue to develop a written outreach and communications plan that engages State and local agencies, nonprofit partners, and jurisdictions and populations underserved by the 2-1-1 service.
- 4) 2-1-1 Maryland should calibrate outreach and marketing strategies with systems capacity to assure that 2-1-1 call centers are able to respond to the increase in contacts generated by public education efforts.

C. Sustainable Funding

In its 2012 report the HHSR Board recommended that 2-1-1 Maryland develop a short and long-term funding strategy to put 2-1-1 funding on a sustainable path. In the short term, 2-1-1 should obtain a core State funding appropriation of \$480,000. Over the long term, the 2-1-1 Maryland system should work with State agencies to streamline and increase access to health and human services, with increased funding to accomplish this goal.

2013 Update

2-1-1 Maryland, Inc. secured on-going State funding in FY 2013, through the Maryland Department of Health and Mental Hygiene's Office of Preparedness and Response. This core grant was for \$363,000 of State General funds; the State renewed the grant in FY 2014. 2-1-1 Maryland uses the funds to finance the operation of the 2-1-1 Maryland state office and services through the four call centers. The funds cover the costs of staff (one FTE) at the state office and one FTE in each of the four call centers. The terms of the State grant call for 2-1-1 to provide quarterly data on 2-1-1 calls requesting help accessing mental health, substance abuse, and veterans services and for 2-1-1 to assist the State in various emergency preparedness and response initiatives.

2-1-1 Maryland obtained additional contract income through an agreement with Maryland Citizens Health Initiative (MCHI) through which 2-1-1 Maryland is a partner with that organization in its Medicaid outreach project, which began in November. MCHI is paying for radio and television ads in the Washington Metro area featuring Washington Redskins football players encouraging listeners to obtain health insurance by calling 2-1-1. MCHI and 2-1-1 have agreed on a budget for 2-1-1 of \$17,500 for the project.

United Way of Central Maryland (UWCM) awarded a grant to 2-1-1 Maryland, Inc. with funds donated by Constellation Energy (an Exelon company). The grant is for the year beginning November 1, 2013 and is designated for operation of the 2-1-1 state office and for services provided by the Community Crisis Services, Life Crisis Center and Mental Health Association of Frederick County call centers. 2-1-1 Maryland, Inc. is currently designing the project to be funded by the UWCM grant. This represents the sixth consecutive year that UWCM has awarded funding to 2-1-1 Maryland operations and staffing. .

2-1-1 Maryland is currently negotiating with the Maryland Department of Juvenile Services for funding to provide hot line phone services for juveniles in the care of the Maryland Department of Juvenile Services. Youth will use the hotline to report incidents of assault within the Department's facilities, in accordance with the Prison Rape Elimination Act of 2003 (PREA).

In 2014, 2-1-1 Maryland will seek to retain its existing funding and to seek new funding sources supporting 2-1-1 management and operations by

- Strengthening 2-1-1 Maryland's relationship with State agencies via grants and service contracts, etc.
- Conducting continuous research on potential funding for 2-1-1 Maryland through outreach, networking, and on-line searches.

Recommendations by Health and Human Services Referral Board

The Health and Human Services Board remains concerned about the sustainability of the 2-1-1 Maryland system. Funding for the operation of the 2-1-1 Maryland call centers continues to be inadequate, and dependent upon a patchwork of United Way, public and private grants from various sources. 2-1-1 cannot achieve its potential to streamline and simplify access to health and human services in Maryland without substantial dedicated funding from the State government.

The HHSR Board recommends:

- 1) **Short-term strategy: For FY 2015: 2-1-1, working with DHMH, should increase 2-1-1 Maryland, Inc.'s core State general funding appropriation from \$363,000 to \$480,000 per annum.** This core funding will enable the 2-1-1 State Office to continue to develop and maintain consistent Statewide standards for operations, quality control, and data measurement and to seek additional funding from private and public sources. The funding will also provide the call centers with predictable funding to operate services.
- 2) **Long Term strategy: 2-1-1 Maryland should work with the Governor's Office, the General Assembly and its State agency partners to secure a dedicated revenue source to sustain and expand the 2-1-1 Maryland system.** With a dedicated revenue source, the 2-1-1 Maryland system will be less dependent on the budgets of individual State agencies.

D. Board Development and Governance

In its 2012 report, the HHSR Board recommended that 2-1-1 Maryland transition its board from an association to an all-volunteer governing board. Simultaneously, the HHSR Board recommended that 2-1-1 Maryland develop an Operating Council composed of the call center executive directors as called for in the original 2-1-1 Maryland Business Plan..

2013 Update

The 2-1-1 Maryland, Inc. Board met regularly in 2013 in person or by conference call. The Board recruited four new volunteer members. It modified its bylaws, to reduce the number of call center employees serving on the Board from four to two. Two call center directors will serve on the Board, based on a rotation schedule beginning in 2014.

The Board approved 2-1-1 Maryland, Inc. policies covering procurement, grants, whistle blowers, and conflicts of interest. 2-1-1 Maryland, Inc. filed all required federal and State tax submissions on a timely basis.

In 2014, the 2-1-1 Board will fill the Board seats vacated by the call centers with more volunteer members, and will continue to develop organizational policies governing the organization.

Recommendations by Health and Human Services Referral Board

- 1) 2-1-1 Maryland, Inc. should continue its progress in transitioning the Board to an all-volunteer Board by the beginning of FY 2016. In filling Board seats, the 2-1-1 Board should emphasize increasing its diversity and geographical representation.
- 2) 2-1-1 Maryland should develop an Operating Council composed of the executive directors of the call centers to provide guidance to 2-1-1 Maryland, Inc.'s Executive Director on issues that affect the quality of call center services, including policies and procedures, funding requirements and public education strategies.

VI. Summary and Next Steps

The 2-1-1 Maryland system made significant progress in 2013 toward becoming a more robust system. Challenges remain, however, particularly in the areas of sustainable funding. The 2-1-1 Maryland, Inc., Board and HHSR Board are committed to working with State and local governments and their agencies, the 2-1-1 call centers, and key stakeholders outlined in this report to ensure 2-1-1 Maryland reaches its full potential in service to the residents of Maryland.

Appendix A: 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, Inc., 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 B: 2013 Maryland Health and Human Services Referral Board

Mary Louise Preis (CHAIR), Community Volunteer
(2-1-1 Maryland at United Way of Central Maryland 2-1-1 Call Center)

Benton Best, Program and Policy Analyst
Maryland Governor's Office of Homeland Security
(Maryland Office of Homeland Security)

Gloria Brown, Director
Prince George's County Dept. of Social Services
(Department of Human Resources)

Delegate Bonnie Cullison
Maryland House of Delegates
(Maryland House of Delegates)

Arna Griffith, Director
Maryland Family Network
(Maryland Child Care Resource Network)

Dori Henry, Communications Director
Maryland Department of Health and Mental Hygiene
(Department of Health and Mental Hygiene)

Stephanie Hull, Chief, Long-Term Supports and Services Division
Maryland Department of Aging
(Department of Aging)

Timothy Jansen, Executive Director
Community Crisis Services
(Community Crisis Services 2-1-1 Call Center)

Roy Lancraft, Engineering Consultant
Transformational Solutions LLC
(Public Member with Telecommunications Experience)

Martina Martin, Chief Administrative Officer
United Way of Central Maryland
(Maryland State Association of United Ways)

Kathleen Momme, Executive Director
United Way of the Lower Eastern Shore
(Life Crisis Center, Inc., 2-1-1 Call Center)

Susan Lyons, Manager, Service Desk
Department of Information Technology
(Department of Information Technology)

Kathleen O'Brien, Executive Director
Walden Sierra
(2-1-1 Maryland, Inc.)

Josh Pedersen, President and CEO
United Way of Frederick Co.
(Mental Health Association of Frederick County 2-1-1 Call Center)

2-1-1 Maryland, Inc. Staff

James Macgill
Executive Director

Sue Vaeth
Operations Director