

State of Maryland Health and Human Services Referral Board

Annual Report
December 2011

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Executive Summary

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

The HHSR Board's role is to provide 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.

Because the last formal report of the original HHSR Board (commissioned in 2005) occurred in 2006, the enclosed report highlights milestones in the development and performance of Maryland's 2-1-1 system since that time and addresses opportunities and concerns moving forward.

Much progress had been made in the development and operations of the 2-1-1 Maryland System, thanks to the support of many public, private and nonprofit funders, including, but not limited to, Governor Martin O'Malley and state agencies in Maryland, Senator Barbara Mikulski, Constellation Energy, United Ways in Maryland, the France-Merrick Foundation and several local governments and private funders.

2-1-1 Maryland has already proven itself a valuable partner to state and local government agencies with issues ranging from H1N1 to mortgage foreclosure, tax preparation assistance and related hotline services. During the height and wake of the recent recession, Maryland's 2-1-1 system saw a marked increase in calls handled with more complexity of caller needs and time required to address them.

2-1-1 Maryland is at pivotal juncture in becoming a well known 24/7 link to help and a trusted partner to state agencies and private organizations seeking opportunities to expand access to assistance and information to Maryland residents. Significant progress is being made on technological and operational fronts, but the HHSR Board is concerned about the capacity of the 2-1-1 Maryland System long-term without sustainable sources of funding from the State of Maryland and the private sector, and more focused resource development efforts by the nonprofit, 2-1-1 Maryland, Inc., itself. In addition, a mechanism is needed to make state entities aware of the new law which requires them to consider use of 2-1-1 when they wish to offer public access to information.

With 2-1-1 systems now operating in all 50 states, the District of Columbia and Puerto Rico, it is imperative that 2-1-1 Maryland become a strong, viable system in what has become a national movement that has been vital during both man-made and natural disasters as well as in the course of addressing every day health and human needs. Opportunities, challenges and recommendations outlined in this report focus on operational and programmatic improvements, expanded state agency collaboration, internal cooperation and consistency among the call centers and core funding issues.

I. Introduction

This report highlights the development and performance of and recommendations regarding Maryland's 2-1-1 System made permanent through legislation signed into law (SB527) in May 2010. The 2010 legislation re-established the Health and Human Services Referral (HHSR) Board, originally commissioned in 2005 to provide guidance to and oversight of the then 2-1-1 pilot. The new HHSR Board was charged to: *(see Appendix A for text of the legislation and Board composition)*

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;
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.

The law also requires the HHSR Board to file an annual report to the Governor on or before December 31. This report is submitted in fulfillment of that requirement.

II. Background and Vision

2-1-1 Maryland is part of national 2-1-1 movement designed to revolutionize access to help in America by simplifying the confusing maze 10-digit telephone "help numbers"* down to one easy-to-remember number, 2-1-1. 2-1-1 systems play three key roles:

1. A simple, quick link for callers in need 24/7 in multiple (150 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)

**A 2010 study by Maryland Department of Information Technology noted 1066 ten-digit help numbers exist in Maryland alone.*

In ten years, 2-1-1 systems have been established in all 50 states, District of Columbia and Puerto Rico. The vision for Maryland 211 outlined in the 2-1-1 Business Plan presented to Governor Martin O'Malley and his predecessor, Governor Robert Ehrlich, is:

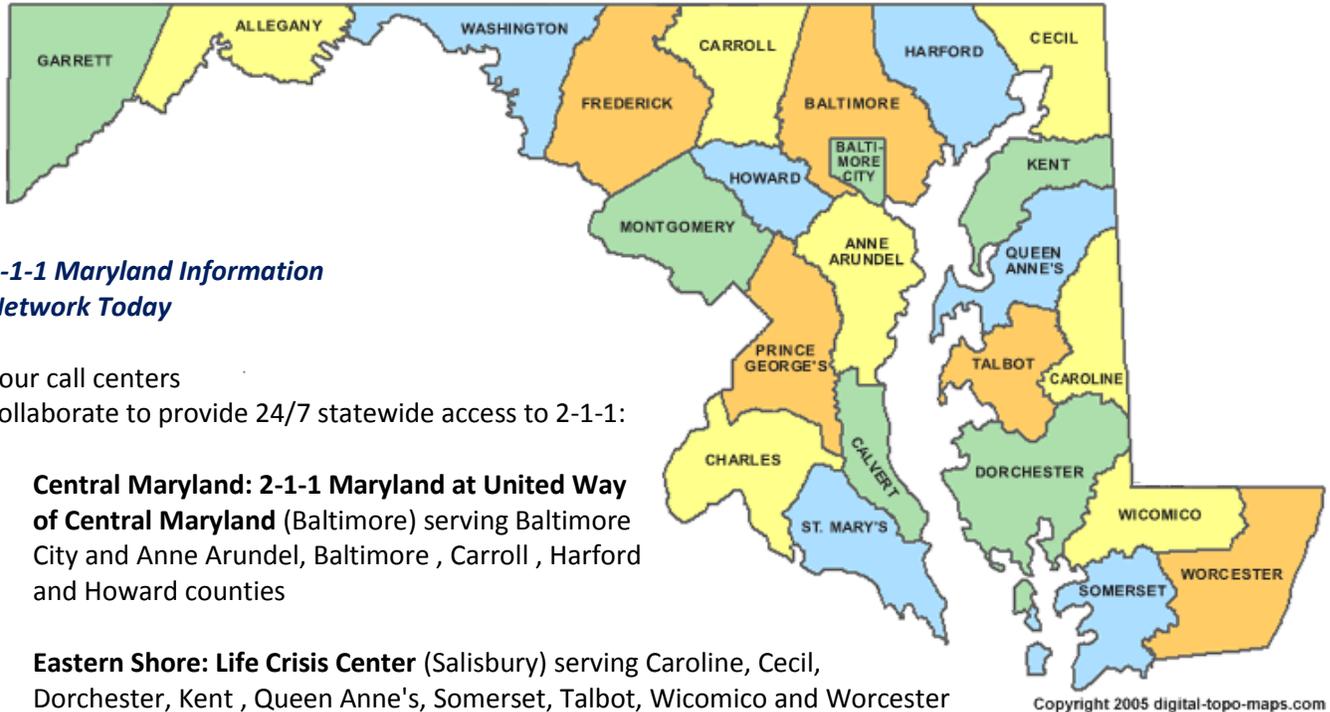
"Because of 2-1-1 Maryland, it will be easy to access information about health and human services and critical incidents."

The following is a recap of significant milestones for 2-1-1 Maryland:

2-1-1 Maryland Milestones



III. Development and Performance Highlights From 2-1-1 Call Centers



2-1-1 Maryland Information Network Today

Four call centers collaborate to 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 (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.

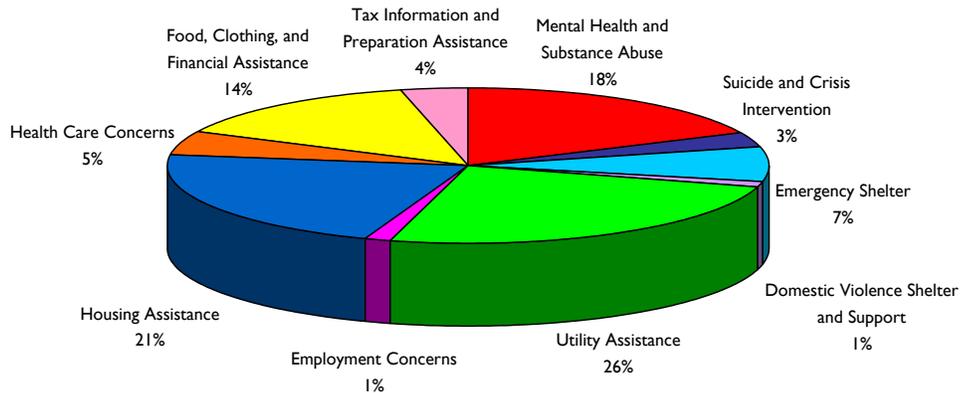
Call Data: Current and Potential

In FY2011, the 2-1-1 Maryland system handled 271,684 calls, an increase of 2.5% from FY2010. This increase occurred with no active marketing or promotion. These call totals do include additional hotlines handled by 2-1-1 call centers and funded by various government entities. Contracts for these additional lines supplement limited 2-1-1 funding currently available to address demand. Nationally, 2-1-1 systems that appropriately market their service have seen annual increases in call volume of 10% - 40% per year, reaching a plateau equivalent of 10% - 12% of a state's population calling 2-1-1 annually. **This would equal 578,000 calls per year in Maryland which would require additional staffing based on a national guideline of 12,000 calls per information and referral specialist annually.**

1. Utility Assistance
2. Housing Assistance
3. Mental Health and Substance Abuse
4. Food, Clothing and Other Financial Assistance
5. Emergency Shelter
6. Healthcare Concerns
7. Tax Preparation/EITC Assistance

Two years of 2-1-1 data now form a baseline for identifying trends in needs. **Improving tracking and reporting of required common data points will increase 2-1-1's ability to provide consistent real-time information statewide allowing policy makers, service providers and 2-1-1 to respond proactively through efficient early intervention strategies.**

Top Needs Expressed by Callers - FY 2011



2-1-1 Maryland can also track use of services like free tax preparation that connects people with the Earned Income Tax Credit – a program that directly benefits low-income residents. In FY2011 2-1-1 Maryland received 3876 calls from residents seeking free tax preparation services, a 7.7% increase from the previous year.

2009-11 Call Trends

	July 2009 - June 2010 Number of calls	July 2010 - June 2011 Number of calls	Total Increase
Housing Assistance	18,926	25,522	35%
Suicide and Crisis Intervention	2,980	3,546	19%
Domestic Violence Shelter and Support	1,227	1,310	7%
Health Care Concerns	5,933	6,262	6%
Utility Assistance	28,839	29,486	2%
Employment Concerns	1,962	1,692	-14%

Performance Metrics

The federal earmark (see “Milestones”) established initial performance measures with these goals:

Indicator	Goal	Six Month Reporting Period: October 2010- April 2011	Six Month Reporting Period: May- October 2011
Answer Rate	80% of calls answered within 30 seconds	85.97%	88.41%
Abandonment Rate	Caller hang-ups will be under 10%	13.24%	9.88%
Database Record Updates	All records will be verified annually	49.16	53.44%
Follow up Calls	1% of callers will receive follow up calls to assess if referrals addressed their needs	0.45%	1.63%

The call centers are now refining the existing metrics to ensure consistent quality service delivery in keeping with established national standards in order to demonstrate accountability to private and public investors.

Performance improvement in the second reporting period may be attributed to new equipment and staffing that came online between April and July 2011 through the earmark. These measures demonstrate the importance of investing in infrastructure and capacity.

IV. Partnerships With State Agencies and Other Entities

Since the last report from the original HHSR Board in 2006, 2-1-1 Maryland has served as a reliable partner to several state and local government agencies. A few examples include:

- a. **Department of Health and Mental Hygiene** – served as the statewide H1N1 flu hotline 24/7 in 150 languages from November 2009 through mid 2010 and provided daily and monthly reports.
- b. **Department of Human Resources** – tracked service requests from individuals and families in select categories and provided weekly and monthly reports
- c. **Department of Housing and Community Development** – served as a partner for Maryland’s **Hopeline** by addressing the health and human services needs of those facing mortgage foreclosure.
- d. **Veterans Transportation and Human Services Access:** - will be working as a subcontractor with **Central Maryland Regional Transit** on a grant to expand access to transportation and human services options for veterans and military families. As part of the grant, 2-1-1 referral data and CMRT transit information will be fed to **StateStat**. The grant also creates and funds five new call center jobs for disabled veterans.
- e. **2-1-1 National Capital Region Coordinated Disaster Response:** - working with United Way of the National Capital Area and 2-1-1 partners in Virginia and the District of Columbia to prepare for a coordinated response in the event of a regional natural or man-made disaster with a goal of integrating 2-1-1 into individual state Emergency Operations Plans.
- f. **Maryland Volunteer Organizations Active in Disaster (VOAD)/Long-term recovery workgroup:** 2-1-1 Maryland is working with first-responders, faith-based organizations and a liaison from the Governor’s Office to become a partner for disaster response. While funding is needed to develop a National Incident Management (NIMS) compliant disaster response plan **for 2-1-1 Maryland, 2-1-1 worked effectively with these partners during Hurricane Irene and Tropical Storm Lee** to assist people affected by the storms.
- g. **Department of Health and Mental Hygiene’s Family Health Administration’s Center for Maternal and Child Health and March of Dimes** – planning is underway for a pilot project to provide proactive outreach to low-income women of child-bearing age to increase access to prenatal care, improve pregnancy health outcomes and reduce infant mortality.
- h. **Department of Aging** – Discussions are continuing to address potential partnerships regarding Maryland Access Point (MAP) which is part of the national Aging and Disability Resource Center (ADRC) initiative to provide long term services and supports information and assistance to older adults and individuals with disabilities to prevent unnecessary use of high cost institutional settings.
- i. **Local Government Partnerships** – each of the four 2-1-1 calls centers has also had contracts with local governments (e.g., health departments) to support ongoing work as well as special campaigns.

V. Development of 2-1-1 Maryland Inc.

2-1-1 Maryland, Inc. is a small, one-person coordinating office, but its mission is much larger; 2-1-1 Maryland is charged to establish and maintain an information and referral service network available to all Maryland residents, offering the public efficient 24/7 guidance in accessing health, crisis, and social services, using a single dedicated access telephone code of 2-1-1, and employing, as well, other up-to-date communications techniques for immediate access to such vital services. The 2-1-1 Maryland, Inc. founding board formed in the summer of 2010 comprised executives of the four call centers. The founding board’s charge was to hire an executive director. The board immediately expanded to include volunteer representatives of each of the call centers and United Way of Central Maryland. **While the current composition represents the people who know 2-1-1 best, there are inherent conflicts of**

interest. Work is underway to transform to an all-volunteer board by the end of 2011. The focus of the current board has been on:

- A. **Technology developments** – upgrades have been made to phone systems and work is underway on a call management system to support call distribution and more consistency in tracking data .
- B. **Strategic Plan:** the board has commissioned development of a 3-5 year plan to guide the growth and expansion of the system.
- C. **Outreach and Marketing:** 2-1-1 Maryland, Inc. and its call centers have been engaged in planning to establish communication goals.
- D. **Disaster Response Planning:** the executive director is working to secure funding to develop and implement continuity of operation plans for the call centers.
- E. **Legislative Liaison:** 2-1-1 Maryland must work with the legislature to provide information to policymakers that will be useful to them in planning and decision-making.

VI. Challenges and Recommendations

Maryland 2-1-1 call centers have been highly successful in laying the initial ground work needed to build a viable statewide system; their success has brought 2-1-1 Maryland, Inc. to a new threshold and a pivotal juncture from which to move forward to full realization of the 2-1-1 Maryland vision. The full realization of the 2-1-1 Maryland vision will require attention to specific challenges and recommendations as outlined below.

Challenge A - System Tracking and Reporting – 2-1-1 manages a wealth of data about human service needs, and availability and location of services to inform funding and policy decisions. With appropriate capacity, 2-1-1 can provide real-time information on emerging needs, trends in demand for services and client feedback on the quality and utility of different services.

RECOMMENDATIONS: Develop information sharing & reporting systems

- (1) StateStat** – using funding from the Veterans Transit & Human Service Access grant, implement the data feed from 2-1-1 to State Stat with all due speed.
- (2) State and Local Agencies** - Develop processes and procedures to create efficient data exchanges with key state agencies with a complementary method to feed into State Stat.
- (3) Report Unmet Needs** -Knowing whether or not callers are able to get their needs met is as important as reporting the needs that they express. 2-1-1 Maryland, Inc. must develop a reporting system that includes the unmet needs, and, to the extent possible, why those needs are going unmet, e.g. services do not exist to meet them, supply does not meet demand, etc.
- (4) Early Tracking and Intervention of Emerging Public Needs** - Create a dashboard for use by the nonprofit's and the HHSR Boards that will more quickly allow them to assess needs and progress.
- (5) Government Officials and Legislators**– Provide regular updates on community needs to inform policy and resource allocation decisions.

Challenge B- Board Leadership and Function -The current Maryland 2-1-1 Inc. Board has made 2-1-1 Maryland a recognized and desirable component of Maryland's efforts to allow citizens quick access to

accurate information regarding almost anything for which a caller might seek assistance. With this recognition comes the need for (1) vision, (2) clear standards for performance across the state and (3) strong collaboration with other state and local agencies to make 2-1-1 the preferred vehicle for first entry into assistance.

RECOMMENDATION:

Expand Board membership and provide staffing for the Board that will provide the necessary leadership and knowledge to lead 2-1-1 Maryland, Inc. through its next significant evolution of development, expansion and collaboration with provider and state and local partners. The Board should be all-volunteer and represent the diversity of Maryland.

Challenge C -Continuous Quality Improvement—As 2-1-1 Maryland implements its new statewide call management system and website, it can better track and monitor performance of the individual call centers and the system as a whole to identify and act on opportunities for improving service delivery and meeting the information needs of its diverse audiences. Developing “packaged reports” for key stakeholders should be a central part of this effort, too. 2-1-1 Maryland must demonstrate and document performance at established national 2-1-1 standards with metrics and protocols in order to justify on-going public and private sector investment and to assure collaboration with other state and local agencies.

RECOMMENDATIONS:

- (1) Refine baseline expectations for call centers** –Build on the metrics established for the federal earmark, with additional measures to track units and quality of service, including measures for resolution of caller needs and overall satisfaction with the service.
- (2) Implement independent validation of performance** – in addition to developing internal measures for tracking and improving performance, develop a schedule for independent, external performance audits using outside evaluators.

Challenge D- Marketing and Outreach - Aside from United Ways promotion of 2-1-1 and limited outreach, 2-1-1 Maryland has not engaged in a systematic marketing program due to lack of funding as well as capacity to meet the demand that would occur from such an initiative.

RECOMMENDATIONS:

- (1) Develop a forceful and systematic marketing and outreach plan that educates State and counties agencies and providers and the public to the importance of 2-1-1 Maryland.**
- (2) Assure that capacity keeps pace with the marketing and outreach plan** - Expanded marketing is essential to making 2-1-1 the trusted and visible line for help, yet a major marketing initiative must be balanced with increased capacity to handle calls.
- (3) Assure that 2-1-1 is flexible and responsive to the needs of other State and county agencies and providers that wish to collaborate and partner with 2-1-1.**

Challenge E- Duplication of Efforts by State Agencies’ 10-digit Lines and 3-1-1 Programs – State agencies are not aware that **the new 2-1-1 law stipulates that 2-1-1 be consulted when public entities of the state wish to create new public access lines.** For example, the Gambling hotline was awarded without an opportunity for 2-1-1 Maryland to bid for the contract. As local jurisdictions develop 3-1-1 programs to improve access to local government services, 2-1-1 and 3-1-1 programs need to coordinate to avoid duplication and to differentiate these N11 numbers.

RECOMMENDATIONS:

- (1) Expand Use of 2-1-1 by Service Providers and State and county agencies by creating more partnerships and providing more opportunities to identify opportunities for collaboration and mutual assistance.**
- (2) Designate Agency Liaisons and Other Key Personnel to Track Development of New Hotlines/Information Lines** - Identify and educate liaisons within each state department to serve in this capacity. Communication with key state attorney generals to support dissemination of information about the law.
- (3) Provide a copy of the 2010 Department of Information Technology report on state hotline and information lines to the HHSR Board** - to begin identifying state lines that could be more efficiently and cost- effectively provided in partnership with 2-1-1.
- (4) Plan for a systematic outreach to identify potential State and county partners in order to identify their requirements, visions and opportunities for collaboration.**

Challenge F- Cooperation Among the Call Centers- The four organizations that serve as 2-1-1 call centers have each made sizeable in-kind and monetary contributions to the 2-1-1 system and demonstrated commitment to its mission. However, the system would be better served by enhanced cooperation starting with, but not limited to, consistent policies and procedures for operation.

RECOMMENDATION:

Work with an independent facilitator, such as the strategic planning consultant, to develop agreements on key policies and procedures for operations.

Challenge G- Training - While the centers have nationally established standards, guidelines and curricula, it is important to underscore the need for ongoing training to ensure that all of their staff and volunteers keep up to date in order to provide the best possible service to callers.

RECOMMENDATION:

Create an agreed upon schedule for training and a method to ensure that the most current national standards are incorporated. Also, include key state and local agencies in the development and implementation of the plan.

Challenge H- Sustainable Funding and Financial Systems – The 2-1-1 call centers are at capacity. Based on data from other statewide 2-1-1 programs, the Maryland system can expect call volume to double over the next 2 - 4 years, until demand reaches a plateau of 10%-12% of the population calling annually. With about 5% of the population calling 2-1-1 in the past year, the call centers are near their limit to provide a quality service. Funds are needed to expand capacity, market and build on the existing foundation.

The single largest source of support is from local United Ways, which jointly provide upward of \$1 million. Throughout the development and implementation process the four call centers have contributed their infrastructure and excess capacity of other agency programs and contracts to provide 2-1-1 and demonstrate the benefits of the service.

Private support has played a significant role with Constellation Energy Group (CEG) being the leading corporate supporter. CEG has allowed part of its undesignated corporate gift to United Way of Central Maryland to be used, every year since 2006, to launch the 2-1-1 Maryland pilot and build the system.

CEG's total support through 2011 is \$2.1M. France-Merrick Foundation has also provided \$88,000 in grants.

Federal, State and local funding has included not only the \$800,000 federal earmark secured by Sen. Mikulski that expires in February 2012 and the FY09 State Supplemental allocation of \$449,000, but also several contracts with the Department of Health and Mental Hygiene.

Nationally, the strongest 2-1-1 programs are funded via a mix of public and private sources plus special contracts. The 2005 2-1-1 Maryland Business Plan recommended a mix of 76% state and 24% private resources based on an annual budget ranging from \$3.6 million in year one to \$5 million in year five. A 2010 Survey by 211US noted that, on average, public funding =49.2%, private funding = 36.5% and generated income =14.3%

The rule of thumb that has emerged during the first 10 years of 2-1-1 service in the U.S. is that a fully funded 2-1-1 system costs approximately \$1/per person/ year based on population. This figure has held steady as technology improvements and economies of scale from 2-1-1s sharing resources in regional and state systems have balanced with inflation. **For Maryland, this rule of thumb would mean reaching an annual budget of \$5.75 - \$6.0 million, which is consistent with the original HHSR Board's report in 2005. Current budgets of the 2-1-1 Maryland call centers total \$2,604,000 for FY 2012, leaving a gap of about \$3million** (based on 2010 U.S. Census population data of 5,775,000). Supplemental and earmark allocations provided part of the gap funding in the past two years. Support in closing this gap would allow 2-1-1 to continue while working with the State to secure ongoing, sustainable core funding.

Fully funding 2-1-1 Maryland would provide:

- Capacity to handle the equivalent of calls from 8%-12% of the population annually;
- Marketing to achieve higher public awareness of the service
- High quality and detailed reporting on needs and trends in demand for services;
- Resources to on data-driven service improvement; and
- Surge capacity to support Maryland's emergency management system in large-scale disasters.

The long-term viability of 2-1-1 depends on the 2-1-1 Maryland coordinating office and board of directors continuing to diversify the funding base that includes revenue from private and public sources, and contracts for services. **With federal earmark ending in February 2012, there is no core funding available to 2-1-1 for FY2013. In its years of operation the 2-1-1 system has been institutionalized, yet core funding has not been identified despite the fact that 2-1-1 has proven it works well with State entities. . Currently there is no public or private funding secured for FY2013 except for the federal transit grant of \$25,000.**

RECOMMENDATIONS

2-1-1 Maryland, Inc. and the call centers must work to diversify their revenue streams and seek new opportunities to contract for related services, as well as to establish adequate financial systems for tracking them. In particular, they need to:

develop three strategic resources for sustainable funding in the future.

- a) **The 2-1-1 Maryland, Inc. executive director and Board must take as its top priority immediate revenue generation with additional public and private grant and contracts secured promptly.**

b) The Maryland General Assembly and Governor's Office should identify a dedicated revenue source for sustainable core funding; and, meanwhile, provide continuing base funding to maintain existing capacity and infrastructure until sustainable funding is in place. This could be done through partnerships with state entities.

c) Identify and develop opportunities for funded or in-kind collaboration with other State and county agencies that are required by federal law to create toll-free numbers for new programs.

Challenge I – Disaster Preparedness- – 2-1-1 systems throughout the U.S, have proven themselves to be valuable partners in the wake of man-made and natural disasters ranging from 9/11 and Hurricanes Katrina, Rita and Charlie to the California wildfires. Despite the fact that 2-1-1 has had ongoing conversations with the Emergency Management representatives during its planning phase, formal agreements are not yet in place.

RECOMMENDATION:

Identify a liaison at MEMA to coordinate with 2-1-1 Maryland in developing an emergency operation plan that establishes 2-1-1's role in disaster response and integrates it into the state's Emergency Operation Plan.

Challenge J – Maintaining 2-1-1 dialing through all telecommunications channels- The telecommunications industry is a dynamic and constantly mutating system. Today calls can be placed through traditional commercial and residential landlines, cellular networks, and all forms of VoIP (voice over Internet protocols). In addition to the technologies, new carriers enter the Maryland market and existing ones merge with each other and or go out of business. To ensure residents have reliable 2-1-1 dialing access through all these channels and new technologies as they materialize, requires constant attention and intervention. 2-1-1 Maryland worked with the Maryland Public Service Commission to obtain lists of carriers in Maryland in its expansion drive in 2008-09, but a continuous process is required to be successful.

RECOMMENDATIONS:

- (1) Create a regular data exchange with the Maryland PSC to ensure that all carriers authorized to operate in Maryland support 2-1-1 dialing.
- (2) Introduce an enforcement mechanism for the carriers that refuse to enable 2-1-1
- (3) Establish a communications campaign to inform PBX maintenance services, businesses and state and local offices of the value of enabling 2-1-1 dialing through office PBXes.

VIII. Summary & Next Steps

While much progress has been made, significant opportunities for improvement must be pursued. 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 and leaders of Maryland.

Appendix A. SB527 2-1-1 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: 2011 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)*

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

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

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)*

Andrew Lauland, Director,
Governor's Homeland Security Advisor
State of Maryland, Governor's Office
(Department of Homeland Security)

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 2-1-1 Call Center)

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)*

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

Keith Tobias
Office Public Relations and Government Affairs
Department of Health and Mental Hygiene
(Department of Health and Mental Hygiene)

Donna Washington, Vice President,
Government & Regulatory Affairs
Comcast
*(Public Member with Telecommunications
Experience)*

Appendix C. Common Elements of an Integrated Statewide 2-1-1 System

2-1-1 Maryland's goal is moving to become a fully integrated statewide system in keeping with the following guidelines developed by national 2-1-1 leadership:

- Indicates this element exists as part of the 2-1-1 Maryland system.
- A commitment to a shared vision of what 2-1-1 will be and to working in partnership to achieve that vision;
- A commitment to ensuring that everyone in the state has access to the same high quality 2-1-1 service;
- A commitment to building a sustainable system of 2-1-1 service that is appropriately staffed and resourced;
- A strong state-level collaborative entity that is appropriately staffed and resourced;
- A coherent and broadly supported strategy for achieving statewide landline and cell phone access;
- A common statewide software to manage resource information and to track requests, referrals and gaps in services;
- Commonly agreed on style guide for entering and maintaining data on programs and services in the referral database to ensure consistency of information in the shared database;
- A web-enabled statewide resource data base available to all 2-1-1s and to the public online;
- A call distribution system that will route all calls and allow for immediate back-up among call centers in case of an emergency;
- Commonly agreed on standards of performance and methods for collecting and assessing data that supports continuous improvement system-wide;
- System-wide disaster preparation and system-level relationship with the state's emergency management system;
- System-level partnerships with state government agencies in support of their program goals;
- A coordinated statewide media campaign complemented by grass-roots promotion to make 2-1-1 as well known as 911 and 411;
- Training and technical support available to help every 2-1-1 become accredited through a nationally recognized independent standards organization.
- A commitment to coordinated advocacy on behalf of the 2-1-1 system, including efforts to secure system-wide funding for 2-1-1 from federal and state government and from major state and regional funders;
- A commitment to the equitable distribution of non-local resources in support of state system goals.
- Common agreement on tracking and achieving shared outcomes in keeping with the national standards.