



State of Maryland Health and Human Services Referral Board
Maryland Department of Health and Mental Hygiene

c/o United Way Of Central Maryland, 100 South Charles Street, 5th Floor, P.O. Box 1576, Baltimore, MD 21203-1576

February 4, 2013

Ms. Sarah T. Albert
Mandated Reports Specialist
Library & Information Services
Department of Legislative Services
90 State Circle
Annapolis, MD 21401

Dear Ms. Albert:

As a member of the Maryland Health and Human Services Referral (HHSR) Board, I am pleased to forward copies of our 2012 annual report, as required by SB527, to the Department of Legislative Services.

The HHSR board is charged with oversight of the 2-1-1 Maryland system. It provides information and resources, 24/7, in multiple (150) languages to callers who need social services in our state. This report provides information about the accomplishments, status, challenges and needs of the 2-1-1 system.

I am pleased to be a member of this board, which is composed of talented people from around the state who have dedicated many hours to the advancement of the 2-1-1 system in Maryland. If you or others have questions concerning the report I will be happy to respond to the best of my ability and enlist others to assist in responding. Please contact me at 410-895-1476 or martina.martin@uwcm.org.

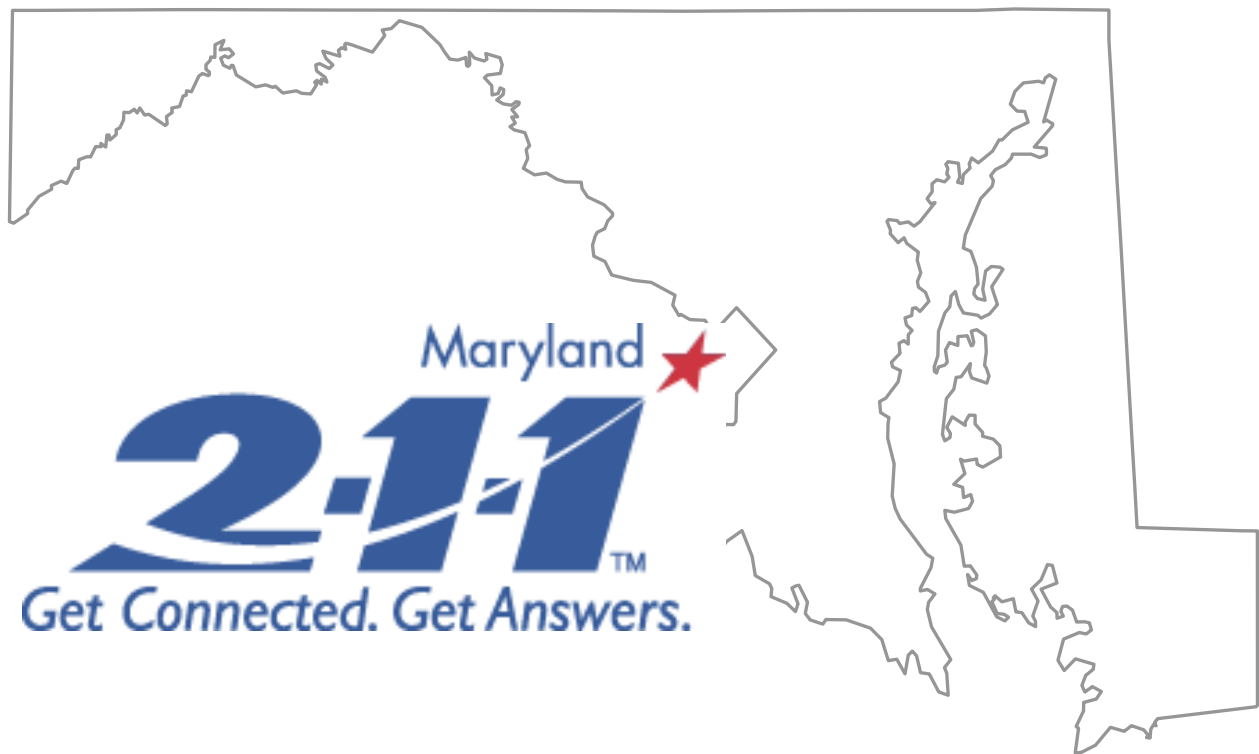
Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Martina Martin".

Martina Martin

Member,
Maryland Health and Human Services Referral Board



State of Maryland Health and Human Services Referral Board

Annual Report
December 2012

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Executive Summary

Maryland 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 second 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'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.

2-1-1 Maryland has already proven itself a valuable partner to state and local government agencies with issues ranging from the 2012 Derecho and more recent Hurricane Sandy to H1N1 and mortgage foreclosure, tax preparation assistance and related hotline services.

While the four Call Centers that comprise the 2-1-1 Maryland system continued to move forward by addressing more than 260,000 calls in FY12, they did so in a year in which 2-1-1 Maryland Inc. was without executive leadership for six months, limiting progress made against the larger challenges and recommendations outlined by the HHSR Board in its 2011 Annual Report. Therefore, 2-1-1 Maryland is still at a 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.

The HHSR Board continues to be concerned about the 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. The nonprofit 2-1-1 Maryland, Inc must engage in more focused resource development, but it will need support from State agencies. In addition, a mechanism is needed to make state entities aware of the law, which requires them to consider use of 2-1-1 when they wish to offer public access to information.

In 2012, the HHSR Board played key roles in keeping the 2-1-1 Maryland System moving forward by helping secure both FY12 deficit and FY13 funding from the Department of Health and Mental Hygiene, keeping select legislators informed about 2-1-1, exploring technology needs and supporting the installing of new executive leadership for 2-1-1 Maryland, Inc.

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 be 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 health and human needs. Accomplishments, goals, 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 2012 developments and the performance of 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 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 the national 2-1-1 movement designed to revolutionize access to help in America by simplifying the confusing maze of 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 (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).

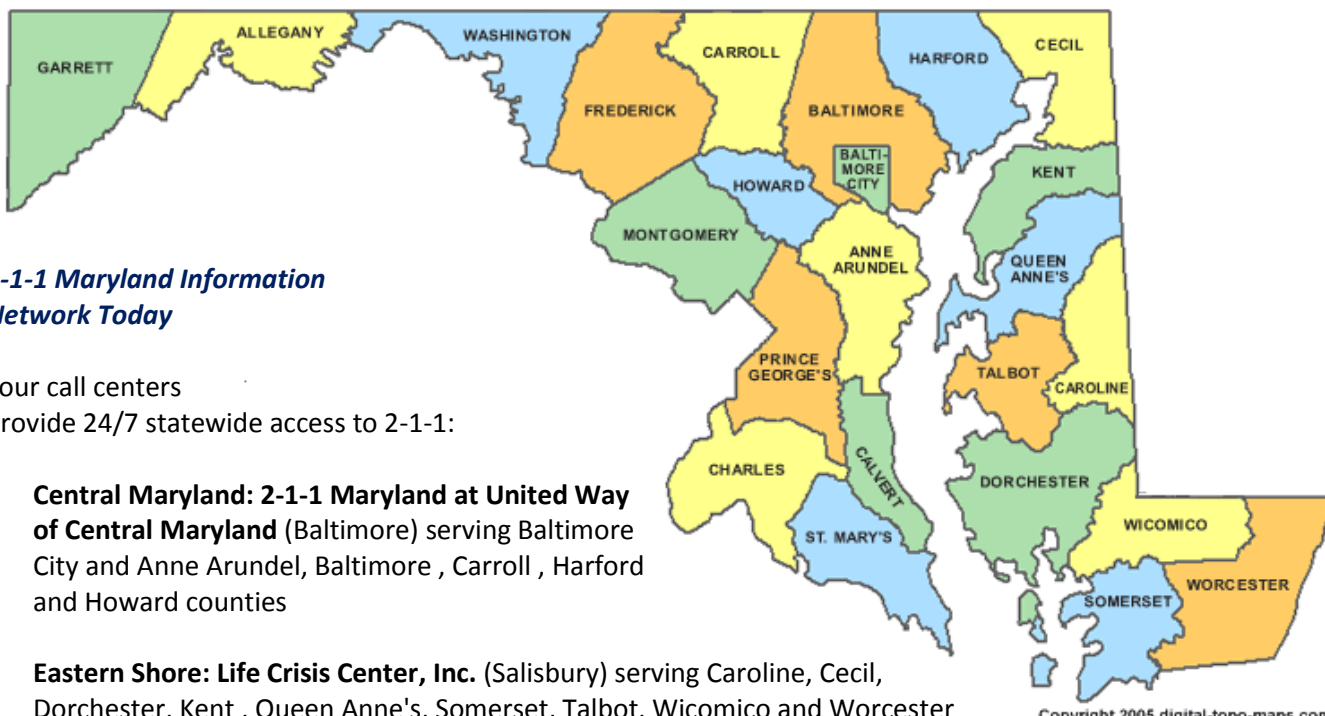
**A 2010 study by Maryland Department of Information Technology noted 1066 ten-digit help numbers exist in Maryland alone.*

In the ten years from 2000 to 2010, 2-1-1 systems were established in all 50 states, District of Columbia and Puerto Rico. 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."

A recap of significant milestones for the development of 2-1-1 Maryland is available upon request and may be found in the 2011 Annual Report.

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



2-1-1 Maryland Information Network Today

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.

Call Data: Current and Potential

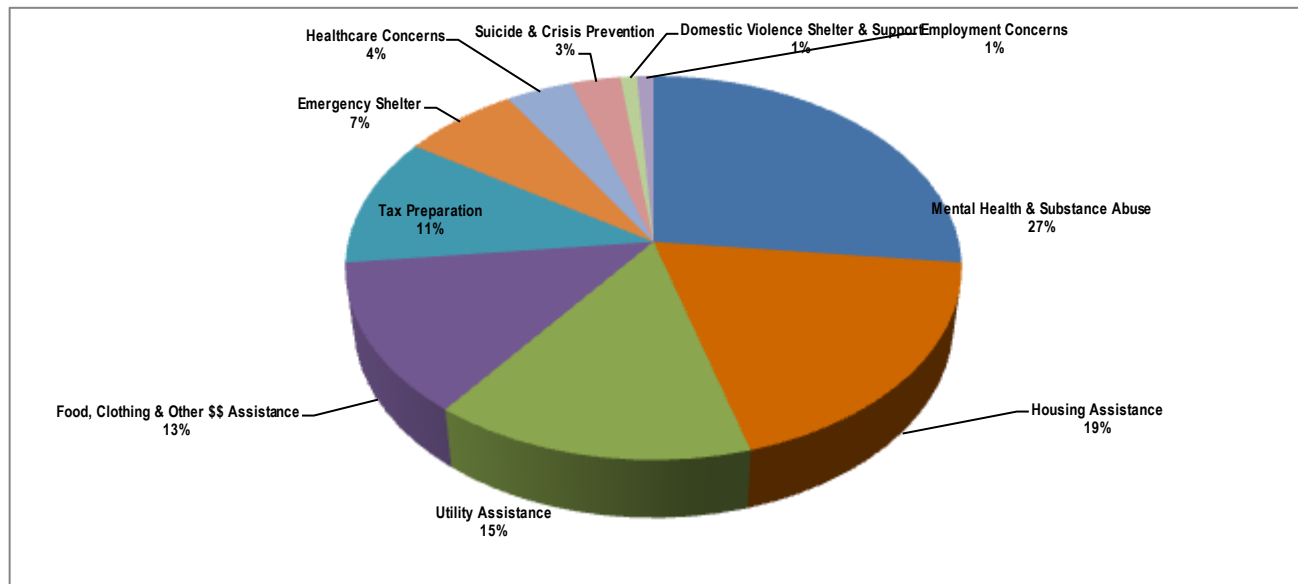
In FY 2012 the 2-1-1 Maryland system handled 266, 281 calls, a call total consistent with FY 2011. These call totals do include additional hotlines handled by 2-1-1 call centers and funded by various government entities. Contracts for these additional lines supplement limited 2-1-1 funding currently 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. Mental Health and Substance Abuse (27%)
2. Housing Assistance (19%)
3. Utility Assistance (15%)
4. Food, Clothing & Other Financial Assist. (13%)
5. Tax Preparation/EITC Assistance (11%)
6. Emergency Shelter (7%)
7. Healthcare Concerns (4%)
8. Suicide & Crisis Prevention (3%)
9. Domestic Violence Shelter & Support and Employment Concerns (1% total)

Three 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.

FY 2012 Calls by Category of Need and Trends



Trends - There were some notable changes in caller inquiries from FY2011 to FY2012:

- Mental Health and Substance Abuse ↑ 21%
- Tax Preparation Assistance ↑ 214%
- Emergency Shelter ↑ 2%
- Health Care ↓ 23%
- Employment ↓ 36%

	July 2009 - June 2010 Number of calls	July 2010 - June 2011 Number of calls	July 2011 - June 2012 Number of calls
Domestic Violence Shelter & Support	1,227	1,310	967
Emergency Shelter		8,558	8,712
Employment Concerns	1,962	1,692	1,125
Health Care Concerns	5,933	6,262	4,813
Housing Assistance	18,926	25,522	22,456
Mental Health and Substance Abuse		21,580	30,890
Suicide and Crisis Intervention	2,980	3,546	3,163
Tax Information and Preparation Assistance		4,469	13,587
Utility Assistance	28,839	29,486	18,165

Performance Metrics

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

Indicator	Goal	Reporting Period: 10/11- 4/12	Reporting Period: 5/12-10/12
Answer Rate	80% of calls answered within 60 seconds	91.58%	90%
Abandonment Rate	Caller hang-ups will be under 10%	7.62%	7.57%
Database Record Updates	All records will be verified annually	47.78%	53%
Follow up Calls	1% of callers will receive follow up calls to assess if referrals addressed their needs	1.81%	2.88%

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

IV. 2012 Key Accomplishments

A. Emergency Response (Response to Challenge “I” in HHSR Board’s 2011 Annual Report)

2-1-1 Maryland emerged as a significant part of the State’s emergency management and recovery system in 2012. 2-1-1 Maryland call centers provided vital support for citizens in need during several weather emergency crises including the Derecho in June 2012 and Hurricane Sandy in October-November 2012. Of particular note was 2-1-1’s performance during Hurricane Sandy. From October 26 through November 1, the four 2-1-1 call centers responded to 938 calls. 406 of these originated on the lower Eastern Shore, served by 2-1-1 partner Life Crisis Center, Inc., which continued to operate 24/7 throughout the storm.

2-1-1 Maryland now has a seat at the Maryland Emergency Management Agency’s Operations Center. Life Crisis Center, Inc has signed a Memoranda of Understanding with Wicomico County to have 2-1-1 act as its hurricane hotline; this agreement may serve as a model for other jurisdictions across the state.

B. Improved Tracking (Response to Challenge “A” in HHSR Board’s 2011 Annual Report)

2-1-1 Maryland’s four call centers completed equipment and software upgrades that resulted in improved service for customers and quality improvement. Among the improvements:

- Improved tracking of customers waiting in call queues.
- United Way of Central Maryland’s 2-1-1 call center in Baltimore now has remote access for staff, which improves the flexibility of the system, and its capacity to respond during emergencies.

C. National Accreditation, Re-Accreditation and Certification

Each of the 2-1-1 call centers maintained or improved compliance with national standards.

- The 2-1-1 Center at United Way of Central Maryland was re-accredited by the Alliance for Information and Referral Services (AIRS). AIRS accreditation is the national standard of quality for Information and Referral services. Achieving accreditation requires an organization to document performance in over 200 operational components and to participate in an extensive onsite review.
- The 2-1-1 Centers at Life Crisis Center, Inc., Community Crisis, Inc. and Frederick County Mental Health Association maintained American Association of Suicidology (AAS) accreditation for crisis centers. The AAS standards are based on best practices for crisis response services.

- Each center has AIRS certified staff, and three have AAS certified staff. The centers are exploring the potential for enhancing their work as blended centers that follow best practices from AIRS and AAS.

D. Improvements to Resource Database (Response to Challenge “A” in HHSR Board’s 2011 Annual Report)

The 2-1-1 Maryland call centers have worked together over the past year to improve the system’s resource database. Database administrators meet regularly by phone or in person to review the status of the database and to discuss strategies for improving it. On average, the entries in the database are 97% up-to-date; in October 2012, the national AIRS accreditation team found the database to be 100% current.

E. Sustainable Funding (Response to Challenge “H” in HHSR Board’s 2011 Annual Report)

The Maryland Department of Health and Mental Hygiene, (DHMH), Office of Family Administration awarded a grant of \$121,000 to 2-1-1 Maryland for the fiscal year ending June 30, 2012. DHMH has approved a grant of \$363,000 to 2-1-1 Maryland for fiscal year 2013; final negotiations on the grant award are still in process. In calendar year 2012, Constellation Energy made a corporate gift of \$300,000 to United Way of Central Maryland, which the organization redirected for funding of the 2-1-1 system.

F. 2-1-1 Maryland, Inc.

2-1-1 Maryland, Inc. is the 2-1-1 system’s small statewide coordinating office. Its mission is 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.

In 2012, 2-1-1 Maryland had a change of professional leadership with an executive search process that spanned the spring and summer. A new half-time Executive Director, James Macgill, and half-time Operations Director, Susan Vaeth, were hired in October. Both bring extensive professional credentials as well as experience as volunteers in the development of the 2-1-1 Maryland System (See Appendix D for resumes). With new leadership in place, the board is now poised to pursue its plan to transition from a governing body that includes volunteers and call center representatives to an all-volunteer board as recommended in the HHSR 2011 Annual Report.

V. 2-1-1 Maryland Preliminary Goals for 2013

As of the time of this report, 2-1-1 Maryland Inc.’s new executive leaders are working with the governing board, four 2-1-1 Call Centers and HHHSR Board to finalize goals and priorities for 2013. The following draft goals provide insight into the direction of our discussions:

A. Data Systems

To strengthen 2-1-1 Maryland’s data collection operation by

- Developing common definitions for service measurement, e.g., call transactions, abandoned calls
- Developing common measures for service quality
- Developing consistent protocols for measuring service gaps

B. Outreach and Communications

To implement the first phase of an outreach strategy for 2-1-1 Maryland by

- Developing a list of key stakeholders for 2-1-1 messaging
- Developing electronic and social media mechanisms for reaching stakeholders, including electronic newsletters, e-mail blasts, Twitter accounts, etc
- Developing 2-1-1 Maryland Web site as a communication tool about the service and resources

C. Funding

To expand funding sources supporting 2-1-1 management and operations by

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

D. Technology

To improve the efficiency and quality of 2-1-1 services by

- Conducting an assessment of system capabilities compared with desired performance, including ability of 2-1-1 call centers to function more as a unified system of service
- Procuring upgrades to call Center equipment and information technology, consistent with assessment findings

E. Emergency Management

To continue to improve 2-1-1 Maryland's performance during emergencies by

- Developing a regular liaison with Maryland Emergency Management Administration
- Securing training for 2-1-1 call center staff through State agencies
- Conducting after-action assessments of 2-1-1 performance during emergencies and continuously improving performance

F. Organizational Development

To strengthen the 2-1-1 organization by

- Clarifying roles and responsibilities for 2-1-1 Board members and Call Center Executive Directors
- Recruiting new 2-1-1 Board members with linkages to potential constituencies and stakeholders

Despite the lack of an executive director from March to October of 2012, the 2-1-1 Maryland Call Centers continued to provide service 24/7, ensuring that the 2-1-1 system was of value to Marylanders. However, limited progress was made against the challenges and recommendations outlined in the HHSR Board's 2011 report. While the draft goals outlined above are designed to address many of them, we believe these items are worth repeating and have included them below.

VI. Challenges and Recommendations

Full realization of 2-1-1 Maryland's vision will require attention to these challenges & recommendations:

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:

- (1) **State and Local Agencies – Develop processes and procedures to create efficient data exchanges with key state agencies with a complementary method to feed into StateStat.**
- (2) **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.**
- (3) **Early Tracking and Intervention of Emerging Public Needs – Create a dashboard for use by the nonprofits and the HHSR Boards that will more quickly allow them to assess needs and progress.**
- (4) **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:

Transition the Board from an association to a governing board. This step in the Board’s evolution was postponed in 2012, due to the change in leadership. This transition should take place within the first six months in 2013. The revised Board should be all-volunteer and represent the diversity of Maryland. 2-1-1 Maryland should provide interim reports on its progress toward a governing Board model.

Simultaneously, 2-1-1 Maryland should develop an Operating Council composed of the leaders of the Call Center Executive Directors to provide guidance to the Executive Director on issues that affect the quality of Call Center services, including policies and procedures, funding requirements and public education strategies.

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 Outreach and Communications – 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 an outreach and communications plan to educate State and counties agencies, service providers and the public to the importance of 2-1-1 Maryland. 2-1-1 Maryland’s outreach and communications activity should take place in local service areas and on a statewide basis. It should be integrated with a strategy that takes advantage of the potential of social media.**
- (2) **Assure that capacity keeps pace with 2-1-1’s outreach and communications activity.** – Expanded outreach is essential to making 2-1-1 the trusted and visible line for help but a major public education 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. Communicate with key State agency Attorney Generals to support dissemination of information about the law.
- (3) **Develop a partnership with the Maryland Department of Health and Mental Hygiene and the Maryland Department of Aging to support their initiatives to re-balance Medicaid long term services and supports (the Balancing Incentive Payment Program).**
- (4) **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.
- (5) **Plan for systematic outreach to identify potential State and county partners in order to identify their requirements, visions and opportunities for collaboration.**

Challenge F Training – All four 2-1-1 Maryland Call Centers are 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.

The challenge 2-1-1 Maryland now faces is to develop common standards to guide how the Call Centers define and measure needs. Implementing a consistent approach to measuring needs will require consensus on definitions and on-going training to assure that these definitions are operationalized in each center.

RECOMMENDATIONS:

- 1) Support call center initiatives to obtain and maintain staff certification and organizational accreditation from national professional organizations.**
- 2) Develop uniform standards and definitions for measuring unmet needs and train staff of all four call centers to insert these definitions into daily operations in a consistent manner.**

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 2012 is \$2.4M. France-Merrick Foundation 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 January 2013 and the FY09 State Supplemental allocation of \$449,000, but also several contracts with the Maryland 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 \$3 million** (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 January 2013, there is no core funding available to 2-1-1 for FY2014. 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.**

In FY 2012-13, 2-1-1 Maryland took a major step forward toward establishing core funding, with the help and support of the Department of Health and Mental Hygiene. Through the FY 2013 budget process, 2-1-1 Maryland received State grant funds totaling \$485,000 (split between FY 2012 and FY 2013). DHMH has proved to be a supportive partner for 2-1-1.

RECOMMENDATIONS:

2-1-1 Maryland, Inc. and its State partners must put 2-1-1 funding on a sustainable path. To do so will require a short and long-term strategy:

- 1) **Short-term strategy: For FY 2014: 2-1-1, working with DHMH, should establish a core funding appropriation of approximately \$480,000 of State general funds per annum.** This core funding will enable 2-1-1 to maintain its State office, resulting in capacity to seek additional funding from a wide range of public and private sources. Core funding will also free the 2-1-1 State Office to establish consistent Statewide standards for operations, quality control, and data measurement.
- 2) **Long Term strategy: During the period FY 2014- FY 2019 2-1-1 Maryland should work with the State Departments of Health and Mental Hygiene, Human Resources, Department of Aging and other State agencies to streamline access to health and human services.** This strategy will consist of expanding 2-1-1 funding through partnerships with State agencies (grants, appropriations, etc). The 2-1-1 structure provides the State with the opportunity to simplify points of entry into services, eliminate duplication of access mechanisms, increase efficiency, and to reduce the silo effect created by separate pathways for accessing services.

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) Conduct an annual audit to identify gaps in 2-1-1 coverage by carriers, including those operating through cellular networks and VOIP.
- (3) Introduce an enforcement mechanism for the carriers that refuse to enable 2-1-1.
- (4) 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.

VII. 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: 2012 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)

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)*

Andrew Lauand, 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, 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)*

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

Appendix D: Resumes for 2-1-1 Maryland, Inc Staff

RESUME

James Macgill, Jr.
604 E. Broadway
Bel Air, Md. 21014

Home (410) 879-8981
Cell (443) 910-1162
Email: jamesmacgill@comcast.net

WORK EXPERIENCE

Consultant (Self-Employed)

2003-Present

Provide management and planning services to health and human services organizations, including staffing task forces, developing strategic plans, establishing budget/fiscal systems, conducting evaluations, writing grants, training staff, implementing new programs and organizing conferences and forums. Clients have included State and local agencies, foundations, nonprofits, and businesses. A partial list of clients includes the Mental Health Association of Maryland, Maryland Department of Aging, the Horizon Foundation, the Association of Baltimore Area Grantmakers, the Washington County Commission on Aging, the Mental Hygiene Administration / Harford County Office on Mental Health (Core Services Agency), and Lorien Health Care Systems, Inc.

Deputy Secretary, Maryland Department of Aging

1997-2003

In accordance with direction from the Secretary, supervised day-to-day operation of Maryland Department of Aging. Duties included development and management of a budget of over \$40 million per annum, supervision of staff of 50 employees, facilitation of strategic planning process, development of legislation, policies and regulations, public presentations, liaison with local government, representation of Department on task forces, work groups, and interagency committees. *Note: Served as Acting Deputy April 1997- December 1998.*

Key Accomplishments

- Managed implementation of major Medicaid Waiver for older adults
- Designed, directed implementation of expansion of long-term care ombudsman program
- Created leadership training program for Area Agency on Aging management staff
- Wrote legislation for Maryland's Innovations in Aging program, providing funding for new approaches to aging services

Chief, Planning and Evaluation, Maryland Office on Aging

1995-1997

Supervised the Office's operations in program planning, monitoring, evaluation, data collection, research and new program development.

Key Accomplishments

- Developed the Office's first strategic plan, including performance measures
- Trained entire agency staff on Continuous Quality Improvement concepts
- Supervised the development of a computerized data collection for the Department and Area Agencies on Aging

Director, Harford County Office on Aging/Transportation Division
1984-1995

Directed organization with 43 full and part-time employees and annual budget of \$2 million. Administered a broad range of services including public and specialized transportation systems, senior centers, in-home services, information and referral, health insurance counseling, meal programs, and volunteer services. Staffed 20-member citizen Advisory Board appointed by County Executive. Made presentations to legislative and community groups.

Key Accomplishments

- Planned and coordinated implementation of the County's first system of publicly funded community based long-term care systems
- Designed and managed the County's first public transportation service
- Coordinated planning and construction/renovation of three senior centers

Coordinator, Harford County Area Agency on Aging
1980-1984

Wrote plans and grants for Federal and State funds. Prepared contracts and financial reports; coordinated annual fiscal audit. Organized and staffed agency Advisory Council; prepared all agenda, minutes and correspondence for the Council.

Assistant Director, Central Maryland Area Agency on Aging
1976-1980

Conducted evaluations of programs funded through the Area Agency. Provided technical assistance to local government and private agencies in planning and implementing programs. Managed fiscal reporting, cash flow and budgetary process for agency.

PRESENTATIONS

“Maryland Mental Health Transformation and Older Adults: Planning for Integrated Care Models to Facilitate Aging in Place,” NASMHPD Research Institute’s (NRI) (Conference on Integrated Healthcare: Physical and Behavioral Health Services and System, April 2009)

“Overview of Mental Health and Aging” (Building the Partnership: Collaboration between the Maryland Mental Health and Aging Networks, November 2008)

“The Older Americans’ Act” (Maryland Association of Area Agencies on Aging Workshop 2008, October 2008)

“An Initiative: Center for Urban Aging Services and Research,” (Joint Conference American Society on Aging/National Council on Aging, March 2005)

"What Maryland Offers Its Senior Citizens," (Maryland Library Association Conference, May 2003)

Panelist "Home and Community-Based Services: Growth and Changes," (American Association of Homes and Services for the Aged, National Conference, October 2002)

Reactor, "Multiple Dimensions of Retirement and Long-Term Care Planning Symposium," (University of Maryland, Baltimore County, Center for Health Program Development and Management, November 2001)

"Continuing Care at Home, An Overview of the New Regulations" (Maryland Association of Counties Winter Conference, December 1999)

EDUCATION

18 Credits, Business and Accounting courses, Loyola College, 1980-1983

M.A., Human Services Administration- Antioch University, June 1978

B.A., History- Columbia University- June 1972

Gilman School graduate, June 1968

Trained and proficient in Microsoft Outlook, Word, Excel, PowerPoint and Access.

MEMBERSHIPS AND VOLUNTEER ACTIVITIES

Board of Directors, Maryland Gerontological Association 2007-present

Mentor, Edgewood Boys and Girls Club 2001-2002

President Bel Air Elementary PTA 1990-1992

Member, Board of Directors, Harford Senior Housing, Inc 1983-present

June 2012

Susan J. Vaeth

754 Overbrook Road
Baltimore, Maryland 21212
vaeths@gmail.com

(410) 377-8630 (home)
(443) 745-1362 (cell)

Administrator/Program Manager **Human Services * Aging * Disabilities**

Accomplished management professional with 29 years of experience in aging and disabilities management, supervisory, and leadership positions. Independent and self-motivated, with proven leadership abilities, ethical, discreet, team worker, multi-tasker, and adaptable to changing priorities. Ability to communicate clearly and concisely, both orally and in writing, and proficient with Microsoft Office Word and Excel. I am a quick learner, love to teach, a grammar geek, and have a good sense of humor.

Strengths include

- Employee development and evaluation
- Program Coordination
- Policy and procedure development
- Research and synthesis of information

- Program and grants management
- Grant writing and review
- Event planning

Experience

United Seniors of Maryland Education Foundation

6/12 - present

Executive Director (Part-time)

- Lead start-up non-profit in development of education sessions for seniors and professional who work with seniors
- Work with board to plan strategically for the Foundation's activities
- Write grants to fund specific educational projects (advance care directives and end of life planning)

FitLife (working name)

in process

Founder and Owner

- Developing a part time personal fitness training business
- Creating a website to support health and fitness lifestyles for people age 50 and over
- Developing an e-guide to help people eliminate stress incontinence

Howard County Government, Office on Aging

Administrator

4/08 – 8/11

- Provided overall direction and management for all service components of the Office, including senior centers, health and wellness, long term care, advocacy, and public education
- Administered office activities, including fiscal and programmatic operations
- Recommended policy positions regarding services to older adults, advocated for older adults, worked with other organizations to advance services
- Oversaw Mass Care and Shelter Emergency Services Function. Developed Shelter Operations Manual

State of Maryland, Department of Aging

Chief, Client and Community Services

2/03 – 4/08

- Lead a division whose purpose is to monitor and provide technical assistance to area agencies on aging throughout Maryland. This division included service and advocacy programs and grants.
- Created guidelines, policies and procedures, and data reporting protocols for new and existing programs and grants; prepared successful grant applications and RFPs for new grant programs
- Chaired successful "Governor's Conference on Vital Aging" 2004 and 2006
- Evaluated bills and wrote testimony for General Assembly legislation that affected seniors

Program Manager

4/95 - 2/03

- Monitored and provided technical assistance to area agencies on aging for statewide programs and grants (Senior Care, Caregiver, Medicaid Waiver, Alzheimer's Demonstration Grant);

State of Maryland, Developmental Disabilities Administration

Program Analyst VI

10/91 – 4/95

- Developed and implemented procedures and training for the Medicaid Community Waiver; monitored statewide implementation

Baltimore City Health Department, Developmental Disabilities Bureau

Mental Health Analyst

4/90 – 9/91

- Assisted and monitored local agencies that provided residential and day services to individuals with developmental disabilities.

The Arc of Baltimore (previously known as Association for Retarded Citizens) 7/79 – 8/89
Assistant Director of Residential Services, Residential Program Coordinator, House Counselor/House Counselor Trainer, Food Services Instructor, Community Living-Assistant

Education

Johns Hopkins University

<i>Certificate on Aging</i>	12/99
<i>Certificate of Advanced Study in Education</i>	5/87
Technologies for Handicapped	
Graduated with Honors	
<i>Master of Science</i>	
Communicative Disorders	5/83
Graduated with Honors	

Towson University

<i>Bachelor of Science</i>	5/80
Psychology	
Graduated with honors	

Memberships, Training, and Activities

- Member, Maryland Gerontological Association
- Member, United Seniors of Maryland
- Women Entrepreneurs of Baltimore, Ramp Up! Business Plan Writing
- CPR and First Aid Certified (2/12)
- Studying for National Academy of Sports Medicine (NASM) Personal Trainer Certification
- Training in Emergency Management Incident Command Structure (ICS 100/700, 300, 400), and Red Cross Shelter Operations (2008 to 2011)
- Have participated in numerous coalitions, policy, and advocacy groups as chair, committee chair, and member, including those for aging, disabilities, and mental health
- Volunteer activities have included reading and math tutor for an adult literacy organization, President and Membership Chair of local swimming pool, volunteer for immigration outreach center
- Interests include family, quilting, music, dancing, climbing, cooking, fixing things
- Proficient in Microsoft Word, Excel, and Outlook

Maryland Health and Human Services Referral Board
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