

**Michigan 2-1-1:  
Prospects and  
Possibilities**

**Prepared for  
Michigan Senate  
Michigan Department of  
Information Technology  
and  
Michigan Association of United Ways**

**Prepared by:**

**Public Policy Associates, Incorporated**

**119 Pere Marquette Drive**

**Lansing, MI 48912-1231**

**(517) 485-4477**

**Fax: 485-4488**

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Laurence S. Rosen, Ph.D.  
Project Manager  
Public Policy Associates  
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# Executive Summary

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## Introduction

In July 2000, the Federal Communications Commission assigned the three-digit dialing code 2-1-1 for the exclusive purpose of providing widespread access to community information and referral services. Once described as “elegant in its simplicity,” 2-1-1 is an easy-to-remember phone number linking callers in need to available health and human service programs and providing information important in preparing for and recovering from natural and man-made disasters. Planning for and development of 2-1-1 across the nation has been predicated on the expectation that this service will help build healthier and safer communities in a number of important ways. Today, 190 active 2-1-1 systems operate in all or part of 38 states, the District of Columbia, and Puerto Rico, reaching more than 165 million Americans, over 55 percent of the United States population.

The purpose of this study is to determine the feasibility of using 2-1-1 as a means of systematically improving public access to health and human services throughout Michigan. *Michigan 2-1-1* will be a public-private partnership embodied in an independent 501(c)(3) organization governed by a board of directors representing United Ways and 2-1-1 call centers, state government, business, private philanthropy, and the community. Based on national trends and the state’s population, the *Michigan 2-1-1* system is projected to deal with almost 800,000 calls in its third full year of operation and over 3.6 million calls over the first five years of operation. At the heart of the system will be the most comprehensive database of health and human services in the state, including thousands of entries for services and information provided by nonprofit organizations and by government at all levels. Callers will be linked to one of seven regional call centers staffed by nationally certified specialists prepared to help them define their need and connect them with the community resources available to help. The database also will be publicly accessible through the Internet.

## **Methods and Materials**

Five research tasks were conducted: (1) a scan of the 2-1-1 environment across the nation; (2) identification of additional detail on public funding for 2-1-1 programs that are in place in a few selected states; (3) identification of current State of Michigan-supported toll-free telephone numbers and the purposes for which they are used; (4) identification of potential applications of a statewide 2-1-1 system within Michigan; and (5) an analysis of the potential benefits these applications of 2-1-1 will have for the State of Michigan, if and when fully established and operational throughout the state.

Internet searches were conducted to identify all 2-1-1 programs throughout the United States. Four states (Connecticut, New York, Texas, and Washington) were chosen for additional analysis regarding their current status, current features and characteristics, and, most important, sources of funding.

The Michigan Department of Information Technology provided listings of all toll-free telephone numbers that are operated by state government agencies in Michigan. These toll-free numbers were identified by governmental department and, in some cases, by the specific program or service provided. Toll-free numbers for which no stated program was provided were given to research staff who called each unidentified number in order to determine if the number was currently in service and, if so, what program or service it serves.

In addition, five Michigan state agencies (Department of Community Health, Department of Labor and Economic Growth, Department of Education, Department of Human Services, and Michigan State Police) provided extensive information about the employment of toll-free telephone lines for information and referral (I&R) services for their clients along with opportunities for expanded I&R services and future applications that may benefit from the establishment of a statewide 2-1-1 system.

# Findings

Data collected from the nationwide 2-1-1 database and individual state sources indicate that all 50 states as well as the District of Columbia have initiated a 2-1-1 program as of spring 2006. Seventeen states currently have 100 percent 2-1-1 coverage. Five states have at least 75 percent statewide coverage, and seven more states (including Michigan) have at least 50 percent statewide 2-1-1 coverage. Virtually all 2-1-1 programs around the nation receive their funding as a mix of federal, state, and local government funding, as well as grants and donations from corporations, foundations, agencies, businesses, nonprofits, and individuals.

According to information provided by the Michigan Department of Information Technology, more than 700 toll-free telephone lines were maintained by state agencies for public access to governmental services and information, internal communications among state government employees, and Michigan's judiciary branch of government during the first half of 2006. A number of these toll-free lines are specifically dedicated to the transmission of digital information. The greatest uses of toll-free numbers at this time include various programs and initiatives within the Department of Labor and Economic Growth (92), the Department of Human Services (86), State Police (99), and the Department of Natural Resources (98).

## Opportunities in Current, Planned, and Future Programs

Much of the value of a statewide 2-1-1 system is its ability to serve as a common entry point for individuals who may have an array of needs, some of which may be served by state agencies while some may be served by other organizations or programs outside of state government. Current and future uses of toll-free access for critical information and services were identified in each of the following areas.

### Department of Community Health (DCH)

- Aging and long-term care
- Mental health and substance abuse services
- Public health prevention and emergency services

- Crime victims
- Health facilities and health professions

### **Department of Labor and Economic Growth (DLEG)**

- Michigan State Housing Development Authority (MSHDA)
- Bureau of Workforce Programs
- Michigan Commission for the Blind food stamps, transit services, and so on.
- Michigan Commission on Disability Concerns

### **Department of Education (MDE)**

- Office of Special Education and Early Intervention Services.
- MDE Databases—Project Great Start, Early-On, and Project Find

### **Department of Human Services (DHS)**

- General information and referral services
- Prescreen callers referred to DHS for services such as Food Assistance Program, Medicaid, SER, and others
- Central point of contact for specific programs and services—foster care, earned income tax credit, food assistance, prisoner reentry, and others
- Access to faith-based and non-faith-based community programs providing emergency services
- A centralized point of contact for volunteers and community activities targeting those in need

Other potential benefits that may emerge from the establishment of a statewide 2-1-1 system include:

- Reduction of nonemergency calls to 9-1-1
- Reduction in the number of toll-free numbers funded by government
- Enhanced tax assistance and recovery, including the Earned Income Tax Credit
- Volunteer recruitment for nonprofits and ability for government to mobilize volunteers in times of crisis
- Savings for businesses through reduced absenteeism and increased productivity due to enhanced information on where employees can find services
- Planning information for cities and counties informed by the data collection of call volume and referrals for a comprehensive array of services

- A broad communication network for public dissemination of information about changes in federal, state, and local programs
- Cost avoidance for state and local governments of misdirected calls for services
- 24-hour-a-day, 7-day-a-week service
- Ability to disseminate public health and crisis-preparation information

In addition, one of the most important potential features of the 2-1-1 system is that it serves as an information management tool that allows analysts to track requests for information and help on a real-time basis, thus allowing programs to identify the most common needs at any given time, pinpoint where those needs are most in demand, and determine whether those needs are being met.

## **Results: Possibilities and Prospects**

The overall benefit of a statewide 2-1-1 system for the State of Michigan will be realized—especially for individual state government agencies—through increases in both the efficiency and effectiveness of the services they provide to Michigan residents.

- Greater efficiency will be realized by serving the public through more appropriate information requests. The 2-1-1 system will free staff to provide more services to more people.
- Greater effectiveness will be realized by performing a triage function upon public requests for services. This becomes an important benefit as the elimination of digressions and interruptions allows agencies to serve additional requests without additional staff expense, thereby increasing both effectiveness and efficiency.
- Public benefit will be realized through early intervention. As has been demonstrated for decades within the health care arena, early intervention is one of the most effective ways of preventing illness and injury.

## **Conclusions**

As the State of Michigan moves forward with its consideration of establishing a statewide 2-1-1 I&R service, a few key conclusions emerged from this analysis that must be considered in making this determination.

1. There is considerable interest in the use of toll-free telephone communications to enhance and expand I&R services to Michigan residents in all economic and social situations, but especially to those Michigan residents who may be in need and, thus, need direction and assistance towards information and services that will help ameliorate their situations.
2. Familiarity with 2-1-1 programs is relatively high, and there is relatively broad recognition at this time that 2-1-1 has great potential to simplify and consolidate existing I&R services offered both regionally and statewide.
3. Key contacts in each of the targeted State of Michigan departments have been willing and able to assist this research project in identifying current toll-free telephone applications as well as potential applications to existing programs along with new and interesting applications for I&R services.
- 4.
5. The benefits to Michigan from implementation of a statewide 2-1-1 system are extensive and significant. The advantages of 2-1-1 are manifest in a variety of ways, including more efficient and effective public access to information and services; greater efficiency and effectiveness in the provision of information and the provision of services by state and local agencies to individuals and families in need; continuous availability of I&R services 24 hours per day, 365 days per year; enhanced database resources for use by state and local health and human service providers; and resources critical for effective emergency preparedness and crisis management.
6. The impact of 2-1-1 in Michigan, while dramatic in its totality, is likely to be manifest in numerous small increments and instances over a considerable period of time rather than in one or two dramatic events.

# Introduction

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Recognizing that the state's budget crisis has severely affected the delivery of state-funded health and human service programs, Michigan's legislature passed language in this year's budget bill (Senate Bill 272, §584) ordering a study to determine whether systemic use and support of a 2-1-1 telephone contact system by Michigan's health and human services departments would provide cost savings for the State of Michigan while providing Michigan residents more effective access to information regarding health and social services. The 2-1-1 number is the three-digit dialing code designated by the Federal Communications Commission for health and human service information and referral.

**From Senate Bill 272, §584:**

Pursuant to section 584 of 2005 PA 146, the department of information technology shall complete a study with the department of human services, the department of community health, the department of labor and economic growth, the department of education, and the department of state police identifying all information and referral services for state government, including, but not limited to, 1-800 help lines, community resource databases, and public information outreach initiatives. The report shall summarize the purpose, scope, and cost of each service and identify potential cost savings to the state of Michigan through the shared use of 2-1-1.

By clearly setting out the case for 2-1-1, this study will be indispensable to policy makers and will help to establish a strong basis for the public-private partnerships that will be needed in order to make 2-1-1 a reality for all Michigan residents. Statewide coverage will provide the foundation for systemic, sustainable improvement in access to health and human services and will reduce duplication and confusion of information and referral services where current help lines overlap. It will greatly increase the efficiency and efficacy of service providers, who will be able to spend their time providing services rather than redirecting inappropriate inquiries. In addition, establishment of a statewide 2-1-1 system will enhance the ability of health and human service providers throughout Michigan to continually identify and track the need for services throughout the state by geography, population characteristic, and type of services needed, easily identifying critical gaps in service provision.

Finally, by providing a unique resource to those who shape public policy at the national level, this study will have an impact far beyond the state of Michigan, and will hasten the day that 2-1-1 becomes available to every citizen of this country.

## **Benefits of 2-1-1**

Planning for and development of 2-1-1 across the nation has been predicated on the expectation that this service will help build healthier and safer communities in a number of important ways:

- **By providing access to services:** Operating in a fashion similar to the 9-1-1 emergency system, 2-1-1 will provide easy access to information and referrals for those seeking health and human services.
- **By building informational capacity:** The 2-1-1 system is predicated on the establishment, maintenance, and continual updating of a comprehensive database of health and human service programs that are accessible to people in need and to which people seeking health and human services are eligible.
- **By building organizational capacity:** Cumulative call reports will enable communities to pinpoint areas of need and address gaps in service, thus enhancing a community's health and human services capacity as well as the likelihood of positive change.
- **By supporting workforce development:** The 2-1-1 system will help low-income people connect with education and training opportunities and find the means of addressing substance-abuse, child-care, and other issues that may be preventing their entry into the workforce.

In economic terms, 2-1-1 in Michigan has already proven it can make a substantive difference. For example, the Kent County Tax Credit Coalition used that county's 2-1-1 system to encourage eligible residents to request their help in applying for the Earned Income Tax Credit. As a result, the amount of tax reclaimed by Kent County taxpayers rose from less than \$200,000 to well over \$3 million.

At the moment, 66 percent of Michigan residents have access to 2-1-1 information and referral (I&R) services. There are, however, 56 counties that still lack such access. Stakeholders in the 2-1-1 system, working with representatives from a number of State of Michigan departments, have developed a business plan outlining a regionally organized statewide 2-1-1 system that would bring service to all of Michigan's communities. The implementation of this business plan,

which calls for standards-based, cost-efficient, and sustainable 2-1-1 services for all of Michigan, will require funding from a number of sources, including nonprofit service providers and organizations, state and local government, foundations, and the business community.

## **This Study**

This study is being conducted by Public Policy Associates, Incorporated, under the guidance of the Michigan Association of United Ways and the Michigan Department of Information Technology. Liaisons from the Michigan Departments of Community Health, Labor and Economic Growth, Education, Human Services, and State Police are also working closely with the research team to identify and access information about toll-free telephone numbers and their use in their respective departments, local and statewide databases that may be incorporated within a statewide comprehensive 2-1-1 database, and new health and human service applications of 2-1-1 that would provide more efficient and effective services for residents of Michigan.

Funding for this study has been provided by the Michigan Department of Community Health, Blue Cross Blue Shield of Michigan, Blue Care Network, UPCAP, Inc. (Upper Peninsula Commission for Area Progress, a private, nonprofit 2-1-1 provider for the Upper Peninsula), and Michigan 2-1-1 (Michigan Association of United Ways, United Way for Southeast Michigan, Midland County United Way, Washtenaw United Way, Jackson County United Way, Muskegon County United Way, Bay County United Way, Livingston County United Way, and Monroe County United Way).

The purpose of this study is to determine the feasibility of using 2-1-1 as a means of systematically improving public access to health and human services throughout Michigan. This study will cover the following elements:

- Existing State of Michigan health and human service help lines, databases, and community resource directories
- Opportunities where the systemic use of 2-1-1 may increase cost efficiency while improving access to information and outreach to at-risk groups

# Background

In July 2000, the Federal Communications Commission assigned the three-digit dialing code 2-1-1 for the exclusive purpose of providing widespread access to community I&R services. Once described as “elegant in its simplicity,” 2-1-1 is an easy-to-remember phone number linking callers in need to available health and human service programs and providing information important in preparing for and recovering from natural and man-made disasters. Today, 190 active 2-1-1 systems operate in all or part of 38 states, the District of Columbia, and Puerto Rico, reaching more than 165 million Americans, over 55 percent of the United States population.

## The 2-1-1 System in Michigan

The Michigan 2-1-1 Business Plan proposes creation of an integrated statewide 2-1-1 system that will allow 2-1-1 services to become available to everyone in all of the state’s 83 counties at all times via Michigan-based telephone call centers and the Internet. *Michigan 2-1-1* will be a public-private partnership embodied in an independent 501(c)(3) organization governed by a board of directors representing United Ways and 2-1-1 call centers, state government, business, private philanthropy, and the community.

Based on national trends and the state’s population, the *Michigan 2-1-1* system is projected to deal with almost 800,000 calls in its third full year of operation and over 3.6 million calls over the first five years of operation. At the heart of the system will be the most comprehensive database of health and human services in the state, including thousands of entries for services and information provided by nonprofit organizations and by government at all levels. Callers will be linked to one of seven regional call centers staffed by nationally certified specialists prepared to help them define their need and connect them with the community resources available to help. The database also will be publicly accessible through the Internet.

***Regional 2-1-1 Call Centers.*** There will be seven regional 2-1-1 centers that will combine three functions:

- Serving as the call center for the region.

- Developing and managing the resource database for the region, working in cooperation with subregional resource hubs and county contact points.
- Acting as the primary focal point for leadership in developing 2-1-1 in the region—serving as the primary public face; managing the collection and analysis of call data; managing regional promotion in support of statewide promotional efforts; and building partnerships with funders, governments, nonprofit service providers, etc.

Each regional 2-1-1 call center will be staffed with trained and certified call specialists and resource specialists.

***Resource Hubs.*** In six of the regions, excluding Southeastern Michigan, there will be one or more subregional resource hubs for a total of ten throughout the state. Each will be staffed with no more than the equivalent of one full-time staff person who will be trained and certified as a resource specialist. The responsibilities of the resource specialist will be to:

- Have primary responsibility for the development and maintenance of the resource database for their portion of the overall region, working in close collaboration and under the supervision of the regional 2-1-1 call center.
- Serve as the “face” of 2-1-1 in their portion of the overall region (e.g., in their home counties and, as appropriate, in immediately surrounding counties), promote 2-1-1, take the lead in analyzing call data and providing the results to policy makers and funders, and build community partnerships in support of 2-1-1.

***County Contact Points.*** Ideally, there will be a primary contact point for 2-1-1 in each county not served by a regional call center or a resource hub. This will likely be a nonprofit service provider, a United Way agency, a local government agency, or even an individual who will work under the general supervision of a nearby regional call center to serve as the “face” of 2-1-1 in the county by assisting in collecting and updating resource data, representing 2-1-1 in the county, promoting 2-1-1, helping disseminate call data on emerging and unmet needs, and other related activities.

***Systemwide Functions.*** Resource development (fund-raising, government relations, and business development), marketing, database and Web management, system development, and technical support will be vested in a central office led by a full-time executive director.

Among the key benefits of implementing 2-1-1 in Michigan will be:

- **Simple, quick, and available links** to connect people efficiently and effectively to appropriate services. An easy number to remember, it will be great for cutting through confusion about complex human services and publicizing, explaining, and helping people access information about new programs. The 2-1-1 system will be available 24 hours per day, 7 days a week, and 365 days per year.
- **Partner in homeland security and emergency management** by providing easy access to information that needs to be communicated to residents during emergencies.
- **Partner with state government** in helping create greater efficiencies in the delivery of health and human services.
- **Barometer for identifying needs or gaps in service** and communicating them to public and private decision makers, organizations, and funders.

# Methodology

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As noted earlier, Section 584 of Public Act 146 requires that a study be conducted to identify all information and referral services including, but not limited to, toll-free help lines for the Michigan Departments of Human Services (MDHS), Community Health (MDCH), Labor and Economic Growth (MDLEG), Education (MDE), and State Police (MSP) in order to summarize the purpose, scope, and cost of each of these services. Beyond this, however, it has been determined that several related items need to be explored in order to provide both the context in which Michigan's 2-1-1 service will operate and identification of the potential applications for Michigan's 2-1-1 service and potential sources of funding to support it. Based on these requirements, five research tasks were conducted: (1) a scan of the 2-1-1 environment across the nation consisting of a summary of 2-1-1 programs in place or planned at this time; (2) additional detail on public funding for 2-1-1 programs that are in place in a few selected states across the nation; (3) identification of current State of Michigan-supported toll-free telephone numbers and the purposes for which they are used; (4) identification of potential applications of a statewide 2-1-1 system within Michigan, including a comprehensive database of health and human services; and (5) an analysis of the potential benefits these applications of 2-1-1 will have for the State of Michigan, especially once this program is fully established and operational throughout the state.

## Research Tasks

### Environmental Scan

Internet searches were conducted to identify all 2-1-1 programs throughout the United States. To the extent possible, each of the following items was collected for 2-1-1 projects for all states plus the District of Columbia:

- Date of launch
- Organizational initiative (i.e., public, private, or joint public-private)
- Program operator (e.g., state agency, United Way agency, etc.)

- Source and amount of funding
- Number of call centers
- Proportion of the state covered
- Availability of a database
- Availability of 24-hour, 7-day per week service
- Availability of wireless and pay phone service
- Web site address (if available)

## **Funding: Detailed Information**

Several states were chosen for additional analysis regarding their current status, current features and characteristics, and, most important, sources of funding. The four targeted states are Connecticut, New York, Texas, and Washington.

Key informant interviews were conducted with the directors of the respective state agencies that are responsible for 2-1-1 in these states or, alternatively, state government officials familiar with 2-1-1 program development and funding in those states.

Additional information was collected regarding the sources and amounts of funding reported by a number of local 2-1-1 programs around the nation. These data are included to provide additional insight into potential funding sources for Michigan's current 2-1-1 program and for sustained operation in the future.

## **State of Michigan Toll-Free Telephone Numbers**

The Michigan Department of Information Technology provided listings of all toll-free telephone numbers that are operated by state government agencies in Michigan. These toll-free numbers were identified by governmental department and, in some cases, by the specific program or service provided. Toll-free numbers for which no stated program was provided were provided to research staff who called each unidentified number in order to determine if the number was currently in service and, if so, what program or service it serves.

Some of the toll-free numbers maintained by state government agencies are not used to provide information or services to state government clients or to other individuals requesting information. These are used for data transmission or mandated reporting such as by offenders on parole. All other numbers, however, were briefly analyzed in order to summarize the types of state government social, health, and welfare services that incorporate the use of toll-free telephone numbers in their programs. A list of all toll-free State of Michigan telephone numbers that are among likely candidates for inclusion within a statewide 2-1-1 system is included in Appendix A.

## **Opportunities for 2-1-1 Within Selected Michigan State Agencies**

The key data-collection activity for this report is identification of (1) the most important current uses of toll-free telephone numbers for information and referral (I&R) purposes by five key Michigan state government departments (Education, Labor and Economic Growth, Community Health, Human Services, and State Police), and (2) the most important potential opportunities for 2-1-1 by these same five state departments. Data-collection instruments were constructed for use in this process, and contacts were made with executive staff in each of the five targeted departments. Meetings were conducted with departmental representatives in order to solicit their assistance in having their staff use the data-collection instruments to identify the following items:

- *Toll-free number detailed information.* Each of the five target State of Michigan departments were asked to provide information on toll-free numbers they employ to provide information and referral (I&R) services. In addition, information was requested concerning the volume of calls received, days and hours of coverage, and the legal requirements (if any) to maintain these telephone services.
- *Potential uses of 2-1-1 services.* Departmental representatives were asked to identify potential enhancements to existing programs and expanded services to clients and other Michigan residents that might benefit from use of the 2-1-1 program. Informants were also asked to identify new or planned future programs for which 2-1-1 may be useful.
- *Databases for use within the proposed 2-1-1 network.* Some information was also solicited about additional databases that may be used to provide additional information to 2-1-1 callers. These databases are assumed, for the most part, to be local or regional, such as the repositories of local educational services maintained by Michigan's intermediate school districts.

## **Potential Benefits of 2-1-1 to State Departments**

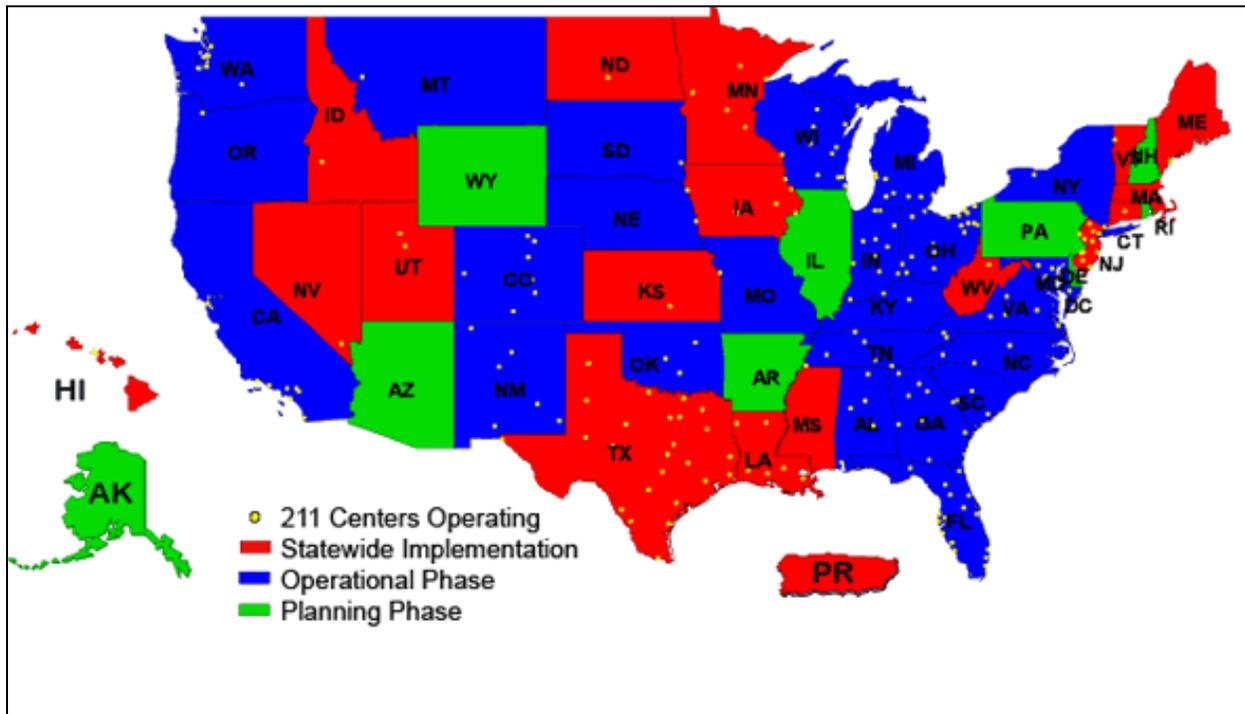
Based on the information provided through the efforts of the five state department liaisons for this project, the final task is identification of the potential benefits for these five departments and for all state residents that may be derived from the establishment of a statewide 2-1-1 system. Information collected during each phase of this project was reexamined and narrowed down to include only those programs most likely to be consistent with the overall structure and purpose of the 2-1-1 system. This more limited set of programs was then returned to the five respective state departments for their review and, to the extent possible, any additional information about the toll-free numbers and the programs or services with which they are associated. Many of these are I&R programs that direct Michigan residents to appropriate sources of information or assist clients or potential clients to acquire specific human services and/or health needs.

While some information regarding the cost of providing I&R services was provided by each of the five departments, definitive cost estimates were beyond the scope of this project. Instead, discussions of the potential benefits that may be realized by state agencies through the adoption of a statewide 2-1-1 system and the implementation of a comprehensive statewide database focus on the potential value added by 2-1-1 to existing health and human services, benefits to Michigan residents and their families, and benefits that contribute to the overall safety and well-being of the entire state.

# The Status of 2-1-1 Across the Nation

## Environmental Scan

Data collected from the nationwide 2-1-1 database ([www.211.org](http://www.211.org)) and individual state sources indicate that all 50 states as well as the District of Columbia have initiated a 2-1-1 program as of spring 2006. Georgia was the first state to launch a program in 1997, and only one other program began prior to 2000. Thirty-three states opened their first call centers between 2001 and 2006. The overwhelming majority of the states have made some progress towards establishing statewide 2-1-1 coverage, but only slightly more than 20 percent of the states have progressed to full, statewide coverage at this time. Twelve states remain in planning mode or are currently waiting for funding. A broad picture of the status of all 50 states plus Puerto Rico and the District of Columbia is provided in Figure 1, below.



**Figure 1**

Source: [www.211.org](http://www.211.org), October 2006

Information presented in the following paragraphs is drawn from data available through the nationwide 2-1-1 Web site along with individual state 2-1-1 Web sites. Due to the rapid development of 2-1-1 programs around the nation, some of this data may already be out of date.

According to information reported by individual states, most of the 2-1-1 programs around the nation have been established by and are overseen by nongovernmental organizations. These typically include United Way organizations in the respective states along with a number of legacy I&R agencies. In some cases, the collaborative may also include the Association of Information and Referral Services (AIRS), a national professional association that provides training and certification for call centers, in an oversight and/or advisory capacity. Ten states report government-initiated programs established by executive order or by legislation. In these cases, nongovernmental organizations like the United Way are often called in to organize and oversee these programs. Ten states identified joint public-private origins for their 2-1-1 programs, and another 12 provided no information.

Once established, 2-1-1 programs are most commonly operated by a collaborative—that is, a group of public and private organizations—among which the United Way takes a lead role. The United Way is also identified as a system operator in 15 states that do not specifically identify their operations as collaboratives. Nonetheless, these states typically report that the United Way, in conjunction with either the state government or other organizations, is the operator. Six states explicitly identify 2-1-1 as a governmental operation, and four states identify previously established I&R services as the focus of their respective initiatives. It is important to note that some states, such as Louisiana, employ multiple operators working together in a partnership, but do not refer to it as a collaborative.

Seventeen states currently have 100 percent 2-1-1 coverage including Connecticut, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, New Jersey, North Dakota, Texas, Utah, and Vermont, as well as the District of Columbia. Five states have at least 75 percent statewide coverage, seven more states (including Michigan) have at least 50 percent statewide 2-1-1 coverage, and 11 states have some 2-1-1 coverage but for less than half of their respective populations. According to [www.211.org](http://www.211.org), approximately one-fourth of the states currently have

no 2-1-1 coverage at all, but all of them are currently developing databases or are in the planning stages. These states include Alaska, Arkansas, Arizona, Delaware, Illinois, Maryland, Massachusetts, Mississippi, New Hampshire, Pennsylvania, Rhode Island, and Wyoming.

There are three common models of operation for the 2-1-1 programs that are underway or are planned among the states: a centralized model with one major call center and database to which all 2-1-1 calls are directed; a decentralized model that directs 2-1-1 calls to centers located within designated regions around the state; and a hybrid model that employs some aspects of each organizing principle. The most popular model is the hybrid approach that has been identified by 30 of the 50 states plus the District of Columbia. Eleven states have a centralized model. These states tend to be some of the smaller states and they are predominantly eastern, including Connecticut, Delaware, Maine, Rhode Island, Vermont, and West Virginia. Nine states have a decentralized model; these states are generally medium to large in size and they are spread across the entire country.

Information on the most common request received through 2-1-1 is not readily available from most states at this time, but some interesting information has been reported in a few cases. Where reported, the top service requests are for information about utilities, substance-abuse prevention, housing, legal and tax assistance, outpatient mental health care/counseling, help-line counseling, financial assistance and support, food, furniture, clothing, employment, health insurance, holiday assistance, donation information, and volunteering information. Also, call center volumes appear to increase substantially when they switch from toll-free numbers to 2-1-1 access.

It is generally assumed that all 2-1-1 programs will eventually be available at all times (24 hours per day, 365 days per year) and through all generally available telephone media, including standard land-line telephones, pay phones, and wireless or cell phones. Access will also be available via the Internet. Table 1 identifies the services that are currently available among the states, even if these services are currently limited to only part of that state. As noted earlier, the data in Table 1 may already underestimate the availability of 2-1-1 service due to the fast pace of development and change within 2-1-1 systems around the nation.

**Table 1: Types of 2-1-1 Services Offered by States, 2006**

<b>Service Type</b>	<b>Number of States</b>
Land line	35*
Internet	36**
Wireless	12
Pay phone	5
Always available (24/7/365)	25**

Source: [www.211.org](http://www.211.org), June 2006.

\* Land-line access to 2-1-1 is also available in the District of Columbia and Puerto Rico.

\*\* Internet and 24/7/365 service is available in the District of Columbia as well.

Twenty-six states have official Web sites dedicated to their 2-1-1 initiatives. An additional 15 states have information about their 2-1-1 services on a Web site hosted by a separate party, and 9 states currently do not have a Web site. Of the 41 Web sites in service, 27 have a direct link to an online database.

Virtually all 2-1-1 programs receive their funding as a mix of federal, state, and local government funding, as well as grants and donations from corporations, foundations, agencies, businesses, nonprofits, and individuals. Fund-raising has also been utilized, most notably in Florida and South Dakota. The most common sources of funding are the United Way organizations and a number of private, nonprofit foundations such as the Lilly Endowment, Verizon Foundation, Bill and Melinda Gates Foundation, and the Kellogg Foundation. Federal government funding mainly comes through the Public Health and Bioterrorism Preparedness Act and at the state level through individual state departments of human resources and/or public health. Federal legislation (S1630 and HR3111) was introduced in September 2003 by Senators Clinton (D-NY) and Dole (R-NC) and Representatives Burr (R-NC) and Eshoo (D-CA) to support 2-1-1 with a dedicated revenue stream of \$200 million. In January 2005, Senators Elizabeth Dole (R-NC), Hillary Rodham Clinton (D-NY), and Richard Burr (R-NC) reintroduced The Calling for 2-1-1 Act in the 109th Congress, numbered S211. This act would authorize \$150 million to assist states with implementing and sustaining statewide 2-1-1 systems. States would have to provide a 50 percent match to the grant, which could come from current 2-1-1 funding in the community, such as United Way funding, funding through other nonprofits, state and local governments, foundations, and businesses. Funding would be administered by the U.S.

Department of Health and Human Services. Previously, the Act closed the 108th Congress with 182 bipartisan congressional cosponsors, according to the United Way of America Public Policy Fact Sheet, February 2005.

## Selected States

Four states—Connecticut, New York, Texas, and Washington—were identified as having either implemented a statewide 2-1-1 program or substantially advanced their planning and development to warrant special attention. In addition, these states were chosen to incorporate diversity in size and location around the nation. In each case, the director of the statewide 2-1-1 program or another key informant was contacted and interviewed regarding the process by which 2-1-1 had been implemented and, in particular, how the 2-1-1 program in the state was being funded. To the extent these informants could respond, they were also asked to describe how they planned to maintain the financial basis for their respective programs in the future. All key informants were contacted during June 2006 and were asked to respond to a standard series of questions.

### Connecticut

**Contact:** Mary Hogan, Vice President of Information Systems of United Way Connecticut

**Organization:** Connecticut 2-1-1 (formerly known as “Information/Referral Service”) was created in 1976 as a public-private partnership of United Way and the State of Connecticut. By the mid-1980s, this program had gained national recognition as a model I&R system. In 1998, the governor and legislature supported the initiative for an easy-to-remember, three-digit 2-1-1 number for health and human service resources. The number went into effect in March 1999, replacing 1-800-203-1234. Connecticut was the first state in the nation to implement 2-1-1 on a statewide basis.

**Funding:** The budget for Connecticut 2-1-1 is \$4.0 million. Of the total amount appropriated, \$3.6 million (or 90 percent) is a combination of state and federal matching programs, including revenue from the Department of Social Services Welfare Reform, the Department of Social

Services Child Care Infoline, the Department of Public Health Suicide Prevention Training, the Department of Public Health Maternal & Child Health, the Area Agency on Aging, and the Department of Justice Project Safe Neighborhood. The remaining \$400,000 revenue source is from the United Way of Connecticut.

## **New York State**

**Contact:** Linda Dailey, currently 2-1-1 director for United Way of America

**Organization:** The 2-1-1 New York Collaborative is cosponsored by the New York State Alliance of Information and Referral Systems and the United Way of New York State. This collaborative has developed a plan for the implementation of a statewide 2-1-1 information system for the entire state consisting of 10 to 12 regional call centers that will serve as hubs for 2-1-1 activities.

**Funding:** The 2-1-1 New York Collaborative supports the position that initial and ongoing funding for 2-1-1 services in New York State will employ a public-private partnership that will include both public funding streams (federal, state, and local government funding) and private funding streams (United Way, corporate, and other charitable gifts and endowments). The intent is to replace a patchwork of funding patterns that vary from place to place. Some are more dependent on governmental sources than others; some are more heavily supported by corporations and foundations. Others are supported by contributions from the United Way or some combination of United Ways and their collaborative partners, including local fund-raising campaigns and sales of information directories. Their goal is to coordinate existing I&R services throughout New York State.

The most important source of current funding is the New York Legislature. Within the past month, the New York Legislature approved a conference report that included funding through two separate line items totaling \$6.9 million to implement the statewide 2-1-1 system. Half was appropriated to the New York Department of Family Assistance, Office of Children and Family Services, “for services and expenses of the United Way of New York State for the planning and development, operating, and capital cost associated with a statewide 211 system.” The other half

was appropriated to the department's Capital Projects section for "services and expenses of United Way 2-1-1."

## Texas

**Contact:** Beth Wick, Director, 211 Texas I&R Services, HHS Commission

**Organization:** The state of Texas funds approximately 50 percent of the cost for 2-1-1 statewide; local United Ways and nonprofits fund the balance. The 2-1-1 system in Texas is a governmental service within the Texas Health and Human Services Department (HHS), which serves as an umbrella agency for other I&R services in Texas. The 211 Texas program is authorized and governed by the Texas Public Utilities Commission through a state mandate that sets the limits and boundaries for the 211 Texas program.

The 211 Texas program consists of 25 area information centers throughout the state with 130 agents at the present time. The system has the capacity to ramp up to 275 agents in case of emergency.

**Funding:** The state portion of the 211 budget for Texas consists of three components: administration, capital expenditures (telecom and database), and operation of the area information centers. These components are funded through a combination of state general revenue and federal matching funds.

**Table 2: 211 Texas Government Funding Streams**

211 Funding Component	FY 2005	FY 2006	FY 2007
Administration	\$220,000	\$389,000	\$540,000
Telecom and database	\$1,900,000	\$1,600,000	\$2,060,000
Direct operations	\$2,500,000	\$6,500,000	\$9,130,000
Total	\$4,620,000	\$8,489,000	\$11,730,000

Source: 211 Texas

For fiscal year (FY) 2005, the 211 Texas budget was funded entirely through general-fund revenues. For FY 2006 and FY 2007, funding consists of a mix of federal (55.3 percent) and

state general-fund (44.7 percent) revenues. State and federal funds are pooled from five Texas state departments or agencies: the Department of State Health Services, the Department of Aging and Disability, the Department of Assistance and Rehabilitative Services, the Department of Family and Protective Services, and the Health and Human Services Commission. Federal funds are associated with programs in each of these agencies. An additional source of funding is the Summer Food Service Program that uses 2-1-1 to connect people in need with food resources during the summer months.

## **Washington**

**Contact:** Tom Page, Director, WIN 211

**Organization:** The Washington Information Network 211 or “WIN 211” is a nongovernmental 501(c)(3) corporation that will be operating throughout the state of Washington by December 2006. Billboard advertising promoting use of the 2-1-1 network is already evident in the Seattle area.

**Funding:** Initial funding for planning and implementing Washington’s 2-1-1 program was provided by a combination of state government and foundation funds. The first appropriation for 2-1-1 occurred in the current legislative session and was provided in the Washington Department of Health and Human Services’ capital budget. Capital-budget projects in Washington are financed through special-bond proceeds. One million dollars was authorized during the current session for use through June 30, 2007 for this project.

During a special session of the Washington Legislature earlier this year, a supplemental appropriation was approved, including \$2.5 million for the statewide WIN 211 program. These funds were a separate line item in the Emergency Management Division of the Washington Military Department. This appropriation also expires at the end of the biennial budget period in June 2007, but these funds were financed from their general fund.

An additional \$987,000 was received from the Bill and Melinda Gates Foundation in February 2006 to assist in staffing data-management positions in each of the WIN 211 call centers. This is a three-year grant available through March 2009.

Washington is also looking for federal revenues to help, in part, sustain this program over the long term. WIN 211 is working closely with the state Emergency Management Division to review and possibly integrate 2-1-1 into the Washington State Bioterrorism Plan, thus making them eligible to receive funding through the Department of Homeland Security. If successful, this will provide approximately one-third of the anticipated \$7.5 million annual cost of WIN 211. It is anticipated that the other two-thirds will be provided through an ongoing annual \$2.5 million state appropriation and \$2.5 million from United Way and local funding efforts.



# **Planning for 2-1-1 in Michigan**

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## **Use of Toll-Free Telephone Numbers by State Government Agencies in Michigan**

### **Current Applications**

One of the first steps in identifying the need for a 2-1-1 telephone system and the needs for which it will be put to use is to identify all toll-free numbers that are currently supported by state governmental agencies. Toll-free telephone lines are extensively used for the dissemination of information and referrals to various services by state government agencies in Michigan.

According to information provided by the Michigan Department of Information Technology, more than 700 toll-free telephone lines were maintained by state agencies for public access to governmental services and information, internal communications among state government employees, and Michigan's judiciary branch of government during the first half of 2006. A number of these toll-free lines are specifically dedicated to the transmission of digital information. The greatest uses of toll-free numbers at this time include various programs and initiatives within the Department of Labor and Economic Growth (92), the Department of Human Services (86), State Police (99), and the Department of Natural Resources (98). (See Table 3, below.)

Analysis of these toll-free numbers was conducted in order to determine what they are used for and if they are all operational at this time. Toll-free telephone numbers that were identified by department or agency but were not identified as to purpose or program were called by research staff in order to determine if, in fact, they are "live" lines and, if so, what their purpose is. To ensure an adequate attempt to identify these toll-free lines, three calls were made to each unidentified toll-free number at different times of the day, and each call was allowed to ring six times before "no response" was recorded for that line.

Using both the identification provided by the Department of Information Technology and the information collected directly about toll-free numbers that were called, a number of telephone lines were eliminated, including those that are not active, dedicated fax lines for transmitting documents among state offices, dedicated data transmission lines, and telephone lines that are clearly used for internal communication among state government agencies.

**Table 3: Toll-Free Lines Maintained by the State of Michigan, by Department, Agency, and Branch, Spring 2006**

<b>Department</b>	<b>Toll-Free Lines</b>
Agriculture	15
Attorney General	6
Civil Rights	3
Civil Service	6
Community Health	54
Corrections	17
Economic Development Corporation	23
Education	8
Environmental Quality	8
Executive	3
Gaming Control Board	3
History, Arts, Library	10
Human Services	86
Information Technology	28
Judiciary	7
Labor and Economic Growth	92
Lottery	6
Management and Budget	22
Military and Veterans Affairs	3
Natural Resources	98
Secretary of State	20
State Police	99
Transportation	57
Treasury	19
<b>Total</b>	<b>737</b>

Source: Michigan Department of Information Technology, 2006

Table 4, below, illustrates a subset of state-maintained toll-free numbers that have been specifically identified as being for public access to state government information and services. Although the following list of toll-free telephone numbers was compiled mainly from the label provided for each of these lines rather than through calls to each line, the project team believes

that this list is reasonably representative of the I&R activities that are currently transacted by each agency or department through this medium. The health category includes toll-free numbers for each of the local or regional public health agencies across the state, and the numbers listed for police, safety, and homeland security include toll-free access to various state police district headquarters, various tip lines, and the state police emergency management division. In contrast, Department of Human Services (DHS) toll-free telephone numbers serve a variety of distinct programs, including home heating (energy) assistance, child care complaints, runaway assistance, the welfare fraud hotline, the adult protective services hotline, and a number of DHS field offices around the state.

**Table 4: Public Access Toll-Free Lines by Functional Area or Activity, Spring 2006**

<b>Functional Activities</b>	<b>Toll-Free Lines</b>
Arts, tourism, entertainment	22
Business & economic development	19
Disabilities & rehabilitation	49
Education	10
Health	43
Housing	6
Labor	49
Legal issues & legal assistance	34
Natural resources & environment	49
Police, safety, homeland security	50
Social services	73
Substance abuse & gambling	12
Transportation & planning	52
Utilities	3
Voting & elections	4
<b>Total</b>	<b>475</b>

Source: Public Policy Associates from data provided by the Michigan Department of Information Technology, 2006

Current state health and human service programs that may benefit from the establishment of a statewide 2-1-1 telephone system and comprehensive database include the following:

**Disabilities and Rehabilitation.** All 36 Michigan Rehabilitation Services (MRS) offices located around the state are accessible by toll-free telephone numbers. The MRS Ticket to Work

program, and communication with individuals who are deaf, hard of hearing, and/or blind are also provided toll-free.

**Education.** Toll-free lines provide public access to information about MEAP scores, scholarships, tuition loans, school laws, and information about services for special-needs infants, children, and young adults.

**Health.** The Michigan Department of Community Health currently provides among the broadest sets of I&R services through the use of toll-free telephone numbers, including the Michigan Cancer Consortium, West Nile Virus Hotline, prescription coverage and dental services for people who are HIV positive, and toll-free telephone access for Medicaid recipients.

**Housing.** The Michigan State Housing Development Authority (MSHDA) and consortia for the homeless across Michigan maintain several toll-free numbers related to services for the homeless and subsidized housing for low-income residents.

**Labor.** Labor-related toll-free numbers include a line for agricultural labor (Department of Agriculture), unemployment services, employment services through Michigan Works!, occupational safety, and worker's compensation.

**Legal Issues and Legal Assistance.** In addition to access to the courts maintained by the Judiciary, the Michigan Department of Corrections maintains toll-free numbers for crime victims and the parole system, the Department of Treasury provides state tax information and assistance, and the Department of Labor and Economic Growth (DLEG) provides toll-free access to information about household and consumer finances and mortgages.

**Natural Resources and Environmental Quality.** This category includes a number of pollution-related toll-free numbers, including the radon program, the Pollution Emergency Alerting System, and the water quality program, all run by the Department of Environmental Quality (DEQ). DEQ also maintains a toll-free line for access to the home weatherization program.

**Police, Safety, Homeland Security.** In addition to accessing State Police headquarters and dispatch centers around the state, toll-free public safety telephone lines include the Consumer Complaint Hotline (Labor and Economic Growth), the children's ombudsman (Management and Budget), the Identify Theft Hotline (State Police), the Tobacco Tax Hotline (Treasury), and all of Michigan's emergency services programs.

**Human Services.** In addition to the DHS programs and information that are accessible through use of toll-free telephone numbers that are described above, other social service programs and information include access to the National Domestic Violence Hotline, night and weekend emergency services, and child-support enforcement.

## **Opportunities for 2-1-1 in Selected State Agencies**

As noted earlier, the Michigan Departments of Community Health, Education, Human Services, Labor and Economic Growth, and State Police were specifically asked to participate in this project as they are among the most prolific users of toll-free telephone numbers to disseminate information and refer Michigan residents to programs and services. As such, they may be the most likely to provide opportunities to employ and benefit from use of a statewide 2-1-1 telephone system. A representative from each of these departments was asked to serve as a liaison to the Department of Information Technology in order to target the most appropriate programs for data collection within their departments for further research. Information requested from these five departments includes the following:

- Current use of toll-free numbers to meet important programmatic goals, with particular emphasis on the volume of calls received, hours and days of coverage, legal requirements (if any) for this service, and the level of expertise required to respond to calls.
- Suggestions for additional I&R applications for 2-1-1 that may serve to expand and/or improve programs that already exist to serve the needs of Michigan residents as well as suggestions for new programs, new services, or new initiatives that might use the 2-1-1 system. This information is important in order to identify the untapped potential of new and innovative programs that 2-1-1 may help to facilitate.

- Identification of program-specific and community resource databases that may be used within the 2-1-1 system. The value of a statewide I&R service is directly related to the depth and breadth of the database of program information and service providers that trained 2-1-1 technicians may access in order to respond to the calls they receive. It is generally recognized that in addition to information resources maintained by state agencies, valuable information resources are also found at the local level—for example, within local community resource databases, intermediate school districts, or district public health agencies. These resources need to be identified, exchanged, and synthesized within a comprehensive and accessible 2-1-1 database if this program is to be truly effective throughout the entire state.

## **Opportunities in Current, Planned, and Future Programs**

Much of the value of a statewide 2-1-1 system is its ability to serve as a common point of entry for individuals who may have an array of needs, some of which may be served by state agencies while some may be served by other organizations or programs outside of state government. In any case, 2-1-1 requires only one telephone contact using a single, easy-to-remember telephone number to access this variety of information and referrals to services. Due to the flexibility of having one easily remembered number direct any caller to a technician trained to identify the caller's needs and then direct that caller to the appropriate service providers, 2-1-1 can build upon its base and expand to incorporate additional I&R services without any practical limitation. The following entries identify programs for which 2-1-1 may be particularly useful. Some of these examples also point out opportunities for eliminating duplicate databases and the costs associated with them.

### **Department of Community Health (DCH)**

- Aging and Long-Term Care
  - The Office of Long-Term Care Supports and Services is exploring the use of 2-1-1 as a consumer point of entry for the Long-Term Care Single Point of Entry pilot projects. The 2-1-1 service can provide highly visible 24-hour-per-day public access for pilot projects. The 2-1-1 system can also provide professional database management for Long-Term Care Connection.
  - The Office of Services to the Aging (OSA), through its statewide operating standards, encourages area agencies on aging (AAA) that operate regionwide information and assistance (I&A) programs to foster coordination among, and collaboration with, all local comprehensive I&A systems, including 2-1-1 call centers. AAA's may also provide funding support to local comprehensive I&A systems, including 2-1-1 call centers. Effective collaboration will avoid duplication of effort and allow for development of multiuse, comprehensive, health and human services databases.

■ **Mental Health and Substance Abuse Services**

- Crisis Intervention Hotlines are maintained by each community mental health center throughout the state. Services of the 2-1-1 system could be explored as a complementary point of contact for each of the 46 community mental health (CMH) programs, providing uniform access to the mental health self-help support services from anywhere in Michigan 24 hours per day, 365 days per year.

■ **Public Health Prevention and Emergency Services** have several initiatives that could be explored and considered for 2-1-1 collaboration.

- The Office of Public Health Preparedness could benefit if 2-1-1 provided a scalable “Health Crisis Communication” solution. The public could have a “go to” number for accurate, scripted health-crisis information, which would meet special-population needs and provide rumor control. This service may also provide:
  - ◆ Triage for service request calls.
  - ◆ Coordination of volunteer requests.
  - ◆ Postemergency caller data for continual improvement of the Health Crisis Public Communication system.

This opportunity is consistent with ongoing discussions concerning the use of 2-1-1 as the statewide public communications network for emergency management.

- The Public Health Administration’s Primary Care Initiative, using 2-1-1, could carry out its goal of providing a statewide resource information system that provides residents, primary-care clinicians, and other professionals with easy access to comprehensive information about community resources. The initiative would include, but not be limited to, prevention and/or chronic-disease management directed at the five focus areas of the Primary Care Initiative: increased physical activity, healthy eating, tobacco prevention and cessation, asthma management, and diabetes management.
- The Public Health Administration could contract with 2-1-1 to serve as the statewide public health information clearinghouse.

■ **Crime Victims** – Explore using 2-1-1 to provide a front-end interface with the crime victims program and state-supported domestic violence hotlines and other similar programs. The 2-1-1 system may serve to increase the program’s visibility and provide one-stop and confidential access to a range of reporting, health, and support services for crime victims.

■ **Health Facilities and Health Professions**

- Use 2-1-1 as a single point of access for making complaints against health care practitioners.
- Consider evolving the nursing home hotline and a consumer complaint line for all regulated health care organizations to the 2-1-1 system. The 2-1-1 system could be the “front door” for receiving complaints, triggering the fulfillment process, and sending complaint forms for the consumer to complete. Further, the 2-1-1 system may serve as the main point of contact for special complaint situations. For example, there has been a

national push to limit the use of restraints with patients. The 2-1-1 system may also serve as the high-profile point of access for the public to voice their complaints, as well as a call to action for a public-information campaign.

- Health care employment and training outreach may also employ 2-1-1 service. The 2-1-1 databases would include health-profession training options and an interface with Michigan Works!

## **Department of Labor and Economic Growth (DLEG)**

### **■ Michigan State Housing Development Authority (MSHDA)**

- The Michigan Affordable Housing Communities Five Year Plan supports the development of a relationship between local 2-1-1 and the Continuum of Care Planning bodies.
  - ◆ Provide information referral for people who are homeless or have special needs to assist them in obtaining and or sustaining their housing.
  - ◆ Provide referral to programs that allow people to remain in their own homes.

### **■ Bureau of Workforce Programs**

- Michigan Works! The 2-1-1 system may increase access for employers and unemployed or underemployed workers with Michigan Works! programs across the state. Michigan Works! agencies currently use toll-free numbers for all centers around the state and maintain some local/regional data for use with their clients.
- Michigan Works! The 2-1-1 system may enhance the ability of Michigan Works! caseworkers to make client referrals for other services such as food and shelter assistance; 2-1-1 may allow referral data to be available online at all Michigan Works! offices.
- DLEG/Michigan Works! Rapid Response Teams. The 2-1-1 system will provide access to I&R resources in order to assist in addressing the needs of displaced workers and families in the case of mass layoffs or plant closings.
- DLEG staff provides services to migrant and seasonal farm workers who may benefit from resources provided by 2-1-1.

- Michigan Commission for the Blind – The Michigan Commission for the Blind (MCB) provides services and adaptive equipment at no cost to people throughout Michigan who are blind and visually impaired to help them achieve and/or maintain independence and employment. MCB serves approximately 4,500 people who are blind and visually impaired each year. Statewide adoption of 2-1-1 could provide increased awareness of the Michigan Commission for the Blind, directing blind and visually impaired individuals to MCB to receive services. It could also be of use to MCB staff as a resource for MCB clients to obtain information about non-MCB services such as veteran's benefits, Social Security, housing, food stamps, transit services, and so on.

## ■ Michigan Commission on Disability Concerns

- As with many of the special-needs populations served by health and human service programs in Michigan, an important opportunity provided by 2-1-1 is the ability to use call information to expand our knowledge of what public needs are in greatest demand, who those in need are, and where those individuals are located. As one example, 2-1-1 may prove useful in keeping an accurate and comprehensive database of the types of disabilities identified by callers and their specific needs.

## Department of Education (MDE)

- Office of Special Education and Early Intervention Services. The 2-1-1 system may serve to provide a simple way of obtaining information about and access to early childhood learning and special-needs programs that are provided through MDE. These include:
  - Early-On Program. Early-On is designed to provide the parents of children aged 0 to 36 months who are experiencing developmental delays, who have disabilities, or who have special needs, with links to the most appropriate services. Parents are typically referred to the appropriate intermediate school district (ISD), which then responds to the individual (or the parents of the individual) who was referred. The 2-1-1 system may facilitate identification of the parents of these children and make it easier to coordinate school-based services with other appropriate services they may need.
  - Project Find. Project Find is a federally funded system that connects individuals up to age 26 who are developmentally delayed, who have disabilities, or who have special needs, with appropriate educational services. Referral information is taken and transmitted to the appropriate ISD; the ISD then responds to the individual (or the parents of the individual) who was referred. The 2-1-1 system may facilitate the identification of referrals for individuals who meet these criteria.
- MDE Databases. The Michigan Department of Education maintains several important databases that may be coordinated with the 2-1-1 database to improve the provision of information and access to services for all children with special needs and the parents of children with special needs throughout Michigan.
  - Project Great Start Database. Database of community resources, services, and support aids for children from birth through age five.
  - Early-On Database. Database of services for families with children aged 0 to 36 months who are experiencing developmental delays, who have disabilities, or who have special needs.
  - Project Find Database. Database of educational services for individuals from birth through age 26 with developmental problems, disabilities, or special needs.

## Department of Human Services (DHS)

- General I&R Services
  - The 2-1-1 system offers an opportunity to provide all DHS clients and potential clients access to general DHS information and triage services to direct callers to the most

appropriate service provider. The 2-1-1 system may also provide a comprehensive and up-to-date database of local services to DHS workers on their desktop computers, allowing them to make more efficient referrals to alternative community resources.

- Provide local community resource coordinators access to additional resource information.
- Serve as a supplementary resource to connect clients with services designed to reduce barriers to employment (also see DLEG).
- Prescreen callers referred to DHS for services such as Food Assistance Program, Medicaid, SER, and others.
- Central point of contact for specific programs and services. Examples include:
  - Information about community services for youth aging out of foster care.
  - Access to federally funded programs such as Earned Income Tax Credit and Food Assistance.
  - Prisoner reentry services including emergency services, peer counseling, temporary housing, recovery issues, family support, etc.
- Access to faith-based and non-faith-based community programs providing emergency services, including health services, counseling, housing support, adult education, substance-abuse treatment, furniture, utilities, family support, transportation, etc.
- Use 2-1-1 as a centralized point of contact for volunteers and community activities targeting those in need.

*Statewide and Local/Regional Databases for Use in 2-1-1 Programs*

- Department of Human Services county databases
- Databases maintained by all community resource coordinators
- Community action agencies (regional) databases
- Public health departments—all counties
- Community mental health agencies

# Benefits of a Statewide 2-1-1 System for Michigan

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## Introduction

The 2-1-1 system is designed to connect individuals and families with the services and information they need while, simultaneously, compile critically important management information on the services that are requested as well as the services and programs that are available. The case for a statewide 2-1-1 system has already been proven in a dozen states that have established statewide programs, and this is being reinforced in approximately two-dozen states that are moving towards statewide adoption. Nonetheless, one of the main tasks of this report is to identify the key benefits that 2-1-1 will provide to Michigan's residents and to explain why these benefits are important and worth the investment that will be required to implement this system throughout Michigan.

The most fundamental justification for 2-1-1 across the nation is the assumption that 2-1-1 will help to ensure safer and healthier communities by connecting people and families with a wide variety of services and critical information more efficiently and effectively than ever before. According to the United Way of America, a wide variety of benefits that help to serve this end have been identified among states and metropolitan areas that have already established 2-1-1 systems (e.g., Hawaii; Idaho; Connecticut; Houston, Texas; Minneapolis-St. Paul, Minnesota; Atlanta, Georgia; Salt Lake City, Utah; Albuquerque, New Mexico; Grand Rapids, Michigan; Sioux Falls, South Dakota; and Jacksonville, Florida) including:

- Time saved for individuals and families through a one-stop call center for a variety of services
- Decreased need for public assistance because of timely connection with appropriate intervening services
- Reduction of nonemergency calls to 9-1-1
- Reduction in the number of toll-free numbers funded by government
- Enhanced tax assistance and recovery, including the Earned Income Tax Credit

- Volunteer recruitment for nonprofits and ability for government to mobilize volunteers in times of crisis
- Savings for businesses through reduced absenteeism and increased productivity due to enhanced information on where employees can find services
- Planning information for cities and counties informed by the data collection of call volume and referrals for a comprehensive array of services
- A broad communication network for public dissemination of information about changes in federal, state, and local programs
- Cost avoidance for state and local governments of misdirected calls for services
- 24-hour-a-day, 7-day-a-week service
- Ability to disseminate public health and crisis-preparation information

All of these benefits of a statewide 2-1-1 system are expected to be evident in Michigan, and they will have a direct impact on the quality of life for Michigan residents, the quality of services that are provided, and both the efficiency and effectiveness of government operations. In terms of quality of life, the benefit of establishing a statewide 2-1-1 system is found in simple, quick, and coordinated access to information and referral (I&R) service. A single access point may reduce many of the blind alleys and cul-de-sacs that individuals may encounter when dealing with dozens of uncoordinated agencies. The 2-1-1 system also serves an important public outreach service by making it simpler for individuals to learn about programs and services for which they may be eligible, thus benefiting themselves, their families, and the communities in which they reside.

Michigan benefits from enhanced quality of services by reducing and redirecting I&R responsibilities within individual state agencies to the 2-1-1 program, thus allowing service providers in these departments more time and opportunity to serve clients. Government operations will benefit from the reduction in duplicated services, redundant databases, and unnecessary referrals. A related benefit is the potential for operational efficiencies through greater inter-agency and intra-agency collaboration utilizing the 2-1-1 system. In addition, all sectors are likely to benefit from 2-1-1's more efficient use of information resources, the coordination of information and service referrals among agencies, and the opportunity that 2-1-1 provides to continually fine tune the services and information provided by tracking incoming requests and their outcomes.

One of the most important features of the 2-1-1 system is that it serves as an information management tool that allows analysts to track requests for information and help on a real-time basis. This allows the program to identify the most common needs at any given time, pinpoint where those needs are most in demand, and determine whether these needs are being met. By examining the patterns of needs and the gaps between expressed needs and the availability of services, program administrators can determine the most effective allocation of individual and organizational resources across Michigan. Over time, the information gathered through 2-1-1 will allow state and local agencies to evaluate their progress in meeting Michigan's most important public needs.

Other 2-1-1 benefits include meeting the long-term needs of individuals and their communities throughout Michigan by facilitating both public and private efforts to connect unemployed and/or low-income people with education and training, substance-abuse prevention services, child care services, and other services that may be needed to overcome barriers to their entry into or advancement within the workforce. This may further benefit Michigan by contributing towards meeting federal goals for program enrollment and progress. The anticipated result is additional federal funds directed towards program enrollees in Michigan and the prevention or elimination of financial penalties that might be imposed for not meeting enrollment or participation goals. Implementation of a statewide 2-1-1 system is also expected to benefit Michigan's residents by providing a coordinated mechanism for the dissemination of consistent and authorized information in the case of a public emergency, whether in the form of a natural disaster or a human threat to the health and well-being of Michigan residents.

As detailed in the Michigan 2-1-1 Business Plan (Michigan Association of United Ways, 2005), annual operating costs for a fully functioning statewide 2-1-1 system will average approximately \$10 million. The Business Plan identifies United Ways in collaboration with local partners committed to funding half of the annual operating cost. Figures provided in the Business Plan imply that all of these costs may be offset by increases in federal revenues through the Earned Income Tax Credit program, Food Assistance public outreach and education activities, and a

number of other health and human service programs that would be promoted through the 2-1-1 system.

The benefits from implementing 2-1-1 in Michigan, however, will mainly be derived from the value added by 2-1-1, not through marginal savings from purported reductions in staff time by eliminating a few hours of caseworkers or health consultants responding to general inquiries from the public. Value-added benefits may be seen in comprehensive, professionally managed, and continually updated databases and from coordinated referral services that address all of a resident's needs at once instead of disjointed services that may not be particularly effective. Implementation of statewide 2-1-1 systems elsewhere in the nation has resulted in expanded call volumes and increased services to state residents. Increased call volumes mean fewer people falling between the cracks and fewer manifestations of the pathologies that are often associated with inadequate or inappropriate public services. Statewide 2-1-1 systems also generate data that requires analysis, but over time these data enhance state government ability to address their most pressing human problems by identifying the types of assistance that are most needed, where they are needed, and who needs them. In one example reported in a state where 2-1-1 is already up and operating, government officials learned that assistance with paying for utilities was the greatest need identified through thousands of 2-1-1 calls, followed by advice on where to receive help dealing with substance-abuse problems, and the need for housing. Surprisingly, 2-1-1 also turned out to be a major contact point for individuals who needed information on where they could volunteer their services to or provide donations for people in need. In Hawaii, where 2-1-1 provides statewide access to more than 4,000 government and nonprofit programs, the greatest needs identified during the first year of operation were for food, shelter, and financial assistance. Clearly, the value of these benefits of 2-1-1 cannot be measured solely in terms of cost efficiencies or economies of scale.

Although many of the benefits that will derive from implementing 2-1-1 throughout Michigan cannot be easily expressed in financial terms, it is also true that some of the attributes of 2-1-1 clearly contribute towards more efficient and effective health and social service program delivery, more efficient and effective governmental organization, and greater safety from both common and extraordinary threats to Michigan's residents, Michigan communities, Michigan

businesses and industries, and the institutions that serve them. The following discussion of the benefits that may accrue to the State of Michigan from implementing 2-1-1, therefore, are categorized in terms of the level at which financial benefits may be identified.

- Primary benefits – those benefits that are likely to result in direct cost savings to state agencies.
- Secondary benefits – those benefits that may be identified where the financial impact is less clearly evident but may still be recognized.
- Tertiary benefits – those benefits and that serve the overall public good in Michigan when and if they are implemented, but for which no direct financial benefit may be calculated.

As part of this project, Senate Bill 272, §584, specifically indicated that the Michigan Departments of Labor and Economic Growth, Education, Community Health, Human Services, and State Police would be the principal foci of determining how the establishment of a statewide 2-1-1 system would benefit the State of Michigan. Each of the five identified departments subsequently provided information regarding their use of toll-free telephone numbers along with information about the volume of calls, databases employed, staffing, and, where appropriate, specific services provided by departmental staff.

## **Primary Benefits of 2-1-1**

### **Information and Referral Services**

There are about 700 toll-free telephone numbers employed by the State of Michigan for a wide variety of purposes. Approximately 475 of these toll-free telephone numbers are employed to provide I&R services regarding specific programs and services to agency clients and other residents of Michigan while others are used for internal communications with departmental employees located throughout Michigan, for specific operational purposes such as authorization for professional services, and for data transmission between remote sites and state data centers. For purposes of this analysis, the entire list of state-maintained toll-free telephone services was narrowed down to those that were specifically identified by the Departments of Community Health, Education, Human Services, Labor and Economic Growth, and State Police to be of particular value for information and referral or as “hotlines” for Michigan residents. The resulting candidates for analysis *within these 5 key departments* number just over 100, and

through careful examination of the uses that these toll-free telephone lines serve, we determined that approximately half of them (about 5 percent of all State of Michigan toll-free telephone lines) are consistent with the Michigan 2-1-1 program.<sup>1</sup>

It is widely held among 2-1-1 advocates and specialists in I&R services that incorporation of the I&R portion of the services provided through toll-free telephone services into a statewide 2-1-1 system will reduce the overall cost of providing these services while improving the quality of the I&R services provided. The most important benefit of 2-1-1, and the focus of the remainder of this report, however, is that 2-1-1 adds value to all public health and human services by allowing public health workers, caseworkers, counselors, and other resource specialists to focus their attention on assisting clients who are referred to them and coordinating the services provided to clients rather than interrupting their work to field unscreened information requests. Highlights of some of the programs that are likely to directly benefit from the implementation of a statewide 2-1-1 system in Michigan are presented in the following sections.

### **Michigan Department of Community Health**

The Michigan Department of Community Health (MDCH) employs several toll-free numbers to provide access to very specific information about disease conditions and the resources available to deal with them. These include I&R services for HIV/AIDS, hepatitis B, smoking, lead-based paint, compulsive gambling, and other public health concerns. A significant portion of this service is currently provided by counselors and volunteers who are trained to direct individuals to medical services that are available for those with HIV/AIDS. A statewide 2-1-1 service will be able to identify general health services regarding HIV/AIDS and refer callers back to MDCH counselors and volunteers for more detailed treatment and pharmaceutical information. The 2-1-1 call specialists, however, will have immediate access to information about all other support services that are available throughout the state, thus providing more comprehensive and immediate direction to economic, employment, housing, nutrition, or other help that these individuals or their families may require. In addition, it is important to point out that early detection and intervention—both of which may be positively impacted by having easy access to

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<sup>1</sup> The toll-free telephone numbers in Appendix A include numbers for potential inclusion within 2-1-1 from *all* state agencies, not just the five targeted state agencies.

comprehensive I&R services through 2-1-1—may help to reduce the need for more extensive and expensive services later on.

Other significant services include aging services, the tobacco usage hotline, and the gambling hotline. While each of these services involves more than I&R, it is also clear that any general I&R questions that may be redirected to the 2-1-1 program will free up gambling, addiction, and aging counselors to provide more and better services to those who are counting on them. In addition, as noted earlier, 2-1-1 call specialists are trained to expand the lines of inquiry so that various needs may be simultaneously identified and then coordinated among relevant state and local agencies, eliminating at least some duplication of services.

### **Michigan Department of Labor and Economic Growth**

Some of the most important I&R services provided by the Michigan Department of Labor and Economic Growth (MDLEG) include rehabilitation services, services for the blind, services for deaf and hard of hearing residents, worker's compensation services, services for veterans, and information about career and technical education. Assistance with employment, training, and career counseling is also available through the 25 Michigan Works! agencies located across the state. Although some of these agencies are nongovernmental organizations that operate independently, they are closely tied to the MDLEG, and they are included in this section as a matter of convenience.

There is a particular advantage to be gained for the 36 offices of Michigan Rehabilitation Services (MRS) that are located throughout Michigan. The 2-1-1 system may be used to direct persons with disabilities to the closest MRS office for services by Michigan 2-1-1 call specialists who are trained to discuss other needs and to direct callers to more than one service provider at both the state and local levels. In this case, the value-added benefit is twofold. Front-end I&R services by 2-1-1 may free rehabilitation counselors to focus more on assisting identified clients, and 2-1-1 database resources may provide invaluable assistance to resource counselors as they coordinate training and employment assistance with their clients' other needs.

The 2-1-1 system's I&R services could also impact the number of misplaced and generic information calls that can potentially tie up telephone lines. For example, the MDLEG worker's compensation hotline is a toll-free number that provides a menu of options that eventually directs the caller to an individual who can respond to the specific question. While the financial value of diverted calls may not be great, the value-added benefit from allowing state employees to concentrate on specific worker's compensation issues is likely to result in enhanced employee morale, reduced turnover, and quicker responses to callers.

There are also several instances in which the establishment of a statewide 2-1-1 system with an accompanying comprehensive and routinely updated database of social and health services throughout the state are beneficial supplements to services or programs outside of state government or that employ resource specialists as their first line of contact. Military veterans, for example, are served by four resource specialists who are trained to provide callers with detailed and insightful information regarding health and human service benefits to which Michigan veterans are entitled. Implementation of a statewide 2-1-1 system will not reduce the need for these counselors, but establishment and maintenance of a statewide database of health and human service programs may be used by these counselors to construct distinct packages of services to meet the needs of individual veterans who have varying needs and who reside in different locations within Michigan. In fact, it may be argued that use of 2-1-1 as a general I&R source will help some Michigan veterans learn about services they may require but were otherwise unaware of. The same argument may be offered for counselors within Michigan Works! agencies across the state. This is particularly relevant to those working with hard-to-place workers, dislocated workers, and ex-offenders who are attempting to reenter the workplace.

In each of the preceding examples, one of the most critical benefits to be gained is the ability of call specialists to use the database resources maintained as a key part of 2-1-1 to direct Michigan residents to the most appropriate service or organization in the most appropriate location. This benefit is manifest within reductions in potential confusion and uncertainty for individuals who request information while ensuring service providers that they will receive only the most appropriate requests for their specific expertise. It is not the intention of the 2-1-1 system to

determine eligibility for vocational rehabilitation services. Specialists will facilitate referrals for persons with disabilities seeking employment assistance. In other words, implementation of a statewide 2-1-1 I&R system will not reduce the need for rehabilitation specialists, veteran's affairs counselors, counselors for the blind, or program specialists for deaf and hard of hearing individuals, but it will allow these professionals to focus their attention on those who most need their services, and will provide them a reliable source of information that they can use to coordinate their services with other services their clients need. For example, the project team believes that a distinct advantage of a statewide 2-1-1 system for the MDLEG is the opportunity for employment counselors and resource specialists within Michigan Works! agencies to address all of their clients' needs—such as housing, clothing, and food in addition to training—that will have a direct impact on improving their clients' likelihood of success.

### **Michigan Department of Human Services**

Although the Michigan Department of Human Services (MDHS) provides extensive services to a large number of Michigan residents, only a portion of services that are provided through the use of toll-free telephone services are relevant to this analysis. This is due mainly to the fact that most MDHS toll-free services are designed to address the needs of individuals and households that are already receiving services from MDHS, whereas a much smaller portion of calls addressed to the Department represent more general I&R requests.

Significant among the toll-free services maintained by MDHS are toll-free telephone lines that connect residents with 21 MDHS offices throughout most of Michigan. The overwhelming majority of these calls are from clients or potential clients, and some portion of these calls requires information about and referral to a variety of services and programs in both the public and private sectors that are accessible to clients and for which clients are eligible. The 2-1-1 system will provide (as it already does in some Michigan locations) maintenance and updating of the community resource databases caseworkers use to make these referrals. While it remains important for local service providers to contribute their knowledge of nearby services and organizations in order to keep these community resource databases up to date, with the advent of a statewide 2-1-1 system and its reliance on a well-maintained and continually updated database of services throughout Michigan, much of the responsibility of maintaining and updating these

resources locally will be reduced by moving maintenance and access to the statewide 2-1-1 system. Moreover, by employing staff dedicated to continually updating and editing the database, the timeliness and thoroughness of the statewide 2-1-1 database will be superior to the community resource databases that are currently available. This will help ensure that Michigan residents are provided the most up-to-date information and/or referred to the most appropriate public or private human service agencies the first time they call.

Additional benefits may be realized by using the statewide 2-1-1 system as the front-end to screen and make referrals to several low-volume but important MDHS programs that provide short-term crisis intervention and referrals for runaway services, vulnerable adults, and safe delivery of newborns. Some benefit may also be expected by allowing 2-1-1 to screen night and weekend emergency inquiries along with routine inquiries regarding social, medical, and community services.

### **Michigan Department of State Police**

Michigan State Police services are dissimilar from the broad-based I&R-type services that are routinely identified with 2-1-1 and that are currently provided to the public by the Departments of Community Health, Human Services, and Labor and Economic Growth. State Police involvement with 2-1-1 is most closely associated with the availability of reliable information in terms of public safety and emergency management. Nonetheless, Michigan State Police identified one general information service—Winter Travel Advisory—that is suitable for incorporation within a statewide 2-1-1 system. This advisory is currently available as a recorded message during the colder weather months, and this message is updated twice daily to reflect the most recent weather conditions and highway conditions. Movement of this service to 2-1-1 will free up some State Police staff and resources for other important activities.

### **Michigan Department of Education**

The Michigan Department of Education has identified several I&R services that may be enhanced through the introduction of 2-1-1 across Michigan. Each of these toll-free I&R services is designed to serve the parents or guardians of special-needs children to find their way

through the complex system of educational, health care, and social welfare services that are available to them. These include:

- MI-Access – provides assistance with assessing disabled students and determining what special education and other needs they require.
- Project Find – provides information and referrals to the most appropriate intermediate school district (ISD) for those aged 0 through 26 who have special-education needs.
- Early-On – provides information and referrals to the most appropriate ISD for children aged 0 through 3 who are developmentally disabled and who require special-education services.

As with various programs described earlier, the benefit of 2-1-1 is to direct individuals and families to the most appropriate education sites where trained counselors can work through special-education options and other education services that are available to them. The 2-1-1 call specialists may also help to coordinate services by informing and directing the parents of special-needs children to other programs in their areas that may be of assistance. The Michigan Department of Education has several other specialized toll-free services that may also benefit by having 2-1-1 call specialists recognize needs and direct residents to the appropriate education specialists, including information about standardized test (e.g., MEAP) scores or school law.

## **Secondary Benefits of 2-1-1**

### **Public Outreach Efforts**

A number of state and federal programs over the past few years have proven the case that “single points of entry” for I&R services, such as those provided through a statewide 2-1-1 system, can have a beneficial impact on enhanced service delivery and reduced costs through efficiencies of scale and employee relief. While Michigan’s population has continued to grow, the size of state government has been reduced in many cases and both public awareness of government resources and public need for public resources has grown in recent years. A secondary benefit of 2-1-1 is the elimination of duplicated or redundant services and the reduction of unnecessary and often stressful interactions with Michigan residents among state agency employees who are on the front lines providing services and information. The 2-1-1 system has the potential of reducing

employee stress, improving employee morale, and reducing employee burnout and, ultimately, employee turnover.

Additional benefits associated with easier access to state agencies and programs are those that potentially serve to increase public participation in a variety of important social welfare and health programs and, in some cases, stimulate additional funding for the State of Michigan or directly for those individuals who have learned about these programs and subsequently participated. The issue of public outreach to stimulate participation in a number of federally funded programs is important as Michigan is a “donor” state vis-à-vis the flow of funds between Michigan and the federal government. Data from the *Consolidated Federal Funds Report* and the Northeast Midwest Institute consistently show Michigan near the bottom in terms of return on federal tax dollars. The 2004 report shows Michigan ranked 38 of 50 states with only \$0.88 returned to Michigan in federal expenditures for every \$1.00 in federal taxes paid by Michigan residents and businesses (Northeast Midwest Institute, March 2006, [www.nemw.org/fundsrank.htm](http://www.nemw.org/fundsrank.htm)). While the great majority of these expenditures are outside the scope of the programs that may benefit from establishment of a statewide 2-1-1 program, there are some instances in which 2-1-1 may be beneficial. A few examples will suffice.

### **Earned Income Tax Credit**

The federal Earned Income Tax Credit (EITC) provides tax relief to low-income workers in the form of a return of some or all of Social Security and Medicare taxes paid depending on the level of income and the size of the household. A report on EITC participation in Michigan completed in 2005 by Public Policy Associates, Incorporated for the Michigan State Housing Development Authority, Michigan State University, and the Governor’s Office, indicated that low-income workers in Michigan received almost \$500 million in EITC refunds each year. This study also revealed that receipt of these funds provides an important seasonal stimulus to local economies as they are typically spent locally on a variety of personal and household expenses. More important, the Michigan Department of Treasury estimated that as much as \$122 million in unclaimed EITC refunds may be available to Michigan residents if they were made aware of the program and directed to local sources of assistance to file the appropriate paperwork. Use of a regional 2-1-1 system in the Grand Rapids area as a coordinated entry point for information

about the federal EITC program helped to increase local participation by low-income workers in that community in recent years, and this participation brought at least \$3 million in additional federal funds into the Grand Rapids area. It is reasonable to expect that a statewide 2-1-1 system will increase resident participation in this program, generating millions of dollars in additional federal funds for Michigan residents.

### **Participation in Social Welfare Programs**

A second set of examples relate to federal guidelines regarding client participation in a number of federally supported social welfare programs that are designed to help individuals get on the path to self-sufficiency through obtaining employment, enrolling in education or job training, or volunteering. Temporary Assistance for Needy Families (TANF) and federal food assistance programs fall within this category. Employment of 2-1-1 as a general I&R service for human service programs has the potential to stimulate greater participation in a number of these programs, thus potentially increasing federal support or reducing the likelihood of having financial penalties imposed on Michigan for not reaching designated participation levels. The financial benefit of 2-1-1 in such cases, however, is not as clear as it is in a pure tax-relief program such as EITC. Additional participation and additional federal funds both come with additional costs. While increasing social welfare caseloads directly benefits individual clients and, perhaps, the communities in which they live, additional federal funding often requires state matching funds. Larger caseloads also require additional staff and administrative services to manage these programs. Unfortunately, additional federal funding may not necessarily cover the costs of administering larger programs and additional caseloads. Thus, while 2-1-1 may clearly play an important role in providing a social welfare safety net for Michigan residents, the financial benefit to the State of Michigan through this effort is not as clear cut.

### **Other Public Access Programs**

During the course of the research for this analysis, a number of other public programs were proposed as potential participants with or beneficiaries of implementation of a statewide 2-1-1 I&R program. The following list contains some of the suggestions regarding programs that may be assisted through the establishment of a statewide 2-1-1 system as well programs currently operating that may be useful to the further development of a statewide 2-1-1 system.

- The Office of Services to the Aging (OSA) is considering providing easier public access to Area Agencies on Aging (AAA) by funneling information requests about local senior programming to the appropriate AAA office.
- The Office of Long-Term Care Supports and Services is exploring the use of 2-1-1 as the principal means of obtaining information about the Long-term Care Single Point of Entry pilot projects. This would allow 24-hour-per-day access to information about these projects.
- The 2-1-1 system may serve as the initial point of contact for self-help services among all 46 community mental health programs across the state, providing 24-hour-per-day, 365-day-per-year access.
- Crime victim and domestic violence services. The 2-1-1 system is being considered as the front-end interface with both programs, helping to facilitate meaningful access to appropriate and confidential assistance and, potentially, raising awareness of how to contact both of these programs in the future.
- Workforce employment and training opportunities. Employ 2-1-1 as a point of entry for individuals interested in seeking workforce employment and training opportunities, especially for careers in high-demand industries such as health care and building and construction trades, by directing them to Michigan Works! agencies and other sources of information on employment training opportunities.
- Health care employment and training. Employ 2-1-1 as a point of entry for individuals interested in health care careers and employment by directing them to Michigan Works! agencies and other sources of information about health profession training.
- Michigan Commission for the Blind. Use 2-1-1 to direct blind and visually impaired individuals and their families to the Commission for the Blind for relevant programs and services, including blind rehabilitation services.
- Michigan Commission on Disability Concerns. Use 2-1-1 to expand public access to information about disability resources and services to those in need.
- Michigan Rehabilitation Services. Use 2-1-1 to direct individuals with disabilities to the closest MRS office for assistance in obtaining employment and achieving self-sufficiency.
- Primary Care Initiative. Incorporate information about local community resources for chronic disease prevention and management into the 2-1-1 database in order to direct local residents and health professionals to these resources.
- Public Health. Consider using 2-1-1 as the statewide public health information clearinghouse.
- Special Education and Early Intervention. The 2-1-1 system may provide a consolidated entry point for I&R services related to early childhood learning and special-needs programs, including the Early-On Program (serving the parents of children aged 0 through 36 months who have special needs) and Project Find (serving individuals from birth through age 26 who have disabilities, are developmentally delayed, or who have special needs).

- Prisoner Reentry Services. Use 2-1-1 as a central I&R service for ex-offenders, families of ex-offenders, and counselors in prisoner reentry programs for emergency services, peer counseling, temporary housing, addiction services, family support, and so on.

## **Tertiary Benefits of 2-1-1**

### **Public Coordination and Collaboration**

One area in which the implementation of a statewide 2-1-1 system will provide, as yet, unmeasured benefits is through the coordination and collaboration of efforts among diverse service providers throughout the state. The most visible evidence of this will be found in the coordination and consolidation of dozens of databases that are compiled independently by governmental and nongovernmental agencies alike to serve a wide variety of purposes. Almost every program examined or discussed in the preceding sections utilizes, maintains, creates, or has access to a database of services and providers that relate to the program under examination. Many MDHS regional offices, for example, have access to a local community resources database that includes information about local and regional services to which clients may be referred. Some of the entries on these databases are replicated within other databases, while some important local resources may be entirely missing. Each of the community resource databases may or may not correspond with databases maintained by local Michigan Works! agencies, Community Health, United Way organizations, and others in the area, and some of these databases may not have the most complete or current information regarding the programs and information needed by displaced workers, young mothers, crime victims, and others.

An estimate of the annual cost of maintaining and updating a comprehensive statewide database to serve the extensive I&R services provided through a Michigan 2-1-1 program is \$750,000 per year, including the cost of technical maintenance and continual review and updating of thousands of individual entries. There are two distinct benefits to be realized from the establishment, maintenance, and updating of this database. First, an indeterminate amount of redundancy—as implied above—will be reduced. While the 2-1-1 database will not eliminate all need for other I&R databases in Michigan, the 2-1-1 database will be the most comprehensive and up-to-date resource of its kind and, thus, will serve as the source or origin of other, more specialized or localized databases around the state, thus eliminating the need for every local health or human

service agency to build all or at least part of its own unique database. With the participation of local organizations around the state, critical information sharing between local I&R databases and the statewide 2-1-1 database would be an achievable goal for the 2-1-1 program. This would allow local entries for service providers to be routinely uploaded and integrated within the statewide 2-1-1 database, while at the same time allowing local databases to be as up to date as possible through access to data from other localities maintained within the statewide database. The benefit of avoiding the work associated with creating redundant health and human resource databases will be substantial.

Access to a higher-quality database than otherwise would be available is the second benefit of establishing a comprehensive 2-1-1 database in Michigan. While no data are available regarding the routine maintenance and updating of the dozens or even hundreds of community resource and program-specific databases maintained by public and nonprofit agencies throughout Michigan, anecdotal information indicates that most databases are not adequately maintained and updated. Regardless of the reason for this, the results provide frequently inadequate I&R services to Michigan residents. A comprehensive 2-1-1 database, alternatively, will facilitate the dissemination of highly accurate information and more appropriate referrals and, ultimately, reduce costs by providing the correct response and/or referral the first time. Even without this cost benefit, the value of providing call specialists', resource specialists', counselors', caseworkers', and others' confidence in databases they use is immeasurable.

Additional benefits to be gained from establishing a uniform, statewide database of public services and information will be realized over time through the emergence of greater levels of coordination and collaboration among public service providers both inside and outside of government. In addition, reducing redundancy through use of a common database will also reduce inconsistencies in referrals, reduce redundant referrals, and potentially encourage more coordination among diverse service organizations in identifying the most appropriate sources for various categories of need. Ultimately, creation of a general purpose, statewide I&R database will provide the means for local agencies to extract a subset of the database that is tailored to their own particular focus and their geographic region, yet will still allow a smooth transition

between providing local services and coordinating those services with statewide initiatives and programs.

The financial benefit of reduced duplications in services and the provision of more efficient services have not been determined as part of this study. Faster and more effective delivery of assistance is nonetheless desirable. The quick and efficient provision of health and social welfare services to those in need today will undoubtedly reduce the anticipated costs of providing remedial and more expensive services in the future.

## **Other Public Outreach**

While much of the discussion in this section has focused on the efficacy of implementing a statewide 2-1-1 system to provide I&R services to Michigan residents who need them, the value of a statewide I&R service for other inquiries cannot be overlooked or undervalued. Among Michigan's 10 million residents, there is considerable unmet demand for information about education, health care, housing, employment, safety, and other routine aspects of daily living that, strictly speaking, may not be classified as social welfare or health support services. Efforts to directly access public agencies and public information by telephone can be difficult and frustrating. While public access to much of the information collected and maintained by government agencies along with the programs that they operate is accessible through the Internet, not all residents of the state have access to the Internet, and some residents may not be capable nor be interested in accessing information through this medium. Implementation of a statewide 2-1-1 system along with a comprehensive database identifying programs and services available to all residents—not just those considered to be “in need”—may thus provide an important public service available to all Michigan residents who have access to a telephone. The economic value of this service for all Michigan residents cannot be readily determined, but the overall reduction in time, energy, and frustration that may be produced by speaking with a 2-1-1 call specialist certainly has some value for the average Michigan resident.

## **Public Safety and Emergency Preparedness**

The benefit to society at large from reducing crime and facilitating greater overall public safety through emergency preparedness is widely recognized. Each of these goals will benefit from establishing a statewide 2-1-1 system.

### **Public Safety**

The Michigan State Police and other state agencies have established a number of toll-free telephone lines to which conscientious individuals may provide confidential information about a variety of crimes. Toll-free crime reporting to the Michigan State Police includes the arson tip line, the meth (methamphetamine) tip line, the school violence tip line, the arson control tip line, the cyber crimes against children tip line, the hemp tip line, and the identity theft tip line. Other important channels for reporting suspected criminal activities include the welfare fraud hotline, the MDCH health provider fraud line, and the Medical Services Administration's investigative unit (e.g., Medicaid fraud). Due to the sensitive and confidential nature of the information provided to the Michigan State Police and other agencies through these tip lines, actionable responses to these calls cannot be provided by 2-1-1 call specialists or resource specialists. The 2-1-1 system, however, can contribute to increased public safety by providing an easily remembered number to call through which trained specialists will direct individuals with information for the police or other agencies, and call operators will also have the opportunity to refer callers to the appropriate tip line as they discuss their needs and direct these callers to other information and services. Equally important, 2-1-1 provides an easy means of diverting nonemergency calls from 9-1-1.

### **Emergency Preparedness**

At this time, Michigan 2-1-1 has not been formally incorporated into any of Michigan's plans to address either the impacts of natural disasters such as floods or tornadoes or to respond to the threat of a terrorist strike. An important component of statewide emergency preparedness plans across the nation is the establishment of an efficient statewide means of communicating important—but nonemergency—information to the public if and when such events occur. In Texas, the 2-1-1 program is designed to expand, as needed, to respond to statewide emergencies. Michigan's statewide 2-1-1 system can serve an important ancillary role in emergency

preparedness by serving as the statewide network to receive nonemergency calls from the public and to disseminate standardized information throughout the state in response to those calls.

The benefit to be gained is that this application of Michigan's statewide 2-1-1 system will supplement state and local government in providing critical disaster and emergency information to the public. The statewide 2-1-1 system in Michigan will incorporate a number of regional call centers that will be linked and will rely upon an up-to-date database of organizations that provide a wide variety of services throughout the state. The 2-1-1 system can respond to individual inquiries independently from any emergency communications system implemented during a crisis. The 2-1-1 system may also be utilized to provide information to the public regarding sources of food, clothing, shelter, health care, and other services that may be needed during times of crisis. In addition, 2-1-1 provides an ideal medium for rumor control and the circulation of official information to residents throughout Michigan.

## **Results: Possibilities and Prospects**

The overall benefit of a statewide 2-1-1 system for the State of Michigan will be realized—especially for individual state government agencies—through increases in both the efficiency and effectiveness of the services they provide to Michigan residents.

- Greater efficiency will be realized by serving the public through more appropriate information requests. A common example of this is the observation that in reducing nonspecific, misplaced, or inappropriate requests for information by directing them elsewhere (e.g., to Michigan 2-1-1), state agency resources may be more appropriately devoted to serving the specific information and service requests that are most appropriate for that agency. The 2-1-1 system will free staff to provide more services to more people.
- Greater effectiveness will be realized by performing a triage function upon public requests for services. The corollary to this is that 2-1-1 can be expected to direct more appropriate calls to each individual agency for further action. This becomes an important benefit as the elimination of digressions and interruptions allows agencies to serve additional requests without additional staff expense, thereby increasing both effectiveness and efficiency.
- Public benefit will be realized through early intervention. As has been demonstrated for decades within the health care arena, early intervention is one of the most effective ways of preventing illness and injury. Similarly, quick and easy access to services during the early

stages of need often serve to resolve issues before they become more serious and, thus, prevent the need for more extensive and expensive services later on. These benefits accrue to the individuals and families requiring these services

As indicated by Fisher, et al. (2005), these factors may be summed up in the following chart.

<b>Table 5: Indicators of Efficiency and Effectiveness Within Information and Referral Systems</b>	
<b>Efficiency</b>	Reduction in number of misplaced calls
	Increase in number of appropriate calls
<b>Effectiveness</b>	Increase in early intervention
	Increase in capacity (more cases per service provider)

As indicated above, the benefits from coordination and collaboration among state agencies and other organizations that serve the public, the reduction in misplaced calls, redundant referrals, and redundant services that a statewide 2-1-1 system will encourage are easily understood but not easily quantified. The California Alliance of Information and Referral Services, for example, estimates that up to 50 percent of inappropriate, nonemergency calls to 9-1-1 are eliminated by 2-1-1, allowing for faster response time for real emergencies and saving inappropriate expenses by first responders ([www.cairs.org/211/ppt/2-1-1State0404.ppt](http://www.cairs.org/211/ppt/2-1-1State0404.ppt)). In other words, every misplaced call to 9-1-1 has a cost in time, money, and the danger of delayed services to those in need of immediate assistance.

A framework that may further one’s understanding of the direct and indirect benefits to be derived from implementing a statewide 2-1-1 system in Michigan in terms of primary, secondary, and tertiary benefits is illustrated in Figure 2, below. At each level—individual, organizational (or departmental), and statewide (or societal)—the impact of implementing 2-1-1 will result in direct impacts on individuals themselves, secondary impacts on the agencies and organizations from which they request and receive services, and tertiary (but not unimportant) impacts on the State of Michigan and the quality of life we offer to our residents.

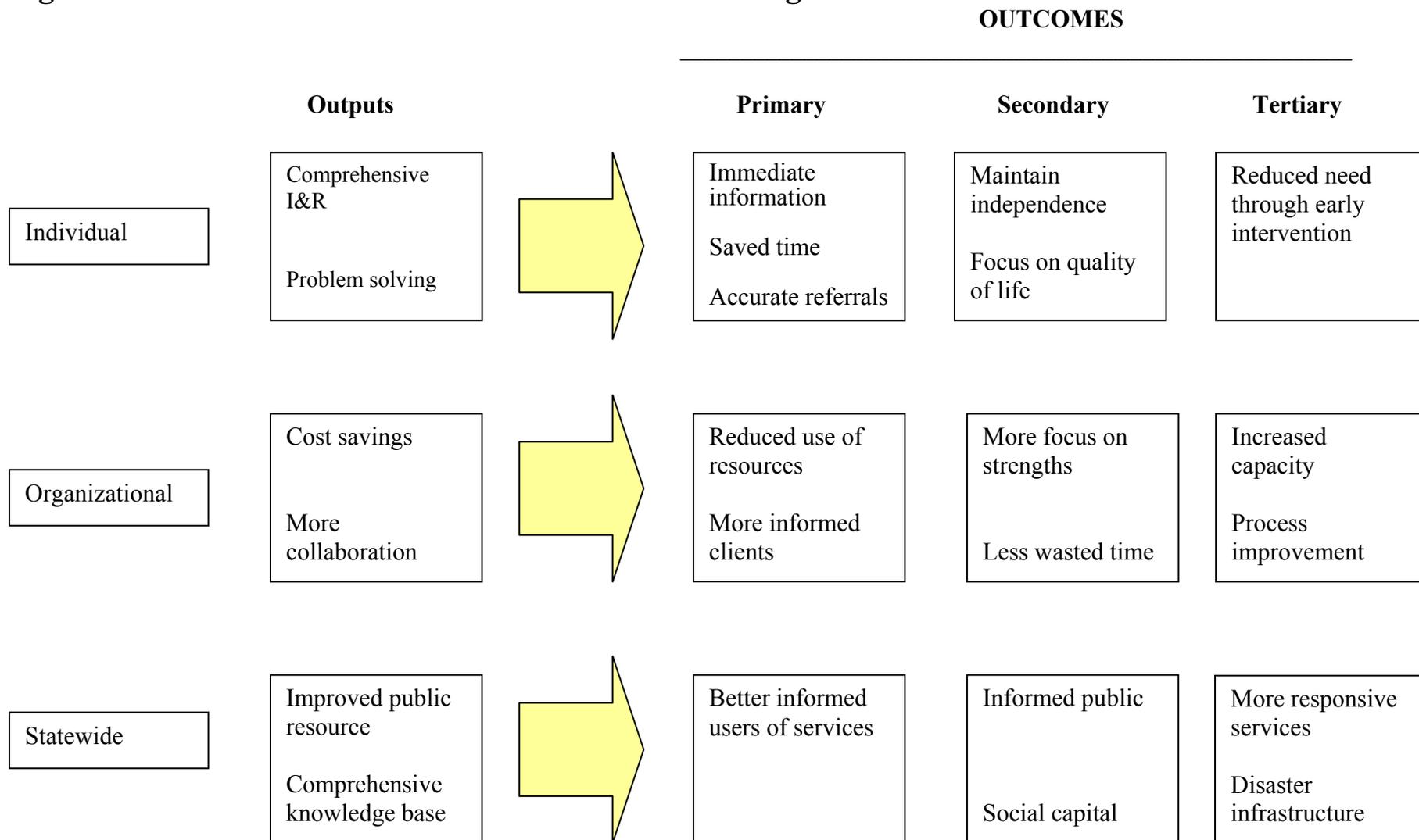
- Individual Level. For individuals, the direct impact will be the availability of a comprehensive I&R service that is available 24 hours per day, 365 days per year. This

program will provide solutions to numerous individual problems, as has already been demonstrated throughout the nation. The primary benefits to be accrued at the individual level are found in direct and immediate information and accurate referrals. This, in turn, will help more Michigan residents in need maintain their independence and quality of life, and the long-term benefit to both the individual and the state will be manifest in overall reduction in the need for human and health services.

- **Organizational/State Department Level.** One of the most important benefits from 2-1-1 is direct and ongoing reduction in the use of departmental resources for inappropriate, misplaced, or redundant inquiries and referrals. The use of trained 2-1-1 call specialists as the first source for I&R services allows state agencies and other service providers to have their professional staff focus exclusively on clients and their needs rather than fielding general information calls. The long-term outcome is increased efficiency through better use of professional and technical resources. A related benefit may be found in greater morale and, potentially, greater employment stability among professional and technical staff who can apply their skills and knowledge more effectively as a result of less interruption and distraction.
  
- **Statewide/Societal Level.** The immediate impact is a high-quality, comprehensive statewide database of services and service providers that is a social “good,”—a benefit of living in a state that has an interest in and maintains a critical resource for all of its residents, not just those who are in need. The immediate outcome is better informed users of public services and, by extension, a better informed public. This level of knowledge ultimately encourages a higher level of responsiveness among public and nonpublic service providers. In addition, as noted in Figure 2, perhaps the most critical tertiary outcome is that this highly organized and maintained information resource provides the framework for a responsive and useful disaster-relief infrastructure. The value of this benefit, like several of the others discussed, may not be easily quantified, but it certainly has great worth to the residents of Michigan, especially if and when this infrastructure is required in response to a natural or man-made disaster.



**Figure 2: Direct and Indirect Benefits of 2-1-1 in Michigan**



Adapted from Fisher, et al., 2005.



# Conclusions

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As the State of Michigan moves forward with its consideration of establishing a statewide 2-1-1 information and referral (I&R) service, a few key conclusions emerged from this analysis that must be considered in making this determination.

1. There is considerable interest in the use of toll-free telephone communications to enhance and expand I&R services to Michigan residents in all economic and social situations, but especially to those Michigan residents who may be in need and, thus, need direction and assistance towards information and services that will help ameliorate their situations. Most of the state government providers of toll-free telephone I&R services see value in moving to a single, easily remembered phone number that will be offered by establishing a 2-1-1 system, although there are still a few program managers who believe that their clients are unique and may not be adequately served by a 2-1-1 system.
2. Familiarity with 2-1-1 programs is relatively high, and there is relatively broad recognition at this time that 2-1-1 has great potential to simplify and consolidate existing I&R services offered both regionally and statewide. Moreover, there appears to be considerable recognition that 2-1-1 has the potential to provide I&R services throughout Michigan more efficiently and effectively than through use of our current collection of toll-free telephone numbers.
3. Key contacts in each of the targeted State of Michigan departments have been willing and able to assist this research project in identifying current toll-free telephone applications as well as potential applications to existing programs. There has also been a willingness to propose new and interesting applications for I&R services as well as public outreach and information dissemination that may help to improve existing services or identify duplication of services as well as needs that are currently not being met. This level of cooperation bodes well for completing the tasks that will be required for the successful implementation of a statewide 2-1-1 system in the future.

4. The benefits to Michigan from implementation of a statewide 2-1-1 system are extensive and significant. The advantages of 2-1-1 are evident at the individual level, at the agency level, and at the statewide level, and these benefits have both short-term and long-term impacts. These benefits are manifest in a variety of ways, including more efficient and effective public access to information and services; greater efficiency and effectiveness in the provision of information and the provision of services by state and local agencies to individuals and families in need; continuous availability of I&R services 24 hours per day, 365 days per year; enhanced database resources for use by state and local health and human service providers; and resources critical for effective emergency preparedness and crisis management.
  
5. The impact of 2-1-1 in Michigan, while dramatic in its totality, is likely to be manifest in numerous small increments and instances over a considerable period of time rather than in one or two dramatic events. The benefit of consolidating I&R services along with expanded information resources and databases will occur one program at a time during a startup phase that will likely take a few years to complete. Moreover, once the improvements and efficiencies are evident among the original participants, other state and local agencies will join in. In a similar fashion, the enhanced collaboration and coordination that 2-1-1 will allow state and local agencies to reduce conflicting and redundant services will not necessarily be evident immediately. The appearance of other improvements and benefits from 2-1-1 will also likely follow this same ramping-up process. If this program is implemented throughout Michigan as has been proposed, it is important to remember that any assessment of its success will require a multiyear perspective.

# References

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**Appendix A: State of Michigan Toll-Free  
Numbers by Department and Purpose for  
Possible Inclusion in 2-1-1**

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<b>Department</b>	<b>Purpose</b>	<b>Number</b>
<b><i>HEALTH</i></b>		
Attorney General	Health Care Fraud Hotline	(800) 24-ABUSE
Community Health	MI Cancer Consortium	(877) 588-6224
Community Health	Perinatal Hepatitis B Program	(800) 964-4487
Community Health	Prescription Coverage and Dental Services for People Who Are HIV Positive	(888) 826-6565
Community Health	Provider Fraud	(866) 428-0005
Community Health	West Nile Virus Hotline	(888) 668-0869
Community Health	WIC Complaint Hotline	(800) 225-5942
Community Health	WIC Help Line	(800) 942-1636
Community Health	Health Professionals Recovery Program	(800) 453-3784
Community Health	Lead Hazard Remediation Program	(866) 691-5323
Community Health	Recipient Rights-Telecomm. Deaf Device	(800) 733-6742
Community Health	Recipient Rights – I&R Hotline	(800) 854-9090
Community Health	Beneficiary Help Line	(866) 501-5656
Community Health	Child Health Unit	(888) 322-4453
Community Health	Crime Victim Hotline	(877) 666-3267
Community Health	Office of Public Health Preparation	(866) 636-6324
Community Health	Office of Recipient Rights	(888) 503-9009
Community Health	Office of Recipient Rights	(888) 505-7007
Community Health	Office of Recipient Rights	(888) 556-4202
Community Health	Toxics Hotline (MI TOXIC)	(800) 648-6942
Community Health	Complaint Hotline (Complaint Invest. Unit)	(800) 882-6006
Corrections	Substance Abuse Services	(877) 727-6533

## ***DISABILITIES AND REHABILITATION***

Labor & Econ Growth	Michigan Commission for the Blind	(800) 292-4200
Labor & Econ Growth	Michigan Commission for the Blind – TTY	(888) 864-1212
Labor & Econ Growth	Michigan Commission on Disability Concerns/Division on Deaf and Hard of Hearing	(877) 499-6232
Labor & Econ Growth	Michigan Rehabilitation Services (MRS) – General Information – Voice and TTY	(800) 605-6722
Labor & Econ Growth	MRS – Lansing	(877) 901-7392
Labor & Econ Growth	MRS – Holland	(800) 481-7837
Labor & Econ Growth	MRS – Muskegon	(800) 810-4349
Labor & Econ Growth	MRS – Big Rapids	(800) 926-4110
Labor & Econ Growth	MRS – Wayne	(877) 619-6648
Labor & Econ Growth	MRS – Monroe	(877) 619-6649
Labor & Econ Growth	MRS – Taylor	(877) 619-6650
Labor & Econ Growth	MRS – Detroit Grand River	(877) 619-6651
Labor & Econ Growth	MRS – Detroit Fort	(877) 619-6652
Labor & Econ Growth	MRS – Detroit Milwaukee	(877) 619-6653
Labor & Econ Growth	MRS – Detroit Porter	(877) 619-6654
Labor & Econ Growth	MRS – Detroit Schools	(877) 619-6656

<b>Department</b>	<b>Purpose</b>	<b>Number</b>
Labor & Econ Growth	MRS – Detroit Mack	(877) 619-6657
Labor & Econ Growth	MRS – Flint	(877) 620-7912
Labor & Econ Growth	MRS – Port Huron	(877) 620-7929
Labor & Econ Growth	MRS – Caro	(877) 620-7938
Labor & Econ Growth	MRS – Oak Park	(877) 620-7939
Labor & Econ Growth	MRS – Waterford	(877) 620-7942
Labor & Econ Growth	MRS – Clinton Twp.	(877) 620-7943
Labor & Econ Growth	MRS – Roseville	(877) 620-7959
Labor & Econ Growth	MRS – Livonia	(877) 722-2424
Labor & Econ Growth	MRS – Grand Rapids	(877) 901-7365
Labor & Econ Growth	MRS – Alpena	(877) 901-7397
Labor & Econ Growth	MRS – Gaylord	(877) 901-7398
Labor & Econ Growth	MRS – Traverse City	(877) 901-9179
Labor & Econ Growth	MRS – Bay City	(877) 901-9181
Labor & Econ Growth	MRS – Mt. Pleasant	(877) 901-9185
Labor & Econ Growth	MRS – Saginaw	(877) 901-9186
Labor & Econ Growth	MRS – Kalamazoo	(877) 901-9187
Labor & Econ Growth	MRS – Battle Creek	(877) 901-9189
Labor & Econ Growth	MRS – Benton Harbor	(877) 901-9192
Labor & Econ Growth	MRS – Ann Arbor	(877) 901-9195
Labor & Econ Growth	MRS – Jackson	(877) 901-9196
Labor & Econ Growth	MRS – Adrian	(877) 901-9198
Labor & Econ Growth	MRS – MI Accommodation Center (Farmington Hills)	(877) 901-7361
Labor & Econ Growth	MRS – MI Accommodation Center (Lansing)	(888) 271-8337
Labor & Econ Growth	MRS – Ticket-to-Work Program, Ticket Info Center	(888) 269-2244
Labor & Econ Growth	Michigan Career & Technical Institute	(800) 901-7360
History, Arts, Library	Library of Michigan, Service for the Blind and Physically Handicapped	(800) 992-9012

## ***HUMAN SERVICES***

Human Services	Adult Protective Services	(877) 963-6006
Human Services	DHS Welfare Department Unit	(800) 419-3328
Human Services	Child Support Agency – Lansing	(800) 366-3404
Human Services	Child Support Agency – Lansing	(866) 703-0889
Human Services	Detroit	(800) 383-7155
Human Services	Detroit	(800) 753-9157
Human Services	Kalamazoo	(800) 829-7763
Human Services	Traverse City	(800) 632-1097
Human Services	Adult Protective Services Hotline	(800) 996-6228
Human Services	Child Abuse Parent Help Line	(800) 942-4357
Human Services	Child Support Enforcement	(800) 968-0991
Human Services	Child Welfare Licensing-Complaint Unit	(866) 856-0126
Human Services	Children’s Line	(866) 729-0026
Human Services	Energy: SSI State Supplement	(800) 481-4774
Human Services	Home Heating Assistance	(800) 292-5650

<b>Department</b>	<b>Purpose</b>	<b>Number</b>
Human Services	MI State Disbursement Unit – Child Support Payments	(866) 540-0008
Human Services	Runaway Assistance Program	(800) 292-4517
Human Services	Welfare Fraud Hotline	(800) 222-8558
Human Services	Nights and Weekends Emergency	(800) 627-7031
Human Services	Payment Information Line DHS	(800) 444-5364
Human Services	DHS Alpena County	(877) 232-0006
Human Services	DHS Arenac County	(877) 300-6042
Human Services	DHS Bay County	(877) 874-1376
Human Services	DHS Berrien County	(866) 436-0002
Human Services	DHS BJJ Nokomis Challenge Center	(800) 622-0993
Human Services	DHS Calhoun County	(877) 873-6342
Human Services	DHS Cass County	(800) 382-4277
Human Services	DHS Charlevoix/Emmet County	(800) 580-9844
Human Services	DHS Cheboygan County	(800) 797-1644
Human Services	DHS Child Support CFU	(866) 281-0031
Human Services	DHS Child Support SE REG	(866) 438-8117
Human Services	DHS Child Support SE REG	(866) 661-0005
Human Services	DHS Delta County	(888) 264-6483
Human Services	DHS Iosco County	(877) 362-8181
Human Services	DHS Isabella County	(888) 617-2532
Human Services	DHS Kalkaska County	(888) 238-6788
Human Services	DHS Lenawee County	(866) 652-3222
Human Services	DHS Livingston County	(800) 342-8121
Human Services	DHS Maxey Training School	(800) 833-4905
Human Services	DHS Mecosta/Osceola County	(888) 536-9266
Human Services	DHS Menominee County	(800) 688-2932
Human Services	DHS Reengineering & QC	(800) 859-5988
Human Services	DHS Sanilac County	(866) 686-0166
Human Services	DHS Tuscola County	(888) 673-9100
Human Services	DHS Wexford/Missaukee County	(800) 684-2170
Human Services	DHS Wexford/Missaukee County	(800) 704-1368
Military/Veterans Affairs	MIARNG – Family Relief Program	(866) 271-4404
Corrections	Office of Community Corrections	(800) 300-1559
Labor & Econ Growth	PSC – Consumer Complaint Hotline	(800) 292-9555

## ***HOUSING***

Labor & Econ Growth	MSHDA – General Information and TTY	(800) 382-4568
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## ***POLICE, SAFETY, AND HOMELAND SECURITY***

State Police	Fire Marshall Division – Arson Investigative Section	(888) 684-3473
Attorney General	Child Support	(866) PAY-KIDS
Management & Budget	Children’s Ombudsman	(800) 642-4326
Management & Budget	Children’s Ombudsman – TTY	(800) 649-3777

<b>Department</b>	<b>Purpose</b>	<b>Number</b>
State Police	“EMD Today” - Emergency Management and Homeland Security Division – Public Information/Relations Unit	(888) 363-8632
State Police	Anonymous and Confidential (Felon) Tip Line	(877) 586-8477
State Police	Cyber Crimes and Internet Crimes Against Children Tip Line	(877) 529-2373
State Police	Cyber Crimes and Internet Crimes against Children Tip Line	(888) 799-8477
State Police	Emergency Management Division – General Information	(877) 634-8477
State Police	Fugitive Team Tip Line	(877) 589-8477
State Police	Identity Theft Hotline	(877) 644-3843
State Police	Lansing Sex Offender Tip Line	(866) 501-7678
State Police	Arson Tipline, Meth Tipline, School Violence Tipline	(800) 815-8477
State Police	Hemp Tip Line	(800) 235-4367
State Police	Arson Control Tip Line	(800) 442-7766

## ***TRANSPORTATION AND PLANNING***

Transportation	Ann Arbor Transportation Authority	(877) 971-7665
Transportation	Community Rideshare	(877) 951-7665
Transportation	CATA Clean Rides	(877) 921-7665
Transportation	Construction Hotline - Freeway Projects	(800) 641-6368
Transportation	Metro Region Damage Claim Hotline	(877) 641-3913
Transportation	Rideshare	(866) 510-7665
State Police	Winter Travel Advisory	(800) 381-8477

## ***LABOR***

Attorney General	Labor Division	(877) 765-8388
Labor & Econ Growth	Michigan Employment Security Board of Review	(800)738-6372
Labor & Econ Growth	<b>Unemployment Insurance Agency:</b>	(800)500-0017
Labor & Econ Growth	Customer Relations – Claimants	(800) 638-3995
Labor & Econ Growth	Customer Relations – Employers	(800) 638-3994
Labor & Econ Growth	Employer Filed Claims	(866) 845-0077
Labor & Econ Growth	Fraud/Investigations	(800) 822-1122
Labor & Econ Growth	TRA Special Programs Unit	(866) 241-0152
Labor & Econ Growth	Work Opportunity Tax Credit/Welfare to Work	(800) 482-2959
Labor & Econ Growth	Workers’ Compensation Agency	(888) 396-5041
Labor & Econ Growth	Michigan Talent Bank Help Desk	(888) 253-6855
Labor & Econ Growth	MIOSHA Fatality or Catastrophe Hotline	(800) 858-0397
Labor & Econ Growth	MIOSHA Complaint Hotline	(800) 866-4674

<b>Department</b>	<b>Purpose</b>	<b>Number</b>
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### ***LEGAL ISSUES AND LEGAL ASSISTANCE***

Corrections	Crime Victims Sacs Information	(877) 886-5401
Corrections	Parole Board	(866) 231-5784
Corrections	Parole Board Info Sys	(800) 242-7247
Labor & Econ Growth/Human Services	SOAHR – Human Services Administration Hearings	(800) 648-3397
Judiciary	Trial Court System	(888) 339-1547
Labor & Econ Growth	Household Finance Info	(877) 598-0010
Labor & Econ Growth	Mortgage & Consumer Finance	(866) 466-8895

### ***EDUCATION***

Education	MEAP	(877) 560-8378
Education	School Finance and School Law – Student Issues (in-state only)	(888) 323-4231
Education	Supplemental Educational Services	(800) 828-6845
Treasury	MI High. Ed. Student Loan Auth/Fiscal Affairs	(888) MHESLA1
Treasury	Michigan Education Savings Program (MESP)	(877) 861-MESP
Treasury	Michigan Education Trust (MET)	(800) MET-4-KID
Treasury	Michigan Merit Award Program	(888) 95 MERIT
Treasury	Scholarships and Grants	(888) 447-2687
Treasury	Student Financial Aid (outside Lansing)	(877) 323-2287
Treasury	Tuition Incentive Program	(877) 323-3287

### ***NATURAL RESOURCES AND ENVIRONMENT***

Agriculture	Ag. Pollution Emergency Hot Line	(800) 405-0101
Agriculture	Customer Service – Voice & TTY/Food & Dairy	(800) 292-3939
Agriculture	Emerald Ash Borer Hot Line	(866) 325-0023
Agriculture	Motor Fuel Quality Complaints	(800) 632-3835
Agriculture	Right to Farm Complaints	(877) 632-1783
Environmental Quality	Environmental Assistance Center	(800) 662-9278
Environmental Quality	Pollution, Emergency Alerting System (PEAS)	(800) 292-4706
Environmental Quality	Radon Program	(800) RADON GAS
Environmental Quality	Water Division	(866) 709-0019
Environmental Quality	Water Division	(866) 709-0039
Environmental Quality	Weatherization Project	(866) 496-0002
Human Services	MI Community Service Commission – Adopt a Part of MI	(888) 797-6272

<b>Department</b>	<b>Purpose</b>	<b>Number</b>
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***ARTS, TOURISM, ENTERTAINMENT***

History, Arts, Library	Library of Michigan General Number	(877) 479-0021
History, Arts, Library	Library of Michigan Telephone Reference Desk	(800) 446-8717
History, Arts, Library	Library of Michigan Foundation Events Line	(888) 469-8605

***VOTING AND ELECTIONS***

State	Info Center	(800) 292-4204
State	Qualified Voter File Help Desk	(800) 310-5697
State	Board of Elections	(800) 292-5973

# **Appendix B: Status of 2-1-1 Programs in 50 States and the District of Columbia**

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State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
AK	N/A	Public-private partnership	State of Alaska and United Way	Substance Abuse and Mental Health Services Administration (SAMHSA) – \$600,000 earmarked	No information provided	Still in planning stage/developing database	Hybrid	N/A	N/A	None
AL	2001	The 211 Connects Alabama Steering Committee publicly developed the statewide 211 Connects initiative and united UWAL's separate call centers under the 211 dial code and Web-based software in 2001	United Ways of Alabama (UWAL)	United Way	Autauga, Dallas, Elmore, Lee, Lowndes, Montgomery, Perry, and Macon Counties (since Mar. 2002); covers 11% of AL's population	Stage I (68% coverage by phone & Internet, completed summer 2005); Stage II (100% coverage, 24/7, to be completed summer 2006)	Hybrid	No information provided	Coverage through dialing code 211 and/or the Internet; 24/7 service	<a href="http://volunteer-info.org">http://volunteer-info.org</a>
AR	2005 (?)	No information provided	No information provided	Kellogg Foundation providing planning funds to United Way of Pulaski County (Little Rock)	No information provided	Planning just getting underway in selected counties	No information provided	No information provided	No information provided	No information provided

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
AZ	N/A	2004 – Gov. Janet Napolitano <b>publicly</b> created the 211 Council by Executive Order	The Governor’s Council on 211	State appropriation (infrastructure only); grants; foundations; corporations; local governments; 211 Community Fund at the AZ Community Foundation (pools raise funds and disburses them to needy programs); USDA – \$832,343	None	0% coverage; <b>Phase 1</b> (statewide, online database) was completed on 06/29/2005; Phase 2 (est. urban and rural call centers beginning 2007) and Future Phases (enhance database, call center operations, and 211 outreach) have yet to be realized	Hybrid	AZ211 Online (est. 6/29/2005) surpassed 140,000 visits in 6 mos.	N/A	<a href="http://www.az211.gov/">http://www.az211.gov/</a> <a href="http://www.cirs.org">http://www.cirs.org</a> <a href="http://www.azinfo.org">http://www.azinfo.org</a>
CA	02/11/2005	211 California was a <b>public-private</b> endeavor—the CA Public Utilities Commission (CPUC) approved 211 implementation in 2003; stakeholder group (reps. from state agencies, volunteer orgs., human services, and NGOs) convened in Oct. 2005	CA Alliance of Information and Referral Services (CAIRS) and United Ways of CA (UWCA)	State appropriation and private funding	Ventura County (11/2/2005); Los Angeles, Orange, Riverside, San Diego, and Santa Barbara Counties (1/7/2005)	55% coverage (10 counties: Los Angeles, Alameda, Contra Costa, Orange, San Francisco, Ventura, Riverside, San Diego, Santa Barbara, Sacramento)	Decentralized	No information provided	Coverage through dial code 211 and/or Internet; 24/7 service	<a href="http://www.cairs.org/211.htm">http://www.cairs.org/211.htm</a>

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
CO	2003	Talks <b>privately</b> instigated by Colorado's United Ways beginning in 1999; the Colorado Public Utilities Commission (CPUC) approved plan in Oct. 2002	Colorado 211 Collaborative	United Way of Denver – \$75,000; United Way of Larimer County 211 (NW CO) – \$29,000; IBM; Caring for Colorado Foundation; federal/state/ local governments; corporations; foundations; charities	Helpline at Mile High United Way, Helpline at Weld Co. United Way, FirstCall in Larimer Co., and Mesa Co. Health and Human Services	87% coverage, 7 call centers; SE region is expected to “go live” in spring 2006	Decentralized	No information provided	Coverage through dialing code 211 and/or the Internet, 24/7 service	<a href="http://www.211colorado.org">www.211colorado.org</a>
CT	Jan. 1999	211 Infoline originated from a <b>public-private</b> partnership between the State of Connecticut and the CT United Ways beginning in 1976	211 Infoline	211 Connecticut – \$434,153; United Way; nonprofits; state appropriation (DSS, DPH, & DOJ)	No pilot, rather a simple switch from a 10-digit, toll-free number (est. 1976) to 211	100% coverage, 1 call center	Centralized	200,000 calls in 1999; 335,000 in 2005. Top service requests (Apr.2006): utilities, substance abuse, housing, legal services, health and human services, information services, outpatient mental health care/counseling, helpline counseling, temporary financial aid, health insurance.	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.211infoline.org">www.211infoline.org</a>
DC	10/04/2004	Unknown	Maryland/DC/ Northern Virginia 211 Collaborative	The Nonprofit Roundtable	None	100% coverage	Centralized	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://answersplease.d.c.gov/answersplease/site/default.asp?answerspleaseNav=">http://answersplease.d.c.gov/answersplease/site/default.asp?answerspleaseNav=</a>
DE	N/A	211 Task Force <b>publicly</b> recommended implementation of 24-hr. hotline – Sep. 2003	Delaware Helpline, Contact Delaware	State appropriation	None	Delayed due to state budget constraints	Centralized	N/A	N/A	None

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
FL	May 2001	Senate Bill 1276 <b>publicly</b> adopted by FL State Legislature to implement 211 statewide in 2002	Florida Alliance of Information and Referral Services (AIRS) and United Way of Florida (UWFL)	United Way of America, district/county/city governments, directory sales & fee-for-service contracts, fund-raising, donations, grants, subsidies, state appropriation	Brevard	85% coverage, 15 call centers; statewide coverage is expected by Jun. 2007	Decentralized	Approximately 1 million calls per year	Coverage through dialing code 211 and/or Internet; 24/7 service; cell phone service by the end of 2006	<a href="http://www.flairs.org/florida211networkplan.htm">http://www.flairs.org/florida211networkplan.htm</a>
GA	1997	<b>Private</b> conception by the United Ways of Georgia	Multiple United Ways	United Way	CONTACT Chatahoochee Valley, Inc.	9 call centers	Decentralized	Top service requests: holiday assistance, information, financial assistance & support, food, furniture, housing, health, 211 Atlanta, clothing, employment, donation information, volunteering	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.211scg.org/">http://www.211scg.org/</a> <a href="http://www.unitedwayatlanta.org/">http://www.unitedwayatlanta.org/</a> <a href="http://www.contact211.org/">http://www.contact211.org/</a> <a href="http://www.communitconnection211.com/">http://www.communitconnection211.com/</a> <a href="http://www.ourunitedway.org/">http://www.ourunitedway.org/</a> <a href="http://www.unitedwaycg.com/211.cfm">http://www.unitedwaycg.com/211.cfm</a> <a href="http://www.uwce.org/">http://www.uwce.org/</a> <a href="http://www.211uwhc.org/">http://www.211uwhc.org/</a> <a href="http://www.uwcsr.org/findhelp/211.shtml">http://www.uwcsr.org/findhelp/211.shtml</a>
HI	Jul. 2002	<b>Privately</b> launched by Aloha United Way	Aloha United Way	United Way	None	100% coverage, 1 call center	Centralized	Top service requests: food, shelter, and financial assistance; 4,000+ govt./nonprofit programs and services in database	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.auw.org/211">www.auw.org/211</a>

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
IA	No information provided	No information provided	Iowa Alliance of Information and Referral Services (AIRS)	United Way, Dept. of Human Services	No information provided	100% coverage; 8 call centers	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service; cell phone access with the majority of in-state cell phone providers	<a href="http://www.211iowa.org">www.211iowa.org</a>
ID	09/05/2002	There is a <b>public-private</b> partnership between the ID Dept. of Health and Welfare, the ID CareLine, and UWTV to convert CareLine's facilities to 211	Idaho CareLine ("Get Help" Component) and United Way of Treasure Valley ("Give Help" Component)	M.J. Murdock Charitable Trust – \$266,500; state appropriation; United Way	Treasure Valley	100% coverage, 1 call center	Centralized	No information provided	Coverage through dialing code 211 (M-F, 8 a.m.-6 p.m.) and/or Internet; also carried by 6 wireless providers (AT&T, Edge, Cricket, Nextel, Inland, and Sprint PCS)	<a href="http://www.idahocareline.org">www.idahocareline.org</a> ; <a href="http://www.unitedwaytv.org/volunteercenter.asp">www.unitedwaytv.org/volunteercenter.asp</a>
IL	Unknown	<b>Public</b> inception: <b>Feb-03</b> – IL House of Reps. introduced legislation for a 211 network; <b>May-29-03</b> – leg. passes and 211 network is established; <b>Aug-19-03</b> – Gov. vetoes leg.; <b>Nov-03</b> – IL General Assembly overrides Governor	Unknown	No information provided	No information provided	No information provided	Hybrid	No information provided	No information provided	<a href="http://www.illinois211.org">www.illinois211.org</a> <a href="http://www.illinoisairs.org/211ishere.htm">http://www.illinoisairs.org/211ishere.htm</a> (neither site is currently functional); <a href="http://www.ilga.gov/legislation/BillStatus.asp?DocTypeID=HB&amp;DocNum=211&amp;GAID=8&amp;SessionID=50&amp;LegID=14424">http://www.ilga.gov/legislation/BillStatus.asp?DocTypeID=HB&amp;DocNum=211&amp;GAID=8&amp;SessionID=50&amp;LegID=14424</a> (online copy of 211 Bill)

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
IN	Nov. 2003	As a <b>public-private</b> partnership, IN211 seeks to leverage the private philanthropic funding with public funding. IN Gen. Assembly ruled in support of 211 in 2004.	Indiana 211 Partnership, Inc. (IN211, est. by IN Utility Regulatory Commission on 02/20/2002)	IN Dept. of Health, Bioterrorism and Public Health Preparedness Grant; United Way of America, Breaking the Barriers Grant; Nina Mason Pulliam Charitable Trust; Cinergy Foundation – \$600,000 over 3 years; IN United Ways; Duke Energy; community foundations; grants; individual donors; public funding; IN Dept. of Health	No information provided	70% coverage; 12 call centers	Hybrid	182,500 calls in 2005; top service requests: housing, food, utilities, telephone #/ address, legal/tax assistance, household goods, financial aid, holiday assistance, mental health/addictions, donations/volunteers	Coverage through dialing code 211 and/or Internet; limited 24/7 service; cell/pay phone service (provided by Centennial, T-Mobile, AT&T, Sprint, Verizon, Cingular, and Nextel)	<a href="http://www.in211.org">www.in211.org</a>
KS	02/23/2006	No information provided	United Way of the Plains	No information provided	No information provided	100% coverage	Hybrid	No information provided	Coverage through dialing code 211 (M-F, 7 a.m.-7 p.m.) and/or Internet	<a href="http://www.211kansas.org">www.211kansas.org</a>

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KY	02/11/2003	No information provided	United Way of KY (est. by KY PSC on 08/17/2004)	United Way	United Way 211 Care Connection (4 counties in KY – Boone, Kenton, Campbell and Grant; plus 3 cos. in OH)	UW211 Care Connection retains its 4 cos., and United Way of the Bluegrass covers Clark County (Jun. 2005), with Bourbon, Scott, and KY's remaining 7 counties coming in 12 mos.	Hybrid	No information provided	Coverage through dialing code 211 (M-F, 7:30 a.m.-6 p.m.); 24/7 service; cell phone service (Cingular, Sprint, T-Mobile, Dobson Cellular, Bluegrass Cellular, Nextel); 859-977-0868 (TTY)	<a href="http://www.uwbg.org/initiatives/211">http://www.uwbg.org/initiatives/211</a> <a href="http://www.uwgc.org/index.cfm?fuseaction=home.viewPage&amp;page_id=DF3D28EE-4757-12EB-A46219138FBE717E">http://www.uwgc.org/index.cfm?fuseaction=home.viewPage&amp;page_id=DF3D28EE-4757-12EB-A46219138FBE717E</a>
LA	07/06/2002	LAUS, LAAIRS, and LANO <b>privately</b> collaborated to create a statewide 211 Business Plan. Legislation for statewide 24/7 service was approved in 2003.	LA Association of United Ways (LAUW), LA Alliance of Information and Referral Systems (LAAIRS), LA Assoc. of Nonprofit Orgs (LANO)	United Way	Lafayette, 232-HELP was the first agency converted to 211 service	100% coverage; 8 call centers	Decentralized	No information provided	Coverage through dialing code 211 and/or Internet; limited 24/7 service	<a href="http://www.211louisiana.com">www.211louisiana.com</a> <a href="http://www.guidetohumanservices.org/">http://www.guidetohumanservices.org/</a>
MA	N/A	<b>Private</b> collaboration between Council of MA United Ways (COMUW) and the MA Assoc. of Info & Referral Services (MAIRS) to create Mass211, Inc. (1999)	Mass211, Inc.	COMUW, 26 individual United Ways, MAIRS, and the MA Exec. Office of Health and Human Services (EOHHS) – \$100,000 United Way of MA – \$1,000,000	N/A	Not currently operational due to lack of funding; however, a statewide online database is in the works and other institutions are ready and awaiting proper fiscal allocation	Hybrid	N/A	N/A	None

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MD	N/A	A <b>public-private</b> collaboration between state and local organizations produced the 211 MD Task Force in Aug. 2000. 211 legislation (HB981) was enacted in 2004.	211 Maryland Task Force (est. by MPSC in Jan. 2003)	United Way	4 pilot centers cover 70% of MD – including Metro Washington, Baltimore, and parts of W MD and the Lower Eastern Shores	Currently addressing technical land line and wireless problems, as well as building a statewide database	Hybrid	N/A	N/A	<a href="http://www.uwcm.org/help/gethelp/fc/fh/211/">http://www.uwcm.org/help/gethelp/fc/fh/211/</a>
ME	02/07/2006	<b>Private</b> collaboration between United Ways in Maine and Ingraham	211 Maine, Inc. (est. by MPUC on 06/27/2005)	State appropriation, 10 United Ways in Maine and Ingraham; local initiatives; businesses; foundations; Office of Information Technology – \$816,114 over 18 mos.	Washington and Cumberland Counties, 02/07/2006	Statewide database available online, although 211 telephone services remain restricted to 4 counties (Washington, Cumberland, Penobscot, and York)	Centralized	No information provided	Coverage through dialing code 211 (8 a.m.-8 p.m.) and/or Internet; pay phone service; 24/7, cell, cable, and Internet services come Jul 2005	<a href="http://www.211maine.org">www.211maine.org</a>
MI	08/01/2002	Michigan 211, Inc. is a <b>public-private</b> partnership between MI United Ways and the MPSC (which is responsible for call center designation)	Michigan 211, Inc.	SBC; Blue Cross Blue Shield; W.K. Kellogg Foundation; MDCH OPHP; MI Assoc. of United Ways; state appropriation; Medicaid; HHS; CDBG through HUD; community foundations; HCAP	Kent and Calhoun Counties, 7% coverage	60% coverage, 8 call centers; 70% coverage by 12/06; Washenaw, Livingston, and Monroe Counties to be added summer 2006 and statewide coverage expected in Oct. 2007	Hybrid	Call volume increases an average of 60% when call centers switch from an 800 # to 211	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.uwmich.org/membership/n_211.htm">http://www.uwmich.org/membership/n_211.htm</a>

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MN	Jan. 2003	No information provided	Minnesota 211 Statewide System	United Way	No information provided	100% coverage	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.211unitedway.org">www.211unitedway.org</a> <a href="http://www.unitedwaytwincities.org">www.unitedwaytwincities.org</a>
MO	N/A	No information provided	Heart of America United Way (HAUW, Kansas City)	United Way	Business Plan suggests service to 21 counties in the Kansas City Metro Area, including 16 in MO	Application currently under inspection by the MO Public Service Commission	Hybrid	N/A	N/A	None
MS	N/A	<b>Public-private</b> partnership	United Way of the Capital Area in collaboration with local United Ways, and the states of Arkansas and Louisiana	Kellogg Foundation	N/A	Planning stage – currently developing a database and partnerships with local First Call for Help and I&R Systems	Hybrid	N/A	N/A	None
MT	Apr. 2006	No information provided	Montana 211 Coalition (unofficially)	United Way; DPH&HS coalition; Regional Community Mental Health Centers; MT Library Association; local/state/federal governments	First Call for Help provides 211 services in Missoula, Ravalli, and Mineral Counties, but not under the 211 dial code	211 statewide process plan is being developed – will create 4 call centers	Hybrid	N/A	Limited coverage through Internet	<a href="http://access.hrcxi.org/data_access?template=firstcall">http://access.hrcxi.org/data_access?template=firstcall</a>

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NC	Apr. 2001	UWNC <b>private</b> initiative in 1999	United Way of North Carolina (UWNC, approved by NCPUC on 11/18/1999); Regional United Ways are responsible for the individual call centers and work with the American Social Health Association Call Center	Families Together Inc.; state appropriation; United Way	No information provided	47% coverage, 4 call centers	Hybrid	60,000 calls in 2005	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.nc211.org/">http://www.nc211.org/</a>
ND	02/11/2004	<b>Private</b> efforts by North Dakota's MHAND	Mental Health Association (MHAND, approved by PSC on 09/24/2003)	United Ways of North Dakota; Dakota Medical Foundation, Challenge Grant – \$25,000	Regional coverage through a conversion of MHAND's own 'HELP-line'	100% coverage	Centralized	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.mhand.org/211/index.asp">http://www.mhand.org/211/index.asp</a>
NE	02/11/2004	<b>Private</b> , grassroots effort between the NE Health and Human Service System (NHHS) and United Way of the Midlands (UWM). In 1999, a legislative "Final 211 Report" recommended a pilot.	I&R Nebraska	U.S. Dept. of Commerce – Technical Opportunity Program, various United Ways, Health Organizations, city funds, Bioterrorism	2002 – United Way of Midland's First Call for Help is converted into the NE 211 Pilot and uses the 211 dialing code in 4 counties	79.3%, 1 call center	Hybrid	48,000 calls in 2005 – a 36% increase over 2004	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.ne211.org;">http://www.ne211.org;</a> <a href="http://www.uwmidlands.org/assistance.htm">www.uwmidlands.org/assistance.htm</a>

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NH	N/A	<b>Private</b> partnership between 5 regional and statewide I&Rs and the United Ways of NH. NH Legislature's 211 Commission accepted 211 service design in Jun. 2002.	NH 211 Partnership	United Way	None	Awaiting funding	Hybrid	N/A	N/A	None
NJ	02/10/2005	No information provided	NJ 211 Partnership (joint effort between AIRS of NJ and the United Ways of NJ in 2000; est. by NJ Board of Public Utilities on 10/03/2002)	NJ United Ways, state appropriation (DHS), county grants, Verizon Foundation combined have donated \$2.2 million	No information provided	100% coverage, 10 call centers	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service; cell phone service	<a href="http://www.nj211.org">www.nj211.org</a>
NM	N/A	<b>Private</b> initiation by UWCNM, currently awaiting state funding and support. The New Mexico PUC officially approves of a statewide 211.	United Way of Central New Mexico	United Way	UWCNM launched "New Mexico 211" pilot in the 4-county Albuquerque area under the auspices of a local number on 10/01/2001	4 call centers all operating under local phone numbers (Albuquerque, Farmington, Hobbs, Roswell)	Hybrid	No information provided	Coverage through Internet	<a href="http://www.uwcnm.org/">http://www.uwcnm.org/</a> ; (505) 245-1735

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NV	02/13/2006	No information provided	Nevada 211	State appropriation; United Way	Service provided 8 a.m.-midnight to Washoe, Carson, and (the majority of) Clark Counties through 2 call centers	Awaiting funding and results from pilot	Hybrid	No information provided	Coverage through dialing code 211 (8 a.m.-midnight) and/or Internet	<a href="http://www.nevada211.org/">http://www.nevada211.org/</a> <a href="http://www.uwsn.org/sup.php?id=179">http://www.uwsn.org/sup.php?id=179</a>
NY	Jan. 2005	The 211 NY Collaborative was <b>privately</b> convened in 1999 by New York State AIRS and the United Way of NYS	211 New York Collaborative (est. by PSC in Jan. 2002)	State appropriation, United Way (Lilly Endowment and Best Buy, Inc.), individual donations, county governments, various foundations	Finger Lakes Region (Rochester, Jan. 2005)	Conversion of existing I&R services to call centers has taken place in the Finger Lakes, Hudson Valley, and Taconic Regions, and Western NY; future statewide coverage through 10–12 call centers	Hybrid	Finger Lakes received 140,000 calls in its 1st year – 40% more than received in the previous call center	Coverage through dialing code 211 (limited) and/or Internet	<a href="http://www.211ny.org">www.211ny.org</a>
OH	11/12/2002	OCIRP has <b>privately</b> worked for 211 implementation since 1999. PUCO finally approved OCIRP's petition to establish a 211 system on 06/21/2001.	The Ohio Council of Info & Referral Providers (OCIRP) and the 211 Ohio Collaborative	United Way, CDBG through Lake County	First Call Center – a conversion of the Helpline of Delaware and Morrow Counties	73% coverage, 17 call centers	Decentralized	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service; cell phone service through Sprint/Nextel, Verizon, Cingular, Cellular One, T-Mobile, and Centennial	<a href="http://www.ocirp.org">http://www.ocirp.org</a> <a href="http://www.211ohio.net">http://www.211ohio.net</a> Richard Stahl, (33) 762-5627 or <a href="mailto:rbstahl@infoinc.org">rbstahl@infoinc.org</a>

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OK	07/11/2003	Governor Henry <b>publicly</b> established 211 services in Jul. 2003	Oklahoma 211 Advisory Collaborative (est. May 2005 by state legislation – SB 1405)	State appropriation (DHS), United Way	3 pilot centers (est. May 2005) cover almost 65%, 211 Tulsa Helpline, HeartLine 211, and SE OK 211	Still in pilot stage; planned statewide coverage by 2010, plus 3 new rural centers planned for late 2006	Decentralized	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service; cell phone service through T-Mobile and Pine Cellular in active areas	<a href="http://www.211Oklahoma.org">www.211Oklahoma.org</a> <a href="http://www.211tulsa.com">www.211tulsa.com</a> ; <a href="http://www.HeartLineOklahoma.org">www.HeartLineOklahoma.org</a>
OR	unknown	The OR legislature passes HB 3443 directing the Office of Emergency Management to <b>publicly</b> establish a 211 system, Jul. 2005	Oregon 211 Coalition	State appropriation – \$450,000; United Ways of America, Breaking the Borders Grant – \$100,000; Bill and Melinda Gates Foundation, Northwest Partners Grant, Oregon Safe Net (federal funding), various nonprofits, city governments	Portland metro area (30% coverage)	Still in pilot stage	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet; limited cell/pay phone service	<a href="http://www.or211.org">www.or211.org</a> Jeri Shumate, (503) 226-3099
PA	N/A	<b>Private</b> , informal regional and human service professional meetings organized by PAIR and UWP in late 2001. Currently seeking state support.	Pennsylvania 211 Collaborative (Pennsylvania Assoc. of I&R [PAIR] and the United Way of Pennsylvania [UWP]; first formal meetings held in fall 2003)	United Way, state appropriation	None	No coverage	Hybrid	N/A	N/A	<a href="http://www.pairinfo.org/PAIR211.htm">http://www.pairinfo.org/PAIR211.htm</a>
RI	N/A	No information provided	N/A	No information provided	N/A	Still in planning stage	Centralized	N/A	N/A	None

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SC	Jul. 2002	<b>Publicly</b> instituted when the governor signed a bill requiring the SBCB to establish a statewide 211 system	State Budget and Control Board (SBCB)	United Way, local governments	Aiken, Lexington, Richland, and Newberry Counties (Jun. 2002); the Charleston area (Feb. 2003)	Coverage in at least 7 counties	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.sc211.org">www.sc211.org</a>
SD	10/18/2001	<b>Private</b> implementation of the Sioux Falls call center by HELP!Line	HELP!Line Center	Fund-raising	Sioux Falls	Un-determined coverage beyond pilot program	Hybrid	Sioux Falls answered 37,000 calls in 2005	Coverage through dialing code 211 and/or Internet	<a href="http://www.211southdakota.org">www.211southdakota.org</a>
TN	Jul. 2002	No information provided	Tennessee Alliance of Information and Referral Systems (TAIRS, officially est. by the TN Regulatory Authority as TN's 211 Collaborative)	State appropriation (through TN Regulatory Authority) of \$400,000 in statewide start-up costs	No information provided	36% coverage, 5 call centers; statewide by Jul. 2007	Decentralized	No information provided	Coverage through dialing code 211 and/or Internet; limited 24/7 service	<a href="http://www.211tn.org/">http://www.211tn.org/</a>
TX	Fall 2002	THHSC <b>publicly</b> instituted the 211 number in Texas	Texas Health and Human Services Commission (in collaboration with local I&R agencies)	State appropriation, Summer Food Service Program	No information provided	100% coverage, 25 call centers	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service; limited cell/pay phone service	<a href="http://www.hhsc.state.tx.us/tirn/tirnhome.htm">http://www.hhsc.state.tx.us/tirn/tirnhome.htm</a>

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
UT	Dec. 2001	211 in Utah is a <b>private</b> endeavor initiated by the state's United Ways and individual I&R call centers	211 Utah	United Way, DHHS, state appropriation, foundations, corporations, private donations from companies & nonprofits, CNCS Americorps VISTA Grant, SSBG	None	100% coverage, 4 call centers	Hybrid	51,085 calls in 2004 – 40% more than in 2001; 3,244 calls – Jan. 2002 vs. 6,366 – Jan. 2005.	Coverage through dialing code 211 and/or Internet; limited cell/pay phone service	<a href="http://www.informationreferral.org/">http://www.informationreferral.org/</a>
VA	02/10/2006	A <b>public-private</b> partnership between the VDSS and VAIRS was established to bring 211 to Virginia	Virginia Dept. of Social Services and the Virginia AIRS	State appropriation (DSS), funding from the Virginia United Ways	02/10/2003 – service launched in Richmond, Tidewater, Central VA, NW VA, and SW VA	75% coverage, 5 call centers; planned expansion to N VA in 2007	Hybrid	Top service requests: mental health, housing, financial assistance, health/medical, basic immediate needs, other info, food, suicide prevention, home care, government	Coverage through dialing code 211 and/or Internet	<a href="http://www3.irissoft.com/rich/default.asp">http://www3.irissoft.com/rich/default.asp</a> <a href="http://www.vairs.org/">http://www.vairs.org/</a>
VT	02/11/2005	Vermont 211 is a <b>private</b> program run by the United Ways of Vermont	United Ways of Vermont (est. by VT Public Service Board on 11/19/2004)	United Way, private agencies	No information provided	100% coverage, 1 call center	Centralized	No information provided	Coverage through dialing code 211 (M-Th, 8 a.m.-8 p.m.; F, 8:30 a.m.-4:30 p.m.) and/or Internet	<a href="http://www.vermont211.org">www.vermont211.org</a>

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
WA	02/22/2006	WIN 211, a <b>private</b> coalition of local I&R providers and United Ways, was incorporated in Aug. 2001. 211 legislation was approved on 04/15/2003.	Washington Information Network 211 (WIN 211)	United Ways of Washington, AIRS, State of WA – \$1 mill. through Capital Funding Allocation and \$2.5 mill. through Emergency Mgt. Div. (Military Dept.), Bill & Melinda Gates Foundation, DSHS, Employment Security Dept., Microsoft, Verizon Foundation, cities, nonprofits	2004 – King and Clark Counties	10% coverage, 4 call centers	Hybrid	No information provided	Coverage through dialing code 211 and/or Internet	<a href="http://www.win211.org/home.htm">http://www.win211.org/home.htm</a>
WI	Jun. 2002	211 Wisconsin, Inc. is established in Aug. 2003 as a <b>public-private</b> partnership	211 Wisconsin (est. by PSC on 03/11/2004); membership to 211 WI includes: existing approved 211 sites, the Division of Public Health, United Way of Wisconsin, Wisconsin AIRS, the Wisconsin State Telecommunications Association and the PSC	United Way of Dane County; State of Wisconsin Dept. of Administration and Dept. of Health and Family Services; Public Health and Bioterrorism Preparedness Act	06/11/2002 – Waukesha, Dane, Racine, and Milwaukee Counties activated	39% coverage, 9 call centers (all independently operated)	Hybrid	A record 12,000 calls in 2004, after switching from a locally based help center. Impact now receives over 70,000 calls per year.	Coverage through dialing code 211 and/or Internet; 24/7 service (except 211 Winnefox)	<a href="http://www.wisconsinairs.org/211/index.html">http://www.wisconsinairs.org/211/index.html</a>

State	Date Of Launch	Organizational Initiative (Public vs. Private)	System Operators	Funding	Pilot Programs	Status	Design Model	Call Volume and Services Requested	Services (Land line, Internet, Wireless, Pay Phone Service, 24/7)	Important Numbers and Web sites
WV	02/11/2005	Jun. 2001 – PSC establishes the 211 Task Force, creating the 211 initiative in the <b>public</b> sphere	WV 211 Collaborative (est. by the PSC in Mar. 2004); Louttamus Communications (service provider, a for-profit call center)	WV Dept. of Human Resources – \$90,000 (for the development of a database, Jan. 2004); nonprofits	None	Widespread coverage	Centralized	No information provided	Coverage through dialing code 211 and/or Internet; 24/7 service	<a href="http://www.wv211.org/">http://www.wv211.org/</a>
WY	N/A	No information provided	No information provided	No information provided	None	Still in planning stage	Centralized	N/A	N/A	None



# Appendix C: Standards for 2-1-1 Call Centers, Michigan Alliance of Information & Referral Systems

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I. The Call Center shall provide professional information and referral services as described in the *Standards for Professional Information and Referral* published by the Alliance of Information and Referral Systems (AIRS).

*Requirement 1:* Call Centers are AIRS accredited.<sup>2</sup>

*Requirement 2:* The Call Center applicant shall be staffed by Certified Information & Referral Specialists (CIRS) and ensure that all staff responding to caller inquiries are trained in the basic skills needed to successfully execute their duties.

*Requirement 3:* Call Center applicants that do not provide formal crisis intervention shall have protocols and technology to transfer crisis calls to an agency that does.

*Requirement 4:* The Call Center applicant shall monitor and evaluate client satisfaction and the quality of its service through appropriate follow-up.

II. The Call Center shall be accessible by operating on a 24/7 basis, without assessing a direct charge against callers, and demonstrating a commitment to reasonably accommodate callers with special needs.

*Requirement 1:* The Call Center applicant shall ensure the provision of 2-1-1 service 24-hours a day, year round. (Allowances and arrangements for service during nonpeak hours can differ from peak-time operations.)

*Requirement 2:* The Call Center applicant shall not charge inquirers for 2-1-1 service. NOTE: This refers to the provision of information and referral services, not telecommunication or other charges outside the control of the Call Center, such as access charges.

*Requirement 3:* The Call Center applicant shall provide barrier-free access to its service for individuals and groups who have special needs, e.g., TDD/TTY access for

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<sup>2</sup> Alliance of Information and Referral Systems (AIRS) accreditation 2-1-1 standard areas:

- Ensure the provision of 24-hour coverage, year round
- Adscribe to the AIRS standards for I&R: barrier-free, service special-needs population
- Utilize certified I&R specialists and resource specialists
- Demonstrate cooperative relationships with specialized I&Rs, crisis centers, 9-1-1s & 3-1-1s
- Have means of tracking call volume, number of abandoned calls, average speed of answering, and average call length
- Have a statewide plan for full coverage
- Share resource data information
- Track and share information on caller needs and unmet needs
- Measure call center operation outcomes
- Communicate perceived gaps and barriers to services with the greater community

people with hearing impairments; and translation services for inquirers who speak languages other than English.

III. The Call Center shall have the tools necessary to adequately support 2-1-1 service.

*Requirement 1:* The Call Center applicant shall utilize a computerized resource database that contains accurate, detailed, and uniform information about community resources and that is indexed using the AIRS/Info Line Taxonomy.

*Requirement 2:* The Call Center applicant shall utilize a computerized system for collecting and organizing inquirer data that provides a means for describing requests for service and identifying service gaps.

*Requirement 3:* The Call Center applicant shall monitor and evaluate the demand, accessibility, and efficiency of the 2-1-1 service by using an automated call management system that is capable of measuring such items as: the call volume, call abandonment rate, and average length of call.

IV. The Call Center shall work to coordinate I&R services in its local community and in the state of Michigan.

*Requirement 1:* The Call Center applicant shall demonstrate knowledge of, as well as coordination with, other community information and referral providers, such as other comprehensive I&Rs, specialized I&Rs, crisis centers, 9-1-1 centers, and 3-1-1 centers, that operate in any part of the applicant's proposed 2-1-1 service area.

*Requirement 2:* The Call Center applicant shall have developed a protocol for referring callers who want to make a community-spirited contribution of money, goods, or services—including volunteer hours—to agencies that coordinate volunteers and/or manage donations of money, goods, or services.

*Requirement 3:* The Call Center applicant shall conduct an ongoing program designed to increase public awareness of I&R and 2-1-1 services.

*Requirement 4:* The Call Center applicant shall strive to strengthen the seamless and uniform delivery of 2-1-1 services statewide by working collaboratively with all other 2-1-1 Call Centers in Michigan and other I&R providers in Michigan.