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Final 211 Report
SURVEY OF EXISTING I&R SERVICES
AND A
NEBRASKA 211 SYSTEM COST/BENEFIT ANALYSIS

Spring 2000

Submitted to:
The Nebraska Health and Human Services System
and
The United Way of the Midlands

by

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REPORT ACRONYMS

211	Several I & R systems around the country make use of the 2-1-1 three digit number for I & R information, for the purposes of this report when 211 is used, it will refer to a three digit number for coordinated information and referral.
ACD	Automated Call Distribution – a computerized system to manage incoming calls
AFDC	Aid to Families with Dependent Children -- former name for the federal welfare program now referred to as Temporary Assistance to Needy Families)
AIC	Area Information Centers used in Texas' 211 system
AIRS	Alliance of Information Referral Systems – the North American association of information and referral organizations
BOSR	Bureau of Sociological Research at the University of Nebraska -- Lincoln
CIRS	Certified Information and Referral Specialist – a designation used by AIRS to denote attainment of individual standards of competency
COMPASS	Iowa's information and referral system for persons with disabilities.
FCC	Federal Communications Commission
FLAIRS	Florida Alliance of Information and Referral Systems
FTE	Full Time Equivalent – that is 2080 annual hours of employment (40 hours per week for 52 weeks)
GAO	Federal General Accounting Office
GED	General Equivalency Diploma
GIS	Geographic Information System
I&R	Information and Referral
IRS	Information and Referral Specialist – an individual who staffs an information and referral service
LAN	Local Access Network
LLCHD	Lincoln Lancaster County Health Department
N-FOCUS	NHSS' Nebraska Family On-Line Client User System – a computer system that automates service delivery and case management data for several public assistance programs

NHHSS	Nebraska Department of Health and Human Services
NRRS	Nebraska Resource and Referral System – NHHSS’ statewide database of resources
PRWORA	Federal Personal Responsibility and Work Opportunity Reconciliation Act (1996) that transformed the welfare system in the United States
TANF	Temporary Assistance to Needy Families – a current federal welfare program
TIIAP	US Department of Commerce Telecommunications and Information Infrastructure Assistance Program
TTY/TDD	Telecommunication Devices for the Deaf

I. EXECUTIVE SUMMARY

In June, 1999, the Nebraska Department of Health and Human Services (NHHSS) and the United Way of the Midlands requested that the University of Nebraska Public Policy Center coordinate a feasibility study of a statewide Information and Referral (I&R) system for health and human services. Because several I&R systems around the country make use of the 2-1-1 three digit number for I&R information, and there are a number of states investigating reserving 211 for statewide I&R services, this report uses the 211 nomenclature although there has been no state Public Service Commission designation of 211 for this purpose in Nebraska. This report defines, describes, and calculates the anticipated quantifiable and non-quantifiable costs and benefits of implementing such an I&R/211 system.

Data for this report were obtained from:

- a survey of existing I&R services in Nebraska;
- interviews and consultations with I&R experts and officials, from Nebraska as well as from various jurisdictions around the country;
- examination of reports, studies, marketing information, and usage data obtained from jurisdictions with 211 systems or coordinated I&R services in place;
- reviews of other governmental reports, materials from selected national organizations, I&R listservs, and research literature; and,
- a cost/benefit analyses of three different I&R configurations that could be adopted for a Nebraska 211 system.

There is little national, comparative information available about call volumes and costs to administer coordinated I&R systems. This study presents some comparative information about call volumes as a percentage of population (ranging from less than 1% to over 38%), and a rough estimate of average cost per call (ranging from \$3.56 to \$50.00).

Throughout the United States coordinated I&R services offer information to persons in every life situation from the working mother trying to locate reliable child care, to the elderly person requesting information about in-home health care alternatives. I&Rs throughout the country find that their services are used in critical life situations, such as persons requiring immediate resources for shelter, food, or relief from abuse. Coordinated I&R services (including 211 systems) are often funded through a combination of public and private funds. Because a number of federal and state-funded programs mandate information and referral access, some coordinated I&Rs have collaborated with these programs, both in funding and in including information for mandated programs into the coordinated I&R service. Three I&Rs (the greater Atlanta, Georgia area; the greater Columbus, Georgia area; and the state of Connecticut) have converted from 11-digit dialing numbers (traditional toll-free numbers) to the three-digit dialing code 2-1-1. The Atlanta and Connecticut 211 services have found that the three-digit code has resulted in significantly increased usage. The Columbus, Georgia 211 system has just completed implementation, therefore, no usage information is yet available.

In Nebraska, there has been considerable interest in developing a statewide, coordinated 211 I&R service that will provide toll-free access, 24-hour/7 day a week, answered by trained specialists, and backed by a accurate, current database of resources. Several state task forces and organizations, most notably the Long Term Care Task Force, have identified the need for coordinated I&R services to provide better coordination and information for Nebraskans. The Nebraska 211 Coalition, comprising representatives of non-profit and for-profit organizations, state government, and other agencies has been investigating the possibility of establishing a coordinated I&R system in Nebraska. Participants in two statewide conferences addressing I&R systems in 1998 were enthusiastic about the possibility of a statewide, integrated

I&R system in Nebraska. In 1999, the Unicameral approved LR 49, providing for an interim study to investigate the feasibility of a statewide I&R system.

Over the past several years, the Nebraska Unicameral has been grappling with I&R issues in the context of particular groups. For example, during the current legislative session, legislators considered bills mandating I&R services for individuals with brain injury (LB 1225) and women seeking health-related information (LB 480). During the previous session of the Legislature, the Unicameral successfully passed LB 148 to establish the Nebraska Lifespan Respite Services Program which calls for establishment of “a single local source for respite service information and referral.”

Nebraska currently has a multitude of I&R services providing information to Nebraskans about various services and resources. As part of the survey that was conducted for this project, over 800 agencies across Nebraska were contacted and asked about their I&R activities. Two hundred and seventy-six agencies replied they were involved in I&R efforts. Of this number, 193 agencies provided specific, I&R information. Because two agencies indicated they received so few I&R calls, they were omitted from analyses. Thus, usable data were obtained from 191 agencies from across Nebraska, and approximately 80% of these agencies provided annual call volume information. Their responses indicated *there are over 900,000 I&R calls annually*. When asked to estimate paid staff hours devoted to providing I&R services, almost 2/3 of the agencies responded, and their estimates suggest there is the equivalent of *161 FTE staff time devoted to providing services in Nebraska*. In answer to the request for annual cost information to support I&R services, the respondents *reported they spend well over \$4 million annually*. Because expenditure data were received from only 30% of the 191 organizations, it is safe to assume the actual dollars spent on I&R services is considerably greater.

The current system is uncoordinated, with many I&Rs providing information only for specific target populations (e.g., the elderly, persons with disabilities, etc.) or for confining their information to geographical areas (e.g., city, county, or some regional service area). According to the survey, for each of Nebraska’s counties there are at least two I&Rs that provide information in each of ten service categories (basic subsistence, consumer services, criminal justice and legal services, education, environmental quality, health care, income security, individual and family life, mental health care and counseling, and organizational/community services). However, there are nine Nebraska counties that do not have access to a single I&R that provides comprehensive information about existing services, meaning that persons must make calls to a number of agencies before information could be obtained on a variety of topics. Because there are currently many organizations and agencies providing services and actively maintaining databases of information, there appears to be significant opportunity for coordination of existing efforts and reduction of possible duplication of effort.

Persons needing assistance may find Nebraska’s current uncoordinated system difficult for a variety of reasons:

- Persons with needs may be forced to call multiple I&R services in order to locate appropriate, available resources;
- Because most Nebraska I&Rs do not offer 24-hour assistance available 7 days a week, callers may be constrained to calling only during certain hours;
- Callers may be required to place tolled calls because most I&Rs currently do not offer toll-free access; and,
- Callers with special needs may find it particularly difficult to locate services as most current I&Rs do not provide accommodation for persons who are deaf or hard of hearing, or for callers who do not speak English.

The creation of a statewide 211 system in Nebraska should consider seven components:

1. the development of a statewide telephone system to enable three-digit calling;
2. the hiring, training, and on-going monitoring of I&R specialists;
3. the creation and maintenance of a complete, accurate database of information for use by the I&R specialists;
4. the establishment of alternative access for persons with disabilities and persons who do not speak English, or those who wish to use the Internet;
5. the creation of an administrative structure to support personnel and legal needs, and to develop the marketing and publicity, and to coordinate with other systems;
6. the development of a plan for recovering part of the costs by capitalizing on the value of the database;
7. and, the development and implementation of an evaluation system for maintaining standards and for making system improvements.

As part of this project, cost/benefit analyses were conducted. *Projected* quantifiable and non-quantifiable costs and benefits that are likely to accrue in the wake of establishing a 211 system in Nebraska were calculated and assessed. In considering costs and benefits, it is important to recognize that I&R services have costs and benefits that cannot be reduced to a financial value. Nonetheless, this report estimates those costs and benefits that are quantifiable. These projected, quantified data should assist in the discussion and planning for a possible 211 system.

Three different, organizational alternatives for a 211 system in Nebraska were investigated. The first is a **single, statewide call-answering center**. The second is **six regional call answering centers**. The third is **six regional calling centers with one serving additionally as a single after-hours calling center**. All three scenarios would provide I&R services to Nebraska 24 hours a day, 7 days a week.

A 211 system in Nebraska can be expected to provide important quantifiable and non-quantifiable benefits. Benefits will be seen by **individual citizens** as they more effectively find their way through the human service system; by **employers** who will experience a healthier and more available workforce; by **human service providers** who will be able to stretch limited human service dollars to provide service to more (and more appropriate) clients; and by **legislators and others who plan for and pay for human services** as they gain a better view of both the system and the needs of citizens, and avoid piecemeal solutions to the I&R need.

This study concludes that Nebraska is currently spending a significant amount of money and effort in the I&R process, but that current systems vary greatly in accessibility, data availability, and staffing patterns. No Nebraska I&R providers currently are accredited through the national I&R association.

Information gathered from I&R services around the country, three of which are 211 systems, indicate that **the 211 concept is feasible and that it provides information that is valuable to citizens and agencies alike.**

The cost and benefit analysis of the three models shows that **the quantifiable benefits outweigh the costs in all three models with sufficient call volume**, and that for the least costly model, using a single, statewide call center answering calls, the quantifiable benefits outweigh the quantifiable costs at all projected call volumes.

Thus, this feasibility project concludes an integrated, statewide I&R (211) system is not only feasible, it is desirable. We offer three recommendations:

1. **A call center serving one or more regions of the state should be piloted.**
2. **The pilot, if successful, should lead to a statewide system.**
3. **A plan for evaluation should be developed and implemented for continuous monitoring of and improvement to any I&R system Nebraska decides to adopt.**

II. INTRODUCTION

Purpose

The purpose of this study is to define, describe, and calculate the possible costs and benefits of implementing and maintaining a 211 information and referral system in Nebraska over a five-year period. The study's major components include undertaking a survey to describe the current state of information and referral (I&R) services in Nebraska, and conducting an analysis of costs and benefits to present the likely tangible, intangible, technical, and practical costs and benefits of implementing and maintaining a coordinated information and referral 211 system. The study, coordinated by the University of Nebraska Public Policy Center (see Appendix A for Project Team) is designed to assist policymakers in determining the feasibility of establishing a Nebraska 211 system.

Context of Study

I&R services are points of contact designed to assist community members in clarifying their needs for human services and to direct them to those services that most appropriately meet these needs. Assistance is furnished to individuals and families who need referrals during difficult experiences or seek to enhance their well-being, or to other organizations seeking referrals for clients or constituencies. I&R services are most often available, at a minimum, through a telephone inquiry, although some I&Rs also provide information through websites, electronic databases, printed directories, and other means. I&R services are provided by wide array of organizations including governmental agencies, non-profit, and for-profit organizations.

In their unique role of matching needs to resources, I&R services may provide useful information on services persons request information about and on the possible gaps and duplications of human services based on I&R requests and information gathering. In many ways, effective I&R services act as community communication centers.

The Need

211 and other I&R services provide critical information to callers about local community and statewide resources. Communities and states have found that individuals often do not know of the availability of services or how to access them. Accessing services may be challenging. Indeed, the human service system, with its many programs and services, may present a complex maze of requirements and programs to individuals seeking services.

Many human service organizations have names that are not immediately descriptive or encompassing of all the services they provide (e.g., Centerpointe is a Lincoln organization that provides drug and alcohol counseling and services; many rape/spouse abuse crisis centers also provide information about family violence services to community members who have not experienced rape or abuse). Phone books list agencies by name but provide minimal, if any, description of services. Directory assistance operators may provide some assistance but are not trained to assess caller needs or handle crisis calls. The Internet offers unprecedented information but may not have information about local resources.

Professionals in the human services field have commented on the difficulty of navigating the maze of resources and ever-changing programs that are available. Local agencies may not know of state programs, and state agencies may have inadequate information to refer to local programs.

Community members searching for information and resources may be facing critical situations in their lives and be unable to navigate the potential maze to locate resources. Atlanta's 211 system reports that during its 1997-98 fiscal year, of calls received by its 211 system, 52% involved immediate needs including shelter needs, rental/mortgage/utility assistance, and food. The

remaining calls included counseling needs, medical aid, prescription assistance, physical and sexual abuse, and potential suicide.

The need for emergency assistance may be increasing because of national initiatives such as the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), which profoundly changed welfare in the United States. PRWORA has a primary goal of moving families from welfare to work. According to the U.S. Department of Health and Human Services, the number of families receiving federal assistance (through AFDC and then TANF) declined by 43% from January 1994 to September 1998, from 5.05 million to 2.90 million. Numerous studies, however, suggest that families moving from welfare continue to need assistance, even if they have transitioned into employment. The welfare project at National Conference of State Legislatures' analysis of state-sponsored studies found that most jobs held by former welfare recipients do not pay enough to raise a family out of poverty, and a recent study by the U.S. Conference of Mayors has found continued, rising demand for emergency food and shelter resources.

The need for community resources reaches all persons in a community, not only those traditionally thought of as "vulnerable" populations. For example, the typical caller to the 211 system in Atlanta is employed. In Connecticut the most common request is for information about child care. Also in Connecticut, 15% of calls are from public and private service providers seeking services for clients. Callers to I&R services include, for example:

- the teenager seeking a support group for substance abuse;
- the newly-widowed father who needs reliable child care;
- the adult child of an aged parent who requires skilled nursing assistance;
- the caller with gambling addiction;
- the parent of a child with special needs looking for activities for her child;
- the parent who is facing another snow day home with her child because both her school and day care facility are closed.

The three-digit 2-1-1 code, rather than a seven-digit or toll-free number, has emerged as an important innovation to providing I&R services. It eliminates confusion and margin for error for mis-dialed numbers. It is efficient, giving people one number to call when searching for assistance. It is easy to remember, particularly in a crisis situation. It offers consistency throughout a state or region which may be particularly helpful to an increasingly mobile population, or for assisting relatives or loved ones who live in a distant community. It offers an easy alternative for non-emergency 911 (*a potentially important factor given that some communities report that their 911 systems suffer from 50-90% of inappropriate calls, including calls that could be handled by a 211 system*). Current operational 211 systems also offer 24 hour accessibility to trained staff. Perhaps the most convincing information about the usability of 211 systems is that they are used by callers. Atlanta experienced a 33% increase in calls by the first nine months of moving to a three digit (from an 11-digit number), and Connecticut's call volume increased approximately 40% during the first year of moving to the three-digit calling code. The Columbus (Georgia) 211 system, built upon an existing I&R service has just been implemented and therefore no usage information is yet available.

In Nebraska, the Office of the Health and Human Services System Advocate estimates that most persons who eventually contact them for assistance have already called as many as seven to eight different people attempting to get information. The need for I&R services in this state may be illustrated by actual scenarios of Nebraskans seeking services:

- The parent seeking to voluntarily place his child in foster care.
- The individual with questions about how to have their well water tested.

- The parent needing information about who to contact about bruises on her pre-schooler's body.
- The parents unaware that a local community mental health center provides services to help with a very active preschooler, because they are aware that this could be a mental health issue.
- The woman seeking to understand the implications of filing a protection order, but not ready to contact her local law enforcement office or law/court agencies.
- The rural person seeking transportation for a doctor's appointment.
- The full-time homemaker, whose husband has left her and her children, who needs food and help with rent.
- The patient who is dissatisfied with medical care received.
- The tenant who has been threatened with eviction.
- The uninsured parent whose child is sick.
- The adult child of who is concerned about the care her parent is receiving in a nursing home and wants to learn how to become a better advocate.
- The parent seeking child and elder care in his town.
- The individual seeking a number to report an environmental or health hazard.
- The parent of a post-high teenager with developmental disabilities who is seeking employment alternatives for a child.
- The person wanting to donate bone marrow.

Challenges

I&R providers maintain lists or databases of service providers for the purpose of linking people to these services. Some agencies may exist solely to provide I&R services; however, most organizations provide I&R as a component of other services. Information about human services may change very rapidly as programs and organizations adapt their programs to meet client needs and funding guidelines. Maintaining current, comprehensive information is time-consuming and costly. **Without coordination, many organizations have found that their efforts at maintaining and providing I&R services have resulted in duplicative efforts and overlapping services with other organizations helping the same target groups.** Many I&R services are unable (or do not have a clientele base large enough) to designate staff to maintain information, or to train and evaluate the staff to fully assess callers' needs. Individual I&R services may also be limited in capacity to provide 24-hour/7 day a week services, to provide toll-free access, and to provide accommodation for persons with special needs. For example, although persons who are deaf or hard of hearing may currently use TDD/TTY relay systems, which provides a person to translate between the caller and the agency, no many I&Rs are unable to provide *direct* access through TDD/TTY units and software. Many I&Rs also find it difficult to provide access to persons who do not speak English. The result of uncoordinated I&R services in a community is often a confusing array of I&R services, which are able to offer accessible, current, comprehensive information from trained staff.

The challenges of maintaining a quality I&R service with adequate resources, accessible to clients, have resulted in collaborative efforts. Throughout the United States a growing number of states and municipalities have developed cooperative I&R systems. These cooperative I&R systems enable governmental entities, non-profits, and for-profit organizations to collaborate in coordinating, managing, and disseminating I&R services within their communities.

Range of Services

Some I&R services furnish information on a wide range of human services. Other I&R services provide assistance within specific geographic areas (within a specific municipality or region), for particular age groups (elderly, teen, or child-related services), only for certain types of service (employment, disabilities, housing), or for existing clients (patients of a health care facility, clients of a human service agency).

The potential scope of services is illustrated by one of the most widely used taxonomies in I&R services -- the INFO LINE of Los Angeles/Alliance of Information and Referral Systems Taxonomy of Human Services. The INFO LINE/AIRS Taxonomy contains more than 4,300 terms that are organized into ten major service categories and a separate target group section. I&Rs throughout the nation use this taxonomy to categorize services. The INFO LINE/AIRS Taxonomy includes the following categories of services:

Basic subsistence

Programs that furnish survival level resources including food, housing, material goods, transportation, and temporary financial assistance.

Consumer services

Programs that provide for the education and protection of individuals who purchase, use, maintain, and dispose of products and services. Included are programs that assist consumers with complaints, educate consumers, provide money management assistance, provide consumer regulation, issue registrations, licenses, and permits.

Criminal justice and legal services

Programs including the courts, the criminal correctional system, judicial services, law enforcement services, legal assistance, and information including advocacy and mediation.

Education

Programs including those with educational opportunities from early childhood through adulthood, including the school system, alternative education, educational programs, and educational support services.

Environmental quality

Programs including animal services, environmental improvement and protection, sanitation, community maintenance, urban development, public safety, and public health programs.

Health care

Programs including emergency medical services, screening, diagnostic and treatment services, assistive technology, health insurance, medical equipment, health education, family planning, rehabilitation for persons with disabling conditions, specialty medication, and substance abuse prevention.

Income security

Programs that provide for the economic needs of the community by helping those who are able and willing to prepare for and obtain gainful employment by securing public assistance and support for the eligible needy and by ensuring that retirees, older adults, disabled people, and other eligible individuals receive the social insurance benefits to which they are entitled.

Individual and family life

Programs including adoption, foster care, and daycare for adults and children, supportive services for families and individuals, leisure activities, respite care, and social development activities.

Mental health care and counseling

Programs including those that provide preventative, diagnostic, and treatment services in a variety of community and hospital-based settings to help people achieve, maintain, and enhance a state of emotional well-being, personal empowerment, and the skills to cope with everyday demands without excessive stress.

Organizational/community services

Programs that provide any of a broad spectrum of services for the community as a whole including opportunities for individuals or groups to participate in community improvement or service projects, to have a voice in the political process, to have access to information services, or to benefit from the availability of a variety of services for residents, travelers, newcomers, community agencies, organizations, businesses, and industry.

Target groups

Programs specifically for individuals who have specific disabilities, medical diagnoses, ethnic backgrounds, national origins, family relationships, income levels, religious affiliations, special problems or considerations, or other targeted characteristics including age and gender.

National Efforts

Nationally there has been great interest in establishing 211 as the three-digit code for I&R services. A coalition of I&R services and two national associations is pursuing a national designation from the Federal Communications Commission to reserve 211 for all states. The partners include the Alliance of Information and Referral Systems (AIRS), the United Way of America, United Way 211-Atlanta, United Way of Connecticut, Florida Alliance of Information & Referral Services, and the Texas I&R Network. On May 28, 1998 the partners filed a petition with the Federal Communications Commission (FCC) requesting that the 211 dialing code be set aside nationally for telephone access to information and referral services. The petition describes the national need and benefit to establishing a nationwide three-digit number for I&R services. The petition also describes the experiences of two operational 211 systems (in Connecticut and Atlanta) and the progress or interest in establishing systems in a number of other states, *including Nebraska*. The FCC requested public comment on the petition during the fall of 1998, with the majority of comments expressing support for the 211 designation for I&R. The FCC is currently considering the petition and comments, and the agency will make a decision at some point in the future.

Currently, two urban areas (the greater Atlanta, Georgia area, and the greater Columbus, Georgia area) have successfully implemented a 211 system. At the state level one state (Connecticut) has successfully implemented a 211 system. AIRS has members in 44 states who have either implemented 211 systems (the greater Atlanta, Georgia area; the greater Columbus, Georgia area; and the state of Connecticut), are in the process of implementing 211 systems, or are pursuing 211 systems. The AIRS figure includes 211 systems (or plans for systems) that are either statewide or cover only part of a state (e.g., a region or municipality).

Because there are few available remaining three-digit numbers, other interests and organizations have also expressed interest in reserving the 2-1-1 code nationally through FCC petitions. For example, the U.S. Department of Transportation has indicated interest in reserving a three-digit number for road conditions. (*Note: 211 will be used throughout this report to indicate a three-digit dialing code even though a different combination of numbers may ultimately be used.*)

Nebraska Efforts

In Nebraska, organizations have been providing I&R services for many years. As in other states, I&R services have ranged from small services (serving small populations or having a narrow focus) to larger services (serving larger populations or having a broader focus). And, as in other states, there has been great need for and interest in broad collaborations to provide comprehensive, up-to-date, easy-to-access I&R services to all Nebraskans.

There has been growing interest, additionally, in coordinating Nebraska I&R services to improve human service delivery and reduce costs. For example, *Nebraska's Long-Term Care Plan* (May 1997) included I&R services as one of a core set of services that "should be identified and given

priority for funding within the system.” The Long-Term Care Plan *Work Team Report* (May 1997) more specifically recommended expansion of the Nebraska Resource and Referral System (NRRS). The NRRS is a statewide database of resources that has been maintained since 1988 by NHHSS.

Following up on its planning work, the Long Term Care Task Force pursued its’ interest in I&R services and expansion of the NRRS by investigating the possibility of piloting a coordinated I&R system in a geographical area of Nebraska. In early 1998 the Long Term Care Task Force approached several Omaha area, other local and regional, and statewide I&R services to discuss interest in coordinating services and data. The meeting included representatives of NHHSS, non-profit organizations, and health care providers. In subsequent meetings, the group determined that restricting the focus to the Omaha area would unnecessarily prevent investigation of an ultimate statewide I&R service. Therefore the group decided to open the discussion to organizations throughout the state to determine interest statewide in a coordinated system.

In November 1998 the group convened “Information and Referral Network” conferences in Kearney and Omaha. The conferences featured Judy Windler, Executive Director of the Texas Information and Referral Network, and presentations from Nebraska-based I&R services. The conference revealed wide support for a statewide 211 I&R model.

Emerging from the conference, the Nebraska 211 Coalition was created to continue exploration of the model. Coalition members were recruited from individuals and organizations throughout the state with an interest in supporting and collaborating in the 211 model. The Nebraska 211 Coalition has spear-headed efforts in Nebraska to investigate the feasibility of a 211 system, and has joined the national 211 Initiative as a Collaborative Partner.

Parallel to the efforts of the Nebraska 211 Coalition, during the Ninety-Sixth Legislature (First Session) Senator Jim Jensen introduced Legislative Resolution 49 (LR 49), which was subsequently passed by the Unicameral. LR 49 called for “an interim study to determine the feasibility of a Statewide Information and Referral System,” to be reported to the Legislative Council by December 1, 1999. Among other activities initiated through LR 49, a series of public hearings have been conducted to ascertain statewide support of the 211 system.

In June, 1999, NHHSS and the United Way of the Midlands entered into a contract with the University of Nebraska Public Policy Center to survey existing I&R services and conduct a cost/benefit analysis of a statewide 211 model. The survey of existing I&R services would describe the current state of I&R services in Nebraska. The cost/benefit analysis would present the likely tangible, intangible, technical, and practical costs and benefits of implementing and maintaining a coordinated information and referral 211 system.

Principles and Components of 211 Model

The following are key principles of a possible Nebraska 211 system, as defined by NHHSS officials and members of the Nebraska 211 Coalition. These principles provide the basic parameters for the study:

- 211 calls will be toll free calls for Nebraskans.
- 211 calls will be answered by trained I&R staff.
- 211 will be available to callers 24 hours a day, seven days a week.
- The 211 service will be supported by a reliable database(s) accessible throughout the state.
- The 211 system will promote efficiencies throughout the state for consumers, governmental organizations, and non-profit and for-profit organizations.

Call Center(s)

This study compares the costs of three configurations of call centers: 1) a single statewide call center open 24 hours a day, 7 days a week; 2) six regional call centers each open 24 hours a day, 7 days a week; and 3) six regional call centers, five of which are open weekdays during high-volume hours and the sixth which is open 24 hours a day, 7 days a week. Regardless of whether comparing a single call center or multiple call centers, each configuration is staffed so that 211 calls are answered by trained Information and Referral Specialists (IRS) equipped with accurate human services resource databases.

Data and Database

The data system must be complete, accurate, accessible and efficient. Data will be accessed through an Internet-accessible database(s). Files will adhere to a common structure and taxonomy. The database files will be regularly backed-up. At a minimum, each data file will be reviewed every six months to assure accuracy. The databases will be freely available for searching by any person or organization through the World Wide Web.

Telephony

A statewide toll-free telephone network will enable callers to reach 211 through the three-digit dialing code.

Trained I&R Specialists

I&R Specialists (IRS) should be considered more than operators that provide rote answers to simple questions. Rather, effective I&R services have found that staff must be uniquely selected and trained to provide several key functions:

- work with callers to understand the root of the difficulty or needs;
- assist the caller in prioritizing needs;
- assist the caller in identifying personal resources the caller might have;
- search available databases to find resources appropriate to the caller's needs;
- identify possible barriers to accessing resources;
- assist the caller in developing their plan of action;
- provide advocacy and follow-up as requested; and
- reinforce the capacity and empowerment of callers.

According to *Creating a 211 Service: a Comprehensive Guide to Developing a 211 Information and Referral System*, distributed by AIRS:

What distinguishes good I&R from less useful forms of help is the specialist's ability to get to the root of the caller's problem and to empower the caller with useful information and choices. An effective referral is made with two ingredients: full understanding of the caller's needs and preferences matched with comprehensive detailed information on how services actually work. For example, it is futile to refer a caller to a source of government assistance without telling her what forms of identification she will need to bring to establish eligibility, or to refer to a food pantry Thursday night which is only open on Sundays.

Accessibility

The 211 system will be accessible to persons, at no cost, seeking I&R assistance through multiple entry points. Accessibility will include adequate staff to answer calls, without undue hold times and busy signals. Accessibility may also include accommodation for special needs populations such as TDD/TTY (telecommunication devices for the deaf and other similar systems), bi/multi-lingual staff (and use of services such as the AT&T Language Line), and availability of information through e-mail.

Accreditation

The 211 system will operate in such a way that, at a minimum, it would be eligible for accreditation through AIRS. Staff working on the 211 system, in a similar way, would be persons that would be able to achieve certification for individual practitioners through AIRS. Nebraska, however, must carefully determine for itself its minimum qualifications for staff and operations.

Sustainability

The 211 system will be created and maintained in such a way to assure long-term sustainability. Sustainability will include sound financial support for the system based on informed projections of usage; standards for selection and monitoring of the call center(s); creation of telephone and data systems that use technology appropriately and with an understanding of likely future innovations; development of administrative or supervisory oversight; creation of a system for staff selection, training, and monitoring; coordination of the call center(s); standards and protocols for data handling and maintenance including verification, updates, backups, etc.; publicity and marketing efforts; on-going evaluation of system effectiveness and user satisfaction; and data collection about service needs and gaps.

Efficiencies

Efficiencies for consumers, governmental organizations, and non-profit and for-profit organizations will be promoted. Efficiencies might include such components as: access to information for persons wishing to find out about service availability for themselves, friends, loved ones, or clients; prevention of inappropriate calls to the 911 system; reducing duplicative attempts to maintain and publicize overlapping I&R services; and the identification of service gaps within Nebraska's human service system. In addition, efficiencies may be gained through collaborative relationships with programs that currently offer (or are mandated to offer) toll-free I&R services about specific programs or for specific populations for Nebraskans.

Structure of Study

Study Team

The University of Nebraska Public Policy Center provided overall coordination of the Survey of Existing I&R Services and the 211 Cost/Benefit Analysis project. The lead faculty member from the Public Policy Center was Nancy Shank, MBA, Research Assistant Professor.

Survey of Existing I&R Services. The Bureau of Sociological Research (BOSR) administered the Survey of Existing I&R Services. BOSR, the research division of the University of Nebraska-Lincoln Department of Sociology, has conducted numerous national, statewide, regional, and local surveys through telephone and mail since 1964. David Johnson, PhD, Director of the Bureau, was responsible for the overall administration of the survey. Cheryl Wiese, Associate Director, coordinated the survey administration, tabulation, and results.

211 Cost/Benefit Analyses. The 211 Cost/Benefit Analysis project team was lead by two faculty members from the University of Nebraska-Lincoln: David Rosenbaum, PhD, Professor of Economics, UNL College of Business Administration, and Gregg Wright, MD, MEd, Research Associate Professor, UNL Center on Children, Families and the Law.

The project team was joined by other faculty consultants and research assistants who assisted in the data collection and analysis.

Study Components

The project team utilized a number of methods to gain an informed understanding of the considerations of coordinated I&R systems generally, and 211 systems in particular. The following components comprised the key aspects of the study.

Survey of Existing I&R Services in Nebraska. Throughout Nebraska a wide variety of organizations provide types of I&R services. A comprehensive survey of the scope and operation of existing services is crucial to understanding the benefits of implementing a statewide 211 system. Because complete information was unavailable about I&R services in Nebraska, this project undertook a comprehensive survey of organizations providing I&R services in Nebraska. The survey examined existing I&R services including: general organizational information, operating procedures, usage, staffing and technological resources, collection and maintenance of resource information, and funding.

Interviews and Consultations. Other states and regions have successfully implemented 211 systems or other coordinated I&R systems. Selected persons, both within Nebraska and throughout the country, were contacted who have specific expertise or who could provide in-depth feedback and advice about 211 systems or components of systems.

Examination of Information About Other States/Regions Implementation of 211 or Coordinated I&R Systems. In order to understand how Nebraska might implement and maintain a 211 system, information from other states was examined. Information included reports, studies, marketing information, and usage data.

Other Research. Additional research was undertaken by accessing information from governmental agencies, national organizations, I&R e-mail discussion groups (listservs), and research literature. This information provided additional contextual information about national and state efforts and experiences.

Development of Nebraska-Specific Projections and Models. Based on the results of the foregoing investigation, specific models were created to project and model scenarios of Nebraska 211 systems.

Costs and Benefits

The cost and benefit analyses were conducted in order to determine *projected* quantifiable and non-quantifiable costs and benefits of establishing a 211 system in Nebraska. These are *projected* costs and benefits for an array of possible scenarios. Actual costs and benefits might vary based on administrative structure, standards for service, budgetary constraints, actual usage and volume, and degree of coordination among existing I&Rs.

Quantifiable and non-quantifiable costs and benefits were examined. Quantifiable costs include such items as telephone and data systems and connections, staffing, hardware and software, facilities, program administration, and evaluation. Benefits include such dimensions as saved person hours searching for information, use of preventative and lower cost resources, and reduction of duplication of efforts. Non-quantifiable costs include the increased demand for services or the frustration citizens may feel when there are simply no information services available to tell them about options.

Limitations of Study

This study attempted to identify and survey as many existing I&Rs as possible throughout Nebraska. However, it must be understood that, despite repeated contacts, not all human service organizations that originally identified themselves as providing I&R services actually responded to the full survey. In addition, not all organizations responding to the full survey provided answers to all questions. The surveys relied on organizations to self-report. Researchers confirmed some of the self-reported figures with selected organizations, but did not confirm all figures.

This study does not presume to present *the* costs and *the* benefits of *the only* possible, or even

best possible, 211 system for Nebraska. Rather, the study presents costs and benefits based on a number of possible scenarios that may be viable options for Nebraska. This study also does not presume to act as an implementation plan or business plan. Rather, it intends to examine a range of structural possibilities, and it identifies likely impacts of these scenarios. Should Nebraska choose to implement a 211 system, there should be consideration should be given to the development of business and implementation plans. In addition, further consultation will be very useful, particularly for the specific configuration of phone systems, hardware, and software.

III. I&R SYSTEMS THROUGHOUT THE UNITED STATES

The success of 911 for accessing emergency services and of 411 for accessing telephone directory assistance have shown the benefit of simple, coordinated, three-digit dialing codes for citizens wanting fast, easy access to information and services.

Across the United States, countless individuals and families search every day for information about services such as emergency financial assistance, food, shelter, employment assistance, and the myriad of other human services for themselves or for family members or clients. With the changes in the federal welfare system, many persons believe that access to services through I&Rs provide a key component of welfare to work transition. The benefits of 211 systems, and the complexity and difficulty of accessing information, spurred a number of I&R services to investigate the feasibility of reserving a 211 number for information and referral services.

National Association

The Alliance of Information and Referral Systems (AIRS) is the national, non-profit association for I&R organizations throughout North America. AIRS currently includes approximately 1,000 private and public I&R programs in this professional association. Incorporated in 1973 to improve access to services through I&R, AIRS promotes the professionalism of I&R and supports new developments in the field through advocacy, publications, conferences, education, training and certification, and development of standards.

State Initiatives

Examining the experiences of states and municipalities that have adopted 211 systems, or other coordinated I&R services, is useful as Nebraska considers the possibility of creating a 211 system. Only one state (Connecticut) and two greater metropolitan areas (the greater Atlanta, Georgia area, and the greater Columbus, Georgia area) have fully-implemented 211 systems offering three-digit dialing, toll-free, comprehensive community services.

In 1997, the Georgia Public Service Commission approved the first three-digit telephone number dedicated to I&R services within a community. The effort was headed by the United Way of Metropolitan Atlanta. That number in Atlanta became 211. In the first nine months of operation, the Atlanta 211 system experienced a 33% increase in calls to their I&R service. Because they had conducted little marketing, Atlanta attributed the increase in calls to the easier to remember, quicker to dial 211 code. In February 1999, Connecticut became the second 211 system in the nation, when it converted its statewide I&R service from a toll-free 10-digit number to 211. Connecticut experienced a 40% increase in call volume. Columbus' 211 system went operational in January 2000 and is being operated by CONTACT Helpline of Columbus, that has administered the CONTACT call center for 21 years.

Each state, most often through Public Service or Public Utility Commissions, may separately reserve open three-digit numbers; however, many numbers are reserved or are proposed for other uses. For example, most three-digit numbers are already in use as area codes and other dialing codes and are unavailable as stand-alone numbers. 911, the most widely-known stand-alone three-digit number, is reserved for emergency services; 411 is reserved for local directory assistance; 311 is used for non-emergency police calls in some communities; and 711 is reserved for access and relay services for the hearing and speech impaired. The remaining three digit codes are clearly a finite resource. In addition to the petition for establishment of 211 for I&R services, the Federal Communications Commission, for example, is also considering a petition from the United States Department of Transportation for reservation of a three-digit number for road conditions.

Federal Study About Need for Coordinated I&R

In 1978 the Comptroller General of the United States prepared a report for Congress, "Information and Referral For People Needing Human Services—A Complex System That Should Be Improved." This report assesses the potential for improving service and reducing duplication. Because there have been no systemwide success in coordinating I&R services at the federal level, it is easy to see that the potential and benefits of coordinating systems exist today in the same way it did at the time of the study. At that time it was estimated that the federal government spent over \$100 billion annually on I&R services. However, it concluded that this is only a portion of the total cost. While a sample of agencies surveyed received over half of their funding from the federal government, there were significant state and local contributions as well. One study of one large community alone estimated that the I&R costs were as much as \$100 million annually.

The report's conclusions are still valid today. The report concluded:

- the network of human services which have been developed to help persons reduce their dependency and attain and maintain self sufficiency is "extremely complex, . . . highly specialized, and fragmented."
- "many agencies have attempted to develop I&R systems to inform people of the available human services and to refer them to the appropriate agency";
- "lack of coordination and suitable quality controls have resulted in an ineffective and inefficient I&R system"; and
- agencies are devoting resources to I&R which could be directed to filling gaps in other needed services.

The 1978 report identified several barriers to consolidated I&R services. **One of the most frequently mentioned obstacles to consolidating I&R services is the reluctance of agencies to give up their own I&R activities.** This trend was noted in each city studied. In 1978, the conclusion from this was that more federal leadership was needed. Today, we might look more to state leadership to bring these agencies together in a coordinated I&R effort.

Data About Coordinated I&R Systems

We found no central clearinghouse, or standardized reporting format to collect and analyze information about the types of calls received by I&Rs throughout the country. Surprisingly information is sketchy, at best, about I&R services, their call volumes and types, and their operations. We collected data and synthesized other information we found. In summarizing other states' and localities' experiences in coordinating I&R systems, we examined reports, surveys, websites, and interviewed knowledgeable I&R professionals around the nation. We focused mainly on I&R systems that are comprehensive in scope (i.e., that provide information and referral to all populations) rather than those that serve only a specific population, such as elderly persons. However, we did gather information about the COMPASS system in Iowa that provides information specifically for persons with disabilities due to the state's proximity and the COMPASS system's similarity to the existing NRRS maintained by NHHSS. Appendix E provides a summary of the coordinated I&R systems we examined.

Across the United States, the operations of I&R services vary tremendously in hours of operation, staff training, and other issues. That is, some services are available 24 hours a day/7 days a week, whereas others have only limited hours. Some have trained, certified staff, others have staff with little or no training. Many I&R services provide multi-lingual assistance and make accommodation for other special needs populations. Some provide information accessible through the World Wide Web. Others make use of automated systems that give callers the opportunity to select resources on touch-tone telephones through a series of automated menus.

211 Requested Services and Contacts

Two (i.e., Atlanta and Connecticut) of the operational 211 systems have had their systems in place for a long enough period of time to collect and publish data regarding their calls. Connecticut reports the most frequently requested services are for child care, financial assistance, food, protective services, legal assistance, utilities/heat, social support, housing, and mental health. In 1997 in Atlanta, 49% of urgent calls to 211 were requests for help to find shelter, get food, or obtain assistance with utilities and rent. Atlanta reports that their typical caller is female adult, employed, and the mother of one or more children. In Connecticut, 15% of calls are from other human service agencies requesting information and referrals for clients. Atlanta also tracks usage of their website (www.unitedwayatl.org); it received 151,323 hits during the 1997-8 fiscal year.

Call Volumes

As might be expected, there are wide variations in size and operating structures of I&R systems. I&R systems may be operated for a single county or metropolitan area or cover an entire state. One survey of I&R services (conducted by AIRS within their membership, but which does not include all I&R members of AIRS) found call volumes ranging from as few as 6,000 calls per year to as many as 1.2 million. Of these I&Rs, the call volume as a percentage of the population ranged from 1.5% of the population served to over 38% of the population.

Table 3.1

**Survey of Information and Referral Programs
Alliance of Information Systems - 1997***

	State	City/Region	Population Served	Call Volume	Call Volume As % of Population
1	Arizona	10 counties (Phoenix)	3,600,000	167,871	4.66%
2	California	Los Angeles	12,000,000	204,000	1.70%
3	California	San Diego	2,800,000	78,000	2.79%
4	Connecticut	Statewide	3,300,000	185,000	5.61%
5	Florida	Statewide	15,000,000	1,200,000	8.00%
6	Florida	Dade County	2,200,000	120,000	5.45%
7	Florida	Tallahassee	350,000	60,000	17.14%
8	Georgia	Atlanta	3,500,000	135,000	3.86%
9	Illinois	Chicago	8,000,000	12,000	0.15%
10	Indiana	Columbus	35,000	6,000	17.14%
11	Michigan	Detroit	4,000,000	120,000	3.00%
12	Minnesota	Statewide	4,600,000	400,000	8.70%
13	Minnesota	Twin Cities	2,000,000	194,000	9.70%
14	Minnesota	St. Louis County	198,200	25,899	13.07%
15	Minnesota	Grand Rapids	42,000	16,000	38.10%
16	New York	Rochester	1,200,000	125,000	10.42%
17	North Carolina	Forsyth County	287,000	29,555	10.30%
18	Ohio	Summit Co./Akron	500,000	83,000	16.60%
19	Pennsylvania	York County	365,000	31,524	8.64%
20	Tennessee	Memphis	1,500,000	297,000	19.80%
21	Texas	Statewide	17,000,000	950,000	5.59%
22	Texas	Houston	4,000,000	80,000	2.00%

23	Virginia	Richmond	1,200,000	18,000	1.50%
24	Washington	King Co./Seattle	1,700,000	203,000	11.94%

*Data presented here is a subset of information from a larger survey and includes only programs for which there was complete information and programs that provide comprehensive I&R services.

I&R Costs Per Call

The funds used to administer I&Rs, especially in comparison to the number of calls received by an I&R, also appears to vary dramatically. Some of the variation is likely due to the aegis under which an I&R operates, and the variability in reporting costs and contacts. For example, some I&Rs exist solely to provide information and referral services; most, however, appear to be a part of a larger organization. Without an in-depth financial analysis it is difficult to ensure that I&Rs are reporting like expenditures. Finally, I&Rs may count call volumes in various ways, such as the number of calls (including those that are abandoned), and in what may also be included as a “contact,” for example, letters, emails, and even webhits, in addition to phone calls.

Data was gathered from those I&Rs willing to share call volume and annual budget figures. Additionally information was gathered through the IR-NETWORKER listserv administered by the University of Texas-Austin and owned by the Texas Assistive Technology Partnership (<http://www.edb.utexas.edu/coe/depts/sped/tatp/tatp.html>).

To the extent possible, the figures we represent below reflect an effort to normalize the data. The estimates consider total costs to administer an I&R, including database maintenance, publicity, hardware, and other costs.

Table 3.2

Costs Per Call of I&Rs throughout the U.S.

	# calls	Annual Budget	Cost Per Call
COMPASS (Iowa)	3,000	\$ 150,000	\$ 50.00
Minnesota Board on Aging	29,000	\$ 747,977	\$ 25.79
Detroit United Way	15,000	\$ 350,000	\$ 23.33
Connecticut 211	149,000	\$ 3,000,000	\$ 20.13
Indianapolis	28,000	\$ 350,000	\$ 12.50
Fort Worth United Way	36,592	\$ 350,000	\$ 9.56
Atlanta 211	180,000	\$ 1,295,751	\$ 7.20
Jacksonville United Way (5 county area)	73,000	\$ 470,000	\$ 6.44
Dayton United Way	90,414	\$ 540,000	\$ 5.97
San Diego County United Way	78,000	\$ 432,000	\$ 5.54
Gainesville United Way	28,000	\$ 99,540	\$ 3.56

The Relationship Between 211 Systems and 911 Systems

Officials involved in both 911 and 211 systems in Atlanta and Connecticut, were contacted to determine any potential conflicts between the 211 and 911 call systems. In both areas, the systems are working together without conflict, but individuals involved in both 911 and 211 agreed that the relationship of the two systems required active planning and cooperation. In both areas, the initial stages of the 211 process involved extensive informational meetings with police and 911 officials.

Potential for Confusion by the Public

A concern is often expressed that the existence of a 211 system might confuse the public about when and why to use the 911 system. In general, individuals involved with 911 systems are leery of all other 911 numbers because of this potential. However, according to 911 and 211 officials in both areas, this has not been a problem. One public safety official attributed this to attention to advertising, training, and system cooperation. This official noted it is important that any advertising for the 211 system avoid language that might imply that 211 would be helpful in emergency situations; in addition, 911 officials should be contacted to be sure they are comfortable with how the 211 system is promoted.

Misdirected and Urgent Calls

911 systems deal with many calls that are not an emergency and that could be more appropriately handled by a 211 system. In both Atlanta and Connecticut, 911 officials expressed the potential for the 211 system to reduce the volume of these calls; however, neither Atlanta nor Connecticut has been operating long enough to notice this effect. Cooperation between the two systems is needed to ensure that misdirected calls are handled most appropriately. Training is important so that 211 information and referral specialists and 911 dispatchers both understand the existence and mission of the other system, and have a protocol to deal with calls that would be more appropriate to the other system. In Connecticut, when an individual calls 211 and describes a need that requires a 911 response, a three way call with the appropriate 911 dispatch center may be established immediately. While calls forwarded in this manner lose the automatic location information most 911 centers are equipped to display, 911 officials felt this to be a minor consideration. Forwarded calls from other sources are not uncommon, and location information is verified verbally whenever possible. For calls to be forwarded in this manner, the 211 service must know the 7 digit emergency number for each 911 center in the state because calls may not be transferred to a three digit number. Each 911 center in Connecticut maintains a 7 digit number that is routed to the dispatch center just like a 911 call. Cooperation is important to be sure that the 211 system has an up-to-date list of these numbers.

Emergency calls to 211 are rare in both Atlanta and Connecticut. The most urgent call to a 211 center is likely to be a suicide call. 211 systems should have a protocol for dealing with these calls. The Connecticut 211 system is also a fully accredited suicide hotline, and these calls are handled directly. Some 911 centers in Connecticut do not deal with suicide calls but transfer them to the 211 system. In 211 systems that do not provide the additional service of a suicide hotline, it is important that the information and referral specialists be trained to quickly assess and transfer these calls to the appropriate suicide hotline.

IV. A SURVEY OF INFORMATION AND REFERRAL IN NEBRASKA

Introduction

A mail survey was conducted of governmental agencies, social service organizations, and other agencies in Nebraska to determine how I&R services are currently provided. A postcard survey was sent to 827 organizations, asking each to indicate whether they provide I&R services. One-third of these agencies indicated they provide I&R services. Full surveys were sent to these 276 agencies. The survey included questions about the costs and resources required for providing such services, hours of operation, call volume, characteristics of the calls, and staffing devoted to providing I&R services.

After multiple mail and phone contacts, survey responses were received from 193 I&R service providers (70%). Two of the responding organizations reported that they receive fewer than one I&R service call per month and therefore were removed from the sample since they did not meet the criteria of providing I&R services “on a regular basis.” Although opportunity was given to all known social service agencies to participate, some I&R services were likely missed. We know of 83 agencies providing I&R (as indicated by the postcard response) who were unable or chose not to complete the full survey. In addition, over half of the 827 agencies initially contacted chose not to return the post card.

Although it may be reasonable to assume that agencies that do not provide I&R services would not return the post card survey (although an option of “Do not provide I&R Services” was provided), we cannot be certain of the exact proportion of those who failed to return the post card that do, indeed, provide I&R services. The summary that follows characterizes 191 responding agencies only. No attempt has been made to estimate the characteristics of the non-responders. *For that reason, the numbers in this report likely represent an underestimate of the actual Information and Referral experience in Nebraska.* A detailed methodology and a copy of the survey and results can be found in Appendix H.

The survey did not attempt to ascertain either the quality (i.e., accuracy) of information provided by each responding organization, nor did it attempt to determine the extent to which requested referrals were available (i.e., gaps in information) from individual I&Rs. The survey relied primarily on organizational self-report of their I&R services.

Costs

Some agencies expressed difficulty in calculating and reporting the cost of providing I&R services because most agencies (93%) reported the employees who field these calls have responsibilities in addition to answering I&R requests. Only 30% of the agencies responding to this survey reported actual costs for providing I&R services, *so there is an unknown amount of money used to provide I&R services in the organizations (70%) that did not respond to this question.* Among those that did provide cost information, some may have included costs for responsibilities beyond responding to I&R requests.

Almost seven of every ten of the I&R service providers who responded to this survey contribute general operating funds to fund the I&R services. Grants are the second most likely source for I&R funds (33%) and private contributions are used in 23%. (See Appendix H, Question 13.)

Almost half (45%) of the 56 agencies for which information was reported (again, only 30% of organizations responding to the survey provided this information) spend \$25,000 or less annually for I&R services, another 37% provided between \$25,000 and \$100,000, and the remaining 18% provide more than \$100,000 annually. With caution due to the factors outlined at the beginning of this cost section, the combined cost from these 57 reporting agencies totaled well over \$4 million.

Approximately what is the annual cost to fund I&R services you provide?

Range = \$0-765,000 **Mean** = \$77,060 **Median** = \$30,857 **Mode** = \$25,000
Sum = \$4,315,342

Agencies that provided any answer	n=56	29.3%
Annual Cost	n=56	Percent of those responding
\$0	2	3.6%
\$1,000 or less	7	12.5%
More than \$1,000 to \$10,000	6	10.7%
More than \$10,000 to \$25,000	10	17.8%
More than \$25,000 to \$40,000	8	14.3%
More than \$40,000 to \$50,000	6	10.7%
More than \$50,000 to \$100,000	7	12.5%
More than \$100,000 to \$300,000	8	14.3%
\$435,200	1	1.6%
\$765,000	1	1.8%

Database Management

Agencies use a variety of sources to direct callers to the appropriate resource. Most frequently used are the local phone book (85%) and a personal address file or notes (79%). Approximately half (48%) of the agencies use an organization-wide database, and almost one third of the agencies (31%) rely on the NRRS for referral information (Question 40). Only 21% (39 organizations) use a computerized database to maintain and search for resources. Only 4% (7 organizations) use the AIRS taxonomy.

Most of the agencies (74%) actively seek information to provide I&R services (Question 41). Approximately half of the organizations (49%) spend between one and ten hours per week collecting and maintaining their resource information. Forty-three percent spend less than one hour per week, and about 8% spend more than 10 hours per week at this task (Question 42). Most of the organizations (66%) had fewer than 100 resources in their referral database. The organization with the largest number of database resources housed 3,000 resources in their database.

Accessibility

Sixty-nine agencies (37%) indicated that they provide a toll free number for their I&R calls (Question 17). 51 agencies (28%) provide TDD/TTY access (Question 20).

Hours of Operation

The majority of I&R providers that responded to the survey have phones that are answered Monday through Friday during regular business hours (between 7:30 am and 6:00 pm). Almost one quarter (23%) provide services every day of the week, and one of six (17%) provide services 24 hours a day. Three of those who answered they provide 24 hour a day service use an answering machine for part of the coverage.

Days of the week the line operates. (Question 21)	n = 187	%
Monday through Friday	141	75%
Monday through Saturday	3	2%
Monday through Sunday	43	23%

What are the hours of operation for this number? (Question 22)

	n = 185	%
24 hours a day <i>(3 use an answering machine for part of the 24 hour coverage)</i>	31	17%
daytime hours (7:30am-6:00pm)	149	81%
daytime and evening hours (7:30am-11:00pm)	4	2%
varies according to site	1	<1%

Call volume

Agencies reported receiving from 12 to 341,744 I&R calls annually for a total of 902,519 statewide. (The highest number represented one agency reporting for multiple locations on one form.) This total reflects responses from 145 of the 191 agencies that responded, and the remaining 46 either did not keep track of the number of calls or chose not to respond to the question. Of these I&R calls, about 16% are calls from other social service agencies. Half of the agencies that responded received 500 or fewer calls each year.

Approximately how many I&R calls do you receive annually?

(n = 145)
(Question 27)

Range= 3-341,744 Mean = 6,224 Median = 500 Mode = 500 Sum = 902,519

Number of calls:	n=145	Valid Percent
0-100	26	17.9
101-200	20	13.7
201-500	27	18.6
501-1500	34	23.4
1,501-5,000	17	11.7
5,001-30,000	16	11.0
30,001-55,000	4	2.8
341,744	1	.7

Approximately how many of your total annual calls include calls from other agencies? (n = 131) (Question 28)

Range = 0-42,000 Mean = 1086 Median = 135 Mode = 50 Sum = 136,056

Number of calls:	n=131	Valid Percent
0-100	63	48.1
101-200	14	10.7
201-500	25	19.1
501-1500	12	9.2
1,501-5,000	9	6.9
5,001-30,000	7	5.3
30,001-55,000	1	.8

Respondents were asked to provide information about the volume of calls during various times of day during a typical day. This information should be used to illustrate general call volume as it spans a 24 hour period - there is not much variance during normal business hours (8 am to 5 pm),

and late afternoon receives the highest volume during evening hours.

Estimate the number of calls received throughout the day for a typical day. (n = 90)
(Question 30)

Total Calls Reported

1,830	Morning (8 am - 11 am)
1,574	Midday (11 am - 2 pm)
1,739	Early Afternoon (2 pm - 5 pm)
136	Late Afternoon (5 pm - 8 pm)
100	Evening (8 pm - 11 pm)
53	Late night (11 pm - 8 am)

Half of the agencies reported that the number of calls received varied somewhat by month. The volume of calls seems to decline somewhat in the summer months and increase slightly in the fall and winter (Question 29).

Staffing

Half (52%) of the agencies reported the number of paid hours devoted to providing I&R services as the equivalent of one half of full time employment or less (0 to 1,040 hours annually). An additional 15% reported the equivalent of one full-time employee annually providing I&R services (Question 32). Half of the agencies required a GED or high school diploma of their staff answering I&R calls, and almost one-fourth (23%) require a B.A. degree (Question 36). A large majority (93%) of the staff responsible for answering I&R calls had responsibilities in addition to I&R requests (Question 34). The total number of paid hours devoted to I&R services reported by 124 agencies totaled 335,960 hours (Question 32), or over 161 paid, full-time-equivalent (FTE) positions.

Most agencies (71%) reported no volunteer staffing hours. Of those agencies that did, most (27 of 43) had volunteer hours equivalent to 10 or fewer hours of volunteer services per week (Question 33).

Approximately how many annual, PAID staffing hours are devoted to providing I&R services (40 hours a week for one year equals 2,080 total hours)? (Question 32)

Number of hours annually

Range = 0-50,000 Mean = 2,709 Median = 1,040 Mode = 2,080 Sum = 335,960

Hours/week	Total Hours Annually	N=124	Percent
1 hour or less/week	0-52	35	28%
2 to 10 hours/week	53-520	19	15%
11 to 20 hours/week	521-1,040	11	9%
21 to 35 hours/week	1,041 - 1,820	13	10%
40 hours/week	2,080	19	15%
41 to 80 hours/week (1-2 FTE)	2,081 - 4,160	12	10%
81 to 200 hours/week			

(2-5 FTE)	4,161 - 10,400	10	8%
(11 FTE)	22,880	2	2%
(12 FTE)	25,000 / 25,297	2	2%
(24 FTE)	50,000	1	1%

Geographic Coverage

Respondents were asked to indicate the area of the state for which they provide I&R services (Question 12). Thirty-three agencies indicated that they provided I&R service on a statewide while the other areas of the state were served by from 16 to 52 different agencies.

Region	Region	Percent
Western Region	18	9%
Southwest Region	24	13%
Central Region	33	17%
Northern Region	50	27%
Eastern Region	21	11%
Southeast Region	52	27%
ENTIRE STATE	ENTIRE	17%
Other Bordering States	3	2%

Comprehensiveness/Redundancy of Information

The survey asked I&Rs how much information (very complete information, partial information, or no information) they keep on non-profit and public programs relating to: basic subsistence, consumer services, criminal justice and legal services, education, environmental quality, health care, income security, individual and family life, mental health care and counseling, organizational/community services, and target groups.

The survey used self-report and did not attempt to ascertain the quality or accuracy of any agency’s databases. The question collected information about comprehensiveness of resource data that I&Rs gather, and not to identify human service need in any particular community. That is, we have not attempted to determine whether the I&R resources are adequate to meet specific community needs in any category. Rather, the data was collected to begin to identify commonalities and comprehensiveness of information available, by county, to Nebraskans.

According to the responses, every county has at least two I&R service providers (or in many cases numerous I&Rs that are providing information) that maintain information for each of the above topic areas (e.g., at least two I&Rs provide information about mental health care and counseling, along with other topics).

However, there are nine counties that do not have access to “comprehensive information” about existing services. Comprehensive information is defined as a single I&R that provides services on nine of the ten (excluding the “target group” category) above topics. In these nine counties, persons must make calls to a number of agencies before information or services could ostensibly be obtained on a variety of topics.

See Appendix H for maps showing the dispersion of providers, by county for each category, and for I&Rs providing comprehensive I&R information.

Accreditation

The survey asked I&Rs to indicate whether they had received accreditation from AIRS. Five organizations responded positively. Upon contacting AIRS for verification, however, it was found that no Nebraska organizations are currently accredited by AIRS. There are currently five certified IRS through AIRS' personnel certification program. This indicates there was likely misunderstanding of the question.

V. COMPONENTS OF A STATEWIDE 211 SYSTEM

Overview

Given the experience of other I&R systems across the nation and in light of the Nebraska situation, there are seven components that will be required to *provide efficient, user-friendly 211 telephone access to reliable human service information* on a statewide basis. These include:

- A integrated, state-wide **telephone system** to direct three-digit 211 calls to the appropriate place given the location of the caller and the time of the call;
- Trained **information and referral specialists** with the skills necessary to clarify the caller's needs and to provide helpful options;
- A complete and accurate **database** of human service agencies throughout Nebraska that can be used by information and referral specialists;
- **Alternate access** to this database for Nebraskans who require TDD/TTY equipment, who use a language other than English, or who wish to access the database and/or the information and referral specialists on the Internet;
- An **administrative structure** to support the personnel and legal needs of the system, and to develop the marketing and publicity necessary to ensure that citizens in all parts of Nebraska know about the system and understand how to use it;
- A method of recovering some of the system costs by **capitalizing on the value of the database**; and,
- An **evaluation system** to document how the system is used and to measure, to the extent possible, the impact on users, agencies, and on the human service system as a whole.

An Integrated 211 Telephone System

General Considerations

The basic concept of a statewide 211 system is straightforward. A caller simply dials 211. The call is sent to a call-answering center. At the center, a trained Information and Referral Specialist receives the call and provides the relevant information.

In theory this type of system can be set up using current telephone technologies. A caller needs access to a telephone. Computers within the telephone system can be programmed to send calls from anywhere in the state to the correct call-answering center. The telephone computers can even be programmed to send calls to different answering centers based on the call's place of origin and time of day.

Factors

There are five major factors needed to set up a statewide 211 system. The first is a telephone that is accessible to someone wanting to call the 211 system. The Nebraska Public Service Commission estimates that 96% of all households in Nebraska have telephones. In addition, the Lifeline and Linkup programs subsidize both the installation and ongoing use of telephones for qualifying low-income households. The Public Service Commission also supports 24-hour access to pay phones within all Nebraska communities. Hence, practically every Nebraskan should have access to a telephone. Everyone may not have access in their home, but it should be in the community.

The second factor is the existing network of telephone wires, switches, and other equipment. The physical requirements of the telephone network should be in place. Some reprogramming of telephone company computers and hooking up of equipment will be necessary. The methods for doing these things are in place and in theory the tasks can be readily accomplished. There will, however, have to be cooperation between the myriad of local telephone companies involved and the system coordinator to actually accomplish these tasks.

The third factor is assignment of 800 number(s). Whether there is one call-answering center, or multiple call-answering centers (see below), there must be a unique 800 number(s). The 800 number locates exactly where calls should be sent. When a call is made to 211, the call is eventually converted to an 800 number so that it can be billed and sent to the appropriate location.

The fourth factor is a long distance carrier. Calls to 800 numbers are long distance calls. Once a call is converted from 211 to the relevant center's 800 number it is handed off from the local telephone company to a long distance carrier. Hence, the coordinator of the single number system will have to enter into an agreement with a long distance carrier to provide 800 number service. Currently there are several carriers that provide long distance intrastate service (service for long distance calls made within the state). An agreement for service will have to be negotiated between the 211 system and a long distance service provider.

The fifth factor is the creation of one or more statewide 211 system call-answering centers. A call-answering center is basically a facility with a number of phone lines and phones, each answered by a trained Information and Referral Specialist. Establishing a center requires renting floor space, acquiring furniture and equipment, setting up the telephone and computer systems, and training staff.

The system is conceptualized as a two-tiered call-answering system. When a call comes into the center, it will be answered by a level-1 I&R specialist. If the call is too complicated or the specialist does not know the answer, the caller will be transferred to a level-2 I&R specialist.

The system can also be designed so that computer software tracks call volume, production by each I&R specialist and other information. Typically this is part of what is known as an ACD system. The information can be incorporated into reports in a variety of formats. The state's N-FOCUS system uses an integrated information system with its computer help desk. Calls come in and are logged by a connection between the phone and computer system. The ACD system can be located either at the telephone company's central office or it can be located within the premises of the call-answering center. The state's communications office indicates that premises-based systems are more economical when a relative small number of telephone lines are involved. For a premises with several lines, a central office-based system is more efficient. The ACD system typically tracks calls for one facility. Therefore, it may be difficult to coordinate an ACD system among several call-answering centers.

Alternative Approaches

The network of call-answering centers can be configured in alternative ways. For example, there may be one call-answering center for the entire state, or there may be several regional centers. Centers may be open 24-hours a day, or after-hours calls may be sent to one central after-hours center. We consider three alternative approaches.

One Statewide Call-Answering Center. The first alternative is one statewide call-answering center. This one center would be open 24-hours a day, seven days a week. All 211 calls made within Nebraska would go to the statewide call-answering center.

To implement a single number system, the statewide call-answering center is assigned an 800 number. When a person dials 211, the call goes from the person's telephone to the local telephone company's central office facility. Within the telephone company's central office facility there is a special type of computer used for switching calls. The computer -- which is often called a switch -- is programmed with certain information and has a variety of capabilities. The switch can be programmed to translate 211 calls into the call-answering center's 800 number. The local telephone company's central office facility knows then, in effect, to hand that call to the chosen long distance provider. This converts the call into an intrastate long distance call. The call is then sent through that provider's long distance system to the statewide call-answering center.

Should a person call from the community that houses the call-answering center, the call can be sent directly to the 211 call center without going through the long distance system. If there were one statewide center located in Lexington, for example, a call from Lexington would be sent directly to the Lexington call-answering center without becoming a long distance call. A 211 call from North Platte, on the other hand, would go through the conversion to an 800 number and be sent via the long distance carrier to the call-answering center in Lexington. The difference between a call that is treated as local and one that is long distance is important. A local call has no long distance costs associated with it. A call going through the intrastate long distance system, on the other hand, will incur certain long distance fees. One implication is that it will be less expensive to locate the statewide call-answering center in Omaha, as a greater percentage of statewide calls will be local.

The statewide center will be equipped with multiple telephone lines. Incoming calls are randomly assigned to the available lines. This prevents overburdening particular Information and Referral Specialists. Suppose, for example, that the statewide center has twenty lines. Using an automated call distributor, the first call into the system is randomly assigned to one of the 20 lines and answered by the Specialist monitoring that line. The second call is then randomly assigned to any of the available 19 remaining lines and so on.

When a call comes into the center, it will be answered by a Level I I&R specialist. Complex calls can be transferred to a Level II I&R specialist, located in the statewide call-answering center as well.

Six Regional Call-Answering Centers. The second alternative creates six regional call-answering centers. The NHHSS regions were used for purposes of this report. The state could be divided in other ways to create regions. The regions and hypothetical office locations are shown in Table 5.1.

Table 5.1

Hypothetical Regional Areas and Office Locations

<u>Western</u>	<u>Northern</u>	<u>Eastern</u>	<u>Southeast</u>	<u>Central</u>	<u>Southwest</u>
Gering	Norfolk	Omaha	Lincoln	Kearney	Lexington

In the six regional call-answering centers alternative, each service region would have its own 211 call-receiving center. The regional centers would be open 24 hours per day, seven day a week (24/7).

Each of the six service regions has a well-defined boundary, and each regional center would have its own unique 800 number. Telephone company switches can be programmed so that calls

originating within a particular service region can be sent through the long distance system to the call-answering center that is located in that region. If someone calls 211 from the Western region town of Chadron, for example, the call would ultimately be sent to the call-answering center in Gering, the service center for the Western region.

When a call originates from one of the six communities that houses a call-answering center, the call will be sent directly to the center without going through the long distance system. A call from Lexington, for example, would be sent directly to the Lexington call-answering center. A call from North Platte, on the other hand, would go through the long distance system and be directed back to the call-answering center in Lexington. Again, this procedure saves on long distance charges.

Each call-answering center would be staffed by Level I I&R specialists. One of the six regional centers would also house all of the Level II I&R specialists. To minimize long distance charges, it would be least expensive to house each regional call-answering center in the most populated town in each region and to house the Level II specialists in Omaha.

Six Regional Calling Centers and One After-Hours Center. This alternative is similar to the second in that there will be six regional calling centers. Under this alternative, however, the centers will only be open Monday through Friday, from 8 am to 8 pm. There will also be one after-hours call-answering center serving the entire state. The 211 calls placed between 8pm and 8am or on weekends would go to the after-hours center. (Even though it is referred to as an after-hours center, these I&R specialists will be housed in one of the six regional call-answering centers.) The local telephone switch can be programmed so that during operating hours calls are sent to the 800 number corresponding to the regional call-answering center. After hours, calls would be sent to the 800 number corresponding to the statewide after-hours center. As with the other scenarios, there would be a two-tiered call answering system with Level I specialists in all regional offices and all Level II specialists in one statewide office.

Cost Considerations

Costs can be broken into five categories. The first category is start-up costs. Start-up costs include the costs of being assigned telephone numbers, hooking up wires, programming telephone company computers, buying desks, chairs and computers, training, and so on. The second category includes costs for physical facilities. These include building/facility rental costs, ongoing charges for telephone lines, and the like. The third category encompasses administrative costs. This would include costs for center administrators, a system administrator, and other miscellaneous administrative costs. The last two categories are costs for telephone minutes and for I&R specialist salaries.

Obviously costs will vary across the three alternatives described above. Conceptually, it is easy to imagine why establishing one statewide call-answering center will be the lowest cost alternative (see Chapter VII for more information about costs). One statewide call-answering center will have the lowest start-up, physical, and administrative costs since there is only one center. There also will be differences in I&R specialists costs. For example, with one statewide center operating at night (and also for night coverage of six statewide centers with five open weekdays and the sixth open 24 hours a day), there may be a need for only one or two I&R specialists late at night. In contrast, six centers operating 24/7 would require a minimum of six I&R specialists (one at each center) late at night, regardless of the call volume.

Similarly, establishing six regional centers (in contrast to one statewide call-answering center) would require some duplication of facilities and services. It may also lead to higher administrative cost as there will be need to manage six centers rather than one. Telephone usage costs, however, may be lower with six centers than with one. With six centers, a greater proportion of calls will be local and not incur long distance charges.

Practical Challenges to Coordination of Telephone Systems

Although the regulatory process could pose some challenges to implementation of a statewide 211 I&R system, it seems the regulatory challenges are not too extensive. The Nebraska Public Service Commission must approve the use of the 211 number. In seeking approval, an applicant has to obtain the proper application from the Commission and then submit the completed application with the requisite fee.

The more burdensome task will be getting cooperation from all of the local telephone companies involved. There are several local telephone companies within the state. Each would have to agree to reprogram its local computers so that 211 calls are either sent to the local call-answering center or are translated into the relevant 800 number and sent to the long distance carrier. In Omaha, for example, there are three companies currently providing local telephone service: U.S. West, Cox, and a subsidiary of Alltel. Each of these would have to agree to do the appropriate reprogramming. There is also the issue of cellular phones. If calls can be made to 211 from a cellular phone, then all of the cellular providers will have to determine how to reprogram their local computers to make the system work.

Although these processes should work in theory, it may be more problematic to actually implement such a system with the myriad of companies involved. It may possibly evolve so that a few companies can not or will not make the computer programming changes necessary to implement the 211 system. This would create areas within the state where 211 simply does not work. The Public Service Commission may have to require companies to make the necessary programming changes to ensure that 211 works statewide.

Information and Referral Specialists

IRs play a major role in the quality of an I&R network. They are the concerned voice on the other end of the phone talking with someone who may be emotionally and/or physically stressed. They are the ones interacting with the public and leaving the deepest impressions on callers. With this in mind, it is necessary to realize that IRs must possess certain personal and educational skills.

The Nebraska 211 system will need to carefully consider the qualifications, knowledge, skills, and aptitudes it will require of its IR. For example, if IRs are hired through the State of Nebraska, careful attention must be made to relate IR positions to other similar positions. National minimum certification programs may provide some guidance, as well. For example, AIRS has defined a set of standards and a process of certifying individuals as Certified Information and Referral Specialists (CIRS). See AIRS website for additional information about certification requirements (<http://www.airs.org/>) Nebraska may also wish to contact other statewide I&Rs to determine the qualifications they have set for IRs.

The Two-Tiered IR System

Nebraska's 211 system may have two tiers (Level I and Level II) of IR assistance. Level I IRs would provide the core I&R services. Level II IRs would be those IRs with more significant and specialized training and experience, such as crisis and intervention training beyond that which would be required of Level I IRs. Under a two-tiered structure, most calls to the 211 system will be answered by Level I IRs. When a Level I IR determines that a call requires additional skill, the Level I IR would have the ability to transfer the call or request assistance from the Level II IR. It is estimated that 20% of the calls will require the additional expertise of Level II IR. This type of two-tiered system has been used successfully by other call centers and offers additional expertise and assistance to callers. It should be noted that a two-tier system will likely be more expensive to equip and staff than a single-tier system. The subsequent cost

analyses in this report use the two-tiered structure for most of the cost projections; however, the analysis also provides a discussion of the possible reduction to costs if the system was reduced to a single-tier system.

IRs and the Different Alternatives

There is relatively little difference in the status and procedures of an IRS under any of the three different options, discussed above, regarding centralized as opposed to regional call centers. All IRSs will have to be trained extensively and will need to be qualified. The single center option might streamline administration and training, but having six regional centers might add more diversity and specialized knowledge because the IRSs will be more familiar with their own individual region. In any case, the differences are slight and will be further considered when discussing the cost of the system.

Cost Considerations

Costs exist for the hiring and training of IRSs, the possible certification of these Specialists, and their wages and benefits. The labor costs of the three alternatives show the economic advantages and disadvantages among the different alternatives.

Training is strongly emphasized in coordinated I&R programs across the nation. According to AIRS, an IRS needs at least 150 hours of training to perform I&R services to their best capacity. It is estimated that training will cost roughly \$2,700 to \$3,100 per IRS. There are ongoing training costs as well.

Certification is another process that requires small amounts of capital. A fee of \$65 must accompany a Specialist's application to become certified. It also costs \$30 to renew the certification process every two years.

The estimated wage of an IRS in Nebraska is approximately \$12 per hour. This was calculated by taking an average wage from the Nebraska Department of Labor for similar professions. The \$12 rate is applicable to all level-1 Specialist. Level-2 specialists are assumed to earn \$14 per hour. Added benefits, such as health insurance, social security, and Medicare will amount to 27% to 30% of the annual wage of a Specialist.

Labor costs are further explained in Appendix J.

The Database and Data Management System

Overview

The data management system that supports the 211 system must, above all, be **complete, accurate, accessible** and **efficient**. It must also be effectively **integrated** with the previously described call management system. Each of these elements is considered below along with potential data management system costs.

Complete Data

To ensure complete data, the scope of the database, both breadth and depth must be carefully defined. The breadth of the database is defined by decisions which must be made about the types of resources to be included or excluded, that is, the inclusion and exclusion criteria. The depth of the database is defined by decisions which must be made about the amount and type of information to maintain on each resource, that is, the data elements. Once these decisions are made, a system must be developed to actively seek out resources that fall within this defined scope.

Inclusion and Exclusion Criteria. Published standards for information and referral (AIRS, 1999e, p. http://www.airs.org/standard_1.htm) require that "The I&R service shall publish

criteria for the inclusion or exclusion of agencies and programs in the resource file. These criteria shall be uniformly applied.” These criteria should be describable, understandable, and documentable. They must clearly define why a particular service is included, or *more importantly* excluded, to the satisfaction of all who are involved. Once the criteria are developed, they must be applied consistently and documentation must be kept to support decisions. A formal procedure should be established to deal with complaints or challenges to the decision. Table 5.2 lists areas that should be considered in setting these criteria (adapted from Manikowski, 1995b).

Table 5.2

Area to be considered	Comments
Subject Area	Decisions must be made to define how broadly the term Human Services will be defined by the I&R service. Are recreation services included? The AIRS/INFO LINE Taxonomy provides a framework for considering these issues.
Target Group	Which groups should be served? Some groups, such as the elderly and the disabled, may receive a higher priority as the I&R service is being instituted, but a statewide I&R system should include resources for a broad range of target groups.
Membership Eligibility	Programs that restrict their services to the members of a particular group or association should not be listed.
Geographic	In addition to listing resources in all parts of Nebraska, resources on the other side of state lines may be included if a significant number of Nebraskans rely on these resources. In the future, a connection to neighboring, statewide I&R services would be desirable.
Tax Status	Many I&R services exclude for-profit organizations, although the distinction is more and more difficult to make. Consideration should be given to including for-profit organizations if they provide a particularly important service that is not available elsewhere (e.g., translation services) or provide services to low income groups on a sliding scale.
Private Practitioners	Some referral organizations include private practitioners in their resource file, particularly when directories are printed and sold. A mechanism for fair referral among competing practitioners is needed.
Stability and Viability	Some services may not have a formal office. Clubs and support groups may operate out of a home. An I&R service may require organizations be in business for 6 months to 12 months before they can be listed or an organization have at least one full-time paid staff.
Political and Issue Oriented groups	Groups that serve a primary advocacy function represent a difficulty for an I&R because of the perception that one point of view is being favored by inclusion in the database. The I&R service must strive for fairness and balance.

Examples of specific inclusion/exclusion criteria from I&R services are given in Appendix M.

Data Elements. Once the inclusion and exclusion criteria are developed, the information to be collected from every resource must be defined. The Florida FLAIRS Network Standard Data record contains 18 fields with 628 possible characters to define the agency, 42 fields with approximately 1900 possible characters to describe the program, and 2 fields with 23 possible characters to define the taxonomy category. This standard is given in Appendix K.

Some I&R services are attempting to collect real-time data about the availability of resources that vary from time to time. For example, systems in both Rochester (Woods, 1996) and Waukegan (Lake County Planning and Development Department, 1998) are developing a means to keep track of the actual number of homeless shelter beds available at any given time. Technology makes this tracking possible, with real-time information flow from resources to the I&R database. Inclusion of this capability adds greatly to both the usefulness and the complexity of the system.

Finally, some systems, such as the Resource House in Iowa, are designed to keep track of the basic intake information needed by each resource, and then to facilitate the transfer of this information electronically from the users of the database to the resource itself. This integration between the information and referral process and the intake process also adds to both the usefulness and the complexity of the database.

Ongoing Search for Resources. A database of human resources is a dynamic entity. New services become available to the community throughout the year as new agencies begin service and old agencies add new programs. It is important that the I&R service have procedures and staff resources dedicated to finding and entering new resources into the database. The Internet provides a means to facilitate this process. Encouragement and assistance can be given for new resources to identify themselves to the database manager by filling in a form on paper or on the Internet. It is in the interest of both the new service and the database to include the service. Although the information obtained from the resource provider must be screened and indexed by the data manager to assure consistency in the database, such procedures have the potential of reducing the workload of the data manager and increasing the completeness of the data.

Connections to Other Systems. Completeness will also be enhanced by making connections between the I&R database and other sources of ongoing resource data. Two possibilities exist within NHHSS, licensure data and the resource data within the N-FOCUS system. In addition, the Aging Network is in the process of developing a statewide database of resources related to Aging.

NHHSS licenses nearly 5% of the state's population with some type of health license, along with a large number of health facilities and child care providers. It is technically possible to build a bridge between this data and an I&R database in such a way that changes to the state's data will automatically be reflected in the I&R database. Because decisions have already been made to provide this information to the public on the department's web pages or through the NRRS this connection should be considered a first priority.

The second source of NHHSS information is the resource information within the N-FOCUS system. A connection could be established to automatically feed resource information entered by resource specialists into the N-FOCUS system into the 211 database. This is complex, however, because the N-FOCUS data is also used as a payment database to provide state payments to providers. Many decisions will be required, such as which resources can appropriately be released to the public, and how to standardize between the data elements of the 211 system and that of the N-FOCUS system. Early steps should be taken, however, to ensure that the entire 211 database is available to state resource development specialists when they are searching for

resources for a client and to provide a 211 system with information when resources are added to the N-FOCUS system.

In addition to these two sources of data, several information and referral efforts are underway that should be integrated with and connected to a statewide 211 effort. These include the NRRS maintained by NHHSS, and the Area Agencies on Aging that maintain information about services available in their areas. This information is usually maintained in a database for use by persons responding to inquiries from the public about the availability of services. NHHSS' Aging Services and the Area Agencies on Aging have identified a need to develop a statewide database that would compile information about services available across the state and are exploring tools to manage this information. Any statewide 211 database should integrate with both the NRRS and the efforts of the Area Agencies on Aging so that the effort involved in collecting and maintaining resource data is not duplicated.

Accurate Data

Just as new services are continually added, old services are continually changed. A program may modify its service, its eligibility, its address or phone number, or any other essential characteristic. The I&R database must include timely updates so that the information in the database is accurate. Often I&R services mail an update form to all resources on a 6 or 12 month basis, and ask that the information in the database be verified. AIRS Standards require an update frequency of at least every 12 months. Updating can be done by mail (which typically has a low return rate) or by phone, fax, or e-mail. Technology provides additional opportunities to have the resource participate in this update function by filling out a form on the Internet or by sending an e-mail to the data manager. Sufficient personnel resources must be available to update the database on a regular basis. Table 5.3 indicates the personnel resources used for database management in several representative systems.

Accessible Data

To be accessible, the database must be indexed with an appropriate taxonomy and must reside on a computer with sufficient hardware, software, and connectivity resources to provide the needed data to the information and referral specialist and, eventually, to the end user.

Taxonomy. The resources in the database are not accessible if they are not identified with terms that are standardized and understandable to anyone looking for a particular service. As mentioned in the review of the literature, a consensus is developing that the AIRS/INFO LINE taxonomy is the most appropriate tool to provide this identification. Human service taxonomy is an evolving field. The AIRS/INFO LINE taxonomy is committed to producing updates to address the needs of I&R services across the country. Accreditation by AIRS requires that this taxonomy be used.

Hardware and Software Considerations. Resources in the database are not accessible if the computing power is not sufficient to deliver them on a timely basis. Storage must be available for the entire database and for back-up copies. Computer storage has dropped in price and sufficient capacity should be available for a reasonable price. Table 5.3 gives hardware and software information for several established I&Rs.

Table 5.3

Service	Population Served	Number of Resources in Database	Personnel Devoted to Data Management	Computer Used	Comments
Atlanta	3.5 Million	Approx. 3000 agencies	2 full time individuals	IBM Netfinity 5500 M10 file server with 512 Meg RAM	Serves 40 workstations. A total of 70 people access the database on a regular basis. Converting to IRis.
Indianapolis	An 8 county region with 1.5 million	Approx. 4000 resources	4 full time individuals	Pentium II 400 MHz running Windows and connected to 5 workstations	4 FTE for 4000 resources is "probably not enough"
Connecticut	3 million	Approx. 4800 resources	6 full time individuals	An NT Server with fastest speed available	Using Refer99, 5 database specialists serve specific region each
Boystown	Nearly the entire country	20,000 resources in US and Canada	2 full time individuals	Novell server with Pentium II and 9 GB hard drive	Resources are updated only every 2 years, using custom developed software based on MS Access

Many software packages have been developed in recent years to meet the needs of I&R providers. The IRis system, developed by Benchmark in Florida, is probably the most widely used. This system is used by Lincoln Lancaster County Health Department (LLCHD) in its own I&R service and in the 17 county coordinated I&R currently being developed in conjunction with LLCHD. IRis is also used by the United Way of the Midlands for its comprehensive I&R service in the Omaha area. A second relatively commonly used package is Refer99 developed by RTM Enterprises. Appendix L contains a comparison of the features of IRis and Refer99.

Connection Considerations. The statewide I&R database must be connected to the information and referral specialists who use it to help callers find resources. Consideration should be given to connecting to the public directly. The connection to the information and referral specialists can be by the Internet or by a closed intranet system. If a single 211 call center were established, a hard-wired, intranet solution could connect all of the operators to the system. This maximizes both speed and privacy. However this should be a system with sufficient speed. The Connecticut 211 system has recently upgraded to a high speed ethernet from a slower speed LAN because of delays experienced by the information and referral specialists. If the callers are in several regional call centers, the data can be transferred to the local call center over the Internet and used within the call center with a local area network.

Efficiency of the Data System

One Data Manager Per Resource. The most important efficiency consideration is to develop a system which ensures that only one data manager is responsible for entry and updating of each resource record throughout the state. Nebraska appears to have overlapping statewide, regional, and local I&R systems. When two or more unrelated information and referral programs

exist in a given area, each I&R system must devote valuable personnel time to updating data on the same service provider. In addition, service providers must take time to provide information to several different systems, and the same data must be stored on more than one computer. Creating a non-overlapping system of data management and a single integrated I&R database greatly increases the efficiency of an I&R database.

Eliminating overlaps in the I&R system presents political and turf problems. Current I&R systems may resist the suggestion that someone else can better collect and update data on resources of interest to the current system. Financial resources devoted to current I&R efforts may not be available to a more integrated statewide system. Both Florida and Texas are attempting to capitalize on current I&R investment by designating existing systems as regional I&R providers who then become part of an integrated system. Along with this designation comes the requirement to follow standards that will allow the data to form a seamless statewide system.

In making these designations, non-overlapping regional providers can be defined along both geographic and programmatic lines. For example some resources such as those dealing with aging or with disability could be assigned on a statewide or larger regional basis while all other resources are assigned to a regional I&R provider on a geographic basis. The important factor is to provide standards to ensure data completeness and quality, and to ensure that there is only one organization serving as data manager for any given service provider. One example of this approach is taking place in Nebraska. Within the 17 county region of Southeast Nebraska, the Lincoln Lancaster County Health Department and the Area Agency on Aging have begun a similar process by agreeing to divide the responsibility for maintaining the data in their regional I&R resource database. Data management assignments can be made in various ways as long as the responsibility of each data manager is clear, and there is only one data manager for each resource. Each resource file should include a clear indication of which agency serves as the data manager for this resource.

Participation of Resources. To maintain the accuracy and consistency of the database, only the authorized, trained data manager can have direct access to the I&R resource file to enter new resources or change and update old ones. Resources themselves, however, have an important incentive to ensure that information about their agency is accurate and complete. To capitalize on this incentive and to allow the resources to assist in the process, the Internet could be used to send information from the resources to the appropriate data manager in the form of proposed updates and additions. E-mail reminders could be sent periodically from the data manager to each resource to remind them to check their listing. This could also be done with a regular mailing.

Integration with the Call Management System

Two questions must be answered to determine the appropriate level and type of integration between the data management system and the call management system. A decision must be made concerning the degree that call management and data management functions can be done by the same person. If assigning the functions to the same individual would bring important benefits, this would constrain other organizational considerations. In addition, centralization and decentralization of the data management system must be considered in the same way that it was considered for the call management system. Each are addressed below.

Assigning Call Management and Data Management to the Same Person. Many smaller I&R services integrate call management and data management by assigning data management functions to the information and referral specialists during the times when call volume is low. However, the tasks involved in call management and those in data management are different. The larger I&R systems we contacted have uniformly decided to hire and train separate individuals for these two tasks.

Centralization or Decentralization of Data Management. If separate individuals are assigned the call management functions and the data management functions, as is common in large I&R systems, then centralization and decentralization of the two functions can be considered independently. It would be quite possible to have a centralized call management system with one statewide call center, and a more decentralized data management system with separate data management centers, or vice versa. Advantages and disadvantages of each type of organization will be considered below. It is important to note that regardless of the level of centralization and decentralization chosen, the data management system should strictly abide by a “one data manager per resource” organization to eliminate the inefficiencies and the potential inaccuracies of overlapping data management functions.

One Centralized Data Management Center. It would be possible to arrange the system so that all of the individuals involved in seeking out new resources and updating old resources in the database worked at one central location. The primary advantages of this model would be training, coordination, consistency, and efficiency. It appears, from a consideration of other systems, that the database management function in Nebraska could be accomplished with approximately six full-time equivalent positions. Assigning these people all in one location would allow all of the data managers to devote full time to the job. Initial and ongoing training would all occur in one place. Perhaps most importantly, daily mechanisms could be established to ensure that each data manager applied the taxonomy codes consistently and to share resource identification expertise.

On the other hand, data base managers operating out of one location would be at a disadvantage in terms of their understanding of local resources in all parts of the state. Because they would not be living and working within communities across the state it would be more difficult for them to know of new resources that begin and of changes occurring in established resources. It also may be more difficult for someone in a central location to obtain cooperation from resource personnel compared to a more local, familiar person. It should be noted that Connecticut has developed a centralized system of data management which retains some of the advantages of a more decentralized system. Although all six data managers work in one location, five of the six are assigned to a single region of the state. Therefore each of these five can develop expertise in the resources available in one part of the state. Connecticut has recently tried both centralized and decentralized data management, and currently favors centralization because of the benefit of standardizing taxonomy coding decisions. Although this model should be considered for Nebraska, it may well be that the much greater distances in Nebraska compared to Connecticut would reduce the benefits of such a hybrid system.

A centralized statewide system of data management would require the active consensus and cooperation from current I&R providers. It is clear from Chapter IV that Nebraska currently has many people involved in providing I&R services at a large aggregate cost. Unless the individuals involved in these efforts supported a centralized statewide system, it would be perceived as simply undercutting current efforts.

Several Regional Data Management Centers. A second type of data management organization would be to assign a separate data manager for each of several regions. The advantages and disadvantages of this organization would be the inverse of the centralized model. A regional data manager would be much closer to the resources and could be expected to know about new and changed resources better than someone working in a central location. If Nebraska chose to support a system with a data management FTE for each region, then this model could still include the benefits of specialized full-time data managers. This model has the additional benefit of being able to work with and benefit from current I&R efforts in the state.

The major disadvantage of a regional system of data management would be in coordination and consistency. It would be very important that the six data managers communicate on a regular

basis about coding and resource identification issues, but this may not be as effective as working in the same location. Written protocols would be essential to standardize operation and coding decisions between the regions.

Data System Cost Considerations

Data system costs will depend on the model chosen. For purposes of the model in this report, hardware costs are estimated to cost \$15,000. Between two and six individuals would be required to maintain the database. For purposes of the model, four full-time individuals are assumed.

Diversity of Public Access to Database and/or Operators

Public access to the statewide I&R database should acknowledge an increasingly diverse public and an increasing public utilization of the Internet. TDD/TTY access should be provided for individuals who are deaf or hard of hearing. Individuals whose first language is not English should be able to access operators who speak their language, or translation services should be offered. Direct access through the Internet should be provided for those who prefer this way of searching. Internet access might be enhanced by direct e-mail access to the 211 operators. Each of these is discussed below.

Several methods are available to provide TDD/TTY access for individuals who are deaf or hard of hearing. The state TDD/TTY relay system is available free of charge and could be used to provide a TDD/TTY connection to the 211 operators. Although this has a cost advantage, it is somewhat awkward for both caller and operator. Alternatively stand alone TDD/TTY can be purchased for between \$500 and \$800 per unit. One unit per call center would provide minimum service. Finally, software is available to allow each workstation to function as a TDD/TTY machine.

Because of the increasing number of Spanish speaking Nebraskans, consideration should be given to providing Spanish/English bilingual operators in each call center. Language translation services would be essential for other languages. The State of Nebraska has a contract with AT&T Language Line for translation services. Under this contract, for example, translation services are immediately available for 140 separate languages. Daytime prices range from \$2.20 to \$2.60 per minute during the day time, and from \$2.50 to \$4.50 per minute after hours depending on the rarity of the language in this country. Nationally, the average length of call for health care applications is 8 minutes, and calls to the 211 call center could be expected to be in this range. Under the Language Line price structure, there is a \$50/month minimum, but it is possible that a 211 call center could be included in the state contract.

The Internet provides an opportunity to provide the data directly to the public. Several options are available for connecting the database to the Internet. The developers of many proprietary packages, including both IRis and Refer99, provide an Internet connection to the data for a fee (shown in Appendix L). This fee includes some enhancements such as providing maps to locate the resources and providing a machine translation into several foreign languages. Because the proprietary packages make the resource database available in a standard form, the state could also develop their own internet interface to meet specific needs. The state of Iowa has contracted with Northlight to produce their Resource House that can integrate with IRis systems and is built to be usable by a citizen with an 8th grade education.

Administrative Structure and Administration

A structure must be developed to administer the system including personnel, and legal considerations. Marketing and publicity must be developed to ensure that citizens in all parts of Nebraska know about the system and understand how it is used.

Overall Administrative Structures

The implementation and on-going maintenance of any statewide network of this scope depends on a strong overall administrative oversight, development of standards of operation, and on-going monitoring and evaluation of services. Some coordinated I&R services are administered by non-profit organizations, other are administered by states or municipalities. This report does not attempt to select an administrative structure, but instead presents various structures that appear to be succeeding around the country.

For the purposes of this report, the costs and benefits of administrative structures are viewed as neutral in terms of quantifiable costs or benefits. That is, the selection of a specific administrative structure will be unlikely to change the overall costs of any of the three scenarios in relation to one another. However, for the purpose of providing an idea of the range of structures a coordinated 211 system might be organized as, four models are presented below. It is beyond the scope of this study to recommend any specific structure.

State Government Contract with Regional I&Rs - Virginia. The Commonwealth of Virginia contracts with seven I&Rs throughout the state to provide services for their geographical regions. Five of the I&Rs are United Way organizations and the remaining two are private organizations. The Commonwealth takes the lead in administering and overseeing the overall service provision.

Multiple Agencies Providing Services with Statewide Coordination - Texas. The Texas Health and Human Services Commission operates the Texas Information and Referral Network, that is responsible for providing the statewide vision, management, and development of an I&R system that utilizes community based services. The state is divided into 25 regions, with each region having an Area Information Center (AIC) to answer I&R calls. The 25 AICs are afforded wide autonomy in determining operating hours, providing a toll-free number, and in capturing information about calls.

One Private, Non-Profit Agency Providing I&R Services - Columbus, Georgia; Atlanta, Georgia; and Connecticut. All three 211 systems were developed from existing I&R services. In Columbus, Georgia, the 211 system has been built upon the CONTACT Helpline system, that had been in existence for 21 years. In Atlanta, the United Way of Metropolitan Atlanta had provided I&R services to citizens and service providers in the area for more than 20 years, prior to moving the service to a three-digit dialing system. Like Atlanta, the United Way of Connecticut had also already been providing I&R services (theirs on a statewide basis) prior to moving the service to the three-digit dialing system.

Multiple Agencies Sharing Data For Use By Individual I&Rs - Florida. This model relies on a system of coordinated I&R data that is overseen by a non-profit, statewide alliance. In Florida, the alliance of I&Rs is named FLAIRS. FLAIRS membership is open to all interested organizations. A board of directors, elected from the membership, hire and supervise the network staff and coordination. The Statewide Network is the umbrella under which overall system and process is managed. Organizations throughout the state contribute to the database. Regional Coordinators determine and accredit data managers; support regional group processes; administer the statewide standards; determine their own products, for example, directories, subscriptions, licenses, pricing, and any revenue sharing; and provide quality assurance, technical support, and training. Regional autonomy is a premise of the Statewide Network. The statewide network does not coordinate the call management function in Florida.

Marketing and Publicity

One of the key features of 211 is that it is easy-to-remember and easy-to-use. When Atlanta moved to a 211 system, they experienced a 33% increase in calls by the first 9 months with what

they described as minimal marketing. Connecticut's call volume increased approximately 40% during the first year of 211 service. However, building and promoting an awareness of the 211 system is an indisputable key for establishing a successful I&R service. That is, constituents must *know* of a system before they will remember and use the system.

Beyond raising awareness, marketing and publicity initiatives should also educate users about when to use 211. Unless users know what type of calls are appropriate for 211, they may neglect to use the system (because they are unaware of the breadth of services information available) or may use the system inappropriately. A cautionary note of the importance of educating consumers can be found within the success of the 911 system. 911 has been a public service success story. Yet, there is now concern that 911 is too easy to use for frivolous information seeking. Some audits and studies have suggested that some 911 systems suffer from between 50-90% inappropriate calls. It is now believed that public education about the appropriate use of 911 was downplayed in the rush to raise public awareness. It is also important that marketing of a 211 system does not imply it is appropriate for use in emergency situations. Joint planning with local 911 officials is important in all marketing efforts.

Cost Implications. This report evaluates the costs and benefits of several scenarios of 211 system implementation. For the purposes of the analysis, the same marketing and publicity efforts and the same budget is projected for each of the three scenarios. In that way, then, marketing and publicity costs are considered a neutral expense for evaluating the costs and benefits projections for the three scenarios.

Outcomes. An important component of any marketing and publicity initiative will be to raise awareness of 211. The success of marketing and publicity will be an increased volume of 211-appropriate calls. An increased volume of calls will lead to greater usage of the system, and greater total costs to administer the system. It is important to note that marketing and publicity efforts will directly impact the actual call volumes. Marketing and publicity initiatives, therefore, should be considered as staffing and technological resources are planned.

Another likely outcome of successful marketing and publicity of the 211 service may be increased demand for or usage of services that constituents are locating more easily (i.e., through 211) than in the past. It will be important to consider direct service providers and include them in marketing and publicity efforts.

Budgeting. Three I&R systems (Atlanta, Connecticut, and Indianapolis) provided information about the amount of funds they devote to marketing and publicity efforts. These systems devote between 1% to 5% of their annual budget to marketing costs (the figures do not include staff time or printing expenditures).

Other Considerations.

Consistent Look. The creation and consistent use of a logo is important in creating awareness of the service. In Connecticut the logo is accompanied by the catch phrase "We'll help you find answers to life's toughest questions." In order to maximize effectiveness of a logo or phrase, it should be included in all communications including stationery, envelopes, mailing labels, folders, ads, posters, and so on.

Target Markets. Other organizations have given careful consideration to their clients for 211. For example, coordinated I&R services have developed specific marketing and publicity pieces for certain demographic groups (teens or the aging

population), high need groups (such as substance abusers), non-English speaking populations, special populations (persons with visual handicaps), and so on.

Collaborations. We have found that it is vital for I&R systems collaborate with other organizations. Collaboration has assisted others in understanding how to reach specific target audiences and may provide a lower cost means of reaching the audience through existing channels. Some systems have particularly found collaboration meaningful with organizations such as 911 systems, United Ways, Chambers of Commerce, human service organizations, senior centers, school systems, and the faith community.

Products. Marketing and publicity have also been used to help promote and sell products to increase revenues to support the system. In Connecticut special brochures and order forms have been developed for consumers of their informational products.

Marketing and Publicity Plans. Other 211 and coordinated I&R systems have developed Marketing and Publicity Plans that clearly outline efforts to raise awareness and educate users about the 211 system. The plan should give attention to special populations (e.g., persons with disabilities, teens, non-English-speakers, senior citizens, etc.). In addition, the Marketing and Publicity Plan may also include a component focused on promoting products (such as directories) that will be available for purchase. The components of a comprehensive Marketing and Publicity Plan might include:

Marketing Goal(s). The overall result to be achieved by marketing and publicity efforts (e.g., “Nebraskans will know how to access the 211 system and its related products”).

Objectives. Measurable, attainable, short-term outcomes expected to be accomplished through the implementation of the plan (e.g., “To attract 100,000 callers to 211 in the first year,” “To enable 5,000 searches of the website database,” or “To generate revenue of \$2,000 of product sales”).

Strategies and Tactics. The means by which objectives will be accomplished. “Strategies” refer to broad approaches and “tactics” are those specific actions that are taken within each strategy. For example, a strategy might be “Segment the market for special outreach to teens.” A related tactic might be “Produce teen-friendly brochures.”

Broad Time Table. Overall annual plan for general implementation. For example the time table might include “March - finalize design for logo.”

Production Schedule. The production schedule provides a tabular guide to what will be produced and disseminated when, to whom, by whom and for what cost. The table would likely have headings for: Product description, audience, version(s), quantity, date, cost, and personnel commitment.

An example follows:

Table 5.4

Product description	Audience	Version(s)	Quantity	Date	Cost	Personnel Commitment
Bus Displays						
Development	Urban Nebraskans	English and Spanish	2 (one in English, one in Spanish)	Finalize design June.	\$500	Marketing Coordinator 10 hours to oversee design
Placement	Urban Nebraskans	English and Spanish	20 (15 English, 5 Spanish)	Place July - December	\$10,000	Marketing Coordinator 10 hours to plan placement and negotiate contracts

Comprehensive Budget. A projected summary of expected expenditures. Total marketing and publicity costs should include such items as personnel, travel, printing, copying, consultants, contracts, and other costs.

Activities and Products. The following marketing and publicity activities and products have been profitably used by 211 and other coordinated I&R systems:

Table 5.6

I&R System Marketing and Promotion Activities and Products	
Billboards	Rolodex cards
Television and radio public service announcements	Workplace communications
Television and radio interviews	Black and white ads for newspapers
Fast food restaurant tray liners	Websites
Bus signs	Website links
Videos	Note pads
Direct mail pieces	Magnets
Visits to media sources	Banners
Press releases	Telephone booth displays
Wallet-size cards	Brochures
Conference presentations and displays	Annual reports
	Posters

Legal Considerations

Information and referral services provide information to individuals regarding social agencies and resources. Because I&Rs are engaged in the business of providing information to the public, it is necessary to consider the legal implications of that undertaking and to outline possible steps an I&R can take to minimize exposure to legal liability. We spoke to numerous directors of I&Rs throughout the country and posed the question to them. Unanimously they expressed the opinion that referral-related legal issues, while certainly something to plan for when developing an I&R service, rarely, if ever, arose. Peter Aberg, the executive director of AIRS, which has contacts with I&Rs throughout the country, could not think of a single instance of a lawsuit ever having

been filed against an I&R. However, all the I&Rs suggested that some sort of liability insurance (through purchased, self-coverage, or other arrangement) is a good idea.

There are a number of steps I&Rs can take to guard against legal action. Some I&Rs require agencies listed with the I&R to sign a disclaimer that the information the agency provides is true and accurate. Agencies are also required to exonerate the I&R from any errors that may occur as a result of a referral. Lee Francisco of First Call Minnesota recommended this approach. A sufficiently trained staff can also ensure that legal problems are kept to a minimum or avoided entirely. Staffers who make it clear to callers that the I&R is providing information only and that the caller has the ultimate responsibility to decide whether to make the call or not protect the I&R from disgruntled callers. Another step that can be taken to guard against legal problems is to hire masters level therapists licensed to practice as clinical supervisors for IRS. Such individuals could be consulted when IRS need assistance in determining the types and parameters of appropriate referrals.

Some consideration might be given to the structure of the I&R and how that affects liability issues. A decentralized I&R, because of the distribution of call-in centers across a large geographic area, may present more opportunities for legal problems to arise than a centralized plan.

Capitalizing on the Value of the Database

A Nebraska state-wide 211 system with an accurate and complete database of human services would have inherent value, some part of which could be captured to help support the system. The experience of others across the country suggests two ways that this value might be captured: through the sale of customized data products and by allowing other forms of advertising in conjunction with the use of the data. Consideration should be given to each of these possibilities, taking care to determine the degree that it would be consistent with the overall goals and philosophy of the system.

Customized Data Products

Many I&R services around the country recover some of their expenses by producing and selling custom or specialized directories. These may be customized to a particular geographic area, or to a particular service sector -- services for the elderly, for example. These directories are valuable to many people who work in the service system and form a convenient way for these people to access the data from the I&R system.

For example, Connecticut produces five regional directories on a two-year cycle. Each directory contains approximately 1200 resources, 60% of which are specific for a given region, and 40% of which are statewide resources. These cost approximately \$20 each to produce in addition to the normal database maintenance costs, and they sell for \$35. Many are given away for free, but approximately 2500 are sold each year for a revenue of \$37,500 above costs. The agency is beginning to produce a CD-ROM version of their data for approximately \$20 of additional costs which will sell for \$89 each. Connecticut also produces a specialized directory of services for children under three with disabilities. This is done as part of a contract with the Early Intervention program which includes running the ChildFind hotline for Connecticut as part of the 211 program. Other specialized directories are done as a service to specific programs and not to generate revenue.

The 211 program in Atlanta spends approximately \$9,000 in additional costs to produce 5000 general resource directories, nearly 400 pages in length, which sell for \$30 each. They sell approximately 3300 of these in a year for a revenue of approximately \$90,000 over expenses. They also produce 3 to 4 specialized directories (approximately 35 pages each) but do not generate significant revenue with these sales.

The Indianapolis I&R service produces a 1000 page paperback directory which they sell for \$40 each. Each book has approximately \$7 of materials costs and \$50 of personnel costs (for data maintenance). However, there are several sponsors who subsidize the costs of the book in return for a logo and some advertising. In addition, it includes a section in which private practitioners can buy space to describe their services. They sell between 1500 and 1700 each year.

Advertising Revenue

In Waukegan, Illinois, the I&R provider is BVM Communications, Inc., a private for-profit company that has assembled a database of human services and charges local businesses to install kiosks which make the I&R data available to the public. Advertising space is sold in conjunction with the kiosks. The local planning department is the recipient of a 1999 TIIAP award from the Department of Commerce designed to enhance this database and to add in a geographic information system (GIS) component that will greatly improve the value of the database for human service planning purposes. However, the profits from advertising at the kiosks will continue to support the I&R effort.

Evaluation

An I&R service should build in both a process evaluation and an outcome evaluation. Processes can be measured by keeping track of the time, duration, and content of calls as well as tracking the growth of the database. In addition, calls which do not result in a successful referral should be tracked as a measure of unmet needs in a community.

Outcomes are more difficult to measure but equally important. Many I&R programs call back a certain percentage of their callers at random to determine whether the information had been helpful. It is recommended that the call-back be made by a different person than the one who took the initial call. Some evaluation should also be designed to determine the effect of the service on agencies, including completed referrals and reduction of inappropriate calls, and on the human service system as a whole.

VI. Costs

Allocating Costs

This report does not attempt to allocate costs to any specific entities. That is, there is no attempt to allocate costs among state funds, private organizations, grant funding, or other resources. However, it is worthwhile to note that partial funding for the 211 system may be available to the extent that 211 may be used to fulfill mandates or program goals for information and referral availability in specific program areas or geographic areas. For example, in Connecticut the 211 system fulfills state and federal requirements for information/referral/crisis intervention for programs such as: Maternal/Child Health Services, Birth to Three Intake, Child Care Infoline, Substance Abuse Hotline, Alzheimer’s Disease Resource/Referral, Children’s Health Infoline, and WorkSteps (a social services program for persons who have not successfully transitioned from welfare to work). In Iowa and Illinois, there are plans to use I&R services to comply with the federal Workforce Investment Act of 1998 (Public Law 105-220).

In Minnesota, federal funds are being used to support their statewide I&R program in the following percentages:

Medical Assistance Title XIX	55%
Child Support Enforcement Title IV-D	1%
Foster Care/Adoption Title IV-E	4%
Refugee	2%
Minnesota Family Investment Program	38%

In Nebraska, collaborations among existing information and referral numbers (and funding) and mandates could be incorporated into a single 211 system. For example, state funding collaborations may be forged with existing programs that currently sponsor information and referral services for specific populations (through mandate or choice) or will have resources included in the 211 database. In Nebraska, such programs might include Medicaid, Child Care Block Grant, Early Intervention, Food Stamps, Temporary Aid to Needy Families (welfare), Maternal/Child Health, Older Americans Act, and ChildFind. New programs, too, may offer opportunities for collaboration. For example, LB 148 passed during the Ninety-Sixth Legislature (First Session) established the Nebraska Lifespan Respite Services Program and calls for establishment of a “single local source for respite service information and referral.”

As in other states and regions across the country, 211 may be supported by funding collaborations that include private, and local funding as well. Additional collaborations may be found with local United Ways (the national United Way has been at the forefront in promoting 211), charitable foundations, other grant making organizations, and businesses. Employers, for example, are increasingly recognizing that family pressures affect workplace productivity and progressive employers may understand the benefit of contributing to a system that assists employees in locating needed resources.

Comprehensive Costs

The proposed Nebraska 211 system would use a variety of resources to provide a valued public service. The cost of this system is crucial in determining which institutions will fund this network as well as determining if it is a feasible option at all.

The comprehensive cost of the I&R network can be divided into two categories that will allow one to examine total cost more effectively. One-time costs, as the title suggests, are costs associated with the implementation of the system, but will not create more expenses once the network is running. Ongoing costs represent expenses that will continue after the initial implementation of the network. Most of the ongoing costs depend on the usage of the network.

One-Time Costs

One-time costs occur with the development of the I&R system but will not add expenses to the network afterwards. These are often called fixed costs because they do not depend on the usage of the network. Station elements are a one-time cost that must be incurred in order to construct efficient workstations. Desks, chairs, telephones, and file cabinets are a few of the elements that are needed. The second one-time cost is the cost of establishing a phone system. This cost includes the ordering of the system, central office charges, costs for telephones and premises work to properly install the system to the telephone network. The computer system represents the third one-time cost. Each station at every office will have a computer, and this computer will access the I&R database for Nebraska. The computer and its installation into the appropriate network as well as miscellaneous technology costs are costs incurred with the implementation of the network. The cost of the equipment and personnel to establish the database makes up the fourth component of one-time costs. Training is the fifth one-time cost. All IRSs and administrators must be trained in order to efficiently manage the 211 system. Finally, other miscellaneous, fixed costs are the balance of the total one-time costs of the Nebraska 211 system.

Ongoing Costs

Ongoing costs comprise a distinct majority of the total costs of the I&R network. There are numerous ways the elements of ongoing costs can be categorized. There are physical and labor costs associated with the call-answering centers. There are also telephone-related and system administration ongoing costs that have to be considered.

Physical costs include the monthly costs associated with floor space and a grouping of miscellaneous costs to ensure an efficient workplace. The miscellaneous costs include necessities such as, copying, postage, supplies, consultants, travel, insurance, and marketing. Labor costs encompass the costs for Level-1 and Level-2 I&R Specialists and for center administrators. There are a number of telephone-related costs, including monthly fees for telephone numbers, possible ACD charges, Centrex lines and 800 numbers, as well as 800-number usage costs. There is also a cost for a system administrator.

Another method of breaking down ongoing costs is to look at usage sensitive and non-usage sensitive costs. Usage sensitive costs are directly related to the usage of the system. Charges for the number of minutes used for 800-number service are an example of usage sensitive costs. Non-usage sensitive costs, while they occur monthly, are not dependent, per se, on usage. For example, each center has to pay a monthly fee for its specific 800 telephone number whether it receives one call or thousands of calls a month at that number. Dividing costs into usage sensitive and non-usage sensitive components is useful because it allows determining how much the total system cost will change if usage changes.

Finally, it is possible to take the total center cost and divide it by the estimated usage to calculate the average cost per call. Average costs can be broken down further by separating them into average usage sensitive costs and average non-usage sensitive costs. This gives yet another alternative to measure costs.

The exact methodology and values used to calculate costs are shown in Appendix J.

These costs represent a “worst case” scenario. If some existing I&R facilities were used in a single number system, costs would be reduced. These existing facilities may include office space, computers, I&R specialist time and administrative support.

Three Call Center Configurations

This section describes results of the cost analysis. The analysis is performed using each of the three different 211-system configurations previously discussed. The first configuration has one statewide call-answering center open 24 hours a day, seven days a week. The second configuration has six regional call-answering centers each open 24 hours a day, seven days a week. The third has six regional centers with five of those centers open weekdays and the sixth open 24 hours a day, seven days a week.

For each configuration, results are derived using various assumptions about initial usage and usage growth rates. An earlier part of this report indicated that different locales have had varying usage rates for information and referral programs. Florida programs had usage rates equal to from 5% to 17% of the constituent population. Connecticut's statewide program served about 6% of the population. Texas projected usage of up to 10% of the underlying population. The smallest initial usage level will be 4% of Nebraska's projected year 2000 population, or 72,000 calls annually. If this grew by 25% over five years, expected usage would be 5% of the population. The largest usage level will be 7.5% of Nebraska's projected year 2000 population, or 135,000 calls annually. If this grew by 100% over five years, expected usage would be 15% of the population. A middle value of 103,500 initial year calls is used as well.

It is estimated that initial usage will be lower than the current usage for Nebraska's 211 system, as indicated by the survey of Nebraska I&R services in Chapter IV, for at least three reasons. Not everyone will know about the 211 single number system. Some people may still make calls to the numbers they used before the 211 system became operational. This would make initial usage of the 211 system below the current usage of the existing I&R system. As people learn, however, this may suggest a fairly fast growth rate. Secondly, people may know about the 211 system but may not use it. Some existing I&R agents may maintain their current systems and may keep some callers. Finally, if the 211 system works as planned, there will be fewer misdirected calls. People will not have to hunt for the information they desire.

Results are calculated using three usage growth rates over a five-year period. (In this report, both the estimated costs and benefits are reported as the “discounted value.” That is, over the five-year period the costs and benefit dollar amounts account for the time value of money.) Connecticut experienced varying growth rates over the life of its I&R system. In addition, it started with usage at only 1.5% of the population. Since it is unclear at this point what an expected growth rate might be, we use a 25%, 50% and 100% growth rate in usage over the five-year period. With an initial usage of 72,000 calls, for example, usage would grow by 25% to 90,000 calls in the fifth year. With a 100% growth rate usage would grow to 144,000 calls in the fifth year.

One Statewide Call-Answering Center

Table 6.1 shows the results of cost estimation when there is one statewide call-answering center open 24 hours a day, seven days a week. Results are shown for an initial usage level of 72,000 calls annually and all three growth rates. The first column of Table 6.1 shows results when the 72,000 calls grow by 25% over 5 years. The second column shows results when calls grow by 50% over 5 years. The third column shows results when calls grow by 100% over 5 years.

Table 6.1

Usage and Cost For One Statewide Call-Answering Center
Assuming 72,000 Initial Calls and Various Growth Rates

		25%	50%	100%
(1)	Total Number of Calls over Five Years:	403,746	445,452	524,535
(2)	Present Discounted Value of Total Cost Over Five Years:	\$5,251,967	\$5,407,033	\$5,676,957

The first row of Table 6.1 shows the number of calls that are received over the five-year period when annual usage starts at 72,000 calls. When usage grows by 25% over five years, a total of 403,746 calls are received over five years. When usage grows faster, more calls are received over the five-year period. The second row shows the present discounted value of the total cost of operating a single number system to meet projected demand over that five-year period. When demand grows at 25%, the present discounted value of the total cost over the entire five-year period for operating one 24-hour, statewide, call-answering center is \$5.25 million. When demand doubles over the five-year period, the present discounted value of the total cost is almost \$5.68 million.

Total usage is 30% higher under the fast growth scenario than the slow growth scenario. Costs, however, rise by only \$425,000, or about 8%. This relatively modest increase in costs occurs for two reasons. First, there are significant fixed costs that hardly change when usage increases. Second, there is significant excess capacity in the system. Consider the fixed costs. Table 6.2 breaks costs into their usage sensitive and non-usage sensitive components. As the names imply, usage sensitive costs vary with usage. Non-usage sensitive costs generally do not.

Table 6.2 Breakdown of Usage Sensitive and Non-Usage Sensitive Costs For One Statewide Call-Answering Center 72,000 Calls in Initial year			
	Growing 25% Within Five Years	Growing 100% Within Five Years	Percent Change
Total Calls:	403,746	524,535	30%
Physical Facility:	\$505,921	\$555,909	10%
Data Management:	\$841,333	\$841,333	0%
Administrative:	\$1,067,625	\$1,067,625	0%
Start-up:	\$285,470	\$296,112	3.7%
Non-Usage Sensitive Costs:	\$2,700,377	\$2,761,007	2.2%
Telephone:	\$338,290	\$437,488	30%
I&R Labor:	\$2,213,300	\$2,478,463	12%
Usage Sensitive Costs:	\$2,551,589	\$2,915,950	14.3%
Total Cost:	\$5,251,967	\$5,676,957	8.1%

In Table 6.2 physical facility costs are 10% higher when usage grows by 100% rather than 25% over five years. This occurs because more call-answering stations will be necessary with faster growth. Under the slower growth scenario, six call-answering stations will be necessary by the fifth year. Under the fast growth scenario, eight will be necessary by the fifth year. The extra two stations add to facility costs. Data management, administrative and start-up costs, however, remain almost unchanged. Therefore, non-usage sensitive costs increase only 2.2% in moving from slow growth to fast growth.

Usage sensitive costs are another matter. Thirty percent more calls mean 30% more in long distance charges. More stations also mean more labor, but not 30% more labor. Hence, usage sensitive costs go up, but by only 14%. Combining non-usage and usage sensitive costs, total costs go up by 8.1%.

The impact of greater usage on labor costs becomes clearer when excess capacity is considered. Table 6.3 shows the number of workers that are needed at the center on weekdays and weekends, and the percentage of time those workers are busy. The first two columns show the number of employees and their utilization in the first year when 72,000 calls are received. For Level I calls there are four IRSs needed during weekday days, two during weekday evenings and one during weekday nights. While the daytime specialists are fairly busy, the night specialists are not even utilized half-time. On weekends, one specialist is needed, except during the daytime hours when two are needed. One Level II specialist is needed at all times, but that specialist is hardly ever busy. The busiest time is during the weekday days when the Level II specialist is busy 35% of the time. It is clear that usage could grow significantly and no more Level II specialists would be needed. There would be little call for more nighttime Level I specialists as well.

Table 6.3 Number of Employees and Employee Utilization For One Statewide Call-Answering Center 72,000 Annual Calls Initially						
			25% Growth		100% Growth	
	First Year		Fifth Year		Fifth Year	
Annual Calls:	72,000		90,000		144,000	
	<u>Employees</u>	<u>Utilization</u>	<u>Employees</u>	<u>Utilization</u>	<u>Employees</u>	<u>Utilization</u>
Level I						
Weekday						
Daytime	4	87%	5	87%	7	99%
Evening	2	87%	3	72%	4	87%
Night	1	47%	1	58%	1	93%
Weekend						
Daytime	2	51%	2	63%	3	67%
Evening	1	70%	1	87%	2	70%
Night	1	17%	1	22%	1	35%
Level II						
Weekday						
Daytime	1	35%	1	43%	1	70%
Evening	1	17%	1	22%	1	35%
Night	1	5%	1	7%	1	10%
Weekend						
Daytime	1	10%	1	13%	1	20%
Evening	1	7%	1	8%	1	13%
Night	1	2%	1	2%	1	3%

The second set of columns in Table 6.3 shows what happens when demand grows by 25% to 90,000 calls in just the fifth year. The Level II specialists are busier, but still only one is needed at any time. Hence Level II labor costs do not increase. A Level I specialist is added during weekday days and another is added for weekday evenings, but otherwise Level I labor costs stay the same as well.

The third set of columns shows what happens if demand were instead to grow by 100% to 144,000 calls in just the fifth year. The Level II specialists are even busier, but still only one is needed at any time. Hence Level II labor costs do not increase. More Level I specialists are added during day and evening shifts, but not at night. That is why a faster growth rate will increase labor costs, but not as much as it increases call volume.

Table 6.4 shows total usage and costs when initial usage is either 103,500 or 135,000 calls annually. The first column of Table 6.4 shows results when calls grow by 25% over 5 years. The second column shows results when calls grow by 50% over 5 years. The third column shows results when calls grow by 100% over 5 years. Rows one and two are results when initial usage is 103,500 annual calls. Rows three and four are for initial usage of 135,000 calls annually.

Table 6.4 Usage and Costs for One Statewide Call-Answering Center With 103,500 and 135,000 Initial Calls and Various Growth Rates				
		Percentage Increase in Calls Over Five Years		
		25%	50%	100%
103,500 Initial Calls				
(1)	Total Number of Calls Over Five Years:	580,385	640,337	754,020
(2)	Present Discounted Value of Total Cost Over Five Years:	\$5,884,127	\$6,168,646	\$6,610,323
135,000 Initial Calls				
(3)	Total Number of Calls Over Five Years:	757,024	835,222	983,504
(4)	Present Discounted Value of Total Cost Over Five Years:	\$6,702,735	\$6,959,712	\$7,724,591

The first row of Table 6.4 shows the number of calls that are received over the five-year period when annual usage starts at 103,500 calls. When usage grows by 25% over five years, a total of 580,385 calls are received. When usage grows faster, more calls are received over the five-year period. The second row shows the present discounted value of the total cost of operating one statewide, call-answering center to meet projected demand over that five-year period. When demand grows at 25%, the present discounted value of the total cost over the entire five-year period is \$5.88 million. When demand doubles over the five-year period, the present discounted value of the total cost is almost \$6.61 million.

The third row of Table 6.4 shows the number of calls that are received over the five-year period when annual usage starts at 135,000 calls. When usage grows by 25% over five years, a total of 757,024 calls are received. When usage grows faster, more calls are received over the five-year period. The fourth row shows the present discounted value of the total cost of operating a statewide call-answering center to meet projected demand over that five-year period. When demand grows at 25%, the present discounted value of the total cost over the entire five-year period is \$6.7 million. When demand doubles over the five-year period, the present discounted value of the total cost is almost \$7.72 million.

The results in Table 6.4 indicate, once again, that cost increases are less pronounced than usage increases. This is still due to significant fixed costs and the relatively low use of nighttime Level I and all Level II IRS.

Six Regional Call-Answering Centers Open 24 Hours a Day

The next set of tables shows the results of cost estimation when there are six statewide call-answering centers, each open 24 hours a day, seven days a week. In this example, each center serves an NHHSS regional service area. Table 6.5 shows total usage and present discounted costs for the various initial usage and growth rates.

Table 6.5 Usage and Costs for Six Regional Call-Answering Centers Open 24/7 Various Initial Calls and Growth Rates				
		Percentage Increase in Calls Over Five Years		
		25%	50%	100%
72,000 Initial Calls				
(1)	Total Number of Calls Over Five Years:	403,746	445,452	524,535
(2)	Present Discounted Value of Total Cost Over Five Years:	\$11,814,876	\$11,881,163	\$12,085,105
103,500 Initial Calls				
(1)	Total Number of Calls Over Five Years:	580,385	640,337	754,020
(2)	Present Discounted Value of Total Cost Over Five Years:	\$12,167,541	\$12,417,122	\$12,818,773
135,000 Initial Calls				
(3)	Total Number of Calls Over Five Years:	757,024	835,222	983,504
(4)	Present Discounted Value of Total Cost Over Five Years:	\$12,835,727	\$13,140,750	\$13,630,529

The first two rows of table 6.5 show that when total usage over the five-year period is approximately 404,000 calls, the present discounted value of costs to operate the system over that period is \$11.8 million. The last two rows show that when total usage over the five-year period is 983,000 calls, the present discounted value of costs to operate the system over that period is \$13.6 million. With more than double the usage, costs only increase by 15%. Again this is due to significant fixed costs and underutilization of resources.

Table 6.6 compares the costs of one statewide call-answering center to the costs of six regional call-answering centers. The table assumes usage is 103,500 calls that grows by 50% over the five-year period. The first column shows costs for one statewide call-answering center. The second column shows costs for six regional call-answering centers. The third column shows the percentage difference between the first two columns.

Table 6.6 Comparison of Usage Sensitive and Non-Usage Sensitive Costs For One Statewide Call-Answering Center versus Six Regional Call-Answering Centers			
	One Statewide Call- Answering Center	Six Regional Call- Answering Centers	Percent Difference
Total Calls:	640,337	640,337	
Physical Facility:	\$610,813	\$1,473,594	141%
Data Management:	\$841,333	\$843,737	1%
Administrative:	\$1,067,625	\$3,895,480	265%
Start-up:	\$308,020	\$594,660	93%
Non-Usage Sensitive Costs:	\$2,827,818	\$6,807,472	141%
Telephone:	\$535,562	\$403,413	-25%
I&R Labor:	\$2,805,266	\$5,206,236	86%
Usage Sensitive Costs:	\$3,340,828	\$5,609,650	68%
Total Cost:	\$6,168,646	\$12,417,122	97%

The most obvious comparison is that costs almost double when moving from one to six call-answering centers. Usage stays the same at 640,000 calls over five years. It is twice as expensive to answer those calls from six regional centers than from one statewide center. Facility costs go up because there are six centers to rent rather than one. Administrative costs increase 265%, as there is a need for six center administrative teams rather than one. Interestingly, telephone costs go down. With six centers, a lower percentage of calls will be long distance. This will lower long distance costs. Labor costs almost double. Recall from Table 6.3 that with just one statewide call-answering center, someone has to be there at night to answer just a few calls. With six regional centers, six people must be employed at night with each occupied only a small amount of the time.

Six Regional Call-Answering Centers with Five Open Weekdays and the Sixth Open 24 Hours a Day

The next set of tables shows the results of cost estimation when there are six statewide, call-answering centers with five open weekdays from 8am to 8pm and the sixth open 24 hours a day, seven days a week. Table 6.7 shows total usage and present discounted costs for the various initial usage and growth rates. When total usage over the five-year period is 403,746 calls, the present discounted value of costs to operate the system over that period is \$8.4 million. When total usage over the five-year period is 983,504 calls, the present discounted value of costs to operate the system over that period is \$10.4 million.

Table 6.7 Usage and Costs for Six Regional Call-Answering Centers With Five Open Weekdays and One Open 24/7 Various Initial Calls and Growth Rates				
		Percentage Increase in Calls Over Five Years		
		25%	50%	100%
72,000 Initial Calls				
(1)	Total Number of Calls Over Five Years:	403,746	445,452	524,535
(2)	Present Discounted Value of Total Cost Over Five Years:	\$8,400,526	\$8,469,238	\$8,722,365
103,500 Initial Calls				
(1)	Total Number of Calls Over Five Years:	580,385	640,337	754,020
(2)	Present Discounted Value of Total Cost Over Five Years:	\$8,850,483	\$9,096,281	\$9,506,442
135,000 Initial Calls				
(3)	Total Number of Calls Over Five Years:	757,024	835,222	983,504
(4)	Present Discounted Value of Total Cost Over Five Years:	\$9,542,631	\$9,847,196	\$10,360,300

Table 6.8 compares the costs of six regional call-answering centers open 24/7 to six centers with five open weekdays and the sixth open 24/7. The table assumes usage in the first year equal to 103,500 calls and that usage grows by 50% over the five-year period. The first column shows costs for six regional call-answering centers open 24/7. The second column shows costs for six centers with five open weekdays and the sixth open 24/7. The third column shows the percentage difference between the first two columns.

Table 6.8 Comparison of Usage Sensitive and Non-Usage Sensitive Costs For Six Regional Call-Answering Centers Open 24/7 versus Six Centers with Five Open Weekdays and the Sixth Open 24/7			
	Six Centers Open 24/7	Five Centers Open Weekdays and the Sixth Open 24/7	Percent Difference
Total Calls:	640,337	640,337	
Physical Facility:	\$1,473,594	\$1,043,389	-29%
Data Management:	\$843,737	\$843,737	0%
Administrative:	\$3,895,480	\$2,966,337	-24%
Start-up:	\$594,660	\$534,167	-10%
Non-Usage Sensitive Costs:	\$6,807,472	\$5,387,629	-21%
Telephone:	\$403,413	\$441,309	9%
I&R Labor:	\$5,206,236	\$3,267,343	-37%
Usage Sensitive Costs:	\$5,609,650	\$3,708,652	-34%
Total Cost:	\$12,417,122	\$9,096,281	-27%

Costs are 27% lower with the after hours center than they are with six centers open at nights and on weekends. Facility costs are lower because there is only one facility open at night and on weekends. Administrative costs are lower because there is no need to have an administrator at each of six facilities at night and on weekends. Telephone costs are 9% higher because more calls at night and on weekend will be long distance since five of the regional centers are closed at that time. Labor costs are much lower. There can be significant consolidation of calling at night and on weekends. During those periods only one person is needed rather than six.

Summary

The present discounted value of costs associated with maintaining a single number system under all scenarios is summarized in the Table 6.9. Using one statewide center is the most cost effective alternative. If regional centers are established, then more than \$3 million can be saved by consolidating after hours operations in one of the regional centers. In any case, to provide service over a five-year period, the system will cost over \$5 million.

		One Statewide Center Open 24/7	Six Regional Centers Open 24/7	Five Regional Centers Open Weekdays and a Sixth Open 24/7
Initial Usage	Usage Growth Rate			
72,000 Calls				
	25%	\$5,251,967	\$11,814,876	\$8,400,526
	50%	\$5,407,033	\$11,881,163	\$8,469,238
	100%	\$5,676,957	\$12,085,105	\$8,722,365
103,500 Calls				
	25%	\$5,884,127	\$12,167,541	\$8,850,483
	50%	\$6,168,646	\$12,417,122	\$9,096,281
	100%	\$6,610,323	\$12,818,773	\$9,506,442
135,000 Calls				
	25%	\$6,702,735	\$12,835,727	\$9,542,631
	50%	\$6,959,712	\$12,140,750	\$9,847,196
	100%	\$7,724,591	\$13,630,529	\$10,360,300

Relative Costs by Year

The previous table shows estimates of the present discounted value of costs for operating a single number I&R system over five years under three alternate scenarios and a variety of usage assumptions. Total costs vary significantly across scenarios and for different initial usage and growth rates. The lowest cost is \$5.2 million. The highest is \$13.6 million.

It is also interesting to look at the distribution of costs across the years for any one scenario. Table 6.10 shows the relative cost in each year for the scenario with one statewide call answering center when the center receives 103,500 calls in the first year and usage grows by 50% over five years. Twenty-two percent of costs are incurred in the first year. This includes the initial setup costs and operating costs in the first year. Eighteen to twenty-one percent of costs are incurred in each of the following years. The relative share increases slightly each year as usage grows. Interestingly, the percentages are similar for other usage levels and the two other scenarios. First year costs range between 20% and 24% of five-year costs. Second year costs are 17% to 19% of the total. The share rises to 21% to 23% by the fifth year.

Year	1	2	3	4	5
Percentage of Costs	22%	18%	19%	19%	21%

Suggestions that May Influence Costs

Reducing Administrative Costs

The preceding results use single number I&R systems with two-level call answering triage and significant administrative oversight. If these constraints were reduced somewhat costs could be reduced. Consider administrative costs. Table 6.10 shows the number of center administrators

and administrative costs under the three initial scenarios discussed above. The first row shows that the scenario with one statewide call answering center open 24/7 has four administrators associated with the center. The scenario with six regional call answering centers has three administrators at each center for a total of 18. The scenario with five regional centers open weekdays and a sixth open 24/7 has the equivalent of 1.9 administrators at each of the five centers and 3.9 at the 24/7 center for a total of 13.4. The second row of Table 6.11 shows the administrative costs associated with each scenario. These costs range from a little over one million dollars to almost four million dollars.

Table 6.11			
Cost of Administration			
	One Statewide Call Answering Center	Six Regional Call Answering Centers	Five Regional Centers open Weekdays and a Sixth Open 24/7
Initial Scenario			
(1) Number of Administrators	4	18	13.4
(2) Administrative Cost	\$1,067,000	\$3,895,000	\$2,966,000
Scenario with only One Administrator per Center			
(3) Number of Administrators	1	6	6
(4) Administrative Cost	\$462,000	\$1,471,000	\$1,471,000
(5) Cost Saving	\$605,000	\$2,424,000	\$1,495,000

Suppose administration were reduced so that there was just one administrator at each call-answering center. The third and fourth rows of Table 6.11 show the number of center administrators and the costs under this alternative. The fifth row shows the resulting cost savings. Savings range from \$605,000 to \$2,424,000.

Eliminating Late Night Two-Level Triage

All three scenarios have the Level II IRS located at one location. In the six regional center example, Level I IRS are at each regional center 24 hours a day, seven days a week. All of the Level II IRS, however, are located in only one center. Level II calls from anywhere in the state are forwarded to that center.

At night, when usage is low, the Level II IRS are not busy. Consider the assumptions that generate the most calls. Suppose the system starts with 135,000 calls and usage grows by 100%. In the fifth year, only one Level II specialist is needed. On weekday nights that specialist is busy on 18% of the time, or about 11 minutes an hour. On weekends the Level II specialist is busy only four minutes an hour. If the Level II specialist were removed at night, it would save about \$825,000 over the five year period.

Removing the night Level II specialist may not significantly degrade the quality of the system. The single number system is not designed as a crisis hotline. If I&R calls come in late at night that can not be answered by a Level I IRS, the caller can be directed to call back during daytime hours. If a crisis call does come in, it can be either referred or transferred to a crisis hotline.

Actual Versus Estimated Parameters

Several parameter estimates were used to calculate costs. We are confident that many of these parameters, such as hourly wages and benefits for IRS, are accurate. Other parameters, however, are more speculative. Long distance costs make up a significant part of the total cost of running the system. Ultimately, however, these rates will have to be negotiated with long distance vendors. If better rate can be negotiated, and this may be possible in an era of increasing competition, costs will go down. The calculations also assume that physical equipment such as building, desks, computers, etc. will have to be purchased. To the extent that existing equipment can be used for these purposes, costs will go down as well.

VII. BENEFITS

Introduction

A 211 system in Nebraska can be expected to benefit several groups including individual citizens who need human services; their employers; providers of human services; and those who plan for and pay for human services in Nebraska. Some of these benefits can be estimated in dollar terms. Whenever possible, we have attempted to estimate the magnitude of these benefits so that they may be compared with the estimated costs given in the previous chapter. However, many very important benefits are difficult to quantify, either because they cannot be measured in dollar terms (for example, reducing citizen frustration) or because the potential benefit requires other interconnected human service components and cannot be attributed to the 211 system alone. As an example of the latter, if respite care were more available to support home care givers, some individuals could avoid high priced institutional placements -- an important benefit. However, although a 211 system would increase access to respite care, benefit can only be realized if there is adequate development of respite care resources across the state.

The decision to develop a 211 system should consider the benefits that can be expected but not precisely measured as well as the benefits that can be estimated in dollar terms. This chapter includes a discussion of these intangible benefits and an estimate of measurable benefits for each affected group. A summary estimate of the overall measurable benefits is given at the end of the chapter. The methods used to estimate measurable benefits are presented in Appendix I.

Benefits For Individual Citizens

With good intentions, we have developed an incredibly complex system of human services. This system includes a wide variety of programs organized and funded by a complicated mix of government programs (federal, state, county, and community), along with private non-profit agencies and for-profit organizations at the national, state, and local level. Separate funding streams often require separate eligibility restrictions making it difficult to find the appropriate services for a given individual. Even those who work as providers in the system have difficulty understanding what services are available and how to access services outside of their narrow area of specialty. For individual citizens, it can be and is often overwhelming. Nearly every citizen has faced, with more or less exasperation, the question, "Where do I start?" After an initial entry point into the system is identified, the frustrations often do not end. Individuals are frequently shuffled from agency to agency, first by phone and then in person, before they find the services they need. A 211 system will provide a rational entry point into the system along with a trained and caring helper. Individuals can expect many measurable and intangible benefits from such a system.

Reducing Citizen Frustration

An especially important potential benefit is the reduction in the level of frustration felt by individuals trying to use this complex human service system. It is impossible to put a dollar value to eliminating this frustration. More than just a nuisance, this frustration can itself lead to a greater need for public services as those who have been caught in the system without finding an appropriate service can testify. Frustration with our human service system also erodes confidence in government and reduces public support for needed services and for the system as a whole.

Time Saved in Locating Services

The existence of a statewide 211 system will save individuals time when they try to gain access to human services. Less effort will be needed to acquire the desired information and less effort will be spent pursuing avenues that turn into dead ends. As an example of this type of savings, a single mother who has been working the day shift for her employer may be asked to work evenings. The day care provider for her child may be only open until six in the evening and family members may not be available to care for the child. This individual might spend a

significant amount of time trying to find providers. Calling the Nebraska 211 system for a more direct answer to her dilemma would save her time. Because both the time individuals save accessing human services, and the value of this time, can be estimated, an estimate of this benefit can be made in dollar terms. This is included in the estimates given in Tables 7.1 and 7.2.

Reducing The Ultimate Cost of Services

Besides being frustrating and time consuming, delays in finding an appropriate service are costly for the individual. It is widely recognized that early appropriate intervention is more cost-effective than delayed services for most problems. For example, women in abusive situations may delay seeking help if they do not know where to call. The lack of information may also lead individuals to use services that are not appropriate for their problems. This may also cause unnecessary delays and increased costs for the individual. There are few tools available for estimating this benefit in dollar terms.

Avoiding Expensive Alternatives

The lack of awareness of services may lead to expensive care alternatives. Last year the Nebraska Legislature recognized that respite care services can reduce the risk of abuse and neglect and the reliance on expensive and unnecessary out-of-home placement options for vulnerable populations. Similarly, it has long been recognized that early intervention for children with disabilities is extremely important to help children maximize their potential and to avoid many more expensive health and educational services. As a result Nebraska developed an Early Intervention program to provide services coordination to these children and their families. Another example is nursing home care costs. Care in a nursing home is significantly more expensive than care in assisted living facilities, or remaining at home with home-health services. A statewide 211 system would improve the possibility that potential clients will learn about these types less expensive, appropriate services and access them earlier, thus avoiding more expensive, or even inappropriate, service interventions later.

Although it is difficult to quantify many of these benefits, part of this avoidance can be estimated in dollar terms. For the purposes of estimating benefits of a 211 system, the avoidance of nursing home care was selected because of the ability to determine concrete comparative figures between nursing home and assisted living costs. It is estimated that 4000 individuals in nursing homes in Nebraska could be cared for in less expensive settings. For example, if only 1% of these 4000 persons were diverted from nursing home care because of a 211 system, the benefit would be substantial.

Benefits For Employers

Employers will also realize a benefit from a 211 system, part of which can be estimated in dollar terms. When employees gain access to appropriate services more quickly, they should realize improved workplace productivity and reduced absenteeism. More appropriate referrals should result in a quicker resolution of problems and quicker return to work. The I&R network can also be used by employers to refer employees for certain job-related services such as, education, training, and tax assistance. Child and elder care assistance and English language classes are other services more readily accessible through the I&R network that may also benefit employers by enhancing productivity and retention. An estimate of some of these employer benefits is included in the summary of benefits.

Benefits For Providers of Human Services

A 211 system will benefit individuals and organizations who provide human services in many different ways. Some of these benefits lend themselves to estimation in quantitative terms and are included in the summary below.

Call Avoidance

Under our current system, human service providers get many calls for services which would more appropriately be directed to another provider. These calls cost the agency time and money and reduce the agency's ability to provide more appropriate services. A 211 system will help callers more accurately determine which agency to contact for their specific need. An estimate can be made of these misdirected telephone calls and inappropriate applications for service. This estimate is based on the cost per call, and is included in the overall estimates below.

911 Call Avoidance

An inappropriate call to 911 is especially costly and troubling. Calls to 911 are expensive, and inappropriate calls can reduce the emergency center's ability to respond to appropriate emergency calls. 911 call centers receive inappropriate calls because citizens may not know of anywhere else to call. Some of this benefit, for example better service for true emergency calls, can not be estimated. However, because the cost per call is known and the number of calls saved can be estimated, this benefit can be calculated and is included below.

Avoiding Ancillary Services

Inappropriate calls to human service agencies often require agency personnel to take time (and therefore resources) to help an individual by giving information that is outside of the agency's service area. Examples include a probation officer helping a ward find employment opportunities or an employment services case-worker helping a client locate housing/rent assistance. A 211 system will reduce the number of these "ancillary services" by directing individuals more quickly to the appropriate agency. The cost of these ancillary services savings can also be estimated and is included below.

Reducing Inappropriate Evaluations

Whenever a person calls or comes to an agency, staff time must be spent evaluating the person's needs and determining the appropriate services. When this time is spent on behalf of an individual who is inappropriate for the service, it takes away from the agency's ability to serve appropriate clients. A 211 system can direct individuals to more appropriate services, allowing the agency to serve additional individuals with the same expenditure of staff time and dollars. The savings from eliminating this type of cost is included in the summary below.

Reducing Redundant Information and Referral Costs

The largest savings to the human service providers comes from reducing duplication in the I&R functions. As this report shows, many human service agencies in Nebraska provide overlapping I&R services. This problem is not new. As long ago as 1978 (GAO Report to Congress) the office of the U.S. Comptroller General studied the I&R system across the country and identified several areas of potential duplication when many different agencies offer I&R on an uncoordinated bases. According to this report, the most costly of these is in the time and effort required to keep duplicate resource files complete and up to date. The GAO report concluded that this inefficiency affected both the I&R providers and the services they were trying to catalogue. For example, in Seattle, 24 different agencies maintained independent resource files and updated them at least annually. This means that each agency was called at least 24 times a year for up-to-date information. An official at one agency complained that they were "surveyed to death" as a result of these efforts. In addition, I&R agencies duplicate the staff time needed to answer I&R calls, administrative and clerical efforts supporting I&R, and publicity efforts to reach overlapping target groups. Reducing this activity has the potential to free up personnel resources for additional direct services to citizens.

Part of this benefit can be estimated. Our Nebraska survey results indicate that on average the cost per call under the existing I&R system is more expensive than the cost under a single number system. Hence current providers will realize a sizable saving in resources if calls are

diverted to a single number system. An estimate of these costs are included in the overall benefit estimate. Resources saved in this manner will allow agencies to provide direct service to more individuals and more completely serve their core mission.

Benefits for Planners and Funders

Reducing Requests For Specialized I&R

Currently, many constituencies feel the need for more organized information and referral to help them deal with our complex human service system. As a result, legislators are faced with many requests to fund information and referral. For example, this year the Nebraska legislature has been asked to consider supporting services for individuals with brain injury (LB 1225). Included in this \$750,000 measure are funds to establish a help line to assist individuals with brain injury to contact appropriate agencies and resources and to fund a comprehensive survey of current programs available.

Similarly, LB 480 in the current session, the Women's Health Initiative, strives to “improve the health of women in Nebraska by fostering the development of a comprehensive system of coordinated services, policy development, advocacy, and education.” The initiative attempts to develop a “clearinghouse for information regarding women's health issues, including pregnancy, breast and cervical cancers, acquired immunodeficiency syndrome, osteoporosis, menopause, heart disease, smoking, and mental health issues as well as other issues that impact women's health, including substance abuse, domestic violence, teenage pregnancy, sexual assault, adequacy of health insurance, access to primary and preventative health care, and rural and ethnic disparities in health outcomes”. Arriving at this comprehensive system of coordinated care will involve establishing additional I&R services for this population.

Last year LB 148 established the Nebraska Lifespan Respite Services Program which calls for establishment of “a single local source for respite service information and referral.” This system is being developed with data and equipment standards and an organizational plan that will integrate regional respite care data into a single non-duplicated statewide database. Because of the increased attention to standards and statewide integration, this system may serve as a model for an eventual comprehensive statewide I&R database.

Given the many individual constituencies facing a need for better Information and Referral services, the legislature is likely to receive similar requests in the future. These specialized I&R needs could be more effectively and efficiently met by the establishment of a single coordinated information and referral system such as a 211 system.

Information About Service Coverage and Need

A state-wide 211 system would also provide valuable information to legislators and administrators about the human service system, about gaps in this system and about the needs felt by the population. The integrated state-wide database of human services would provide an accurate and up to date picture of what services are currently available and what services are missing in any given geographic region. When proposals are made to fund additional services, accurate and timely information would be available about service gaps. As the system becomes more widely used by citizens in all parts of the state, the pattern of calls to the 211 system would also tell legislators and administrators what services are most requested in each area of the state, and which of these needs were hardest to meet with currently available services. This information would allow legislators and administrators to more effectively plan services to meet the needs of citizens.

Estimate of Aggregate Measurable Benefits

A description of aggregate benefits, then, can be broken into four categories, some elements

being quantifiable and other elements being non-quantifiable. Table 7.1 displays the benefits and the percent of the total quantifiable benefit attributed to that source assuming an initial usage of 72,000 calls which grows by 25% over five years. Each estimated benefit is presented as the present discounted value of the dollar benefit derived over five years. A discounted value is the value *today* of benefits which will be realized in the future. In Table 7.1, the reduction of redundant I&R cost is the largest benefit. In this example, the benefit is \$3.6 million or 47.2% of the total benefit. The next largest benefit is avoidance of nursing homes costs from moving 1% of the patients who could be cared for in less restrictive settings into assisted living. This is a conservative estimate. The benefits in Nursing Home Avoidance would be even greater if costs savings also included a percentage of avoidance of nursing home costs who could be cared for at home with supportive services.

The assumptions used to arrive at these estimates are given in Appendix I. These assumptions affect the final estimate of benefit. For example, we have estimated that 25% of all calls will result in an individual saving in time worth approximately \$9.27. Aggregating this saving across all calls results in a total “time saved” benefit to individuals of approximately \$912,000. If a lower percentage of calls received this saving (or it is estimated that a lower percentage of persons will receive this saving), then the aggregate benefit to individuals would fall. For example, if only 22.5% rather than 25% of all calls resulted in time savings to individuals, the total benefit to individuals would be 10% less, or approximately \$821,000. The same type of adjustment can be made to all other benefit categories as well. We have used estimates that we believe are both reasonable and conservative in order to present an idea of the magnitude of the overall quantifiable benefits. These can be considered a minimal estimate of the overall benefit because of the many benefits which can be expected but which are difficult to quantify.

Table 7.1		
Benefit by Category		
Category	Approximate Benefit	Approximate Percent of Total Quantifiable Benefit
Individuals		
Reduced Frustration	<i>not quantified</i>	--
Time Saved in Locating Services	\$912,000	12.0%
Reducing Ultimate Cost Of Services	<i>not quantified</i>	--
Avoiding Expensive Alternatives	<i>partially quantified (see next row)</i>	--
Nursing Home Avoidance	\$1,281,000	16.8
Employers	\$39,000	0.5
Providers		
Call Avoidance	\$990,000	13
911 Call Avoidance	\$221,000	2.9
Avoiding Ancillary Services	\$197,000	2.6
Reducing Inappropriate Evaluations	\$170,000	2.2
Reducing Redundant I&R Costs	\$3,599,000	47.2
Planners and Funders		
Reducing Requests for Specialized I&R	<i>not quantified</i>	--
Information about Service Coverage and Need	<i>not quantified</i>	--

Table 7.2 shows how the estimate of the measurable portion of the benefit varies with different assumptions about initial usage and the growth rates over time. The present discounted value of the measurable benefit derived from a single number I&R system ranges from approximately \$7.6 million to approximately \$16.5 million. Benefits are calculated as a dollar amount per call. This has two important implications. First, the greater the usage (or the more calls there are), the greater the total benefit. Second, for any given total usage, benefits remain the same under all

three scenarios. When initial usage is 72,000 and that usage grows by 25%, total benefit is \$7.6 million under any of the three scenarios. Again this occurs because there is a dollar benefit per call and that dollar benefit is the same under all three scenarios. Hence the total benefit for a certain number of calls is the same regardless of the type of I&R system used to answer those calls.

		One Statewide Center Open 24/7	Six Regional Centers Open 24/7	Five Regional Centers Open Weekdays and a Sixth Open 24/7
Initial Usage	Usage Growth Rate			
72,000 Calls				
	25%	\$7,622,000	\$7,622,000	\$7,622,000
	50%	\$8,253,000	\$8,253,000	\$8,253,000
	100%	\$9,446,000	\$9,446,000	\$9,446,000
103,500 Calls				
	25%	\$10,343,000	\$10,343,000	\$10,343,000
	50%	\$11,249,000	\$11,250,000	\$11,249,000
	100%	\$12,965,000	\$12,965,000	\$12,965,000
135,000 Calls				
	25%	\$13,064,000	\$13,064,000	\$13,064,000
	50%	\$14,246,000	\$14,246,000	\$14,246,000
	100%	\$16,484,000	\$16,484,000	\$16,484,000

Summary

Many important benefits can be expected from instituting a state-wide 211 system, some of which can be estimated in dollar terms. These benefits will be experienced by individual citizens as they more effectively find their way through the human service system; by employers who will experience a healthier and more available workforce; by providers who will be able to stretch limited human service dollars to provide service to more (and more appropriate) clients; and by legislators, and others who plan for and pay for human services as they gain a better view of both the system and the needs of citizens, and avoid piecemeal solutions to the I&R need. A comparison between Tables 7.2 and 6.9 show that the estimated measurable benefits are in the same broad range as the estimated costs. The unmeasurable benefits represent additional benefits to citizens and the human service system from developing a comprehensive 211 system. This

does not mean, however, that a 211 system could be developed without costs. Most of the benefits could not be captured and spent on a new system. Most would however, be available in the human service system, and would allow the current system to serve more needs more effectively.

VIII. CONCLUSION AND RECOMMENDATIONS

Conclusions

Current Nebraska I&R Services Represent A Significant Investment and Effort

Nebraska currently has a multitude of I&R services providing information to Nebraskans about various services and resources. As part of the survey that was conducted for this project, over 800 agencies across Nebraska were contacted and asked about their I&R activities. Two hundred and seventy-six agencies replied they were involved in I&R efforts. Of this number, 193 agencies provided specific, I&R information. Because two agencies indicated they received so few I&R calls, they were omitted from analyses. Thus, usable data were obtained from 191 agencies from across Nebraska, and approximately 80% of these agencies provided annual call volume information. Their responses indicated *there are over 900,000 I&R calls annually*. When asked to estimate paid staff hours devoted to providing I&R services, almost 2/3 of the agencies responded, and their estimates suggest there is the equivalent of *161 FTE staff time devoted to providing services in Nebraska*. In answer to the request for annual cost information to support I&R services, the respondents *reported they spend well over \$4 million annually*. Because expenditure data were received from only 30% of the 191 organizations, it is safe to assume the actual dollars spent on I&R services is considerably greater.

The Current I&R Delivery System Varies in Accessibility, Data Availability, Accreditation, and I&R Specialist Responsibilities

Accessibility. Nebraska's current I&R services provide varying levels of accessibility to callers. Only 37% of the responding I&Rs indicated they provide toll-free access, and only 28% offer TDD/TTY services. Seventy-five percent operate only Monday through Friday, with 81% available only during working hours.

Databases. Organizations use varying methods of organizing I&R data. Seventy-four percent of responding organizations actively seek information to provide I&R services. Most organizations have approximately 100 resources (the modal response) available in their databases. Only 21% use a computer database and only 4% (7 organizations) use the AIRS taxonomy.

Accreditation and Staffing. No Nebraska I&Rs are accredited through AIRS, and only five persons in Nebraska are certified through AIRS. Ninety-three percent of organizations ask their I&R specialists to perform duties in addition to fielding I&R calls, with the most frequent additional responsibility being clerical/support staff work. Training of staff varies dramatically from no training to comprehensive orientations and on-the-job training programs (see Appendix H, Question 37).

Feasibility of 211 System

The experiences of other states and municipalities are persuasive in illustrating the feasibility of developing and maintaining a 211 or other coordinated I&R service system. Existing 211 systems (the greater Atlanta, Georgia area; the greater Columbus, Georgia area; and the state of Connecticut) have created three-digit dialing systems free to callers, developed coordinated databases, experienced increased call volumes to their I&Rs, and evaluated calls to identify gaps and duplications in services. Other statewide I&Rs, who have not yet received 211 designation, have through coordination reduced duplication of I&R responsibilities through alliances, standardized taxonomies, and designated call centers. Throughout the nation, funding for coordinated I&Rs has been identified through public and private collaborations, and through collaborative relationships with publicly-funded programs that carry federal and state mandates to provide information and referral.

Positive Quantifiable Benefits Are Projected for a 211 System

A single number system can provide a positive net benefit. The size of that net benefit depends on usage, the design of the system, and the underlying administrative structure. The largest net benefit comes from a system with one statewide, call-answering center open 24 hours a day, seven days a week. The measurable benefit of such a system outweighs the cost under all usage assumptions. The more people who use the system, the greater the net benefit of the system. The results are not so clear-cut when there are six regional centers or six regional centers and one after-hours center. Whether the net benefit is positive or negative depends critically on usage and the administrative structure of the system. We have not measured all of the benefits and costs associated with a single number system. Some of the benefits can not be measured in dollar terms. If we were able to put a dollar value on these benefits, the total benefit, and, consequently, the net benefit, of a single number system would increase.

Recommendations

1. A call center serving one or more regions of the state should be piloted.

Given the feasibility and the advisability of a statewide, coordinated I&R system, a pilot project should be developed to create a call center for one or more regions of the state. In order to capitalize on existing knowledge and infrastructure, the pilot project should be developed by those already active in I&R services: that is, current I&R providers; the state agencies that plan, regulate, and pay for human services; and other important groups. This group should begin with the existing NE211 Coalition. The NE211 Coalition, therefore, should be expanded to include a wider representation from I&R services from all parts of the state, and should add representation from other groups and from additional areas of the Nebraska Health and Human Service System. No matter how efficient and effective a new system of information and referral might be, it will not be viable unless it is perceived by the current I&R participants to be the logical extension of their current efforts.

The pilot project should be supported by a well-developed database and an adequate number of well-trained information and referral specialists. There should be careful consideration to specialists' job descriptions, minimum educational or professional attainment, salaries, training, on-going monitoring and development, and possible AIRS certification. The benefits of cross-training and information sharing with other systems (e.g., with 911 as in Atlanta) should be investigated.

A pilot project will enable planners to ensure the same kinds of positive outcomes that are enjoyed by other 211 systems will be experienced in Nebraska. The pilot also will allow an initial evaluation of Nebraska's 211 system, its efficacy, its administration, and other system components.

2. The pilot, if successful, should be expanded to a statewide system.

Assuming successful implementation of the pilot, the system should then be expanded to a statewide I&R. Lessons learned from the pilot project should be incorporated. Decisions about the structure of a statewide system should be made in light of the competing advantages versus disadvantages of a single call center as opposed to multiple call centers. The expansion to a statewide system should, again, include current I&R providers; the state agencies that plan, regulate, and pay for human services; and other important groups. Again, care must be taken to ensure adequate and full representation from among the many current stakeholder groups.

A statewide I&R will require the creation of a telephone system that allows a 211 number dialed from anywhere in the state to be connected to the appropriate information and referral specialist.

A toll-free 800 number or a series of regional numbers could connect callers to these specialists even if the three-digit, 211 system is not in place. Reserving a statewide 211 system in Nebraska will require a regulatory decision, and the cooperation of independent phone companies. Both steps will require broad public support.

In order to provide statewide I&R service, a complete, accurate, accessible and efficient database of human services should be developed. Organizations that are currently providing large I&R databases in Nebraska should be encouraged to come into compliance with AIRS standards, including the use of the AIRS/INFO LINE taxonomy. These organizations should move towards use of a well-accepted I&R software package such as IRis or Refer99. Any new I&R database should be designed to facilitate an eventual transition to an integrated, statewide I&R system. The current planning for a respite care network database demonstrates this type of planning by assuring data management standards and by planning for the statewide integration of regional systems into a single, non-duplicated database. This effort may form a prototype and model for building a more comprehensive statewide database.

A data taskforce should be formed to develop a database management plan for Nebraska which will make maximum use of current resources and which will strictly apply the "one data manager per resource" principle. This taskforce should explore ways to integrate current databases and should develop consensus around one of two plans: 1) a centralized database management concept with provisions for effectively connecting to current I&R efforts and to resources at the community level, or 2) a regional database management concept with provisions for effectively standardizing coding, resource identification, and resource updating between the regions.

As a statewide system is developed additional, trained staff must be recruited and trained. A plan for marketing and promotion should be developed. Telephone technology that should be explored includes telephone systems for training and monitoring calls, caller location identification systems, voice messaging, and Interactive Voice Response that provide automated referrals during peak call volume periods (with caller option to wait for a referral agent). Other technologies that should be investigated include extensive use of websites, and database passwording systems that enable resources to update their own information.

3. A plan for evaluation should be developed and implemented for continuous monitoring of and improvement to any I&R system Nebraska decides to adopt.

A plan for on-going evaluation of the system should be developed in order to determine acceptable levels of service and to identify strengths and weaknesses needing intervention. Both the process evaluations and the outcome evaluations should be used.

Process evaluations should incorporate tracking of such indicators as call volumes, call durations, caller needs, call abandonment rates, caller wait times, database growth, database accuracy, unmet caller needs, staff turnover, and so on. Standards, or goals, for these evaluation measures should be determined. As these process outcomes are monitored, interventions should be implemented when outcomes fall short of expectations.

Outcome evaluations should assess the ultimate effect of the of the I&R service. Outcomes should be designed and administered to determine, for example, caller and agency interaction with the 211 system. Some I&Rs contact a percentage of previous callers to determine whether the caller followed up on referrals, whether the referral was appropriate and led to services, and so on. Agencies may be asked questions about the appropriateness of 211 referrals to their organization, the reduction of inappropriate calls to their organization, and their organization's experience with contacting 211 and receiving appropriate referrals for clients.

IX. APPENDICES

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Appendix A

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Appendix B

UNITED STATES OF AMERICA
BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION

In the Matter of

)

Alliance of Information and Referral Systems,)

United Way of America,) CC Docket No.98-

United Way 211 (Atlanta, GA),)

United Way of Connecticut,)

Florida Alliance of Information &)

Referral Services,)

and The Texas I&R Network)

)

Petition For Assignment of 211 Dialing)

Code for Use by the Public to Access)

Essential Community Resource Services)

**REQUEST OF THE ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS, UNITED
WAY OF AMERICA, UNITED WAY 211 (ATLANTA, GA),**

**UNITED WAY OF CONNECTICUT, FLORIDA ALLIANCE OF INFORMATION AND
REFERRAL SERVICES, INC., AND THE TEXAS I&R NETWORK**

FOR ASSIGNMENT OF 211 DIALING CODE

The Alliance of Information and Referral Systems, the United Way of America, United Way 211 (Atlanta, GA), the United Way of Connecticut, The Florida Alliance of Information and Referral Services, Inc. and

the Texas Information and Referral Network (collectively referred to as the "211 Collaborative"), hereby file this request pursuant to Section 1.41 of the Rules and Regulations of the Federal Communications Commission ("the Commission"), 47 C.F.R. § 1.41(1997). The 211 Collaborative respectfully requests that the Commission assign the 211 dialing code for use by the public to access services providing free information and referrals regarding community service organizations.

There is a demonstrated need for an easy to remember, easy to use dialing code that will enable persons in need, perhaps critically so, to be directed to available community resources. Assigning 211 to such services will provide an important adjunct to the codes that the Commission already has assigned to address public needs. This designation is the next logical step towards developing a comprehensive network of referral services to ensure that all citizens have the opportunity to have their basic human needs addressed, whether those needs are immediately life-endangering (911), or less urgent but still threatening to health or welfare (211).

There is strong interest in several states for developing 211 as a free community resource referral service, and the tools exist to put this interest into action. Accordingly, assignment of 211 for use by community resource information and referral services is in the national public interest. In support of this Request, the 211 Collaborative states as follows:

Identification of Petitioners

The Alliance of Information and Referral Systems (AIRS) is a non-profit organization supporting 990 member information and referral ("I&R") agencies, whose primary business is connecting people to valuable human services. AIRS also supports, among its 974 members, 24 state and regional affiliate organizations, several military representatives of each branch of the armed forces, Area Associations of Aging, and Associated Disabilities.

Based in Seattle, Washington, AIRS was incorporated in 1973 with the mission of improving access to services for all people through the mechanism of information and referral. AIRS meets this goal through its publications, international training conferences, and I&R clearinghouse. AIRS offers a professional umbrella for all I&R providers in both public and private organizations. AIRS promotes the image of I&R and conveys new developments in the field through its publications and national networking.

The United Way of America (the "United Way") is a non-profit membership organization, organized in the State of New York on June 25, 1970. United Way provides training, technical assistance and support to 1400 United Ways nationwide, helping to coalesce local community-building efforts in helping individuals meet critical basic needs, investing in youth, creating opportunities for challenged individuals, caring for the elderly, and strengthening families.

United Way 211 was created by the United Way of Metropolitan Atlanta, which is a non-profit organization formed as Associated Charities in the State of Georgia in 1905. The Georgia Public Service Commission assigned the 211 dialing code to United Way of Metropolitan Atlanta on May 6, 1997. United Way 211 serves thirteen counties around the Atlanta Metropolitan Area and is dedicated to providing the

public with critical human service information 24 hours a day, seven days a week.

United Way of Connecticut is a non-profit organization formed in the State of Connecticut on May 3, 1974. United Way of Connecticut operates in the State of Connecticut and is dedicated to fulfilling the mission of making human services more accessible to all Connecticut residents and working with local United Ways to better serve their communities. United Way of Connecticut currently operates an I&R service, known as "Infoline," available to assist persons throughout that state.

The Texas Information and Referral Network is a public private partnership under the leadership of the Texas Health and Human Services commission, a state agency. The Texas I&R Network was formed in February 1991 and is headquartered in Austin, Texas. The partnership operates in cities throughout Texas. The I&R Network is dedicated to building, coordinating and publicizing a state-wide network that provides local and state access points for health and human services information in Texas. The Texas I&R Network is one of the most advanced state-wide information and referral networks in the country.

FLAIRS, the Florida Alliance of Information and Referral Services, Inc., was incorporated on November 12, 1980 in Florida. Its purpose is to provide a state-wide mutual assistance network through educational and training opportunities among its membership in the delivery of information and referral and crisis-support services.

Each of the Petitioners is involved in providing information and referral services. Accordingly, the 211 Collaborative has a direct and substantial interest in assigning an easily accessible three-digit dialing code for use on a nationwide basis by information and referral services whose mission is to connect persons in need with community resources to meet those needs.

The names and addresses of the persons to whom communications in regard to this Request and this proceeding are to be addressed are:

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**A National Need Exists For An Easily Available
Single Point Of Access For Persons Needing To Locate The
Community Resources That Can Provide Assistance.**

As the Commission recognized in its February 19, 1997 Order in CC Docket No.92-105, N11 numbers are a finite resource. It is critical that such a limited national public resource be allocated to the highest and best possible use. The current assignment of 911 and 311 for police emergency and non-emergency uses recognizes this fact. There are, however, several types of urgent and critical human needs not addressed by 911 and 311.

I&R organizations currently providing community resource services on a local basis are presented daily with requests for assistance from individuals facing serious threats to life, health and mental well-being. A call summary prepared by United Way 211 for 1997 indicates that, of the calls received, approximately

seven percent involved immediate shelter needs, 20 percent involved rental/mortgage assistance needs (e.g., threat of eviction), 16 percent involved utility issues, critical in inclement weather, and nine percent involved food. The remaining calls presented issues of counseling, medical aid, prescription assistance, physical and sexual abuse, and potential suicide.

Although the individuals in the above examples are not candidates for a 911 or a 311 call, their needs are urgent and critical. Less urgent, but no less important are situations involving persons needing child care solutions, aging and hospice services, adolescent activities, educational programs, support groups, legal assistance, child and spousal abuse counseling, substance abuse programs, and other important services. These latter needs are undeniably vital to the health and welfare of individuals, families and communities.

The need for community support services has increased with the implementation of federal and state welfare-to-work initiatives. These initiatives generate heavy demands for transitional support services, employment services, child care solutions, transportation, and job training. The demand for assistance with basic needs has also increased. A recent survey conducted by the U.S. Conference of Mayors revealed that "despite a surging economy and low unemployment, demand for emergency food and shelter continued to grow this year,..." According to the Columbia University National Center for Children in Poverty, As welfare reform progresses, experts say, the result could be a rising tide of working poor struggling to stay afloat without any federal promise of a life raft.

Virtually every community has organizations that provide assistance in the situations described above. Across the nation, I&Rs connect callers to the information or assistance they need. Community I&Rs provide a critical safety net to individuals and families in crisis and those struggling with ongoing problems. In Atlanta, for example, the local United Way 211 provides these services to a populace of more than 3 million people. Similarly, in Connecticut, Infoline provides information and referral to community resources throughout the state. In Texas, one of the largest geographical areas in the United States, regional data centers are being established to provide comprehensive health and human service information. These 24-hour data centers are linked to the 100 identified community information centers as well as each other, allowing the 18 million residents of Texas to have access to information about vital services across the state. In Florida, an integrated database has been developed and uploaded to the FLAIRS Internet site. It has search features and includes data that represent about 40 percent of the state's counties.

What is missing however, is a uniform approach for efficiently bringing together those in need with those willing to lend a helping hand. The 211 Collaborative respectfully submits that this gap can and should be filled by the FCC's assignment of 211 nationally for use by referral services whose mission is putting together persons in need and available community resources. Assignment of 211 to community information and referral services will foster more efficient use of available community resources, by providing an easily used and easily remembered point of access for persons in need.

**211 Would Provide A National Safety Network For Persons
In Need That Are Not Served By 911, 311, 800 Or 888 Numbers**

911 and 311 Numbers

The focus of existing 911 centers is and should be emergency police and fire services. In FCC 97-51, the Commission stated that retention of 911 as a national code for reaching emergency services "clearly serves the public interest because end users know that they can dial this code from virtually any exchange in the country to obtain emergency assistance." FCC 97-51, mimeo, pp.14-15. However, the FCC also noted that the 911 centers receive a large percentage of inappropriate calls and thus has set 311 aside for access to non-emergency police services. FCC 97-51, mimeo, pp.24-25.

The ability of 311 centers to provide a comprehensive referral to relevant community services for each caller is limited by the underlying purpose of 311. The centers are designed to reduce the number of non-emergency calls to 911 by providing easy access to non-emergency police services. To the extent they are implemented by local governments, the 311 centers can provide a valuable public service. Even where a 311 service operates, however, there remains a strong need for a universal access point for individuals seeking answers to critical and urgent needs not efficiently or comfortably addressed by calling the police.

Individuals needing help or information may be reluctant to make a call to a 311 service operated by a law-enforcement agency. Persons in need may simply discount the possibility that they could find the information or help they seek through a call to a police-operated 311 service. These services will not, for example, be advertised throughout the community as a resource point for those in need of shelter or food. In other cases, the necessity of speaking to a police officer may discourage a person from seeking help or information by this means. A victim of abuse or a person suspecting abuse, for example, may want information or advice, but be unwilling to contact law enforcement as a first step toward help.

It should also be noted that there is a significant and substantive difference between the approaches taken by 911/311 staff and those responding to calls to I&R systems. In the former cases, the sole focus is upon the situation or problem presented, with an expected immediate solution of some sort. Unlike the emergency 911 callers, many of those accessing I&Rs can afford the time and attention to consider alternatives and broader horizons. I&R agents are trained to go beyond assessing caller needs, and explore the underlying causes, available assistance options and a variety of alternatives. Some of these may well lead to early intervention situations, with such positive outcomes as the preservation of families or secure neighborhoods, basic building blocks of a stable community. Educating the caller to possibilities in the social service and community organization networks is a frequent byproduct of such communications.

Effective information and referral requires a level of commitment as well as a focus on community human services that cannot reasonably be expected from local police departments. Personnel staffing 311 services are neither intended to serve as a comprehensive referral service for general non-police community

resources, nor likely to have at their fingertips a comprehensive data base of the specific resources available locally. In addition to developing and maintaining large resource databases, I&Rs participate in and often lead local human service councils, member groups of Volunteer Organizations Active in Disasters (VOAD) and a wide range of assistance collaboratives. I&R staff are human service professionals trained to assess caller need and state of mind, available resources, and then to provide appropriate referrals. I&R requests are often symptomatic of other problems or issues facing a caller; an effective I&R service must be able to identify and address those challenges.

800, 877 and 888 Numbers

There are at present over 20 million toll-free 800, 877, and 888 telephone numbers. Confusion among these, added to the margin for error in dialing eleven digits, create obstacles to usage, especially in urgent situations. And, unless there is the gimmick of alphabetically spelled-out words, the sheer length defies probability of memorization. The call-in directory for toll-free numbers (1-800-555-1212) lists entries only by name, not by service or need category. In addition, directory assistance operators are not trained to assess caller need or handle crisis calls.

Local Numbers

A local number for community information and referral is difficult to distinguish from the thousands of other local business and human service numbers. Travelers and the recently relocated, who often need temporary assistance, will benefit from a uniform national number. Finally, information and referral services have promoted local numbers for over 20 years; still, public awareness of the service is low.

Assigning 211 To I&R Services Will Benefit 911, 311

And Community Social Services.

Use of 211 to access information regarding available community resources in circumstances involving immediate needs for shelter or food, hospice care, substance abuse, and family problems would, as 311 services do, serve to alleviate congestion on 911. Personnel staffing 911 centers have neither the time nor the expertise to assist callers in need of food, clothing, shelter, counseling or financial assistance, no matter how immediate those needs are. Yet such calls are frequently received by 911 services. The city of Atlanta's 911 call center staff indicate that their centers frequently received calls more properly directed to a resource information line for community services. Of the 1,154,531 calls received by the city of Atlanta's 911 center in 1997, 53 percent were either handled by a police report, or determined inappropriate for 911 because the caller simply sought information, including health and human service resource information. As a result, Atlanta's 911 call center staff immediately recognized the benefits of a dialing code devoted to a community resource information and referral service and enthusiastically supported establishment of United Way 211. With the establishment of United Way 211, community and service resource calls can now be referred there, rather than taking phone lines and staff away from police emergencies.

The 211 Collaborative anticipates that 211 services will be provided primarily by private, not-for-profit organizations, and thus, in most cases, will not rely solely on governmental funding. In other cases, the private organization and local or state governments may work together to develop and implement 211 as a single access point for available community resources. In either case, however, the assignment of 211 to information and referral services will provide communities with an important tool for enhancing the efficient delivery of community resources, without causing a significant drain on local budgets.

As such, the assignment of 211 will complement, and in some cases provide a valuable alternative to, 311 services. Some communities may not have sufficient funding available to staff a 311 service fully with law-enforcement personnel, seven days a week, 24 hours a day. In those instances, 211 service could provide a complementary service to the 311 services the local government is able to fund. In case there is no funding at all for a police-staffed 311 service, the availability of an alternative service staffed by non-governmental organizations, such as 211, becomes an even more critical way to route inappropriate calls away from 911, and to the pertinent agencies and organizations.

The availability of a single dialing code, such as 211, as an access point for locating community resources also allows the organizations and agencies delivering the services to focus on their service mission, rather than expending their often scarce funds on raising their community profile and staffing their own referral lines. In developing services such as United Way 211 in Atlanta or Infoline in Connecticut, the use of 211 has assisted consumers in simplifying access to the services of these organizations, providing visibility for those services, and often supplying coverage for agencies needing round-the-clock availability.

Successful Models Of Community Resource Information And Referral

Services Exist To Support Prompt Implementation On A National Level

There can be no serious dispute as to the need for, and benefits of, establishing a dialing code 211 as a single point of access to community human service services throughout the nation. Furthermore, the 211 Collaborative anticipates that, if assigned for this purpose, the 211 dialing code will be pressed into service quickly and effectively in many jurisdictions. There is widespread interest across the country in implementing the type of central clearinghouse for community resources that the 211 Collaborative proposes for 211 assignment. Atlanta's United Way 211 center has been inundated by requests from other communities about how to develop and manage a 211 call center. The United Way of Connecticut has received approval to implement a 211 number and plans to launch the service in January 1999. Governor John Rowland, who strongly backs the concept, has provided funding for the increased usage and for enhanced technology. The Texas I&R Network members have shown considerable interest in developing a 211 call center, and have committed to pursuing implementation of 211 service at the Texas Public Utilities Commission. Organizations in Florida, Kentucky, Nebraska, Virginia and Wisconsin have also expressed strong interest in setting up 211 community resource information and referral services.

Moreover, highly successful working models can provide the template for communities to put their

enthusiasm into action. These organizations will provide workable models and support for implementing 211 services across the country.

In Atlanta, United Way 211 is a free 24 hour a day, seven days a week, telephone information and referral service staffed by trained bilingual referral agents. Additional multi-lingual assistance is provided by the AT&T language line. Agents have access to a database of over 2000 resources to match callers to social services, as well as to provide information regarding volunteer, donation and civic involvement opportunities. Referral agents assess each caller's situation and give the phone number, hours of operation and intake procedures for each agency. In an extremely urgent call, the agent can connect the caller directly with an agency.

The United Way 211 data base includes a complete array of public and private agencies and programs in its region, not just United Way member agencies or those supported by United Way funding. Accordingly, comprehensive information on all community resources is available through United Way 211. United Way 211 also utilizes an interactive voice response system that provides automated referrals during peak call volume periods. Callers seeking access to food, shelter, clothing, child care, and public assistance receive referral information based on their need and location. The information can be repeated as often necessary and the caller can choose to wait for a referral agent at any time.

Infoline of Connecticut also has significant experience operating an information and referral clearinghouse for community resources. Created in 1976 as a public/private partnership of United Way and the State of Connecticut, it has gained national recognition as a model system. Infoline was recently awarded certification by the American Association of Suicidology.

The Texas I&R network is one of the most advanced state-wide information and referral networks in the country. The experience of this organization and its members will provide valuable assistance to other communities seeking to implement such a service. As noted above, there is strong support in Texas for implementing community resource referral services using the 211 dialing code.

The FLAIRS Network, a project founded in 1985, has developed a collaborative network of I&R providers throughout Florida with the purpose of creating an integrated statewide data base of resource information. This required designing a statewide model with local I&R buy-in. Data and communications standards were developed and four regional pilot sites were selected in August 1997. An integrated data base has been developed and uploaded to the FLAIRS Internet site (www.flairs.org).

In addition to these, AIRS is another support source for communities seeking to set up their own 211 services. AIRS is a 990-member network of Information and Referral agencies, whose primary business is connecting people to valuable services. Over 25 years, the members of AIRS have developed professional standards to guide referral staff in the best practices for classifying and managing databases, assessment skills, collaborative relationships, training, data analysis and reporting, follow-up, and advocacy. AIRS

will help localities establish their own 211 referral service by providing agency accreditation, specialist certification, training tools, and other support services. The quality of AIRS' high standards is substantively acknowledged in Houston, where the local I&R Services (United Way of Texas Gulf Coast) staff actually are responsible for the training of their counterparts at 911.

The nation has a wealth of community resources organizations that provide services directly to those in need. Organizations experienced in supporting and directing those in need to the appropriate community resources also exist. Assignment of 211 for use by the latter as a gateway to match needs and resources, will have local and national benefits by maximizing the effectiveness of those organizations whose mission is to deliver services to needy persons locally. With models already in place, and sponsors willing to help set up similar systems in other localities, a nationwide system for public access to critical human service services could be implemented quickly and effectively.

Conclusion

Persons and families throughout the nation urgently need assistance with issues that threaten their health and welfare, but that are not proper subjects for calls to 911 or 311. Many community resources exist throughout the country to meet these critical human needs. Human service resources are vital to many Americans and access to those resources should be as easy and convenient as possible. An easily recognized and remembered 211 number will enable people to find help, quickly and efficiently, in order to survive emergency circumstances or brave difficult circumstances. Accordingly, the 211 Collaborative respectfully submits that it is in the public interest for the Commission to assign 211 for use by information and referral services whose goal is to ensure help for those in need, and that organizations with the mission of providing help can better fulfill that goal.

WHEREFORE, for the reasons set forth above, the Alliance of Information and Referral Systems, United Way of America, United Way 211, United Way of Connecticut, Florida Alliance of Information and Referral Systems, and The Texas I&R Network respectfully request that the Commission assign the 211 code for use by the public in accessing community resource services.

Respectfully submitted,

Robert I. White
Nancy A. White
Long Aldridge & Norman LLP
701 Pennsylvania Avenue, NW, Suite 600
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Washington, D.C.
May 28, 1998

Appendix C

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC UTILITY CONTROL

Docket No. 92-09-11

Petition of Infodial, Inc. for Assignment of an N11 Dialing Code

United Way of Connecticut, Inc. (United Way or the Applicant), a not-for-profit corporation organized and existing under the laws of the State of Connecticut and having its principal place of business at 1344 Silas Deane Highway, Rocky Hill, Connecticut, hereby applies to the Department of Public Utility Control of the State of Connecticut (the Department) for assignment by the Department to United Way of the telephone Dialing Code 211 within the State of Connecticut for use by United Way in connection with its INFOLINE system. United Way's application is made in response to the Department's Decision in this proceeding dated February 11, 1998 and pursuant to authority delegated to the several states by the Federal Communications Commission (the FCC) in the FCC's Report and Order and Further Notice of Proposed Rulemaking in In the Matter of the Use of N11 Codes and Other Dialing Arrangements, CC Docket No. 92-105, dated February 18, 1997.

The persons to whom correspondence or communications should be addressed are: Carol MacElwee, President, United Way of Connecticut, Inc., 1344 Silas Deane Highway, Rocky Hill, Connecticut 06067 (telephone 860-571-7500; telecopy 860-571-7525) and Robert J. Metzler, II, Esquire, Tyler Cooper & Alcorn, LLP, CityPlace -- 35th Floor, Hartford, Connecticut (telephone 860-725-6203; telecopy 860-278-3802).

(1) **Background** - The Applicant is a not-for-profit corporation whose members consist of the 25 local United Way organizations in Connecticut that conduct community campaigns to benefit primarily health and human service agencies in their communities. The Applicant's mission is to make human

services more accessible to all Connecticut residents. That mission is implemented, in part, through its Infoline program, which was established in 1976 as, and continues to be, a public/private partnership among the local United Ways and the State of Connecticut. Infoline was designed as a cross-cutting information and referral service that could help people across the state with a wide variety of issues and problems. The system has since grown into an organization of professionals providing information, referral, crisis intervention and related services available to all residents of Connecticut 24 hours a day, seven days a week. Infoline's 185,000 annual calls come from all 169 towns and cities, with a concentration from the cities, where the needs are greater. Problems and issues for which residents seek assistance through Infoline include, among others, substance abuse, domestic violence, financial, legal and fuel assistance, prenatal health and home care, family counseling, elder services, support groups, housing, and crisis intervention. As part of the program, Infoline serves as the access point for information/referral/crisis intervention for numerous programs of the Connecticut Departments of Health, Mental Retardation and Social Services, as well as for Medicaid Managed Care and Safety Net programs. Currently, Infoline's annual budget is \$5 million, of which approximately 79% is funded by the State of Connecticut and federal block grants.

(2) **The 211 Proposal** - Over the 20 years that the Infoline partnership between the United Ways and the State of Connecticut has endured, that partnership has succeeded because of the recognition that the Infoline program needs to remain technologically up-to-date in order to provide high quality service to the residents of Connecticut. In that regard, Infoline has continually upgraded its equipment so that its professionals can provide fast and efficient service across the State under all types of conditions, 24 hours a day, seven days a week. To that end, Infoline's leaders, both its professional staff and its volunteer Board of Directors, regularly review the system and seek ways to improve it. During the past year, United Way's management became aware of the apparent success that the United Way of Metropolitan Atlanta experienced when, with the assistance of state leaders and major corporations in that

area, it instituted the use of the 211 dialing code to access its system rather than a traditional seven digit local or ten digit toll free telephone number. Upon beginning to use the three digit dialing code 211, United Way of Metropolitan Atlanta experienced an almost immediate increase in the volume of calls and, consequently, the amount of assistance it could render to its residents. Based upon that almost instantaneous enhanced ability to serve better those in need, the Applicant studied the efficacy of instituting the use of the 211 dialing code in connection with its core information and referral service in Connecticut. Among those with whom the Applicant consulted were representatives of the Connecticut Office of Policy and Management (OPM) in order to explore whether or not it was feasible to secure funding from the State to institute the program, acquire the equipment necessary to facilitate the program, and hire the additional staff expected to be necessary to provide the increased services to the residents of the State. From the outset, OPM officials encouraged the Applicant to pursue use of the 211 three digit dialing code in Connecticut. They agreed with the Applicant's analysis that the three digit code would be easier for those in need to remember and dial than more traditional seven or ten digit numbers. It was clear that ease of access to services provided by the State and by private social service agencies should be and is a high priority public service goal. In addition, it was recognized that having a three digit information and referral number would relieve law enforcement and emergency agencies from handling non-emergency calls currently being received on the 911 number designed exclusively for emergency calls. Attached hereto as Exhibit A is pre-filed testimony of Marc Ryan, Deputy Secretary of the Connecticut Office of Policy and Management in support of United Way's application.

The Applicant also received encouragement from officials of the Connecticut Department of Social Services. Attached hereto as Exhibit B is testimony of Joyce A. Thomas, Commissioner of Social Services for the State of Connecticut, in support of the application. Encouragement from those agencies culminated on February 5, 1998 when Governor Rowland proposed in his budget message to fund the capital and operating expenses necessitated by the United Way 211 proposal.

(3) **Granting the Application is in the Public Interest** - The United Way firmly believes that there can be no better use of the 211 dialing code in Connecticut than to help Connecticut's residents obtain access to the services of the State's human services agencies and the various private not-for-profit agencies. United Way's application is clearly distinguishable from prior applications in this Docket by commercial information services.¹ This Department has recognized that the assignment of the only two remaining N11 dialing codes currently available in Connecticut, 211 and 511, must be made judiciously and with consideration for the public interest.² In the instant case, the public interest in enhancing the ability of the State and its human services agencies to provide services to the public cannot be disputed.

United Way is aware of the possibility that the FCC may at some point preempt United Way's ability to use 211 in the future if the North American Numbering Plan Administrator determines that 211 should be allocated to another use on a national basis. United Way believes, however, that such a risk is well worth taking in light of the significant benefits that use of the 211 dialing code will provide to the residents of Connecticut immediately, for whatever period of time it may be available. In that regard, the Applicant is aware of a growing national initiative to petition the FCC for allocation of the 211 dialing code on a national basis specifically to the type of non-profit, community human services information and referral services performed by the United Way's program.³ United Way also believes that waiting to

¹ Docket No. 92-09-11, Application of Infodial, Inc. for Assignment of an N11 Dialing Code, Decision dated June 18, 1997.

² *Id.*, p. 3.

³ In its February 18, 1997 First Report and Order in CC Docket No. 92-105, the FCC allocated the 311 dialing code to non-emergency police and other government services (par. 35-44) and has suggested that the various states may determine how to make specific use of that code for such services. United Way does not believe it appropriate to use 311 for the service proposed in this application. The services to be offered in United Way's 211 application are often more urgent than the types of non-emergency services considered by the FCC in its 311 analysis. The services to be accessed by 211 in the United Way proposal will concentrate on community information and resources relating to personal and family crises such as substance abuse, domestic violence, lack of basic needs, mental illness, as well as suicide prevention. Infoline is an accredited crisis agency certified by the American Association of Suicidology. The emphasis

initiate its proposed 211 program until such a petition to the FCC is made, and its results obtained, would simply delay United Way's ability to enhance its services to the residents of the State of Connecticut.

As Governor Rowland announced in his press conference, United Way currently plans to have the enhanced 211 system fully operational by January 1, 1999. In order for that schedule to become a reality, we need to begin our software, hardware and telephone system upgrade process almost immediately. Accordingly, United Way respectfully requests that the Department expedite the process of considering the assignment of the 211 dialing code to United Way. A decision assigning 211 to United Way not later than May 15, 1998 would allow United Way's upgrading process to be completed in a timely fashion such that its 211 service could be launched successfully by January 1, 1999.

To the extent that residents hear, through word of mouth or from incidental publicity surrounding United Way's proposal, of the availability of the Infoline service by dialing 211, there is a risk that someone with a crisis need will dial 211 seeking assistance before January 1, 1999. To that end, United Way suggests that the earlier the Department addresses United Way's application and assigns the 211 dialing code to it, the better United Way can minimize the risk that such a call will go unanswered and a resident in need go unserved. Even though United Way's upgrade of its telephone and computer systems will not be fully operational and the expansion of its staff will not be completed until late in 1998, United Way proposes to answer calls made to 211 as soon as that number becomes available and can safely be activated. Public promotion of the 211 service would not be expected to begin until later this year, with a January 1, 1999 starting date being part of the promotional campaign.

(4) **Conclusion** - For the reasons set forth above, the Applicant respectfully requests that its

of United Way's service is on counseling by telephone, not on dispatching assistance or providing information on public safety, although both are done on an occasional basis. It is important in encouraging people to seek help on personal and family concerns that they not think they are calling their local police department. Infoline is working with the Office of Statewide Emergency Telecommunications to develop protocols and call transferring arrangements between "211" and "911".

application be granted in the public interest and that the telephone dialing code 211 be assigned to it for use in connection with its core Infoline program in Connecticut as soon as possible.

Dated this 25th day of February, 1998. Respectfully Submitted,

UNITED WAY OF CONNECTICUT, INC.

By _____

Carol MacElwee, President

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC UTILITY CONTROL**

Docket No. 92-09-11

Petition of Infodial Inc. for Assignment of an N11
Dialing Code

TESTIMONY OF MARC RYAN

Q. Will you please state your name and title?

A. I am Marc Ryan, Deputy Secretary of the Connecticut Office of Policy and Management.

Q. What is the purpose of your testimony?

A. I am testifying to express my support and the support of the Office of Policy and Management (OPM) for the application of United Way of Connecticut, Inc. for assignment to it of the 211 telephone dialing code for use by the Infoline system in Connecticut.

Q. Why do you and OPM support the United Way application?

A. OPM is charged with the duty, among other things, to try to coordinate the delivery of services by the various departments and agencies of the State of Connecticut to its residents. OPM has concluded that over the years, United Way's partnership with the State of Connecticut to provide through Infoline a "one stop shopping" type of service, through which Connecticut's residents may obtain information about and referrals to the various public and charitable health and human service agencies in the state, has been a tremendous success, worthy of ongoing public support.

In that regard, OPM has supported the public funding of the capital costs and ongoing expenses related to United Way's use of the 211 telephone dialing code for Infoline. Governor Rowland's budget includes approximately \$900,000 for upgrading United Way's telephone and data processing systems as well as \$700,000 for one-half year's expenses related to additional staff needed to handle the expected volume increases resulting from the conversion to the 211 dialing code. Such a commitment clearly demonstrates that OPM believes that the conversion to the 211 dialing code by United Way is in the public interest.

Q. Does that complete your testimony?

A. Yes.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC UTILITY CONTROL**

Docket No. 92-09-11

Petition of Infodial, Inc. for Assignment of an N11
Dialing Code

TESTIMONY OF JOYCE A. THOMAS

Q. Will you please state your name and title?

A. I am Joyce A. Thomas, Commissioner of the State of Connecticut Department of Social Services.

Q. What is the purpose of your testimony?

A. I am testifying to express my support and the support of the Department of Social Services ("DSS") for the application of United Way of Connecticut, Inc. for assignment to it of the 211 telephone dialing code for use by the Infoline system in Connecticut.

Q. Why do you and DSS support the United Way application?

A. DSS and the other human and social service agencies of the State of Connecticut have the capacity to provide innumerable services to its residents. Similarly, many charitable organizations across the state offer many health and human services that supplement services the State provides. Unfortunately, it has not always been easy for those who need those services to find out where to get them. For over 20 years, the Infoline system, operated by United Way of Connecticut, Inc. as an unofficial partnership between the State of Connecticut and the local United Ways across the state, has been the most efficient, across-the-board way for Connecticut's residents to gain access

to those health and human services. Indeed, in many cases, Infoline is the only statewide place where residents can gain entry to the services that the State has in place for them.

DSS supports the United Way application because the use of the 211 dialing code to access Infoline will make it substantially easier for Connecticut's residents to find the services to which they are entitled, 24 hours a day, seven days a week. The experience in Atlanta, Georgia, to the effect that call volume increased 40% upon the institution of its 211 dialing code for health and human services information and referral, provides stunning evidence to support the logical conclusion that remembering and dialing a three digit number is simply easier than remembering and dialing a seven or ten digit number. I cannot think of a use for the 211 dialing code more beneficial to and in the public interest than its use for United Way's Infoline.

Q. Does that complete your testimony?

A. Yes.

STATE OF CONNECTICUT

**DEPARTMENT OF PUBLIC UTILITY CONTROL
TEN FRANKLIN SQUARE
NEW BRITAIN, CT 06051**

**DOCKET NO.92-09-II PETITION OF INFODIAL, INC. FOR ASSIGNMENT OF AN
N11 DIALING CODE - REOPENED**

May 13,1998

By the following Commissioners:

Jack R. Goldberg
John W. Betkoski, III
Glenn Arthur

DECISION

DECISION

I. INTRODUCTION

A. SUMMARY

The Department of Public Utility Control (Department) reopened the instant docket to consider allowing United Way of Connecticut (UW) use of the 211 abbreviated dialing code. The Department determined that use of 211 dialing code by UW is in the public interest and will allow use of 211 dialing code by UW.

B. BACKGROUND OF THE PROCEEDING

By the June 18, 1997 Decision in the above noted docket, the Department of Public Utility Control (Department) denied Infodial Inc.'s petition to direct Connecticut's local exchange carriers to assign to various commercial service providers N11 codes.¹ N11s are abbreviated dialing codes (i.e., 3-digit telephone numbers), of which the first digit may be any digit other than 0 and 1. Currently, the following N11 dialing codes are in use: 311 - national code for access to non-emergency police and other government services; 411 - local directory assistance; 611 - repair services; 711 - telecommunications relay service; 811 - customer services; and 911 - emergency services, leaving 211, and 511 dialing codes. In the June 18, 1997 Decision, the Department recognized that the remaining N11 codes were scarce and determined that the assignment of these codes must be made judiciously and with consideration for the public interest.

By the February 11, 1998 Decision, the Department reopened this proceeding, pursuant to § 4-181a(b) and 16-9 of the General Statutes of Connecticut (Conn. Gen. Stat.), for the purpose of considering the assignment of the remaining N11 codes in Connecticut. By application dated February 26, 1998 (Application), United Way of Connecticut, Inc. (UW) requested the Department assign the 211 dialing code to UW for use in connection with its Infoline Program in Connecticut.

C. CONDUCT OF THE PROCEEDING

By Notice of Request for Written Comments dated March 20, 1998, the Department requested all interested persons' to file written comments regarding the Application. On April 1, 1998, written comments were submitted by the Office of the Consumer Counsel (OCC), the Southern New England Telephone Company (SNET) and New York Telephone Company d/b/a Bell Atlantic - New York (BA-NY).

By Notice of Hearing dated March 23, 1998, a public hearing on this matter was held on April 8, 1998, at the Department's offices, Ten Franklin Square, New Britain, Connecticut 06051, at which time it was closed.

¹ These commercial service providers were Infodial, Inc., American Tele-Access, Inc., Phoneformation, Inc., and 811, Inc.

The Department issued a draft Decision in this Docket on May 11 1998. All parties and intervenors were provided an opportunity to file written exceptions to and present oral arguments on the draft Decision.

II. POSITIONS OF PARTIES

A. UNITED WAY OF CONNECTICUT

UW is a non-profit corporation whose members consist of the 25 local UW organizations in Connecticut that conduct community campaigns to benefit primarily health and human service agencies to all Connecticut residents. UW's mission is to make human services more accessible to all Connecticut residents through its "Infoline Program," which was established in 1976 as a public/private partnership among the local UWs and the State of Connecticut. Application, p.2.

The Infoline program was designed as a cross-cutting information and referral service that helps people across the state with a wide variety of issues and problems. Problems and issues for which residents seek assistance through Infoline include substance abuse, domestic violence, financial, legal and fuel assistance, prenatal health and home care, family counseling, elder services, support groups, housing, and crisis intervention. UWs Infoline also serves as the access point for information referral and crisis intervention for numerous programs of the Connecticut Department of Health, Mental Retardation and Social Services, as well as for Medical Managed Care and Safety Net programs. Annually, UW receives approximately 185,000 calls from all 169 towns and cities in Connecticut. Application, pp.2 and 3.

UW states that for over 20 years, the partnership between itself and the State of Connecticut has endured and succeeded because of the recognition that the Infoline Program needs to remain technologically up-to-date in order to provide high quality service to the residents of Connecticut. In that regard, UW contends that it has continually upgraded its Infoline system equipment so that its professionals can provide fast and efficient service across the state under all types of conditions, 24 hours a day, seven days a week. According to UW, during the past year, United Way of Metropolitan Atlanta (United Way-Atlanta) instituted the use of the 211 dialing code to access its system, which caused an immediate increase in the volume of calls and consequently, the amount of assistance it could render to its residents. Based on the experience of United Way-Atlanta, UW studied the efficacy of instituting the use of the 211 dialing code in Connecticut with its core information and referral service, and determined that an abbreviated dialing code would be easier for those in need to remember and dial than the traditional seven- or ten-digit numbers. UW also determined that having a three digit information and referral number would relieve law enforcement and emergency agencies from handling non-emergency calls currently being received on the 911 number. Application, pp.3 and 4.

Additionally, UW states that it was aware that the Federal Communications Commission (FCC) may preempt its ability to use the 211 dialing code in the future if the North American Numbering Plan (NANP) Administrator determines that the 211 dialing code should be allocated to another use on a national basis. UW asserts that the Department's approval of

the abbreviated 211 dialing code at this time is a risk well worth taking in light of the significant benefits that use of the 211 dialing code will provide to the residents of Connecticut immediately, for whatever period of time it may be available. UW also states that there is a growing national initiative to petition the FCC for allocation of the 211 dialing code specifically to the type of non-profit, community human services information and referral services performed by the UWs program. However, UW argues that delaying use of the 211 abbreviated dialing code until such a petition is approved by the FCC, would delay UWs ability to enhance its public services to Connecticut residents. Lastly, UW plans to launch this service by January 1, 1999, and therefore, has requested the Department to decide the assignment of the 211 dialing code by May 15,1998. Application, pp.5 - 7.

B. STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT

Mr. Marc Ryan, Deputy Secretary of the Connecticut Office of Policy and Management (OPM), states that UW partnership with the State of Connecticut through the Infoline Program provides a "one stop shopping" type of service, through which Connecticut's residents may obtain information about and referrals to the various public and charitable health and human services agencies in the state. According to Mr. Ryan, the Infoline Program has been a tremendous success, worthy of ongoing public support. Mr. Ryan further states that OPM supports the public funding of the capital costs and ongoing expenses related to the implementation of the use of the 211 telephone dialing code for Infoline Program. Application, Exhibit A, Ryan Testimony, pp.1 and 2.

C. STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

Ms. Joyce A. Thomas, Commissioner of the Connecticut Department of Social Services (DSS), supports UWs Application and states United Way-Atlanta's experience has provided evidence to show that dialing a three-digit number is easier than remembering and dialing a seven-or ten-digit number. Ms. Thomas also states that Infoline is the only way that residents statewide can access the state's health and human services. Lastly, Ms. Thomas asserts that the use of the 211 dialing code to access Infoline Program will make it substantially easier for Connecticut's residents to find the services to which they are entitled, 24 hours a day, seven days a week. Application, Exhibit B, Thomas Testimony, pp.1 and 2.

D. OFFICE OF CONSUMER COUNSEL

OCC supports UWs Application. OCC indicates that UW has demonstrated a credible case for assigning a 211 dialing code at this time, having obtained the endorsement and funding from the state government and the internal funding needed to implement the technology. OCC requests the Department grant the Application and permit the 211 dialing code be assigned for use in connection with UWs Infoline Program in Connecticut as it is in the public interest. OCC Written Comments, p.6.

E. SOUTHERN NEW ENGLAND TELEPHONE COMPANY

SNET states that as the current NANP Administrator for Connecticut, it could be required to reallocate the code for another use. However, since UW has expressed its

willingness to assume such a risk, SNET supports the Application to better serve the residents of Connecticut. SNET Written Comments, p.1.

F. NEW YORK TELEPHONE COMPANY D/B/A BELL ATLANTIC - NEW YORK

BA-NY points out that the FCC has determined the appropriate use, on a national basis, for the majority of the N11 codes. BA-NY argues that neither of the remaining codes should be devoted to a single entity for a state-specific purpose. Instead, BA-NY asserts that these two codes should be assigned nationally for purposes that have a broad public interest application. BA-NY contends that to assign the 211 code to the UW would be inconsistent with such goals. BA-NY also contends that UW is only one of many charitable, non-profit or other community interest organizations. BA-NY argues that it would be inappropriate to single out one organization and bestow upon it a scarce national resource. BA-NY recommends that the two remaining N11 codes be assigned in a manner that assures the greatest possible use by the greatest number of entities. BA-NY suggests that there are variety of other alternatives available to an abbreviated dialing code such as 800 numbers and information provider type codes which UW can use. According to BA-NY, the assignment of an N11 code is not critical to the implementation or availability of the Infoline Program. Therefore, BA-NY urges the Department to deny the Application and refuse to assign N11 codes except in accordance with the national assignment of such codes. BA-NY Written Comments, pp.2 and 3.

III. DEPARTMENT ANALYSIS

In this reopened proceeding, all but one of the Participants strongly support UW's Application. The Department believes that UW has satisfactorily demonstrated the need for the assignment of the 211 dialing code by considering the needs of Connecticut residents. The Department also finds that the Application is distinguishable from prior applications for assignment of N11 dialing codes in that UW's proposed use of the 211 dialing code will not be for commercial purposes. Rather UW's use will be as a public information service with a mission to make health and human services more accessible to all Connecticut residents. The Department concurs that the 211 dialing code will be easier to remember and dial than traditional seven-digit or 800 numbers, thereby increasing the ease of access to services provided by the State and private social service agencies. Additionally, the Department believes that the assignment of the 211 dialing code to UW in connection with its Infoline Program will enhance the ability of the State and its human services agencies to provide services to the residents of Connecticut. Lastly, the Department finds that UW has satisfactorily demonstrated its technical and financial capability to implement these services.

The Department shares the concerns of BA-NY regarding the possible reassignment of the 211 dialing code on a national basis. The FCC may preempt UW's ability to use 211 in the future, in the event the NANP Administrator determines that the 211 dialing code should be allocated for another use on a national basis. However, as noted above, UW has indicated its willingness to take such a risk. Given UW's willingness to assume this risk, the Department will approve UW's request for assignment of the 211 dialing code for use with the Infoline Program effective the date of this Decision. Lastly, the Department will at this time defer ruling concerning the remaining 511 dialing code and reserves the assignment of the 511 dialing code for future use.

IV. FINDINGS OF FACT

1. The Infoline Program is a cross-cutting information and referral service that helps people across the state with health and human services.
2. The abbreviated 211-three digit dialing code is easier to remember and dial than traditional seven-digit or ten-digit numbers.
3. UWs proposed use of the 211 dialing code in connection with the Connecticut Infoline Program will not be for commercial purposes.
4. Assignment of the 211 dialing code to UW for the Infoline Program will enhance the ability of the State to provide services to the residents of Connecticut.

V. CONCLUSION AND ORDER

A. CONCLUSION

Assignment of the telephone dialing code 211 to UW for use in connection with its Connecticut Infoline Program will make health and human services more accessible to Connecticut residents. UWs Application is therefore in the public interest and is hereby approved. UWs use of the 211 dialing code for the Connecticut Infoline Program may be rescinded should the NANP Administrator determine that another use of the 211 dialing code is appropriate. Lastly, the 511 dialing code will remain unassigned at this time.

B. ORDER

For the following Order, please submit an original and 12 copies of the requested material, identified by Docket Number, Title and Order Number to the Executive Secretary.

1. No later than September 1, 1998, SNET, as the NANP Administrator, shall complete the assignment of the 211 dialing code for UW.

**DOCKET NO. 92-09-II PETITION OF INFODIAL, INC. FOR ASSIGNMENT OF AN
N11 DIALING CODE - REOPENED**

This Decision is adopted by the following Commissioners:

Jack R. Goldberg

John W. Betkoski, III

Glenn Arthur

CERTIFICATE OF SERVICE

The foregoing is a true and correct copy of the Decision issued by the Department of Public Utility Control, State of Connecticut, and was forwarded by Certified Mail to all parties of record in this proceeding on the date indicated.

_____	<u>May 19 1998</u>
Robert J. Murphy Executive Secretary Department of Public Utility Control	Date

Appendix D

NINETY-SIXTH LEGISLATURE

FIRST SESSION

LEGISLATIVE RESOLUTION 49

Introduced by Jensen, 20

PURPOSE:

The Legislature finds that a vast array of health and human services programs create a complex system that is hard to understand and often difficult to access. Information and referral programs exist to assist individuals and families to identify and locate services to help them cope with difficulties they are experiencing or to enhance their well-being, but these information and referral systems are unconnected and lead to the potential of duplicate efforts and inefficiencies. Information and referral systems in other states are using "211" dialing to access services which have increased efficiencies for consumers seeking assistance from human services programs.

The Health and Human Services Committee of the Legislature shall conduct an interim study to determine the feasibility of a Statewide Information and Referral System. This study shall include, but not be limited to:

- (1) Determination of community need for information and referral services, the level of service required, and interest in establishing and using a "211" number for access to services;
- (2) Identification of existing information and referral services, including toll-free numbers, along with their intensity, scope, funding sources, geographical area, and population served;
- (3) Compiling data and experiences of other states that have adopted a "211" dialing system for information, referral, and access to health and human services;
- (4) Evaluation of the potential for use of the Internet and other technology to meet the need for or coordination of information and referral services;
- (5) Identification of a structure that would best support an integrated community-based information and referral system using a "211" access number; and
- (6) Identification of a strategy to eliminate duplicate efforts and bring efficiencies to access of information and referral for human services.

The interim study will solicit comments, suggestions, and recommendations from consumers and state and private agencies. The study may include a public hearing to include public input. The committee shall, upon the conclusion of the study, make a report of its findings, together with its recommendations, to the Legislative Council by December 1, 1999. If indicated and appropriate, enacting legislation will be drafted.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE NINETY-SIXTH LEGISLATURE OF NEBRASKA, FIRST SESSION:

- 1. That the Health and Human Services Committee of the Legislature shall be designated to conduct an interim study to carry out the purposes of this resolution.
- 2. That the committee shall upon the conclusion of its study make a report of its findings, together with its recommendations, to the Legislative Council or Legislature.

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PRESIDENT OF THE LEGISLATURE

I, Patrick J. O'Donnell, hereby certify that the foregoing is a true and correct copy of Legislative Resolution 49, which was passed by the Legislature of Nebraska in the Ninety-sixth Legislature, First Session, on the XXXX(words)XXXX day of March 1999.

.....

CLERK OF THE LEGISLATURE

Appendix E

Information and Referral Services in Other States and Cities

Atlanta, Georgia

The United Way of Metropolitan Atlanta created the nation's first three-digit 211 telephone number dedicated to providing referrals to social services and agencies. United Way 211 is a free 24-hour telephone information and referral service staffed by trained referral agents. Agents use a database to match callers to social services, volunteer opportunities, donation opportunities, and civic and neighborhood organizations. United Way 211 is also the local connecting point for America's Promise and local collaborative efforts such as clothing drives and holiday toy distribution.

United Way successfully petitioned the Georgia Public Service Commission for the 211 number. United Way 211 has telephone access 24 hours a day, seven days a week and provides multi-lingual service. Trained referral agents search a database of more than 2000 services to locate the resources that can best meet the caller's need. Referral agents assess each caller's individual situation by collecting information on the caller's need, eligibility, and location. The caller is then given the phone number, hours of operation and intake procedures for each agency and the caller contacts the agency directly. In the case of a crisis call, the referral specialist can connect the caller directly with an agency. Agents also assist callers in finding agencies where they can volunteer or donate goods. Interactive Voice Response provides automated referrals during peak call volume periods. Callers seeking access to food, shelter, clothing, child care, and public assistance receive referral information based on their need and location. This information can be repeated as many times as the caller requires and the caller can also choose to wait for a referral agent at any time.

United Way operates a website (www.unitedwayatl.org) with a searchable version of more than 800 agencies and programs. The website includes information on assistance resources, volunteer opportunities and agency donation needs.

Expanding the 211 database from a focus exclusively on health and human services, to include volunteer needs, gift-in-kind requests, neighborhood associations, community development corporations, grassroots organizations, and other civic opportunities greatly expanded the services offered to the community to meet a greater range of needs.

According to United Way, an unanticipated benefit of the establishment of 211 has been an evolving working relationship with the thirty-two 911 dispatch centers in metro Atlanta. Many of the inappropriate calls to 911 are calls that should be handled by 211. Both services have benefitted from recent cross training and information sharing.

United Way 211 received 180,000 calls in fiscal year 1997/1998. The agency had an operating budget

of \$1,295,751 of which \$487,000 came from United Way funding sources, \$389,000 from foundation grants, \$367,751 from other outside sources, and \$52,000 from sales of products, primarily database information. Staff salaries (\$732,132) accounted for the largest share of expenses, followed by rent (\$123,367), telephone line charges (\$119,683), marketing (\$30,000), and outside consulting services (\$30,000).

Columbus, Georgia

The 211 system serving the greater Columbus, Georgia metropolitan area went operational on January 1, 2000. The 211 system has been built upon an existing CONTACT Helpline that has been in operation for 21 years. The CONTACT Helpline was primarily a crisis intervention hotline, but they found that they received many calls for basic services and maintained a database for those services, even previous to 211 implementation. Prior to 211 implementation, the CONTACT Helpline received approximately 25,000-30,000 calls annually.

After Georgia approved the use of 211 for I&R services, the CONTACT Helpline organization successfully pursued providing 211 I&R services for their greater metropolitan area. Their service area includes five counties in Georgia (including one county whose call are long distance) and two counties in Alabama. The population of their metropolitan area is approximately 350,000, comprising two large urban areas, with the remaining population being rural.

The CONTACT Helpline has been renamed CONTACT 211.

Subsequent to the January 1, 2000 start, CONTACT 211 has experienced some technological difficulties with operationalizing its phone systems. Two major problems they have experienced have been "phantom calls" (calls not placed by an actual caller), and misdirected calls. Most misdirected calls have been when a caller is attempting to dial another number in which "211" is embedded. CONTACT 211 believes that these problems have, during the past two months, largely been solved.

CONTACT 211 has undertaken only very minimal marketing efforts, but are expecting an increase in calls.

CONTACT 211 offers services 24 hours a day, seven days a week. CONTACT 211 has seven paid staff. The 211 system relies primarily on a pool of approximately 100 trained volunteers for staffing. Volunteers receive approximately 50 hours of classroom training, move on to observation shifts (sitting in on calls), and then to apprentice shifts (answering calls with supervision). They record every call. They generally do not ask for identifying information, but do guess at name and gender. However, if a call is for material help, they do ask for information about the caller in order to locate appropriate referrals.

CONTACT 211 annually updates their database of approximately 800 resources. Updates are

performed through mailings and telephone follow-ups. They publish an annual directory of services. Although CONTACT 211 charges a fee for the directory, they do not see it as a profit-making venture, because their fee only covers printing and distribution costs.

CONTACT 211 has a website (<http://contact211.org>). They are exploring the possibility of making their database Internet-accessible.

CONTACT 211 tracks unmet needs and plans to use the information to assist community funders and other community organizations to understand the gaps in community services.

CONTACT 211 receives most of its funding through the local United Way. Some additional funds are provided by local service organizations, foundations, grants, and individuals.

CONTACT 211 has been working closely with the Atlanta United Way 211 system. They hope to work together to make 211 a reality for all of Georgia.

Connecticut

Connecticut's 211 system went into effect in March 1999. The United Way of Connecticut's INFO LINE operates the statewide information and referral system which functions as a clearinghouse for all kinds of human service related questions. Connecticut's I&R system operates 24-hours a day, seven days a week. The operation received 149,000 calls in 1998. A 40% increase in the number of calls handled by UW-Connecticut is expected for 1999.

Connecticut's I&R system is staffed by 18 to 20 case managers during peak hours of 8:00 a.m. to 4:30 p.m. Six to eight phone handlers are used during the hours from 4:30 p.m. to 12:00 midnight. Three workers take overnight (midnight to 8:00 a.m.) calls. Bilingual (primarily Spanish and English) assistance is available to assist callers.

Eighty percent of funding for the I&R comes from the state, with local United Way organizations and grants providing the remaining 20% of funding. Five people are employed by the I&R to market the service throughout the state by giving presentations at various sites. Billboards, bus signs, public service announcements, and videos are also utilized to inform the public regarding 211. Although the services provided by the 211 system are comprehensive, some of the marketing is directed towards specific demographic groups, such as substance abusers and young people.

Connecticut I&R relies on the Department of Social Services and the Department of Public Health for most of its funding. These departments are mandated by the federal government to provide certain services. Compliance with these mandates is achieved through cooperation with the I&R. Grants, private contributions, and fees generated through the sale of directories supplement the I&R.

Connecticut's I &R had a budget in excess of \$3,000,000. The breakdown of the budget was as follows: wages and salaries, \$904,000; information, \$200,000; marketing, \$34,000; administrative costs, \$200,000; fringe benefits, \$382,000; telephone, \$114,000; supplies, \$19,000.

Florida

Florida has been in the process of designing a model 211/I&R system for the past four years. Currently, the quality information and referral services in Florida varies. Some of the larger communities have sophisticated I and R systems, whereas other, smaller communities have little to offer. The 211 initiative, FLAIRS (Florida's Information and Referral), attempts to bridge these gaps and build a coordinating infrastructure for a future 211 system. FLAIRS is being sponsored by the Florida Alliance of Information and Referral Services, Inc. and the Florida Developmental Disabilities Council, Inc.

The FLAIRS Network is a collaborative partnership of governmental and non-profit organizations dedicated to developing a human service information and referral system in Florida. The FLAIRS Network is a locally driven, community-based plan to provide comprehensive statewide human service information database to better serve individuals, families, and helping agencies. FLAIRS' Mission is to promote high standards of professionalism in the delivery of information, referral, and hotline services through education and advocacy. FLAIRS works to achieve its goals through an annual statewide conference, a quarterly newsletter, professional networking, a statewide directory of help lines, legislative advocacy, and most recently the FLAIRS Network.

FLAIRS utilizes its members for collective planning through representation on the FLAIRS board of directors. This board, elected from the membership, is charged with meeting the mission and vision of the association and hires and supervises the network staff.

The goals of the FLAIRS Network are to:

- Provide better service information to help people in need in every part of the state
- Eliminate the gaps in information and referral services that exist in under-served Florida counties
- Reduce the high levels of duplication and inefficient spending that has resulted from operating Florida's I&R programs in isolation rather than in cooperation
- Link, coordinate, and standardize the efforts of various public and private agencies with the goal of improving outcomes and accountability for each dollar invested in information and referral services
- Enable all human service agencies to share data in a common format and to increase awareness of the full range of resources available to help their clients
- Take advantage of the Internet and other available technologies in order to make it easier for families and service providers to access vital information quickly and accurately

The FLAIRS system will be dedicated to serving the interests of:

- Comprehensive Information and Referral help lines
- Specialized Information and Referral help lines
- Crisis Intervention Hotlines
- Elderly help lines
- Child Care Resource and Referral Programs
- Libraries
- Disability Information Advocates
- Military Family Service Centers
- Other Information and help line programs

Accredited Data Managers (organizations) throughout the state manage data for a specified geographic area, population, or services on a contractual basis. That means that providers of services are asked for and submit their information to a single source—no other participant in the statewide network contacts them for information for a directory or file update. Data is forwarded to regional coordinators. Regional coordinators (organizations) maintain combined databases for their region and forward data (on a bi-weekly basis) to other regions and to the statewide network. The statewide network receives data from regional coordinators and makes it available on the Internet, and collects and manages out-of-state and state-level data.

The statewide network identifies, contracts with, coordinates, and monitors regional coordinators; develops standards and policy; and sets and manages statewide marketing and revenue sharing policy. Regional coordinators determine and accredit data managers; support regional group processes; administer the statewide standards; determine their own products, for example, directories, subscriptions, licenses, their pricing, and any revenue sharing; and provide quality assurance, technical support, and training. Regional autonomy is a premise of the statewide network.

FLAIRS maintains a website (www.flairs.org) with additional information about the project.

Idaho

The Family Support Center, located at Mountain Home Air Force Base, Idaho, provides an information and referral service to military personnel and their families. The Family Support Center (FSC) is accredited through AIRS. The Center's resource information listing contains approximately 500 agencies/resources.

FSC is open from 6:30 a.m. to 4:30 p.m. Monday through Friday. Staff is on-call over the weekend for emergencies. The telephone number for FSC is 208-828-2458. FSC does not provide a toll-free number. Idaho is currently in the process of implementing a statewide 211 system that will be linked to FSC.

Four full-time employees staff the phones at FSC. Staff record information regarding source of call,

number of calls, identifying information about the caller, the nature of the call, and, if needed, follow up to determine if needs have been met. The average duration of a call to FSC is 10 minutes. Approximately 1,560 calls are received each year. Peak calling hours are 8:00 a.m. to 11:00 a.m. FSC staff assess caller's needs, case management, follow up, and verbal and printed information.

FSC devotes approximately 640 hours per year collecting and maintaining its resource information. Currently FSC does not maintain a comprehensive data base. However, Idaho expects to have a 211 system in place within the year that will link to the FSC, thereby significantly increasing FSC's database. FSC updates its resource listing annually. Under the new 211 system, updating will be done more frequently.

Budget information is unavailable.

Indianapolis

Information and Referral Network, Inc., of Indianapolis, Indiana, operates a nonprofit I&R listing over 3,000 service agencies and organizations. The telephone number, which is not toll free, is (317) 926-4357.

Network receives approximately 90% of its funding from United Way allocations and special funds, with private contributions making up the remaining 10%. The annual cost to fund I&R services is approximately \$350,000. Salaries and wages account for 65% of the annual budget; copying and supplies, 5%; postage, 1%; promotion, 2%; communication, 6%; and other, 21%.

Network takes calls Mondays through Fridays, 8:30 a.m. to 5:00 p.m. Network operates four phone lines. Approximately 28,000 calls are received annually. Peak call-in hours are from 11:00 a.m. to 2:00 p.m. Phones are staffed by three full-time and two part-time (19 hours per week) workers.

Approximately 40 hours per week are devoted to collecting and maintaining Network's resource information. Complete coverage of nonprofit and public programs is maintained. Network collaborates with other organizations to identify and maintain resource information.

AIRS taxonomy is used for categorizing resources.

Iowa

The state of Iowa has several Information and Referral initiatives underway. A statewide association of Information and Referral Services has been formed comprising a number of county level and state level Information and Referral services. Four of these services provide their databases on the Internet using the Iris Internet software. Iris provides a clickable map of the state which then takes the user to the individual I&R database. This can be accessed at <http://www.irissoft.net/iowa>.

Iowa COMPASS, located in the University Hospital at the University of Iowa, Iowa City, is a statewide I&R providing I&R services to persons with questions concerning disability resources. The information provided by COMPASS is comprehensive; that is, staff will provide referral information to clients that is beyond the parameters of disability agencies and programs. The services provided by COMPASS are not limited by any individual factors. Anyone calling COMPASS with questions regarding disability resources will be assisted. The Iowa Compass database is also available on the state Iris web page or through a page maintained by the University of Iowa at www.medicine.uiowa.edu/iowacompass. Their e-mail address is iowa-compass@uiowa.edu.

COMPASS is primarily funded by the Department of Education and the Department of Human Services. In-kind support is provided by the University of Iowa, which donates space for the operation at University Hospital. Additional funding is provided by the Governor's Developmental Disabilities Counsel. COMPASS receives no private funding directly. All funding passes through the University of Iowa. COMPASS has links to over 8,000 programs and 5,900 agencies in Iowa. The current annual budget for COMPASS is \$150,000. COMPASS receives approximately 3,000 service-related calls per year. An average call lasts 7 to 12 minutes.

Quarterly surveys are conducted to determine client satisfaction. The toll-free telephone number to reach COMPASS is 800-779-2001. COMPASS is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Voice mail is provided for after hour calls.

A third Information and Referral initiative in Iowa is the Iowa Resource House (available on the Internet at <http://www.iowaresourcehouse.org>.) This is part of a joint effort by several state agencies to make information more accessible to Iowa citizens. Funded with both state and federal funds, the Iowa Resource House is being piloted in a six county region in eastern Iowa. An Internet interface has been designed specifically to help the general public find the I&R information that they need. In addition, this project allows users to provide personal information which can then be sent to an agency to begin the registration process. The Iowa Resource House maintains information from each agency describing the specific information needed from each client for this purpose.

In Iowa, it appears that the Resource House program and many of the county and regional I&R services proceeded for a while on separate and somewhat parallel paths. Both had plans for a statewide I&R service but each had additional goals and objectives. Negotiations are now underway to bring these two efforts together into a single program.

Michigan

Michigan is in the process of implementing a 211 system. Below is information about current large I&Rs and collaborative efforts in the state.

United Way Community Services - Detroit

United Way Community Services of Detroit, Michigan operates a comprehensive I&R service that serves metropolitan Detroit and southeastern Michigan. It is one of over a hundred I&R services in the state of Michigan. It is an AIRS affiliate.

Four full-time workers plus a supervisor handle incoming calls. Two full-time employees work exclusively on calls related to AIDS/HIV questions. Hours of operation are 8:30 a.m. to 5:00 p.m. Monday through Friday. The toll-free number is (800) 552-1183. Voice mail is available for calls made after hours. The operation receives approximately 15,000 calls per year. Over 2,000 agencies/resources are listed in the database.

Staff workers do not provide counseling for callers. All staff receive training in suicide response. They make follow-up calls in approximately 20% of the cases. These cases usually involve elderly individuals or other persons who are unable to manage their way through the system without assistance.

Anyone may use the referral service. Information recorded by the database (REFER) include type of call; caller's need; income of caller; and sex, age, and ethnicity of caller.

The budget for 1999 is approximately \$350,000.

TIP - Metropolitan Detroit

Since 1973 the Detroit Public Library has operated TIP, a community information and referral service for the metropolitan Detroit area. TIP provides information about such services as emergency food, health care, support groups, legal aid, education, housing, counseling, parenting education and other services. TIPS responds to nearly 100,000 requests for information each year. Information may be accessed by calling the Detroit Public Library hotline or any of the branch libraries. Persons may also obtain information by visiting the libraries. The service is available during library operating hours. A portion of the TIP database is also available on the Detroit Public Library website (<http://www.detroit.lib.mi.us/>). The web searchable database enables persons to search for human services by agency name, service, location, or full-text.

The TIP database contains information about over 2,000 governmental organizations and community organizations. TIP uses the REFER software and the INFOLINE taxonomy.

The TIP database is available to other organizations on a contractual basis and updates are provided through ZIP cartridges.

TIP - Regional Data Hub

The TIP program also serves as a basis for a regional collaborative of organizations providing I&R services in the Detroit region. Members of the collaborative include the United Way, the Child Care

Coordinating Council, and a 24-hour mental health hotline. The collaborating agencies have combined their individual database information into the TIP database. The Detroit Public Library now acts as the central data processing center for the other organizations' database housing and maintenance needs. Each organization continues to independently receive calls and provide other services. The development of the regional hub collaborative was sponsored by a \$1.4 million grant from the Skillman Foundation.

TIP - Statewide Database

The Detroit Public Library and the Michigan Community Coordinated Child Care Association are coordinating development of an Internet-based statewide database of community resources for early intervention-related resources. TIP staff will provide training and support to manage local resource files from the Local Interagency Coordinating Councils and will coordinate merging the local files into a single database.

Minnesota

The Minnesota Information and Referral Alliance (MIRA) is the Minnesota affiliate of AIRS and is open to all I&R providers within the state. MIRA assists with I&R training, holds annual conferences, and produces a newsletter. The following information was obtained through interviews and web sites for organizations/agencies that are members of MIRA.

Minnesota Board on Aging

Senior Linkage Line® is an information and assistance service provided by the Minnesota Board on Aging and its fourteen Area Agencies on Aging throughout the state to help older adults and their care givers find answers, access services they need, and get involved in their communities. Senior Linkage Line® provides information on transportation, housing, home care, volunteering, care giver support and respite, home delivered meals or congregate dining sites, legal assistance, minor home repair and chore services, and health insurance counseling. The statewide Senior Linkage Line® has a toll-free number (1-800-333-2433).

The LinkAGE line is funded primarily by Title 3 grants, and has an annual operating budget of \$747,977. The line operates Monday through Friday, from 8:00 am to 4:30 pm. There are thirteen phone lines that receive approximately 29,000 calls annually.

First Call Minnesota™

First Call Minnesota™ is a private not-for-profit umbrella organization that contracts with local I&R service providers throughout the state. Statewide I&R service in Minnesota was first discussed a decade ago when some areas of the state had no I&R service providers, while other urban areas of the state had existing services with long track records. First Call Minnesota™ was formed as an umbrella

organization to develop statewide I&R services and to set standards for database management. The organization eventually designed and developed their own software database package. First Call Minnesota™ contracts with ten different regional organizations to supply I&R service to the state.

The First Call Minnesota™ database is 95% complete. The information is updated at least twice a year. It cost First Call Minnesota™ and the regional hubs \$500,000 to gather the information this first time. The anticipated ongoing cost of updating is approximately \$300,000 annually.

The organization operates a toll-free number (1-800-543-7709) that is answered 24-hours a day/7-days a week/ 365 days a year by over 100 trained professionals and volunteers throughout the state of Minnesota. Approximately 400,000 calls were handled by regional centers in 1998 (1 in every 11 Minnesotans). The number and information about First Call Minnesota™ services has been on milk cartons, grocery bags, and posters.

First Call Minnesota™ has invested \$150,000 in computers and other technical equipment, and uses CD-ROMs to disseminate information to hundreds of agencies that otherwise would not have it available to them. The organization is also updating and investing in Internet and electronic transmission. A public version of the database is available at no charge at their website: www.firstcall-mn.org. First Call Minnesota™ has established a standards committee to assure that the database meets the needs of clients. First Call Minnesota™ feels that it has been able to use the efficiencies of scale to produce educational materials, to develop specialized services available statewide, to allocate necessary resources to areas that may not have them available otherwise, and to eliminate duplicate services and many of the gaps.

Today First Call Minnesota™ has a statewide presence that works on behalf of the local regions and represents them to the legislature and state agencies.

Pennsylvania

United Way maintains an information and referral service in southeastern Pennsylvania called First Call for Help. The nonprofit organization lists over 4,500 agencies and programs in Philadelphia, Montgomery, and Delaware Counties. The programs covered include energy assistance, foster care, nursing homes, and suicide prevention. The I&R service is not currently accredited through AIRS. The telephone number for First Call is 215-568-3750. The number is not toll free.

Funding for First Call is provided by United Way. The total annual cost to fund the I&R system was \$215,000 in 1998. Staffing accounted for 76.8% of the budget in 1998.

First Call is open every weekday from 8:30 a.m. to 5:00 p.m. Voice mail is available after hours. Information recorded for each call includes source, zip code, age of caller, and nature of call. The average duration of a call is three and a half minutes. The staff of two full-time and one part-time

workers handle an average of 80 to 100 calls per day. The ideal number of calls per day per staff member is 40 to 60. First Call has received over 33,500 calls so far this year. Call volume is highest in the morning and early afternoons.

Staff workers assess callers' needs. They do not provide counseling or case management, although they will follow up with additional information occasionally.

First Call does collaborate with other organizations to identify and maintain their resource information. Mary Mackie of First Call stated that data base management can be costly. In an attempt to alleviate some of the costs, First Call tries to work out partnering with the organizations. The resource listing is updated on a short-term basis, usually every five months.

Texas

The Texas Health and Human Services Commission operates the Texas Information and Referral Network (TIRN), which provides local and state access points for health and human services information in Texas. TIRN is located in Austin, Texas, and is currently funded by the Texas Planning Council for Developmental Disabilities. The telephone number for TIRN is 512-424-6520.

The Texas I&R Network office at the Texas Health and Human Services Commission (a state Government agency) does not have a phone line that directly answers I&R calls. TIRN's role is to provide the statewide vision, management, and development of an I&R system that utilizes community based services.

The state is divided into 25 regions and each region has an Area Information Center (AIC) in a community that answers the I&R calls. The 25 region network receives about a million calls per year. It is a requirement of the AIC to be an AIRS accredited agency and have the lead specialist or director certified. All centers are comprehensive and must maintain information about all health and human services in that region. The local AIR's are mainly private non profits and TIRN is the public part of the partnership.

The 25 AIC's receive funding from community mechanisms, including United Way, Grants etc. Some generate fees from the sale of I&R directories and services that may be provided to other agencies or corporations, but none charge the consumer a fee. In addition, the most any AIC receives from the government is \$15,000 for making resource information available on the statewide automated system that will be on the Internet. When 211 is implemented as much as 75% of the AIC budget may come from government resources.

The AIC budgets range from \$15,000 to \$600,000 per year. The larger AICs maintain toll free numbers and the smaller ones do not. Hours vary, the larger the population base and the larger the budget the center operates more hours. For instance Houston provides 24-hour/7-day coverage in a

partnership with the domestic violence hotline. San Angelo only operates 9 to 5, Monday through Friday.

The information recorded also varies according to the area, all record some basic information about each call. Call length averages vary also. It is estimated a routine I&R call to be four to seven minutes but if any other assessment is performed or if a "second question" is asked, calls may average fifteen minutes or more.

All AICs are required to use the AIRS INFO LINE taxonomy. Each AIC is required to collaborate with other organizations in their region to maintain resource information. In addition there is a law that requires anyone receiving funds for health or human services from the state of Texas to report their program information to the I&R Network.

Appendix F

List of Selected Contacts

Peter Aberg
Executive Director
AIRS
(206) 632-2477

Nancy Almeida
Director of Casework Services
Connecticut 211 Infoline
(860) 571-7557
nancy.almeida@ctunitedway.org

Kathy Authier
Boystown, USA
Boystown, NE 68010
(402) 498-3320

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President
United Way Community Services
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(313) 226-9453
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Margaret Bruni
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TIP Database & Subscription Service
Detroit Public Library
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Detroit, MI 48202
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Amy Dellwo
President
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Adult and Aging Services
444 Lafayette Road North
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Work: (651) 296-1368
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Richard Faina
Communications Director
Atlanta 911 Center
Atlanta Metropolitan Police Department
(404) 817-2382

Lee Francisco
Chairperson
First Call Minnesota
Information and Referral
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(218) 726-2011
francisco-@co.st-louis.mn.us

Carla Gardner
Assistant Director, Information & Referral
Services
Information and Referral Network, Inc.
Indianapolis, Indiana
(317) 926-4357
helpline@irni.org

Bill Gries
Telecommunications Services Buyer
Nebraska State Division of Communications

Bob Hamby
Computer Systems Specialist
United Way 211,
United Way of Metropolitan Atlanta, Inc.
(404) 614-1023

Julie Hanson
Information Specialist
Iowa Compass
University Hospital School
100 Hawkins Drive, Rm S277
Iowa City, IA 52242
(319) 353-8777
(800) 779-2001

Mary Hogan
Director of Information Resources
United Way of Connecticut/INFO LINE
1344 Silas Deane Highway
Rocky Hill, CT 06067
(860) 571-7545

Mary Mackie
Director
First Call for Help - United Way
7 Benjamin Franklin
Philadelphia, PA 19107
(215) 665-2570

George Pohoralik
Planning Analyst Supervisor
Connecticut State Department of Public Safety
(860) 685-8108

Gary Strickland
Volunteer - Family Readiness Manager
Family Support Center
Mountain Home AFB, Idaho 83648
(208) 828-2458

Deb Tienens
Director
Iowa Compass

Harold Van Dehoef
Agent
FMA Realty
Lincoln, NE

Judy Windler
Texas I&R Network
PO Box 13247
Austin, TX 78711-3247
(512) 424-6540
FAX: (512) 424-6588
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Janet Winston
Information Systems Manager
CONTACT 211
Columbus, Georgia
706-327-0199

Appendix G

Review of the Literature

A search was undertaken to identify literature relevant to the process of Information and Referral and to the 211 concept. The published literature concerning Information and Referral and the 211 concept is almost entirely of a descriptive or applied nature. We found little published research in this area. A comprehensive review of relevant literature was published under a grant from the U.S. Administration on Aging (Manikowski, 1992). Each year this journal has updated this bibliography (Manikowski, 1993 - 1998). Some of the key articles relating to establishing a statewide I&R service are reviewed here.

Sales of INFO LINE of Los Angeles, one of the creators of the AIRS/INFO LINE Taxonomy, discusses the role I&R should be playing in society (Sales, 1995). Sales reminds us that The information highway will be of little benefit if the information accessed on it is fragmented, out-of-date, or inadequately indexed. Arguing for an important role for the I&R profession, she notes that I&R professionals are the only ones with both a comprehensive understanding of the human service delivery system and a holistic view of people's wants and needs. Sales recommends that we remember that the person-to-person contact is the heart of I&R, not just a data system. To avoid duplication and inefficiency, Sales believes that communities need to designate a local hub agency to develop and maintain a central database of human services. She observes, We cannot afford to pay for duplication of effort. This data must then be made available through many access methods including telephone help, directories, electronic read-only databases, and direct on-line access through the Internet and/or kiosks. A coordinated centralized database also allows the generation of valuable data concerning the need for services in the community and current gaps in service. Such a system provides an effective way for making difficult decisions regarding the allocation of scarce dollars, according to Sales. In addition, Sales urges the widespread adoption of a common language for describing human services -- the AIRS/INFO LINE Taxonomy. Sales cautions against new, publicly developed software and instead urges the identification of leading edge systems and entering into agreements with their developers to make their distribution affordable. Finally, Sales cautions against the threat of a proprietary organization which sees a way to make a profit on community information, often using the very data we maintain.

Pettigrew and Wilkinson (1996) reviewed the similarities and differences between I&R organizations and the growing phenomenon of Internet-based community information networks. They conclude that these organizations are similar in governance (usually private, not for profit) and that they compete for the same funding sources. However, in relation to information flow, access, ownership of information, and quality control these two entities play different roles. In each of these areas, the I&R exercises more control. The authors conclude that an optimal arrangement for communities would include both an I&R resource and a community information network in close connection with each other. (Note: When Nebraska On-line was first established within the Nebraska Library Commission, there was an attempt to develop an I&R database on

this Internet service. However, sufficient resources were not available to keep the database complete and current so this was dropped when it was transferred to the current Nebraska On-line provider. Personal communication from Mary Jo Ryan of the Nebraska Library Commission.)

Manikowski (1995b) discusses the importance of setting inclusion/exclusion criteria for the database that can be applied easily and consistently in a documented. Issues to be considered include subject area, target group, membership eligibility, geography, tax status, inclusion of private practitioners, stability and viability, and political and advocacy considerations.

Many articles deal with the best way to categorize the resources in an I&R database. AIRS has endorsed the taxonomy which was developed by the Los Angeles I&R system called Info line (Bruni, 1995). Fredricks (1997) describes the advantages of using this taxonomy. However, some I&R efforts have grown up out of the public libraries (Feinberg, 1997) which often use a variant of the Library of Congress Subject Heading (LCSH) structure for this purpose (Ireland, 1997; Jacobs, 1997). Some programs, such as the CLOUD project by the Kansas libraries use a combination of the LCSH and AIRS/INFO LINE Taxonomy (Bird-Guilliams, 1998). CLOUD stands for Communities and Libraries Online Union Database and is available at <http://skyways.lib.ks.us/cgi-bin/cloud>. Although it is titled a statewide service, at the present time it serves only a few Kansas counties. Despite this ongoing discussion in the literature, there appears to be growing support for using the AIRS/INFO LINE taxonomy as the I&R standard.

Hwalek (1998) surveyed five diverse I&R agencies to define appropriate outcome measures for evaluating the effects of these programs. Initial outcomes identified include increasing a caller's understanding of his/her needs; increasing a caller's understanding of his/her options; the caller becoming more educated about accessing needed services; and the caller having connections to resources that will meet the identified needs. One intermediate outcome that would follow from meeting these initial outcomes was identified: the caller would be empowered to use these new skills and knowledge to successfully connect with an appropriate referral. Finally, longer term outcomes identified include obtaining needed resources and resolving identified problems. Most I&R agencies use telephone follow-up to assess outcomes. Hwalek recommends that this call be made between one and two weeks after the call by someone other than the information and referral specialist who took the call. She recommends that in I&R agencies serving more than 10,000 calls a year, 386 completed surveys should be sufficient. The initial outcomes can be measured at the time of the call completion by transferring the call to a quality assurance interviewer to assess initial satisfaction.

Manikowski (1995a) discusses the choice of database software. He first reviews the four options agencies have in selecting software: 1) hiring a consultant to create a package; 2) having agency staff create an in-house application from generic database software; 3) purchasing a commercial product; and 4) hiring the publisher of a commercial product to adapt the package to the agency's needs. Stating that there is no perfect solution, he reminds that no software can compensate for weak, inadequate, or inaccurate data. For this reason, he stresses the importance of the underlying system of collecting and maintaining the data. The costs of software should include

initial hardware costs, provision for periodic hardware upgrades to keep up with technology and the available software, software upgrades, staff training, and data conversion costs. He specifically cautions that data conversion can be costly and should not be tacked on to current staff without freeing up their other duties. This article concludes with a long list of considerations when an agency is creating or purchasing a software package. This list should be helpful to any agency designing or purchasing a software package for the I&R process.

Woods (1996) discusses Rochester, N.Y.'s efforts to develop a coordinated I&R for their county. Rochester has committed to the following components: 1) a single coordinated information system with unduplicated data; 2) many points of access to accommodate varied customer and service provider needs; 3) information sharing between service providers to smooth transitions for customers; and 4) the ability to transfer voice, data, and video by way of a telecommunications network. The system was developed by a Services team with 79 human service CEOs, a 42 member technology team, a 27 member Business partnership team, and over 150 human service providers. Rochester is planning for future technology including interactive digital television. The article stressed the need for an early blessing of the idea by major community decision makers and for customer input at all stages.

I&R Services have an important role to play in community disasters. Pline (1996) describes the important I&R role in the community disaster preparation and response. This was updated by Wallrich (1998) in a review of the NERIN (National Emergency Resource Information Network). Under a grant from the U.S. Department of Commerce, NERIN has produced an expansion of the AIRS/INFO LINE Taxonomy to cover disaster services. In addition, several tools have been developed to help make best use of I&R data after a disaster, including mapping software to help select shelter sites, communications tools to coordinate agency responses, and others. NERIN updates can be found at <http://www.airs.org/NERIN>.

Finally, Chavez and Wallrich (1997) describe a productive association between the INFO LINE of Los Angeles and the Los Angeles County Children's court. An I&R resource specialist works closely with judges, court appointed special advocates, and the County Department of Children's and Family Services to help resolve issues which have brought clients into contact with the court. This association assures that the court uses the complete resources available in the community, and that appropriate referrals and court required services are selected.

Appendix H

Survey Methodology

In July, 1999, the Bureau of Sociological Research at the University of Nebraska-Lincoln conducted a postcard survey of 827 social service providers asking if each agency provided Information and Referral (I&R) services. The lists of these agencies were provided by the Nebraska Department of Health and Human Services and the United Way of the Midlands. Postcards were received from 379 agencies (46%), 276 of which indicated the respective agencies did provide I&R services.

Full surveys (17 pages) were then mailed to 276 agencies seeking more detailed information regarding the I&R services provided. Almost 70% of these respondents returned the rather lengthy mail survey after multiple mail and phone contacts, resulting in a total of 186 surveys by October 27, 1999, to tabulate and analyze.

The text of the questions and results from this effort are presented in the pages that follow.

Survey of Existing I & R Services and a Nebraska 211 System Cost/Benefit Analysis

Summer 1999
Questionnaire Booklet



University of Nebraska-Lincoln
Bureau of Sociological Research

INTRODUCTION

A growing number of states and municipalities throughout the United States have developed cooperative information and referral systems to increase efficiency, minimize unequal distribution of information for certain geographical areas, and increase consumer awareness and accessibility of services. An innovation emerging from these coordinated systems is the implementation of a three digit telephone calling code, 211, that automatically routes calls to a designated I & R service. Interest in coordinating information and referral service and data has produced support for a statewide and community-based 211 system. As a result, the Nebraska Department of Health and Human Services, in cooperation with the Nebraska Legislature and the United Way of the Midlands, has contracted with the Bureau of Sociological Research at the University of Nebraska-Lincoln to collect information about I & R services currently available to Nebraskans.

Your organization has been identified as an information and referral service provider. For the purpose of this study, organizations are considered I & R service providers if the organization (1) maintains a list or database of contact information for service providers FOR THE PURPOSE of linking people in need of services with the appropriate service providers, and (2) if the organization provides information and referral services to callers on a regular basis.

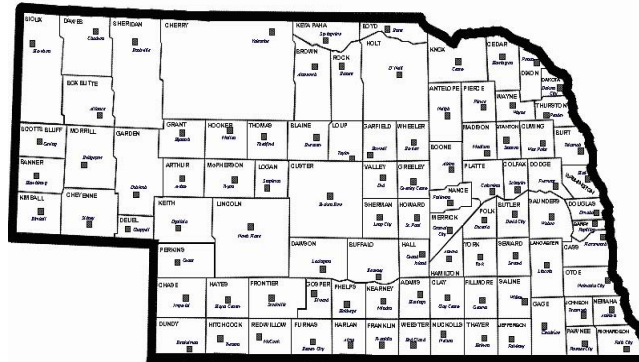
This survey, which will take only a short time to complete, will form an important part of the ongoing assessment of both the need and feasibility for a 211 system. After completing the survey, please tape it closed and place it in the mail as soon as possible. Thank you for your assistance with this project.

Cheryl Wiese
Associate Director of the Bureau of Sociological Research

Organization Information

- 1) Name: _____
- 2) Title: _____
- 3) Email: _____
- 4) Agency Name: _____
- 5) Mailing Address: _____
- 6) WWW site of Agency: _____ 47 24.6%
- 7) Which of the following best describes your reporting area:
1. I am reporting I & R services ONLY for a specific program area or one particular office location or department. 99 52.7%
 2. I am reporting I & R services for MULTIPLE program areas or locations or departments. 89 47.3%
- 8) Are there other program areas, departments, or office locations within your agency that also provide I & R services?
1. No 80 42.6%
 2. Yes. Name them _____ 108 57.4%
- 9) Is your I& R service accredited through the Alliance of Information and Referral Systems (AIRS)?
1. No 166 96.5%
 2. Yes 6 3.5%
- 10) Do you target services to a particular population by age, income, ability, etc.?
1. No 99 52.7%
 2. Yes 89 47.3%
- 11) Which best describes your organization?
1. Government agency 68 35.8%
 2. Nonprofit organization 102 53.7%
 3. For profit organization 4 2.1%
 4. Other _____ 16 8.4%

12) What is your geographic coverage? *Shade in each county you serve*



Region	n	Percent
Western Region	18	9.4%
Southwest Region	24	12.6%
Central Region	33	17.3%
Northern Region	50	26.2%
Eastern Region	21	11.0%
Southeast Region	52	27.2%
ENTIRE STATE	33	17.3%
Region Eight (Other States)	3	1.6%

*Total percent adds to greater than 100.0% because some I&R Service Providers serve multiple regions.

Western Region

- Sioux
- Dawes
- Sheridan
- Box Butte
- Scotts Bluff
- Banner
- Kimball
- Morrill
- Cheyenne
- Garden
- Deuel

Southwest Region

- Grant
- Hooker
- Thomas
- Arthur
- McPherson
- Logan
- Keith
- Lincoln
- Dawson
- Perkins
- Chase
- Hayes

- Frontier
- Gosper
- Dundy
- Hitchcock
- Red Willow
- Furnas

Central Region

- Blaine
- Loup
- Garfield
- Wheeler
- Custer
- Valley
- Greeley
- Sherman
- Howard
- Buffalo
- Hall
- Merrick
- Hamilton
- Phelps
- Kearney
- Adams
- Clay
- Harlan

- Franklin
- Webster
- Nuckolls

Northern Region

- Cherry
- Keya Paha
- Brown
- Rock
- Holt
- Boyd
- Knox
- Cedar
- Dixon
- Dakota
- Antelope
- Pierce
- Wayne
- Thurston
- Boone
- Madison
- Stanton
- Cuming
- Burt
- Platte
- Colfax

- Dodge
- Nance
- Washington

Eastern Region

- Douglas
- Sarpy

Southeast Region

- Polk
- Butler
- Saunders
- Cass
- York
- Seward
- Lancaster
- Otoe
- Fillmore
- Saline
- Gage
- Johnson
- Nemaha
- Thayer
- Jefferson
- Pawnee
- Richardson

13) How do you fund I & R staff, resource updating, phone lines, etc.?

Valid Responses 181

1	Grants/Programs. Please name them: _____ [see open end responses]	59	32.6%
2.	Private contributions	42	23.2%
3.	General operating funds of organization	126	69.2%
4.	Fees generated by I & R service	5	2.8%
5.	Other _____ [see open end responses]	29	16.0%

14) Approximately what is the annual cost to fund I & R services you provide? Total annual cost: \$ _____

Range = \$0-765,000 **Mean** = \$77,060 **Median** = \$30,857 **Mode** = \$25,000 **Sum** = \$4,315,342

Agencies that provided any answer	n=56	29.3%
Amount	n=56	Percent of those responding
\$0	2	3.6%
\$1,000 or less	7	12.5%
More than \$1,000 to \$10,000	6	10.7%
More than \$10,000 to \$25,000	10	17.8%
More than \$25,000 to \$40,000	8	14.3%
More than \$40,000 to \$50,000	6	10.7%
More than \$50,000 to \$100,000	7	12.5%
More than \$100,000 to \$300,000	8	14.3%
\$435,200	1	1.6%
\$765,000	1	1.8%

15) Indicate the percentage spent in each cost category.

Valid responses 61

Category	Percentage
Staff	62.1%
Copying/Supplies	7.2%
Postage	4.3%
Promotion	4.6%
Communication (phone lines, long distance, web access)	9.5%
Other:	6.8%

I & R Services

16) What is your I & R phone number? (_____) _____

17) Is the number toll free?

1.	No	118	63.1%
2.	Yes	69	36.9%

18) Is the number shared for other call types?

1.	No	16	8.6%
2.	Yes	169	91.4%

19) How many I & R phone lines do you have?

Valid Responses 165

Number of lines	Frequency	Percent
0	20	12.1
1	46	27.9
2	32	19.4
3	32	19.4
4 to 10	30	18.1
11 to 40	5	3.0

20) Do you have TDD capability?

1.	No	133	72.3%
2.	Yes	51	27.7%

21) Days of the week the line operates.

1.	M-F	141	75.4%
2.	M-Sat	3	1.6%
3.	M-Sun	43	23.0%

22) What are the hours of operation for this number?

1.	24 hours a day (3 use an answering machine for part of the 24 hour coverage)	31	16.8%
2.	daytime hours (7:30am-6:00pm)	149	80.5%
3.	daytime and evening hours (7:30am-11:00pm)	4	2.2%
4.	varies according to site	1	0.5%

23) How is the number answered during hours of operation?

1.	Person	163	86.7%
2.	Automated menu	2	1.1%
3.	Automated menu that leads to a person	5	2.7%
4.	Other	18	9.6%

24) Do you record information about each I & R service call you receive?

- | | | | |
|----|---------------------------------------|-----|-------|
| 1. | No. <i>Please skip to question 26</i> | 106 | 55.8% |
| 2. | Yes | 84 | 44.2% |

25) Check which of the following information is recorded for each call. *Please check all that apply.*

- | | | | |
|----|--|----|-------|
| 1. | Time of call | 39 | 45.9% |
| 2. | Source (individual or another agency) | 73 | 85.9% |
| 3. | Number of calls | 47 | 55.3% |
| 4. | Identifying information about caller.
For example, the caller s name and address. | 68 | 80.0% |
| 5. | Nature of call | 80 | 94.1% |
| 6. | Other_____ | 23 | 27.1% |

26) What is the average duration of a call (in minutes)? _____ Valid Responses 160

Range = 1-45 minutes **Mean** = 8 **Median** = 5 **Mode** = 5

27) Approximately how many I & R calls do you receive annually? _____Valid Responses 145

Range = 12-341,744 **Mean** = 6224 **Median** = 500 **Mode** = 500 **Sum** = 902,519

Number of Calls:	n=145	Valid Percent
0-100	26	17.9
101-200	20	13.7
201-500	27	18.6
501-1,500	34	23.4
1,501-5,000	17	11.7
5,001-30,000	16	11.0
30,001-55,000	4	2.8
341,744	1	.7

28) Approximately how many of your total annual calls include calls from other agencies? ____ Valid Responses 131

Range = 0-42,000 **Mean** = 1086 **Median** = 135 **Mode** = 50 **Sum** = 142,239

Number of Calls	n=131	Valid Percent
0-100	63	48.1
101-200	14	10.7
201-500	25	19.1
501-1,500	12	9.2
1,501-5,000	9	6.9
5,001-30,000	7	5.3
30,001-55,000	1	.8

29) Do you receive an equal number of calls each month?

- | | | | |
|---|--|----|-------|
| 1 | No. <i>Please indicate below an approximate number of calls per month.</i> | 83 | 49.4% |
| 2 | Yes. Skip to Question 30 | 85 | 50.6% |

Agencies that provided any answer	n=32	Percent of those whose calls vary by month = 36.5%
Month	N	Total Number of Calls Received
January	32	13,246
February	32	13,269
March	32	14,330
April	32	14,152
May	32	13,307
June	32	13,012
July	32	13,260
August	32	15,314
September	32	14,735
October	31	16,089
November	31	15,782
December	31	17,253

30) Estimate the number of calls received throughout the day for a typical day.

Total Number of Calls Received

<u>1,830</u>	Morning (8 am – 11 am)	90
<u>1,574</u>	Midday (11 am – 2 pm)	91
<u>1,739</u>	Early Afternoon (2 pm – 5 pm)	91
<u>136</u>	Late Afternoon (5 pm – 8 pm)	91
<u>100</u>	Evening (8 pm – 11 pm)	91
<u>53</u>	Late night (11 pm – 8 am)	91

31) Does your I & R service offer:

a) Assessment of caller's needs	159	85.9%
b) Counseling	54	29.2%
c) Case management/service coordination	102	55.1%
d) Follow-up	115	62.2%
e) Verbal information only	30	16.0%
f) Printed information only	3	1.6%
g) Verbal & printed information	152	89.4%

I & R Staff

32) Approximately how many annual, PAID staffing hours are devoted to providing I & R services (40 hours a week for one year equals 2,080 total hours)?

Number of hours annually _____

Range = 2-50,000 Mean = 2,709 Sum = 335,960 Median = 1,040 Mode = 2,080

Hours/week	Total Hours Annually	N= 124	Percent
1 hour or less/week	0-52	35	28.2%
2 to 10 hours/week	53-520	19	15.3%
11 to 20 hours/week	521-1,040	11	8.9%
21 to 35 hours/week	1,041 2,000	13	10.5%
40 hours/week	2,080	19	15.3%
41 to 80 hours/week (equivalent to 1-2 full-time positions)	2,081 4,160	12	9.7%
81 to 200 hours/week (equivalent to 2-5 full-time positions)	4,161 10,400	10	8.1%
(equivalent 11 full-time positions)	22,880	2	1.6%
(equivalent 12 full-time positions)	25,000 / 25,297	2	1.6%
(equivalent 24 full-time positions)	50,000	1	.8%

33) Approximately how many annual, VOLUNTEER staffing hours are devoted to providing I & R services (40 hours a week for a year equals 2080 total hours)?

Number of hours annually _____

Range = 0-6,360 Mean = 262 Sum = 39,315

Hours/week	Total Hours Annually	n=145	Percent
0 volunteer hours	0	107	71.3%
1 hour or less/week	1-52	12	8.0%
2 to 10 hours/week	53-520	15	10.0%
11 to 20 hours/week	521-1,040	5	3.3%
21 to 40 hours/week	1,041 2,080	6	4.0%
40 to 120 hours/week	2,081 6,360	5	3.3%

34) Do staff have responsibilities in addition to fielding I & R requests?

- | | | |
|---|-----|-------|
| 1. No. <i>Please skip to Question 36.</i> | 14 | 7.4% |
| 2. Yes | 174 | 92.6% |

35) What are those responsibilities?

1.	Clerical/support staff	133	76.9%
2.	Case worker	82	47.4%
3.	Managerial/supervisory	101	58.7%
4.	Administrative/executive	97	56.4%
5.	Other _____	56	32.6%

36) What minimum educational/ experience/ certification is required of your I & R staff?

1	GED	27	15.5%
2.	High School Diploma	65	37.4%
3.	Associates Degree	10	5.7%
4.	Bachelors Degree	40	23.0%
5.	AIRS certification	0	0.0%
6.	Other _____	32	18.4%

37) What training do staff receive? _____ [see open ended responses] _____ n=155

38) Do I & R staff have a computer in their immediate work area?

1.	No	19	10.2%
2.	Yes	168	89.8%

39) Do I & R staff have Internet access in their immediate work area?

1.	No	85	45.5%
2.	Yes	102	54.5%

I & R Resources

40) What resources do staff use to provide I & R services?

Valid Responses 187

1.	Personal address file/ notes	148	79.1%
2.	Organization-wide database	90	48.1%
3.	Local phone book	158	84.5%
4.	Nebraska Resource and Referral System (NRRS)	57	30.6%
5.	Other _____	65	34.8%

41) Does your organization actively seek information to provide I & R services?

Valid Responses 186

1.	No.	49	26.3%
2.	Yes.	137	73.7%

44) **Consumer Services**

Programs that provide for the education and protection of individuals who purchase, use, maintain, and dispose of products and services. Included are programs that assist consumers with complaints, educate consumers, provide money management assistance, provide consumer regulation, issue registrations, licenses, and permits.

a. Non-profit/public programs within your coverage area			
1	Very complete information	67	38.3%
2	Partial information	57	32.6%
3	Do not maintain information	50	28.6%
4	<i>Unable to locate any information about resources</i>	1	0.6%
b. For-profit programs within your coverage area			
1	Very complete information	30	18.0%
2	Partial information	60	35.9%
3	Do not maintain information	75	44.9%
4	<i>Unable to locate any information about resources</i>	2	1.2%

If you maintain only Partial information about programs in this category, please describe:

<hr/>			
	[see open end responses]	55	28.8%

45) **Criminal Justice and Legal Services**

Included are the courts, the criminal correctional system, judicial services, law enforcement services, legal assistance, and information (including advocacy and mediation).

a. Non-profit/public programs within your coverage area			
1	Very complete information	74	42.8%
2	Partial information	61	35.3%
3	Do not maintain information	36	20.8%
4	<i>Unable to locate any information about resources</i>	2	1.2%
b. For-profit programs within your coverage area			
1	Very complete information	42	25.5%
2	Partial information	52	31.5%
3	Do not maintain information	65	39.4%
4	<i>Unable to locate any information about resources</i>	6	3.6%

If you maintain only Partial information about programs in this category, please describe:

<hr/>			
	[see open end responses]	52	27.2%

46) **Education**

Includes educational opportunities from early childhood through adulthood, including the school system, alternative education, educational programs, and educational support services.

a. Non-profit/public programs within your coverage area			
1	Very complete information	93	53.4%
2	Partial information	58	33.3%
3	Do not maintain information	20	11.5%
4	<i>Unable to locate any information about resources</i>	3	1.7%
b. For-profit programs within your coverage area			
1	Very complete information	54	32.7%
2	Partial information	54	32.7%
3	Do not maintain information	50	30.3%
4	<i>Unable to locate any information about resources</i>	7	4.2%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	44	23.0%
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47) **Environmental Quality**

Includes animal services, environmental improvement and protection, sanitation, community maintenance, urban development, public safety, and public health programs.

a. Non-profit/public programs within your coverage area			
1	Very complete information	33	19.0%
2	Partial information	60	34.5%
3	Do not maintain information	76	43.7%
4	Unable to locate any information about resources	5	2.9%
b. For-profit programs within your coverage area			
1	Very complete information	19	11.7%
2	Partial information	45	27.8%
3	Do not maintain information	93	57.4%
4	<i>Unable to locate any information about resources</i>	5	3.1%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	43	22.5%
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48) **Health Care**

Includes emergency medical services, screening, diagnostic and treatment services, assistive technology, health insurance, medical equipment, health education, family planning, rehabilitation for persons with disabling conditions, specialty medication and substance abuse services.

a. Non-profit/public programs within your coverage area			
1	Very complete information	105	59.3%
2	Partial information	60	35.6%
3	Do not maintain information	9	5.1%
4	<i>Unable to locate any information about resources</i>	0	0.0%
b. For-profit programs within your coverage area			
1	Very complete information	73	43.5%
2	Partial information	66	39.3%
3	Do not maintain information	28	16.7%
4	<i>Unable to locate any information about resources</i>	1	0.6%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	57	29.8%
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49) **Income Security**

Programs that provide for the economic needs of the community by helping those who are able and willing to prepare for and obtain gainful employment; by securing public assistance and support for the eligible needy; and by ensuring that retirees, older adults, disabled people and other eligible individuals receive the social insurance benefits to which they are entitled.

a. Non-profit/public programs within your coverage area			
1	Very complete information	99	56.9%
2	Partial information	41	23.6%
3	Do not maintain information	30	17.2%
4	<i>Unable to locate any information about resources</i>	4	2.3%
b. For-profit programs within your coverage area			
1	Very complete information	49	30.1%
2	Partial information	43	26.4%
3	Do not maintain information	63	38.7%
4	<i>Unable to locate any information about resources</i>	8	4.9%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	42	22.0%
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50) **Individual and Family Life**

Includes adoption, foster care, and daycare for adults and children, supportive services for families and individuals, leisure activities, respite care, and social development activities.

a. Non-profit/public programs within your coverage area			
1	Very complete information	97	55.4%
2	Partial information	53	30.3%
3	Do not maintain information	25	14.3%
4	<i>Unable to locate any information about resources</i>	0	0.0%
b. For-profit programs within your coverage area			
1	Very complete information	54	32.3%
2	Partial information	61	36.5%
3	Do not maintain information	49	29.3%
4	<i>Unable to locate any information about resources</i>	3	1.8%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	46	24.1%
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51) **Mental Health Care and Counseling**

Programs that provide preventative, diagnostic and treatment services in a variety of community and hospital-based settings to help people achieve, maintain, and enhance a state of emotional well-being, personal empowerment and the skills to cope with everyday demands without excessive stress.

a. Non-profit/public programs within your coverage area			
1	Very complete information	106	59.6%
2	Partial information	52	29.2%
3	Do not maintain information	18	10.1%
4	<i>Unable to locate any information about resources</i>	2	1.1%
b. For-profit programs within your coverage area			
1	Very complete information	74	44.3%
2	Partial information	57	34.1%
3	Do not maintain information	33	19.8%
4	<i>Unable to locate any information about resources</i>	3	1.8%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	46	24.1%
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52) Organizational/Community Services

Programs that provide any of a broad spectrum of services for the community as a whole including opportunities for individuals or groups to participate in community improvement or service projects; to have a voice in the political process; to have access to information services; or to benefit from the availability of a variety of services for residents, travelers, newcomers, community agencies, organizations, businesses, and industry.

a. Non-profit/public programs within your coverage area			
1	Very complete information	57	33.5%
2	Partial information	53	31.2%
3	Do not maintain information	59	34.7%
4	<i>Unable to locate any information about resources</i>	1	0.6%
b. For-profit programs within your coverage area			
1	Very complete information	35	21.5%
2	Partial information	47	28.8%
3	Do not maintain information	77	47.2%
4	<i>Unable to locate any information about resources</i>	4	2.5%

If you maintain only Partial information about programs in this category, please describe:

[see open end responses]	41	21.5%
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53). Target Groups

Individuals who have specific disabilities, medical diagnoses, ethnic backgrounds, national origins, family relationships, income levels, religious affiliations, special problems or considerations, or other targeted characteristics (including age and sex).

a. Non-profit/public programs within your coverage area			
1	Very complete information	87	50.0%
2	Partial information	54	31.0%
3	Do not maintain information	29	16.7%
4	<i>Unable to locate any information about resources</i>	4	2.3%
b. For-profit programs within your coverage area			
1	Very complete information	57	34.5%
2	Partial information	46	27.9%
3	Do not maintain information	56	33.9%
4	<i>Unable to locate any information about resources</i>	6	3.6%

If you maintain information only on programs that target specific populations of people, please list those populations:

[see open end responses]	43	22.5%
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54) Do you collaborate with other organizations to identify and maintain the resource information?

- 1) No 23 12.3%
- 2) Yes 164 87.7%

55) Do you use the Infoline or AIRS (Alliance of Information and Referral Systems) taxonomy for categorizing resources?

- 1) No 176 96.2%
- 2) Yes 7 3.8%

56) How many agencies/resources does your resource information listing contain? _____ Valid Responses 99

Range = 0-3,000 Mean = 208 Median = 77 Mode = 100

Agencies that provided any answer	n=99	51%
Number	n=99	Percent of those responding
0-35	23	23.2%
36-50	18	18.2%
51-100	24	24.3%
101-200	14	14.1%
201-400	8	8.1%
500; 800; 835; 865; 900; 1,200; 3,000	12	12.1%

57) Is your resource listing information kept on a computer database?

- 1) No 146 78.9%
- 2) Yes. Please indicate software n = 160 39 21.1%

58) How frequently do you systematically update your entire resource listing?

- 1) Do not systematically update 72 40.0%
- 2) 0-5 months 15 8.3%
- 3) 5-11 months 14 7.8%
- 4) Annually 41 22.8%
- 5) Other _____ 38 21.1%

59) In what form is your entire resource listing available to consumers? *Please check all that apply.*

- 1) Paper copy 89 49.4%
- 2) Internet 11 6.1%
- 3) CD-Rom 1 0.6%
- 4) Not Available 82 45.3%
- 5) Other 22 12.2%

60) Is there a fee for accessing your entire resource listing?

1)	No	154	95.1%
2)	Yes	8	4.9%

61) Would you like a summary of the results of this survey?

1)	No	41	22.8%
2)	Yes	139	77.2%

THANK YOU FOR PARTICIPATING IN THIS SURVEY

List of all Participating Organizations

Below are organizations that returned the survey and who indicated that they: (1) maintain a list or database of contact information for service providers FOR THE PURPOSE of linking people in need of services with the appropriate service providers, and (2) provide information and referral services to callers on a regular basis.

Aging Office of Western Nebraska	Exceptional Family Res Center - Assistive Tech Project
Alzheimer's Assn - Omaha & Eastern NE Chapter	Faith Regional Health Services
Alzheimer's Association Lincoln/Greater NE	Family Health Services, Inc.
American Diabetes Association	Family Rescue Services
American Lung Assn. of NE	Family Resource Center
Association of Nebraska Community Action Agencies	Family Service
Blue Rivers Area Agency on Aging	Family Support Center
Blue Valley Community Action, Inc	Friendship Home
Blue Valley Crisis Intervention	Geneva Support Services Cooperative
Blue Valley Mental Health Center	GLW Cooperative Extension
Boys & Girls Home of NE, Inc	Goldenrod Hills Community Services
Care Corps, Inc. - Homeless Shelter	Good Beginnings in Franklin County (fewer than 1 call /month)
CATCH I / Polk County Health Dept.	
Catholic Charities	Grace Children's Home
Catholic Charities - Community Services	Great Plains Regional Med Center
Cedars	Great Plains Regional Medical Center
Center for Independent Living of Central Nebraska	H&HS Medically Handicapped Children's Program
Center Pointe Inc.	Hastings Health & Human Services
Central NE Community Services-O'Neill	Hastings Regional Center
Central NE Community Services-Loup City	Haven House
Central NE Goodwill Ind. Inc	Health & Human Service
CHAD, combined Health Agencies Drive	Health & Human Services-Albion
Chicano Awareness Center	Health & Human Services-Alliance
Child Guidance Center	Health & Human Services-Clay Center
Child Protection Center	Health & Human Services-Fairbury
Child Saving Institute	Health & Human Services-Fremont
Children's Hospital	Health & Human Services-Grand Island
Children's Hospital Social Work Dept	Health & Human Services-Hebron
City-County Human Services	Health & Human Services-Kimball
Center for Sexual Assault & Domestic Violence Survivors	Health & Human Services-Lexington
Columbus Area Chamber of Commerce	Health & Human Services-Pierce
Community Mental Health Center	Health & Human Services Holdrege Office
Community Outreach Services	Health & Human Services Regulation & Licensure
Cooperative Extension	Health & Human Services
Crisis Center	Healthy Beginnings
Custer County Family Preservation	Health & Human Services-Falls City Office
Cystic Fibrosis Foundation	Health & Human Services-Gering
Dakota Co Health Dept	Health & Human Services-Ord
Depressive/Manic Depressive Association	Health & Human Services Child Support Enforcement. Office
Dept of Health & Human Services	HMO Nebraska
Douglas County Department of General Assistance	Horizon Home Health Care
Douglas County Health Dept	Johnson Co Health Dept/Hospital Home Health Services
Easter Seals Nebraska	Juvenile Diabetes Found
Eastern NE Community Office of Retardation (ENCOR)	League of Human Dignity
Educational Service Unit #14	Leukemia Society
Educational Service Unit #3	Lexington United Way
Educational Service Unit One	Lincoln-Lancaster Health Dept
Epilepsy Foundation of NE & IA	Lincoln Action Program

Lincoln Action Program
 Lincoln Action Program
 Lincoln Information for the Elderly
 Lincoln Lancaster County Health Department
 Low Income Ministry of Dodge Co.
 Lutheran Family Services Lincoln Office
 MAD DADS OMAHA CHAPTER, INC
 March of Dimes
 Merrick County Health Services
 Mid-Nebraska Community Services
 Mid-Plains United Way
 Mid NE Community Services
 Midland Area Agency on Aging
 Muscular Dystrophy Association
 National Kidney Foundation of NE
 National MS Society - Midlands Chapter
 NCA Head Start
 NDHHS
 NDSS
 NE Advocacy Services
 NE Correctional Ctr for Women NE Dept of Corr Serv
 NE Health & Human Services-Beatrice
 NE Health & Human Services-Tecumseh
 NE Health & Human Services-Tekamah
 NE Health & Human Services
 NE Huntingtons Disease Support Group
 NE Parent Center
 NE Rehabilitation Services for Visually Impaired
 Nebraska AIDS Project
 Nebraska Children's Home Society
 Nebraska City Respite Prog (fewer than 1 call/month)
 Nebraska Dept of Veteran's Affairs
 Nebraska Health & Human Services Eastern Serv Area
 Nebraska Health & Human Services York Office
 Nebraska Mental Health Centers
 Nebraska Traumatic Brain Injury Assoc.
 Nemaha County Health Dept/CATCH III
 NHHS - Kearney
 Norfolk Health Division
 Norfolk Regional Center
 Norfolk Veterans Home
 North Central Devel. Center
 Northeast Family Center
 Northeast Nebr. Area Agency on Aging
 Omaha Tribe of NE Carl T Curtis Health Educ Center
 Panhandle Independent Living Services
 Panhandle Mental Health Center
 Panhandle Substance Abuse Council
 Parent Assistance Network
 Partners in Behavioral Health
 Pender Health & Human Services Office
 People Caring for People
 Phelps Co Sr. Center
 Prevent Blindness Nebraska
 Project Access
 Project Response Inc.
 Quality Living Inc

Rainbow Center, Inc.
 Rape Spouse Abuse Crisis Center
 Red Willow County Health Department
 Region I Office of Human Development
 Region II Human Services
 Region III Behavioral Services
 Region V Mental Hlth, Alcoholism & Drug Abuse
 Program
 Region VI Behavioral Health Administration
 Salvation Army
 Sandhills Crisis Intervention Program
 Sandhills Mental Health & Substance Abuse Services
 Santee Health Ctr
 Senior Action, Inc
 ServiceLinc
 Services for the Visually Impaired
 South Central NE Area Agency on Aging
 Southeast NE Community Action Council (SENCA)
 Spouse Abuse Sexual Assault Crisis Center (SASA)
 The Arc of Lincoln/Lancaster County
 The Arc of Nebraska
 The Arc of Norfolk
 United Cerebral Palsy of Nebraska
 United Way of Kearney Area
 United Way of the Midlands
 United Way of South Central NE
 Urban League of Nebraska Inc
 Victim/Witness Unit;Lincoln Co Atty's Office
 Vocational Rehabilitation
 Voices for Children in NE
 Volunteers of America
 Wakefield Family Resource Center
 Wayne Health & Human Services Office
 Wesley Center, Inc.
 West Central NE AAA
 Western Community Health/Chadron Community
 Hospital/Legend Buttes Health Services
 Winnebago Health Dept
 Women's Health Services
 Youth Emergency Services, Inc.
 YWCA of Adams Co

Open Ended Responses

Question 8: Specified other program areas, departments, or office locations within the agencies that also provide I&R services.

Young at Heart Center - Bertrand
Women's Health Services - Grand Island
WIC program/immunization program
Volunteer Network
UM, member service
too many - Health & Human Services
Therapeutic Foster Care/Sidney/Chadron/Scottsbluff
the other 20 counties of MNCS
SUCESS & TYKE programs
State Service Division (veterans)
State Office in Gothenburg & Nat'l Office in VA
Social Services, Marketing, Emergency
Senior Centers in Minden & North Platte
see attached
RSACC
Protection/Safety & Social Services
protection & safety
other local offices within Health & Human Services
Omaha/Norfolk/Kearney/North Platte/Scottsbluff
Omaha, Fremont, Gothenburg, Grand Island,
Kearney, Lincoln, Norfolk, Scottsbluff
offices in Norfolk, Lincoln, Scottsbluff,
Council Bluffs
offices in Chadron, Alliance, Scottsbluff, Sidney
office of the system advocate - Lincoln
NW Community Action Community Services
Nutrition/Senior Centers in panhandle
numerous-we are a part of the
Health & Hum Service System
NRICHN
Northeast Nebr. Area Agency on Aging-Ainsworth
Off
North Platte Office
Norfolk Fire Division
NE City
Neighborhood St Patrols MOMS DIVISION OF
MAD DAD OMAHA
Mid NE Com Services /AAA & Health Dept
Meals on Wheels/RSVP/Food Pantry
many
Macy Office
Lincoln Office
Lincoln and Greater NE CHAD offices
Lincoln
Legal Services, Care management, employment,
NICA, Senior Center
LAPS main office located in Trabert Hall
LAP/Lancaster Co
Kearney Branch Office
JTPA/Aging/Voc Rehab/Health Dept/DD/
Visually Impaired

Information Mgmt
Immunizations/Commod/OR/Weatherization/
RurHealtOR/HeadStart
Hsg.Early Child Health & Nutrition
Home Health Services, Hospice, Nurses Aide,
Respite Care
Health & Human Services
Head start/Family service
Gordon & Alliance Offices
freeway station
Family Resource Center
Family Focus Center/Gathering Place/
Saunders Co Preschool
Fairbury, Hebron, Syracuse, Auburn, NE City
Every Woman Matters
ESU#15
Emer Dept/Poison Center/Family support/Pastoral ca
EarlyIntv/FamilyCnteredServ/TeenNet
Early Intervention/Speech & Lang/
Psych Serv/Spec Educ
each co
Domestic Violence Intervention Coalition
dental/environment health/animal control /public
health nurse/ healthy homes
DD office
Council Bluffs IA Branch Office
Childcare, Crisis Nursery, Interfaith Caregivers,
PASS
child protection workers, employment first,
income maintenance
Chase Co Sr Center/Social Services
central & north office
Center for Ind. Living
Cent NE Comm Serv/League of Human Dignity /
Area Agency on Aging
CDC-NP Public Schools Region #27
CATCH III
Cass/Otoe/Nemaha/Johnson/Pawnee/
Richardson Counties
Case mgmt/Volunteer/Admiss/ER/Beh
Health/Educ/Hum
case management
Caring about Kids Substance Abuse
Blue Valley Comm action Family & comm services
Beatrice/Nebraska City/North Platte/Wilber
B&GH-S Sioux City, Norfolk, Kearney, Sidney,
Alliance
Area Agency on Aging/Faith Regional Health/Health
& Human Services
all staff
all program areas/food stamps, Medicaid, etc

all program areas/food stamp, Medicaid, etc
all outreach sites (9) Eldercare etc
all offices in state
all MHCP workers-Lincoln, Grand Island,
Wilber, Beatrice, North Platte, Gering
all local offices-Center, Neligh, & Pierce
all Health & Human Services offices
all family support programs provide I&R
all extension offices
all a
Ainsworth, O'Neill, Valentine
agrability- hastings NE
Aging/Health dept/ Women's Comm/Urban
Development
Aging Office Western
Adult, Youth, Day Services/Short Term residential
3 locations
24 other offices around the state
20 local chapters who may provide some I&R
18 offices in region 5

Question 11: Organization description specified.

tribal government
school/students with disabilities
quasi-governmental
quasi-government
operate by Omaha Tribe
nonprofit/health care facility
nonprofit education
nonprofit & for profit
non-profit/ gov't subdivision
non-profit/political subdivision
multi-county agreement
Mental Health System
gov't/nonprofit
gov't agency, nonprofit organization
Area Agency on Aging

Question 13: Grants/Programs specified.

1127	WIC, MCHC, Immun, Early Inter, HIV	1170	no funding
1156	VOCA, VAWA	1116	local govt agency
1180	VOCA(Victims of Crime Act	1150	Inter agency group
1103	various	1156	Health & Human Services Funds
1217	USDA-foundations	1221	Health & Human Services funding
1235	US Dept Ed/Rehab Serv ADM	1151	funds from campaigns
1025	United Way/Health & Human Services	1046	fundraising events
1167	through South Central AAA	1052	fundraisers/ spec. events
1013	State, Fed govt	1034	contract w/state of NE
1033	state funding thru WY	1234	contract services
1146	SCMinistry/DevDisability	1066	conduct our own research
1115	RWJohnson, VIM,ChildAbPrev	1244	casework staff field them
1112	rural hlth outreach grant	1134	basic grant program fund
1044	part of different grants	1056	as component of program
1209	Older Amer. Act - Federal	1235	20% of budget from state
1191	NE Children&Family Found	1203	family preservation, combined ser v.
1036	NE AIDS hotline (CDC)		
1251	NCC-VOCA,Health & Human Services,DED,Ukena		
1190	Nat'l volunteers of Am		
1169	immun/hypertension/kids		
1058	HIV/PHHS/immun/EWM/RWJ		
1131	Health & Human Services/Crime Comm/NHAP		
1082	Head Start/Literacy/Infan		
1201	Head Start Program		
1021	Fed/Dept education /div of rehab services		
1243	Fed Child MH Grant		
1090	fed administration on aging/state/local		
1052	EPA/Rbt. Wood Johnson		
1108	Dept of H&HS		
1192	DEP/Health & Human Services/Doors of hope/VOCA		
1129	DD funds, Ei contract w/Health & Human Services		
1261	CSBGs, OCSs		
1067	CSBG/Head Start, etc		
1148	CSBG Block grant funds		
1071	CSBG		
1066	crime commission/Health & Human Services		
1134	Comm Serv Block grant		
1152	comm serv block grant		
1060	Child Abuse Prev Fund		
1241	Child Abuse Prev Board		
1113	blockgrant/child & fam foundation		
1061	60 grants		
1195	we are a state govt office		
1089	United Way of Lincoln		
1014	United Way		
1264	tuition from member school		
1245	state funds		
1103	special events		
1005	per P.O. 93-638		
1110	part of our job		
1140	part of operating		
1149	part of job duties		
1266	own pocket, fund raisers		
1246	no special funding		
1189	no separate I&R staff		

Question 15: Other cost category specified.

1103 edu, respite services
1072 material about HD
1251 client svcs, couns, etc.
1011 combo of 15b-15e
1021 rent/insur/overhead
1113 rent & misc
1203 collaboration with other agencies
1062 contract/misc/space
1151 campaign/fair share
1209 trav/in s/fees/space
1066 Emergency serv/trng
1122 eqpmt/bldg space
1242 insur,proffees,occup
1191 mileage/training
1147 Rent,travel,equip
1033 rent,equip,refer,msc
1180 mileage/tech assistance

Question 23: Other methods of answering the I&R number specified.

1161 person/voice mail
1049 person/voice mail
1209 person/automated on weekends
1126 person/automated menu to a per
1233 person/automated menu
1014 person/auto menu/tsf to home
1053 Person/answering machine
1072 person/answering machine
1143 person/answering machine
1189 person/answering machine
1071 person/answering machine
1262 Person/Ans machine with emer #
1145 person/ans mach on weekends
1022 Person/ or voice mail
1032 person or voice mail
1223 person or voice mail
1170 person or answering machine
1062 answering service

Question 25: Other information recorded specified.

1071 what info or referral given
1018 what agency referred to
1233 we use IRIS
1070 services we refer them to
1138 see attached
1036 risk factors
1209 referral information
1067 referral for follow-up
1214 prog area/referrals to outside
1022 outcome of phone call

1101 not always possible to get info
 1048 info sent out/add to mail list
 1084 disposition
 1254 date/action/who took call
 1113 date
 1257 date
 1033 complete history of assessment
 1090 assessment/screening data
 1024 disposition
 1063 anon & confidential

Question 35: Other responsibilities of I&R staff specified.

1235 voice rehab counselors & teacher
 1180 victim advocacy
 1167 transportation mgr
 1096 Therapy/case management
 1235 teaching/consulting
 1032 social workers
 1009 shelter advocacy
 1062 service provision
 1184 SCP-OP/IP&HT Pt Care
 1068 resource developer
 1154 Resource Devel.
 1038 resident supervision
 1113 res spec/dir serv prog
 1066 public education
 1087 program coordination
 1226 program
 1214 process apps; filing
 1259 policy/research/advocacy
 1037 Patient Service Mgr
 1046 operational
 1120 nursing care/switchboard
 1077 nursing
 1001 nurse, social worker
 1116 no I&R response assigned
 1225 mgmt of case records
 1126 medical staff
 1029 marketing
 1148 Intake coordinators
 1191 intake
 1275 health prof
 1257 grant coordinations
 1052 fundraising/prog imp/dir
 1055 fundraising
 1049 fund raising
 1022 employment ser/fundrais/educ
 1134 educ staff - head start
 1179 direct care staff
 1103 development
 1183 detox attendant
 1233 database maintenance
 1084 crisis intervention scree
 1242 Communications Director
 1071 child dev educator/Hdstret

1034 case managers
 1075 as assigned
 1101 all staff but support
 1139 all staff answer
 1081 all staff
 1170 all other programs

Question 36: Other minimum educational/experience/certification required of I&R staff specified.

1014 Volunteer training 15 hrs mandatory
1110 varying degrees of education
1001 varies
1183 training
1184 State Licenses PT,OT,SLP
1125 RN or LPN
1021 relevant Bachelor/equiv
1138 qualifying experience
1067 on site training
1072 none
1079 none
1221 none
1266 none
1116 no I&R training or exp required
1096 Masters level-HumSvs/Coun
1032 master degree SW licensed
1033 lisc/reg nurse,pharm,phys
1061 licensed alcohol counselor/mental health pr.
1054 knowledge of CHAD/services
1018 HS diploma plus experience
1179 HS diploma + experience
1008 hs diploma & experience
1081 hiring req for specif job
1044 haven't addressed
1150 don't know
1060 certifications & HS dipl
1103 caregiver
1101 bach or equiv + training
1223 BA or equiv exper in HS
1036 acceptance into program
1064 24 Human Services cr hrs

Question 37: Training staff receive.

1048 working w/experienced staff reviewing information files and procedures
1081 what can/cannot legally be give by phone, how to create a positive pub image
1034 we have a lengthy training program covering benefits, systems, resources, etc.
1059 various trainings
1010 various internal/external training - continuous training
1013 varies by discipline
1262 varies
1241 UNL Inservice
1151 United Way training
1185 United Way agencies' functions, organization listing
1229 training to learn resources in their local areas and statewide programs
1062 training provided by agency
1148 training per area of work. Attended I&R training session
1097 training on what info we have, how to access it, and how to refer clients
1235 training on resources related to blindness
1061 training on crisis intervention or problem id & referral
1235 training on blindness issues & vocational rehabilitation services
1176 training in 1 hr attend interagency meetings, etc
1053 Training for national once a year
1115 Training appropriate to program-each is different.
1090 too exten sive to describe
1167 telephone
1058 system, resources
1178 switchboard use, computer, outside agency info sharing of services provided
1057 State training, various, depending on job
1125 standard to office
1209 staff training on resource identification
1025 staff orientation, training that's provided for little to no cost
1019 staff has previous experience prior to hiring
1037 some from home office - manual provided
1274 services offered, (community/agency), telephone skills
1243 regional overview; professional Partner/wrap around; regional resources
1140 receptionist refers calls to specified dept most knowledgeable of question
1183 receive training from program director & clinical director
1244 program training specific to their expertise
1201 Preservice Training & ongoing training
1253 phone operation, I&R resources
1011 phone directory used to review & understand agencies in area
1143 periodic conferences and workshops
1156 other staff instruction
1032 oriented to types of refls &resources we make f/ our setting
1085 orientation; skill training; booklets - resources
1211 orientation, on the job experience, degree/education
1161 Orientation when hired/monthly inservices
1112 orientation to phone process, computer system and referral resources
1234 orientation to department - division computer education/training
1126 orientation to clinic only
1127 orientation to agency, FAMS - orientation
1046 ongoing, increasing understanding of org, specific training in I&R calls
1064 ongoing qtr staff meetings
1067 Ongoing in-house and work with paid and volunteer staff
1158 on the job!
1257 on the job training at hire
1099 on the job training
1049 on the job

1219 on the job
 1003 on the job
 1173 on the job - resource directory
 1170 on the job-learn communities we serve & resources available
 1266 on hand
 1008 on going, weekly training sessions available to staff, workshops in communi
 1248 on-the-job, in service, workshop
 1095 on-the-job training
 1214 on-the-job
 1022 on-going - we keep up with epilepsy issues
 1071 OJT, resource training, case mgmt trng, 2 week orientation for new employee
 1232 OJT on job training
 1047 OJT
 1004 OJT
 1180 office procedures; computer training
 1060 nursing personnel w/ diploma or degree in nursing
 1104 none other than for other assignments, which might relate to this
 1069 none other than for other assignments, which might relate to this
 1075 none formal
 1110 none
 1072 none
 1079 none
 1116 none
 1077 none
 1070 none
 1237 none
 1106 none
 1118 none
 1160 none
 1082 none
 1165 none
 1056 none
 1083 no formal training. Experience in field - knowledge of services
 1246 no formal I&R just general basic for agency
 1132 new worker trng. on-the-job trng
 1007 new worker trng. on-the-job trng
 1240 new worker orientation/learning of what services are offered etc
 1155 new staff training - visit different agencies to find out what they do
 1020 Nat'l DMDA gives us training via information notebooks & packets
 1221 multiple
 1098 minimal training in I&R
 1217 minimal
 1068 job-related trng.
 1233 IRis trng/automated I&R trng, computer trng, database maintenance, systems design
 1146 in services offered in the community
 1102 Info given on referral sources
 1254 in service, workshops
 1255 in house training
 1052 In house in addition to formal training. also staff development opportunities
 1223 in-serv trn resources & child special hlth need issues, trn on med condition
 1256 IN-house training from mental health professionals
 1122 in-house training
 1108 hotline counseling on issues of domestic violence, sexual assault
 1044 Helpline orientation
 1103 Helpline In service
 1245 general orientation and orientation to job
 1021 general new staff orientation, job shadowing, individ instruction/materials

1111 general agency info & knowledge of community resources
 1145 General - subject related
 1055 fundraising training only!
 1113 extensive/cert for prevention generalist trng/ethics trng/prg dev trng/tech
 1084 extensive
 1123 Experience/OJT
 1184 Education budget to be spent on Hospital wide needs & resources
 1023 educate them on resources available and how to identify those resources
 1275 depends on dept
 1045 crisis trng/new employee trng/on-going training in specific areas
 1242 crisis intervention, listening, stress mgmt, suicide, drug & alc use, fam sup serv
 1251 continued edu on issues relating to Domestic Violence/Sexual Assault
 1152 conferences as well as a resource manual to provide info toward needs
 1063 clerical staff/HS graduate Administrative has BA degree
 1264 clerical procedures
 1091 case mgmt, family systems, info on community resources
 1175 been in human serv field for over 30 yrs-personal knowledge of resources
 1018 basic trng of county & dept, info on other agencies f/ on-the-job learning
 1191 attend seminars etc pertinent to case management
 1163 at least 1/month we do updates of an organization/resources
 1225 as needed
 1087 annual updates
 1029 annual AIRS conference
 1120 annual
 1005 according to licensors
 1009 55 hours of preservice training and shift shadowing; ongoing in services
 1086 40 hours shadowing, various workshops
 1139 40 hours
 1050 30 minutes during orientation
 1036 3 full days
 1131 23 hrs/Dom Viol, Sex Assault, Cult Aware, Crisis Intervention, Policies & Procedures
 1033 2 mo orientation or on-the-job w/ mo continuing edu classes, certification
 1089 2-26 hrs: Lecture/discussion/videos/manual/books/in service/community resource
 1066 16 hours crisis line, 16 hours emerg services, 8 hours
 1065 15 hours of mandatory training
 1218 available resources training, train clerical staff when to refer calls to case manager staff
 1203 department services available, available services orientation
 1269 computer orientation to I&R, attend nat'l/regional/local conferences on community services
 1260 available services workshop
 1024 crisis response, referrals, elementary counseling

Question 40: Other resources staff use to provide I&R services specified.

1167	word of mouth	1052	ALA/networking/coalitions
1116	varies with person answer	1274	agency/community info.
1214	UW Resource Book	1099	agency resource library
1019	UW First Call for Help	1034	agency contacts, internet
1054	UW first call for help	1269	computerized I&R database
1218	UW First Call for Help	1203	multi-co resource manuals/broch.
1018	United Way, serv direct & net	1066	agencies-etc.
1090	state & national referenc		
1183	resource material		
1062	resource guide		
1152	resource directory		
1184	Region 27 - CDC		
1085	referral booklets by org		
1108	referral book		
1081	records w/i each dept		
1010	pamphlets from organization		
1080	Office Resource Directory		
1095	no database-hard copy		
1254	networking/Internet/agency		
1070	NE-AHCS Resource Directory		
1072	materials about disease		
1111	local resource directory		
1143	local organizations		
1195	local newspaper		
1038	local director of service		
1067	local directories/self-dev		
1064	knowledge of resources		
1134	knowledge of area		
1170	knowledge base		
1246	knowledge		
1089	IRIS software		
1234	IRIS		
1233	IRIS		
1086	IRIS		
1140	Human Service Directory		
1229	Hotline for Disabilities		
1259	Health & Human Services directory		
1078	Health promotion Director		
1169	Fam Res Dir/Guide to Health & Human Services		
1084	emergency service guide		
1275	dept wide database		
1244	county pamphlet of resources		
1191	community directory		
1097	Community Connections		
1098	Comm Res Dir/HSF dir		
1228	Comm Health Partners		
1102	Comm Connections Guide		
1021	collected by agency/staff		
1044	chapter's own resources		
1055	CF care center guide		
1178	cent emer res listing		
1060	Blue Valley Resource Ctr		
1066	blue valley referral ntbs		
1180	area resource directory		
1103	an Alzheimer's Directory		

Question 43: Partial description of basic subsistence programs

1067 Agency names and programs
1236 all that we are made aware of
1183 anything known
1103 Area Agencies on Aging
1167 assume we all know what the other agencies doing
1245 aware around Hastings/minimal rest of state
1170 b/c working w/ mostly low income fam-not appropria
1154 Basic programs available/phone # & agency to call
1113 brochures, booklets, resource materials for programs
1011 brochures-personal contact with workers
1067 chamber of commerce info/referral and phone books
1036 changes occur/cannot maintain w/current staffing
1241 churches - some info
1211 Comm Supp, SocServ, DOVES, Law En for
1134 curtis & associates/job service access
1243 difficulty to keep up with changes in numerous prg
1173 direct client to appropriate resource
1126 do not have time to always maintain up to date info
1233 don't have exact protocol for-profits
1156 don't have specific criteria for eligibility avail
1123 Each provider has own & clients advised to seek
1253 Financial assistance
1077 handibus, food pantry, basic knowledge, name & nbrs
1081 housing, halfway homes ,support syst ,edu prog ,mental
1180 how to access & contact person's name
1048 info available or Health & Human Services website - NRRS
1189 Info f/ various sources, pamphlets, Resource Person
1076 info known to employee
1111 Info not systematically researched on reg basis
1097 info on Lanc county but not on more remote countis
1246 info that comes in is shared w/ all staff
1184 info that is readily available or located by sourc
1083 informal knowledge
1260 information changes, so need more information outside our booklet
1034 information related to medical needs
1098 keep info provided to us but do not seek out
1086 limited only by access to the sources
1038 maintain agency names & #'s, but no info on payment
1099 maintain listings of agencies that basic needs
1255 maintain what info is sent to us
1148 maybe progs we don't know about
1161 most of clientele cannot afford private programs
1120 name of agency/address/telephone #
1104 name of organization, phone #, contact person
1178 name of providers, address, phone
1080 Names & # only to counseling agency referrals
1175 names of contact people who have info
1235 names, contact info, basic desc of svcs provided
1119 Norfolk RescueMission /SalvArmy/Norfolk Grain Train
1185 not sure what available/ program, money changes
1052 only as subsistence needs pertain to lung disease
1106 only have resources of networking w/other agencies
1269 only if service is not offered by a non-profit
1110 only if they have contacted our office
1101 only on those directly related to abuse services

1062 only those used or who we have had contact
 1069 primarily name of org, phone #, contact person
 1237 provide phone # to refer people for their requests
 1015 providing the correct phone #
 1070 refer to Health & Human Services - Blue Valley - Ministerial Alliances
 1169 referral only to for-profit/do not maintain info
 1046 referrals to Charles Drew Clinic/Doug co Soc Serv
 1075 rely on newspapers, networking, etc
 1008 rental property, auto repair, med svcs, employ svcs
 1129 share info w/ fam, but no detailed eligibility required
 1158 telephone # for cab company - transportation
 1192 Unaware of ALL programs
 1024 various employers, private practice, hospitals
 1082 very limited, used when no other serv available
 1047 we collect this info as needed or requested
 1096 we do not do any of this systematically
 1257 what we know to be up to date accurate info
 1168 work w/ low income population
 1064 workers keep own files/some disseminated at meeting

Question 44: Partial description of consumer services programs.

1068 access some info on "need to know" basis
 1069 agencies that do money mgmt/consumer education
 1104 agencies that do money mgmt/consumer education
 1256 agencies/programs that are corollary to mental health
 1236 all that we're made aware of
 1257 as before on 43
 1099 as related to people who have a developmental dis
 1095 cmtty direct, personal files/resources, I&R committee
 1229 consumer complaints/money mgt assistance
 1010 County Extension office/money mgmt assistance
 1242 deal w/ who will work on sliding scale w/ clients
 1102 do not get many requests for these things
 1064 each maintains own file/Resource Development staff
 1122 for persons 60 yrs of age and older
 1299 For profit companies are reluctant to provide complete info
 1045 Handicapped parking permit info
 1008 hard to answer-everyone receives help in some way
 1266 help people find agency to help w/ complaints & edu
 1158 incomplete info regulation/registrar/licen/permits
 1076 info known to employee
 1046 info regarding diabetes educ, sources supply/equip
 1082 limited
 1253 Money mgmt
 1120 name of agency, address, phone #
 1178 name, address, phone
 1260 need more input for other agencies and organizations
 1218 no comprehensive resource material available
 1009 not our agencies primary focus
 1185 not very familiar with these/not many inquiries
 1101 on those topics related to abuse and reporting
 1189 only EEOC, consumer protection/legal aid
 1161 our clientele cannot afford private, costly program
 1132 phone #'s and addresses to resources
 1067 phone books mostly - not our main focus
 1077 phone numbers & contacts

1214 Phone Numbers only
 1085 primarily money management assistance
 1015 provide correct phone# when we don't provide serv
 1183 provide information on access to
 1212 refer them to appropriate agency/organization
 1223 refer to few-NE Advocacy & Consumer Counseling Srv
 1123 refer to provider for specifics
 1052 related to lung disease/promotion of lung health
 1098 same
 1154 same
 1237 same as 43
 1036 same as 43
 1235 same as 43b
 1086 specific to situations
 1240 telephone #/list of services
 1007 telephone #'s of resources
 1192 Unaware of ALL programs
 1203 very few resources such as these available
 1184 what is available may not be very complete
 1168 work w/ low income population

Question 45: Partial description of criminal justice and legal service programs.

1069 3-4nonprofit/names & #'s of attorneys on request
 1007 addresses & telephone #'s
 1048 Advocacy Agencies, School Mediation
 1254 applies to discrimination, equal opportunity
 1111 as #43
 1184 as above
 1257 as before on 43
 1253 attorneys
 1113 brochures
 1047 collect info as requested
 1075 CPS/APS staff is working with courts
 1024 Douglas Co. Courts, Probation, DA
 1064 each maintain own file/Resource Dev & Protect Serv
 1163 have agency name & #'s w/ brief description about services
 1120 info regarding police/legal aid services
 1020 Information about committal procedures
 1076 known to the employee
 1014 Legal Aid only
 1223 Legal aid, mediation svcs for domestic issues
 1119 LegalAid/CountyAttny/ judicialMental health board
 1086 limited to impact on clients or referrals
 1240 list of judges/county attorneys/law enforcement
 1161 monetary limited clients. refer other source DHealth & Human Services
 1158 mostly phone book information, nothing substantial
 1178 name, address, phone
 1131 not familiar w/every attorney in our service area
 1069 only 3-4 nonprofit/give name/number of attorney
 1225 only advocacy and mediation
 1241 only upon request from courts
 1214 phone numbers only
 1044 police/sheriff offices for dementia training program
 1132 provide addresses & phone #'s
 1129 provide info on advocacy & legal for persons w/ disabilities
 1195 provide phone #'s of services

1018 refer caller to appropriate agency or resource
 1189 refer to Co attny and legal aid only or NAF
 1034 refer to legal aid/to youth programs (CARES program
 1099 related to people with developmental disability
 1036 same
 1098 same
 1154 same
 1236 same
 1242 same as #44
 1237 same as 43
 1170 same as 43
 1245 same as 43
 1235 see 43b
 1212 see 44
 1008 so little no specific
 1085 target info regarding youth & juvenile justice sys
 1106 use what is learned through networking
 1061 written material only

Question 46: Partial description of education programs.

1147 adult/older adult education only
 1111 as above
 1099 as relates to spec ed/other svcs for dev disabilit
 1061 case management w/ agencies written materials
 1240 Central Comm College/UNK/local schools, etc
 1008 childcare ctr for profit or counseling office
 1046 diabetes education programs
 1243 difficult to maintain current info due to changes
 1024 Diocese & public schools, colleges, hispanic training & small business
 1156 don't have all specific details
 1049 Educ. programs, camps, support groups
 1034 educational prog covered by Medicaid benefits
 1116 fire safety info, building safety in fo
 1217 focus on individuals with disabilities
 1122 for persons over age 60
 1076 info known to employee
 1069 info on spec ed/advocacy groups/ college
 1104 info on spec ed/advocacy groups/college contact
 1098 info w/regard to human service issues/juvenile jus
 1103 Information for older Adults
 1178 name, address, phone
 1119 Norfolk Pub Sch /ESU/Sylvan Learning /NE Comm Coll
 1102 only deal w/ parenting education
 1064 own files/Resource Dev. staff and staff mtgs
 1214 phone numbers only
 1169 provide what we have/do not know all resources
 1183 provide whatever can gather-such huge coverage
 1015 refer caller to school district they are looking f
 1123 refer for specific info
 1180 refer to area school system/adult basic ed
 1083 relating to pub school spec educ/GED programs
 1036 same
 1154 same
 1236 same
 1237 same as 43
 1052 see 43,44

1235 see 43b
1212 see 44
1158 see explanation for 46
1118 serv/contact for people w/developmental disability
1086 too many sources available
1168 usually refer people to ESU for edu resource info
1070 we know little re: educational support services
1260 we work with other agencies

Question 47: Partial description of environmental quality programs.

1070 agencies such as Cap Humane Soc/Lan Co Health Dept
1111 as above
1034 depends on member needs
1299 don t maintain environmental info
1086 focus on public health
1122 for persons age 60 and over
1251 have not researched this area-know obvious
1076 info known to employee
1033 info on public hlth-exposure to pesticides
1082 info pertinent to serving our clients is kept
1103 Information for older adults
1104 mostly in Health & Human Services system
1069 mostly others in Health & Human Services system
1178 name, address, phone
1218 no comprehensive resource information available
1119 Norfolk area programs only
1228 not a lot of info in this area available
1081 obtain on need to know basis
1077 phone numbers & personal contacts
1214 phone numbers only
1085 Primarily urban devel type info
1221 public health
1048 Public Health and Safety
1147 public health programs
1062 Public Safety & Health
1015 refer caller to most appropriate program
1123 refer for specific info
1240 refer to Health Dept/Chamber of Commerce/ext office
1010 referral to health Dept unit/county ext offices
1090 related to needs of individual older persons
1236 same
1237 same as 43
1253 sanitation/waste removal
1257 see 43
1052 see 43,44,46
1212 see 44
1158 see explanation for 46
1211 Social Services
1266 some info on pub safety & pub hlth programs
1008 very little-animal ctrl, urban development
1101 what available to abuse
1060 WIC
1168 work w/ low income population

Question 48: Partial description of health care programs.

1071 abuse related

1111 as above
 1235 as approp to client needs not for general i&r
 1062 Asst Tech, health insurance, health education
 1113 brochures, resource materials, #'s & names
 1095 can't maintain statewide
 1116 CPR classes, safety programs
 1046 diabetes education programs, avail. screen sites
 1211 Dr's Private Practices, Community Health Services
 1183 emer r m info, counseling, & substance abuse srvs
 1033 EMS contacts about poison, info for hlth care prof
 1125 EMS, ME, H.E., Rehab
 1020 Find & disseminate as much info as time allows
 1011 fliers, brochures
 1097 free clinics, optometry services, Planned Parenthood
 1129 have knowledge of prgs, use NRRS & NDE/Health & Human Services for info
 1008 hospitals, dr, dentist for profit
 1080 info & referral only w/names and # of agencies
 1085 info for health services related to low-income
 1076 info known to employee
 1243 info on mental health/substance abuse services
 1246 info shared as received
 1064 info shared at meetings
 1087 info specific to target aud-women, infants, children
 1054 information on our 15 member agencies
 1240 list of local practitioners, hospitals, ment healt
 1120 local agencies name, address, telephone #
 1069 name of org, phone #, brief verbal description
 1104 name of org/phone #, verbal description of program
 1178 name, address, phone, a little more general info
 1218 no comprehensive information available, do have considerable info on substance abuse
 1119 Norfolk Area Services/VA Services
 1098 only when provided to this office
 1084 phone directory
 1214 phone numbers only
 1274 refer to appropriate agency for information
 1180 refer to area hospital only
 1070 refer to Health & Human Services or local drs/hospitals/clinics
 1083 related to Dev. Dis/ Voc rehab/services visually impair
 1048 related to disabilities or disabling conditions
 1099 related to people with developmental disability
 1217 related to rehabilitation-vocational/early childhood
 1168 same
 1236 same
 1036 same
 1154 same
 1237 same as 43
 1081 same as 47
 1052 see 43, 44, 46, 48
 1158 see 46
 1049 see 46
 1118 specific to developmental disabilities
 1086 specific to situations
 1149 staff have awareness of programs for referrals
 1102 substance abuse services
 1235 we pay for med trtment/if help clients reach goal
 1260 work with other agencies

Question 49: Partial description of income security programs.

1064 workers maintain own files
1022 we refer people on as needed
1044 use only basic info/refer to more specific agencies
1111 this is the basic mission of our agency
1083 SSDI/SSI Medicare/Medicaid/ work incentives
1243 some SSI info, public assistance
1211 Social Services, Cirrus House, Community Support
1158 see 46
1245 see #43
1235 see # 48 & 43/b
1246 same as others
1081 same as 47
1237 same as 43
1236 same
1036 same
1154 same
1019 resource book - dept on aging w/AARP
1240 refer to social security/determine eligibility
1015 refer to soc sec & NE Health & Human Services
1020 refer to Community Alliance & NE Advocacy Service
1257 refer to 43
1062 public asst/support Social insurance benefits
1007 provide telephone #'s & addresses
1132 provide addresses & phone #'s
1223 prgs providing asst & supp to fam w/ cldrn w/ dis
1229 prepare & obtain gainful employment/secure pub ast
1228 Need more info on Senior services
1069 name/number of org/brief description of service
1178 name, address, phone
1104 name & phone # of org/brief description of service
1217 minimal-only w/grants & documentation needs for gr
1183 know services that H&HS & Salvation Army provide
1060 kids connection info.
1146 Health & Human Services referrals are made
1129 have knowledge w/ contacts w/ state DD office
1011 flyers/ brochures
1189 Employment First worker comes to office every 2wks
1024 employment agencies, banks
1260 refer to NDHHS or ?? agency
1118 developmental disabilities supports
1101 abuse related only
1072 AARP/ GoldenRodHills/ AreaAgencyAging/ Health & Human Services

Question 50: Partial description of individual and family life programs.

1101 abuse related
1132 addresses and phone #'s
1062 adult day care, supportive services, respite care
1090 aging related information
1008 aware of those services for profit
1047 collect info as requested
1152 difficult to find in rural areas
1113 ditto for #43
1148 don't hear about area b/c not close to it
1156 don't maintain complete info on all types of info

1129 EI coor w/ knowledge respite care & support serv
 1149 families who don't qualify are referred
 1122 for persons age 60 and over
 1118 general contacts for respite care for people w/dev
 1169 have info about some resources but not all
 1180 how to access only
 1299 increasing this dbase with grandparent resources
 1019 info fam serv/Luth fam serv/Child saving inst
 1150 know that there help but have never used it
 1070 know very little in this area/aware of for-profits
 1064 maintained by RD workers and foster care workers
 1083 minimal - a few agencies to refer to
 1102 mostly w/adoption /ocassionally respite care
 1178 name, address, phone (for profit programs)
 1104 name/phone #'s of agencies
 1069 Names/Phone #;s of Agencies
 1119 Norfolk and surrounding communities
 1147 older adult only
 1240 Protection/Safety Unit/Victim Witness/Parent Assis
 1033 provide edu to fam/parents to childcare groups
 1260 refer to NDHHS or ?? agency
 1099 related to people with developmental disabilities
 1048 Respite care, support groups, recreation
 1246 same
 1236 same
 1036 same
 1237 same as 43
 1081 same as 47
 1257 see #43
 1158 see 46
 1049 see 46
 1235 see 48b,43b
 1223 supportive svcs for fam of children w/ dis-not adlt
 1085 targets subject area related to low-income people
 1211 Therapeutic Foster Care
 1096 We have what we have, nothing is done systematical

Question 51: Partial description of mental health care and counseling programs.

1073 abuse related
 1008 aware of businesses that provide drug counseling
 1070 aware of most services but not all
 1005 contact Dr Rudi Mitchell (402)837-5381 ext 150
 1266 could use more info in this area
 1251 counseling svcs available in area only
 1240 det elig for medical/referral to mental health
 1067 don't have complete record of private providers
 1080 I&R only provide names & # only
 1149 if family does not qualify they are referred
 1129 knowledge of local, regional contact agencies
 1131 most people served cannot afford mental health car
 1178 name, address, phone
 1104 Names & phone #'s of Services/Businesses
 1069 Names and Phone #'s of Services/Businesses
 1169 names/phone #;s do not maintain other info
 1119 Norfolk area only
 1225 only mental health counselors

1214 phone numbers only
 1253 private physicians and counselors
 1095 programs, case advocacy
 1132 Provide phone #'s and addresses
 1212 refer
 1260 refer to NDHHS or ?? agency
 1034 refer to Value Options for MH for Medicaid members
 1146 referrals to approx 5 local counselors
 1241 Region III sometimes
 1099 related to people with developmental disabilities
 1236 same
 1036 same
 1154 same
 1237 same as 43
 1081 same as 47
 1113 see #43
 1049 see 46
 1235 see 48b/43b
 1203 services change often. Hospital based services are 100 miles away
 1052 smoking cessation
 1085 some referral to mental health serv for low-income
 1048 Support groups or related to disabilities
 1007 telephone # & addresses; other knowledgeable peopl
 1223 treatment & counseling svcs for children w/ disabil
 1096 We don't maintain it so it's partial, random
 1022 we refer people on to services as needed
 1062 where available in area
 1064 workers maintain own files

Question 52: Partial description of Organizational and Community Services.

1113 #43
 1062 access to information services
 1052 advocacy related to healthy lungs, clean air
 1170 again work mostly w/ low income
 1184 as above
 1140 as much as available in Human Service Directory
 1059 chambers, economic development/job service agencies
 1047 collect info as requested
 1080 community pamphlets only
 1063 connection with Chamber of Commerce
 1024 Douglas Co. Services
 1033 edu to new family to community, safety hlth fairs
 1097 Fam resource ctrs, cultural ctrs, community action
 1225 for northeast quadrant only
 1008 hard to say
 1101 human services and abuse only
 1131 info for Dom Viol, Sex assault individuals/families
 1235 involve clients in polisci/econ activities
 1240 knowledge-REd Cross/Immun clinic/Jubilee ctr/salv
 1076 known to employee
 1069 Name/address/number only - few sources known
 1104 name, address, phone # only & very few serv known
 1067 not complete when it comes to business & industry
 1185 not many requests
 1214 phone numbers only
 1228 Political Process Information Unknown

1156 probably don't have a complete listing
1090 related to resolving aging concerns & issues
1036 same
1154 same
1096 same
1236 same
1081 same as 47
1237 same as 43
1212 see 44
1049 see 46
1061 sit on coalition&boards(homeless coal), edu material
1085 target this as related to low-income people
1201 very little info
1134 where Head Start Centers are located
1064 workers maintain own files/mnthly staff meetings

Question 53: Partial description of organizational/community service programs.

1052 Asthma, cystic fibrosis, COPD
1008 aware of various ethnic grp orgs-try to keep in touch with the needs
1048 Cerebral Palsy, conditions with similar effects
1014 Child & family only
1217 comping
1229 disabilities & medical diagnoses
1211 DOVES/ HIV/AIDS project
1063 each agency maintains individual criteria - Center does not have complete
1090 Elderly & family involved in their care
1059 family crisis agencies
1011 flyers/ brochures
1086 focus on specific groups as related to adolescents
1119 Health related needs
1077 Hispanic, Laotian
1101 human service and abuse only
1064 if become involved with this, develop file and share info
1189 income eligible/medically needy and disabled. Referrals to Health Dept
1019 income levels w/Fed, county, state programs/Mental health both for and
1076 known to employee
1085 low income families, children, youth, elderly, minority, refugees, women
1120 Mental Health
1083 mostly developmental disabilities related
1069 name, number & brief verbal description
1013 Native Americans in service area
1218 No comprehensive resource material available.
1149 not always aware because they fall out of the normal realm of HHS
1099 people who have a developmental disability and their families
1046 people with diabetes
1214 phone numbers only
1104 primarily name, phone # & brief verbal description
1223 relating to children w/ specific disabilities & diagnoses
1236 same
1096 same
1237 same as 43
1081 same as 47
1158 see #46
1257 see 43

1049 see 46
 1080 some pamphlet material
 1129 specific disabilities, Native Americans, edu for birth-21
 1240 Voc Rehab/churches/alcohol/drug abuse/regionIII/SAFE center
 1103 We maintain information for people affected by Alzheimer's Disease
 1061 written materials on services available

Question 57: Resource listing computer software specified.

1029 word
 1151 Windows 3.1
 1091 unknown
 1179 unknown
 1052 some
 1005 rpms
 1178 profs database (C1)
 1034 only partially
 1199 NRRS
 1132 Microsoft WORD
 1240 Microsoft Word
 1217 Microsoft Word
 1007 Microsoft Word
 1036 microsoft
 1033 micromatics
 1175 Linc Co Commun Svs Web page
 1090 IRIS
 1233 IRIS
 1086 iris
 1089 IRIS - Info & referral Software
 1216 Excel
 1131 Excel Office 97
 1082 done by another person
 1221 Claris Works
 1112 centaurus
 1075 Access

Question 58: Other resource listing update frequency specified.

1251	when time permits	1161	continually
1178	when new info received	1119	at least every 2 yrs
1275	varies by dept	1059	as often as possible
1089	unsure how often updated	1253	as new info obtained
1084	ongoing	1077	as needed/as new info
1209	ongoing	1072	as needed from Nat Head qua
1021	ongoing-keep current	1049	as needed
1099	on an ongoing basis	1146	as needed
1111	irregularly	1123	as needed
1056	every 2 yr	1173	as needed
1067	erratic	1004	as changes are made
1175	don't own above database	1228	annually or as needed
1182	don't know	1079	3 to 5 years
1149	depends on other agency	1244	2-3 yrs countywide intera
1214	daily, as needed	1032	1 to 2 years
1233	daily	1076	1 every 10 yrs
1256	daily		
1197	continually update		
1095	continually		

Question 59: Other forms entire resource listing is available specified.

1103 video
1119 verbal report from staff
1170 verbal as needed
1168 verbal
1106 verbal
1081 varies
1152 through a worker
1154 they call & ask for info
1075 some verbal, some written
1228 phone request
1167 monthly newsletter/VOICE
1090 Lifelines Consumer guide
1221 Disk
1234 directory on disc/IRIS
1080 Community Chamber list
1089 Comm Res Directory/LLCHD
1067 case workers share
1148 available per site
1071 as needed or requested
1077 accommodate for disability

Maps of I&R Coverage Area for Categories of Service

The following maps display responses, by county coverage area, to survey questions 43 through 52.

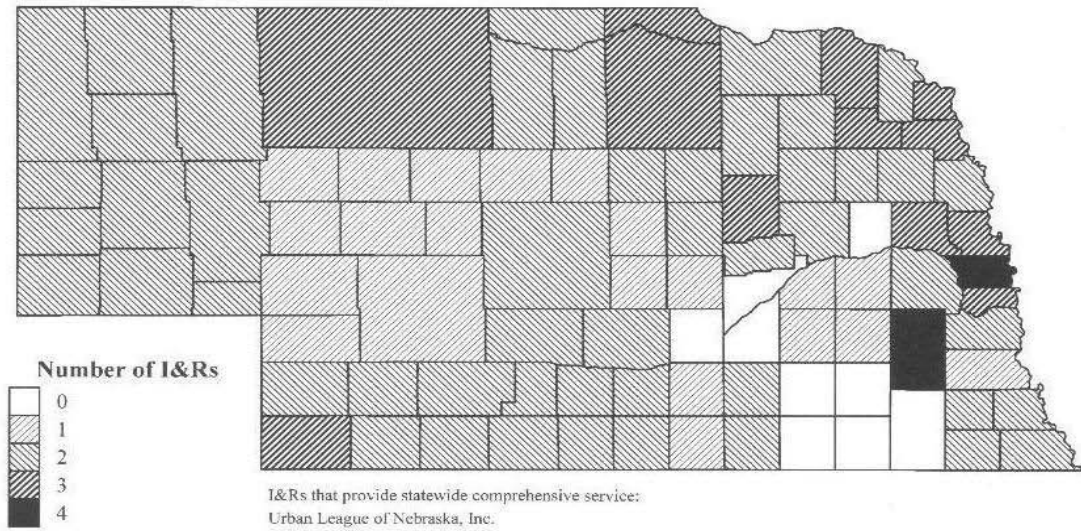
The first map shows, by county coverage area, the number of I&Rs providing comprehensive information about existing services. Comprehensive information is defined as a single I&R that provides services on nine of the ten service categories (see list below).

The remaining maps show the number of I&Rs, by county coverage area, that provide very complete information or partial information on non-profit and public programs relating to individual service categories:

- " Basic Subsistence
- " Consumer Services
- " Criminal Justice and Legal Services
- " Education
- " Environmental Quality
- " Health Care
- " Income Security
- " Individual and Family Life
- " Mental Health Care and Counseling
- " Organizational/community Services.

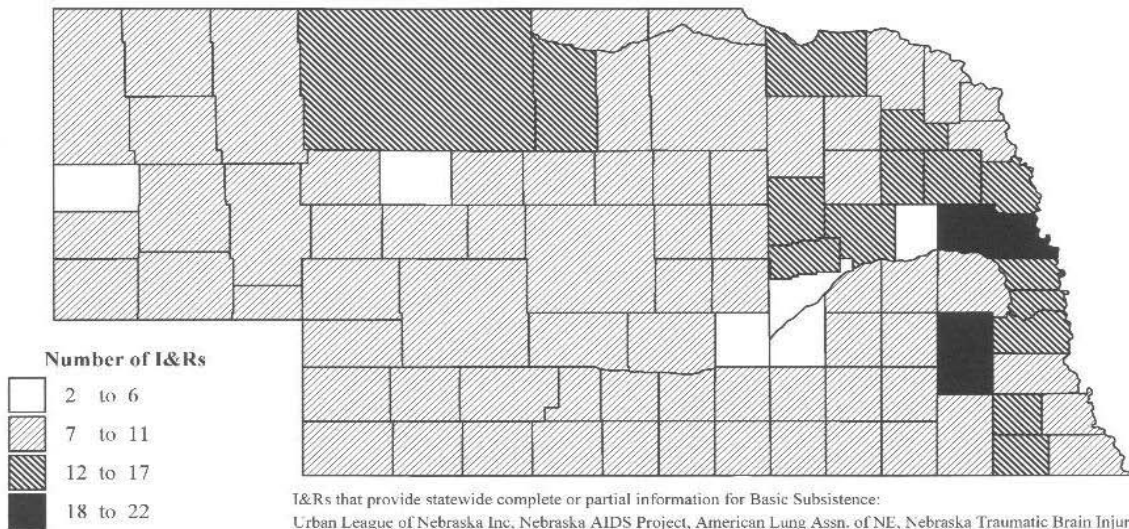
Number of Comprehensive Service I&Rs by County

(I & R's responding that they keep complete or partial information for 9 of the 10 survey categories, except Target Groups.)



I&Rs That Provide Complete or Partial Information for Basic Subsistence

(Programs that furnish survival level resources including food, housing, material goods, transportation, and temporary financial assistance.)

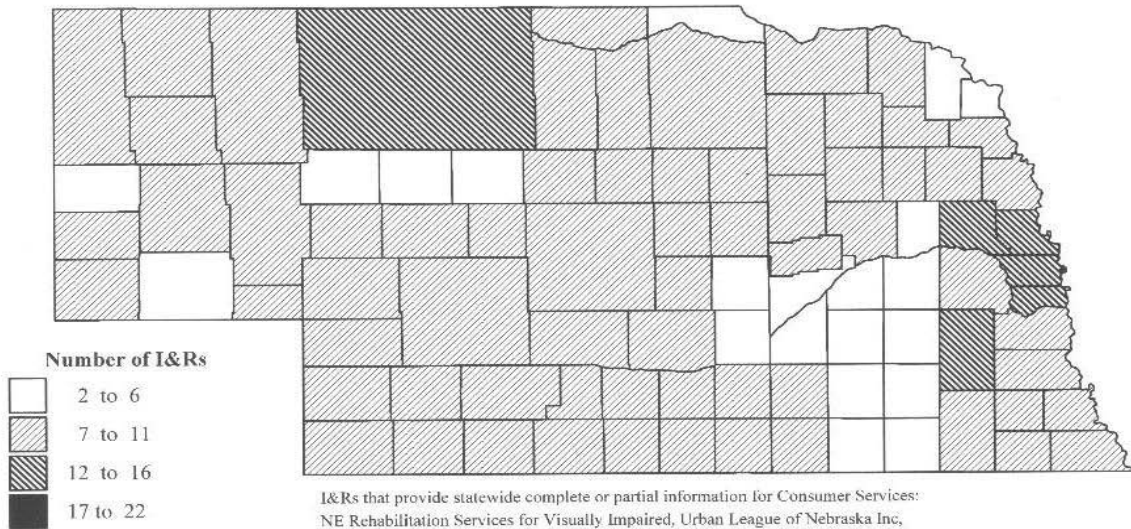


I&Rs that provide statewide complete or partial information for Basic Subsistence:

Urban League of Nebraska Inc, Nebraska AIDS Project, American Lung Assn. of NE, Nebraska Traumatic Brain Injury Assoc., Hastings Regional Center, Services for the Visually Impaired, Vocational Rehabilitation, NE Parent Center, Norfolk Veterans Home, NE Advocacy Services, NE Correctional Ctr for Women NE Dept of Corr Serv., Grace Children's Home, Cystic Fibrosis Foundation, CHAD-Combined Health Agencies Drive, National Kidney Foundation of NE, United Cerebral Palsy of Nebraska, Muscular Dystrophy Association, American Diabetes Association, National MS Society-Midlands Chapter, Leukemia Society, Children's Hospital Social Work Dept., Child Saving Institute.

I&Rs That Provide Complete or Partial Information for Consumer Services

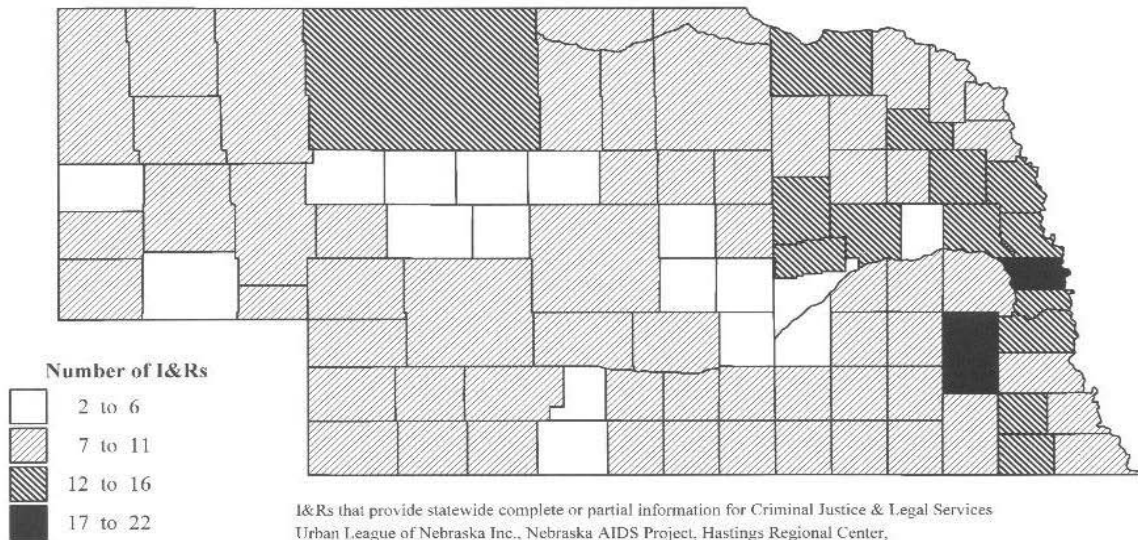
(Programs that provide for the education and protection of individuals who purchase, use, maintain, and dispose of products and services, included are programs that assist consumers with complaints, educate consumers, and provide money and management assistance.)



I&Rs that provide statewide complete or partial information for Consumer Services:
 NE Rehabilitation Services for Visually Impaired, Urban League of Nebraska Inc,
 Nebraska AIDS Project, American Lung Assn. of NE, Nebraska Traumatic Brain Injury Assoc.,
 Services for the Visually Impaired, Vocational Rehabilitation, The Arc of Nebraska, NE
 Advocacy Services, NE Correctional Ctr for Women NE Dept of Corr. Serv., Cystic Fibrosis
 Foundation, Prevent Blindness Nebraska, National Kidney Foundation of NE, American
 Diabetes Association, National MS Society-Midlands Chapter.

I&Rs That Provide Complete or Partial Information for Criminal Justice & Legal Services

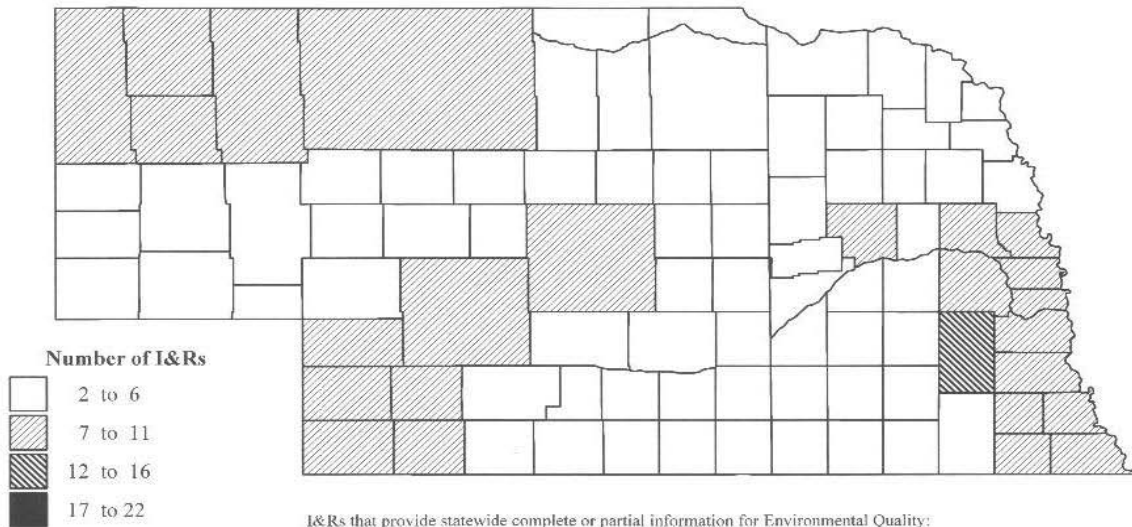
(Programs with information regarding the courts, the criminal correctional system, judicial services, law enforcement services, and legal assistance.)



I&Rs that provide statewide complete or partial information for Criminal Justice & Legal Services
 Urban League of Nebraska Inc., Nebraska AIDS Project, Hastings Regional Center,
 Services for the Visually Impaired, NE Parent Center, Norfolk Veterans Home,
 NE Advocacy Services, NE Correctional Ctr for Women NE Dept. of Corr. Serv., United
 Cerebral Palsy of Nebraska, Muscular Dystrophy Association, National MS Society-Midlands
 Chapter, Children's Hospital Social Work Dept., Epilepsy Foundation of NE & IA,
 Child Saving Institute.

I&Rs That Provide Complete or Partial Information for Environmental Quality

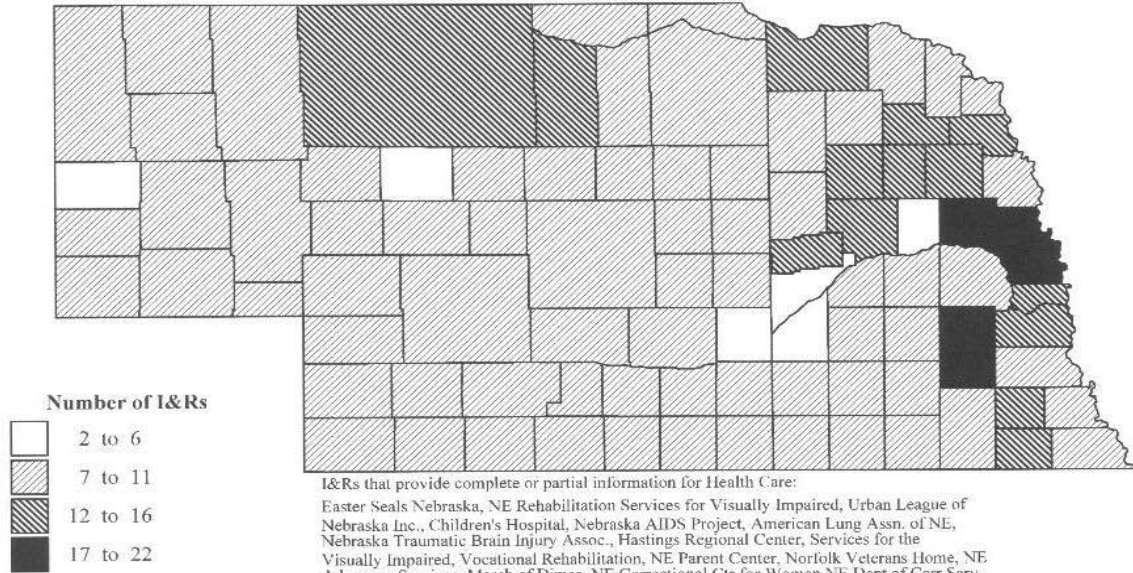
(Programs that provide animal services, environmental improvement and protection, sanitation, community maintenance, urban development, public safety, and public health programs.)



I&Rs that provide statewide complete or partial information for Environmental Quality:
 Urban League of Nebraska Inc, Children's Hospital, American Lung Assn. of NE, Nebraska
 Traumatic Brain Injury Assoc., Norfolk Veterans Home, NE Correctional Ctr for Women NE
 Dept of Corr Serv., Prevent Blindness Nebraska, United Cerebral Palsy of Nebraska,
 Children's Hospital Social Work Dept.

I&Rs That Provide Complete or Partial Information for Health Care

(Programs that provide emergency medical services, screening, diagnostic and treatment services, assistive technology, health insurance, medical equipment, health education, and family planning.)

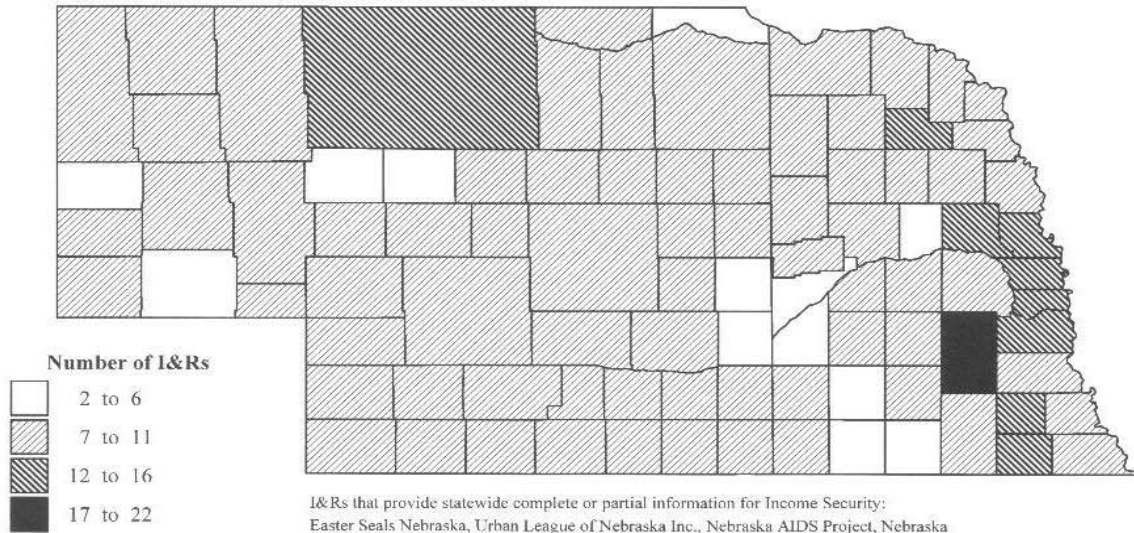


I&Rs that provide complete or partial information for Health Care:

Easter Seals Nebraska, NE Rehabilitation Services for Visually Impaired, Urban League of Nebraska Inc., Children's Hospital, Nebraska AIDS Project, American Lung Assn. of NE, Nebraska Traumatic Brain Injury Assoc., Hastings Regional Center, Services for the Visually Impaired, Vocational Rehabilitation, NE Parent Center, Norfolk Veterans Home, NE Advocacy Services, March of Dimes, NE Correctional Ctr for Women NE Dept of Corr Serv., Grace Children's Home, Cystic Fibrosis Foundation, CHAD Combined Health Agencies Drive, Prevent Blindness Nebraska, National Kidney Foundation of NE, United Cerebral Palsy of Nebraska, Muscular Dystrophy Association, American Diabetes Association, National MS Society-Midlands Chapter, Leukemia Society, Children's Hospital Social Work Dept., Epilepsy Foundation of NE & IA, Child Saving Institute.

I&Rs That Provide Complete or Partial Information for Income Security

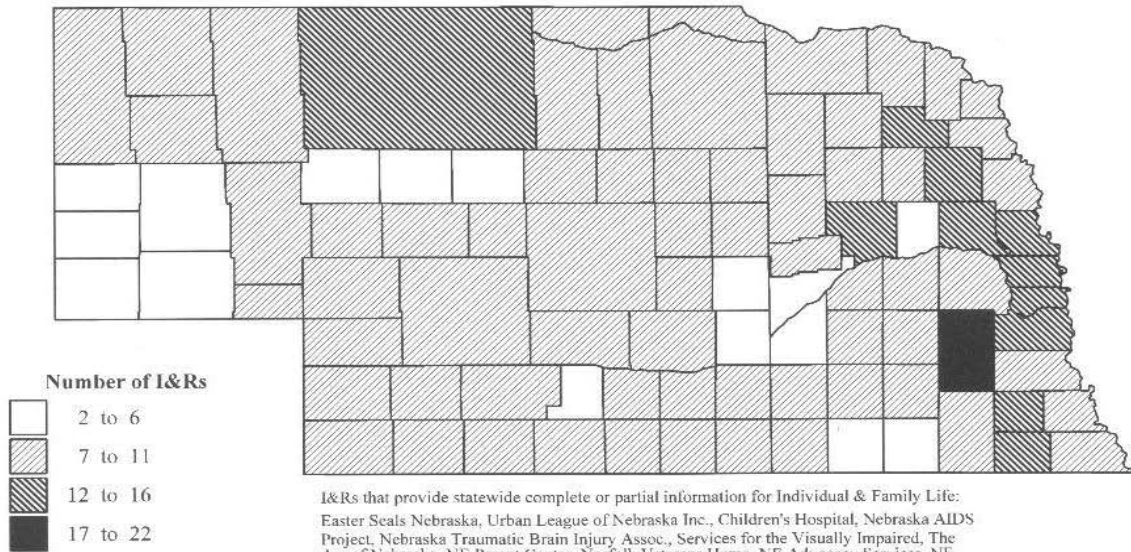
(Programs that provide for the economic needs of the community by helping those who are able and willing to prepare for and obtain gainful employment.)



I&Rs that provide statewide complete or partial information for Income Security:
 Easter Seals Nebraska, Urban League of Nebraska Inc., Nebraska AIDS Project, Nebraska
 Traumatic Brain Injury Assoc., Hastings Regional Center, Services for the Visually
 Impaired, Vocational Rehabilitation, The Arc of Nebraska, NE Parent Center, Norfolk
 Veterans Home, NE Advocacy Services, NE Correctional Ctr for Women NE Dept of Corr Serv.,
 United Cerebral Palsy of Nebraska, National MS Society-Midlands Chapter, Leukemia Society,
 Children's Hospital Social Work Dept., Epilepsy Foundation of NE & IA.

I&Rs That Provide Complete or Partial Information for Individual & Family Life

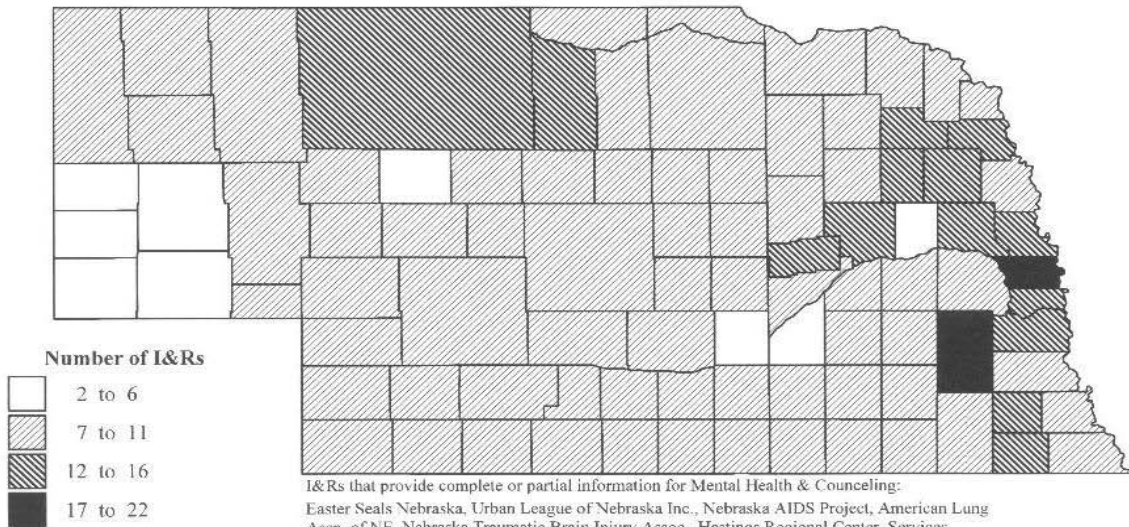
(Includes adoption, foster care, and daycare for adults and children, supportive services for families and individuals, leisure activities, respite care, and social development activities.)



I&Rs that provide statewide complete or partial information for Individual & Family Life:
 Easter Seals Nebraska, Urban League of Nebraska Inc., Children's Hospital, Nebraska AIDS Project, Nebraska Traumatic Brain Injury Assoc., Services for the Visually Impaired, The Arc of Nebraska, NE Parent Center, Norfolk Veterans Home, NE Advocacy Services, NE Correctional Ctr for Women NE Dept of Corr Serv., Grace Children's Home, Cystic Fibrosis Foundation, CHAD Combined Health Agencies Drive, Prevent Blindness Nebraska, United Cerebral Palsy of Nebraska, Muscular Dystrophy Association, National MS Society-Midlands Chapter, Leukemia Society, Children's Hospital Social Work Dept., Epilepsy Foundation of NE & IA, Child Saving Institute.

I&Rs That Provide Complete or Partial Information for Mental Health Care & Counseling

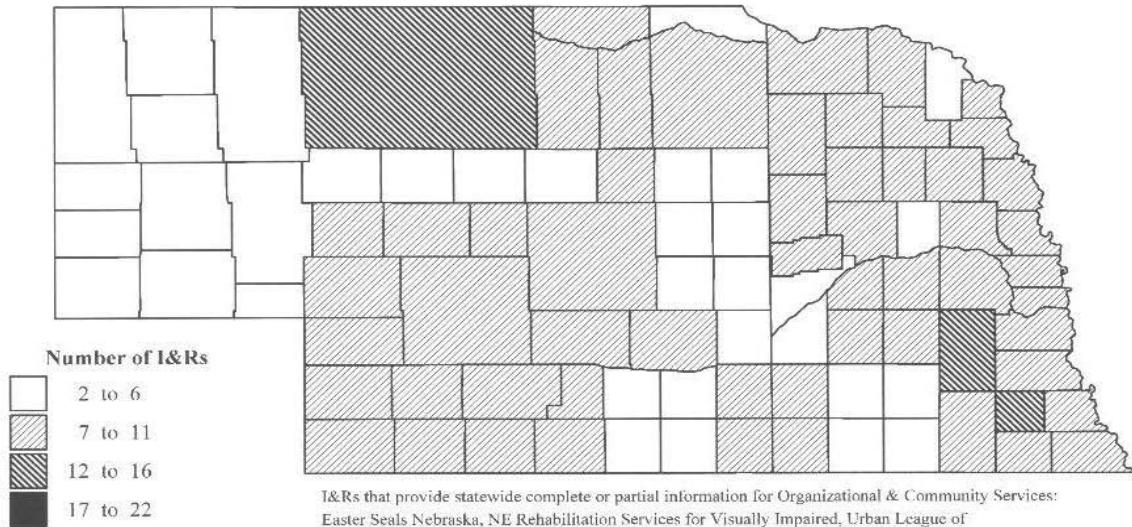
(Programs that provide preventative, diagnostic and treatment services in a variety of community and hospital-based settings to help people achieve, maintain, and enhance a state of emotional well-being.)



I&Rs that provide complete or partial information for Mental Health & Counseling:
 Easter Seals Nebraska, Urban League of Nebraska Inc., Nebraska AIDS Project, American Lung Assn. of NE, Nebraska Traumatic Brain Injury Assoc., Hastings Regional Center, Services for the Visually Impaired, Vocational Rehabilitation, The Arc of Nebraska, NE Parent Center, Norfolk Veterans Home, NE Advocacy Services, NE Correctional Ctr for Women NE Dept of Corr Serv., Grace Children's Home, Cystic Fibrosis Foundation, United Cerebral Palsy of Nebraska, National MS Society-Midlands Chapter, Leukemia Society, Children's Hospital Social Work Dept, Epilepsy Foundation of NE & IA, Child Saving Institute.

I&Rs That Provide Complete or Partial Information for Organizational & Community Services

(Programs that provide any of a broad spectrum of services for the community as a whole, including opportunities for individuals or groups to participate in community improvement or service projects.)



I&Rs that provide statewide complete or partial information for Organizational & Community Services:
 Easter Seals Nebraska, NE Rehabilitation Services for Visually Impaired, Urban League of Nebraska Inc., Children's Hospital, Nebraska AIDS Project, American Lung Assn. of NE, Nebraska Traumatic Brain Injury Assoc., The Arc of Nebraska, NE Advocacy Services, NE Correctional Ctr for Women NE Dept of Corr Serv., Prevent Blindness Nebraska, National Kidney Foundation of NE, United Cerebral Palsy of Nebraska, Muscular Dystrophy Association.

Appendix I

Technical Analysis of Quantifiable Benefits

Quantifiable benefit calculations are divided into four different categories, reflecting the four distinct groups (individuals, employers, organizations, and government) that will benefit from the Nebraska I&R network. The calculations are a function of three variables; the percent of effective calls that produce that specific benefit, the amount of time or resources saved, and the dollar value of the time saved. These variables are computed to tally the total savings (quantifiable benefit) to each group and from the system as a whole.

Individual Benefits

Reduced Frustration

Not quantified.

Time Saved in Locating Services

It will be assumed that a caller will save 40 minutes of time and drive 5 fewer miles to access the needed service(s) (King et al., A-7). Time is valued as the average hourly wage for the State of Nebraska; approximately \$11.52 per hour as stated by the Nebraska Department of Labor. This figure is accurate due to the notion of opportunity costs. An individual has the choice to work, to have leisure time, or, as in most cases, a combination of the two. When an individual chooses to have leisure time instead of working more hours, then that person must value the leisure time higher than his or her wage because he or she is foregoing more work hours for leisure time. Using this definition, one must come to the conclusion that a person's leisure time spent seeking social services is valued minimally at the hourly wage, perhaps even higher, to that individual. Five miles of driving is valued at the State vehicle reimbursement rate of \$.31 per mile or \$1.55. It is estimated that 25 percent of all callers will realize this benefit (King et al., A-7).

Reducing the Ultimate Cost of Services

Not quantified.

Avoiding Expensive Alternatives

Quantified only for nursing home avoidance. The Nebraska Health Care Association estimates that 4,000 people that are currently in nursing homes could be moved to assisted living. The cost savings per person would be about \$20 per day or about \$7300 per year. It is assumed that a single number system would help one percent of these people find assisted living situations. The cost savings would be greater if the savings also included persons who could remain at home with appropriate supports. However, for the purposes of conservative estimation, moving one percent of the nursing home population to only assisted living situations is included.

Benefits for Employer

Roughly 5 percent of calls will be from the workplace (King et al., A-7). It is assumed that a work-place caller will spend about 10 minutes on the telephone; hence the employer has lost 10 minutes of productivity (King et al., A-8). The lost productivity time is valued at the average hourly wage for the State of Nebraska, \$11.52 per hour.

Provider Benefits

Call Avoidance

There are two types of cost avoidance to consider. Since information will be better under a single number I&R system as opposed to the current system, fewer repeat calls will be made to a single number system to receive correct information. It is believed that 7.5 percent of calls given inappropriately information would receive correct information via the single number I&R network (King et al., A-7). The second cost avoidance is to social service agencies that will avoid initially interviewing people wrongly recommended to that service provider. 35 percent of the projected calls will avert a misdirected call to an agency.(King et al., A-8) The average avoided cost of these types of calls as generated by our model is \$7.16. This is probably a conservative estimate.

911 Call Avoidance

The unit cost of a 911 call is \$11.21. It is estimated that 5 percent of calls will prevent a misdirected call to 911 (King et al., A-8).

Avoiding Ancillary Services

The cost of ancillary services is estimated to be 5 minutes of wages for I&R Specialists (King et al., A-8). It is projected that 45 percent of calls will be diverted from ancillary services and sent to the proper, core agency (King et al., A-8).

Reducing Inappropriate Evaluations

We assume that each contact avoided will produce a benefit equivalent to 30 minutes of a public social services worker's time (King et al., A-9). Using soon to be described estimates from the Nebraska Department of Labor the wage for these positions is \$12.00 to \$14.00 per hour. Seven percent of calls to the I&R network will produce this intake avoidance benefit (King et al., A-9).

Reducing Redundant Information and Referral Costs

Sample results indicate that under the current I&R system the average cost per call is about \$22.78. Results from the cost modeling indicate that about 40 percent of the cost of a call is for I&R labor. This implies that under the current system, each call involves about \$9.11 in labor. If calls were diverted from the present system to a single number system that value of labor could be freed to perform other social service functions.

Benefits for Planners and Funders

Not quantified.

Appendix J

Technical Analysis of Costs

Defining the cost of an integrated 211 information and referral network is complex. There are many variables that must be accounted for as well as noting the different scenarios that could be presented in order to find the cost.

One-Time Costs

There are seven main elements that create a one-time cost for a Nebraska 211 network: furnishings, telephone hookup costs, computer costs, data base development, ACD costs, training, and other costs.

Furnishings include a desk, partitions, file cabinet, chair, and telephone, as well as other miscellaneous supplies needed to have an efficient workstation. The following costs are from an office furniture catalog, but it might be possible to negotiate a lower price. A standard telephone costs about \$25. The desk, partitions, and file cabinet are estimated to cost \$2,500. The cost of an office chair is roughly \$400. Two hundred dollars will be added for miscellaneous supplies. The sum of these costs, \$3,125, is the furnishing cost per station for all centers.

Telephone hookup costs encompass a fixed cost for the order, a central office setup charge, and premises work to wire the lines. The fixed cost will be \$17 for an order (regardless of the number of lines) plus a \$15 central office setup charge per line. There will also be an assessed charge of \$20 per line at a location for wiring (if necessary). These cost estimates are derived from costs the state pays for telephone service.

The coordinator of the single number system would have to negotiate with telephone companies for services and prices. The single number system, however, would be a significant user of telephone minutes. Usage of 90,000 calls means 900,000 telephone minutes in a year. Usage of 270,000 calls means 2.7 million minutes in a year. This makes the 211 system a large user similar to the state. Hence, as a starting point, it seems reasonable to use the prices that the state has negotiated with the telephone companies. These prices may even be lower when the 211 system eventually enters into negotiations since the environment has become more competitive in the last few years and may remain competitive into the foreseeable future.

There is a significant one-time cost for the computer system. Every station requires a computer to be an effective part of the state 211 network. The cost per computer is \$2,000. There will also be a computer hookup fee of \$150 and a miscellaneous \$500 charge per computer. The one-time computer costs are estimated to be \$2,650 per

station. Added to this is the cost of an integrated software package. The estimated cost of the software is \$4,000 for the first center and \$2,400 for each additional center. These costs reflect general market prices.

Development of the data management system will be needed before, during, and after the implementation of the system. Five full-time data managers will be needed prior to the commencement of the system to gather and collect the initial data. These five data managers will be paid their relevant wage and benefit. This start-up cost is calculated to be \$158,000.

There are two general types of ACD systems, those based on the users premises and those housed in the telephone company's central office. The State Department of Communication Services (DCS) estimates that a premises-based system is more cost effective when there are 20 or fewer lines being used. A central office-based system is more cost effective for larger operations. The DCS estimates that the fixed cost of a premises-based system is about \$30,000 and the fixed cost of a central office-based system is about \$60 per line.

Training exists specifically for the information and referral specialists. They must demonstrate a well-defined skill level and exceptional abilities that will allow them to become certified. We estimate training costs to be ten percent of the total labor costs for the first year of operations.

Ongoing Costs

Call volume, as well as different aspects of demand determine most of the cost variables. In order to correctly assess the number of stations needed at each center, it is necessary to know and examine annual call volume and peak and off-peak demand.

Annual Call Volume

As discussed earlier, the different scenarios calculate call volume at the end of the fifth year ranging from 90,000 to 270,000.

In the statewide call-answering center scenario, all calls come to one center. For the scenario with six regional centers, the proportion of calls is equal to the proportion of the state's population located in the region. The proportions are as follows. (1) Western 5.4%; (2) Southwest 6.3%; (3) Central 12.8%; (4) Northern 16.4%; (5) Eastern 33.8%; (6) Southeast 25.3%. These figures come from the on-line database of the Bureau of Business Research at the University of Nebraska-Lincoln.

Connecticut calculates detailed statistics regarding usage and call volume throughout the day. Using these data, as well as those of the survey respondents, it is possible to determine the percentage of calls coming in at different times of the day. Those percentages for weekdays are: 8am-11am=19.6%, 11am-2pm=25.8%, 2pm-

5pm=23.2%, 5pm-8pm=12.9%, 8pm-11pm=8.1%, and 11pm-8am=10.4%. The data also asserts that 87.6% of the calls occur on weekdays and 12.4% during the weekend. In the scenario with the after-hours center, the six regional centers are open from 8am to 8pm Monday through Friday. Thus the regional centers receive .876 of all calls (representing the calls made during the week) multiplied by .815, the percentage of calls that occur between 8am and 8pm on weekdays.

The after hours center gets the rest of the calls. This equals 12.4% of the total calls (for Saturday and Sunday) plus 18.5 percent of the calls (that come on weekdays between 8pm and 8am).

Peak Calls per Hour

According to the survey results, the peak period is 11am to 2pm. Capacity is designed to meet this peak demand.

The process for determining weekday peak demand starts by taking the annual call volume and divide by the number of weekdays the center is open ($52 \times 5 = 260$ days). This calculates the daily call volume. Multiplying by .258/.816 determines the percentage of calls on weekdays between 8am and 8pm that occur from 11am to 2pm the busy or peak period. Then dividing by 3 -- the number of hours in the peak -- gives the number of calls hourly during the peak period.

Determining weekend peak demand starts by taking the total number of calls statewide and divide by 104, the number of weekend days that the center is open. Multiplying by .124, the ratio of calls that occur on the weekend, calculates the total number of calls received statewide on a weekend day. Then, the total number of calls made in a weekend day is multiplied by .757. This is the total number of calls on a weekend day between 8am and 8pm. Finally, dividing by 12 -- the number of hours in the peak -- yields the number of calls hourly during the weekend peak period.

Off-Peak and Late Night Calls per Hour

The same process can be used to determine the number of hourly calls during the off-peak period from 5pm to 11pm and the late night period from 11pm to 8am.

Once the number of calls per hour is determined, it is possible to calculate the number of stations needed at each center.

Number of Stations

Survey results indicate that the average length of a call is 10 minutes. Hence one I&R specialist could handle about six calls per hour. The calls per hour (either peak or off-peak) have been calculated using the methodology just described. Dividing the calls per hour by six yields the number of specialists that need to be available during any period.

Using the scenario with 6 regional centers and an after-hours center with a yearly volume of 270,000 as an example, the calculation yields that there will be 5 Level I stations and 3 Level II stations at the Omaha center, 4 stations at the Lincoln center, 1 station at both the Gering and Lexington centers, 2 stations at the Kearney center, 3 stations at the Norfolk center, and 4 Level I stations and 1 Level II station at the after hours center. If the after hours center is located in Omaha, then the Omaha center will have 8 stations, with all of them in use during the day, 5 in use from 8pm to 11pm and fewer in use during the late night hours.

Telephone Costs

All of the ongoing telephone services are priced at the rate paid by the state. Again, once a single number system is developed, the administrator will have to negotiate with telephone companies for services. Since the state is a big user of telephone services, the state rate is used assuming it reflects a competitive market price for such services.

The price for a telephone number is \$15.58 per month. The cost per telephone line entering an establishment varies by city. The following apply to the regional centers: Gering, \$21; Omaha, \$19; Lincoln, \$15.50; Lexington, \$34; Kearney, \$22 and Norfolk, \$19. Each center will have one phone number, but multiple lines to service simultaneous calls.

The state pays a flat 12 cents per minute for 800 number usage. Again the price the 211 system will pay must be negotiated with long distance providers. There are several plans that can be negotiated. Some have a relatively large flat fee and no usage charge. Others have lower flat fees and a higher usage charge. The eventual outcome of such a negotiation is unclear. However, the state is a large user and negotiated with the long distance providers for an optimal rate. Since we have no better estimate at this point, the state's rate is used.

Office Space

Rent for each of the centers is calculated in the following manner. It is assumed that each call-answering telephone station will have an identical amount of space and there will also be a fixed amount of extra space. It is estimated that each call-answering telephone station will encompass 100 square feet and each center will need 400 extra square feet of floor space.

An agent at FMA Realty provided the following information. Lincoln commercial space costs about \$8-\$9 /sq. ft/year. In the other communities the cost would be about \$6-\$8/sq. ft/year. Omaha commercial space is a little bit more expensive than in Lincoln. This is a gross figure and includes utilities.

From these estimates floor space is calculated to be \$9.50/sq. ft/year in Omaha, \$8.50/sq. ft/year in Lincoln, and \$7.00/sq. ft/year at all of the other centers including the

after hours center.

Other miscellaneous costs, such as postage, consultants, and marketing represent the final physical cost. Instead of calculating each of these figures individually, comparable numbers are taken from 211 studies in Atlanta, Connecticut, and Texas, to estimate a gross figure for miscellaneous other costs. All three of these studies calculated miscellaneous costs between 11 and 13 percent of total costs. Using these numbers, comparable numbers for Nebraska are generated based on the total costs of a Nebraska system. Other costs are calculated to be 15 percent of the total labor cost.

Wage Rate

Labor costs represent a majority of costs for a Nebraska 211 network. There are two components to this cost: information and research specialists and center administrators.

The I&R specialists comprise a significant portion of the total cost of the network. We estimate that the wage for Level I I&R Specialists will be \$12 and that the wage for Level II I&R Specialists will be \$14 per hour. The wage rates were estimated from Department of Labor average wage data for similar positions.

Salaries for I&R Specialists comprise a significant portion of the total cost of the network. The Nebraska Department of Labor (DOL) publishes an extensive database showing average hourly wages in hundreds of job categories. Unfortunately, none of the DOL job categories exactly matches an IRS. Jobs with duties similar to those of an IRS and the associated average hourly pay include:

<u>Job Title</u>	<u>Average Hourly Wage</u>
Social worker	\$13.40
Residential counselors	\$9.70
Librarians	\$12.84
Library Technical Assistants	\$8.27
Welfare Eligibility workers & Interviewers	\$13.80
Interviewing Clerks except personnel and social welfare	\$7.97

Benefit Rate

Benefit costs are added to salaries. Benefits are a function of four variables: health insurance, retirement, social security, and Medicare. These variables are expressed as a percentage of the yearly wage. Health insurance costs \$4,000 per year per employee. This figure is divided by the yearly wage to yield a percentage. Added to this is a social security and Medicare payment of 7.65 percent of the wage. Another 3.5 percent of the yearly wage is added for retirement. Given the hourly wages described above, the I&R Specialists will have a benefit rate of 27 percent of salary.

Station Labor Costs

Weekdays. It is assumed the six regional call centers are open from 8am to 8pm. They are staffed by full time IRS s from 8am to 5pm. The number of specialists needed is equal to the number of peak stations. The peak labor cost is just the number of peak stations times the annual wage and benefits, multiplied by 1.125 since there are nine hours between 8am and 5pm.. In the off-peak hours from 5pm to 8pm, it is assumed that part time employees are used and they get paid the relevant hourly wage and benefits.

Weekends. The peak for the weekend is from 8am to 8pm. The number of stations needed to meet weekend peak demand has already been determined. Multiply by the hours in the peak (12) times the weekend days per week (2) times the weeks per year (52) times 1 plus the benefit rate times the annual wage for Level I and Level II I&R specialists. For the off-peak, multiply by the hours in the off-peak (4) times the days per week (7) times the weeks per year (52) times the wage and benefit rate. Multiplying the number of hours in the late night (9) times the days per week (7) times the weeks per year (52) times the wage and benefit rate yields the late night labor costs. Sum the peak, off-peak, and late night labor costs to get total labor costs.

Data Base Costs

These costs were discussed earlier in the report. It is assumed that six computer specialists, earning the same as a Level-1 I&R specialist, are need to develop and maintain the database. There will be a one-time cost of \$15,000 in the initial year and in year four for computers. Software costs \$4,000 for one call answering center and \$2,400 for each additional call-answering center. Technical support will cost \$1,500 annually for one center and \$2,000 annually for scenarios using more than one center.

ACD Costs

If the ACD system is premises-based, there is no ongoing cost. If it is central office-based, the DCS estimates the cost per month per line to be between \$60 and \$75. The average cost of \$67.50 is used in this analysis.

Administrative Costs

The center administrators will have a salary of \$30,000 per year. This is a little bit higher than a social worker. Again, benefits are added to salary. Using the same calculations listed above, the benefit rate for each administrator will be approximately 24 percent of her salary. There is also a cost allowance of 12.5 percent of the administrative costs of each center for miscellaneous administrative labor. Based on discussion with officials at NHHSS and representatives of other Nebraska service agencies, there will be four center administrators under the one statewide call-answering center scenario. With the six regional centers open 24/7, there will be three administrators at each center. With the six regional centers open during weekdays and the one after-hours center, there will be the equivalent of one and one-half administrators at each of the regional centers and an additional two administrators at

the after-hours center.

The final cost element is the salary and benefits of a system administrator. The salary of the system administrator is estimated to be \$45,000 and a 20 percent surplus for the benefits. The summation of physical costs, labor costs and a system administrator yields the total system cost.

In this multi-year analysis, a net discount rate of 2.0 percent is used. This accounts for inflation and a nominal discount rate.

Appendix K

FLAIRS Network Standard Data Record

Field Name	Data Type	Size	Built in IRis?	Notes
Agency Database				
AgZip	Text	10	Yes	Agency Zip/Postal Code
WebAddress	Text	120	No	Address for web access. For IRis users, this should be the second 120-character text-entry field.
AgencyNumb	Text	8	Yes	A unique identifying number for each agency. In order to avoid duplicating numbers in different areas of the state, each Data Manager will have to have its own 4-character site ID that would be the first four characters of the ID#.
AgencyName	Text	55	Yes	Agency Name
AgAdd1	Text	35	Yes	Agency Physical address, line 1.
AgAdd2	Text	35	Yes	Agency Physical address, line 2.
AgMailAdd1	Text	45	Yes	Agency Mailing address, line 1.
AgMailAdd2	Text	45	Yes	Agency Mailing address, line 2.
AgCity	Text	25	Yes	Agency City Location.
AgState	Text	2	Yes	Agency 2-digit state postal code.
AgMailCity	Text	24	Yes	Agency Mailing address, city.
AgMailStat	Text	2	Yes	Agency Mailing address, state.
AgMailZip	Text	10	Yes	Agency Mailing address, zip or postal code.
AgTele1	Text	14	Yes	Agency Telephone.
AgTele1Des	Text	40	Yes	Descriptions for AgTele1.
AgLicense	Text	120	No	Agency licensing or accreditation. For IRis 2.0 users, this should be the first text-entry field in agency screen.
FedID	Text	15	No	Federal Identification Number. For IRis users, this should be the first 15-character text field
AgType	Text	25	Yes	Type of Agency. Use the following standard entries: City Government County Government Federal Government For Profit Informal/Not Incorporated Not classified Nonprofit Other Government Religious Affiliation State Government

18 Fields

Program Database

ID#	Text	10	Yes	A unique identifying number for each program. In order to avoid duplication numbers in different areas of the state, each Data Manager will have to have its own 4-character site ID that would be the first four characters of the ID#.
Program Nam	Text	65	Yes	The name of the program
CityForSea	Text	25	Yes	City to be used when searching for services
CityLocati	Text	25	Yes	Actual city. Can be different from CityForSearches.
Area	Text	10	Yes	A 10-character code for the Geographic Area in which the program is located. Standard Geographic Areas will be developed as the Network works with Regional Coordinators and other interested parties around the state
Address1	Text	35	Yes	Physical address, line 1.
Address2	Text	35	Yes	Physical address, line 2.
State	Text	2	Yes	2-digit state postal code
Country	Text	10	Yes	Country in which the program is located. This field is included so that we will be prepared to collaborate with national or international networks.
MailAdd1	Text	45	Yes	Mailing address, line 1.
MailAdd2	Text	45	Yes	Mailing address, line 2.
MailCity	Text	24	Yes	Mailing address, city.
MailState	Text	2	Yes	Mailing address, state.
MailZip	Text	10	Yes	Mailing address, zip or postal code.
MailCountry	Text	10	Yes	Mailing address, country.
AKA	Text	80	Yes	Also Known As, other names or acronyms by which the program is known.
Tele1	Text	14	Yes	First telephone number.
Tele2	Text	14	Yes	Second telephone number.
Tele3	Text	14	Yes	Third telephone number.
TollFree	Text	14	No	Toll-Free Phone Number. IR is users need to dedicate the field Tele4 to this use.
TDDPhone	Text	14	No	TDD/TTY Phone Number. IR is users need to dedicate field Tele5 to this use.
Fax	Text	14	Yes	Fax Number.
Tele1Desc	Text	40	Yes	Description for Tele1.
Tele2Desc	Text	40	Yes	Description for Tele2.
Tele3Desc	Text	40	Yes	Description for Tele3.
InCharge	Text	35	Yes	Name of Program Administrator.

InChargeTi	Text	35	Yes	Title of Program Administrator.
EnterDate	Date	Fixed	Yes	Date program was entered in database.
Hours	Text	136	Yes	Hours/Days program operates.
Fees	Text	126	Yes	Fees charged by the program; information about paying fees.
Procedu res	Text	126	Yes	Intake Procedures. What should a client do to get services?
Eligibilit	Text	126	Yes	Who is eligible for services or participation?
Languages	Text	126	Yes	What languages or interpreter services are available?
AreaServed	Text	126	Yes	Text description of area that is served by program.
Updated	Date	Fixed	Yes	Date of last formal update.
NumAgency	Text	10	Yes	Number of the agency that runs this program, used to link the program to the agency.
SiteID	Text	4	Yes	4-character ID# of the Data Manager that is responsible for maintaining this program.
Accessibil	Text	126	No	Accessibility of program for people with disabilities. Include information about wheelchair accessibility, translation/TDD services for people with hearing loss, braille or other services for people with sight-impairment, etc. For IRis 2.0 users, this should be the first 120-character text-entry field.
Descriptio	Memo	Fixed	Yes	Description/Notes about the program and the services of the program.
ServiceArea	Text	10	Yes	Code for the area served by the program. SEE STANDARD GEOGRAPHIC AREAS.
ServesAll	Boolean	Fixed	Yes	Does the program serve the entire ServiceArea?
AverageWait	Text	15	No	The average time that a person spends on a waiting list before receiving services. For Iris 2.0 users, this should be the first SHORT text-entry field.
Transporta	Text	120	No	What type of transportation, if any is provided to services? For IR is 2.0 users, this should be the second 120-character text-entry field.

43 Fields

Taxon Database

TaxProgNum	Text	10	Yes	Program number is used to tie program to taxonomy code.
TaxCode	Text	13	Yes	Taxonomy Code, from the AIRS/LA InfoLine Taxonomy of Human Services.

2 Fields

63 Fields in all Databases

Appendix L

Refer 99

Pricing:

Windows 3.1	Single User	\$2,500
	Multi User	\$3,500

Windows 95/98	Single User	\$3,000
	Multi User	\$5,000

Directory on Disk	\$1,500
Hourly Support	\$35

System Requirements:

Minimum 486 DX2 100 or higher; 16 MB RAM; 100 MB free disk space

Recommended Pentium 133 Mhz; 16 MB RAM; 150 MB free disk space

Database:

Uses MS Access database (with support for SQL Server in late 1999).
Programmed in Visual Basic

IRis

Pricing:

Single User	\$1,500
Multi User	\$3,500

Directory on Disk	\$995
Hourly Support	\$295
(in blocks of 3 hours)	

System Requirements:

Minimum 486 DX2 66 or higher; 8 MB RAM; at least 45 MB disk space

Recommended Pentium Processor with at least 16 MB RAM

Database:

Uses and is programmed in Visual FoxPro

Refer 99	IRis	Both
Easy, intuitive interface	Ability to develop and save complicated search filters	Ability to link old terminology to AIRS/INFOLINE taxonomy
Data sorted by Agency/Site/Service Group/ Service Sites	Ability to add custom pop-up filed to the program listings	Ability to determine geographic areas for use in searches
Agency/ Service forms have more fields, resulting in being able to center more complete resource information	Ability to export printed directory into outside program for further refining	Add-on directory on disk program for distributing read-only, electronic copies of data
	IRis user s group provides peer-to-peer support	

Appendix M

**GUIDELINES FOR AGENCY INCLUSION
IN
CAPITAL AREA UNITED WAY INFOLINE, BATON ROUGE, LA
DATABASE**

A. SERVICE AREA

- 1) United Way info Line is a comprehensive computerized database of both nonprofit and certain for-profit agencies/organizations that provide health and human care services, and that serve citizens of the following parishes:

East Baton Rouge Ascension East Feliciana Iberville St. James
West Baton Rouge Livingston West Feliciana Pointe Coupee St. Helena

- 2) Agencies/organizations located outside this service area may be considered on an individual basis.

B. NONPROFIT AGENCIES /ORGANIZATIONS ELIGIBLE FOR INCLUSION

Agencies that meet any of the following criteria are eligible for inclusion in the database:

- 1) Organizations which provide services in health, welfare, support, recreation, education, or advocacy and meet IRS criteria for being a tax exempt, tax deductible organization [a 501 (c)(3)], or do not charge fees for service.
- 2) Educational facilities and/or school districts providing special human care or public services, such as diagnosis or evaluation.
- 3) Nursing homes which accept patients having only Social Security, Medicare or Medicaid, or which offer services predominantly at a reduced cost.
- 4) Major parish libraries.
- 5) Governmental agencies (federal, state, parish, or city) which provide services in the areas of health, welfare, support, recreation, or education.
- 6) Professional organizations providing human care services.
- 7) Religious groups, including churches, providing a social service at no fee, at low cost, or on a sliding scale fee.
- 8) Ongoing support groups for human care needs.
- 9) Agencies which provide information on health or human care services.
- 10) Nonprofit agencies providing indirect services in the human care area, such as management assistance, public policy planning, research, gifts in kind, and volunteer recruitment.

**POLICY RE. INCLUSION/EXCLUSION
LIFE LINE DATABASE
10/19/95 ROCHESTER, NY**

I Background:

Life Line's I&R program exists to help individuals in need get access to services which can best alleviate or eliminate that need. Counselors will assess the needs of the caller and help empower them to make informed decisions about which resources may best meet their needs. Counselors may offer follow-up assistance and advocacy to ensure access to services.

While Life Line counselors will try to give the most accurate and appropriate information/referrals possible, Life Line is not responsible for the quality of service delivered by any agency to which callers are referred. Counselors offer multiple options for callers to consider whenever possible; they do not recommend or endorse agencies.

II Inclusion:

These criteria will be applied equitably to all agencies for-profit, not-for-profit or governmental
- in both the computerized and print files:

To be included in the resource file, an entity must provide a human service to the residents of Monroe and surrounding counties or have a related role (funding, planning, coordinating, or monitoring) in the human services network. Life Line staff will use one or more of the following guidelines to determine whether to provide referrals to an agency:

- evidence of established service site
- demonstrated ability to provide the service they say they provide, as indicated by information from clients or affiliated professionals
- evidence of community involvement in or oversight of program (eg. Board of Directors, advisory committee etc.)
- consultation with other agencies in the same field
- checks with law enforcement or consumer complaints agencies.

When they judge it is in the best interests of the callers, Life Line counselors will refer them to specialized referral services for in-depth information and case management. Counselors will also make referrals to professional associations which maintain current listings of individual practitioners in such areas as law, dentistry, medicine.

III Exclusion

- i) services available only to members of a certain group or club (eg counseling or food available only to a church's parishioners)

**THE INFORMATION AND REFERRAL ALLIANCE (TIARA)
RESOURCE FILE INCLUSION/EXCLUSION CRITERIA
NORTHERN MICHIGAN**

General Requirements:

TIARA reserves the right to make all decisions regarding the inclusion or exclusion of information relative to individuals and/or organizations within the resource file database. Although inclusion/exclusion decisions will, for the most part, be made based upon the perceived needs of the client/users of TIARA, the final determination as to inclusion or exclusion, the provisions of the criteria listed below notwithstanding, shall be in the sole discretion of TIARA and/or the United Way of Northwest Michigan, as the lead TIARA agency. TIARA and/or the United Way make no specific warranties, representations as to actual inclusions or exclusions and assume no liability, whatsoever, with regard thereto.

TIARA may use the following guidelines to establish the validity of a potential listee's service:

- " Licensing and/or certification for a given field of service;
- " Evidence of an established service site;
- " Demonstrated provision of service for a period of at least six months;
- " Evidence of community support, involvement in or oversight of the program or service.

TIARA may use one or more of the following methods to validate an organization or individual's credentials:

- Site visit and/or face-to-face interview;
- References from clients or affiliated professionals;
- Consultation with others in the same field of service or geographic area;
- Checks with local law enforcement and/or consumer complaint agencies.

Specific Inclusions:

The following will usually, in the sole discretion of TIARA and the United Way, be included in the resource file database if the following general requirements are met:

- " Non-profit and governmental agencies providing a community service;
- " Organizations, such as churches and social clubs, that offer a service to the community at large, not just their members;
- " Self-help support groups; Elected representatives;
- " Hospitals, health clinics, personal and intermediate care homes and home health agencies;
- " Organizations outside the geographic limits of TIARA that provide

Inclusion/Exclusion Criteria

DATABASE

1. **Non-profit:** will be included in database at no charge; will be included in printed publications at no charge

A. Health & Human Service Organizations:

B. Governmental Agencies and Programs:

2. **For-profit:** will be included in database at no charge; will be included under conditions as outlined below;

A. Assisted Living Facilities: must be licensed

B. Bookkeeping/Bill-paying services: must be locally licensed; must provide proof of bonding

C. Durable Medical Equipment Providers: must be locally licensed

D. Grocery Stores: must deliver

E. Home-delivered Meals services: must be licensed

F. Home Health Agencies: must be State licensed; must provide proof of liability insurance

G. Hospitals: must be JCAHO-accredited

H. Pharmacies: must deliver and/or must be open 24 hours

I. Private Schools: _____

J. Retirement Facilities/Communities: must be State licensed

K. Skilled Nursing Facilities: must be State licensed; must provide latest rating

3. **Private Practice:** will be included in database at no charge

A. Licensed Mental Health Professionals: must be licensed by the Florida Department of Professional Regulation; must provide proof of malpractice insurance

B. Physicians: must be licensed by the Florida Department of Professional Regulation

4. Not classified, Informal, Not Incorporated (e.g. support groups, 800 #s) At discretion of Data Manager/Director of Information Services???

WHERE TO TURN

1. A and B at no charge

2. A, B, C, E, F, J, K list for a fee

2. G minimal listing for no fee, full listing for a fee

INCLUSION CRITERIA CHECKLIST
RE: 1999 DIRECTORY OR COMMUNITY RESOURCES
FOR FORSYTH COUNTY, NC

CHECK ALL THAT APPLY:

agencies/programs eligible for inclusion are those that:

- have been in existence for at least one year as of 08/01 prior to January publication date, (or affiliated with another organization that has been in existence for at least one year),
and
- provide services to residents of Forsyth County,
and
- are designated as, or affiliated with, a non-profit according to IRS 501 guidelines (must submit copy of IRS 501 designation letter),
or
- are government offices/government programs providing health or human services,
or
- are special service components of churches, clubs, special interest groups (i.e. emergency asst programs, medical supply funds, etc.)

agencies/programs ineligible for inclusion are:

- for-profit human service agencies
- self-help/support groups
- civic groups, clubs
- social, professional, political, or fraternal organizations
- churches with no special community-based service components
- schools (except for special services offered, e.g. services for handicapped children)
- individual/private practitioners
- commercial business establishments
- agencies (programs providing arts or cultural activities)

No endorsement or lack of endorsement of any agency/program shall be construed from its inclusion in or omission from this Directory.

Agency _____

Person at agency completing survey _____

Date completed _____

Cathleen

From: FARMBROOKASSOCIATES[SMTP:FARMBROOKASSOCIATES@prodigy.net]
Sent: Friday, January 29, 1999 06:59 AM
To: ir-networker@mcfeeley.cc.utexas.edu
Subject: Re: For-profits in your database?

Cynthia Jensen wrote:

>

>We are exploring the possibility of expanding the database to include for-profits. Increasingly, we are getting calls or services that the nonprofits cannot handle due to budget restraints and/or cutback of programs, especially with our senior calls.

>

>My question is to those that include for-profits in their database: How do you avoid just duplicating the "yellow pages?" What would be most helpful would be statements that are general guidelines or policies. I would also like to hear reasons from those who do not choose to include for-profits. In addition, I would also like to know from any respondents the number of agencies and program listings in your database as well as how many FTE is used to maintain your database.

Our guidelines for including for-profits in the Detroit Public Library's TIP Database are pretty straightforward.

If a non-profit offers a service for FREE, we include that service. For instance, Ameritech phone service provider offers (as they're mandated to) a TDD relay service. We list that service, but we don't list Ameritech's numerous for-profit services.

And if a for-profit offers a service for a FEE which nobody else offers for free (or sliding scale), then we list it. There's a commercial group in Oakland County which will do grocery shopping for a fee. Nobody will do it for free, so we list it.

--

Dick Manikowski
Detroit Public Library-TIP Database & Subscriptions.

Appendix N

Bibliography

Alliance of Information and Referral Systems (1991). National standards for information and referral. Available from Alliance of Information and Referral Systems (AIRS), P.O. Box 31668, Seattle, WA 98103.

Alliance of Information & Referral Systems, Inc. (1996). Certified Information & Referral Specialist Application Packet. Seattle: Author.

Alliance of Information & Referral Systems. (1998, September). Survey of informal and referral programs: Incoming calls-1997. Retrieved October 22, 1999 from the World Wide Web: <http://www.airs.org/211/surveytable.htm>.

Alliance of Information & Referral Systems. (1999a). 211 collaborative partners. Retrieved October 22, 1999 from the World Wide Web: <http://www.airs.org/211/211colaborgs.html>.

Alliance of Information & Referral Systems. (1999b). Information packet: 1998 AIRS conference, Atlanta, Georgia. Retrieved October 22, 1999 from the World Wide Web: http://www.airs.org/211/211e_packet.htm.

Alliance of Information & Referral Systems. (1999c). 211 initiative information kit: related statistics. Retrieved October 22, 1999 from the World Wide Web: <http://www.airs.org/211/infokit/stats.htm>.

Alliance of Information & Referral Systems. (1999d). 211 petition support letters: Key messages. Retrieved October 22, 1999 from the World Wide Web: <http://www.airs.org/211/211points.htm>.

Alliance of Information & Referral Systems. (1999e). Draft of revised I&R standards. Retrieved October 22, 1999 from the World Wide Web: http://www.airs.org/standard_1.htm.

Benchmark Enterprises. (n.d.). IRis for the web. Lake Worth, FL: Author.

Bureau of Business Research. (1999). World Wide Web search for demographic statistics: <http://www.bbr.unl.edu>.

Bird-Guilliams M. (1998). Statewide community information database in Kansas. Public Libraries, Jan/Feb, 64.

Bruni, M. (1995). Indexing with the AIRS/INFO LINE taxonomy of human services. Information and Referral 17, 43 - 58.

Chavez, M and Wallrich, B. (1997). An unusual partnership for I&R: INFO LINE and County Children s Court. Information and Referral 19, 77 - 80.

Comptroller General of the United States. (1978, March). Information and referral for people needing human services: A complex system that should be improved (HRD-77-134). Washington, DC: Author.

Federal Communications Commission. (1999, April). Public Notice: Petition by the United States Department of Transportation for the assignment of an abbreviated dialing code (N11) to access intelligent transportation system (ITS) services nationwide (NSD-L-99-24) (CC Docket. No. 92-105). Also available from the World Wide Web: <http://www.fcc.gov/711/>.

Feinberg, S. (1997). The development of a Long Island (New York) computerized computer information database of health and human services. Public Libraries, Sept/Oct, 314.

Florida Alliance of Information & Referral Systems Network. (1997, September). Summary of regional I&R needs assessment survey for pilot site application. Tallahassee: Author.

Florida Alliance of Information & Referral Systems Network. (1997, July). Regional I&R needs assessment. Tallahassee: Author.

Florida Alliance of Information and Referral Services, Inc. (1999). The FLAIRS network model. Retrieved July 15, 1999 from the World Wide Web: <http://www.flairs.org/flairs/network/model>.

Florida Alliance of Information & Referral Systems Network. (1997, July). Summary of regional I&R needs assessment survey for pilot site application. Tallahassee: Author.

Fredericks, L. (1997) Establishing subject authority in a community information database. Public Libraries, May/Jun, 183.

Info Line of Los Angeles. (1998). Taxonomy of human services: A conceptual framework with standardized terminology and definitions for the field. Retrieved October 22, 1999 from the World Wide Web: <http://www.INFO LINE-la.org/taxonomy.html>.

Ireland, L. (1997). The MARC community information format and subject headings. Public Libraries, Mar/Apr, 121.

Hwalek, M. (1998). Measuring outcomes of information and referral services. Information and Referral 20, 31 - 44

Jacobs, J. (1997) LCSH in community information: The practical choice. Public Libraries, Jul/Aug, 248.

King, C.T., O Shea, D.P., & Betsinger, A.M. (1998, December). The value of a comprehensive Texas information and referral network. Austin: University of Texas, Center for the Study of Human Resources.

Lake County (IL) Planning and Development Department (1998). Enhancing service provision to the homeless: The role of information management systems. A Resource Notebook developed by the Planning and Development Department of Lake County. Waukegan: Author (Available from 18 N. County Street, Waukegan, IL 60085).

Lincoln-Lancaster County Health Department. (1999, June). IRis information sheet. Lincoln, NE: Author.

Lincoln-Lancaster County Health Department. (n.d.). Welcome to IRis: An introduction to the benefits of a comprehensive database. Lincoln, NE: Author.

Manikowski, D. Ed. (1992). Comprehensive bibliography of literature of information and referral. Information and Referral, 14, 1 - 456.

Manikowski, D. Ed. (1993). Continuing bibliography of literature of information and referral. Information and Referral, 15.

Manikowski, D. Ed. (1994). Continuing bibliography of literature of information and referral. Information and Referral, 16, 163 - 177.

Manikowski, D. (1995a). Making referral file automation decisions. Information and Referral, the Journal of the Alliance of Information and Referral Systems, 17, 85-108.

Manikowski, D. (1995b). Setting inclusion/exclusion criteria: determining the scope of a resource file. Information and Referral, 17, 1 - 22.

Manikowski, D. Ed. (1995c). Continuing bibliography of literature of information and referral. Information and Referral, 17, 121 - 136.

Manikowski, D. Ed. (1996). Continuing bibliography of literature of information and referral. Information and Referral, 18, 105 - 118.

Manikowski, D. Ed. (1997). Continuing bibliography of literature of information and referral. Information and Referral, 19, 141 - 156.

Manikowski, D. Ed. (1998). Continuing bibliography of literature of information and referral. Information and Referral, 20, 105 - 116.

MetLife Mature Market Institute. (1999, November). The MetLife juggling act study: Balancing caregiving with work and the costs involved. New York: Metropolitan Life Insurance Company.

Minnesota S.F. No. 1227, 81st Legis., 1st Sess. (1999).

Nebraska Health and Human Services System. (1997, May). Nebraska s long-term care plan: Work team reports. Lincoln: Author.

Nebraska Department of Labor. (1999). World Wide Web search for wage statistics: <http://www.dol.state.ne.us>.

Nebraska Health and Human Services System. (1997, May). Nebraska s long-term care plan: A study and recommendations. Lincoln: Author.

Nebraska L.B. 148, 96th Legis., 1st Sess. (1999) (Final Reading).

Nebraska L.R. 49, 96th Legis., 1st Sess. (1999).

Nebraska Department of Health and Human Services. (n.d.). Long term care community access point plan: Community services guide network. Lincoln: Author.

Nicklaus, R. & Brown, D. (1998). The FLAIRS network, building a statewide information and referral system for Florida. Presented at the 1998 AIRS Conference, Atlanta, Georgia. Tallahassee: Florida Information and Referral Services, Inc.

Petition for Assignment of Dialing Code, In re Alliance of Information and Referral Systems, FCC (Docket No. 98-____) (visited Oct. 22, 1999) Retrieved October 22, 1999 from the World Wide Web: <http://www.airs.org/211/211pet.htm>.

Pettigrew & Wilkinson. (1996). Control of community information: An analysis of roles. Library Quarterly 66, (4), 373-407.

Pline, B. (1996). Information and referral services role as community organizers

in preparation for disasters. Information and Referral 18, 79-88.

Sales, G. (1995). I&R leadership in the information age. Information and Referral 17, 137- 150.

State of Connecticut, Department of Public Utility Control. (1998, May). Docket No. 92-09-11: Petition of Infodial, Inc. for assignment of an N11 Dialing Code - Reopened. New Britain: Author.

Texas Information and Referral Network, Texas Health and Human Services Commission. (1998). A plan to increase access to health and human services information. Austin: Author.

Tweedie, J., Reichert, D., & O'Connor. (1999, July). Tracking recipients after they leave welfare. Retrieved December 8, 1999, from the World Wide Web: <http://www.ncsl.org/statefed/welfare/leavers.htm>.

United Way of Connecticut and the State of Connecticut. (1999). Information packet: INFO LINE 2-1-1. Rocky Hill: Author.

United Way of Connecticut. (1997). INFO LINE business plan 1998-1999. Hartford: Author.

United Way of Metropolitan Atlanta. (1998). Dial 211 to find or give help. Atlanta: Author.

United Way of Southeastern Pennsylvania. (n.d.). The 211 initiative. Philadelphia: Author.

United Way of Connecticut. (1997, October). Draft INFO LINE business plan. Hartford: Author.

Wallrich, B. (1998). National disaster project holds promise for AIRS members and their communities. Information and Referral 20, 61 - 66.

Warrens, L. (1998, January) United Way 211. Atlanta, GA: United Way of Metropolitan Atlanta.

Warrens, L. & Pline, B. (1999). Creating a 211 service: A comprehensive guide to developing a 211 information and referral service. Seattle, WA: Alliance of Information & Referral Systems.

Witkin, G., Guttman, M., & Lenzy, T. (1996, June 17). This is 911...please hold. U.S. News & World Report, 120 (24), 30-37.

Woods, D. (1996). The I&R heart of a community-wide network: HelpNet, a model under construction. Information and Referral 18, 7 - 20.