



# **STRATEGIC PLAN FOR IMPLEMENTING 2-1-1 IN ARIZONA**

**APRIL 23, 2004**

**The Governor's Council on 2-1-1**

*With Support from:*

**The Government Information Technology Agency  
The Governor's Office of Homeland Security  
The Governor's Office for Children, Youth and Families**

*Members of the Governor's Council on 2-1-1 are Directors from the following agencies: The Government Information Technology Agency, The Governor's Office of Homeland Security, The Department of Economic Security, The Department of Health Services, The Department of Environmental Quality, The Governor's Office for Children, Youth and Families, The Department of Public Safety, The Department of Transportation, The Arizona Health Care Cost Containment System and The Department of Emergency and Military Affairs.*

# STRATEGIC PLAN FOR IMPLEMENTING 2-1-1 IN ARIZONA

<b>Introduction</b>	<b>2</b>
<b>Background</b>	<b>4</b>
Health & Human Services	
Origins of I&Rs	
What is 2-1-1?	
2-1-1 in Other States	
Lessons Learned from Other States	
National Standards	
<b>History &amp; Benefits of 2-1-1 to Arizona</b>	<b>8</b>
The History of 2-1-1 in Arizona	
A Vision for the Future	
Benefits – Enhancement of Service Delivery	
Homeland Security Benefits	
<b>Implementation of 2-1-1 in Arizona</b>	<b>14</b>
Summary	
Governance, Decision Making and Operations	
Phased Implementation	
<b>Conclusion</b>	<b>22</b>

## INTRODUCTION

This Strategic Plan for Implementing 2-1-1 in Arizona was designed to answer the following questions:

- ◆ What is 2-1-1?
- ◆ How can Arizona benefit from 2-1-1?
- ◆ At a strategic level, how will Arizona implement 2-1-1?

*Background:* Each year, Arizona's social and community service infrastructure is called upon to provide vital mental health, healthcare, social and community services to millions of people. When linked with the efforts of the State's public safety and public health communities, a complex network of public and private sector service providers offer a continuum of service and care to individuals and communities. These providers play a vital role in the day to day lives of individuals in need, and are also key enablers of efforts to prevent, detect and respond to the consequences of terrorism and other catastrophic events. Governor Janet Napolitano in *Securing Arizona: a Roadmap for Arizona Homeland Security* called for the establishment of a system that would improve the public's ability to access vital community, social, mental health and health care services in support of Arizona's homeland security efforts.

In many parts of the nation, including in Arizona, gaining access to health and human services is challenging.<sup>1</sup> The United States has developed an incredibly complex service delivery system which includes a wide variety of programs organized and funded by a complicated mix of government departments, private non-profit agencies and for-profit organizations at the national, state, tribal and local levels. Separate funding streams for separate programs often require distinct eligibility restrictions, making it difficult to find the appropriate services for a given individual.

Information and Referral (I&R) services are currently linking people in need of health and human services and the providers of these services. I&R service providers have experienced tremendous growth over the years as the health and human services industry has become increasingly complex. Staffed by individuals committed to improving the lives of people in need, I&Rs answer more than 50 million calls annually in the United States.

Establishment of 2-1-1 systems has emerged nationally as an important innovation in the provision of Information and Referral (I&R) services. A fully-implemented 2-1-1 system would integrate information about a wide variety of social services through a single information network that can easily be accessed by public and social service providers. The system would be accessed by dialing 2-1-1 or through an Internet site that houses a comprehensive database of public and private programs, social service providers, charity organizations and emergency response and homeland security resources.

*Benefits:* A 2-1-1 number offers an easy, effective alternative for non-emergency 9-1-1 calls. This is of paramount importance since some communities report a significant percentage of the

calls to 9-1-1 systems are for non-emergency assistance (including calls that could be handled by 2-1-1). Further, current operational 2-1-1 systems offer 24-hour accessibility to trained staff in directing citizens to vital health and human services and by making services easier to access, 2-1-1 encourages prevention and fosters self-sufficiency.

A 2-1-1 system can also act as a disaster information network in times of emergencies or disasters to connect citizens to relief services, volunteer opportunities and charitable causes. This use of 2-1-1 is specifically articulated in Arizona's homeland security strategy, *Securing Arizona: a Roadmap for Arizona Homeland Security*. Since the events of September 11, 2001, a set of new requirements have been evolving for Emergency Management and Homeland Security Systems. It makes good fiscal and business sense to use emerging 2-1-1 public access channels to help meet emergency management communication needs rather than spend additional money to develop a parallel set of infrastructure for emergency management.

*Implementation:* The State of Arizona is now ready to execute a comprehensive plan for establishing a statewide 2-1-1 system. By Executive Order issued February 19, 2004, Arizona Governor Janet Napolitano established the Governor's Council on 2-1-1. The Council will be led by Governor Napolitano and, in her absence, the Director of the Government Information Technology Agency. The Council includes Directors from 10 cabinet-level state agencies.

The Council will plan and build a statewide 2-1-1 system to facilitate the public's access to community, social service and homeland security information and referrals. In developing and overseeing the implementation of the 2-1-1 system, the Council will define policies, establish standards, identify resources, establish call centers and integrate 2-1-1 with other strategic initiatives. The Council will also work with the Corporation Commission and telecommunication providers to establish statewide 2-1-1 service.

Since active community involvement is essential to ensure the 2-1-1 system provides the highest quality service to all citizens throughout Arizona, the Governor's Executive Order also created a 2-1-1 Advisory Committee representing city and county governments, private and public stakeholders and non-profit organizations. The Advisory Committee will make recommendations to the Council and help with community outreach.

The State plans phased implementation of the 2-1-1 system as follows:

- ◆ Phase 1: Develop a statewide, web enabled database as the foundation for 2-1-1.
- ◆ Phase 2: Establish multiple 2-1-1 call centers in urban and rural communities.
- ◆ Future Phases: Enhance database, call center operations and 2-1-1 outreach.

The State hopes to achieve many benefits from 2-1-1 implementation in the areas of enhanced service delivery and support for homeland security as articulated in detail in this Strategic Plan.

## **BACKGROUND**

### **Health & Human Services**

The health and human services system in the United States is both large and complex, consisting of major sub-sectors in the nonprofit, governmental and for-profit sectors. According to the Healthcare Financing Administration (HCFA), healthcare was estimated to be a \$1.3 trillion industry in 2000, comprising over 14 percent of the Gross Domestic Product (GDP). The National Institute of Standards and Technology estimates that one in every 11 U.S. residents works in the healthcare business. In addition, city surveys are reporting increased demand for health and human services.<sup>ii</sup>

Unfortunately, individuals, families, employers, and even healthcare workers find it difficult to navigate the complex and ever growing maze of human service agencies and programs and spend inordinate amounts of time to identify the agency or program that provides a service that is immediately or urgently required.

### **Origins of I&Rs**

Information and Referral services or I&R services have developed in response to the public's need to navigate through a complex health and human services system. The I&Rs are a vital link between people in need of health and human services assistance and the providers of such services. I&Rs answer more than 50 million calls nationally each year. I&R specialists assess caller needs and determine service providers who are best equipped to handle those needs. I&R providers maintain comprehensive databases of community resources.

Notwithstanding the growth and success of I&R services, industry leaders and others began to advocate (in the late 1990s) for the establishment of an easy to remember and easy to use national dialing code that would promote greater standardization and establish a seamless system for accessing information on health and human services. According to the Economic and Social Research Institute's (ESRI) report, Increasing Access: Building Working Solutions, "A host of linguistic, cultural, racial, geographic, and organizational factors present impediments that jeopardize the health of large segments of our population." All too often, people become confused or discouraged by the complexities of the system, and give up before they ever find out about programs and services that could assist them in solving their problems. Further, while the lack of insurance is a fundamental problem in health and human services, it is neither the sole nor dominating barrier to receiving proper services either nationwide or within Arizona. Finally, when individuals do not receive proper direction and assistance, emerging situations often become more problematic and costlier to address (at public expense).

Today, throughout the United States and within the State of Arizona I&R providers are assisting individuals and organizations to overcome a variety of systemic barriers to gain timely access to appropriate programs and services. However, there is general consensus that I&R providers can improve their abilities to meet these needs, and collect data necessary to document their contributions through establishment of a 2-1-1 system.

## What is 2-1-1?

On July 21, 2000 the Federal Communications Commission (FCC) issued an order (FCC 00-256) assigning one of the rare N-1-1 three-digit telephone access codes, 2-1-1, “to be used to provide access to community information and referral services”. The Commission’s order states that it would “expect community service organizations to work cooperatively to ensure the greatest public use of this scarce resource”. The Canadian Radio-Television and Telecommunications Commission, on August 9, 2001, issued an order dedicating the 2-1-1 code to use for providing information and referrals to community, social, health and government services.

The FCC’s 2-1-1 assignment was based on recognition that a properly constructed system can help people navigate the complex and ever-growing maze of human services’ agencies and programs. 2-1-1 is intended to provide callers with information about and referrals to human services and resources such as:

- Basic Human Needs: food banks, clothing closets, homeless shelters, rent assistance, utility assistance.
- Children, Youth and Families: area schools, child care, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services.
- Disaster Alert, Notification and Relief Information: notifications of man-made and natural disasters and terrorist attacks (biological, chemical, radiological, nuclear, and explosive), real time information about where to get or give help, victim information, donation locations.
- Physical and Mental Health: health insurance programs, Medicaid (AHCCCS), Medicare, maternal health, Children’s Health Insurance Program, medical information lines, crisis intervention services, support groups, counseling, drug/alcohol intervention/rehabilitation.
- Job Programs: financial assistance, job training, transportation assistance, education programs, higher education, training institutions.
- Older Americans and Persons with Disabilities: adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services.
- Domestic Violence: shelters, medical care, legal help, job training, counseling.
- Charitable organizations: Volunteer and donation opportunities with charitable organizations and disaster relief organizations.

A 2-1-1 number also offers an easy, effective alternative for non-emergency 9-1-1 calls. This is of paramount importance since some communities report a significant percentage of the calls to 9-1-1 systems are for non-emergency assistance (including calls that could be handled by 2-1-1). A 2-1-1 system can also act as a disaster information network in times of emergencies or disasters to connect citizens to relief services, volunteer opportunities and charitable causes. Governor Janet Napolitano in *Securing Arizona: a Roadmap for Arizona Homeland Security*, called for the establishment of a system that would improve the public’s ability to access vital community, social, mental health and health care services in support of Arizona’s homeland security efforts.

## 2-1-1 in Other States

Prior to the FCC assignment of 2-1-1, only one state, Connecticut, and two greater metropolitan areas (Atlanta and Columbus, Georgia) had fully-implemented 2-1-1 systems offering three-digit dialing. Since the assignment of 2-1-1 by the FCC, 2-1-1 services have been initiated in some communities in Florida, North Carolina, New Mexico, Louisiana, Alabama, Tennessee, South Dakota, and South Carolina. Development of 2-1-1 on a state, county or local level is currently under consideration in about 40 states. The status of about half of those states are summarized below:

State	Population	2-1-1 Design Model	Numb Call Cente	24X7 Operatio Hours	Go-Live Date	Statewid Services	System Operators	Local Exchange Carriers
Alabama	4,447,100	Decentralized	6	Yes	12/01	No	Volunteer UW Montgomery UW	Bell South
Colorado	4,301,261	Decentralized	7	Various	12/01	No	Colorado 211	Qwest
Connecticut	3,405,565	Centralized	1	Yes	01/99	Yes	UW of Ct.	SNET (SBC)
Florida	15,982,374	Decentralized	8	Yes	05/01	No	Various non-profit	Bell South Sprint Verizon
Georgia	8,186,453	Decentralized	7	Yes	01/97	No	Multiple UW	Bell South Alltel
Hawaii	1,211,535	Centralized	1	Yes	07/02	Yes	Aloha UW	Verizon
Idaho	1,293,953	Centralized	1	No	09/02	Yes	Public – Pvt. Ptnrs	Qwest, GTE
Kentucky	4,041,769	Decentralized	3	Yes	02/03	No	Diversified Owner	Bell South
Louisiana	4,468,976	Decentralized	3	No	07/02	No	Louisiana UW	Bell South
Michigan	9,938,444	Decentralized	3	Unknown	08/02	No	United Ways 211 Non Profit	Verizon Ameritech
Minnesota	4,919,479	Hybrid	1 / 9	Yes	05/02	Yes	Twin City UW First Call Mn.	Qwest
Nebraska	1,711,263	Decentralized	1	No	2002	No	UW Midlands	Qwest
New Jersey	8,414,350	Decentralized	3	Unknown	10/02	No	NJ 211 Partners	Verizon
New Mexico	1,819,046	Decentralized	1	Unknown	10/01	No	UW Central NM	Qwest
North Carolina	8,049,313	Decentralized	4	Yes	04/01	No	UW of NC	Bell South Sprint
Ohio	11,353,140	Decentralized	2	Yes	11/02	No	OCIRP Diversified	Various LEC
South Carolina	4,012,012	Decentralized	3	Unknown	06/02	No	Various UW	Bell South
South Dakota	754,844	Centralized	1	No	10/01	No	Help Line Ctr.	Qwest
Tennessee	5,689,283	Decentralized	3	Yes	07/02	No	ETIC Inc UW Tn. Tn. AIRS	Bell South
Texas	20,851,820	Decentralized	13	Yes	Various	No	Tx. IR Network	SBC Verizon
Utah	2,233,169	Decentralized	4	Yes	12/01	No	211 Utah Various UW	Qwest
Wisconsin	5,363,675	Decentralized	4	Yes	06/02	No	Independent Operators	Verizon Ameritech
Washington		Hybrid	TBD		TBD	No		Qwest

2-1-1 systems are utilized once developed. For example, Atlanta, Georgia experienced a 33% increase in calls in the first nine months of moving to a three-digit number, and Connecticut's call volume increased approximately 40% during the first year of transitioning to the three-digit calling code.

To date, there are 22 states that have operational 2-1-1 systems, however, only four States have achieved “statewide” availability to all locations within a state and only two states operate their call centers on a 24 X 7 X 365 basis. To date, most states have deployed call centers first with associated infrastructure, followed by self-help web services. However, states currently planning deployment of 2-1-1 systems are taking a more balanced approach using both the telephony service delivery channel and the Internet channel for self help applications and web based services for citizens. 82% of the States that have successfully deployed a 2-1-1 system have used a decentralized model for their call centers.

### **Lesson Learned from Other States**

State and local governments that have sought to implement 2-1-1 systems have found the process slow, lengthy and costly, because of the complexity of organizational, business process and technology issues surrounding 2-1-1. One of the principle difficulties experienced by these entities has been obtaining adequate funding to support the effort. A number of jurisdictions have had to delay implementation efforts despite popular support for the project due to insufficient funding<sup>iii</sup>. States that have deployed 2-1-1 systems have found the projects require a high degree of government and private sector collaboration to be successful. The systems are complex in nature with high risk associated with them.

Based on an analysis of the lessons learned by other jurisdictions, Arizona’s 2-1-1 efforts will be based on the following best practices:

- **Strong executive leadership** - The current delivery of health, community and human services is accomplished through a combination of disparate government and private sector organizations with distributed points of service. To build the “binding” layer of 2-1-1 service delivery requires strong executive sponsorship.
- **Governance** - A new Governance model must be established with clear definition of stakeholder roles and responsibilities.
- **Collaboration** - A high degree of communication, negotiation and collaboration is required to keep competing demands for resources in harmony and is essential to program success.
- **Project management** - Professional project management personnel and skills are essential to project success.
- **Phased implementation** - The complexity and size of statewide 2-1-1 systems is such that tackling the project in phases is most appropriate.
- **Adequate funding** - The amount of funds available for the project is a limiting factor on what can be accomplished and in what time frame.

- **Manage expectations** - Formal documents should be used to communicate about the system that will be developed and when it will be built. All stakeholders should understand what is to be built and the role they will play in system delivery and operation.
- **Use of proven technology** - The 2-1-1 system should be built based upon proven commercial off the shelf products whenever possible to help manage risk, cost, and timetables for development and operations.

## **National Standards**

The Alliance of Information and Referral Services National Standards (AIRS) has developed a set of standards for 2-1-1 deployment including new data access protocols. These standards will be followed in designing and developing the Arizona solution. AIRS also has a program for education, certification and accreditation of I&R organizations, including professional certification for both technical and call center professionals working in I&R organizations.

Using uniform standards for the Arizona 2-1-1 system will help guarantee that the call centers and their employees will be of the highest quality. The public will call 2-1-1 about a wide variety of topics but some will be facing crisis situations that will require the intervention of a trained social service worker. Requiring these call center employees to meet AIRS standards will ensure employees with the proper skill level to handle these calls.

Use of the AIRS standards will also make it easier for our state to respond to crisis situations that result in unusually high call volume or the loss of Arizona’s 2-1-1 call center capabilities. Uniform standards insure that 2-1-1 call centers, databases and employees around the country and in Canada “speak the same language.” If necessary, our system’s calls can be “rolled” or transferred to 2-1-1 call centers in other states where AIRS-trained personal, using AIRS standards, will be able to efficiently assist Arizona callers because they understand Arizona’s data and system processes.

## **HISTORY & BENEFITS OF 2-1-1 TO ARIZONA**

### **The History of 2-1-1 in Arizona**

In 2001, the Valley of the Sun United Way (VSUW) began organizing key stakeholders within Arizona for the purpose of designing a 2-1-1 capability that would focus on providing improved access to services in the metropolitan Phoenix area. In doing so, VSUW brought together a number of entities including:

- Nonprofit and governmental health and human service providers at the state and local level
- I&R providers in Phoenix
- Local and state government leaders.

Upon taking office, in January 2003, Governor Janet Napolitano presented a new vision of 2-1-1 that focused on establishing a statewide capability. Accordingly, officials from the Governor's Office of Children, Youth and Families began working closely with the VSUW and other stakeholders to identify requirements for a statewide 2-1-1 system.

Through a series of regional town hall meetings and a one-day system requirements summit, public and private sector officials from throughout the state provided input on the operational and administrative requirements that should drive the design of a statewide 2-1-1 system. In addition to identifying key components of the system, this effort focused on defining a vision for how Arizona's 2-1-1 system will operate, both from a day-to-day perspective and as a key component of the State's homeland security efforts.

In those public meetings, stakeholders and community representatives consistently raised the following issues:

- **Proper Scope** - The State was urged to clearly define the scope of the 2-1-1 system so it can be effective without being overburdened.
- **Link to Existing Programs** - Concerns were expressed about duplication of effort or "reinventing the wheel". The State was urged to "link up" the 2-1-1 system to other solid, well-run programs and systems already in existence.
- **Call Centers and Website** - A comprehensive call center network, in addition to a well designed website, is needed to ensure that persons in crisis can get timely services.
- **Homeland Security Nexus** - The 2-1-1 system should be designed to assist in wildfire and other natural or man made disaster relief and to provide real time information regarding detection, prevention, response and recovery in the event of terrorist attacks.
- **Regional Sensitivity** - The 2-1-1 system should be sensitive to regional issues and incorporate the unique needs of specific geographic areas to enhance I&R service in rural areas.
- **Cultural Issues** – Priority should be given to cultural and language issues, including bilingual operators; the unique nature of providing disaster relief, I&R and service delivery in areas along the US-Mexico border and in remote Indian Reservation areas should also be considered.

To assist the State to implement the 2-1-1 system in the most efficient way possible, a report on the state's infrastructure was commissioned. The information in this report will help the State assess how a 2-1-1 system can be built by leveraging existing state and nonprofit infrastructure. A complete copy of the infrastructure report can be found at <http://www.az211.gov/2-1-1%20Findings%20Report%201-14-04.pdf>.

## **A Vision for the Future**

In establishing a statewide 2-1-1 system, the State of Arizona seeks to:

- A) Enhance the delivery of mental health, healthcare, social and community services by providing more efficient and effective information and referral, and
- B) Provide a centralized disaster information network that supports the State's efforts to detect, prevent, respond to and manage the consequences of an act of terrorism or other critical incidents.

### **Benefits - Enhancement of Service Delivery**

The State hopes to receive the following benefits from the 2-1-1 system:

***Improve Provision of Services to the Public at Large.*** Jurisdictions that have established 2-1-1 systems report that the need for community resources reaches all persons, not only those traditionally viewed as at-risk populations. For example, the typical caller to the 2-1-1 system in Atlanta is employed and in Connecticut the most common request for information is about childcare. Implementing a statewide 2-1-1 system will support efforts by the state to improve service delivery to the public at large. Using 2-1-1's three digit dialing can (a) reduce confusion and the margin of error for misdialed numbers, (b) be efficient, giving people one number to call, (c) be easy to remember, particularly in a non-emergency crisis situations, (d) offer consistency throughout a state or region, which is particularly helpful to an increasingly mobile population and for states with remote rural residents.

The public will also be able to use the 2-1-1 system to "give help." The system will link people to volunteer opportunities and charitable organizations. This connection will be particularly useful in a time of crisis. When people want to help victims with donations or assistance they can call one number or visit one website to find out how they can help.

***Access to Services More Effectively at a Lower Cost.*** Delays in finding appropriate services can be costly. It is widely recognized that early appropriate intervention is more cost-effective than delayed or emergency service delivery. The 2-1-1 system will help individuals get the services they need and are qualified for more easily and cost effectively before their situation becomes critical. If a family gets preventive help, it is more likely to stabilize and less likely to "fall through the cracks," eventually ending up in crisis and in the state's most expensive social service systems.

In the area of drug treatment, for example, avoiding expensive alternatives can realize significant cost savings. A 1994 national study found that for every dollar invested in addiction prevention services, seven dollars were saved in treatment costs. In the area of urgent care, the national average cost for an urgent emergency department (ED) visit is much higher than the average cost of a doctor's office visit. According to a Government Accounting Office (GAO) study, over 40 percent of patients treated in the hospital ED lacked a usual source of care. The GAO study concluded that patients with access to primary care providers and appropriate specialists for good preventive care and disease management are less likely to make ED visits, resulting in lower national medical costs.

***Better Services from Human Service Organizations.*** Currently, local agencies may not know of state programs, and state agencies may have inadequate information to refer to local programs. The state's 2-1-1 system will directly benefit those entities within Arizona that provide health and human services by reducing the number of inappropriate calls received, reducing inappropriate evaluations, and reducing duplicative efforts among I&R and other social service providers. Current operational 2-1-1 systems also offer 24-hour accessibility to trained staff and by making services easier to access, encourages prevention and fosters self-sufficiency.

In addition, though many case managers want to assist their clients in accessing other services, they don't always know where to turn. In Connecticut, 15% of calls to 2-1-1 are from public and private service providers seeking services for their clients. Public and private case workers will be able to use the information on the Arizona 2-1-1 website and the assistance of 2-1-1 call center operators to assist their clients in navigating the maze of social service programs. The 2-1-1 system will make it easier for a case manager to treat the client in a preventive and holistic fashion, helping them to find services that address a variety of concerns and issues.

***More Resources for Human Service Organization's Core Mission.*** The availability of a single dialing code and website, such as 2-1-1 will also allow the organizations and agencies delivering services to focus on their service mission, rather than expending funds on raising their community profile and staffing their own referral lines. In developing services such as United Way 2-1-1 in Atlanta or Infoline 2-1-1 in Connecticut, the use of 2-1-1 has been reported to assist consumers to access these organizations as well as to improve the visibility of their services.

***Foster a Healthier and More Productive Workforce.*** When employees access appropriate services more quickly, there should be quicker resolution of problems and quicker return to work. As a result, employers will experience a healthier and more productive workforce with reduced absenteeism. The 2-1-1 system can also be used by employers to refer employees to job-related services such as education, training, tax assistance, child and elder care assistance and English language classes.

***Better Information on which to Base Funding Decisions.*** As policy decision makers gain access to better information about the health and human services delivery system, they can better address the needs of client populations within the State. An integrated statewide system will be able to glean more comprehensive data and information to define and analyze the scope and breadth of service requests and the timeliness and appropriateness of system responses.

Once 2-1-1 call centers are operational, the pattern of calls to the 2-1-1 system will tell policy decision makers what services are most requested in each area of the State, and which needs are hardest to meet with currently available programs. Solid data about gaps in service delivery in particular geographic areas can be identified. Armed with such information, more informed strategies and solutions can be devised to meet the needs for health and human services throughout the delivery system. The collection of need based geographic and demographic data can also be used by local and state government agencies to better address community needs by reducing redundant services and providing quality services for underserved populations.

***Serve as an Entry-Point for More Efficient Social Service Delivery.*** The 2-1-1 system will make it easier for the public to get information about both government and nonprofit programs and services, helping to reduce red tape, confusion and frustration of Arizonans looking for information. The 2-1-1 system will serve as a catalyst for using technology to help streamline the larger social service system so that there is less waste and duplication and more focus on cost-efficient, prevention strategies. The system will link to private and publicly-funded technology tools that will eventually allow on-line eligibility for services and virtual case management. The 2-1-1 system will be an entry point to what will, one day, be a much more efficient, client-focused social service system.

### **Homeland Security Benefits**

The federal government has recognized that a 2-1-1 system is a critical part of efforts to support the dissemination of information pertaining to bio-terrorism (*Public Health Security and Bio-terrorism Preparedness and Response Act of 2002*, Section 127). Additionally, there is growing awareness by the states that a properly designed 2-1-1 system can play a critical role in managing the consequences of acts of terrorism or other critical incidents.

By way of illustration, in the hours, days and weeks following the horrific attacks in New York City on 9/11, nearby Connecticut experienced a dramatic increase in requests for information and referral services. Connecticut utilized its pre-existing statewide 2-1-1 infrastructure to handle this increase in calls. The 2-1-1 system also provided back-up call center support for the Red Cross and other information and referral services.

As the experience of Connecticut illustrates, following a terrorist attack, natural disaster or other critical incident there will be a sudden and dramatic increase in the demand for mental health, healthcare, community and social services – in many cases from individuals who have never sought these services before. Depending on the nature of the incident, a large number of individuals will seek guidance on where to obtain treatment for injuries and physical problems. Additionally, many people will experience some level of psychological distress including an altered sense of safety, hyper-vigilance, sadness, anger, fear, decreased concentration, and difficulty sleeping and will likely seek mental health and other community and health care services to assist them. Further, following (or during) an incident there will be an increased demand placed on community and volunteer service providers by those seeking emergency shelter, elder and/or child care services, temporary subsistence, etc.<sup>iv</sup>

Since the events of September 11, 2001, a set of new requirements have been evolving for Emergency Management and Homeland Security Systems. It makes fiscal and business sense to use emerging 2-1-1 systems to help meet emergency management communication needs rather than spend additional money to develop a parallel set of infrastructure for emergency management. In Arizona, establishing a system that facilitates the public's ability to access vital services is a critical component of the State's homeland security, emergency management, disaster response and recovery and bioterrorism preparedness plans.

Homeland Security - As terrorist threats emerge and increased awareness of potential threats are made known, state critical infrastructure and services are impacted by the need for increased security. Airport security often increases as the Department of Homeland Security increases its threat advisory levels and airline delays often occur as a result. In addition, special event venues may impose new security guidelines for attendees. As citizens are impacted by this heightened security, they may become more concerned about their safety. These concerns can be addressed by social service entities. However, citizens often do not know which agencies can help them. A 2-1-1 system will be able to refer citizens to the appropriate entities.

A 2-1-1 system will also allow state officials to track emerging trends and community needs related to homeland security. Special homeland security citizen awareness bulletins and instructions to citizens pertaining to threats and actual terrorist events could be posted on the 2-1-1 system in response. In summary, a 2-1-1 system can enhance homeland security efforts by making Arizona citizens feel and be more secure.

Emergency Management - During disasters and times of crisis, evacuation information and shelter and meal service locations must be dispersed to the public through media outlets. However, citizens can have difficulty obtaining information or answers to their concerns through these outlets. The 2-1-1 system will be linked to the State's emergency operations center to help citizens rapidly obtain vital information during a disaster.

Disaster Response and Recovery - A 2-1-1 system would have been of great assistance during the gasoline shortage of 2003, when Arizona citizens needed to locate gasoline and determine whether the mass transit systems had been impacted by the shortages. In addition, homebound and infirm citizens who rely on pharmacies and grocery stores to deliver prescription drugs or groceries to them were impacted by the shortages. Home healthcare services, meals on wheels, and mobile crisis social service programs were also impacted by the fuel shortages and high costs. Many childcare facilities had to reduce or shut down their passenger van services that take children to and from school, home and daycare facilities. Utilizing the 2-1-1 system during such a crisis could help direct citizens to agencies that can assist them to address their vital healthcare and childcare needs as well as direct them to gas availability updates.

In addition to helping citizens who are evacuated from their homes locate services, a 2-1-1 system could refer well-intentioned citizens to information regarding the best way to help impacted communities. For example, during the 2003 Kinishba Fire, people evacuated from the White Mountain Apache Indian Reservation needed shelter, cooling stations, water, food, diapers, medications, baby formula, and financial assistance. In addition, they needed to address health concerns as a result of smoke and dust inhalation and obtain fans and HEPA masks to protect them from the smoke. The residents impacted by the fires had a large diabetic population with special dietary requirements and many babies with lactose intolerance who needed special baby formula. Many citizens from outside the impacted communities wanted to help by donating time or goods. However, with only limited information about the community's particular needs, unneeded donations were received that, to an extent, actually impeded disaster relief efforts. A fully implemented 2-1-1 system could be of tremendous help when Arizona is faced with wildfires and other disasters in the future.

*Bioterrorism Preparedness* - The 2-1-1 system can be utilized to help citizens locate information pertaining to bioterrorism threats and attacks and to address related public health concerns. For example, the system can refer citizens to mass prophylaxis centers to obtain vaccinations and medications and to private and public service agencies that respond to hazardous material scenes. Special bulleted instructions relating to bioterrorism and emerging public health concerns, such as the West Nile Virus, SARS, New Castle Disease and Mad Cow Disease, can also be channeled through the 2-1-1 system.

*Threat Identification and Risk Mitigation* - Beyond supporting public education and management activities, a statewide 2-1-1 system can also support statewide threat identification and risk mitigation activities. A number of states, including Arizona, are moving toward establishment of statewide information fusion centers to serve as the “hub” for the collection, analysis, and distribution of critical public safety, public health, service delivery and social service information. The collection and analysis of this information is intended to support the rapid identification of emerging problems and performance based risk mitigation efforts. A properly designed 2-1-1 system can also provide non-identity specific trend data that can support the identification of emerging terrorist threat scenarios.

## **IMPLEMENTATION OF 2-1-1 IN ARIZONA**

### **Summary**

Excellent groundwork has been laid in Arizona for development of a comprehensive statewide 2-1-1 system. The fundamental strategic steps needed to move 2-1-1 from a detailed vision into a living reality are:

- ◆ To develop a 2-1-1 governance, decision making and operations structure.
- ◆ To define and execute a phased 2-1-1 implementation strategy.

In developing the governance structure and defining the implementation strategy, the State has taken into consideration the lessons learned by other states and the recommendations from interested stakeholders throughout the State.

### **Governance, Decision Making and Operations**

**Executive Order** - A series of executive level discussions took place in late 2003/early 2004 regarding the status of the 2-1-1 project among the Governor’s Office of Homeland Security, the Governor’s Office for Children, Youth and Families and the Government Information Technology Agency. As a result of these discussions, Executive Order, EO 2004-03 was issued on February 19, 2004. [Note: The Order was later amended (by Executive Order, EO 2004-08) to add an additional Council member.] A copy of the Order, as amended, can be found at: <http://www.az211.gov/eo.htm>.

In summary, the Executive Order:

- demonstrates the Governor’s sponsorship of and commitment to the 2-1-1 project,

- prioritizes the 2-1-1 initiative for the Executive branch,
- creates a cabinet level Council on 2-1-1 responsible for implementing the project,
- defines the responsibilities of the Council,
- creates a Community Advisory Committee to support the Council, and
- defines the responsibilities of the Advisory Committee.

The governance, decision making and operational structure defined by the State in this Plan addresses the need for strong executive leadership and governance, a high degree of collaboration, use of project management expertise, ability to manage expectations, linkage to existing programs, nexus with homeland security efforts and sensitivity to rural/cultural issues.

**Leadership: Governor’s Council on 2-1-1** - The Governor’s Council on 2-1-1 will be led by Governor Napolitano and, in her absence, the Director of the Government Information Technology Agency.

The Council consists of Directors from cabinet level state agencies as follows:

- Government Information Technology Agency
- Governor’s Office of Homeland Security
- Department of Economic Security
- Department of Health Services
- Department of Environmental Quality
- Governor’s Office for Children, Youth and Families
- Department of Public Safety
- Department of Transportation
- Arizona Health Care Cost Containment System
- Department of Emergency and Military Affairs.

The Governor’s Council on 2-1-1 has been charged with the development and oversight of the implementation of a statewide 2-1-1 system including:

- defining policies to govern 2-1-1 implementation and operations,
- identifying resources that can be leveraged to sustain the 2-1-1 system,
- establishing standards consistent with the Alliance of Information and Referral Services (AIRS) and GITA technical standards,
- creating properly staffed and trained call centers, and
- integrating 2-1-1 activities with other strategic public and private initiatives.

The Council will also work with the Corporation Commission and telecommunication providers to establish statewide 2-1-1 service. The Council will consider all recommendations of the Governor’s 2-1-1 Community Advisory Committee.

**Advice: 2-1-1 Community Advisory Committee** - Active community involvement in the 2-1-1 system is essential to ensure that the highest quality service will be provided efficiently to all citizens throughout Arizona. To foster such involvement, the Governor's Executive Order created a 2-1-1 Advisory Committee representing city and county governments, private and public stakeholders and non-profit organizations.

The Advisory Committee consists of 10 members as follows:

- One representative from the City of Phoenix
- One representative from the City of Tucson
- One representative from a county government with a large urban population
- One representative from a recognized tribal sovereign nation in the State of Arizona
- Two representatives from rural city or county governments
- One representative from an organization that currently funds Information and Referral/2-1-1 systems
- One representative from an existing Information and Referral provider
- One representative from a nonprofit organization that coordinates service providers
- One representative from a nonprofit organization that coordinates disaster relief delivery.

The Advisory Committee will make recommendations to the Council, as requested or desired, on issues of strategic importance to 2-1-1 implementation in the State. The Advisory Committee will also assist the Council and others in reaching out to local communities regarding the 2-1-1 initiative.

**Implementation: Project Management Team** - Governor Napolitano has designated the Government Information Technology Agency (GITA) as the lead state agency for implementation of this project. GITA has formed a multi-agency Project Management Team from GITA, the Governor's Office for Children, Youth and Families, the Governor's Office of Homeland Security, the Governor's staff, the Department of Health Services and the Arizona Health Care Cost Containment System (AHCCCS).

The Project Management Team will:

- Provide staff support to the Council, including:
  - Provide recommendations to the Council.
  - Implement directives from the Council.
  - Prepare infrastructure, cost and funding analyses for the Council.
  - Report to the Council on the Advisory Committee's activities.
  - Report to the Council on project implementation progress.
  - Interface with staff designated by Council members and other impacted state personnel to incorporate multi-agency recommendations into documents, plans, and presentations for the Council.
- Work with the Advisory Committee (in support of the Council's efforts), including:
  - Report to the Advisory Committee on the Council's activities

- Identify areas in which support is needed from the Advisory Committee.
- Provide written materials on 2-1-1 to assist members with community outreach.
- Perform day to day implementation support for the project, including:
  - Support development of Project Investment Justifications (PIJs) for IT portions of the 2-1-1 system.
  - Support development of Request for Proposals (RFP) for appropriate portions of the 2-1-1 system.
  - Prepare plans and timelines, as helpful.
  - Hire consultants, as necessary, to support project implementation.
  - Work with the Arizona Health Care Cost Containment System (AHCCCS) on operational management issues.
- Interface with vendors, media representatives, members of the community and state organizations, including:
  - Maintain a comprehensive web site describing the Council and Committee activities, posting presentations, reports and other reference materials and providing project updates.
  - Conduct presentations and meetings, from time to time, to keep stakeholders informed about the project's progress.
  - Respond to direct inquiries.

**Operations: AHCCCS** - The Governor's Office has requested that the Arizona Health Care Cost Containment System (AHCCCS) handle the operational management responsibility for the 2-1-1 system because of 2-1-1's critical importance to social service delivery. The Director of AHCCCS has agreed to perform this role and will designate procurement, information technology and business specialists to work with the Project Management Team to effect operational implementation of the 2-1-1 system.

**How the State is Meeting its Objectives through this Structure** - The oversight, advice, implementation and operational support provided by the Council, Committee, Project Management Team and AHCCCS, respectively, were defined to address lessons learned from other states and recommendations of Arizona stakeholders as follows:

- *Strong Executive Leadership and Governance* – The Council, led by the Governor provides senior, cabinet level leadership to the 2-1-1 project which will be critical to its success. The Advisory Committee provides broad based stakeholder and community input to the Council to insure the project is developed in keeping with a strategic, statewide focus.
- *High Degree of Collaboration* – The roles and responsibilities of Council, Committee, Project Management Team, and Operational Partner were all designed to foster a high degree of collaboration to garner the best ideas for the State's 2-1-1 project.

- *Solid Project Management* – The Project Management Team and the Operational Partner have been carefully selected to insure they can meet the challenges of this complex effort. The Council will also designate seasoned project managers from their agencies to work with the Project Management Team and the Operational Partner.
- *Ability to Manage Expectations* – All meetings of the Council and the Committee will be public, open meetings. All documents, including project plans and updates, produced for the Council’s consideration will be posted on the 2-1-1 web site. Engaging in an open process will help manage expectations. In addition, the Advisory Committee will be comprised of highly qualified and experienced professionals. As these Committee members perform community outreach, they will work to insure that expectations are properly managed.
- *Encourages Linkage to Existing Programs and Future Initiatives* - One of the fundamental reasons the Governor agreed to champion the 2-1-1 project in Arizona, was to insure the 2-1-1 system is able to link to existing State of Arizona systems and other publicly- or privately-operated systems which support health and human service and homeland security needs of citizens throughout the State. It is also important that the 2-1-1 system be part of any larger reform strategy for integrating and streamlining the social service delivery system. The Directors of the Governor’s Office for Children, Youth and Families, the Department of Economic Security, AHCCCS, and the Department of Homeland Security serve on the 2-1-1 Council to provide direction on how the 2-1-1 system can be effectively linked to any existing or future cross-system social service reforms. In addition, AHCCCS has agreed to play the critical role of Operational Partner for the project. The members of the Advisory Committee were selected as a broad cross section of individuals who can champion linking to a host of existing community programs.
- *Achieves Nexus with Homeland Security Efforts* – In support of the nexus of 2-1-1 with homeland security, the Director of the Governor’s Office of Homeland Security serves on the Governor’s Council on 2-1-1, a member of a nonprofit organization that coordinates disaster relief delivery serves on the Community Advisory Committee and staff from the Office of Homeland Security are part of the Project Management Team. As evidenced by this Strategic Plan, the 2-1-1 system will be built to achieve benefits to homeland security, as well as in the health and human services arena.
- *Rural/Cultural Issues* – The Community Advisory Committee includes representatives from rural and tribal communities to insure that the State addresses their concerns and meets their needs.

## **Phased Implementation**

**Overview** - Ultimately, the 2-1-1 system in Arizona will be accessed by the public through a comprehensive database over the Internet, and by dialing 2-1-1, similar to how the public dials “9-1-1”, in case of an emergency.

However, the 2-1-1 Project will be developed in phases as follows:

- Phase 1: Develop a statewide, web enabled database as the foundation for 2-1-1.
- Phase 2: Establish multiple 2-1-1 call centers in urban and rural communities.
- Future Phases: Enhance database, call center operations and 2-1-1 outreach.

Each phase is described in general terms below.

**Phase 1: Web Enabled, Database** - In Phase 1, the state will develop a comprehensive, statewide database of public and private community, social service, charitable organization, homeland security, and other public health and safety information that will be administered by the Arizona Health Care Cost Containment System.

Eventually, the database will serve as the foundation for the information that 2-1-1 call center operators will use for referral. In Phase 1, this information will be made available to the public via the 2-1-1 website. It is anticipated that public and private social service caseworkers will use this information extensively in assisting their clients to navigate the social service system. The database will also contain information about volunteer opportunities so persons can determine how to “give help” – especially in a time of disaster or crisis.

The 2-1-1 website will be linked to other existing systems that provide more detailed information, such as eligibility screening and other public and private on-line services. The website will also provide homeland security, public health and safety threat information to the public. Communication with partner agencies and the public will be enhanced by the database and the web site, enabling public safety and law enforcement to better address the spread of rumors and collect and disperse accurate information in times of crisis.

In summary, Phase 1 will include the following key 2004 activities:

- Commencement of Council and Advisory Committee Activities
- Formation and operation of 2-1-1 Project Management Team
- Review of other states’ efforts
- Development of ‘Strategic Plan for Implementation of 2-1-1 in Arizona’
- Initial evaluation of the State’s infrastructure
- Development of Phase 1 Project Investment Justification (PIJ), including detailed costing
- Definition of information sources to populate the 2-1-1d
- Development of Request for Proposal (RFP) for web enabled database
- Commence discussions with the Corporation Commission regarding 2-1-1 designation

- Develop 2-1-1 database and 2-1-1 web site
- Populate the 2-1-1 database
- “Go live” with the 2-1-1 web site, supported by the 2-1-1 database

**Planning for Phase 2: Funding, Infrastructure and Community Outreach** - In addition to development of the database and web site components of the 2-1-1 system, the State will engage in preparation activities in 2004 for Phase 2 - Call Center Implementation in 2005 and beyond as follows:

- **Planning** - Develop a Phase 2 project plan, with progressive implementation timetables and detailed roles and responsibilities.
- **Infrastructure** - Review infrastructure report(s) and the Project Management Team’s recommendations to determine the State’s ability to leverage existing and anticipated investments (private and public); Review architecture models for linking 2-1-1 systems with Homeland Security requirements.
- **Costing** – Prepare and review costing analysis to make determinations regarding virtual vs. live call centers, number and placement of call centers, interactions between call centers, how different levels of calls will be handled, how 2-1-1 call centers will relate to existing public and private call centers, etc.
- **Funding** - Develop a detailed Phase 2 funding plan from private and public funding sources.
- **Standards** - Develop standards by which the call centers will operate taking into consideration IT standards developed by GITA and AIRS standards which address technology and database issues, as well as competency levels and training for call center personnel.
- **Outreach** - Continue community outreach to define a proper scope and focus to the State’s efforts and to insure all stakeholders are informed about progress of the State’s efforts.
- **2-1-1 Availability Statewide** - Continue to work with the Corporation Commission on 2-1-1 designation. Work with the Corporation Commission and telecommunication providers to insure 2-1-1 can be accessed by citizens statewide.

**Phase 2: Call Center Implementation** - In Phase 2, the state will work with local governments and the private, non-profit sector to establish and fund a decentralized system of call centers that will answer 2-1-1 calls around the State. The State will work to insure a smooth implementation of the system with existing call centers and the 2-1-1 database.

Eventually, call center services will be available 24 hours a day, 7 days a week, 365 days a year. Over time, there will likely be call centers not only in Phoenix and Tucson but also in some rural communities. The State will consult with local areas to determine what call center operations will best suit their needs. The 2-1-1 call center system will be designed so that smaller call centers can re-route calls to larger call centers on nights and weekends to achieve round the clock, year-round service in a cost-efficient manner.

Call center operations will also enable comprehensive reporting to support policymaking, track service delivery performance metrics and identify emerging homeland security or public health threats.

The State will focus on the following key Phase 2 activities in 2005:

- Development of PIJ and RFP(s) for Phase 2 Call Centers and related software
- Call Center Software Selection
- Call Center Selection
- Continuing Community Outreach

The detailed project plans to be developed in preparation for Phase 2 will outline many more Phase 2 activities.

**Phase 3: Enhancements** - Once 2-1-1 call centers are operational, the State will assess their effectiveness and institute procedures for periodic updates to the services offered. In addition, the State will re-evaluate the utility of the information contained in its 2-1-1 database and the ease of use of the 2-1-1 web site. Continual process and content improvements will be made through community outreach and system tracking.

**How the State is Meeting its Objectives through these Phases** - The 2-1-1 project phases selected by the State were defined based on lessons learned from other states and stakeholder recommendations as follows:

- *Provides for Call Centers and Web Site* – The State’s plan includes a statewide, comprehensive, web-enabled database, as well as call centers.
- *Proper Scope and Phased Implementation* – The State will phase the implementation of 2-1-1 in Arizona to build on a strong foundation of lessons learned and insure ultimate project success.
- *Ability to Manage Expectations* – The State will continue to engage in an open process and communicate with all interested stakeholders to manage expectations throughout the implementation.

- *Address Funding Adequacy* – The State is beginning with the web-enabled database for a number of reasons, among them, that call center implementation will raise funding challenges and require additional strategic planning.
- *Use Proven Technology* – The standards developed by the Council and Committee will take into consideration AIRS and GITA IT standards which are built on “proven” technologies.
- *Address Rural and Linguistic Issues* – The State intends to locate multiple call centers in urban and rural communities so the centers can be more sensitive to the needs of local Arizona communities. The State also intends to have bilingual operators available through its 2-1-1 call centers.

The State’s phased implementation approach combined with the 2-1-1 governance structure will enable statewide implementation of 2-1-1 in Arizona.

## **CONCLUSION**

While Arizona has a fairly extensive “network” to access health and human services throughout the State, what is missing is a uniform approach for easily and efficiently bringing together those in need with those willing to lend a helping hand. As demonstrated by other states, this gap can and should be filled by establishing a statewide 2-1-1 system.

Implementation of a comprehensive 2-1-1 system will foster more efficient use of available state and community resources and be an invaluable part of the State’s homeland security blueprint, enabling citizens to obtain vital public health and safety information when faced with natural or man made threats. By connecting citizens to health and human services and homeland security information, the difficult to navigate maze of vital state and community services will become accessible to all Arizonans.

---

<sup>i</sup> Statistics documenting the difficulty of connecting community health and human services to targeted populations include the following:

- More than 20 million rural residents in America have inadequate access to health and human services.
- Only one in four affected adults and one in five children and adolescents in need of mental health services receive care.

<sup>ii</sup> A recent 30-city survey released by the National Conference of State Legislatures documented the following average increases in service requests:

- emergency shelter: 11% increase (with 72% of the cities registering an increase)
- shelter by homeless families: 15% increase (with 64% of the cities reporting an increase)
- emergency food assistance: 14% increase
- food assistance by families with children: 14% increase
- food requests by the elderly: 6% increase.

<sup>iii</sup> Delaware has delayed their 2-1-1 deployment until next year for a combination of business and funding reasons. Idaho is working to enhance their deployed system with an Internet mapping project for the rural parts of their state. This project is being carried out jointly with the Rural Policy Research Institute. Funding shortages has also delayed their plans of making their statewide 2-1-1 call center service available on a 24x7 basis. Illinois' plan to fund and build 6 pilot 2-1-1 sites was delayed when its governor vetoed the bill passed by the legislature. Supporters plan to try to override the veto when the legislature reconvenes. Indiana plans to have their statewide system operational in 2005. Massachusetts is following a strategy similar to Arizona where the state government owns and provides the 2-1-1 database. The Massachusetts Executive Office of Health and Human Services has developed the software and donated equipment, software and training to the call centers. However project implementation has been delayed because of overall funding shortages among the various stakeholders.

<sup>iv</sup> According to medial reports, during the sniper attacks of 2002, social and mental health entities in the Washington, DC area experienced a 20% increase in calls for assistance.