

BUTZEL LONG
ATTORNEYS AND COUNSELORS

Robert B. Foster
Of Counsel
734 213 3622
rfoster@butzel.com

Suite 300 350 South Main Street
Ann Arbor, Michigan 48104
T: 734 995 3110 F: 734 995 1777
butzel.com

July 14, 2006

VIA EMAIL

Executive Secretary
Michigan Public Service Commission
Department of Labor and Economic Growth
6545 Mercantile Way, Suite 7
P.O. Box 30221
Lansing, MI 48909

Re: United Way Regional Call Center - Case No. U-14935

Dear Executive Secretary:

Our office represents Washtenaw United Way, fiduciary agent for Washtenaw United Way, Livingston County United Way and The United Way of Monroe County in connection with the application of the United Way Regional Call Center to be assigned the telephone digits 2-1-1 and designated as the community resource information and referral answering point for Washtenaw, Livingston and Monroe counties. Attached please find the application and exhibits thereto. Please advise if there is any additional information or material that you will need in processing this application.

Very truly yours,

Robert B. Foster/dcb

Robert B. Foster

RBF:dcb

cc: Ms. Sandra R. Rupp, Executive Director of
the Washtenaw United Way

APPLICATION AND NOTICE OF OPPORTUNITY TO COMMENT

STATE OF MICHIGAN

BEFORE THE PUBLIC SERVICE COMMISSION

In the matter of the Application of the
United Way Regional Call Center to be
assigned the telephone digits 2-1-1 and
designated as the community resource
information and referral answering
point for Livingston, Monroe, and
Washtenaw Counties.)
)
)
)
)
)

APPLICATION

The United Way Regional Call Center respectfully submits this Application to the Michigan Public Service Commission ("MPSC" or the "Commission") pursuant to the Michigan Telecommunications Act, MCL § 484.2101 et seq, specifically MCL § 484.2214, seeking issuance of an order designating the United Way Regional Call Center (hereafter called "United Way Regional Call Center" or "Regional Call Center"), a community resource information and referral entity, as the 2-1-1 answering point for Washtenaw, Livingston, and Monroe Counties.¹

The United Way Regional Call Center (UWRCC) also respectfully requests the transfer of two exchange areas, Ypsilanti and Willis, which are currently held by United Way for Southeastern Michigan 2-1-1, and designation to UWRCC. A majority of the service area within these

¹ This Application will generally refer to Washtenaw, Livingston, and Monroe Counties as the tri-county geographical area for which the Regional Call Center will be designated the 2-1-1 answering point. The actual exchange areas (sometimes referred to as rate centers) for which designation would apply are as follows:

Exchange Areas in Livingston County: Gregory, Pinckney, Whitmore Lake, Fenton, Byron, Linden, Fowlerville, Howell, Hartland, Brighton

Exchange Areas in Washtenaw County: Gregory, Chelsea, Manchester, Tipton, Clinton, Saline, Milan, Ann Arbor, Whitmore Lake, Pinckney, Dexter, Ypsilanti, Willis

Exchange Areas in Monroe County: Milan, Britton, Dundee, Petersburg, Lambertville, North Sylvania, Lost Peninsula, Temperance, Eric, Ida, Monroe, Newport, Carleton, Maybee

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

exchanges is within Washtenaw County. Please see **Exhibit 1: Memorandum of Understanding (MOU)** between Regional Call Center and United Way for Southeastern Michigan 2-1-1.

Furthermore, due to the previous 2-1-1 designation of call centers in neighboring counties², several rate centers with service area in Livingston, Monroe, and/or Washtenaw County are currently held by existing 2-1-1 call centers.³ Agreements have been established between the Regional Call Center and existing 2-1-1 call centers to ensure that residents in all exchange areas are provided with high-quality 2-1-1 services and are served by the appropriate call center. Please see **Exhibit 1** and **Exhibit 2: MOU** between Regional Call Center and United Way of Jackson County 2-1-1.

Although small portions of the Bell Oak and Webberville exchange areas provide telephone service to Livingston County residents, these two exchange areas are not included in this application due to the cost of implementation and discussion with United Way of Jackson County 2-1-1 regarding their pending application with MI-AIRS to include Ingham County in the Jackson County 2-1-1 service area.

In support of this application, the Regional Call Center presents the following information:

1. The United Way Regional Call Center combines the history and expertise of many entities. Monroe and Livingston County both have extensive experience operating information and referral services within their respective communities.

² Neighboring call centers with 2-1-1 designation include United Way for Southeastern Michigan 2-1-1 and United Way of Jackson County 2-1-1.

³ Exchange areas which overlap county boundaries of Livingston, Monroe, and/or Washtenaw County:

Exchange Area held by Jackson County 2-1-1: Stockbridge

Exchange Areas held by United Way for Southeastern Michigan 2-1-1: South Lyon, Milford-White Lake, Plymouth, Rockwood, Flat Rock

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

The Monroe County First Call for Help call center has provided information and referral service to the citizens of Monroe County for the past 20 years. This service was created after a needs assessment conducted by the University of Michigan School of Social Work identified the lack of a comprehensive information and referral service in Monroe County. Upon formation, First Call for Help expanded to include 176 agencies and 1,005 available services. The Regional Call Center has been endorsed by the Monroe County Human Services Collaborative Committee.

The Livingston County call center—formerly known as LCHelpNow!—was developed by Oakland Livingston Human Service Agency (OLHSA) in April of 2004. The call center answered over 1,300 calls and the LCHelpNow! website received over 900 visits from April 2004 through September 2005. LCHelpNow! has been endorsed by the Livingston County Human Services Collaborative Committee. The success of this program was demonstrated when the Livingston County 2-1-1 Workgroup was named, “2004 Collaborative Team of the Year” by the Livingston County Human Services Collaborative Body, and when the Howell Chamber of Commerce announced LCHelpNow! was the, “2004 Community Initiative of the Year”.

Washtenaw County has not had an information and referral service for many years. After conducting a thorough feasibility study during 2002-2003, Washtenaw United Way agreed to sponsor and lead a county-wide information and referral service tailored after 2-1-1 call centers throughout the country. Please see **Exhibit 3: Washtenaw 2-1-1 Feasibility Study**.

In the fall of 2005, Washtenaw United Way became the fiduciary agent for the Regional Call Center, which combined the efforts of Livingston United Way and the United Way of Monroe County. Huron Valley Ambulance (HVA) consented to operate the tri-county call center under contractual arrangement. HVA has provided 9 1 1 services to Washtenaw County and surrounding areas for 22 years; their organization has extensive experience with taxonomy and information and referral services. Please see **Exhibit 4: Regional Call Center Organizational Chart**.

United Way Regional Call Center
Application and Notice of Opportunity to Comment

2. Washtenaw United Way is a non-profit organization in Ann Arbor, MI. Livingston County United Way is a non-profit organization located in Brighton, MI. The United Way of Monroe County is a non-profit organization in Monroe, MI. The Regional Call Center is housed at HVA in Ann Arbor, MI. Memorandums of Understanding between all core partners are included as **Exhibit 5, Exhibit 6 and Exhibit 7.**
3. The Regional Call Center has received 9,100 calls from residents in Livingston and Washtenaw Counties since launching the 7-digit number (734) 477-6211 on November 15, 2004. Regional Call Center coverage of Monroe County will begin upon 2-1-1 designation. The Regional Call Center provides information and referral services, toll free calling, the ability to transfer and conference callers when deemed appropriate for residents of Livingston, Monroe and Washtenaw Counties at no charge to our callers. Following the transition to the three-digit 2-1-1 number, other call centers around the country have experienced a growth in call volume equivalent to eight percent of the total population served. Based on this information, we anticipate the maximum call volume to eventually reach approximately 53,500 annual calls. Furthermore, other 2-1-1 call centers nationwide have estimated the need for one full-time call specialist per 1,200 calls per month. Currently, the Regional Call Center has one full-time call taker and six part-time call takers; we foresee hiring an additional call specialist during Year 3 to accommodate increased call volume. Please refer to **Exhibit 8: Call Volume & Staffing Projections, 2006-2010** for further information.
4. In response to Hurricane Katrina, on September 15, 2005, the Regional Call Center immediately expanded operations to provide information and referral services 24 hours per day, 7 days a week, 365 days of the year, to assist the evacuees from the Gulf Shore and the residents of the tri-county region. As the 9-1-1 service-provider for Washtenaw County and surrounding areas, HVA has the properly trained staff and the organizational capacity to operate the Regional Call Center 24-7-365.

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

5. Information and referral services at the Regional Call Center are primarily provided by a full-time Community Resource Specialist (CRS). Two part-time call takers are certified Community Information and Referral Specialists (CIRS) and provide localized information and referral services to Livingston and Monroe County residents. These individuals provide information and referral service during business hours— 9am to 5pm Monday through Friday. Calls received after business hours, on weekends and holidays, or when call volume exceeds CRS and/or CIRS staffing, are directly routed to a HVA call taker who is trained to provide 2-1-1 information and referral services.
6. The Regional Call Center has developed protocols to ensure that a call identified as a crisis call⁴ is appropriately handled and the caller receives immediate emergency services. Please see **Exhibit 9: Crisis Call Training Modules**.
 - Mental health crisis calls will be redirected to the University of Michigan Health Centers Emergency Psychiatric Services. (Please see **Exhibit 10: MOU with Emergency Psychiatric Services— University of Michigan Health Centers**).
 - A caller in an immediate emergency situation will be directly connected to the county-appropriate 9-1-1 service provider. Please refer to **Exhibit 11: MOU with Washtenaw Central Dispatch**, **Exhibit 12: MOU with Livingston Central Dispatch**, and **Exhibit 13: MOU with Monroe County Central Dispatch**. In turn, all of these 9-1-1 centers will refer appropriate calls to the Regional Call Center.
7. Recognizing the diverse population of the tri-county area, resources are in place to ensure that language or disability will not be barriers to accessing 2-1-1 services. For a caller who prefers to communicate in a language other than English, HVA utilizes the AT&T Language Line, which provides 24 hour a day, 7 day a week “real time” interpretation service in hundreds of languages (**Exhibit 14: Language Line invoices**). Michigan Relay provides a

⁴ A crisis call is defined as a call in which the caller is contemplating suicide, experiencing extreme emotional distress, or the caller is in a life-threatening situation that requires immediate police, fire, or medical intervention.

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

TDD line, enabling hearing-impaired callers to access 2-1-1 services. Please refer to Exhibit 15: Special Populations Training Module. HVA will incur the cost of these services.

8. The increasing popularity and public comfort with searching for information on the Internet encouraged the Regional Call Center to develop an interactive website that provides an additional venue for 24-7-365 access to service and referral information online. The Regional Call Center website is visible, accessible, and easy to use. Future plans include adding information kiosks in each county so community members have access to the Regional Call Center website and can search the information and referral database.
9. The Regional Call Center utilizes *Refer7* software, which is designed specifically for 2-1-1 information and referral services. The Regional Call Center also uses the nationally-accepted taxonomy of the Alliance of Information and Referral System (AIRS). In March of 2004, Washtenaw United Way and HVA initiated the development of a single, integrated database of health and human service information. Agency and service information was collected from providers in Washtenaw County, as well as information from the Monroe County First Call for Help and the LCHelpNow! databases. Many steps have been taken to ensure seamless access to the most up-to-date information about health and human services in the tri-county area, including:
 - The Regional Call Center has successfully merged three county databases into one centralized database accessed by all call takers. Standardization allows for transparent access to the Regional Call Center database by 2-1-1 other call centers, during times of emergency, if necessary. Currently, the Regional Call Center database contains 800 agencies and 1,400 services.
 - Considerable effort continues to be made by Regional Call Center staff to maintain the database and to make certain that it contains current information. Policies for updating the database are strictly adhered to, which assures that information is as accurate and up-

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

to date as possible. Exhibit 16 contains the Regional Call Center policy regarding resource management and protocol updates.

- An online web feature has been added to the Regional Call Center website which allows service-providers to change and update information about their agency. This feature contributes to the accuracy of the database.

10. The Regional Call Center collects data including, but not limited to, caller ZIP code, type of service(s) needed, nature of the referral(s) made, and caller needs that cannot be met by current resources. The Regional Call Center will also track various operational and performance measures, including call volume, number of abandoned calls, average speed of call answered, average call length, average length of time in queue, and the number of calls routed or transferred. This information will be used for internal evaluation and management purposes.
11. The Regional Call Center will regularly analyze 2-1-1 data in order to produce current profiles of community needs, recognize trends in services, and identify gaps in current community resources. This data will be reported to the community, as well as to local and state policy-makers, to assist in identifying unmet community needs and to support the development of plans for reallocation of resources.

Given the information provided by the Regional Call Center, the Commission must consider specific factors set forth below in making its determination pursuant to MCL § 484.2214 to designate a call center as a 2-1-1 information and referral answering point.

MCL §484.2214(3): The commission shall designate a community resource information and referral entity to be the 2-1-1 answering point for various geographical areas within this state. In making its determination, the commission shall consider all of the following:

United Way Regional Call Center
Application and Notice of Opportunity to Comment

I. Section 214 3(a): The recommendations of Michigan 2-1-1, Inc.

The Regional Call Center recognizes the benefits of an integrated, state-wide 2-1-1 system, and has made efforts to cooperate with Michigan 2-1-1, Inc. by participating in discussions regarding regionalization of 2-1-1 services and by contributing to the development of the Michigan 2-1-1, Inc. business plan. The Regional Call Center has obtained the recommendation of Michigan 2-1-1, Inc. to become a provider of 2-1-1 information and referral services for the tri-county area; **Exhibit 17** contains a letter of support provided by Michigan 2-1-1, Inc.

The Regional Call Center has satisfactorily obtained the recommendation from Michigan 2-1-1, Inc., thus satisfying the requirement of Section 214 3(a).

II. Section 214 3(b): Whether the relevant state-endorsed multipurpose collaborative bodies are in agreement.

The Livingston County Human Services Collaborative Body, the state-endorsed multipurpose collaborative body for Livingston County, endorses and approves the Regional Call Center as the designated 2-1-1 answering point for Livingston County. **Exhibit 18** contains the Livingston Co. Human Services Collaborative Body Letter of Endorsement.

The Monroe County Human Services Collaborative Network, the state-endorsed multipurpose collaborative body serving Monroe County, has endorsed and approved the Regional Call Center as the designated 2-1-1 answering point for Monroe County. The Monroe County Human Services Collaborative Network Letter of Endorsement is **Exhibit 19**.

The Washtenaw Human Services Collaborative Council, the state-endorsed multipurpose collaborative body for Washtenaw County, endorses and approves the Regional Call Center as the designated 2-1-1 answering point for Washtenaw County. Please see **Exhibit 20**, which includes the Washtenaw Human Services Collaborative Council Body Letter of Endorsement.

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

The Regional Call Center has satisfactorily gained approval from all relevant state-endorsed multipurpose collaborative bodies, therefore satisfying requirement Section 214 3(b).

III. Section 214 3(c): Whether the entity has established a framework to assure the provision of coverage of the 2-1-1 telephone number 24 hours per day, 7 days per week.

The Regional Call Center is currently providing information and referral services 24 hours a day, 7 days per week via CRS, CIRS, and contracted services with HVA. All partners have coordinated to ensure a provision of coverage when the Regional Call Center receives the 2-1-1 designation. A set standard for 2-1-1 call centers which states, "The Call Center shall be accessible by operating on a 24/7 basis, without assessing a direct charge against callers, and demonstrating a commitment to reasonably accommodate callers with special needs" (Please see Exhibit 21, Standard 2) was met as part of the MI-AIRS endorsement. All entities participating in this tri-county collaboration have made significant commitments to assure the successful establishment and sustainability of the Regional Call Center, including:

- Substantial investment in the set up of the Regional Call center, including a community needs assessment and discussion with county and state officials regarding the benefits of 2-1-1. Furthermore, UWRCC made a significant effort to consult with successful local and state 2-1-1 call centers to learn best practices for information and referral services⁵, develop relationships with local service providers, and create the necessary MOUs and protocols for the Regional Call Center to operate effectively. Exhibit 22 contains a list of all agencies with whom the Regional Call Center has developed MOUs.
- Washtenaw United Way has made the commitment to be the fiduciary agent for the Regional Call Center, to provide adequate administrative support via the Program Manager and staff members, and to make financial contributions. Regional Call Center staff has worked diligently to develop relationships with local funders, including the Ann Arbor Area

⁵ The Regional Call Center consulted with United Way for Southeastern Michigan 2-1-1, First Call of Ottawa County 2-1-1, and Connecticut 2-1-1.

United Way Regional Call Center
Application and Notice of Opportunity to Comment

Community Foundation, Pfizer Global Research and Development, RNR Foundation, Kiwanis, and Washtenaw County. We anticipate continued support from these organizations. Furthermore, efforts to obtain additional funding from local and national foundations, local unions, a corporate sponsorship program, and private donations are underway. The aid of a diverse group of funders and the commitments of the three United Way offices will provide the Regional Call Center the necessary resources to maintain operations 24 hours a day, 7 days per week, at no charge to callers.

Pursuant to requirement 3(c), the Regional Call Center satisfactorily provides services 24 hours per day, 7 days per week.

IV. Section 214 3(d): Whether the entity meets 2-1-1 standards adopted by the Michigan Alliance for Information and Referral Systems.

The United Way Regional Call Center completed an extensive MI-AIRS application, which included creating new and revising existing protocols and procedures, as requested by MI-AIRS⁶. Exhibit 21 contains the MI AIRS Standards for 2-1-1 call centers. MI-AIRS completed an extensive review of the Regional Call Center's program and capacity to provide 2-1-1 service to Livingston, Monroe, and Washtenaw Counties (Please see Exhibit 23: Review Team Minimal Expectations Protocol) and has determined that the Regional Call Center has satisfied all the requirements, as set forth by their standards. On June 14, 2006, the Regional Call Center received endorsement from MI-AIRS as a 2-1-1 call center. Exhibit 24 contains the MI AIRS letter of endorsement.

The Regional Call Center has satisfactorily obtained endorsement from MI-AIRS, satisfying requirement 3(d).

⁶ Due to the extensive volume, the complete Regional Call Center MI-AIRS application and supplemental documents are not included in this application. They will be made available for review upon request.

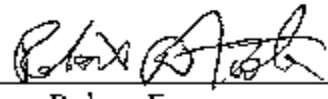
United Way Regional Call Center
Application and Notice of Opportunity to Comment

Wherefore, Petitioner UWRCC respectfully requests:

- A. The Commission assign the telephone digits 2-1-1 to the United Way Regional Call Center as the community resource information and referral answering point for Washtenaw, Livingston, and Monroe Counties;
- B. The transfer of the exchange areas Ypsilanti and Willis from holding by United Way for Southeastern Michigan 2-1-1 to the United Way Regional Call Center;
- C. The Commission prescribe appropriate interconnection orders; and
- D. It be granted any such further relief as the Commission may deem just and equitable.

Respectfully submitted,

BUTZEL LONG

By: 
Robert Foster
Attorney for Petitioner
(enter address & phone info)
350 S. MAIN ST,
SUITE 300
ANN ARBOR, MI 48104
(734) 213 3022

Dated: July 24, 2006

**United Way Regional Call Center
Application and Notice of Opportunity to Comment**

Exhibits

- | | |
|------------|---|
| Exhibit 1 | MOU between Regional Call Center & United Way for Southeastern Michigan 2-1-1 |
| Exhibit 2 | MOU between Regional Call Center & United Way of Jackson County 2-1-1 |
| Exhibit 3 | Washtenaw 2-1-1 Feasibility Study |
| Exhibit 4 | Regional Call Center Organizational Chart |
| Exhibit 5 | MOU between Washtenaw United Way & Huron Valley Ambulance |
| Exhibit 6 | MOU between Livingston County United Way & Huron Valley Ambulance |
| Exhibit 7 | MOU between United Way of Monroe County & Huron Valley Ambulance |
| Exhibit 8 | Regional Call Center Call Volume & Staffing Projections, 2006-2010 |
| Exhibit 9 | Call Specialist Training Manual: Crisis call modules |
| Exhibit 10 | MOU between Regional Call Center & Emergency Psychiatric Services—University of Michigan Health Centers |
| Exhibit 11 | MOU between Regional Call Center & Washtenaw Central Dispatch |
| Exhibit 12 | MOU between Regional Call Center & Livingston Central Dispatch |
| Exhibit 13 | MOU between Regional Call Center & Monroe County Central Dispatch |
| Exhibit 14 | AT & T Language Line invoices |
| Exhibit 15 | Call Specialist Training Manual: Special populations module |
| Exhibit 16 | Regional Call Center Resource Management and Updating Protocol policy |
| Exhibit 17 | Michigan 2-1-1, Inc. letter of recommendation |
| Exhibit 18 | Livingston Co. Human Services Collaborative Body letter of endorsement |
| Exhibit 19 | Monroe County Human Services Collaborative Network letter of endorsement |
| Exhibit 20 | Washtenaw Human Services Collaborative Council letter of endorsement |
| Exhibit 21 | MI AIRS Standards for 2-1-1 Call Centers |
| Exhibit 22 | Regional Call Center list of Memorandums of Understanding |
| Exhibit 23 | MI AIRS Review Team Minimal Expectations Protocol |
| Exhibit 24 | MI AIRS letter of endorsement |

MEMORANDUM OF UNDERSTANDING

UNITED WAY REGIONAL CALL CENTER

AND

UNITED WAY FOR SOUTHEASTERN MICHIGAN 2-1-1

1. Parties

This agreement is between the United Way Regional Call Center and the United Way for Southeastern Michigan 2-1-1.

United Way Regional Call Center (UWRCC) is a collaboration between the local United Ways serving Livingston, Monroe, and Washtenaw Counties in Michigan and Huron Valley Ambulance. UWRCC provides comprehensive information and referral services. UWRCC has received endorsement from the Michigan Alliance of Information and Referral Systems (MI-AIRS) and is applying for 2-1-1 designation from the Michigan Public Service Commission (MPSC). Pending designation from the MPSC, UWRCC will provide 2-1-1 information and referral services to the residents of Livingston, Monroe, and Washtenaw Counties.

United Way for Southeastern Michigan 2-1-1 (UWSEM 2-1-1) provides 2-1-1 information and referral services to residents of Oakland, Macomb, and Wayne Counties in Michigan. UWSEM 2-1-1 has received endorsement from MI-AIRS and the designation from the MPSC as a 2-1-1 call center. UWSEM 2-1-1 implemented 24/7 2-1-1 services on December 5, 2005 providing comprehensive information and referral services.

2. Purpose

The purpose of this Memorandum of Understanding (MOU) is to coordinate services provided to residents by the United Way for Southeastern Michigan¹ and the United Way Regional Call Center². Due to exchange areas which overlap the county boundaries which separate the service areas of UWSEM 2-1-1 and UWRCC³, residents who live within specific exchange areas may

¹ Primarily residents of Oakland and Wayne Counties in Michigan

² Primarily residents of Monroe and Washtenaw Counties in Michigan

³ Including, but not limited to, the South Lyon, Milford White Lake, WEs, Plymouth, Ypsilanti, Flat Rock, and Rockwood exchange areas.

MEMORANDUM OF UNDERSTANDING

not be routed to the county appropriate 2-1-1 call center. This MOU will describe the relationship between the identified parties and outline how modifications to this agreement will be decided. It is the intention of both parties to assure that all residents are provided high-quality 2-1-1 services and are served by the most appropriate 2-1-1 call center.

3. Responsibilities

United Way Regional Call Center will:

- A. Permit the MPSC to acquire the exchange areas Ypsilanti and Willis, which were designated to UWSSEM 2-1-1 by the MPSC
- B. Ensure that all I&R specialists have the skills to meet the needs of callers. When a caller is identified as a resident of Oakland or Wayne County, the following procedures will be taken by all I&R specialists:
 - 1) The I&R specialist will identify the caller's county of residence and the caller's preference for services.
 - 2) If the caller states a preference for information and/or referral for services or volunteer opportunities in Livingston, Washtenaw, or Monroe County, the I&R specialist will proceed to provide comprehensive information and referral, as outlined in the UWRCC Training Manual.
 - 3) If the caller is not eligible for services in Livingston, Washtenaw, or Monroe Counties, or if the services within the jurisdiction of UWRCC do not meet the needs of the caller, a direct telephone transfer or a referral to UWSSEM 2-1-1 will be made by the I&R specialist.
 - 4) If the caller states a preference for information and/or referral for services in Oakland or Wayne County, the I&R specialist will provide a direct telephone transfer or a referral to UWSSEM 2-1-1.
- C. Maintain a comprehensive, up-to-date database of health and human services information within Livingston, Monroe, and Washtenaw Counties.

United Way for Southeastern Michigan 211 will:

MEMORANDUM OF UNDERSTANDING

- A. Retain the Plymouth, South Lyon, Milford-White Lake, Flat Rock, and Rockwood exchange areas, as they were designated by the MPSC.
- B. Insure all I&R specialists have the skills to meet the needs of callers. When a caller is identified as a resident of Monroe or Washtenaw County, the following procedures will be taken by all I&R specialists:
 - 1) The I&R specialist will identify the caller's county of residence and the caller's preference for services.
 - 2) If the caller states a preference for information and/or referral for services or volunteer opportunities in Oakland or Wayne Counties, the I&R specialist will proceed with the call, as outlined by protocol.
 - 3) If the caller is not eligible for services in Oakland or Wayne Counties, or if the services within the jurisdiction of UWSEM 211 do not meet the needs of the caller, a direct telephone transfer or a referral to UWRCC will be made by the I&R specialist.
 - 4) If the caller states a preference for information and/or referral for services in Monroe or Washtenaw County, the I&R specialist will provide a direct telephone transfer or a referral to UWRCC.
- C. Maintain a comprehensive, up-to-date database of health and human services information within Macomb, Oakland, and Wayne Counties.

Both United Way Regional Call Center and United Way for Southeastern Michigan 211 will:

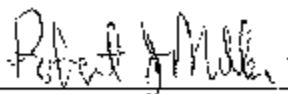
- A. Follow own agency policies and procedures for responding to an emergency or a crisis call.
- B. Coordinate and exchange resource information, strategies, and procedures to ensure coordinated and up-to-date information that has major impact and/or influence on the service area. Either party shall initiate communication via telephone, e-mail, or other means of communication.
- C. Acknowledge that state and federal laws on confidentiality may prevent each agency from confirming or denying whether a caller received services or accessed any component of services without an expressed written release from the program participant.

MEMORANDUM OF UNDERSTANDING

4. Memorandum Of Understanding Modification Methods

This MOU shall be in effect on the date the MPSC agrees to designate the telecom exchange area to the parties identified as outlined by this agreement. This MOU will continue until it is terminated, modified, or revised by either party or by the MPSC. JWRCC, JWSER 211, or the MPSC can request dialogue to explore and make changes to this MOU at any time.

5. Signed



Robert Miller, Program Manager
United Way Regional Call Center

Date

7/6/06



El Cabral Lee, Director
United Way for Southeastern Michigan 2-1-1

Date

7/6/06

MEMORANDUM OF UNDERSTANDING

UNITED WAY REGIONAL CALL CENTER

AND

JACKSON COUNTY 2-1-1

1. Parties

This agreement is between the United Way Regional Call Center and the Jackson County 2-1-1.

United Way Regional Call Center (UWRCC) is a collaboration between the local United Ways serving Livingston, Monroe, and Washtenaw Counties in Michigan and Huron Valley Ambulance. UWRCC provides comprehensive information and referral services. UWRCC has received endorsement from the Michigan Alliance of Information and Referral Systems (MI-AIRS) and is applying for 2-1-1 designation from the Michigan Public Service Commission (MPSC). Pending designation from the MPSC, UWRCC will provide 2-1-1 information and referral services to the residents of Livingston, Monroe, and Washtenaw Counties.

Jackson County 2-1-1 (JC211), a collaboration between the United Way of Jackson County and LifeWays, provides 2-1-1 information and referral services to residents of Jackson County Michigan. JC211 has received endorsement from MI-AIRS and the designation from the MPSC as a 2-1-1 call center. Jackson County 2-1-1 is applying for 2-1-1 Endorsement from MI-AIRS to expand its 2-1-1 Services to Clinton, Eaton, Hillsdale, and Ingham Counties.

2. Purpose

The purpose of this Memorandum of Understanding (MOU) is to coordinate services provided to residents of Jackson County 2-1-1¹ and the United Way Regional Call Center². Due to exchange areas which overlap the county boundaries which separate the service areas of JC211 and UWRCC, residents who live within specific exchange areas may not be routed to the county-appropriate 2-1-1 call center. This MOU will describe the relationship between the identified parties and outline how modifications to this agreement will be decided. It is the

¹ Primarily residents of Jackson and Ingham Counties in Michigan.

² Primarily residents of Livingston and Washtenaw Counties in Michigan.

³ Including, but not limited to, the Stockbridge exchange area.

MEMORANDUM OF UNDERSTANDING

reunion of both parties to assure that all residents are provided high-quality 2-1-1 services and re served by the most appropriate 2-1-1 call center.

Responsibilities

United Way Regional Call Center will:

- a. Ensure that all I&R specialists have the skills to meet the needs of callers. When a caller is identified as a resident of Jackson or Ingham County, the following procedures will be taken by all I&R specialists:
 - 1) The I&R specialist will identify the caller's county of residence and the caller's preference for services.
 - 2) If the caller states a preference for information and/or referral for services or volunteer opportunities in Livingston, Washtenaw, or Monroe County, the I&R specialist will proceed to provide comprehensive information and referral, as outlined in the UWRCC Training Manual.
 - 3) If the caller is not eligible for services in Livingston, Washtenaw, or Monroe Counties, or if the services within the jurisdiction of UWRCC do not meet the needs of the caller, a direct telephone transfer or a referral to JC 211 will be made by the I&R specialist.
 - 4) If the caller states a preference for information and/or referral for services in Jackson or Ingham County, the I&R specialist will provide a direct telephone transfer or a referral to JC 211.
- . Maintain a comprehensive, up-to-date database of health and human services information within Livingston, Monroe, and Washtenaw Counties' resources.

Jackson County 211 will:

- a. Retain the Stockbridge exchange area, as it was designated by the MPSC
- . Ensure all I&R specialists have the skills to meet the needs of callers. When a caller is identified as a resident of Livingston or Washtenaw County, the following procedures will be taken by all I&R specialists:

MEMORANDUM OF UNDERSTANDING

- 1) The I&R specialist will identify the caller's county of residence and the caller's preference for services.
 - 2) If the caller states a preference for information and/or referral for services or volunteer opportunities in Ingham or Jackson Counties, the I&R specialist will proceed with the call, as outlined by protocol.
 - 3) If the caller is not eligible for services in Ingham or Jackson Counties, or if the services within the jurisdiction of JC 211 do not meet the needs of the caller, a direct telephone transfer or a referral to UWRCC will be made by the I&R specialist.
 - 4) If the caller states a preference for information and/or referral for services in Livingston, Washtenaw, or Monroe County, the I&R specialist will provide a direct telephone transfer or a referral to UWRCC.
- C. Maintain a comprehensive, up-to-date database of health and human services information within Jackson and Ingham Counties.

Both United Way Regional Call Center and Jackson County 211 will:

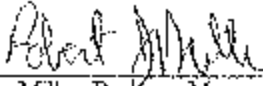
- A. Follow own agency policies and procedures for responding to an emergency or a crisis call.
- B. Coordinate and exchange resource information, strategies, and procedures to ensure coordinated and up-to-date information that has major impact and/or influence on the service area. Either party shall initiate communication via telephone, e-mail, or other means of communication.
- C. Acknowledge that state and federal laws on confidentiality may prevent each agency from confirming or denying whether a caller received services or accessed any component of services without an expressed written release from the program participant.

4. Memorandum Of Understanding Modification Methods

This MOU shall be in effect on the date the MPSC agrees to designate the telecom exchange area to the parties identified, as outlined by this agreement. This MOU will continue until it is terminated, modified, or revised by either party or by the MPSC. UWRCC, JC 211, or the MPSC can request dialogue to explore and make changes to this MOU at anytime.

5. Signed

MEMORANDUM OF UNDERSTANDING


Robert Miller, Program Manager
United Way Regional Cal. Center

2/6/06
Date


Richard LaPratt, 2-1-1 Director
Jackson County 2-1-1

Jan 27, 06
Date

WASITTENAW COUNTY 2-1-1 CALL CENTER

FEASIBILITY STUDY

BUSINESS PLAN

MAY 2003

WASHTENAW 211 TASK FORCE

In Washtenaw County, the Washtenaw United Way has taken a leadership role in investigating the feasibility of the creation of a Washtenaw 211 Call Center. Following a series of meetings of potential community 211 stakeholders hosted by the Washtenaw United Way in the summer and fall of 2002 a Washtenaw 211 Task Force was established.

The Task Force is composed of representatives of the United Way, Washtenaw County Government, the Ann Arbor Area Community Foundation and Huron Valley Ambulance Service.

The Task Force's role was to bring together area 211 stakeholders, assess the community's information and referral needs, identify potential service partnership arrangements, estimate potential start-up and annual operating costs and identify potential funding streams for a 211 service in Washtenaw County.

211 TASK FORCE MEMBERSHIP

Rickey Banks

AFL-CIO Community Services Liaison
Washtenaw United Way

Martha Bloom

Program Director
Ann Arbor Area Community Foundation

Amy Klink

Management Analyst
Washtenaw County Government

Gerald Zapolnik

Vice President for Support Operations
Huron Valley Ambulance

211 TASK FORCE CONSULTANT

John Martin

Faculty
School of Social Work
University of Michigan

Table of Contents

Executive Summary and Recommendations	page 1
Mission, Goals and Objectives	page 9
Budget – Three-year Model	page 11
Budget Narrative	page 12
Project Timeline	page 13
Job Descriptions	page 14
Marketing Plan	page 19
Refer Product Description	page 22
Committee Minutes	page 28
Non Profit Responses	page 34
Michigan Telecommunications Act (Excerpt)	page 52
PowerPoint Presentation	page 53
MI-AIRS Standards for 2-1-1 Call Centers	page 56

**FEASIBILITY STUDY
&
BUSINESS PLAN**

EXECUTIVE SUMMARY *

What is 211?

211 is an easy to remember, free to the user phone number linking people in need of health and human services with the providers of such services. With 211 callers could find help getting food, housing, child care, job training services, adult day care services, drug treatment or money to help pay the electric bill as easily as they get police help by dialing 911.

The service though would not just be for people who need help. It also would take calls from people who want to volunteer or want to contribute to help.

The September 11 terrorist attacks helped showcase the value of 211. Calls to the Connecticut statewide 211 service jumped 20% after the attacks and the program served as an official victims' telephone line.

211 is viewed as a compliment to 911, crisis hotlines, suicide prevention services and the like. Many calls currently taken by these specialized and highly trained staff could be handled by a 211 information and referral specialist, freeing up the specialized services to focus on the calls and situations they were designed to handle.

Who benefits from a 211 service?

In addition to the callers who receive fast identification and referral to the right service

- Service organizations benefit through quicker identification of clients and better planning based on call center data
- Local governments benefit through improved service coordination
- Policy makers and funders at all levels benefit through more accurate assessment of community needs and finally
- The entire community benefit by having stronger and healthier families and individual residents

(*Complete report is available at the Washtenaw United Way Office)

A brief history of 2-1-1

The nation's first 211 line was created in Metropolitan Atlanta in 1997 to facilitate consumer access to health and human services. The State of Connecticut followed Atlanta with a statewide system in 1998.

In July 2000 the Federal Communication Commission (FCC) designated the three-digit phone number 2-1-1 nationally for health and human services information and referral services. Today 211 serves more than 60 million Americans, 21% of the US population, in 70 active sites in 22 states.

In July, 2000 the Michigan Legislature amended the Telecommunications Act and directed the Public Service Commission to designate 2-1-1 statewide as an information and referral phone number for health and human services. In Michigan call centers are already in operation in Calhoun (Battle Creek), Kalamazoo and Kent (Grand Rapids) Counties and it is estimated that nearly 60% of the state will have an operational 211 call center within 12 months.

There is a 2-1-1 statewide collaborative body, sponsored by the Michigan Association of United Ways (MAUW), working toward the adoption of 2-1-1 throughout the state. Michigan communities that either have a 2-1-1 call center, or are actively working to develop one, meet in Lansing monthly for collaborative problem solving, mutual support and planning. The intent is to develop linkages of 2-1-1 call centers into a network capable of providing information and referral statewide. Ricky Banks from Washtenaw United Way is an active member of this collaborative.

Washtenaw County Historical Development Providing Information and Referral

Washtenaw County is unique among Michigan communities in providing information and referral services, in that it lacks a centralized call center whose primary function is to provide information and referral. Our county has a history of starts and stops in relation to information and referral services. Washtenaw United Way (WUW), SOS, The Ann Arbor District Library (AADL) and NEW have had databases of human services and have provided information and referral to varying degrees. Currently SOS, NEW and AADL lack the resources to keep the data bases current and accurate. These data bases are maintained in a passive fashion, in which provider agencies are responsible for keeping the data comprehensive and current. This results in information often being outdated and inaccurate. It is essential that staff specifically dedicated to this function maintains data bases.

Historically, Washtenaw United Way maintained a paper copy of a resource guide, which it updated annually, as well as an information and referral service and a volunteer recruitment and placement service. These services were discontinued in the mid 1990's. Other human service organizations in our community maintain crisis information lines and/or information and referral services for their specific domain, i.e. Domestic Violence

Project/Safe House, Ozone Center for Child and Family Services, The Area Agency on Aging I-B, and The Child Care Coordinating Center. The Community Health Organization (CHO) maintains its 800 Health Service Access phone line to screen callers for eligibility for mental health, public health, substance abuse, MCare-Medicaid, The Washtenaw Health Plan, and The Chelsea Help Line. Of the 30,000 calls a year to Access, 4000 are deemed eligible for services and 26,000 are referred to community providers. Access also provides the community crisis intervention response, through a relationship with the University of Michigan's Emergency Room Psychiatric Services.

A vacuum exists in our community because we do not have a comprehensive and centralized mechanism for providing accurate information and referral. The risk is present that Access will become the default information and referral provider for the community because they have an 800 number, a call center and staff available to callers. Providing information and referral is not the mission or purpose of Access. Access is therefore put in an untenable position because no other more appropriate resource currently exists. Human service providers report spending significant number of hours every week providing information and referral to callers from the community, time that could be spent fulfilling the organizations' primary mission and functions. Citizens are often trapped in a web of numerous calls to potential resources before locating the appropriate responses. Sometimes they give up in frustration. Only the most assertive, persistent and articulate are likely to succeed.

Washtenaw County Survey

During the last four months, the Task Force's consultant has been in contact with thirty representatives of human service organizations, has spoken at four human service collaborative meetings and has received written input from executives of non profit human service organizations regarding the feasibility of developing a 2-1-1 call center in Washtenaw County. The overwhelming majority of people contacted expressed support for this initiative, indicating it would be a significant benefit for their staff and for consumers of services. They indicated that staff would not have to spend as much time providing information and making referrals and consumers would not have to make multiple phone calls and deal with the frustration of not easily accessing services. The concern was expressed that funding this service would decrease the amount of money available to support existing services.

A few organizations have their own crisis lines or information and referral services and each of them would want some particular relationship with a 2-1-1 call center. Access and Ozone House would want to have some role in training 2-1-1 staff. Each of those organizations serves specific populations and has established their own information, referral, advocacy and or screening protocols for their populations. They need assurance that they would receive appropriate referrals. The Child Care Coordinating Council and The Area Agency on Aging each have their own data base and referral system. Both of those agencies would want the 2-1-1 system to interface with them rather than duplicate their services. The Ann Arbor District Library would like to have a web based copy of

the database that would enable their reference librarians to provide accurate information to people who call the Library asking for help.

Of the thirty nine (39) executives of non profit organizations who received a letter requesting feedback, 11 responded. The issues raised reflected both support for and opposition to the idea of 2-1-1. Specific concern was expressed regarding equity in referral patterns, and there was opposition to spending money on "new services". A recommendation was made that the call center have its own Board and not be a program of an existing agency. In general the responses were positive. The feedback emphasized that if this project is to be implemented, it must have adequate planning and resources so that it produces and maintains a high quality, professional and accountable service.

Support for 2-1-1 was received from each of the four groups with which the Task Force's consultant spoke. The Human Services Collaborative Council, the Council of Private Agencies, The 0-5 Age Task Force of the Human Service Collaborative Council and the Emergency Management Team of Public Safety Personnel. One consistent comment heard from members of these groups was that each agency was spending considerable time developing resource guides, time that could be spent working on the agency's mission if a centralized call center existed. In order for the 2-1-1 initiative to be successful in Washtenaw County it is imperative that the call center have individualized relationships with each of the provider agencies so the data in the database accurately reflect the specific requirements and protocols of each provider.

Potential Advantages of a Centralized 2-1-1 Information and Referral Center:

1. Elimination of fragmentation and reduction in duplication of efforts in the current "information and referral process," thereby providing better service to callers. Studies show that people seeking health and human services call an average of 7-8 agencies before finding the right one. (United Way of America.)
2. Enable professionals to make appropriate client referrals in a streamlined manner. (In Connecticut, 15% of the calls to 2-1-1 are from teachers, clergy and social workers seeking help for their clients)
3. 2-1-1 is an easy to remember phone number and will ultimately provide consistency among communities.
4. Improved access to existing resources – the database is developed and maintained to be comprehensive, current and accurate.
5. Enhanced opportunity for civic involvement -- 2-1-1 can connect volunteers and donors to service organizations. (In Connecticut, where 2-1-1 has the longest history and most experience, the largest increase in calls is coming from community members wishing to donate goods or volunteer time to health and human service organizations.)

6. Expanded inclusion of resource information - the database can be expanded to include neighborhood associations, grassroots groups and faith based organizations.
7. Improved coordination and implementation of new initiatives - a 2-1-1 call center can become the first stop for information on existing initiatives and for finding potential collaborative partners.
8. Improved source of information for community planning - the information collected on caller need, service availability, agency responsiveness, community resources and caller demographics will be valuable to community planners.
9. A focal point for community collaboration - the 2-1-1 experience of other communities demonstrates that community organizations typically view 2-1-1 as a shared and unbiased source of data for community problem solving.

Potential Challenges in Implementation of the 2-1-1 Call Center for Washtenaw County

1. The call center will consume resources in a financially constrained environment.
2. The development of the call center will take between 18 and 24 months before it becomes a 24 hour 7 day a week 2-1-1 Information and Referral Center.
3. The community's pattern of providing information and referral will need to change and this process may well create tension, as organizations adapt to utilizing this new resource.
4. The 2-1-1 phone number is not yet compatible with cell phones. (Although the 2-1-1 Collaborative is working on this problem)
5. If the resources in the data bank are put on the web, they will be easier to access for some community members, but these users will not have the benefit of a personalized screening and referral process.

Estimated Annual Operating Expense for Washtenaw 211 Call Center

First Year Start Up/Phase In	Cash \$100,000	In-Kind \$25,000	Total \$125,000
Second Year Full Operation	Cash \$160,000	In-Kind \$40,000	Total \$200,000
Maximum Capacity Based on Projected Maximum Number of Calls	Cash \$200,000	In-Kind \$40,000	Total \$240,000

Call Volume

It is conservatively estimated that call volume for a Washtenaw 211 Call Center would be approximately 27,000 calls annually.

Recommendations Regarding a 2-1-1 Call Center in Washtenaw County.

1. **Considering the fragmented history of the provision of Information and Referral in Washtenaw County and reviewing the advantages and disadvantages of implementing a 2-1-1 call center in our community, it is the Task Force's recommendation that this community proceed with the development and implementation of a 2-1-1 call center.**

This recommendation is made with the awareness that accomplishing this task is a long term, relatively slow process and the benefits could take as long as 2 years to be fully realized. There are options in terms of the potential structure and management responsibility of this service. Whatever option is selected, it is imperative that the 2-1-1 call center be a multi- system collaborative effort

2. **It is the Task Force's recommendation that the Washtenaw 2-1-1 Call Center be located within the existing call center at Huron Valley Ambulance.**

All of the telephone technology required to implement and maintain a 2-1-1 call center is currently in place and operating at the Huron Valley Ambulance. This technology includes a call management system that can route calls to the next available operator, and is capable of measuring such items as call volume, call abandonment rate and average length of call. It also includes technologies supporting access to the call center for individuals with special needs, e.g., TDD/VDY access for people with hearing impairments, and translation services for callers who speak languages other than English. Additionally, HVA has the technology to conference call to community resources while the caller is on the telephone, in order to assure the effectiveness of the referral. HVA also operates twenty-four hours a day, seven days a week, three hundred sixty five days a year and thus appears to be the logical organization to provide after hour coverage for the 2-1-1 call center.

3. **It is further recommended that Washtenaw United Way become the provider and manager of the 2-1-1 call center.**

WUW is positioned as a non-biased, countywide organization concerned about the overall health and welfare of the community. In the early 1990's WUW provided information and referral services, which elicited controversy about the resources utilized, and reported as being utilized, for these services. While this historical background needs to be recognized and differentiated from future efforts, WUW remains the logical and most viable option for the management of information and referral in the County. The United Way of America is asking its member agencies to consider expanding their role beyond fundraising, to include initiatives that have positive community impact. Finally, United Ways were instrumental in initiating the 2-1-1 frequency nationally and currently are the primary provider of 2-1-1 services in Michigan and across the nation. Experience has shown that contributions to United Ways campaigns increase following their sponsorship of 2-1-1. (Atlanta United Way

saw a 15% increase in contributions one year after their implementation of Atlanta 2-1-1).

Because the 2-1-1 call center would be physically located within the HVA call center, consideration should be given to structuring the relationship with HVA so they are responsible for the day to day coverage, backup and supervision of the Information and Referral Specialist, at least in the first year of the program.

Proposed Mission Statement.

To Provide Washtenaw County With a Professional State of the Art Information and Referral Service.

Goal 1.

Develop and maintain a comprehensive, accurate, and current data base of community health and human service organizations and programs.

Objectives.

1. a. Purchase *Refer* Software.
1. b. Purchase two computers
1. c. Employ a Resource Specialist to develop the database.
1. d. Employ a Data Entry Clerk. (Or use students from local schools of Social Work or Information Technology)
1. e. Provide training to the Resource Specialist and the Data Entry Clerk

Goal 2

Provide information and referral services from 8:00 to 5:00 Monday through Friday via a 7 digit phone number.

Objectives.

2. a. Employ Information and Referral Call Specialist.
2. b. Locate the service in a call center.
2. c. Provide training to the Information and Referral Call Specialist

Goal 3.

Organize a 2-1-1 Advisory Board.

Objectives.

3. a. Develop a purpose statement and structure for the Advisory Board.
3. b. Invite community members to participate. Recommended members include:
 - Representatives from the 2-1-1 Task Force
 - Josie Barnes Parker from The Ann Arbor District Library
 - Bob Collier from COPE
 - Peggy Briscoe from AAA1B
 - Kathy Reynolds, from CHO
 - Liz Brater, Michigan State Senator
 - Katie Doyle, Ozone House Clinical Director
 - Dale Fitch, U of M School of Social Work
 - Doug Plant, Neighborhood Senior Services
 - Kaye Askew-King from SOS
 - Kathy Osterman from the Red Cross.

Goal 4.

Apply to the Michigan Public Service Commission for 2-1-1 assignment.

(application attached)

Objectives.

- 4.a. Staff certification by the Michigan Association of Information and Referral Services (MI- AIRS)
- 4.b. Accreditation by MI-AIRS of the Washtenaw Information and Referral Service.
- 4.c. Establishment of 24 hour, 7 day a week, 365 days a year coverage for information and referral.
- 4.d. Obtain the written support of the Human Service Collaborative Council

Goal 5.

Market and advertise the call center.

Objectives.

- 5.a. Implement print advertising campaign, including newspapers, billboards, brochures etc.
- 5.b. Implement radio advertising campaign
- 5.c. Implement TV advertising campaign, ideally in conjunction with other 2-1-1 providers in the TV service area.

Goal 6.

Using the protocols in the Refer software, evaluate the service.

Objectives.

- 6.a. Review responses to caller satisfaction surveys.
- 6.b. Review responses to agency satisfaction surveys
- 6.c. Review demographic data regarding callers
- 6.d. Review data on service needs

**Three year Model Budget
2-1-1 Call Center - Washtenaw**

Expenses	2003	2004	2005
Program Director	6,000.00*	6,300.00	6,615.00
Supervisor	10,000.00*	25,000.00	25,000.00
Resource Specialists	35,000.00	36,750.00	38,587.00
I & R Specialists	14,500.00	52,500.00	78,750.00
Data Entry Clerk	10,000.00		
Total Salaries	75,500.00	120,550.00	148,952.00
Fringe Benefits	18,875.00	30,137.50	37,238.00
Taxes	6,417.50	10,246.75	12,660.92
Telecommunications	1,200.00	7,800.00	5,400.00
Supplies	1,000.00*	500.00	500.00
Computers	4,000.00*	2,000.00	2,000.00
Software	5,000.00		
Work Stations	500.00*	250.00	250.00
Chairs	500.00*	250.00	250.00
File Cabinets	200.00*	0.00	0.00
Occupancy	5,000.00*	5,000.00	5,000.00
Marketing	1,000.00	3,000.00	2,500.00
Printing	1,000.00	1,000.00	500.00
Postage	500.00	500.00	500.00
Travel	500.00	1,000.00	1,000.00
Legal Fees	0.00	250.00	250.00
Liability Insurance	300.00	300.00	300.00
Conference/membership	300.00	1,200.00	1,200.00
Training	3,000.00	3,000.00	2,000.00
Accounting	500.00	500.00	500.00
Contracting for after hrs		18,000.00	18,000.00
Other			
Total Expenses	125,292.50	205,484.25	239,000.92
* may be donated			
Telecommunications equip. HVA	100,000.00		

2-1-1 Call Center Model Budget Narratives

The budget is based on a June 30, July 1 fiscal year and assumes a start date of July 1, 2003. It is a three-year budget. The financial projections are based on the identified assumptions and if those assumptions change, the financial data will change in corresponding fashion.

Expenses:

Program Director is the person ultimately responsible for the call center. \$6,000 is allocated to this function in the first year and that amount is increased by 5% per year by a cost of living inflator. The assumption is that \$6,000 equals 10% of this person's time. *

Supervisor line item assumes 20% of a \$50,000 position in year one and 50% of the FTE position in year two and three. These projections are based on slow, but steady volume growth in the number of calls to the call center. *

Resource Specialists line item reflects a starting salary of \$35,000 for one full time person with 5% inflators in year two and three.

Information and Referral Specialists reflects 7 months of one \$25,000 a year full time person in year one, two such positions in year two and three such positions in year three. The phasing in of these positions is dependent upon call volume.

Data Entry Clerk is a line item for stipends for students (or other part time help) to perform data entry during the first year of the initiative.

Fringe Benefits are calculated at 25% of salaries

Telecommunications line item is calculated for a 7-digit phone number in year one at \$100 per month. In year two, there is a \$6,500 charge to switch from the 7-digit phone number to 2-1-1. SBC has ongoing monthly charges totaling \$35.00 per month. Additional charges will be incurred for long distance calls and language translation calls. Year three charges reflect increased call volume.

Supplies reflect costs for paper, pens and other consumable office supplies.

Computers reflect the costs of 2 new computers in the first year of the initiative and one additional computer in year two and another in year three. *

Software refers to the purchase price of the *Refer Software*

Workstations and chairs refer to the costs of office desks. Two will be needed in the first year and one will be required in each of the next two years. *

File Cabinets refers to the cost for one file cabinet *

Occupancy line item reflects the cost of two 9x12 offices at \$20.00 a square foot, including costs for cleaning *

Marketing and Printing reflects the projected 3-year cost of advertising. These amounts could increase depending on the marketing plan.

Postage reflects the projected costs of mailing 1350 first class pieces.

Travel is for transportation to conferences and training for staff.

Liability Insurance may be covered by parent agency, but this may be a pro rated expense.

Memberships & Conference line item cover costs associated with conferences attendance, and for membership dues to MI-AIRS.

Training covers cost of staff training for new staff in each of the three years.

Accounting covers the cost of an annual audit.

Contracting for after-hours coverage reflects the expense to cover evening and weekend hours at \$1500 a month.

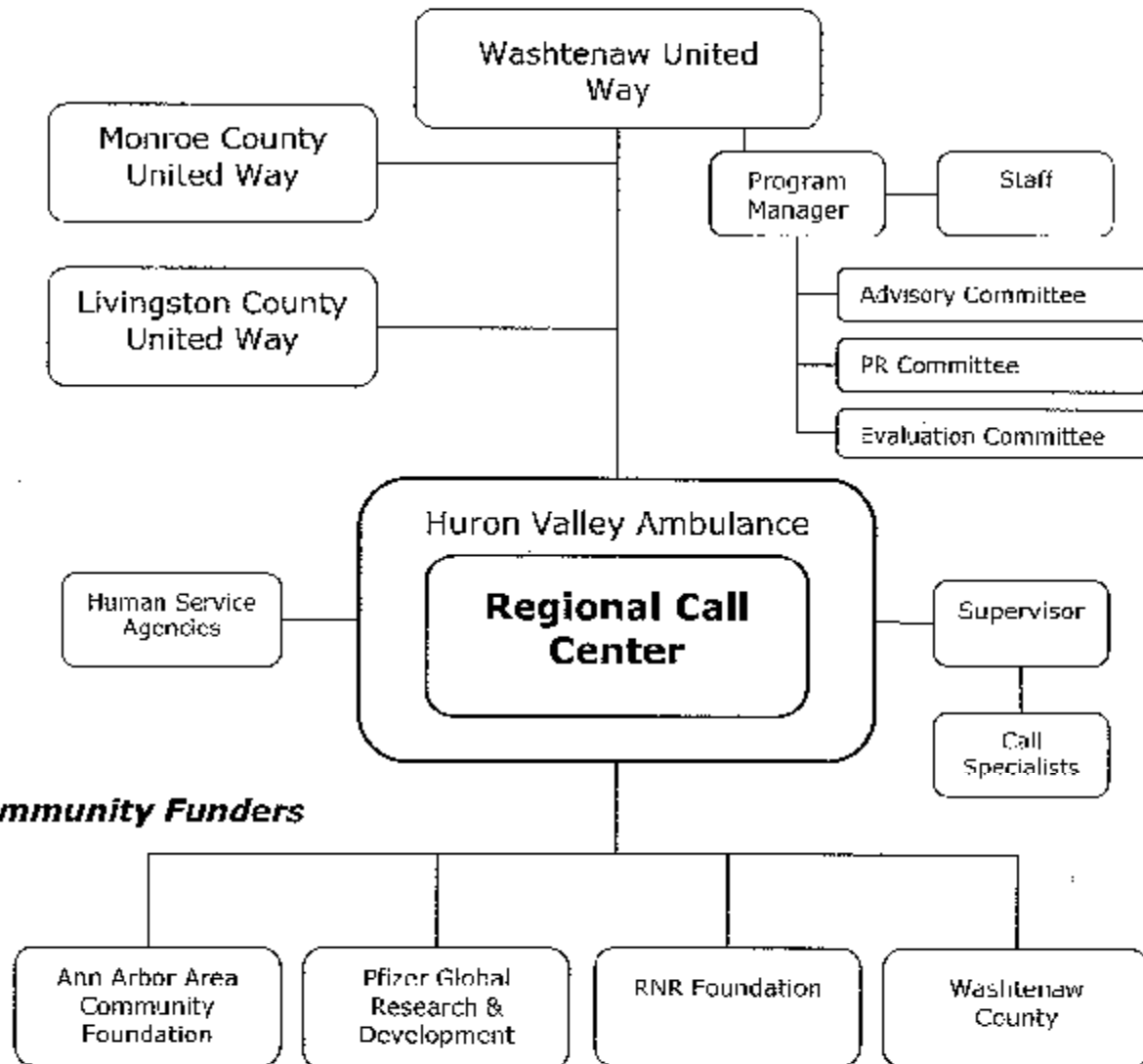
* May be donated

2-1-1 Implementation Timeline

	July, 2003	August	Sept	October	November	December	Jan, 2004	February	March	April	May	June	July	August
Hire Resource Specialists														
Purchase Software														
Purchase Computers														
Employ Data Entry Clerk														
Provide Training														
Organize an Advisory Board														
Locate the I & R service in a call center														
Employ an Information & Referral Specialists														
Provide Training														
Provide information & referral 8-5														
Employ additional I & R Specialists as needed														
Certify staff (MI-ARRS)														
Ascertain support of MSOC														
Apply for 2-1-1 designation														
Provide coverage 24/7														
Market program														
Evaluate service														

United Way Regional Call Center Organizational Chart

Partners & Funders



Memorandum of Understanding regarding 2-1-1 Partnership

between

Washtenaw United Way and Huron Valley Ambulance

This memorandum of understanding between Huron Valley Ambulance (HVA) and the Washtenaw United Way (WUW) outlines our partnership for providing "2-1-1" information and referral services for Washtenaw County and other communities that may wish to join our program.

The Washtenaw United Way and Huron Valley Ambulance are both charitable, nonprofit organizations recognized under Section 501(c)(3) of the Internal Revenue Service Code.

The Board of Directors of Washtenaw United Way, and the Board of Trustees of Huron Valley Ambulance have determined that a "2-1-1" information and referral service in our community is a needed and beneficial service; that it is within the mission of both organizations to provide "2-1-1" services; and that the interests of the community can be best served by collaborating on this project.

1. Description of "2-1-1". "2-1-1" is an information and referral access system for people in the community, for the purpose of learning about social service programs, as a place to offer to volunteer, or to be referred to community programs which can help them or others with social issues. Like "9-1-1" is a universal way to access public safety services, "2-1-1" is envisioned as a way for people to access social services. Ultimately, people will be able to call "2-1-1" 24-hours a day, seven-days a week to access this system.
2. Washtenaw United Way Role. The Washtenaw United Way is the primary agency responsible for "2-1-1" in Washtenaw County and WUW is responsible for receiving and providing funds to operate the program. WUW will also be responsible for publicizing and marketing "2-1-1" and will act as the public spokesperson for "2-1-1".
3. Advisory Committees. WUW will also coordinate two advisory committees that will assist in the planning and ongoing operation of "2-1-1":
 - "2-1-1" Oversight Committee. This committee will be comprised of WUW, HVA, and other organizations that contribute to the funding of "2-1-1". The purpose of this committee is to provide guidance on funding and business decisions. The Committee will meet at least annually.

- "2-1-1" Information & Referral Sub Committee. This committee will report to the "2-1-1" Oversight Committee, and be comprised of WUW, HVA and a selection from agencies that provide end-user services to clients in the community. The purpose of this committee is to provide guidance on information, referrals and operational issues. The Sub-Committee will meet as often as is necessary.
3. HVA Role. Huron Valley agrees to provide call center services for the WUW "2-1-1" program. The program will be initially available on a Monday through Friday basis, during business hours. It will later be expanded to a 24-hour, seven day a week basis. It is anticipated that the vast majority of "2-1-1" calls will be Monday through Friday, during business hours. HVA will also maintain the information referral database with the advice of WUW and the I&R Sub-Committee. HVA will participate in both advisory committees. Appendix "A" to this Memorandum outlines the planned start up time line.
 4. Funding of "2-1-1". The Washtenaw United Way will coordinate all fund raising activity for the "2-1-1" program. Contributions for "2-1-1" operations will be received by WUW and distributed appropriately. WUW will act as the fiduciary agency for "2-1-1" program funding.
 5. HVA In-Kind Contribution. Huron Valley Ambulance agrees to make the following in-kind contribution to the "2-1-1" program: provide all call taker facilities in the existing HVA call center, including office space, utilities, furniture, telephones, existing computer servers and client equipment, telephone switch and all telephone instruments and repairs. HVA will be acknowledged by the WUW as a sponsor of the program, along with other entities.
 6. HVA Costs to Reimbursed by WUW. WUW agrees to pay for the necessary staffing to create and maintain the information referral database, as well as for staffing to answer "2-1-1" telephone requests. Such hours of operation, job descriptions, and amounts will be agreed to annually, or more often as workload increases or decreases and documented in Exhibit "B".
- It is agreed that HVA staff members will not be employees of WUW, and WUW will not be responsible for workers compensation coverage or other employment/compensation issues. HVA will bill WUW for this reimbursement at the beginning of each month, and WUW agrees to pay HVA for those bills within ten days of receipt. The initial job descriptions of HVA staff under this agreement is included in Exhibit "C" to this Letter of Understanding, but both organizations understand that these job descriptions may evolve over time.
7. "2-1-1" Volunteers. Both parties acknowledge that trained and qualified volunteers may be utilized to assist in maintaining the "2-1-1" information database and to answer 2-1-1 telephone requests. Volunteers who work on these functions in the HVA building will be considered volunteers of HVA and not the WUW.

8. Other HVA Expenses to be Reimbursed by WUW. The "2-1-1" operation may require additional software, computer servers, terminals or other equipment that is specific to the "2-1-1" operation and exceeds HVA's current technology. In such cases, WUW will reimburse HVA for those costs of this equipment and software. But in no case will HVA purchase such equipment or software without permission of the WUW. If HVA and WUW terminate this agreement, such equipment and software will be turned over to WUW if practical.

9. Answering "2-1-1" Calls HVA will answer "2-1-1" calls in a timely manner, when staffing is available. If all call takers are busy, the caller will go into a call queue and be given the option to leave a message or stay on the line for the next available call taker. HVA will follow up on any messages in a timely manner. During the initial stages of the program when the lines are answered during business hours only, after hours calls will go directly to queue to be answered on the next business day. "2-1-1" telephone calls which are answered by a call taker will be recorded, as allowed by law. Confidentiality and Privacy of these recordings will be determined in Exhibit "D".

10. Data Regarding "2-1-1" Activity HVA and WUW will provide to each other data on projections, "2-1-1" usage, referrals and other associated activity. The decision to release any data or statistics will be made by the WUW, in accordance with confidentiality and privacy policies.

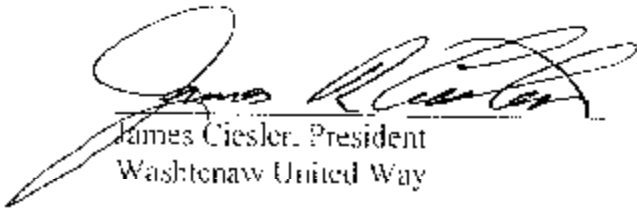
11. Confidentiality and Privacy. Confidentiality and privacy of "2-1-1" clients will be protected. WUW and HVA agree to develop and follow an appropriate confidentiality and privacy policy and it will be attached as Exhibit "D".

12. Changes in Our Relationship. The Letter of Understanding can be modified by both parties in writing, at any time. Either party may terminate this agreement with ninety days written notice to the other party.

13. Accepted by:

For WASHTENAW UNITED WAY

For HURON VALLEY AMBULANCE


James Ciesler, President
Washtenaw United Way


Dale J. Berry, President
Huron Valley Ambulance

3/31/04
Date

3/31/04
Date

Memorandum of Understanding regarding 2-1-1 Partnership

between

Livingston County United Way and Huron Valley Ambulance

This memorandum of understanding between Huron Valley Ambulance (HVA) and the Livingston County United Way (LCUW) outlines our partnership for providing "2-1-1" information and referral services for Livingston County and other communities that may wish to join our program.

The Livingston United Way and Huron Valley Ambulance are both charitable, nonprofit organizations recognized under Section 501(c)(3) of the Internal Revenue Service Code.

The Board of Directors of Livingston County United Way, and the Board of Trustees of Huron Valley Ambulance have determined that a "2-1-1" information and referral service in our community is a needed and beneficial service; that it is within the mission of both organizations to provide "2-1-1" services; and that the interests of the community can be best served by collaborating on this project.

1. Description of "2-1-1". "2-1-1" is an information and referral access system for people in the community, for the purpose of learning about social service programs, as a place to offer to volunteer, or to be referred to community programs which can help them or others with social issues. Like "9-1-1" is a universal way to access public safety services, "2-1-1" is envisioned as a way for people to access social services. Ultimately, people will be able to call "2-1-1" 24-hours a day, seven-days a week to access this system.
2. Livingston United Way Role. The Livingston United Way is the primary agency responsible for "2-1-1" in Livingston County and LCUW is responsible for receiving and providing funds to operate the program. LCUW will also be responsible for publicizing and marketing "2-1-1" and will act as the public spokesperson for "2-1-1".
3. Advisory Committees. LCUW will also have membership on two advisory committees that will assist in the planning and ongoing operation of "2-1-1":
 - "2-1-1" Oversight Committee. This committee will be comprised of LCUW, HVA, and other organizations that contribute to the funding of "2-1-1". The purpose of this committee is to provide guidance on funding and business decisions. The Committee will meet at least annually.
 - "2-1-1" Information & Referral Sub-Committee. This committee will report to the "2-1-1" Oversight Committee, and be comprised of LCUW, HVA and a selection from agencies that provide end-user services to clients in the

community. The purpose of this committee is to provide guidance on information, referrals and operational issues. The Sub-Committee will meet as often as is necessary.

4. HVA Role. Huron Valley agrees to provide call center services for the LCUW "2-1-1" program. The program will be initially available on a Monday through Friday basis, during business hours. It will later be expanded to a 24-hour, seven day a week basis. It is anticipated that the vast majority of "2-1-1" calls will be Monday through Friday, during business hours. HVA will also maintain the information referral database with the advice of LCUW and the I&R Sub-Committee. HVA will participate in both advisory committees. Appendix "A" to this Memorandum outlines the planned start up time line.

5. Funding of "2-1-1". The Livingston United Way will coordinate all fund raising activity for the "2-1-1" program. Contributions for "2-1-1" operations will be received by LCUW and distributed appropriately. LCUW will act as the fiduciary agency for "2-1-1" program funding.

6. HVA In-Kind Contribution. Huron Valley Ambulance agrees to make the following in-kind contribution to the "2-1-1" program: provide all call taker facilities in the existing HVA call center, including office space, utilities, furniture, telephones, existing computer servers and client equipment, telephone switch and all telephone instruments and repairs. HVA will be acknowledged by the LCUW as a sponsor of the program, along with other entities.

7. HVA Costs to Reimbursed by LCUW. LCUW agrees to pay for the necessary staffing to create and maintain the information referral database, as well as for staffing to answer "2-1-1" telephone requests. Such hours of operation, job descriptions, and amounts will be agreed to annually, or more often as workload increases or decreases and documented in Exhibit "B".

It is agreed that HVA staff members will not be employees of LCUW, and LCUW will not be responsible for workers compensation coverage or other employment/compensation issues. HVA will bill LCUW for this reimbursement at the beginning of each month, and LCUW agrees to pay HVA for those bills within ten days of receipt. The initial job descriptions of HVA staff under this agreement is included in Exhibit "C" to this Letter of Understanding, but both organizations understand that these job descriptions may evolve over time.

8. "2-1-1" Volunteers. Both parties acknowledge that trained and qualified volunteers may be utilized to assist in maintaining the "2-1-1" information database and to answer 2-1-1 telephone requests. Volunteers who work on these functions in the HVA building will be considered volunteers of HVA and not the LCUW.

9. Other HVA Expenses to be Reimbursed by LCUW. The "2-1-1" operation may require additional software, computer servers, terminals or other equipment that is specific to the "2-1-1" operation and exceeds HVA's current technology. In such cases, LCUW will reimburse HVA for those costs of this equipment and software. But in no

case will HVA purchase such equipment or software without permission of the LCUW. If HVA and LCUW terminate this agreement, such equipment and software will be turned over to LCUW if practical.

10. LCU Help Now Database. If prior to June 30, 2008 the relationship between HVA and LCUW changes and the LCUW wishes to terminate this agreement, all agencies and services relating to Livingston County will be downloaded by HVA to LCUW, and LCUW will immediately download the same information to OLHSA

11. Answering "2-1-1" Calls. HVA will answer "2-1-1" calls in a timely manner, when staffing is available. If all call takers are busy, the caller will go into a call queue and be given the option to leave a message or stay on the line for the next available call taker. HVA will follow up on any messages in a timely manner. During the initial stages of the program when the lines are answered during business hours only, after hours calls will go directly to queue to be answered on the next business day. "2-1-1" telephone calls which are answered by a call taker will be recorded, as allowed by law. Confidentiality and Privacy of these recordings will be determined in Exhibit "D".

12. Data Regarding "2-1-1" Activity. HVA and LCUW will provide to each other data on projections, "2-1-1" usage, referrals and other associated activity. The decision to release any data or statistics will be made by the LCUW, in accordance with confidentiality and privacy policies.

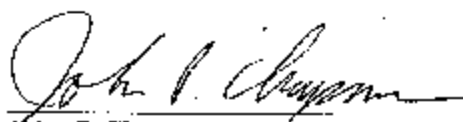
13. Confidentiality and Privacy. Confidentiality and privacy of "2-1-1" clients will be protected. LCUW and HVA agree to develop and follow an appropriate confidentiality and privacy policy and it will be attached as Exhibit "D".

14. Changes in Our Relationship. The Letter of Understanding can be modified by both parties in writing, at any time. Either party may terminate this agreement with ninety days written notice to the other party.

15. Accepted by:

For LIVINGSTON UNITED WAY

For HURON VALLEY AMBULANCE


John P. Chapman, President
Livingston County United Way


Dale J. Berry, President
Huron Valley Ambulance

1-25-05
Date

1-31-05
Date

Memorandum of Understanding regarding 2-1-1 Partnership

Between

United Way of Monroe County, Inc. and Huron Valley Ambulance

This memorandum of understanding between Huron Valley Ambulance (HVA) and the United Way of Monroe County, Inc. (UWMC) outlines our partnership for providing "2-1-1" information and referral services for Monroe County and other communities that may wish to join our program.

The United Way of Monroe County, Inc. and Huron Valley Ambulance are both charitable, nonprofit organizations recognized under Section 501(c)(3) of the Internal Revenue Service Code.

The Board of Directors of The United Way of Monroe County, Inc., and the Board of Trustees of Huron Valley Ambulance have determined that a "2-1-1" information and referral service in our community is a needed and beneficial service; that it is within the mission of both organizations to provide "2-1-1" services; and that the interests of the community can be best served by collaborating on this project.

1. **Description of "2-1-1"**. "2-1-1" is an information and referral access system for people in the community, for the purpose of learning about social service programs, as a place to offer to volunteer, or to be referred to community programs which can help them or others with social issues. Like "9-1-1" is a universal way to access public safety services, "2-1-1" is envisioned as a way for people to access social services. Ultimately, people will be able to call "2-1-1" 24-hours a day, seven-days a week to access this system.
2. **United Way of Monroe County, Inc. Role**. The United Way of Monroe County, Inc. is the primary agency responsible for "2-1-1" in Monroe County and UWMC is responsible for receiving and providing funds to operate the program. UWMC will also be responsible for publicizing and marketing "2-1-1" and will act as the public spokesperson for "2-1-1".
3. **Advisory Committees**. UWMC will also have membership on two advisory committees that will assist in the planning and ongoing operation of "2-1-1":
 - **"2-1-1" Oversight Committee**. This committee will be comprised of UWMC, HVA, and other organizations that contribute to the funding of "2-1-1". The purpose of this committee is to provide guidance on funding and business decisions. The Committee will meet at least annually.
 - **"2-1-1" Information & Referral Sub-Committee**. This committee will report to the "2-1-1" Oversight Committee, and be comprised of UWMC, HVA and

a selection from agencies that provide end-user services to clients in the community. The purpose of this committee is to provide guidance on information, referrals and operational issues. The Sub-Committee will meet as often as is necessary.

4. HVA Role. Huron Valley agrees to provide call center services for the UWMC "2-1-1" program. HVA will provide call center services from 5 pm to 8:30 am, Monday through Friday and 24 hours a day on the weekends and holidays. HVA will also maintain the information referral database with the advice of UWMC and the I&R Sub-Committee. HVA will participate in both advisory committees.

5. Funding of "2-1-1". The United Way of Monroe County, Inc. will coordinate all fund raising activity for the "2-1-1" program. Contributions for "2-1-1" operations will be received by UWMC and distributed appropriately. UWMC will act as the fiduciary agency for it's portion of the "2-1-1" program funding.

6. HVA In-Kind Contribution. Huron Valley Ambulance agrees to make the following in-kind contribution to the "2-1-1" program: provide all call taker facilities in the existing HVA call center, including office space, utilities, furniture, telephones, existing computer servers and client equipment, telephone switch and all telephone instruments and repairs. HVA will be acknowledged by the UWMC as a sponsor of the program, along with other entities.

7. HVA Costs Reimbursed by UWMC. UWMC agrees to pay for the necessary staffing to create and maintain the information referral database, as well as for staffing to answer "2-1-1" telephone requests. Such hours of operation, job descriptions, and amounts will be agreed to cooperatively between HVA and UWMC annually, or more often as workload increases or decreases.

It is agreed that after incorporation of 2-1-1, HVA staff members will not be employees of UWMC, and UWMC will not be responsible for workers compensation coverage or other employment compensation issues. HVA will bill UWMC for this reimbursement at the beginning of each month, and UWMC agrees to pay HVA for those bills within ten days of receipt. The initial job descriptions of HVA staff under this agreement is included in Exhibit "C" to this Letter of Understanding, but both organizations understand that these job descriptions may evolve over time.

8. "2-1-1" Volunteers. Both parties acknowledge that trained and qualified volunteers may be utilized to assist in maintaining the "2-1-1" information database and to answer 2-1-1 telephone requests. Volunteers who work on these functions in the HVA building will be considered volunteers of HVA and not the UWMC.

9. Other HVA Expenses to be Reimbursed by UWMC. The "2-1-1" operation may require additional software, computer servers, terminals or other equipment that is specific to the "2-1-1" operation and exceeds HVA's current technology. In such cases, UWMC will reimburse HVA for its portion of the costs of this equipment and software. But in no case will HVA purchase such equipment or software without permission of the

UWMC. If HVA and UWMC terminate this agreement, such equipment and software will be turned over to UWMC if practical.

10. First Call For Help Database. If prior to June 30, 2008 the relationship between UWMC and HVA changes and the UWMC wishes to terminate this agreement, all agencies and services relating to Monroe County will be downloaded by HVA to UWMC.

11. Answering "2-1-1" Calls. HVA will answer "2-1-1" calls in a timely manner, when staffing is available. If all call takers are busy, the caller will go into a call queue and be given the option to leave a message or stay on the line for the next available call taker. "2-1-1" telephone calls which are answered by a call taker will be recorded, as allowed by law. Confidentiality and Privacy of these recordings will be determined in Exhibit "D".

12. Data Regarding "2-1-1" Activity. HVA and UWMC will provide to each other data on projections, "2-1-1" usage, referrals and other associated activity. The decision to release any data or statistics will be made by the UWMC, in accordance with confidentiality and privacy policies.

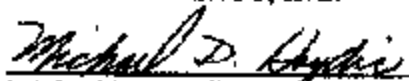
13. Maintaining Volunteer Placements. UWMC will continue to provide volunteer placements for requests originating in Monroe County. Other volunteer placements outside of Monroe County will be directed to the United Way Regional Call Center.

14. Confidentiality and Privacy. Confidentiality and privacy of "2-1-1" clients will be protected. UWMC and HVA agree to develop and follow an appropriate confidentiality and privacy policy and it will be attached as Exhibit "D".

15. Changes in Our Relationship Both parties in writing, at any time, can modify the Letter of Understanding. Either party may terminate this agreement with sixty days written notice to the other party.

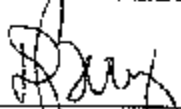
16. Accepted by:

For UNITED WAY OF
MONROE COUNTY, INC.


Michael D. Hoydic, Executive Director
United Way of Monroe County, Inc.

1-23-06
Date

For HURON VALLEY AMBULANCE


Dale J. Berry, President
Huron Valley Ambulance

1-24-06
Date

United Way Regional Call Center

Call Volume & Staffing Projections, 2006-2010

Region Covered	Current Year	
	Population	No. calls
Washitana Co	339,191	3,300
Livingston Co	177,538	2,200
Monroe Co	152,552	0
TOTAL	669,281	5,500

Estimated Volume Growth			
Increase after 211 Implem.	Max Call Volume Year 4	Growth Beyond Year 4	
40%	8%	5%	
40%	8%	5%	
	8%	5%	

Call Volume Projections					
Year 1	Year 2	Year 3	Year 4	Year 5	
4,620	13,570	20,350	27,140	28,490	
3,080	7,100	10,650	14,200	14,910	
2,135	6,100	9,150	12,200	12,810	
9,835	26,770	40,150	53,540	56,210	

Notes

1. Current Year numbers reflect the population & the number of calls UWRCC received in the first year of operation (November 2004–November 2005)
2. Data of 211 implementation in other states predicts a 40% increase in pre-implementation call volume during Year 1
3. Based on other 211 call centers operating across the US, historical data reflects that the maximum call volume reaches approximately 6%-8% of the covered population
4. After reaching a maximum call volume, 211 call centers nationwide have seen a call volume growth of 5% every year thereafter (due to population growth, 211 branding, etc.)
5. For Monroe County, we expect a similar percentage of calls as received from Livingston Co. during Year 1
6. We anticipate public education and awareness efforts to increase 211 service recognition. We project the volume of calls to reach 4% of the target population by Year 2 and increase 2% each year until the maximum call volume is reached in Year 4

Information & Referral Call Specialist Projections, 2006-2010

Year	Projected Call Volume	Anticipated No. FTE	Call Capacity
1	9,835	2	28,800
2	26,770	(1.9) 2	28,800
3	40,150	(2.8) 3	43,200
4	53,535	(3.7) 4	57,600
5	56,210	(3.9) 4	57,600

Notes

1. Please note that these are projections; final decisions regarding staffing will be made by the Regional Call Center and HVA to ensure the needs of callers are met with a high level of customer service
2. Projected call volume is for 24 hours/7 day per week service; we anticipate receiving a majority of calls during business hours. Calls received during non-business hours will be answered by a 211-trained HVA employee
3. A FTE will work Monday through Friday, 9am-5pm
4. Other 211 sites have found that one call-taker should support 60 calls per shift (which equates to 1,200 calls per month per call taker)

Working with People in Crisis

Purpose

The purpose of this unit is to introduce the concept of crisis intervention and how to best meet the needs of an individual in crisis.

Objectives

Upon completion of this unit, the learner will be able to:

1. Know the four questions to ask when determining a crisis
2. Understand the six techniques needed to diffuse a crisis

Managing a Crisis Situation

Key Term Defined



Crisis— a problem or event which is perceived to be beyond one's ability to resolve in a satisfactory way.

While each crisis may be different, reactions may be similar. People in crisis describe themselves as feeling:

- Overwhelmed
- Very anxious
- Hopeless
- Out of control

There are four ways to determine a crisis, including:

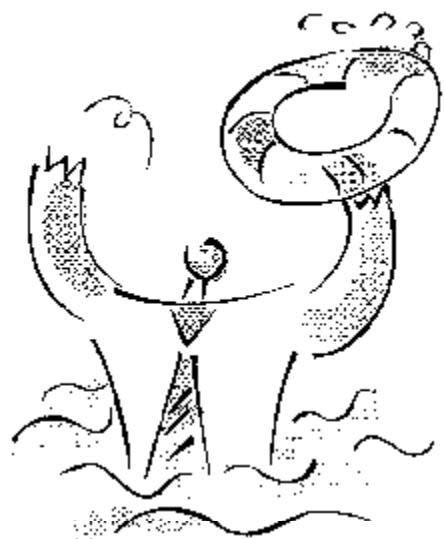
- 1. Is there a real or threatened loss?**
- 2. What does the crisis mean to the caller?**
- 3. Is there support available?**
- 4. Does the person have well-developed coping skills?**

An individual who has not yet developed good coping skills, who does not have a good support system and whose loss is of great significance is far more likely to describe the event as a crisis.

As with all callers, it is imperative that the call taker makes and maintains good contact with the caller. Be supportive in voice tone and information provided. Avoid long silences; be warm and personal.

The following techniques are useful after contact has been made with a caller in crisis:

1. **Clarify the meaning** – begin to explore the problem that has brought on the crisis. Clarify the meaning of the problem and what it means for the caller.
2. **Explore all options** – ask the person to come up with some solutions on their own.
3. **Test reality** – clarify what the individual is saying in a supportive way.
4. **Prioritize** – pick one problem at a time to deal with.
5. **Restore old coping mechanisms or help the caller find new coping mechanisms** – talk about what the caller has done in the past. Previous coping mechanisms may often work again.
6. **End on a positive note** – always give realistic reassurance.



	Learning Activity Role play a crisis call with the CIRS or CRS to help develop and master the skills needed to best handle this type of caller. What did you do well? What areas could you improve on?
--	---

The Suicidal Caller

Purpose

The purpose of this unit is to discuss the special needs of the suicidal caller.

Objectives

Upon completion of this unit, the trainee will be able to:

1. Know the three screening questions used to determine the risk of suicide
2. Know the seven short term risk factors for suicide
3. Know the correct process for dealing with an actively suicidal caller

Rapid Suicide Assessment

Suicide is one type of crisis call that requires special handling. A specific tool allows for the rapid assessment of the risk of suicide. The rapid suicide assessment tool involves three questions:

- 1. Have you taken the first steps toward committing suicide?** If the caller admits to already taking pills, cutting their wrists, etc., you should obtain as much demographic information as possible and transfer the caller to 911. **This is done by selecting transfer while you have the caller on the line, dial 6161 and select transfer.** These dispatchers have specialized training which will hopefully encourage the caller to permit medical intervention.
- 2. Does the suicidal person have a specific plan?** Does the caller have vague thoughts of suicide or have they thought exactly how they would commit suicide?
- 3. Does the caller have the means to carry out the plan?** Has the caller stockpiled pills? Is there a loaded gun in the vicinity? Is the caller planning on jumping from a freeway overpass?

The answers to the above questions will determine the suicide risk. **A transfer call to 911 is appropriate if:**

- ✓ **The caller has a plan**
- ✓ **The caller has the means to carry out the plan**
- ✓ **The caller refuses to dispose of the means and continues making plans to take their life**

If a caller is NOT actively suicidal, another appropriate referral source is the **Psychiatric Emergency Services at the University of Michigan**. Their number is 734-996-4747; they are open 24/7.

Suicide Risk Factors

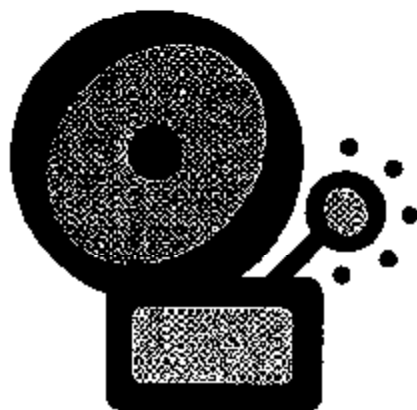
The following list includes short-term risk factors which may predict suicide within the next year. They are presented to aid you in identifying callers who are presenting for reasons other than suicide.

- 1. The presence of panic attacks**
- 2. Severe psychic anxiety, particularly if anxiety is co morbid with depression**
- 3. Psychomotor agitation**
- 4. Global insomnia**
- 5. Impairment of concentration**
- 6. Severe anhedonia (lack of pleasure in acts which are usually pleasurable)**
- 7. Alcohol abuse**

Dealing with a suicide caller takes great skill and insight. Fortunately, we have several agencies—911 and Psychiatric Assessment at the University of Michigan—who are capable of dealing with these crisis calls in a concise way. However, as a call taker, you may be the first call a suicidal person makes.

How do you deal with this specialized call?

- 1. Maintain a calm and in control demeanor.**
- 2. Reassure the caller that you are going to provide as much help as possible during their time of crisis.**
- 3. Alert a co-worker that you have a suicidal person on the line so as to provide support to you.**
- 4. If actively suicidal, transfer the caller with 911. If the caller threatens to hang up, notify 911 through your co-worker. The 911 dispatcher will be able to trace where the call originated from and send help as needed.**
- 5. If not actively suicidal, conference the caller with Psychiatric Emergency Service at the University of Michigan at (734) 996-4747.**
- 6. Upon the completion of a call of this nature, be certain that you as the call taker receive debriefing from your manager or the social worker on staff. These calls are extremely stressful and it is essential that you also receive emotional support after the call is completed.**



MEMORANDUM OF UNDERSTANDING
UNITED WAY REGIONAL CALL CENTER
AND
EMERGENCY PSYCHIATRIC SERVICES-
UNIVERSITY OF MICHIGAN HEALTH CENTERS

1. Parties

This agreement is between The United Way Regional Call Center (UWRCC) and Emergency Psychiatric Services-University of Michigan Health Centers (UMPS).

United Way Regional Call Center is a partnership between the local United Ways serving Monroe, Livingston, and Washtenaw Counties. UWRCC provides comprehensive Information and Referral services for residents of Monroe, Livingston, and Washtenaw Counties.

The Psychiatric Emergency Service include an emergency walk-in consultation and phone service that is available 24 hours per day, seven days per week, as well as a consultation service available to outpatients seen in the medical and surgical clinics. This program provides emergency mental health services to persons of all ages. The services offered are: psychiatric evaluation, treatment recommendations, crisis intervention with follow-up visits for a limited time, consultation, referral, information, community outreach and arrangements for hospitalization when appropriate. The UMHS Department of Psychiatry and the Washtenaw County Community Mental Health Center jointly operate the emergency service component and the Department operates the outpatient consultation section.

2. Purpose

The purpose of this MOU is to coordinate services, describe the relationship and responsibilities between the parties and outline how changes in the relationship will be decided.

3. Responsibilities

UWRCC will:

- A. Refer any calls where the caller states they are actively suicidal or homicidal or anyone explaining any symptoms of acute psychiatric illness.
- B. Refer callers seeking the following mental health services: psychiatric evaluation, treatment recommendations, crisis intervention with follow-up visits for a limited time, consultation, referral, information, community outreach and arrangements for hospitalization when appropriate.

- C. Provide comprehensive Information and Referral services to residents and employees of Monroe, Livingston, and Washtenaw Counties including assessment of caller's needs and information about resources in the community most likely to be able to address the caller's needs.
- D. Maintain a comprehensive and up-to-date database of Health and Human service information.

University of Michigan Psychiatric Services will:

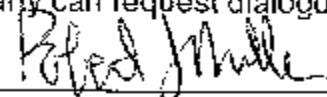
- A. Serve as the primary contact point and coordinator of emergency mental health services.
- B. Provide the following services: psychiatric evaluation, treatment recommendations, crisis intervention with follow-up visits for a limited time, consultation, referral, information, community outreach and arrangements for hospitalization when appropriate
- C. Maintain specialized information of resources for individuals and their families residing and working in the geographic regions, as highlighted under the section above entitled "Parties."
- D. Provide information on current service availability and participate in an annual Survey Update. Change agency information via website to inform UWRCC of agency, contact person, and program changes.
- E. Refer callers seeking information about community resources that are beyond the scope of services provided by UMPS to UWRCC.
- F. Provide educational training on the specialized services to UWRCC staff if necessary.

UWRCC & UMPS will:

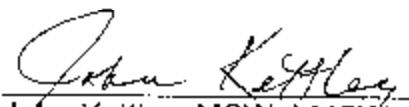
- A. Coordinate and exchange resource information, strategies and procedures to ensure coordinated and up-to-date information that have a major impact and influence on the community. Either party may initiate communications by phone call, e-mail, or other means of communication.

4. MOU Modification Methods

This Memorandum of Understanding shall be in effect on December 30, 2005, and will continue until it is terminated, modified or revised by written agreement. Either party can request dialogue to explore and make changes as needed.


Robert Miller, Program Manager
United Way Regional Call Center

12/23/05
Date


John Kettley, MSW, LMSW
Clinical Manager
Psychiatric Emergency Services
University of Michigan Health Centers

12/23/05
Date

MEMORANDUM OF UNDERSTANDING

UNITED WAY REGIONAL CALL CENTER

AND

Washtenaw Central Dispatch

This agreement is made to ensure a collaborative relationship between these agencies, to outline the referral procedure, and to establish protocols for modifications and annual reviews.

United Way Regional Call Center provides comprehensive information and referral services for the residents of Washtenaw, Livingston, and Monroe Counties.

Washtenaw Central Dispatch serve as the primary contact point and disseminator of information about Police services.

United Way Regional Call Center agrees to:

1. Maintain a comprehensive database of Health and Human service information.
2. Provide comprehensive information and referral services to residents of Washtenaw, Livingston, and Monroe counties including assessment of the caller's needs.
3. Make referrals when caller requests require a specialized knowledge of services.
4. Provide an efficient means for organizations included in the database to continuously update their program information.
5. Adhere to the standards of both MI-AIRS and AIRS.

WCCD

agrees to:

1. Maintain specialized information of resources for individuals and their families residing in the geographic regions as highlighted under the section entitled Parties.
2. Provide information on current service availability and participate in an annual Survey Update.
3. Notify UW Regional Call Center when their office will be closed due to holidays or inclement weather.
4. Make referrals to UW Regional Call Center for adults and families who need basic health and human services.
5. Provide educational training on the specialized services to UW Regional Call Center staff.

United Way Regional Call Center and WCCD will:

1. Follow own agency's protocol for all callers. Copies of individual agency protocols to be distributed to each other.
2. Agree to work cooperatively through direct communication and good faith problem solving to resolve any issues that impede the referral process and prevent the caller from obtaining easy access to up-to-date, appropriate community resource.
3. Review and approve this agreement annual. Any party can request dialogue to discuss and make changes to this agreement at any time.

UNITED WAY REGIONAL CALL CENTER

Robert J. Miller Date 9/14/05
Robert J. Miller, Program Manager

[Signature] Director Date 9-14-05
WASHINGTON CO
Central Dispatch

MEMORANDUM OF UNDERSTANDING

UNITED WAY REGIONAL CALL CENTER

AND

Livingston Central Dispatch

This agreement is made to ensure a collaborative relationship between these agencies, to outline the referral procedure, and to establish protocols for modifications and annual reviews.

United Way Regional Call Center provides comprehensive information and referral services for the residents of Washtenaw, Livingston, and Monroe Counties.

Livingston Central serves as the primary contact point and disseminator of information about public safety services.

United Way Regional Call Center agrees to:

1. Maintain a comprehensive database of Health and Human service information.
2. Provide comprehensive information and referral services to residents of Washtenaw, Livingston, and Monroe counties including assessment of the caller's needs.
3. Make referrals when caller requests require a specialized knowledge of services.
4. Provide an efficient means for organizations included in the database to continuously update their program information.
5. Adhere to the standards of both MI-AURS and AURS.

Livingston Central agrees to:

1. Maintain specialized information of resources for individuals and their families residing in the geographic regions as highlighted under the section entitled Parties.
2. Provide information on current service availability and participate in an annual Survey Update.
3. Notify UW Regional Call Center when their office will be closed due to holidays or inclement weather.
4. Make referrals to UW Regional Call Center for adults and families who need basic health and human services.
5. Provide educational training on the specialized services to UW Regional Call Center staff.

United Way Regional Call Center and Livingston Central will:

1. Follow own agency's protocol for all callers. Copies of individual agency protocols to be distributed to each other.
2. Agree to work cooperatively through direct communication and good faith problem solving to resolve any issues that impede the referral process and prevent the caller from obtaining easy access to up-to-date, appropriate community resource.
3. Review and approve this agreement annual. Any party can request dialogue to discuss and make changes to this agreement at any time.

SIS TYPE

UNITED WAY REGIONAL CALL CENTER

Robert J. Miller Date 9/14/05
Robert J. Miller, Program Manager

Richard L. Winstedt
Date 9/15/05

MEMORANDUM OF UNDERSTANDING

UNITED WAY REGIONAL CALL CENTER

AND

Monroe County Central Dispatch

This agreement is made to ensure a collaborative relationship between these agencies, to outline the referral procedure, and to establish protocols for modifications and annual reviews.

United Way Regional Call Center provides comprehensive information and referral services for the residents of Washtenaw, Livingston, and Monroe Counties.

Monroe County Central Dispatch serves as the primary contact point and disseminator of information about dispatching first responders to police, fire and medical emergencies.

United Way Regional Call Center agrees to:

1. Maintain a comprehensive database of Health and Human service information.
2. Provide comprehensive information and referral services to residents of Washtenaw, Livingston, and Monroe counties including assessment of the caller's needs.
3. Make referrals when caller requests require a specialized knowledge of services.
4. Provide an efficient means for organizations included in the database to continuously update their program information.
5. Adhere to the standards of both MI-AIRS and AIRS.

Monroe County Central Dispatch agrees to:

1. Maintain specialized information of resources for individuals and their families residing in the geographic regions as highlighted under the section entitled Parties.
2. Provide information on current service availability and participate in an annual Survey Update.
3. Notify UW Regional Call Center when their office will be closed due to holidays or inclement weather.
4. Make referrals to UW Regional Call Center for adults and families who need basic health and human services.
5. Provide educational training on the specialized services to UW Regional Call Center staff.

United Way Regional Call Center and Monroe County Central Dispatch will:

1. Follow own agency's protocol for all callers. Copies of individual agency protocols to be distributed to each other.
2. Agree to work cooperatively through direct communication and good faith problem solving to resolve any issues that impede the referral process and prevent the caller from obtaining easy access to up-to-date, appropriate community resource.
3. Review and approve this agreement annually. Any party can request dialogue to discuss and make changes to this agreement at any time.

UNITED WAY REGIONAL CALL CENTER

Robert J. Miller
Robert J. Miller, Program Manager

Date 9/9/05

Rusty Davis

Date 9-9-05

Rusty Davis, Monroe County United Way, FCFH Program Manager

Tilman L. Crutchfield
Sheriff Tilman Crutchfield, Chairman, 911 District Board

Date 9/9/05



Thank you for using LANGUAGE LINE SERVICES.

This invoice reflects usage for January of 2006.

Visit www.LanguageLine.com to switch to the Language Line eBill today!

For any billing questions please call 1-800-752 6096, Opt. 4.

COUNTY - 0603549

HURON VALLEY AMBULANCE
ATTN: JERRY ZAPOLNIK
1200 STATE CIRCLE
ANN ARBOR, MI 48108

ACCOUNT NUMBER: 902-0208246

INVOICE DATE: Feb 03, 2006

DUE DATE: Feb 28, 2006

BILLING INQUIRIES: (800) 752 6096, Opt. 4

INVOICE NUMBER: 0208246-2006-01

OUR TIN: 77-0580710

ENTERED

BALANCE BROUGHT FORWARD	PRIOR BALANCE	(\$2.88)
	PAYMENTS	\$0.00
	ADJUSTMENTS	(\$0.18)
	BALANCE FORWARD	(\$3.06)
NEW CHARGES FEB 03 2006 1200 STATE CIRCLE ANN ARBOR, MI 48108	OVER-THE-PHONE INTERPRETATION	\$0.00
	DOCUMENT TRANSLATION	\$0.00
	EQUIPMENT MAINTENANCE	\$0.00
	LANGUAGE LINE UNIVERSITY	\$0.00
	OTHER CHARGES	\$0.00
	STATE/LOCAL TAX	\$0.00
	TOTAL NEW CHARGES	\$0.00
NEW BALANCE		(\$3.06)

ACCOUNT # 83000 AMOUNT DUE 35.00

No payment is due

New Summary Bill format option available for eBill recipients. If you receive the eBill you can save your filing space with Summary Bill format. Everything you need for your paper records without the call detail! Check the box on the payment coupon below!

APPROVED

BALANCE HISTORY

TOTAL	CURRENT	31-60 Days	61-90 Days	91-120 Days	121 Days
(\$3.06)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PAYMENT COUPON

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE FOR PROPER AND TIMELY CREDIT

PLEASE WRITE YOUR ACCOUNT NUMBER 902-0208246 ON YOUR CHECK

INVOICE DATE: Feb 03, 2006

DUE DATE: Feb 28, 2006

INVOICE NUMBER: 0208246-2006-01

No payment is due

☐ WE RECEIVE THE EBILL AND DO NOT NEED THE CALL
DETAIL LISTING ON PAPER

☐ CHANGE OF ADDRESS - CHECK HERE AND MAKE CHANGES ON BACK

HURON VALLEY AMBULANCE
ATTN: JERRY ZAPOLNIK
1200 STATE CIRCLE
ANN ARBOR, MI 48108

MAKE CHECK PAYABLE TO:
LANGUAGE LINE SERVICES
PO BOX 16012
MONTREY, CA 95942-6012

902020824602030600000-306



PAYMENTS, ADJUSTMENTS AND MISC. SERVICES

ACCOUNT NUMBER: 002-0208246

INVOICE DATE: Feb 03, 2006

ITEM	DATE	CLIENT ID	DESCRIPTION	QUANTITY	CHARGE(+)	CREDIT(-)	COMMENTS
ADJUSTMENTS							
	01/31/2006		Adjustment			\$0.18	Early Payment Discount
TOTAL ADJUSTMENTS:					\$0.00	\$0.18	



Thank you for using LANGUAGE LINE SERVICES.

This invoice reflects usage for December of 2005.

Visit www.LanguageLine.com to switch to the Language Line eBill today!

You are eligible to receive an EARLY PAYMENT DISCOUNT when your payment in full is received by the end of January 2006.

For any billing questions please call 1-800-752-6096, Opt. 4.

0000719 - 0003751

HILTON VALLEY AMBULANCE

ATTN: JERRY ZAPOLNIK

1200 STATE CIRCLE

ANN ARBOR, MI 48108

ACCOUNT NUMBER: 902-0208246

INVOICE DATE: Jan 03, 2006

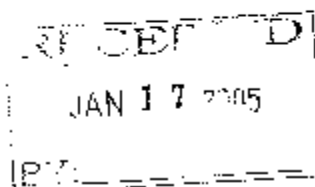
DUE DATE: Jan 31, 2006

BILLING INQUIRIES: (800) 752-6096, Opt. 4

INVOICE NUMBER: 0208246-2005-12

OUR TIN: 77-0686710

BALANCE BROUGHT FORWARD	PRIOR BALANCE	(\$37.88)
	PAYMENTS	\$0.00
	ADJUSTMENTS	\$0.00
	BALANCE FORWARD	(\$37.88)
NEW CHARGES	OVER-THE-PHONE INTERPRETATION	\$0.00
	DOCUMENT TRANSLATION	\$0.00
	EQUIPMENT MAINTENANCE	\$0.00
	LANGUAGE LINE UNIVERSITY	\$0.00
	OTHER CHARGES	\$25.00
	STATE/LOCAL TAX	\$0.00
	TOTAL NEW CHARGES	\$35.00
	NEW BALANCE	(\$2.88)



Account #	Dept #	Amount Due	Approved
83000	35	2.88	

New Summary Bill format option available for eBill recipients.
If you receive the eBill you can save your filing space with Summary Bill format.
everything you need for your paper records without the eBill detail.
Check the box on the payment coupon below!

No payment is due

ENTERED

JAN 17 2006

BALANCE HISTORY

TOTAL	CURRENT	31-60 Days	61-90 Days	91-120 Days	>121 Days
(\$2.88)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PAYMENT COUPON

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE FOR PROPER AND TIMELY CREDIT

PLEASE WRITE YOUR ACCOUNT NUMBER **902-0208246** ON YOUR CHECK

INVOICE DATE: Jan 03, 2006

DUE DATE: Jan 31, 2006

INVOICE NUMBER: 0208246-2005-12

No payment is due

☐ WE RECEIVE THE EBILL AND DO NOT NEED THE CALL
DETAIL LISTING ON PAPER

☐ CHANGE OF ADDRESS - CHECK HERE AND MAKE CHANGES ON BACK

HILTON VALLEY AMBULANCE
ATTN: JERRY ZAPOLNIK
1200 STATE CIRCLE
ANN ARBOR, MI 48108

MAKE CHECK PAYABLE TO:
LANGUAGE LINE SERVICES
PO BOX 18012
MONTEREY, CA 92042-0012

902020824601030600000-258



PAYMENTS, ADJUSTMENTS, AND MISC. SERVICES

ACCOUNT NUMBER: 302-0206246

INVOICE DATE: Jan 03, 2006

ITEM	DATE	CLIENT ID	DESCRIPTION	QUANTITY	CHARGE(+)	CREDIT(-)	COMMENTS
OTHER							
1	12/01/2005	208240	Membership Renewal Fee		\$35.00		
TOTAL OTHER:					\$35.00	\$0.00	

Working with Multicultural/Ethnic Inquirers

Purpose

The purpose of this unit is to introduce the concept of effectively relating to multicultural and ethnic inquirers who may have reason to use The United Way Regional Call Center.

Objectives

Upon completion of this unit, the trainee will be able to:

1. Identify ways The United Way Regional Call Center meets the needs of multicultural callers
2. Identify techniques for dealing with multicultural issues
3. Become aware of his or her own views as they relate to people of other cultures

Community Demographics

Understanding the current demographics of the community we serve and making certain our database reflects the community's demographics is essential. At The United Way Regional Call Center, our database addresses many multicultural issues. The CRS strives to make certain that the database represents various cultures. The CRS also actively seeks out appropriate new agencies to include in the database.

Some multicultural agencies in the database include:

- Michigan Asian Indian Family Services
- Latinos Unidos
- International Institute
- Jewish Family Service

It is essential to consider values in ethnicity which help us interact more productively with people whose ethnic and cultural backgrounds are different from ours. Self awareness is one of the main keys to improving our interactions with others. Realizing our differences as well as our similarities will assist in the I&R process.

AT&T Language Line

If a language barrier exists when dealing with multicultural callers, The United Way Regional Call Center utilizes the AT&T Language Line. This line provides "real time" interpretation of hundreds of various languages. Huron Valley Ambulance will incur the charge for this service. At no time will the caller be responsible for this charge.

By calling **877-261-6608** and entering our client code (which is provided at each computer terminal) you will be matched with an interpreter who will speak with the caller in her or his preferred language; the interpreter will also repeat the caller's responses to you in English.

Working with Special Populations

Purpose

The purpose of this unit is to identify special populations of callers that may use The United Way Regional Call Center.

Objectives

At the conclusion of this unit, the trainee will be able to identify improved ways of dealing with:

1. Hearing Impaired Callers
2. Elderly Callers
3. Runaway Youth Callers
4. Lesbian, Gay, Bisexual and Transgender Callers
5. Mentally Ill Callers
6. Substance Abuse Callers

Hearing Impaired Callers

Hearing Impairment can lead to social isolation. While some signs of hearing loss may be obvious, other signs may not be as obvious. Signs of hearing loss may include:

- Speaking too loudly or too softly
- Accusing the call taker of “mumbling”
- Withdrawing from social interaction
- Easily distracted
- Responding inappropriately to conversations

Various techniques to improve communication with hearing-impaired individuals include:

- Speak distinctly and slowly
- Keep your voice tone consistent
- Try reiterating your ideas using different words if the caller does not understand what you are saying
- Minimize background noises
- Communicate verbally as well as providing written (mailed) information when giving instructions
- Use the Michigan Relay system (*When a person who is hard of hearing calls the Call Center, the Michigan Relay operator announces herself at the beginning of the call and explains to the call taker that she is assisting a deaf individual*)

A sample of specialized agencies in the database which address hearing-impaired concerns are:

- Deaf and Hearing Impaired Services
- Michigan Community on Disability Concerns

Elderly Callers

The I&R process with the elderly callers may be a lengthy process. Often, it takes an elderly person longer to process information.

The following points will assist in improving communication with the elderly:

- Stay focused and ask one question at a time.
- Avoid complex questions
- During the conversation, determine if loneliness is an issue and perhaps offer a referral to a useful agency
- Maintain culturally appropriate, age appropriate and ethnic appropriate communication

A sample of specialized agencies in the database that address elderly concerns include:

- Area Association on Aging 1B
- Comfort Keepers

Runaway Youth

Runaways are youth who have left home on their own, at their parent's request, or because of abuse or other problems in the home and are in need of services. It is estimated that there are 1.3 million runaways each year. It is essential that runaways receive assistance and are connected with help quickly. The United Way Regional Call Center is a key place and easily accessible for endangered youth. It is essential to assess the physical safety of a runaway youth when they initiate a call to The United Way Call Center. Assessing physical safety can be done by asking the following questions:

1. Where is the youth calling from?
2. When did the youth leave home?
3. Where has the youth been staying?
4. What are the reasons for leaving home?
5. Is the youth contemplating suicide?

The next step is to assess the youth's resources by determining if they have transportation, money, and a support network. The answers to these questions will determine the appropriate referral.

Youth who have developed a chemical dependency require intervention. The topic of physical abuse requires the I&R specialist to assess the youth's physical safety. Is the youth safe now? The call taker needs to locate and assess resources for the youth.

A sample of agencies in the database which address these concerns include:

- Ozone House
- Dawn Farms

Lesbian, Gay, Bisexual, and Transgender Callers

It is essential to challenge discriminatory attitudes, behaviors, stereotypes and biases when dealing with the lesbian, gay, bisexual and transgender (LGBT) callers. Do not assume that all people are heterosexual unless otherwise identified. Don't automatically refer LGBT callers to LGBT-specific resources; however, maintain referral sources for LGBT-specific or sensitive services.

Research literature supports the belief that there are various stressors experienced by LGBT individuals which are unique to the LGBT population; stressors may include:

- Rejection by loved ones (including family and friends)
- Family conflict
- Discrimination at work
- General discrimination
- Hiding sexual orientation
- HIV/AIDS concerns
- Violence and harassment
- Conflict over one's sexual orientation
- Societal misunderstanding
- Loss of spiritual support due to religious intolerance

A sample of agencies in the database which address these concerns include:

- PFLAG Hotline
- Office of LGBT Affairs

Mentally Ill Callers

While behaviors may vary based on the individual diagnosis, a person with a mental illness may experience the following difficulties:

- Inability to concentrate
- Distorted perception
- Inability to cope
- Extreme feelings of anxiety and fear
- Delusional thinking
- Suspicious or paranoid thinking
- Saying things that they realize make no sense

Here are a few suggestions which will assist in the communication with a mentally ill person:

- Choose a quiet setting for the conversation
- Speak in clear language
- Maintain a pleasant and business-like yet distant approach
- Avoid arguments about whether delusions are true or false

When a caller with a mental illness calls with a common request, it is appropriate to meet the need of that request.

If it is determined that the individual is experiencing a psychiatric emergency (suicidal or homicidal), the caller should be conferenced to the U of M Psychiatric Emergency Center at 734-996-4747 or the 911 dispatch center.

A sample of agencies in the database which address these concerns include:

- Washtenaw County Community Support and Treatment Services
- Access Center

Substance Abuse Callers

A caller with a substance abuse issue has crossed the line from use to abuse. When dealing with this type of caller, prepare for a caller who may be ambivalent, manipulative, or in a state of denial. Always assess for the individuals safety. If a caller contacts you requesting **alcohol abuse** treatment, be advised that there are two forms of alcohol abuse treatment. They are:

1. **Social Model Detox** - a supportive model without medical supervision. Outpatient treatment programs and inpatient day treatment programs and examples of these.
2. **Medical Model Detox** - includes those who get seizures when they stop drinking or who are in the end stages of alcoholism. This program is medically supervised. Inpatient programs are an example of this.

Drug abuse programs often involve 12-step programs such as Alcoholics or Narcotics Anonymous (AA or NA). This type of program may work for some individuals but detox may be required for those who are physically addicted. Detox is simply the first step as many individuals require a residential treatment program.

How might a caller present themselves that might indicate that they are under the influence of alcohol or drugs? The person might display an altered attention span, they will change quickly from one topic to another, and their voice tone may change. It will take skill and practice in learning to set limits which means not entering into a protracted conversation.

A sample of agencies in the database which address these concerns include:

- The Counseling Center of Ann Arbor
- Help Source

SECTION:	Quality Assurance	PAGES:	1 of 2
POLICY:	# 204		
TOPIC:	Resource Management/ Updating Protocol	DATE :	1/17/2006

Policy Statement

It is the policy of The United Way Regional Call Center that the complete database will be updated annually. This is the responsibility of the Community Resource Specialist (CRS/CIRS) in and for Washtenaw County, the CIRS in and for Livingston County and the Certified Information and Referral Specialist (CIRS) in and for Monroe County. This will be accomplished by segmenting twenty five percent of the total agencies on a quarterly basis until the entire database is updated. The database will also be updated on an as-needed basis when agencies notify us in person, by phone calls, through the website or through newsletters/brochures that there has been a change in a program, address, phone number or contact person.

Purpose

The purpose is to have a database that is current and accurate. An up-to-date database serves as a tool to provide clients with information about services that will most likely meet their needs.

Procedure

Updating:

1. The UWRCC uses an Excel spreadsheet for all of our agency updating. This CRS/CIRS/CIRS will assign each agency to a month for quarterly updating.
2. During the month prior to the month scheduled for an update, the agency will receive two automated e-mails for the UWRCC reminding them to update their information.
3. The agencies have access to their information via the UWRCC website and may enter any updates after gaining password access. Password access is assigned at the time of the unique identifier.

4. When the agency has updated their information, an email will be sent to the CRS/CIRS. The CRS/CIRS will review and updates made within twenty-four hours of receipt.
5. Agencies are allowed to access their data anytime and can submit changes. However, the formal review takes place by fully updating the agency at least once per year.
6. The CRS/CIRS will make a list of all agencies that have not responded to the automated email. These agencies will receive a reminder phone call. If the agency does not respond to the phone call, a reminder postcard will be sent.
7. If the agency does not respond to a reminder phone call or the reminder post card, the CRS/CIRS will contact the agency directly and update the data base accordingly.

Finding new agencies/services:

1. It is the job of the CRS/CIRS to seek out new resources within the community that could benefit clients.
2. When new resources are identified, the CRS/CIRS will send the New Resource Questionnaire to the agency to be completed and returned to the prospective call center.
3. When new information is found and meets the Inclusion/Exclusion criteria, the CRS/CIRS will input the information into the database.
4. Ways of finding new resources include reading over newsletters/brochures that we receives, obtaining information during community events/meetings, checking on leads that callers may present to the call takers, and checking the internet for needs that the callers have presented, but that there are no resources to which to refer them.

EXHIBIT 17



Voice: 517 371-4380
Fax: 517 371-5860

July 6, 2006

Robert Miller, Program Manager
United Way Regional Call Center
2305 Platt Road
Ann Arbor, MI 48104

Dear Mr. Miller:

On July 6, 2006, the Michigan 2-1-1, Inc. Board reviewed your request for recommendation as the 2-1-1 Call Center to serve Livingston, Monroe, and Washtenaw Counties.

Your request for recommendation includes the endorsement of your call center by the Michigan Alliance of Information and Referral Systems. Your request also documents your alignment with the Michigan 2-1-1 Business Plan and your commitment to working with partners to implement 2-1-1 throughout Michigan.

The decision of Michigan 2-1-1, Inc is to recommend the United Way Regional Call Center to the Michigan Public Service Commission to serve as the designated 2-1-1 community answering point for your area. Congratulations on reaching this milestone!

Sincerely,


John Zimmerman, President

c: Karen Norcross, MPSC

Livingston County Human Services Collaborative Body

Marilyn Hysen, Chair
Citizen

Bill Sleight, Vice Chair
Michigan Workal

Joan Abbey
Representative At-Large

Susan Hall
Family Independence Agency

Karen Berghauer
Representative At-Large

Richard Bologna
United Way of Livingston County

Sherry Boyd
AOC of Livingston

Pat Claffey
St. Joseph Mercy Livingston Hospital

Commissioner Karla Chryslar
Livingston County Board of Commissioners

Colleen Klueter
Commons Representative

Charles Allen
Commons Representative

David Linba
Livingston Essential Transportation Services

Joan Lonsche
Representative At-Large

Patricia McConaghy
Neighbors Area Chapter of Commons

Angus M. Miller
Community Mental Health

David Moran
Prosecuting Attorney

Christine Kay Downing
Oakland Livingston Human Services Agency

Honorable Susan Rock
Circuit and Probate Courts

Randa Rowlings
Area Agency on Aging 1-18

Mark Robinson
Livingston County Catholic Social Services

Mered Sealers
Substance Abuse Coordinating Agency

Janith Skewick
LACASA

Sally Vaughn
Livingston Educational Service Agency

Bill Wagner
Livingston County Planning Department

Ted Westmacott
Department of Public Health

STAFF:
Allison Parks
Collaborative Community Planner
2230 E. Canal River
Howell, MI 48855
Phone: (517) 546-4126
Fax: (517) 546-1300
spark@collabiv.org

January 27, 2005

J. Peter Lark, Chairman
Michigan Public Service Commission
6545 Mercantile Way
PO Box 30221
Lansing, MI 48909

Dear Commissioners:

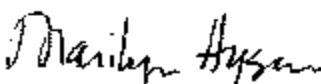
The Livingston County Human Services Collaborative Body, the state-endorsed Community Collaborative (formerly Multi-Purpose Collaborative Body) is pleased to support the regional 2-1-1 call center proposed for Washtenaw, Livingston and Monroe counties.

The proposed regional 2-1-1 call center is the result of strong collaborative efforts between the Oakland Livingston Human Service Agency (OLHSA), the Livingston County United Way, Washtenaw County United Way, Monroe County United Way, Huron Valley Ambulance, and Livingston County organizations that have also pooled funds and in kind services in support of the regional call center.

Livingston County currently has a state of the art database of services that is accessible via web 24 hours a day and a local information and referral call center available Monday through Friday, 9:00 am - 5:00 pm. We are very excited to move towards a 2-1-1 call center that will be accessible 24 hours a day, 7 days a week to best serve consumers and citizens of the county.

The Livingston HSCB is committed to the project and will continue to hear regular updates on the effort. We are especially interested in the data that will be collected from the system to support our ongoing tracking of health and human service needs in the county and improvement of services. The support expressed in this letter was formally approved by the HSCB membership at our meeting on January 26, 2005.

Sincerely,


Marilyn Hysen, Chair

MONROE COUNTY
HUMAN SERVICES COLLABORATIVE NETWORK
THE MULTI-PURPOSE COLLABORATIVE BODY SERVING MONROE COUNTY

1101 SOUTH RAISINVILLE ROAD
 MONROE, MI 48161
 PHONE: (734) 242-5790

PARTNER AGENCIES

MONROE COUNTY
 FAMILY COURT

MONROE COUNTY
 INTERMEDIATE
 SCHOOL DISTRICT

MONROE COUNTY
 FAMILY
 INDEPENDENCE
 AGENCY

MONROE
 COMMUNITY
 MENTAL HEALTH
 AUTHORITY

MONROE COUNTY
 HEALTH
 DEPARTMENT

UNITED WAY OF
 MONROE COUNTY

MONROE PUBLIC
 SCHOOLS

MONROE COUNTY
 PROSECUTOR

AREA AGENCY ON
 AGING 1-8

MONROE COUNTY
 EMPLOYMENT AND
 TRAINING
 MICHIGAN WORKER

FAMILY COUNSELING
 & SHELTER SERVICES

MONROE COUNTY
 OPPORTUNITY
 PROGRAM

FRENCHTOWN
 SENIOR CENTER

FARVIEW

CONSUMER
 REPRESENTATIVES

COMMUNITY
 REPRESENTATIVES

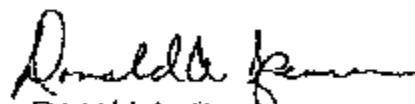
October 23, 2000

Mr. Michael Hoydic, Executive Director
 United Way of Monroe County
 216 North Monroe Street
 Monroe, MI 48162-2620

Dear Mr. Hoydic:

Please be advised that on October 20th the Human Services Collaborative Network unanimously voted to endorse the first Call for Help as the recipient of the 211 number in the Monroe County community. Please utilize this information to support this designation with the State Legislature and Federal Communications Commission. Thank you.

Sincerely,


 Donald A. Spencer
 Chairman

kth

Washtenaw Human Services Collaborative Council

555 Towner, P.O. Box 915, Ypsilanti, MI 48197-0915

Phone (734) 544-6856

Fax (734) 481-2457

December 27, 2004

Public Service Commission

6545 Mercantile Way

PO Box 30221

Lansing, MI 48909

To Whom It May Concern,

On behalf of the Washtenaw Human Services Collaborative Council (HSCC), the state-endorsed Community Collaborative (formerly Multi-Purpose Collaborative Body) for Washtenaw County, and its members, I am pleased to support Washtenaw 211 as the designee for Washtenaw County's 2-1-1 call center.

Washtenaw 211 is the result of a strong collaborative effort between the United Way of Washtenaw County, Huron Valley Ambulance, Washtenaw County and the Ann Arbor Area Community Foundation. In addition, Washtenaw 211's development is overseen by a diverse advisory board, including representation from public and private non profit human service providers, law enforcement, local universities, private enterprise and others.

Opened to the public on November 15, 2004, Washtenaw 211 is Washtenaw County's first comprehensive Information and Referral Service (I & R). Currently, the call center is forging working relationships to ensure it can meet all the requirements and obligations of a 2-1-1 call center.

The value of a centralized I & R call center is obvious. The HSCC has watched and participated, with considerable interest, throughout the development and initiation of Washtenaw 211, and is anxious to bring the additional benefits of becoming part of the national 2-1-1 network to our community. The support expressed in this letter was approved by the membership of the HSCC at our regular meeting of November 3, 2004.

Sincerely,



Frank Cambria

Chair, Washtenaw Human Services Collaborative Council

Deputy County Administrator, Washtenaw County

**MI Alliance of Information and Referral Systems
Standards for 2-1-1 Call Centers**

March 1, 2002

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

Requirement 1: Call Center applicants not already accredited by AIRS shall be in the process of applying to AIRS for accreditation and shall demonstrate a likelihood that their application will be approved within the next 18 months.

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

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

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

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

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

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

Requirement 3: The Call Center applicant shall provide barrier-free access to its service for individuals and groups who have special needs, e.g., TDD/TTY access for people with hearing impairments; and translation services for inquirers who speak languages other than English.

**MI Alliance of Information and Referral Systems
Standards for 2-1-1 Call Centers**

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

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

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

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

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

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

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

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

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

Memorandums of Understanding

Washtenaw County

American Red Cross—Washtenaw County
 The Ann Arbor Center for Independent Living, Inc.
 Area Agency on Aging 1-B
 Child Care Network/Washtenaw Regional 4C
 Emergency Psychiatric Services—University of Michigan Health Centers
 Health Services Access—Washtenaw Community Health
 HIV/AIDS Resource Center
 Huron Valley Ambulance
 Manchester Community Resource Center
 Ozone House, Inc.
 SafeHouse Center
 Veterans Affairs Department—Washtenaw County
 Washtenaw Central Dispatch
 Washtenaw County ETCS (Employment Training and Community Services)

Livingston County

The Arc of Livingston County
 Area Agency on Aging 1-B
 Child Care Network and Livingston County 4C Council
 Emergency Psychiatric Services—University of Michigan Health Centers
 HIV/AIDS Resource Center
 Huron Valley Ambulance
 Livingston Area Council Against Spouse Abuse
 Livingston Central Dispatch
 Livingston County Community Mental Health
 Livingston County Chapter of the American Red Cross
 Michigan Works Association—Livingston County
 Veterans Affairs Department—Livingston County

Monroe County

Area Agency on Aging 1-B
 American Red Cross Monroe County
 Child Care Network/Washtenaw Regional 4C
 Community Resource Center
 Emergency Psychiatric Services—University of Michigan Health Centers
 Family Counseling & Shelter Services of Monroe County (FCSS)
 Huron Valley Ambulance
 Michigan Works! Monroe Service Center
 Monroe County Central Dispatch
 Monroe County Community Mental Health
 Monroe County Veterans Bureau

Michigan Alliance of
Information and Referral Systems

***APPLICATION FOR MI-AIRS
ENDORSEMENT AS A 2-1-1 CALL CENTER***

Review Team Minimal Expectations Protocol

July, 2001

WAY

United/Regional Call Center
(Washtenaw, Livingston and Monroe Counties)

Michigan Alliance of Information and Referral Systems
P.O. Box 1811
Detroit, MI 48231

MICHIGAN ALLIANCE OF INFORMATION AND REFERRAL SYSTEMS
APPLICATION & REVIEW PROCESS FOR ENDORSEMENT
AS A 2-1-1 CALL CENTER

The purpose of the Michigan Alliance of Information and Referral Systems' *Application for Endorsement as a 2-1-1 Call Center* process is to apply the MI-AIRS *Standards for 2-1-1 Call Centers* to measure an agency's or a coalition of agencies' readiness to establish and operate a 2-1-1 Call Center. The process addresses goals, resources, experience, and plan to ensure quality and consistent 2-1-1 service. The process is intended to be a cooperative effort between the applicant and MI-AIRS to establish a strong foundation for 2-1-1 on which the applicant can build and grow. Applicants that meet MI-AIRS standards and complete the application process are recommended to the Michigan Public Service Commission for designation as a 2-1-1 Call Center.

The Process Per the Review Team will include . . .

- A critique of the application process based on documented minimal expectations.
- Expectations will be evaluated on two levels
 - 1) Meets Requirement and
 - 2) Does NOT Meet Requirement: Needs Improvement.
- Feedback will be provided to the applicant in written format based on the two levels of evaluation.
- Recommendations will be given to the applicant and supportive documentation will be requested in a well-defined period of time.

Michigan Alliance of Information and Referral Systems
Standards for 2-1-1 Call Centers
December 15, 2000

- I. The Call Center shall provide professional information and referral services as described in the *Standards for Professional Information and Referral* published by the Alliance of Information and Referral Systems (AIRS).
 - Requirement 1:* Call Center applicants not already accredited by AIRS shall be in the process of applying to AIRS for accreditation and shall demonstrate a likelihood that their application will be approved within the next 18 months.
 - Requirement 2:* The Call Center applicant shall be staffed by at least one Certified Information & Referral Specialist (CIRS)¹ and ensure that all staff responding to caller inquiries are trained in the basic skills needed to successfully execute their duties.
 - Requirement 3:* Call Center applicants that do not provide formal crisis intervention, shall have protocols and technology to transfer crisis calls to an agency that does.
 - Requirement 4:* The Call Center applicant shall monitor and evaluate client satisfaction and the quality of its service through appropriate follow-up.
- II. The Call Center shall be accessible by operating on a 24/7 basis, without assessing a direct charge against callers, and demonstrating a commitment to reasonably accommodate callers with special needs.
 - Requirement 1:* The Call Center applicant shall ensure the provision of 2-1-1 service 24-hours a day, year-round. (Allowances and arrangements for service during non-peak hours can differ than peak time operations.)
 - Requirement 2:* The Call Center applicant shall not charge inquirers for 2-1-1 service. NOTE: This refers to the provision of information and referral services, not telecommunication or other charges outside the control of the Call Center, such as access charges.
 - Requirement 3:* The Call Center applicant shall provide barrier-free access to its service for individuals and groups who have special needs, e.g., TDD/TTY access for people with hearing impairments; and translation services for inquirers who speak languages other than English.

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

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

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

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

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

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

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

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

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

STANDARD I

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

REQUIREMENT 1

Call Center applicants not already accredited by AIRS shall be in the process of applying to AIRS for accreditation and shall demonstrate a likelihood that their application will be approved within the next 18 months.

QUESTIONS

Is your information and referral program accredited by AIRS? yes no

If no,

Is your agency/program accredited by another body/bodies? yes no

If yes, list accrediting body/bodies:

Has your agency applied for accreditation by AIRS? yes no

If yes,

When did AIRS accept your application for review?

Date: _____

Where is your application at in the process and what is the likelihood that it will be approved in the next 18 months? (use *Explanation/Comments* box)

Does MI-AIRS have your permission to confidentially discuss your application for accreditation with AIRS? yes no

DOCUMENTATION & MINIMUM EXPECTATION

- Copy of AIRS Certificate of Accreditation (or copy of letter from AIRS stating that your application has been accepted for review and other correspondences related to its progress)
- Copy of certificates of accreditation granted by other pertinent bodies
- Copy of recent program audits, and/or recent program evaluations.

Meets Expectation

REQUIREMENT 2

The Call Center applicant shall be staffed by at least one Certified Information & Referral Specialist (CIRS)⁴ and ensure that all staff responding to caller inquiries are trained in the basic skills needed to successfully execute their duties.

Training program shall include pre-service and on-the-job training that addresses: listening skills; interviewing techniques and attitudes; communication skills; proper telephone usage; assessment techniques; information giving and referral procedures; follow-up; data recording; maintenance of inquirer records; organization of the Taxonomy; use of the resource database; job-related equipment and tools including database software and the organization's telephone system; working with multicultural/ethnic inquirers; older adults; people with disabilities; minorities; and other special populations; and techniques for handling calls from lonely, suicidal, despondent, or angry inquirers or those in crisis.

⁴The CIRS is a professional credential awarded by AIRS to individuals who meet standards for competency as community information and referral specialists.

QUESTIONS

Is your agency staffed by at least one Certified Information and Referral Specialist? yes no

Does your agency conduct a formal program to train new I&R Specialists? yes no

If yes,

Does your training program include pre-service training in basic I&R skills? yes no

If yes, does your pre-service training address the following:

- | | | | |
|---|-----|----|-------------|
| 1. Interviewing techniques and attitudes | yes | no | Page# _____ |
| 2. Listening skills | yes | no | Page# _____ |
| 3. Communication | yes | no | Page# _____ |
| 4. Proper telephone usage | yes | no | Page# _____ |
| 5. Assessment techniques | yes | no | Page# _____ |
| 6. Information provision procedures | yes | no | Page# _____ |
| 7. Referral provision procedures | yes | no | Page# _____ |
| 8. Follow-up | yes | no | Page# _____ |
| 9. Data recording | yes | no | Page# _____ |
| 10. Maintenance of inquirer records | yes | no | Page# _____ |
| 11. Organization of the Taxonomy | yes | no | Page# _____ |
| 12. Use of the resource database | yes | no | Page# _____ |
| 13. Job-related equipment and tools | yes | no | Page# _____ |
| 14. Working with multicultural/ethnic inquirers | yes | no | Page# _____ |
| 15. Working with special populations | yes | no | Page# _____ |
| 16. Working with difficult inquirers | yes | no | Page# _____ |
| 17. Working with people in crisis | yes | no | Page# _____ |
| 18. I&R in times of disaster | yes | no | Page# _____ |

Does your I&R service provide on-the-job training? yes no

How many training hours are involved? _____

DOCUMENTATION & MINIMUM EXPECTATION

(Not necessary to duplicate already submitted documentation.)

- Staffing table from the Agency and Program Information form
- Copy of at least one CIRS certificate held by a current staff member
- Sample orientation schedule, orientation manual, and training curriculum/material
- Plan for ensuring minimal of one CIRS

Not Met

There is considerable reference material submitted as part of the training material. It is not clear how some of this material is relevant and what employees are expected to know (learning objectives) or how employees are to utilize the information. Typically proponents submit an indexed and paginated training manual that covers, at minimum, all of the elements cited above. A statement about the training objectives for the material could provide a clearer perspective of this material. Applicants typically also have general employee orientation material outlining an overview of the organization, personnel policies and procedures. How will the readiness of new employees be measured before answering calls?

Follow the standards and really the only standard with training documentation is that back numbers within your training manual. For training objectives and competencies that need to be achieved and how readiness to call will be measured. Provide a training orientation schedule and manual. Please refer again to the feedback provided with the first submission.

Based on the previous section, the training manual should be developed and dated. Callers seeking information regarding the standard requires a manual to establish the call to appropriate agencies. The manual should be developed and dated. The manual should be developed and dated. The manual should be developed and dated.

■

REQUIREMENT 3:
Call Center applicants that do not provide formal crisis intervention shall have protocols and technology to transfer crisis calls to an agency that does.
A crisis call is one in which the caller is: 1) contemplating suicide or otherwise experiencing extreme emotional distress, or 2) in a life threatening situation that requires immediate police, fire, or medical intervention. Callers seeking emergency services, such as food or shelter, are not considered to be in crisis and should be served by the Call Center as a matter of routine.

QUESTIONS

Does your I&R service provide formal suicide/mental health crisis intervention? yes no
If yes, is your service accredited by the American Association of Suicidology? yes no
If no, is there a formal suicide/mental health hotline service that serves your region? yes no

If yes,
What is its name and sponsoring organization?

Is that service accredited by the American Association of Suicidology? yes no
Does your I&R have an memorandum of understanding (MOU) to connect callers with that

service? yes no
Does your I&R have protocols for transferring callers to that service? yes no
Is your phone system capable of seamlessly transferring callers to that service? yes no

If no to any of the above,

How do your I&R specialists handle crisis calls? (Use the *Explanation/Comments* box below.)

Does your I&R service have protocols for referring callers to 911? yes no

DOCUMENTATION & MINIMUM EXPECTATION

- Copy of AAS Certificate of Accreditation
- MOU/protocols for transferring calls to a designated suicide/mental health hotline
- MOU/protocols for transferring calls to 911
- Feedback Loop on protocols and/or MOUs/agreements

Not Met

The procedures for responding to and routing mental health crisis calls were not clear to the review team. The review team did not find a copy of memo of understanding with the U of M Psychiatric Emergency Services. The memos of understanding submitted in Standard IV Requirement 1 include agreements with community mental health agencies in Livingston and Monroe Counties yet the protocol submitted does not detail whether callers will be routed to U of M or crisis lines in their respective counties. These memos of understanding do not provide details relevant and unique to the coordination of mental health crisis calls so it doesn't appear that these agencies will be handling crisis calls.

MOUs are typically written with language that speaks to the relationship between the U of M and the individual organization. Include documentation with policy and MOU that states how crisis calls are handled, placement, procedures. While referred materials were submitted, please submit a specific flow for referral center staff when receiving crisis calls. In addition, please submit complete details regarding support and referral include description of services offered by U of M Psychiatric and access to training, contact information.

Refer MOUs to include specific agency name and numbers. Define the specific relationship between the two agencies and the type of call transferred between agencies and how the two organizations will work together to resolve differences, issues.

More than 1000 referrals from the U of M. Provide policy on how 911 calls and emergency calls are handled. In emergency, police calls go to emergency medical lines.

Similarly, the emergency medical protocol provides for referrals to 911. How will referrals, transfers or conference calls be handled for callers in Livingston and Monroe counties as dialing 911 from Ann Arbor will likely be routed to the 911 call center in Washtenaw County?

Yes

REQUIREMENT 4

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

QUESTIONS

Does your I&R service conduct follow-up to determine:

Client satisfaction	yes	no
Quality of service	yes	no

Does your I&R service have a written follow-up policy? yes no

Does the policy address conditions under which follow-up is required? yes no

Does the policy specify a percentage of inquiries for which follow-up is required? yes no

If yes, what percentage is required? _____

What percentage of total inquiries were followed up last year? _____

DOCUMENTATION & MINIMUM EXPECTATION

- Sample of forms used by staff to document follow-up action taken and result of follow-up
- Follow-up policy
- Management reports documenting follow-up and results

Not met

It is not clear how are follow-ups flagged? How are they flagged? Include in policy. See sample form.

What is being measured by the question "Were your needs met?" Is this a measurement to determine if the client received services from the agencies referred to or a measurement about whether the client believes the I&R met their needs? Show modification in revised sample form.

Is there an open-ended question that gives the client an opportunity to share any thoughts or ideas about the program or how services could be enhanced? Show this question on your sample form.

The proponent indicated that 10% of the calls will be followed up. According to other data the program has responded to 3,400 calls. Please reconcile how many calls and how many follow-ups have been completed. Sufficiently provided.

Is there a management report that analyzes the findings of the follow-up and customer satisfaction by month or quarter? What is the policy if staff are not able to reach the caller? Provide confidentiality policy that speaks to the prohibition to know who has to leave messages for callers regarding follow-up. According to the respondent the applicant does messages when the client is not available. Provide policy on how the messages are handled or a protocol on how the follow-up procedure.

There were several forms submitted. An explanation of what the forms document would be helpful. Clearly which form is standard follow-up form.

Submit follow-up policy. Include the criteria how follow-up is done and how follow-up data is tracked. Include detail such as how many attempts to follow up will be made and how often calls cannot be reached. Include confidentiality policy regarding follow-up calls.

Provide a sample of the revised follow-up questionnaire referenced in the submission.

Recommendation to review 2-1-1 line staff reports for issues on opening call center
and 2-1-1 line staff to ensure compliance



STANDARD II

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

REQUIREMENT 1

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

QUESTIONS

Will your 2-1-1 service be available from a live specialist on a 24-hour/7 day basis? yes no

What volume of calls do you anticipate, once 2-1-1 service is initiated? (use graph below)

Will another agency provide coverage of your lines at any time? yes no

If yes,

What is the name of that agency? _____

What are the qualifications of that agency? (use *Explanation/Comments* box)

Will that agency have access to the same database of community resources used by your I&R staff? yes no

When will that agency be providing coverage? (use graph below)

Will the type of service provided by that agency vary from your own?

(use *Explanation/Comments* box)

What staffing levels will you/your partner agency maintain to meet expected demand?

(use graph below)

What are your backup plans for periods of heavy demand/short staffing?

(use *Explanation/Comments* box)

Shift (modify graph, if your shift hours are different)	7am–3pm, M-F	3pm–11pm, M-F	11pm–7am, M-F	7am–7pm, S-S	7pm–7am, S-S Weekend
Est. call volume					
Supervisory Staff					
Phone Staff					
Support Staff					

DOCUMENTATION & MINIMUM EXPECTATION

- MOU with partner agency providing 24/7 coverage
- Description of partner agency (including full physical location address and phone number)
- Description of partner agency qualifications and organizational capacity (including proof of accreditation (if applicable), staff certification (if applicable), I&R knowledge, continuous training, and database accessibility and usage)
- Current staffing matrix with call volume capacity and analysis (i.e., amount of time spent on a call; other staffing responsibilities)

Not Met

The number of calls in estimated call volume seem exceedingly low based on experience in other communities. Are the estimates representative of the three county area or just Washtenaw County? Sufficiently provided

There is no signature on the memo of understanding with Huron Valley Ambulance. Sufficiently provided

It is not clear who will be answering the calls.

What is the role of the staff/dispatchers at Huron Valley Ambulance as it relates to I&R? Clarify the role of HVA staff as it relates to I&R calls and other calls. Please identify the number of all calls handled by HVA when they are responding to I&R calls. Are there specific HVA staff that handle I&R calls?

What is the role for the staff in Livingston and Monroe Counties? Will calls be transferred to staff apparently based in Livingston and Monroe? If so, how do I&R calls originate in Monroe and Livingston Counties are called? What are policies on how the staff will provide documentation, perhaps a flow chart or worksheet, as to how calls are handled?

Are the I&R staff answering only I&R calls or other calls in addition to I&R calls? Sufficiently provided

What is your plan for periods of unusually heavy or increased call volumes? Sufficiently provided

The agreement with Huron Valley Ambulance doesn't appear to provide for 24-hour services as required. What is the plan for 24-hour availability? Sufficiently provided

Met

REQUIREMENT 2

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

QUESTIONS

Are information and referral services available free of charge to all 2-1-1 inquirers? yes no

DOCUMENTATION & MINIMUM EXPECTATION

➤ Explanation of cost, if any

Not met. Explain call routing system and how it supports free calls to users in all 10 counties. Explain how calls are free to Monroe callers. Explain how calls are free to Livingston and what is meant by that. Explain the call forwarding. Explain whether every call in Washington County is a local call. If toll-free numbers are used, please identify them.

Not all phone exchanges in the area served are within the local call area to the call center location. Will the proponent have a toll free number or other plan to point 2-1-1 calls to assure the caller does incur a phone charge?

Not met. Explain call routing system and how it supports free calls to users in all 10 counties. Explain how calls are free to Monroe callers. Explain how calls are free to Livingston and what is meant by that. Explain the call forwarding. Explain whether every call in Washington County is a local call. If toll-free numbers are used, please identify them.

Not met.

REQUIREMENT 3

The Call Center applicant shall provide barrier-free access to its service for individuals and groups who have special needs, e.g., TDD/TTY access for people with hearing impairments, and translation services for inquirers who speak languages other than English.

QUESTIONS

Does your I&R service have a TDD/TTY for communicating with people with hearing/speech impairments? yes no

Does your I&R service make arrangements for people who speak languages other than English? (Describe in the *Explanation/Comments* section below.) yes no

DOCUMENTATION & MINIMUM EXPECTATION

- Relevant protocols and training material for TDD/TTY access
- MOUs or other documentation, if language services are provided through contract with another entity
- Description of partner agency providing language service (including full physical location address and phone number)
- Description of partner agency qualifications and organizational capacity (including proof of accreditation (if applicable), staff certification (if applicable), I&R knowledge, continuous training, and database accessibility and usage)
- Documentation of plan to continue quality assurance of standard
- Documentation of contingency plan for non-english speaking inquirers

Not met.

The review team did not find a copy of translation agreement with Language Line or other provider including address. Provide copy of interpreter service agreement (signed by VA and the interpreter service).

Requirement is for TTY/TDD. The application indicates there is a TTY/TDD, although we could not find substantiating information. It appears that Michigan Relay is the planned access. How will hearing impaired 2-1-1 callers know to use Michigan Relay to reach 2-1-1? Provide path on serving callers who are hearing impaired. Note is on policy, would typically be within a line manual as part of standard operating procedures.

[REDACTED]

[REDACTED]

STANDARD III

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

REQUIREMENT 1

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

QUESTIONS

Does your I&R service utilize a computerized resource database? yes no

Does your agency maintain the database? yes no

If no, what is the name of the organization that maintains the database?

What software is used to operate the database?

REFER

Iris

Direct/Direct Win

_____, other Commercial I&R Application

Custom I&R Application

Is the database management site a partner in the Early On Statewide Database Project?

yes no

Do records in the database follow a uniform profile?

yes no

Does the profile include:

A unique record identification number?

yes no

The legal name of the organization?

yes no

Other names by which the organization is known (popular names, former names, etc.)

yes no

A description of the legal status of the organization?

(nonprofit, for-profit, government, etc.)

yes no

Federal Employer Identification Number (EIN)?

yes no

Street addresses?

yes no

Mailing addresses, where applicable?

yes no

Telephone numbers, including TDD/TTY and fax?

yes no

A description of services provided?

yes no

A description of eligibility requirements?

yes no

A description of the application process?

yes no

The date the information was last verified?

Does your software support the AIRS/Info Line Taxonomy by:

Allowing users to search the Taxonomy level by level?

yes no

Allowing users to specify that they want to search for all records indexed to a selected term and *all of the lower level terms on the same branch of the hierarchy?*

yes no

Allowing users to do a keyword search of Taxonomy terms?

yes no

Does the keyword search include Taxonomy 'use' references (synonyms)?

yes no

Are records in the database accurately and consistently indexed

using the AIRS/Info Line Taxonomy?

yes no

When available, are 'Facility Type' terms used?

yes no

Is 'double indexing' (indexing using terms at multiple levels within a single branch of the hierarchy) avoided?

yes no

Does the database management site keep their copy of the Taxonomy current by incorporating updates issued by Info Line?	yes	no

Is the database updated regularly:

Is basic contact information for all records updated at least annually?	yes	no
---	-----	----

Is core service information for all records updated at least annually?	yes	no
--	-----	----

¹ For guidelines on 'accurate and consistent' indexing, refer to "Indexing with the AIRS/Info Line Taxonomy of Human Services" by Margaret (Gillis) Bruni, in vol. 17 of Information and Referral, the Journal of the Alliance of Information and Referral Systems.

DOCUMENTATION & MINIMUM EXPECTATION

- ✓ Sample profile of database entry
- ✓ Sample database entries (such as a directory or survey document) within the last 12 months
- ✓ Printout of all terms used to index the database in code order (one copy only)
- ✓ A printout of the service index to the full resource database (one copy only)
- ✓ Written documentation of plans to implement the statements answered "No"
- ✓ Written statement or policy for confirming use of AIRS/INFO Line *Taxonomy of Human Services*, or written plan for implementation and reasonably projected date when the conversion will be complete
- ✓ Written documentation of policy/protocol for updating database records (including resource information form, agency notification procedure(s), and validation of service)

NOTE: Every effort to have a Taxonomy "expert" on the review team will be made. At a minimum, a Taxonomy expert consultant will be used to validate (consistency and accuracy) data provided by applicant.

Not Met

There is reference to programs efforts to develop resource databases by separate entities in the three countries. Will and if so how will the databases be merged? Needs further explanation. Provide database update policy for each. Does what for each country, what is the process for 3 countries working together. Should also include date for implementation.

The Department of Human Services is an essential but atypical record. At least two additional records from each county would provide a more complete example of the records in the database. A request was submitted that a representative from the service providers be included by service delivery counties. Please provide as many additional records as possible and identify the county and the service provider.

The 24-hour numbers for adult and child protective services was not clear in the DHS record. Suffice it to say, [REDACTED]

An up-to-date service index and survey document was not submitted. Survey document request was not clearly provided. See above regarding service index copy. Documents should not refer to applicants as Washingtonians. Please correct and submit corrected survey document.

The review team was unable to find a unique record identifier, description of legal status, EIN or the date last verified in the sample report provided. Need to include identifiers for each employee to number for each report within. How are duplicate entries prevented? How is double indexing prevented? What is the plan and timeline for current status of the plan?

The taxonomy report from REFER is showing substantial double indexing. This creates significant barriers to finding resources and preparing reports. Submit updated taxonomy report from original submission and include plan and timeline to correct and prevent double indexing.

The review team did not find a copy of AIRS INFO Line taxonomy subscription. Submit copy.

The review team did not find a policy or evidence to show the practice of updating records at least annually. Provide completed update policy.

REQUIREMENT 2

The Call Center shall utilize a computerized system for collecting and organizing inquirer data that provides a basis for describing requests for service and identifying service gaps.

QUESTIONS

Does your I&R service use a computerized method for recording inquirer data at the point of contact?

yes no

Does the data collected:

Allow identification of service requests?

yes no

Allow identification of service requests by ZIP code?

yes no

Allow identification of gaps in service?

yes no

Allow identification of gaps in service by ZIP code?

yes no

DOCUMENTATION & MINIMUM EXPECTATION

- Sample inquirer data collection
- Sample system generated management report for service gaps
- Sample system generated management report for client characteristics as deemed by agency needs/requirements

Not Met

The review team did not find a system generated report that identifies unmet needs by zip code and service terms. The report submitted did not identify unmet needs by zip code or service term. The report was a list of service requests and did not include a list of unmet needs. The report was a list of service requests and did not include a list of unmet needs. The report was a list of service requests and did not include a list of unmet needs.

The review team did not find a system generated report that identifies unmet needs by zip code and service terms. The report submitted did not identify unmet needs by zip code or service term. The report was a list of service requests and did not include a list of unmet needs. The report was a list of service requests and did not include a list of unmet needs. The report was a list of service requests and did not include a list of unmet needs.

The review team did not find a sample system generated management report for client characteristics as defined by agency needs/requirements. Nevertheless, the review team recommended that a report be given to the planning efforts that allow for identification of trends. You could team with other agencies to share reports.

REQUIREMENT 3

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

QUESTIONS

Does your I&R service have an automated call management system?

If yes:

What is the name of the system and the company that owns it?

Is the system capable of measuring:

Call volume?	yes	no
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

Call abandonment rate?	yes	no
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0
21	0	0
22	0	0
23	0	0
24	0	0
25	0	0
26	0	0
27	0	0
28	0	0
29	0	0
30	0	0
31	0	0
32	0	0
33	0	0
34	0	0
35	0	0
36	0	0
37	0	0
38	0	0
39	0	0
40	0	0
41	0	0
42	0	0
43	0	0
44	0	0
45	0	0
46	0	0
47	0	0
48	0	0
49	0	0
50	0	0
51	0	0
52	0	0
53	0	0
54	0	0
55	0	0
56	0	0
57	0	0
58	0	0
59	0	0
60	0	0
61	0	0
62	0	0
63	0	0
64	0	0
65	0	0
66	0	0
67	0	0
68	0	0
69	0	0
70	0	0
71	0	0
72	0	0
73	0	0
74	0	0
75	0	0
76	0	0
77	0	0
78	0	0
79	0	0
80	0	0
81	0	0
82	0	0
83	0	0
84	0	0
85	0	0
86	0	0
87	0	0
88	0	0
89	0	0
90	0	0
91	0	0
92	0	0
93	0	0
94	0	0
95	0	0
96	0	0
97	0	0
98	0	0
99	0	0
100	0	0

	yes	no
Average length of call?		

Are reports generated from the system on a regular basis and evaluated?	yes	no
---	-----	----

DOCUMENTATION & MINIMUM EXPECTATION

- ✓ Basic literature about call management system and features (such as a marketing brochure or preface to user guide)
- ✓ Sample call management system reports (reports submitted with test, not actual, call data permitted)

Nat Met

No information or documentation provided regarding the features or functions of the telephone system. Surveillance provided.

STANDARD IV

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

REQUIREMENT 1

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

QUESTIONS

Who are the other major community information and referral providers in your proposed 2-1-1 service area? (Attach a list that identifies the type of provider, such as Child Care Resource and Referral Agency or Senior I&A/R, and the provider's name/contact information.)

Does your I&R service have defined working relationships with these providers?

(Use the *Explanation/Comments* section below to describe relationships.)

Does your I&R service have written protocols for referring inquirers to these providers?

yes no

Will your 2-1-1 Call Center be set up so that inquirers can opt to be automatically transferred to any of these providers from the main menu?

yes no

If yes, which agencies will be listed on the 2-1-1's main menu of options?

(use *Explanation/Comments* box below.)

Have the relevant state-endorsed multipurpose collaborative body/bodies endorsed your agency's plan to initiate 2-1-1 services in your area?

yes no

DOCUMENTATION & MINIMUM EXPECTATION

- MOUs, contract, and/or other agreements that document cooperative working relationships with ...
 - Local child care resource and referral agency
 - Senior I&A/R agency
 - Crisis intervention program/agency
 - Military Family Centers (unless the I&R service provides any of these directly)
 - Volunteer Centers
 - Disability Resource Centers
 - Employment & Training (One Call/One Stop Service Centers)
- Protocols for making referrals to other I&R providers
- Copy of MPCB endorsement

Not Met

Overall, the memos of understanding do not provide information about the relationship, nature of services and elements of coordination, which are unique to the two organizations. Some revised MOUs specific to the services and relationship between the community collaborative and the applicant organization.

The endorsement from the Monroe County Community Collaborative appears to be for the Monroe United Way's First Call for Help. It does not appear to be specific to the current project.

Summary provided

The review team did not find:

MOU's may define the working relationship between each agency and the organization with multiple policies/procedures for working together. (Select all that apply.)

☒ A memo of understanding with U of M Psychiatric Emergency Services. Submit MOU for review. ☒ A memo of understanding with U of M Psychiatric Emergency Services and [redacted] MOU.

☒ A memo of understanding with any volunteer centers. Submit MOU for existing volunteer center. If not, MOU for future center. ☒ A memo of understanding with [redacted] MOU.

☒ A memo of understanding with domestic violence programs. Submit MOU. ☒ MOU.

☒ Clear documentation that about the counties covered by the child care resource and referral services. Submit MOU for Washtenaw MOU. ☒ MOU.

☒ Clear documentation about the roles and responsibilities by the community mental health agencies. Submit MOU. ☒ MOU.

☒ A memo of understanding with disability advocacy centers. Submit MOU. ☒ MOU.

☒ A memo of understanding for employment programs for Livingston County. Submit MOU. ☒ MOU.

☒ A memo of understanding for services for military families in Livingston County. Submit MOU. ☒ MOU.

According to the application there are four memos of understanding in process. What are the four organizations and the services they provide? ☒ MOU.

REQUIREMENT 2

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

QUESTIONS

Are there agencies in your proposed 2-1-1 service area that coordinate volunteers in the community? yes no

Are there agencies in your proposed 2-1-1 service area that manage donations of money, goods or services? yes no

Does your I&R service have formal protocols for referring inquirers to these agencies? yes no

Will your 2-1-1 Call Center be set up so that inquirers who wish to make a donation can opt to be automatically transferred to an appropriate agency from the main menu? yes no

DOCUMENTATION & MINIMUM EXPECTATION

- Relevant protocols
- Text and options of Call Center welcome message

Not Met

Only a brief reference to volunteer referrals was found in the protocol provided. Substantial information on how volunteer calls will be handled, including that urban, rural and organizations offer volunteer opportunities. Provide a protocol for when volunteer centers are available.

Need a memorandum of understanding with key volunteer centers covering Monroe, Livingston and Washtenaw Counties and a clearer explanation about the process for assessing and referring callers seeking volunteer and donation opportunities.

As a collaboration between Washtenaw, Livingston and Monroe counties, it is not clear why the initial greeting is different by counties. Again, how the phone system functions, I&R staff and the relationship between the respective counties is not clear. Will calls get handled by a centralized staff, routed to staff in another location from a central call center or other arrangement? See comments above regarding call center in Standard Requirement #1.

The statement that inquirers will be able to automatically select from a menu and be transferred to an agency to donate is not supported by the procedure in the protocol. Clarity and explanation is needed. Substantially provided.

REQUIREMENT 3

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

QUESTIONS

Does your agency have a plan to increase public awareness of I&R and 2-1-1 services? yes no

If yes, what is that plan? (Summarize using the *Explanation/Comments* section below.)

Does your agency have a budget to support I&R/2-1-1 public awareness activities? yes no
Will your I&R service routinely collect data about how inquirers heard about
your 2-1-1 service? yes no

DOCUMENTATION & MINIMUM EXPECTATION

- Copy of marketing plan with relevant implementation time lines & marketing budget
- Copy of annual I&R budget within last 12 months
- Copy of report of how inquirers heard about the 2-1-1 service

Not Met: The narrative states that it was people to be UNAWARE of 2-1-1. Upon correction of this objective in the marketing plan, documentation for this expectation will be sufficiently provided.

- ✗ The marketing strategies presented are solely focused on Washtenaw County. What is the plan as a 3 county region?
- What is the investment in marketing for the second year?
- What is the relationship with the United Ways in Livingston and Monroe counties?
- What is the total I&R budget?
- The review team did not find a copy of a report measuring how inquirers heard about the 2-1-1 service?

45

REQUIREMENT 4:

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

QUESTIONS

Is your I&R service a partner in the Early On Statewide Database Collaborative? ¹	yes	no
Has your agency contributed data to the Early On Statewide Database?	yes	no
Is your agency committed to supporting decentralized, coordinated development of a comprehensive statewide database of community resources?	yes	no
Is your agency committed to participating in efforts to develop a uniform tool for 2-1-1 centers to use to collect statistics on the number of inquiries to 2-1-1 centers, inquirer demographic/service needs, and outcomes data?	yes	no
Is your agency committed to developing support for 2-1-1 centers in adjacent service areas?	yes	no
Is your agency a member of MI-AIRS?	yes	no

¹ The Early On Statewide Database Collaborative, supported by the Michigan Department of Education, is currently the only statewide I&R database collaborative operating in Michigan.

DOCUMENTATION & MINIMUM EXPECTATION

Supportive documentation in narrative format of addressing information discussed in above questions

Last revised: August 7, 2001 by LRK

Not Met: ~~NA~~

The review team did not find verification of MI-AIRS membership. ~~Subsequent provided~~

There is a MI 2-1-1 resource managers workgroup. Please describe your relationship with this group. ~~Subsequent provided. Not a Resource Managers Workgroup but can be more effectively coordinated at best. A review team did not find verification of MI-AIRS membership.~~

Please document your effort to and explain how you have coordinated with other 2-1-1 providers in Michigan. ~~Subsequent provided~~



June 15, 2006

Robert Miller
Washtenaw United Way
2305 Platt Road
Ann Arbor, MI 48104

Dear Bob:

On behalf of the Michigan Alliance of Information and Referral Systems' Board of Directors, I am pleased to grant you endorsement as a 2-1-1 Call Center. The Board of Directors, after reviewing your application, determined that the "United Way Regional Call Center" meets Michigan 2-1-1 Call Center standards.

We appreciate the time and attention you gave to your application materials and the program development needed to fully bring 2-1-1 services to your communities. Please keep MI-AIRS informed of your progress in implementing 2-1-1 in your community. If there is anything we can do for you, feel free to call me at 616-752-8639.

Congratulations!

Sincerely,

Robert H. McKown
Board President

cc: Sherry Miller, Michigan 2-1-1
Suzanne Eman-Jaehnig, Secretary

MI-AIRS
PO Box 1307
Southgate, MI 48195