BP 24 Stabilizing and Expanding Access to 211-Community Services

New Concept ☐ (Attach New Concept Form)
Type of category: New Concept

SUMMARY: This concept seeks to provide funding for and expand the Crisis Clinic's 211 line to serve more people. In 2006, the Crisis Clinic's Community Information Line was officially recognized as a 211 service provider. King County 211 (KC211) maintains the most comprehensive and up to date database of health and human services for King County. It is used by case managers, criminal justice professionals, including police and fire, educators, counselors, and the public, to access health and human services.

Collaborators:

Name	Department

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Kathleen Southwick	CEO	Crisis Clinic

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

   This concept seeks to provide funding for and expand the Crisis Clinic's 211 line to serve more people. In 2006, the Crisis Clinic's Community Information Line was officially recognized as a 211 service provider. King County 211 (KC211) maintains the most comprehensive and up to date database of health and human services for King County. It is used by case managers, criminal justice professionals, including police and fire, educators, counselors, and the public, to access health and human services.

   The behavioral health system does not contribute to the 211 system. This is a significant funding gap, especially when considering that the highest utilizers of KC211 share the demographics of Medicaid enrollees. A key component of the Affordable Care Act (ACA) is assuring that people have access to basic needs such as adequate food and shelter, which contribute to health and stability. With approximately 30,000 Medicaid enrollees receiving public mental health services and another 8,000 to 10,000 people with substance use disorders joining the new integrated behavioral health system, it is important that there is a strong system

to support people who need access to basic needs services. Predictable funding will assist KC211 in maintaining its robust and responsive services through investment in technology, staff salaries, and other infrastructure supports. Since 2011, 211 has received between 141,000-150,000 incoming calls annually. During this period, KC211 has only been able to respond to about 105,000 calls annually.

The potential of KC211 as a community resource has remained untapped. 211 is an easy to remember nationwide three-digit telephone number assigned by the Federal Communications Commission for the purpose of providing quick and easy access to information about health and human services. Professional information-and-referral specialists work with callers to assess needs, determine options, and provide appropriate referrals. Similarly, across the United States, 911 is the first access point for those seeking emergency response. Communications personnel receive calls and expertly dispatch emergency service professionals and equipment to render life-saving assistance to those in need. However, whereas 911 has permeated the general population nationwide as the "only" number for emergency response, the same is untrue of 211. Although the current regional approach to health and human services follows a "no wrong door," model, the ubiquity of 911 may be that there is only *one* door. With sufficient financial backing, KC211 could operate as a "one-stop-shop" for health and human services. KC211 has the potential to simplify the process of accessing mental health and substance use disorder services, as well as accessing an array of stabilizing services such as food and housing,

As will be expanded on below, this proposal falls within the MIDD II strategy of *System Improvements: Strengthening the behavioral health system to become more accessible and deliver on outcomes.*

Additionally, this concept relates to existing MIDD *Strategy #1: Increase Access to Community Mental Health and Substance Abuse Treatment 1a. Increased access to mental health and chemical dependency outpatient services for people not on Medicaid*; in that funds will be used to connect people who are poor but ineligible for Medicaid funding to access mental health and substance use disorder treatment.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

☐ **Crisis Diversion** ☐ **Prevention and Early Intervention**

☐ **Recovery and Re-entry** ☒ **System Improvements**

Please describe the basis for the determination(s).

Stabilizing and improving KC211 fits well in the MIDD II strategy *System Improvements*, in that it would "strengthen the behavioral health system to become more accessible and deliver on outcomes." With proper funding, KC211 can become a "one-stop-shop" for services; improved access to stable housing, food, transportation, and training/employment would give individuals

a solid foundation from which to address their physical, mental, and substance use health concerns—also accessible via KC211.

Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

   B.1.a. "What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program?"

   In other words, what is the mental health or SUD need being addressed, and who is the target population?

   As described in A.1., the targeted population is Medicaid enrollees and individuals with characteristics similar to Medicaid enrollees. The need being addressed is simplifying the process of accessing basic needs and health and human services—the social determinants of health. With improved access will come improved overall health outcomes, especially for persons in need of mental health and substance use disorder treatment.

   B.1.b. "What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented?"

   If the service gap is circuitous access to health and human services, not providing funding will leave service access as-is.

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

   Reliable funding and improved infrastructure will support KC211 in streamlining access to basic needs and human and health services.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

B.3.1. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need?

In other words, what is the evidence that improving 211 will assist in the accessing of health and human services?

Evidence includes:

1. Post-Hurricane Katrina evaluation of disaster response systems found 211 to be the most effective resource, so much so that 211 added 50 additional phone lines for one month;[1]
2. Easier for people to access 211 than locate/use specific numbers for specific services. Connecticut found, after replacing a 20 year old 10-digit social services hotline with 211, providing identical services, an initial 40 percent increase in calls, which grew to a 100 percent increase in less than a decade;[2]
3. Changes in Connecticut's welfare and food stamps policies resulted in a spike of phone calls, demonstrating the need for more than information (411) but less than an emergency (911);[3]
4. A 211 user-feedback survey conducted by the Lyndon B. Johnson School of Public Affairs in 2004[4] reinforced commonly perceived positive attributes of 211, including:
   - *Time-saving*. Forty-four percent of the respondents acknowledged saving time, including time at work or avoiding time off work, minimally of about 15 minutes, because of 211.
   - *Misdirected calls*. 211 re-directs inappropriate calls to emergency assistance and avoids the cost of directory assistance. Eight percent had called 9-1-1 for services that they now know 211 can provide, and seven percent had previously used 4-1-1 to locate services.
   - *Afterhours access*. Twenty-one percent of the respondents had used 211 on weekends and in the evenings.
   - *Employer services*. Eight percent of the respondents had been told about 211 by their employer (who themselves called to request assistance with employees);
   - *Ancillary Services*. Public agencies (17 percent) and non-profit agencies (12 percent) are regularly informing and referring clients to 211 for assistance.

B.3.2. Why would this New Concept/Existing MIDD Strategy/Program be expected to work?

See above, "evidence"

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

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[1] Kean, Sam. (2007). Speed Dial: Tested by Hurricane Katrina, a Three-Digit Hotline For Charities Gains Momentum. *The Chronicle of Philanthropy*, 2(1). http://studio.unitedway.org/nclnews/files/211_chronicle%20of%20phil.PDF

[2] Ibid.

[3] Ibid.

[4] O'Shea, Dan, and Christopher T. King. "National benefit/cost analysis of three digit-accessed telephone information and referral services." (2004). https://www.utexas.edu/research/cshr/pubs/pdf/211costanalysis.pdf

This is a new concept. Please see questions A.1. and A.2.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

B.5.1. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program?

The proposed outcome from funding KC211 is improved access to health and human services for King County residents through a single comprehensive source of information.

B.5.2. What indicators and data sources could the County use to measure outcomes?

Measurable benefits and method of calculation developed by the Lyndon B. Johnson School of Public Affairs: [5]

- ***The value of the time saved by human service or other professionals and members of the general public who use 211 to address their needs*.** Professionals in the field who use 211 to better serve their clients and individuals who access the system for personal requests firmly established the time and effort saving quality of 211. The number is simple to remember, accessible to everyone at no cost, has multilingual accessibility, and can support general, as well as specialized services.
- ***The value to individuals, as well as public and non-profit agencies, of 24/7 access to information and referral services.*** After-hours accessibility is convenient for individuals, particularly those with daytime obligations or those who are having difficulty or seeking assistance when most social services are not available. The valuation formula for 24/7 ***The value of quantifying unmet needs and mapping resources as a community assessment and planning tool.*** Almost all of the sites use the information regarding requests and referrals to assess community needs. Tracking of unmet needs provides a basis for assessing the lack of resources. Volunteer referrals and placements through 211 make it easier for individuals to match opportunities with their interest. The valuation formula is based on a conservative estimate for producing one report per year at a cost of $15,000 for the report.
- ***The value of 211 as a broker of volunteer opportunities and placements***. 211 provides the opportunity to "give back" to the community. Thousands of volunteer hours are facilitated by 211, and material donors are directed to locations where their gifts may be most needed and appropriate. ***The value of time-saved from the***

[5]O'Shea, Dan, and Christopher T. King. "National benefit/cost analysis of three digit-accessed telephone information and referral services." (2004). https://www.utexas.edu/research/cshr/pubs/pdf/211costanalysis.pdf

avoidance of misdirected phone calls to or redirected phone calls from public and private health and human service agencies. The availability of simple 211 access for health and human services information and referral diverts calls from other potential information and referral providers saving them time and freeing staff to provide other needed services. Eleven percent of the callers in the telephone survey indicated that they used to call a public agency for information prior to using 211, and an additional four percent called a non-profit agency.

- ***The value of information regarding MEDICAID and other health and human services eligibility and documentation.*** The object event is the marginal reduction of cases "pended" during eligibility determination for public assistance, including Food Stamps, TANF, and others. The Bureau of Economic and Business Research at the University of Florida reports that up to 30 percent of information and referral calls in some areas come from public human services agencies. Repeat trips to the human services office can be eliminated for the client, and providers can avoid rescheduling. ***The value of non-reimbursed public service to state and local government***. 211 information and referral centers regularly provide pro bono service for special projects and announcements for state and local government, such as "Beat the Heat" programs which distribute air conditioners to low income residents and other special initiatives. They can quickly become sources of information regarding events of immediate public concern like Asian bird flu or West Nile disease. Some have argued that 211 is more flexible and capable than government for putting new information and opportunities in public focus. Based on the level of effort leading-edge sites have reported, the support provided to agencies that is not reimbursed has been estimated at five percent of total call volume multiplied by the cost per call.
- ***The value of reducing duplicative call centers and associated database set-up, maintenance, and staffing among public and private non-profit entities*****.** 211 call centers that operate 24/7 year round appear to be the logical platform for building emergency response communication capacity for occasional events. On a daily basis, 211 reduces the need for other entities to develop, maintain, and operate information and referral systems for purposes that can be effectively addressed at the call center.

The value of redirecting inappropriate phone calls from 911 to 211. Eight percent of the callers surveyed said that they had previously called 911 for service that they now know they can access through 211. Assuming that this is a one-time change in caller behavior, researchers have estimated that five percent of callers would avoid calling 911 annually as the system rolls-out

B. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**

- ☐ **Teens 13-18**
- ☐ **Transition age youth 18-25**
- ☐ **Adults**
- ☐ **Older Adults**
- ☐ **Families**
- ☒ **Anyone**
- ☐ **Offenders/Ex-offenders/Justice-involved**
- ☐ **Other – Please Specify:**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☐ **Veteran/US Military**
- ☐ **Homeless**
- ☐ **GLBT**
- ☐ **Women**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Anyone can call 211, but the most vulnerable residents are the target population of 211. Callers to 211 share the same characteristics as Medicaid enrollees. Ninety-one percent of 211 callers have incomes below poverty, 70 percent are non-White, 36 percent are disabled, 22 percent are homeless, 50 [percent are families with children, and four percent need language assistance. The Medicaid population needs help finding basic needs services and their needs mirror those of 211 callers. Thirty-five percent of 211 callers need help finding basic needs assistance--housing/shelter, food, transportation, clothing, 25 percent need financial assistance--rent, move-in, utility assistance and nine percent need legal assistance--housing, family, immigration, consumer/tax assistance. Anecdotally, BHRD understands that a substantial number of callers are people with behavioral health needs or staff of agencies who serve people with behavioral health needs seeking information on how to find basic needs services.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**:
   County-wide
   There are seven unique regions within Washington's 211 Statewide Information and Referral System. Each region supports local human service programs for residents in that area. KC211 represents Region 6, which follows the boundaries of King County.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

   C.3.1. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program,

Collaborations are necessary between KC 211, BHRD, and the network of behavioral health providers, as well as the broad network of providers throughout the county.

C.3.2. With whom would we collaborate or partner?

See above.

C. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**
   KC211 is a central information repository and referral source impacting the social determinants of health (e.g. housing supports, public assistance programs, food banks, etc.).

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**
   The KC211 is already in existence. Any enhancements to the system would be readily implemented. There would be benefit to initiating a conversation amongst providers about what they want from KC211 to assure enhancements are consistent with community need.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**
   Unknown.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**
   To see the consequences of not bolstering KC211 requires only examining current County resources for 211. The current KC211 will continue to be in place, but it will continue to struggle due to the inefficiencies of the multiple fund sources and the lack of a community-wide vision for the utility of KC211 as a Health and Human Services resource.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

   D.5.a. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program?
   The Crisis Clinic will continue to rely on individual contracts. Information above describes the challenges of maintaining many small individual contracts for a system-wide service. Crisis Clinic is also seeking support from philanthropists. However, funds from philanthropy are typically one

time or of short duration, so they are not a long term solution for funding the 211 program. Crisis clinic has provided but cannot sustain subsidies from its own coffers.

D.5.b. At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc.
The use of KC 211 as a central repository of information accessible by anyone who has access to a telephone is the most efficient manner to provide for the dissemination of health and human services referral and resources. The relative cost is small as the majority of the infrastructure is in place.

D.5.c. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?
No there is not the ability to merge this with other strategies or programs. The investment from MIDD 2 would be expanding upon the state's investment in KC211.

D. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

   E.1.a. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care
   KC211 can contribute to all stages on the continuum of care model: prevention, intervention, treatment and aftercare. Regardless of stage on the continuum, KC211 can provide health and human services referrals to meet the needs of callers.

   E.1.b. How does this fit within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?
   The Health and Human Services Transformation Plan has a particular focus on improvements to access to services that address the social determinants of health all King County citizens. KC211 provides and easy access vehicle to many of the key components of the social determinants of health. Best Start for Kids is also looking for mechanisms that provide quality, timely and helpful information to families about services and supports that families need.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**
   KC211 is available to anyone 24/7 and therefore is a resource to help people access treatment or crisis diversion support at the time they are ready. Calling 211 can be a first step towards recover.

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

The population that calls 211 has been described above; the majority are individuals who are marginalized in some way.. KC211 provides equitable access to information and linkage to services for all residents of King County, assuring that all in need who reach out can get help.,

E. Implementation Factors

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**
   Necessary resources include improved information technology, increase in staff, staff training, and advertising? Additionally, time spent with network providers to develop more comprehensive information and to discuss KC211 quality improvements that provide for a more robust information bank and process for linking people to needed services.

2. **Estimated ANNUAL COST.** $500,000. **Provide unit or other specific costs if known.**

   To stabilize the system and increase the call response from about 105,000 to 120,000 calls annually would require and investment of $370,000. To increase the call response by another 15,000 calls would require an additional $170,000. This would bridge the current gap between calls received and calls responded to.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**
   Unknown.

4. **TIME to implementation:** Choose an item.
   a. **What are the factors in the time to implementation assessment?**
   Much of the planning for what is needed for expansion has been done. The focus for this project can be on implementation strategies.
   b. **What are the steps needed for implementation?**
   There are already efforts underway to explore improvements 211. The next steps would be to review what is needed for the King County enhancements. There is a need to hire additional staff to address the desired increase in call volume. An advertising campaign would need to be developed to expand community awareness of the 211 resource.
   c. **Does this need an RFP?**
   Since this is a state-wide service that is procured by the state, this would not require an RFP. In King County, MIDD 2 would be enhancing an existing service.

F. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (Optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

Additional Information for Question 9: The Alliance of Information and Referral Systems (the industry's professional organization) states that a metropolitan area with a mature 211 system should be receiving and handling calls that represent between six to eight percent of the region's total population. For King County, with a population of nearly two million, that would be between 120,000-160,000 calls annually. Because of a lack of funding, 211 has not widely advertised its service and incoming call volume has been declining. During the recession years, KC211 was receiving 165-180,000 incoming calls. Since 2011, 211 has received between 141,000-150,000 incoming calls annually. During this period, KC211 has only been able to respond to about 105,000 calls annually.

#24 Working Title of Concept: Stabilizing and Expanding Access to Community Services

Name of Person Submitting Concept: Kathleen Southwick
Organization(s), if any: Crisis Clinic
Phone: 206 436-2980
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Mailing Address: 9725 3rd Avenue NE #300 Seattle WA 98115

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

King County is focused on building healthier communities through a collaborative regional approach focusing on the social determinates of health, clinical-community linkages, and whole person care. This is a system wide approach that is engaging King County departments (public health, mental health/substance abuse and community and human services) to organize their services in new ways. It is engaging the private sector—health care providers, insurers, and community based human services providers to realign their services to focus on shared outcomes. There are numerous funding sources that are being braided to support the services needed to bring about this change—federal/state monies, MIDD, BSK, Vets and Human Services funds, King County and local tax funds, UWKC, and philanthropy.

Each of these funding sources has a set of goals and priorities for a specific population and is funding an array of providers to deliver services and report outcomes. However, what seems to be missing is a consensus on the scope and level of access to services that the system should support. While government thinks of people in categories—those in the criminal justice system, people with behavioral health issues, homeless, older adults, families, youth, communities of color, most people identify by what help they need and where is the easiest place to find that help. Making the front door wide open, with ease of access benefits the entire system, which is why the 911 system is so beneficial—in an

emergency people don't have to think of which fire or police department to call. King County recognized the value of the dialing code "211" as the front door to health and human services, but there has never been a system wide discussion of the level of support this infrastructure service should have to assure it has the capacity to respond effectively. We see MIDDII as an opportunity for that discussion in order to assure the effectiveness of the current 211 system, which is at risk.

Other counties with MIDD funding have recognized the importance of the 211 system and allocated resources to support it operations.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.
A key component of health care reform (ACA) and the integration of primary care and behavioral health is assuring that people have access to adequate food, shelter, transportation, etc. that contribute to their stability. With approximately 30,000 Medicaid enrollees receiving public mental health services and another 8-10,000 people with substance use disorders joining the new integrated behavioral health system, it is important that there is a strong system to support people who need access to basic needs services.

An extremely high number of people who are homeless or involved in the criminal justice system have a behavioral health disorder and it is extremely difficult for them to navigate the complex human services system to find out if they are eligible for services.

It is critical that the 211 system have the capacity to be able to respond to their calls, but also to the calls of case managers and other professionals who work with these individuals. If 211 doesn't have the capacity to work directly with case managers/professionals or respond quickly, hospitals/insurance companies/health clinics will develop a parallel system of finding resources, which will not be as comprehensive or effective as the 211 system. We have already begun to see the fragmentation of the "access" to care system into population silos, which is not to the benefit of the client and it is more expensive for the entire human services system. It is critical for the health/behavioral health system to contribute to the support of the 211 system.

3. How would your concept address the need?
Please be specific.
Since 1968, King County has relied on Crisis Clinic to be the entry point to health and human services. First, as the Community Information Line, and since 2006, as King County 211. KC211 maintains the most comprehensive and up to date database of health and human services for King County. It is used by case managers, criminal justice professionals (police/fire), educators, counselors, and the public to find services. Accurate information on the availability of services is the backbone of an effective human services system. KC211 also operates its call center to assist people in connecting with the agencies able to be of help. KC211 helps people understand how the human services system works, assists them in clarifying their needs and expectations, coaches them on how to most effectively present their situation, and refers them to human service agencies.

4. Who would benefit? Please describe potential program participants.

Anyone can call 211, but the most vulnerable residents are the target population of 211. Callers to 211 share the same characteristics as Medicaid enrollees. 91% of 211 callers have incomes below poverty, 70% are non-White, 36% are disabled, 22% are homeless, 50% are families with children, and 4% need language assistance. The Medicaid population needs help finding basic needs services and their needs mirror those of 211 callers. 35% of 211 callers need help finding basic needs assistance--housing/shelter, food, transportation, clothing, 25% need financial assistance--rent, move-in, utility assistance and 9% need legal assistance--housing, family, immigration, consumer/tax assistance.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

KC211 collects very detailed demographic and need information that is shared with funders for system planning purposes. DCHS already receives these reports quarterly. The results of our satisfaction survey are that 95% of callers received new information, 99% intended to call the agencies we gave them and 99% were satisfied with the information and/or staff they spoke with. Additionally, we contact 2% of callers to follow up and see if they got the help they needed at the agencies referred them to. 30% reported their needs were fully met, 15% said they were partially met, 22% said it was in process and 33% said they received no assistance. This information is shared with agencies and funders to assist them in making improvements.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

As mentioned previously, the characteristics and needs of those with behavioral health/criminal justice challenges fit the profile/needs of 211 callers. Many probably already use 211 services. Addressing mental health/substance use disorders is significantly easier if the person has stable housing, food, transportation, training/employment. 211 helps them create a solid foundation from which to address their health concerns.

Many of the specialized human services systems fund 211 as a key entry point to their array of services including rental assistance, family housing, and civil legal assistance, the new Community Living Connections program (aging and disability services, replacing Senior Services.)

The health/behavioral health system does not provide funding to the 211 system and this is a significant gap in our funding mix, especially since Medicaid clients are likely high users of 211. Even DCHS provides only minimal funding through the Vets and Human Services Levy.

As MIDDII looks at the entire system, we see this as an opportunity for the County to determine what the scope, capacity and robustness this infrastructure service should be.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

KC211 has relationship with virtually every service provider as we collect their service information to update our Community Resources Online database. We work with nearly every major social service system to provide the information relevant to that sector. One sector that KC211 has not worked as closely with is the hospital, health care and behavioral health systems and we would view this as an opportunity to find out more about these systems to see if we need to collect additional information or add services that would be useful. We are beginning conversations with hospitals as they figure out the best way for them to have access to the community services information their case managers/social workers will need when working with their clients.

Additional Information for Question 9: The Alliance of Information and referralSystems (the industry's professional organization) states that a metropolitan area with a mature 211 system should be receiving and handling calls that represent between 6-8% of the region's total population. For King County, with a population of nearly 2 million, that would be between 120,000-160,000 calls annually. Because of a lack of funding, 211 has not widely advertised its service and incoming call volume has been declining. During the recession years, KC211 was receiving 165-180,000 incoming calls. Since 2011, 211 has received between 141,000-150,000 incoming calls annually. During this period, KC211 has only been able to respond to about 105,000 calls annually.

Currently, KC 211 has a budget of $1,750,000 composed of 30 separate contracts. Of that funding, only 32% is to provide general information and referralservices. About 50% is from contracts for specialty services that require additional screening, assessment, data collection, reporting and lengthen the time on the call, which limits the number of calls that can be handled. Crisis Clinic subsidies KC211 by more than $300,000 each year and can no longer sustain that level of investment. We are not able to make the investments in technology, staff salaries and infrastructure supports that are necessary to maintain 211 as a robust and responsive service, not to mention increasing the number of calls we handle in response to the community's demand.

To stabilize the system and increase the call response to 120,000 calls annually would require and investment of $370,000. To increase the call response by another 15,000 calls would require an additional $170,000.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: $ per year, serving # of people here **people per year**
Partial Implementation: $ $370,000 per year, serving 120,000 people per year
Full Implementation: $ 540,000 per year, serving 135,000 people per year