

**DHHS Grant Management Unit**  
**Nevada 2-1-1 Update**  
**for the Grants Management Advisory Committee (GMAC)**  
**December 11, 2014**

**Overview**

Nevada 2-1-1 has come a long way from its early days, and there is still potential to grow and strengthen the system. Recognizing the need for more staff attention to be focused on 2-1-1, Jennifer White was hired as the part-time 2-1-1 Coordinator in June 2014. She is responsible for coordinating the 2-1-1 system across the state.

Since she came on board, she has focused on a number of areas, including:

- Strengthening the governance structure,
- Finding opportunities for diversifying funding, and
- Addressing 2-1-1 access issues.

**Governance History**

In 2005, Nevada Revised Statutes (NRS) were amended to establish and maintain a system to provide non-emergency information and referrals concerning health, welfare, human and social services. NRS 232.359 requires the State to maintain a 2-1-1 system.

After the NRS was adopted, the late Governor Kenny Guinn established the *Governor's Partnership on 2-1-1* through an Executive Order in 2006. Former Governor Jim Gibbons renewed the order in 2009, as did Governor Brian Sandoval in 2011. One of the primary responsibilities of the partnership was to develop a sustainable governance structure for 2-1-1.

Initially under the Executive Order, Nevada 2-1-1 was managed by the Nevada 2-1-1 Partnership, which included representatives from key stakeholders across the state. A subset of the Partnership, referred to as the Executive Committee, was eventually formed to meet monthly to discuss the day-to-day operations of 2-1-1. The Executive Committee included the Nevada Department of Health and Human Services (DHHS) Director's Office, United Way of Northern Nevada and the Sierra, United Way of Southern Nevada, Crisis Call Center, HELP of Southern Nevada and Washoe County Social Services. Near the end of Calendar Year 2013, a representative of the DHHS Director's Office Grants Management Unit (GMU) was assigned to help facilitate the group.

Governor Sandoval's Executive Order expired on December 31, 2013. Since then, 2-1-1 has been operating under a Memorandum of Understanding (MOU) between the key partners – specifically, the DHHS Director's Office, the two United Way organizations and the two call centers. The MOU made the DHHS the lead agency responsible for coordinating and overseeing 2-1-1's activities.

## **Governance Future**

The existing MOU provided 2-1-1 with the framework needed to continue its operations, but a more structured governance system is still needed. It was decided the best way to address this need is through a formal contract obtained by a Request for Proposals (RFP).

Several factors have prompted the DHHS to explore this option.

- Following State Purchasing rules, where the State generally procures a contract (instead of issuing a grant award) when the service is one that the State would provide if it had the capacity to do so.
- Receiving feedback from the community indicating a desire for a competitive process.
- Providing transparency to the 2-1-1 specifications and service.
- Potentially receiving additional funding, which would support the need to re-procure for 2-1-1 services.

The RFP is scheduled for release in December (*and may actually be published before the date of this presentation*). In the meantime, the membership of the monthly meetings is now limited to the primary operations partners – DHHS, the two call centers, and United Way of Northern Nevada and the Sierra. The monthly meetings are needed for operational discussions among the key partners who perform daily 2-1-1 tasks. The larger Executive Committee, potentially with additional stakeholders, will meet on a biannual basis where broader issues and direction may be discussed.

## **History of Funding**

The attached chart compiles the best information available concerning funding for Nevada 2-1-1 since State Fiscal Year (SFY) 2008. Highlighted figures are verified; other numbers are considered accurate but not documented.

As the chart illustrates, funding for Nevada 2-1-1 since SFY08 has fluctuated from a high of \$965,153 in SFY09 to a low of \$611,913 in SFY15. Securing support through State sources such as the Fund for a Healthy Nevada (FHN), Social Services Block Grant (SSBG-Title XX) and the State General Fund has been challenging, and the results have been inconsistent due to competing program priorities, federal sequestration and the economic recession. Some other sources of support – including the Casey Foundation, the United HealthCare Settlement and the Governor’s Office of Consumer Health Assistance (GovCHA) – have essentially amounted to windfalls based on availability of funds and short-term needs. For example, awards from GovCHA since SFY12 have largely been related to the rollout of the Affordable Care Act. Even the financial support from the boards of partner organizations has dwindled in recent years due to decreased revenue and competing priorities.

For the most recently ended fiscal year (SFY14), the two call centers expended nearly all funds awarded.

### **Crisis Call Center**

Awarded \$197,447 / Expended \$197,038  
Handled 11,579 calls / 81% satisfaction

### **HELP of Southern Nevada**

Awarded \$314,962 / Expended \$314,962  
Handled 59,961 calls / 78% satisfaction

*(Note that satisfaction levels are impacted by the availability of service and funding at the agency to which the caller is referred; not just on the quality of service by Nevada 2-1-1.)*

### **Diversification of Funding**

The DHHS has been exploring other sources of funding for 2-1-1. These include separate partnerships with Medicaid, Clark County, the Internal Revenue Service (IRS), and counties across the state. Some of these potential opportunities are listed below.

***BIPP (Balancing Incentives Payment Program)*** is a program that was approved by the Centers for Medicare and Medicaid Services (CMS) targeting Medicaid enrollees in long term support services. The goal is to develop a statewide, universal enrollment process (aka, no wrong door) so that it is easier for qualified Medicaid enrollees to obtain access to the long-term support services they need.

One of the requirements is the use of an 800 number, or something similar. Nevada Medicaid wrote in its application that using 2-1-1 for this purpose would utilize an existing number and avoid duplicating services. The DHHS is exploring options for 2-1-1's role in BIPP, ranging from simply directing a potentially eligible person to an Aging and Disability Resource Center (ADRC) to performing some type of initial eligibility assessment before transferring to an ADRC.

***Spirit*** – Clark County received a block grant to develop a mobile technology solution for its mental health response program. The program will allow case workers to utilize mobile devices to find real-time referrals for individuals with mental health issues who are homeless. The Spirit program needs to leverage a database that houses the providers' information and availability. Although the Spirit program requires more fields and data than what is currently housed in 2-1-1, there is the possibility of using the 2-1-1 database for the program.

***Emergency Preparedness and Response*** – 2-1-1 has played a key role in disasters in Northern Nevada in recent years. There is currently an MOU between the Crisis Call Center and Washoe County detailing how to respond to Northern Nevada emergencies. The DHHS has been working with the State Department of Emergency Management, as well as Clark and Washoe Counties, to develop a more systematic approach to responding to emergencies statewide. Defining 2-1-1's role and identifying funding sources will be included in any agreements.

### **Access Issues**

The 2-1-1 partners have been addressing a variety of access issues. Work is currently being done to improve the search feature of the database. A new homepage will be released in the future that will allow visitors to click directly on the service they need. Ensuring that listings are up-to-date is a challenge for any Information and Referral system, and the partners continue to work on ways to improve the accuracy of listings. For example, the DHHS Grants Management Unit (GMU) and Clark County Social Services are now requiring grantees to provide proof of a current 2-1-1 listing.

In addition, the DHHS is identifying areas and phone providers that are lacking 2-1-1 coverage and working to improve access in those areas. For example, it was recently discovered that AT&T cell phones

in Carson City could not connect to 2-1-1. The DHHS worked with AT&T to correct the issue and now people in Carson City can call 2-1-1.

Ensuring the community can access accurate resource information from across the state is paramount. 2-1-1 partners are continuously working to ensure that the system reaches its maximum potential.

### **Outreach**

The current focus has been on governance, funding, and access. Once the DHHS has made significant progress in those areas, the next step will be to increase outreach efforts. Before the DHHS directs significant resources toward outreach activities, the DHHS needs to ensure that the 2-1-1 system is performing optimally. United Way of Northern Nevada and the Sierra recently provided funding to the Crisis Call Center to pay for two employees to focus solely on 2-1-1 (a 2-1-1 System/Data Management Specialist and a Community Resource Specialist). Part of their duties is to conduct 2-1-1 outreach activities.

The DHHS participated in a community 2-1-1 meeting in October that was hosted by the Crisis Call Center. In the meeting, community agencies discussed what they liked about 2-1-1 and what components were in need of improvement. The agencies indicated a desire to form small teams who would work on key 2-1-1 areas.

- Data accuracy
- Statewide accessibility
- Statewide disaster response
- Website/user interface
- Data analysis
- Inter-agency data collaboration
- Operational quality assurance/quality improvement
- Funding
- The I&R Strategic Plan

The targeted areas in this meeting directly correlated to the DHHS's current focus on governance, database accuracy, and statewide accessibility (i.e. phone coverage).

### **Next Steps**

As discussed previously, the DHHS is focusing on the following next steps:

- Release an RFP
- Continue looking for additional funding sources
- Improve access via website improvements and phone coverage
- Improve the accuracy of referrals in the database
- Implement outreach activities