Michigan Alliance of Information and Referral Systems

Application for MI-AIRS Endorsement As A 2-1-1 Call Center

February, 2006

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 have applied to AIRS for | | | | |
|--|------------|---------------------|--|--|
| accreditation and shall be working toward completion of the process. | | | | |
| Questions: | | | | |
| Is your information and referral program accredited by AIRS? | yes | no | | |
| 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 in the process and when do you anticipate completion? | | | | |
| (use Explanation/Comments box) | | | | |
| Does MI-AIRS have your permission to confidentially discuss your application | | | | |
| for accreditation with AIRS? | yes | no | | |
| | | | | |
| Explanation/Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Documentation Required: Copy of AIRS Certificate of Accreditation or copy of letter for | rom AID | S stating that your | | |
| application has been accepted for review and other correspondences related to its progre | | | | |
| of the applicant to continue to submit to MI-AIRS copies of further correspondence with | | | | |
| accreditation. | 1 11110 10 | c Gui aiii G | | |

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 2: At a minimum, the greater of one staff person or 25% of eligible* staff shall be Certified Information & Referral Specialists (CIRS)** through the AIRS certification program to help 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.

Supervisory staff shall periodically monitor and evaluate the quality or service provided by call center staff.

| Quartiana | | | | |
|--|----------------------|---------|----------------|---------|
| Questions: | | -4 - CC | | |
| Are the greater of one staff person or 25% of eligible* inform | | | yes | no |
| certified information and referral specialists through the AIR | | gram? | | |
| How many eligible* information and referral special | | | | |
| Please provide the number of CIRS certified staff me | | gram: | | |
| Does your agency conduct a formal program to train new I&I | | | yes | no |
| If yes, does your training program include pre-service tra | ining in basic | | | |
| information and referral skills? | | | yes | no |
| Please indicate below if your pre-service training address | ses the following to | pics. | Also, ident | ity the |
| corresponding page number in your training manual: | | | | |
| 1. Interviewing techniques and attitudes | yes | no | Page# | |
| 2. Listening skills | yes | no | Page# 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. Information and referral in times of disaster | yes | no | Page# | |

^{*} Eligible refers to the AIRS definition: The candidate must be actively engaged in providing service in the field of I&R as a staff member or as a volunteer; must have a minimum of 3 years experience in I&R, and a High School diploma or GED; **or** a minimum of two years experience in I&R and an Associate of Arts degree in a human service related field; **or** a minimum of one year experience in I&R and 60 hours or more of college credit; **or** a minimum of one year experience in I&R and a bachelor's degree or higher.

^{**}CIRS is a professional credential awarded by AIRS to individuals who meet standards for competency as community information and referral specialists.

Standard I: Requirement 2, continued

| Questions, continued: | | |
|---|-----------|-----------------------------------|
| Does your I&R service provide on-the-job training? | yes | no |
| How many training hours are involved? | | |
| Does your I&R Program have a written policy for conducting staff perf | ormance | evaluation to ensure that I&R |
| Specialists provide quality service? | | |
| | | |
| <u>Documentation Required</u> : (Not necessary to duplicate already submitted | ed docum | nentation.) |
| Staffing table from the <i>Agency and Program Information</i> form | | |
| Copy of CIRS certificates held by current staff members – at minimum | the great | ter of one staff person or 25% of |
| eligible* information and referral staff | | |
| Sample orientation schedule, orientation manual, and training curriculu | m/materi | ial |
| Copy of performance evaluation policy | | |
| | | |

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).

<u>Requirement 3</u>: 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

| 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, | ov bala | · · · · | |
| How do your I&R specialists handle crisis calls? (Use the Explanation/Comments by | oox delo | w.) | |
| Does your I&R service have protocols for referring callers to 9-1-1? | | yes | no |
| Explanation/Comments: | | | |
| <u>Expandition Comments</u> . | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u>Documentation</u> : Copy of AAS Certificate of Accreditation or MOU/protocols for transfe | erring ca | ills to a c | designated |

suicide/mental health hotline. Also MOU/protocols for transferring calls to 9-1-1.

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).

<u>Requirement 4</u>: The Call Center applicant shall monitor and evaluate client satisfaction and the quality of its service through follow-up with a minimum 10 percent of callers and with specific target groups.

| 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 mandate follow-up calls to inquirers in endangerment situations and in situations where the specialist believes that an inquirer does not have the | • | |
| capacity to follow through and resolve their problems? | yes | no |
| Does the policy address confidentiality of callers in endangerment situations? | yes | no |
| What is the percentage of inquiries for which follow-up is required? | | |
| What percentage of total inquiries was followed up last year? | | |
| | | |
| Explanation/Comments: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Follow-up policy. Confidentiality Policy. Management reports documenting follow-up and results.

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 reasonable accommodate callers with special needs.

| Requirement 1: Th round. (Allowance | | | | 2-1-1 service 24-ho n differ than peak ti | | |
|---|--|---|--|---|-----------------|----------|
| Questions: Will your 2-1-1 ser Will another agency If no, skip below If yes, what is the | y provide coverage to staffing grid. | | y time? | lay basis? | yes yes | no no |
| referral? (Use Ex Will the partnerir 2-1-1 service for mental health cris How do you plan to ensure cons | eplanation/Comme ag organization fol calls involving about sis and emergency to monitor the qualistent and compara | onts box) low the same policionse/neglect of mino? If no, please explality of service deliverable service deliver | ies and procedures urs and adults, dome ain. (Use Explanat vered by the partner y? (Use Explanation) | stic violence, ion/Comments box) ing organization n/Comments box) | yes | no |
| box). Us Do you have a fo What is the anticipa What staffing level | e grid below to sho rmal written agree ated call volume on s will you/your par | ow the days and how ment with the partrage of each shift of your rtner agency maintage | urs of coverage nering organization? 2-1-1 service? Use nin to meet expected | | yes d below) | no |
| Shift (modify grid, if your shift hours are different) Est. call volume | 7am–3pm, M-F | 3pm–11pm, M-F | 11pm–7am, M-F | 7am–7pm, S-S | | am, S-S |
| Supervisory Staff Phone Staff Support Staff | | | | | | |
| What staffing resourcall demand? (Use | grid above) up plans and if ap es. (Use <i>explanat</i> | propriate, your part | nering organization | ering organization u | | - |
| Explanation/Comm | ents, continued | | | | | |

| <u>Documentation</u> : MOU or contract with partner organization. Description of partner organization (including | |
|--|---|
| organization brochure and annual report). Description of partner organization qualifications and organizational | |
| capacity (including proof of accreditation (if applicable), staff certifications (if applicable), training agenda, staff | |
| development activities and detaless accessibility and users). Discussed to all the accessibility and users) | |
| development activities, and database accessibility and usage). Plans and tools used to assess the quality of service | |
| delivered by the partner organization. | |
| | _ |
| | |

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 reasonable accommodate callers with special needs.

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 **Explanation/Comments: Documentation**: Explanation of cost, if any.

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 reasonable accommodate callers with special needs.

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. If applicable, the call center must also provide for physical access for people with disabilities if the call center assists inquirers at its site.

| 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 <i>Explanation/Comments</i> section below.) | yes | no | |
| Explanation/Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u>Documentation</u> : Provide a description of languages other than English in which the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the control of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the type of availability for each (e.g. I&R specialist(s) speak the language; use of interpretation of the call and the call a | | | |
| facility accessibility report, if available. Otherwise provide a description of how your facility accessibility report, if available. | | | |

inquirers with physical disabilities.

Standard III

The call center shall have the tools necessary to adequately support 2-1-1 service.

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

| Overstioner | | |
|--|--------------|----------|
| Questions: Does your I&R service utilize a computerized resource database? | VOC | no |
| Does your agency maintain the database? | yes yes | no no |
| If no, what is the name and address of the organization that maintains the database? | yes | 110 |
| if no, what is the name and address of the organization that maintains the database: | | |
| | | |
| | | |
| What is the total number of records in the database? | | |
| How many new records were added in the last 12 months? | | |
| How many records were updated* during the last 12 months? | | |
| What is the date the taxonomy was last updated with the AIRS/Info Line Taxonomy? | | |
| What software is used to operate the database? | Refer | |
| • | Iris | |
| Direct/D | irect Win | |
| , other Commercial I&R A | pplication | |
| Custom I&R A | | |
| Is the database manager a participant in the MI-2-1-1 Resource Managers Work Group? | 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 <i>all of the lower level terms on the same branch of the hierarchy?</i> Allowing years to do a knowledge of Toyonomy terms? | yes | no |
| Allowing users to do a keyword search of Taxonomy terms? Does the keyword search include Taxonomy 'use' references (synonyms) | yes | no |
| Are records in the database accurately and consistently indexed | yes | no |
| using the AIRS/Info Line Taxonomy? ¹ | VAC | no |
| When available, are 'Facility Type' terms used? | yes yes | no |
| Is 'double indexing' (indexing using terms at multiple levels within a single | yes | 110 |
| branch of the hierarchy) avoided? | yes | no |
| Does the database management site keep their copy of the Taxonomy | y C 5 | 110 |
| current by incorporating updates issued by Info Line? | yes | no |
| | , 00 | |

| 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 |
| | | |
| Explanation/Comments: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u>Documentation</u> : Sample profile of database entry. Sample database entries (such as a directory | | • |
| document) created within the last 12 months. Printout of all terms used to index the database in | | |
| copy only) generated within the 30 days of the application submittal date. A printout of the serv | | |
| resource database (one copy only) generated within the 30 days of the application submittal date | | |
| regarding plans to implement statements about answered as 'no'. Written statement or policy co | _ | - |
| AIRS/Info Line <i>Taxonomy of Human Services</i> , or written plan for implementation and reasonable | | |
| when the conversion will be complete. Written documentation of policy/protocol for updating d | | |
| (including resource information form, agency notification procedure(s), and validation of service | e), updati | ıng |

*Updated means that an agency in the database reviewed a copy of its record and responded with confirmation, new or corrected information.

internet based database. If not available, a site visit will be required at the applicant's expense.

taxonomy policy, proof of subscription to the AIRS/Info Line Taxonomy, and indexing proofing document. Copy of the agency's inclusion/exclusion policy. Written documentation of participation in the MI 2-1-1 Resource Managers Work Group. An electronic copy of the indexed community resources database. A copy can be submitted in a browser format (the database with the software to search the database) or a web address for an

¹ For guidelines on 'accurate and consistent' indexing, refer to "Indexing with the AIRS/Info Line Taxonomy of Human Services" by Margaret (Gillis) Bruni, at: http://www.airs.org/downloads/indexing_with_the_taxonomy.PDF

Standard III

The call center shall have the tools necessary to adequately support 2-1-1 service.

<u>Requirement 2</u>: 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 and gaps in service by? | | |
| ZIP Code | yes | no |
| Gender | yes | no |
| Age range | yes | no |
| Language used in call (Spanish, English) | yes | no |
| Type of service provided (information, referral, advocacy) | yes | no |
| Relationship to client (self, friend, professional) | yes | no |
| Need | yes | no |
| Referral(s) given | yes | no |
| Does the data collected record process measures including: | | |
| Date and time of call | yes | no |
| Duration of call | yes | no |
| Who handled call | yes | no |
| Follow-up completed or surveyed | yes | no |

Explanation/Comments:

<u>Documentation</u>: Written documentation the call center meets the MI 2-1-1 Operating Manual standard for recording client characteristics, service requests, referrals, unmet needs, and community assets and gaps including: Sample inquirer data collection form; sample system generated management report for service gaps; sample system generated management report for client characteristics deemed by agency needs/requirements.

Standard III

The call center shall have the tools necessary to adequately support 2-1-1 service.

Requirement 3: The Call Center shall monitor and evaluate the demand, accessibility and efficiency of the 2-1-1 service through the use of an automated call management system that is capable of measuring at minimum: call volume; call abandonment rate; average speed of answering; and average length of call. **Questions:** Does your I&R service have an automated call management system? yes no 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 Call abandonment rate? yes no Average length of call? yes Are reports generated from the system on a regular basis and evaluated? yes no Explanation/Comments: Documentation: 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.)

The Call Center shall work to coordinate information and referral 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.

Ouestions:

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; aging specialists; volunteer and donation management; disability; crisis, employment and training; and where applicable, military family service/support center. For all providers listed, please include the provider's name and corresponding contact information.)

| l | Does your I&R service have defined working relationships with these providers? | yes | no |
|---|--|-----|----|
| l | (Use the Explanation/Comments section below to describe relationships.) | | |
| l | Does your I&R service have written protocols for referring inquirers to these providers? | yes | no |
| l | Will your 2-1-1 Call Center be set up so that inquirers can opt to be automatically | | |
| l | transferred to any of these providers from the main menu? | yes | no |
| l | If yes, which agencies will be listed on the 2-1-1's main menu of options? | | |
| l | (use Explanation/Comments box below.) | | |
| l | 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 |
| | | | |

Explanation/Comments:

Documentation & Minimum Expection: MOUs, contract, or other agreements that documentation cooperative working relationships with:

Local Child Care Resource and Referral Agency

Senior I&A/R Agency

Crisis Intervention Program/Agency

Military Family Centers

Volunteer Centers

Disability Resource Centers

Employment & Training (One Call/One Stop Service Centers)

Copy of MPCB Endorsement.

NOTE: When adding counties to service area, please include MOU's for each county's centers.

The Call Center shall work to coordinate information and referral services in their local community and in the state of Michigan.

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.

| pordinate volunteers and/or manage donations of money, goods or services. | | |
|--|-----|----|
| uestions: | | |
| re there agencies in your proposed 2-1-1 service area that coordinate volunteers | | |
| the community? | yes | no |
| re there agencies in your proposed 2-1-1 service area that manage donations of | | |
| money, goods or services? | yes | no |
| oes your I&R service have formal protocols for referring inquirers to these agencies? Vill your 2-1-1 Call Center be set up so that inquirers who wish to make a donation | yes | no |
| can opt to be automatically transferred to an appropriate agency from the main menu? | yes | no |
| xplanation/Comments: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

donation requests.

The Call Center shall work to coordinate information and referral services in their local community and in the state of Michigan.

| estions: es your agency have a plan to increase public awareness of I&R and 2-1-1 se | | yes | no | |
|--|--------|----------|----|--|
| If yes, what is that plan? (Summarize using the <i>Explanation/Comments</i> section below.) Does your agency have a budget to support I&R/2-1-1 public awareness activities? | | | | |
| | | | | |
| Il your information and referrral service routinely collect data about how inquered about your 2-1-1 service? | uirers | yes | no | |
| planation/Comments: | | <u> </u> | - | |
| Samuel Commence. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The Call Center shall work to coordinate information and referral services in their local community and in the state of Michigan.

The Call Center applicant shall strive to strengthen the seamless and uniform delivery of 2-1-1 Requirement 4: 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 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 inquires 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 |
| Does your I&R participate in the Michigan 2-1-1 Collaborative | yes | no |
| Does your I&R participate in the Michigan 2-1-1 Resource Managers Work Group? | yes | no |
| Is your agency a member of AIRS? | yes | no |
| Is your agency a member of MI-AIRS? | yes | no |

Explanation/Comments:

<u>Documentation</u>: If applicable, please provide documentation of your organization's involvement in the above mentioned groups.