

QuintonAskew_FAV_SB584

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Position: FAV



Title: **Health and Human Services Referral System - Modifications**

Testimony of Quinton Askew, President/CEO 211 Maryland

Before the Finance Committee, Annapolis, Maryland

February 27, 2020

Good afternoon, Chairman Kelley, Vice Chairman Feldman and members of this committee, my name is Quinton Askew, President/CEO of 211 Maryland. I appreciate the opportunity to speak on **behalf of Senate Bill 584, Health and Human Services Referral System – Modifications and brief you on the innovative system called 2-1-1.**

This bill allows 2-1-1 Maryland to begin the next chapter of providing health and human services for Maryland residents by, eliminating the statutory cap on the number of call centers in the network, transitions the oversight functions to our 2-1-1 Maryland board in consultation with the Maryland Department of Health and most importantly, **an amendment requiring the Department to provide a cost analysis to understand the true cost of a statewide service.**

For those who may not be familiar with 2-1-1, 2-1-1 is Maryland's simple, easy to remember number for health and human services. 2-1-1 Maryland is the only health and human service system that is positioned with a statewide database to effectively and efficiently support those in need 24 hours a day, seven days a week, 365 days a year and in more than 150 languages.

Last Fiscal Year, we responded to over 380,000 Marylanders for help and another 123, 000 used our online database. Every year we experience an increase in call volume.

Despite our many success stories, 2-1-1 is at a critical juncture. We cannot sustain the level of increases in statewide calls which has been over 39% the previous two years, coupled with flat funding from the state. The system continues to be stretched beyond its capacity. Each of the four call centers who make up the 2-1-1 system, uses a large percentage of their own budget to support answering 2-1-1 calls.

We need your support and partnership to make 2-1-1 a sustainable reality. We ask, your support with the bills amended request for a cost analysis. This is the only way to have a true understanding of the financial need to operate a 24-hour, 365 day a year statewide health & human service system, including crisis calls for mental health and substance use. We strongly believe additional investments will position 2-1-1 Maryland to fully achieve its vision, "to build a strong, coordinated system that supports our state and local government to address critical needs in the community".

Each 2-1-1 call represents an individual or family in some form of risk, and timely sharing of information by the 2-1-1 specialist can prevent that risk from compounding into a greater and more complex problem. 2-1-1 helps people maintain their independence while using government and non-profit resources more efficiently to meet their needs.

As these difficult economic times, it is important to have 2-1-1 in place to support all residents of Maryland, especially those who are struggling to make ends meet.

We are appreciative of Senator Zucker's leadership and support with this bill and thank you all for the opportunity to provide this testimony. I welcome any questions.

Rohde_FAV_SB 584

Uploaded by: Rohde, Steve

Position: FAV

Testimony in Support of SB 584
Health and Human Service Referral Systems – Modifications
Senate Finance Committee
February 27 2020
Submitted by: Steve Rohde, Health and Human Service Referral Board

SUPPORT

Good afternoon, Chair Kelley, Vice Chair Feldman and honorable members of the committee. Thank you for this opportunity to comment on **SB 584 Health and Human Service Referral Systems – Modifications**. This proposed legislation does several things, including proposing to: eliminate the statutory cap on the number of call centers that can be included in the 2-1-1 Maryland network, transition the oversight and guidance functions from the Health and Human Service Referral Board to the 2-1-1 Maryland Board in consultation with the Maryland Department of Health. In addition, there is an amendment that requires the Department to study the cost of providing the 2-1-1 Maryland call in service.

As you may know, nationally 2-1-1 is recognized as the most comprehensive source of locally curated social service information. Those staff providing service through the 2-1-1 Maryland system are the “boots on the ground”, the local experts who make finding help easier. Those accessing the 2-1-1 Maryland system can find help with:

- Supplemental food and nutrition programs
- Shelter and housing options and utilities assistance
- Emergency information and disaster relief
- Employment and education opportunities
- Service for veterans
- Health care, vaccination and health epidemic information (including a section on the Corona Virus and what individual should know)
- Addiction prevention and rehabilitation program
- Reentry help for ex-offenders
- Support groups for individuals in the area of mental health and special needs
- A safe, confidential path out of physical and/or emotional domestic abuse

This proposed legislation encapsulates the recommendations agreed to by the Health and Human Service Referral Board in its fall 2019 meeting and shared in *The Maryland*

Health and Human Service Referral Board Report 2019. Those recommendations include:

1. Conduct a cost analysis to determine appropriate funding levels;
2. Continue to recognize and support 2-1-1 Maryland as the primary, comprehensive source of information for Maryland;
3. Provide that state agencies consult with 2-1-1 Maryland prior to establishing a new health and human service line;
4. Establish the 2-1-1 Maryland Board as the primary oversight board, phasing out the Health and Human Service Review Board, and including the transfer of three appointed members of the HHSRB be transferred to 2-1-1 Maryland.

I've attached to this written testimony a scan of the infographic from page 4 of that 2019 report that shows the volume of calls and online connections made through the 2-1-1 Maryland service in 2019. The report documents that Statewide call volume increased more than 10% from FY 2018 to FY 2019 with an overall increase of 39% over the last seven years. The proposed legislation proposes efficiencies that will improve the service further.

Thank you for your consideration of this opportunity to provide better resources to our residents in need. I respectfully request a favorable report for SB 584.

Steve Rohde

Maryland Child Care Resource Network

Maryland Family Network

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SenZucker_FAV_SB584

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Testimony of Senator Craig J. Zucker
Senate Bill- 584 – Health and Human Services Referral System – Modifications
Senate Finance Committee
February 27th, 2020
1:00pm
Position: SUPPORT

Good afternoon Chairman Kelley, Vice Chairman Feldman, and distinguished members of the committee. It is my pleasure to testify today in **support of Senate Bill 584 – Health and Human Services Referral System – Modifications.**

The Maryland 2-1-1 was established in statute in 2010 and has served millions of Marylanders since then. The Health and Human Services Referral Board (HHSRB) was created statutorily and charged with providing guidance and oversight to the program.

This legislation eliminates the statutory cap on the number of call centers that can be included in the 2-1-1 network, transitions the oversight and guidance functions from the Health and Human Services Referral Board to the 2-1-1 Board in consultation with the Maryland Department of Health. It also requires the Department to study the cost of providing the call in services.

The amount of State funds committed to the 2-1-1 program remained consistent at about \$3 million annually until 2018 when we committed funding from the Behavioral Health budget to the use 2-1-1 services to address the opioid crisis. Unfortunately, the use of those funds were restricted and could not be used to support the other kinds of calls received. For this reason, we are amending this bill to ask for a study of how much this service will cost.

I urge a favorable report on Senate Bill 584. Thank you for your kind consideration.