

Analysis of NC 2-1-1 No Wrong Door Callers

**2016-
2018**

May 2019



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Aging and
Adult Services



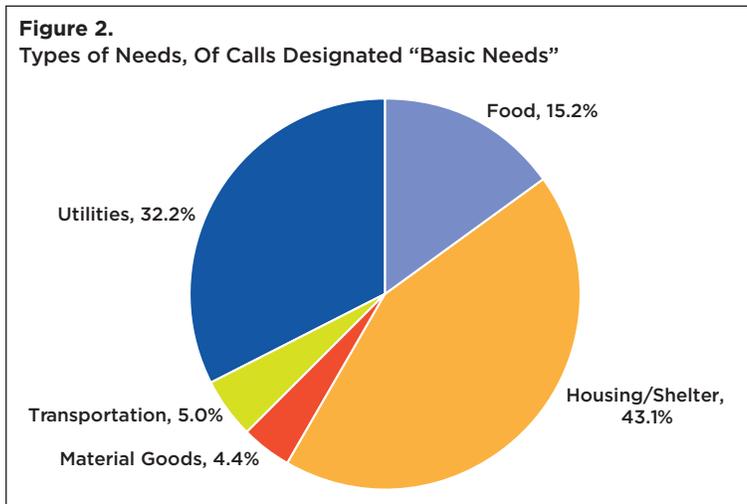
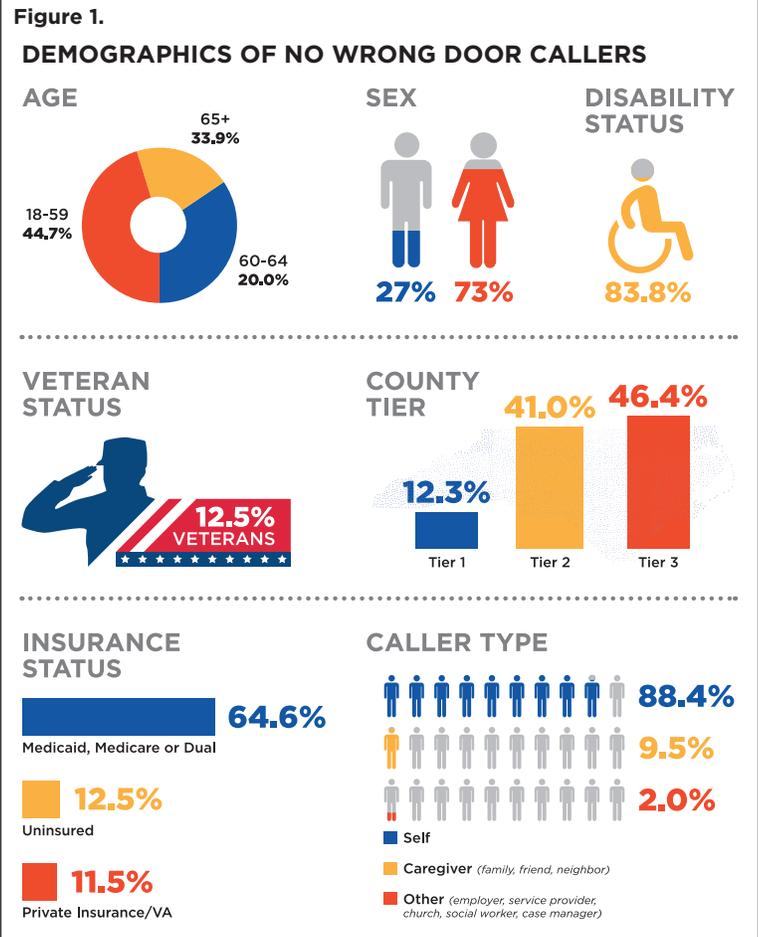
EXECUTIVE SUMMARY

When North Carolinians have an urgent social service need, identifying an agency to help meet that need can be daunting. United Way of North Carolina's NC 2-1-1 is a free information and referral system designed to connect North Carolinians in all 100 counties with health, human, and social service organizations to meet housing, food, utility, and physical and mental health care needs.

NC 2-1-1 serves all 100 North Carolina counties and is available via telephone and an online search tool. A robust database of more than 19,000 resources reflects local, state and national health and human services available to meet needs such as housing support, food assistance, utility assistance and physical and mental health care. All calls and online inquiries are confidential and free, and call specialists are available 24 hours a day, 365 days a year. In 2016, NC 2-1-1 served 129,091 callers, up 8% over 2015. In 2017 served 114,310 callers and received 176,178 online page views and searches.^a

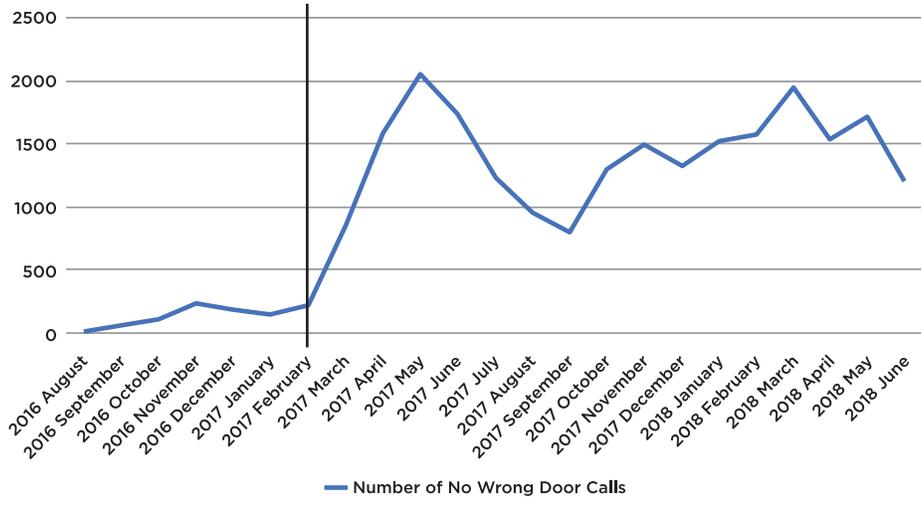
No Wrong Door is a partnership between the North Carolina Department of Health and Human Services, Division of Aging and Adult Services (DHHS, DAAS), and United Way of North Carolina's NC 2-1-1 to develop a "virtual front door" for individuals, families, and caregivers of aging adults and/or people with disabilities to learn about and access the help they need to remain in their homes and communities. The

primary objective of No Wrong Door is to help meet families' needs by providing information, education, and connection to long-term services and supports. No Wrong Door is administered by NC 2-1-1 and serves as a statewide informational platform that connects users to information and assistance navigating long-term services and supports, Alzheimer's and dementia related services and supports, and/or other health and human services and supports.



^a Written email communication, Heather Black, NC 2-1-1 Statewide Strategy Director, United Way of NC. November 27, 2018.

Figure 3.
Number of Calls (by month, total state)



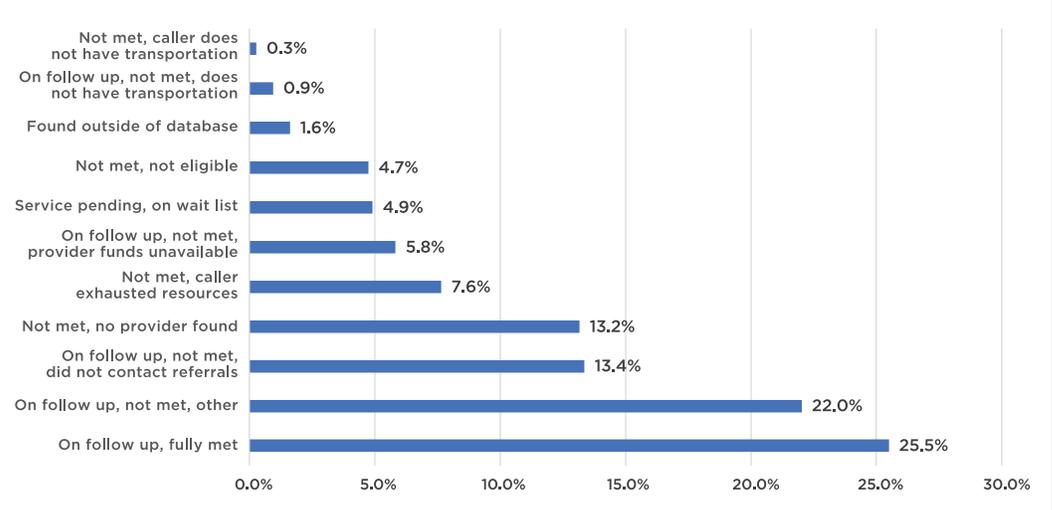
Between August 2016 and June 2018, there were 11,296 “No Wrong Door” callers presenting 29,689 needs to NC 2-1-1 call specialists. The analysis assesses trends and defining characteristics of “No Wrong Door” calls, with the goal of informing service provision and investment decisions for NC 2-1-1.

This issue brief examines the subset of callers in North Carolina who are designated as needing “No Wrong Door” services. These callers are

defined as older adults and/or individuals with disabilities who need assistance with services to help them remain in their homes and communities, rather than being placed in long-term care facilities or nursing homes. The experiences of No Wrong Door callers provide insight that can be used to inform the development and maintenance of a robust system of resources to meet the needs of a growing population of aging individuals, sometimes referred to as the “silver tsunami.” Failure to adequately prepare for the needs of this population through increased and improved community-based resources may result in additional costs to local and state government and, ultimately, will adversely impact North Carolinians needing these critical services.

The intent of this analysis of No Wrong Door calls to NC 2-1-1 was to tell the story of callers over the three-year partnership between the Division of Aging and Adult Services and NC 2-1-1. These partners anticipated that analyzing the connection between demographic characteristics and the needs of callers would reveal specific insights, particularly on the needs of older adults, people with disabilities, and their caregivers, related to long-term supports and services. Instead, the data suggests that many older adults and people with disabilities in North Carolina face daily struggles to meet basic needs such as housing, food and utilities. Unmet basic needs can result in a need for higher levels of care, including long-term supports and services. Additional follow-up and analysis of callers’ needs over an extended period of time would allow analysts to determine whether the assistance provided through NC 2-1-1 for basic needs has an impact on the ability of No Wrong Door callers to access additional services, particularly long-term supports and services.

Figure 4.
Experience of No Wrong Door Callers Designated “Needs Unmet” Upon Initial Call



INTRODUCTION

When North Carolinians have an urgent social service need, identifying an agency to help meet that need can be daunting. United Way of North Carolina's NC 2-1-1 is a free information and referral system designed to connect North Carolinians in all 100 counties with health, human, and social service organizations to meet housing, food, utility, and physical and mental health care needs. In NC, 2-1-1 is accessed by phone simply by dialing those three digits on a telephone keypad.

2-1-1 services are available throughout the United States and in other countries, including Canada. However, each 2-1-1 system is run independently, with funding and robustness varying by state or geographic region. There are 2-1-1 systems that are not affiliated with United Way, and not all are statewide. Since its launch in 1998, 2-1-1 services have become available to approximately 94% of the US population. In 2017, 2-1-1 services across the United States answered more than 13.4 million calls and almost one million texts, web inquiries, and emails.

Features of NC 2-1-1 Include:

- Easy to remember toll-free hotline
- Educational website including brief overview of topics, relevant service providers, and web links to additional details
- 24/7 information and referral services, answered by trained professionals
- Multi-language translation services
- Comprehensive statewide database of health and human services in the community
- Reporting and analytical capabilities to track reasons for calls and referrals made

This issue brief examines the subset of NC 2-1-1 callers in North Carolina who are designated as needing "No Wrong Door" services. These callers are defined as older adults and/or individuals with disabilities who need assistance with services to help them remain in their homes and communities, rather than being placed in long-term care facilities or nursing homes. In this issue brief, through an analysis of call center data, characteristics of the No Wrong Door callers and their top needs are identified. While the needs of No Wrong Door callers reflect the needs of the overall population, No Wrong Door callers may be at greater risk of out-of-home placement and homelessness. The experiences of No Wrong Door callers provide insight that can be used to inform the development and maintenance of a robust system of resources to meet the needs of a growing population of aging individuals, sometimes referred to as the "silver tsunami." Failure to adequately prepare for the needs of this population through increased and improved community-based resources may result in additional costs to local and state government and, ultimately, will adversely impact North Carolinians needing these critical services.

BACKGROUND: NC 2-1-1

NC 2-1-1 is supported by local United Way chapters and additional public and private partners, including the North Carolina Department of Health and Human Services, the North Carolina Department of Public Safety through the Division of Emergency Management, the State Board of Elections, and the Outer Banks Relief Foundation.¹ NC 2-1-1 serves all 100 North Carolina counties. is available via telephone and an online search tool. A robust database of more than 19,000 resources reflects local, state and national health and human services available to meet needs such as housing support, food assistance, utility assistance and physical and mental health care. All calls and online inquiries are confidential and free, and call specialists are available 24 hours a day, 365 days a year. NC 2-1-1 has Spanish language call specialists on staff and utilizes professional language interpretation services to assist callers in over 170 languages. In addition, callers who are deaf or hard of hearing can reach NC 2-1-1 through a toll-free line serviced by Relay interpretation services. NC 2-1-1 also plays a critical role on the State's Emergency Response Team during emergencies and natural disasters. During and after Hurricane Florence in September 2018, NC 2-1-1 received 24,470 disaster calls and texts

(see sidebar). In 2016, NC 2-1-1 served 129,091 callers, up 8% over 2015. In 2017, NC 2-1-1 responded to 114,310 calls and nc211.org handled 176,178 online page views and searches.^a In 2018, NC 2-1-1 call specialists handled 152,122 calls while an additional 402,661 searches for resources were conducted at nc211.org.

NC 2-1-1 call specialists play a critical role not only in the delivery of information to the NC 2-1-1 caller, but also in the collection of information from the caller. Data collected by call specialists is entered into a standardized database system and aggregated. This allows NC 2-1-1 leadership to share information with partner agencies, including state government and local United Way chapters, to better inform decision-making regarding policy and resource allocation.

To ensure all call specialists are collecting the correct data in a standardized manner, specialists undergo an initial training period of 80+ hours that includes video webinars, reading of training manuals, learning national standards and eventually shadowing a senior call specialist before beginning to take calls on their own. All call center staff continue to receive coaching and training via monthly in-service team meetings and through individual coaching sessions as needed. A NC 2-1-1 Statewide Leadership Team meets monthly via phone, and in person multiple times throughout the year, to ensure call centers are adhering to the same quality standards and protocols.

The development of standardized processes and procedures is critical for a successful statewide system. Call specialists based in two call centers, located in Asheville and Durham, ask a specific series of questions to determine callers' location, needs, and demographic characteristics (see figure 1). The collected data guides the call specialists' search for appropriate referral services.

At NC 2-1-1, callers present with varying types of needs and levels of stress associated with those needs. A call specialist may speak to a young mother needing assistance with diapers for an infant one moment, a veteran facing a housing eviction and potential homelessness, or an older adult who is unable to independently prepare their own meals during the next call. The ability to rapidly adjust to the basic human needs and emotional state of the caller requires a high level of emotional intelligence and "soft skills" in a NC 2-1-1 call specialist. Additionally, managers in the NC 2-1-1 call centers must remain cognizant of the mental health and well-being of call center staff, especially during times of disaster activation.

No Wrong Door is a partnership between the North Carolina Department of Health and Human Services, Division of Aging and Adult Services (DHHS, DAAS), and United Way of North Carolina's NC 2-1-1 to develop a "virtual front door" for individuals, families, and caregivers of aging adults or people with disabilities to learn about and access the help they need to remain in their homes and communities.

The primary objective of No Wrong Door is to help meet families' needs by providing information, education and connection to long-term services and supports. No Wrong Door is administered by NC 2-1-1 and serves as a statewide informational platform that connects users to information and assistance navigating long-term services and supports, Alzheimer's and dementia-related services and supports and other health and human services and supports.

NC 2-1-1 Response to Hurricane Florence

- 24,470 disaster calls and texts during storm
- 19,680 non-disaster calls
- 32 text alerts sent to NC 2-1-1 subscribers
- 24% of calls were from individuals over age 60
- 22% of calls were from individuals with disabilities
- Top needs of callers included:
 - General Disaster Information
 - Mass Care Shelters
 - Disaster Claims Process
 - Food Services
 - County Emergency Services

^a Written email communication, Heather Black, NC 2-1-1 Statewide Strategy Director, United Way of NC. November 27, 2018.

In 2014, NC DHHS was awarded a one-year federal planning grant from the Administration for Community Living (ACL) for the purpose of developing a three-year implementation plan for a No Wrong Door system in North Carolina. North Carolina Medicaid (formerly the Division of Medical Assistance) partnered with DAAS to implement this grant. The federal vision for a No Wrong Door system is to facilitate access to services and supports for people of all ages, disabilities and income levels, allowing individuals to maintain independence and remain in their communities. The federal No Wrong Door structure includes the following essential components: a functional delivery mechanism or infrastructure; a marketing campaign to ensure awareness of the service; a web-based consumer portal; a database of community resources; established community partnerships; a unified screening and assessment tool; person-centered options counseling through navigators; and a sustainability plan.

North Carolina did not pursue federal funding for a three-year implementation plan for No Wrong Door due to funding sustainability issues, the lack of an integrated database, and other information technology challenges. Instead, DHHS/DAAS chose a modified No Wrong Door approach that focused on “virtual front door” access provided through a partnership with the United Way 2-1-1 program, NC 2-1-1. Since 2015, United Way has worked closely with DAAS to develop the “virtual front door” to provide awareness, education, and assistance for those in need of long-term services and support. Working with NC 2-1-1 allows DHHS to leverage existing infrastructure and has resulted in a strengthened statewide portal to health and human services.^b This partnership was established in 2016 and has received calls for nearly 30,000 No Wrong Door needs to date.^c

During the early design and implementation of the No Wrong Door and NC 2-1-1 partnership, DHHS/DAAS established a Stakeholder Advisory Committee to inform and advise on the direction of the No Wrong Door strategy and to connect with statewide long-term services and supports. Stakeholders were engaged on multiple levels in the planning and implementation of No Wrong Door. The goals of the Stakeholder Advisory Committee included the following: identify consumer needs and barriers to long-term supports and services at the local level; assist with identifying and prioritizing categorization of services in the database; identify most commonly used long-term community resources, as well as those potentially missing from the NC 2-1-1 database; identify existing “healthy databases” that might be integrated into NC 2-1-1; and provide input into marketing and outreach efforts to consumers, caregivers, and providers.

State representatives from various DHHS divisions, including Aging and Adult Services; Mental Health, Developmental Disabilities, and Substance Abuse Services; Vocational Rehabilitation; Social Services; Services for the Blind; Services for the Deaf and Hard of Hearing; and the Council on Developmental Disabilities participated on the stakeholder committee. Other committee members included local human service providers and Area Agencies on Aging representatives. Each member of the committee brought a unique perspective

Helen is a 73-year-old woman living in rural western North Carolina. She is disabled and relies on Medicare and Medicaid for her health insurance. Sadly, Helen did not focus on dental care growing up and as a result, her teeth decayed prematurely and she was fitted for dentures in her 40s. Her dentures have worn out and she needs assistance with a replacement set. Not having an adequate set of dentures is keeping Helen from being able to enjoy eating, and she is shy about smiling when she is with friends and family. Helen called NC 2-1-1 today to see if there is a resource that might be able to help with her dental needs. The NC 2-1-1 call specialist referred Helen to a dental clinic run by NC Missions of Mercy. A few weeks later, the specialist called Helen to check in and see if she had been able to get the help she needed. During that call, the specialist learned that Helen has an appointment set for an upcoming clinic date in two weeks.

^b Written email communication, Steve Freedman, Chief, Service Operations Section, Division of Aging and Adult Services, North Carolina Department of Health and Human Services. November 27, 2018.

^c Due to the methods used to categorize No Wrong Door, there may be more than one need per call that receives this designation.

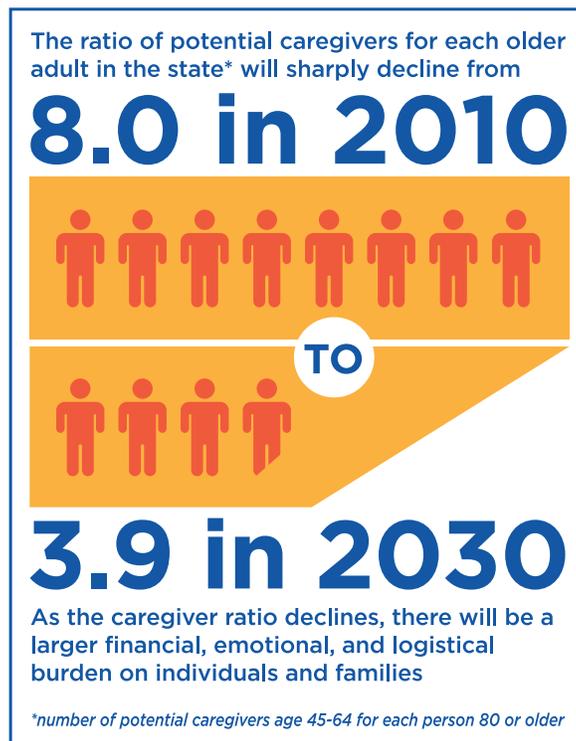
regarding their service population, in-depth knowledge of their service array, and how those services are delivered at the local level. The stakeholder committee met regularly for over a year to conduct project activities and to provide input, support, and direction throughout the planning process. The committee also determined which demographic data would be collected to ensure that data from the system would be useful and informative to DHHS and other stakeholders.^d

In 2016, the North Carolina Institute of Medicine (NCIOM), in partnership with DHHS/DAAS, published “Dementia-Capable North Carolina,” a report of the Task Force on Alzheimer’s Disease and Related Dementias. As mandated by the North Carolina General Assembly, the Task Force developed a strategic state plan that included recommendations in 16 topics related to dementia and the needs of individuals and their caregivers. Recommendation 5.3 from the Task Force called on the NC General Assembly to provide an annual investment to the No Wrong Door initiative and the DAAS partnership with NC 2-1-1. In 2016, the General Assembly allocated \$200,000 to create two full time staff positions within DAAS to oversee the development and implementation of No Wrong Door, the enhancement of the NC 2-1-1 database, the management of stakeholder partnerships, and planning for the evaluation and sustainability of the effort.^e

North Carolina and Long-Term Services and Supports

In North Carolina, the population of people aged 65 and older grew from 1.2 million in 2010 to 1.6 million in 2016, an increase of 27%. In 2016, 15.5% of North Carolina’s population was 65 or older.² Nearly one-quarter of adults in North Carolina provide regular care or help to an older adult with a disability or illness. Of these caregivers, more than half are employed and balance work and caregiving.³ In addition, in 2015, the ratio of potential caregivers—people aged 45-64—to those over the age of 80 was eight-to-one. By 2030, there will only be four potential caregivers for every older adult in the state.⁴ These changing demographics have significant implications for both the well-being of the state’s population and for the needed resources and care.

Among all adults aged 65 and over, there is a 70% chance of needing some type of long-term services and supports prior to the end of life, and 20% of adults over 65 will need these services for longer than five years.⁵ There are a broad range of long-term services and supports that provide varying levels of medical and non-medical care, including assistance with activities of daily living, such as bathing and dressing. Long-term services and supports can be provided in the home, in a community setting or in a designated long-term care facility. Due to the range of types of care, there are also a range of payment systems. For families needing long-term services and supports for family members with disabilities and/or chronic illnesses, the array of options can be difficult to navigate. Adding to this difficulty is the confusion of determining eligibility and payment for different types of services. Costs for long-term services and supports can be staggeringly high: in 2018, the median annual price for a nursing home in North Carolina was \$83,403, most of which is not covered by insurance.⁶ Costs for less intensive care and non-medical services provided at home, such as personal care and assistance



^d Written email communication, Steve Freedman, Chief, Service Operations Section, Division of Aging and Adult Services, North Carolina Department of Health and Human Services. November 27, 2018.

^e North Carolina General Assembly 2016-17 Budget. Available at: https://www.ncleg.net/Sessions/2015/Budget/2016/House_Committee_Report_2016_05_17.pdf.

Mike recently retired and has been enjoying the opportunity to work around his family’s property in Pitt County. While working in the field, Mike fell off his tractor and suffered a debilitating injury. As a result, he can no longer walk and is now in a wheelchair. Unfortunately, the only way to get in and out of his home is up a flight of six stairs at the front and a short flight of three stairs in the back. There is no way Mike can continue to live freely in his home without the help of a ramp, but he doesn’t have the ability or the finances to build one. Mike’s daughter, who has come to town to try and help following his fall, calls NC 2-1-1 to see if there is an agency in the area that might be able to build a ramp on the house. The NC 2-1-1 specialist provides information on an agency that helps make homes more livable for people with disabilities. The group was able to schedule the job to add a ramp to Mike’s home within a month, making it possible for him to continue to live on the family property he cherishes.

with activities of daily living, can also prove a serious financial burden. These types of services, known as Home and Community-Based Services (HCBS), are generally designed to supplement and improve care provided in the home of older or disabled adults, to assist unpaid caregivers caring for loved-ones in the home, and to delay institutionalization. HCBS programs may offer a variety of services including in-home care, nutrition programs such as home-delivered meals, respite programs, adult day care and transportation services. Funding streams for these programs vary, as does eligibility criteria.⁴

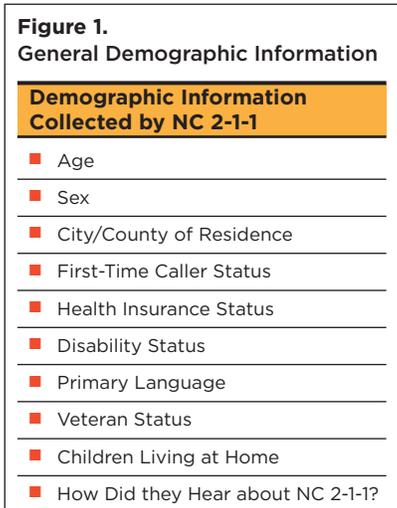
Many HCBS are those that, if provided, could prevent or delay out-of-home placement. An AARP analysis of HCBS provided in 25 states between 2005 and 2012 showed overwhelming evidence that investment in expanded home and community-based services contains costs and slows cost growth, largely due to savings from delayed or prevented institutionalization.⁷ Recent studies have shown that HCBS programs are likely to be cost-effective over time. On the individual level, HCBS cost Medicaid far less than institutional care—a difference of about \$44,000 in 2006 per individual served.⁸ Evidence shows that while states are in the process of expanding HCBS programs,

Medicaid spending on long-term care will increase more rapidly than in states with smaller arrays of HCBS services. However, once large HCBS programs are established, Medicaid long-term care spending increases at a slower rate than in states with small HCBS programs. States with large HCBS programs experienced an inflation-adjusted net reduction in Medicaid expenditures on nursing homes of about 15% between 1995 and 2005.⁹ HCBS program expansion can help save Medicaid money over time by slowing the growth of long-term care expenditures.

METHODOLOGY

This report includes analysis of a data file from NC 2-1-1 containing information on all callers designated “No Wrong Door” callers between August 2016 and July 2018. “No Wrong Door” callers are those identified as meeting one or more of the following criteria:

- Age 60 and up
- Disabled (as identified by self-report)
- Call was made by a caregiver on behalf of an older individual or person with a disability
- Caller was at risk of not being able to remain in their home if services were not received. This risk is determined by type of need. For example, a 68-year-old caller seeking a senior exercise class would not be considered a No Wrong Door caller, while the same 68-year-old calling about home-delivered meals because they can no longer independently cook for themselves would be designated “No Wrong Door.” The file contained information on callers including caller age, sex, county/city of residence, services requested and referral information (see figure 1). This information was collected by call center staff according to a standard set of questions and referral protocol.



NCIOM staff attended a site visit at a NC 2-1-1 call center and reviewed call procedures and protocols with call center employees. In addition, researchers spoke with No Wrong Door coordinators and staff to identify key benefits and challenges of NC 2-1-1 and the No Wrong Door model, and identify trends in data and context to inform this analysis.

Between August 2016 and June 2018, there were 11,296 “No Wrong Door” callers presenting 29,689 needs to NC 2-1-1 call specialists.

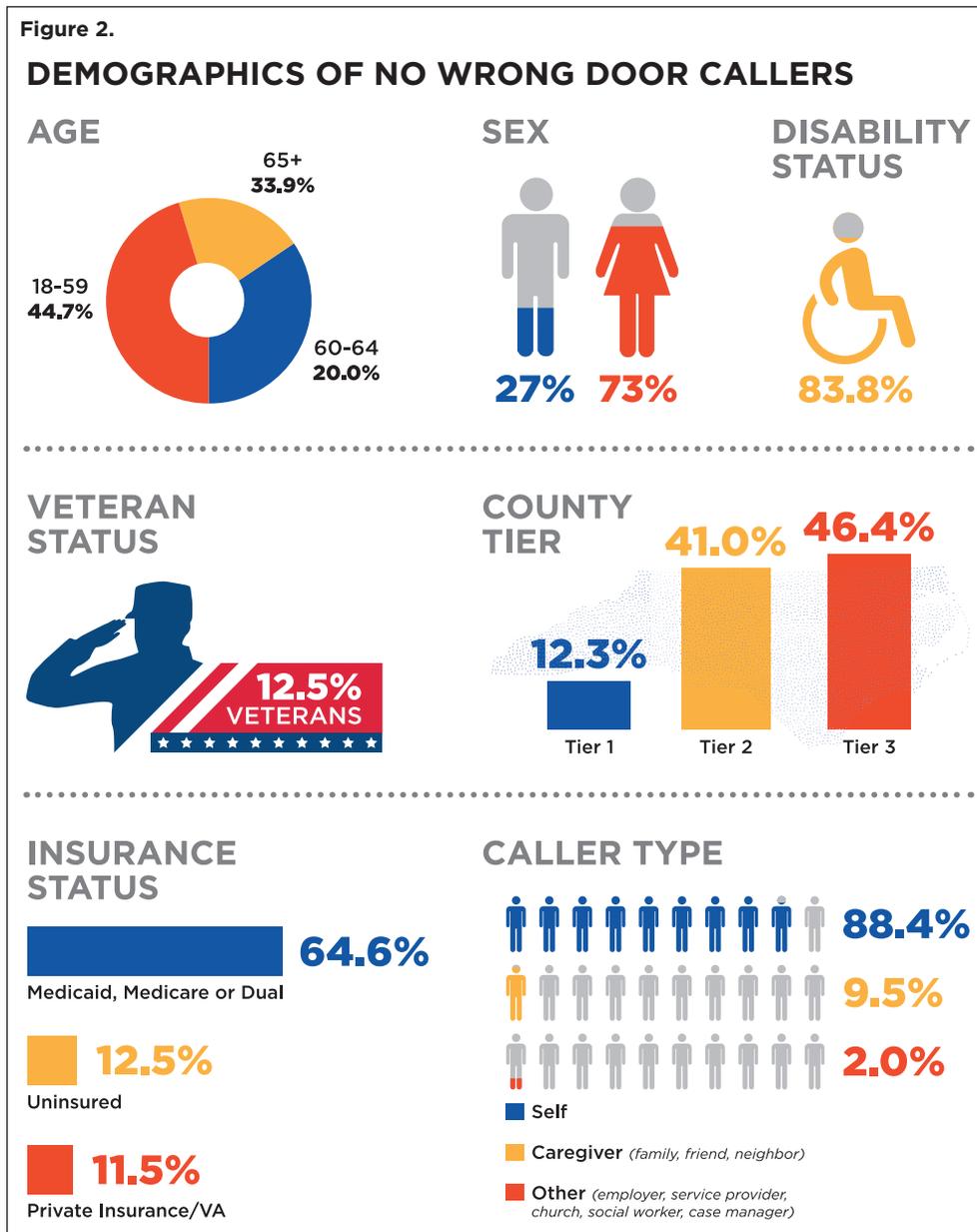
The analysis assesses trends and defining characteristics of “No Wrong Door” calls with the goal of informing service provision and investment decisions for NC 2-1-1. Researchers identified demographic information collected by NC 2-1-1 including callers’ age, sex, veteran status, county of residence, insurance status, disability status and more. Working with NC 2-1-1 and DAAS staff as advisors, researchers identified areas of interest for analysis, including basic caller needs, specific categories of need within “basic needs” (i.e., food, housing, and utilities), variation by county tier, caregiver calls, geographic distribution of calls, and areas of greatest unmet needs. The analysis included simple frequencies, percentage of calls by demographic and need characteristics,

and cross tabulations of needs and demographics. Volume of calls was examined over time. All analyses were performed using Microsoft Excel.

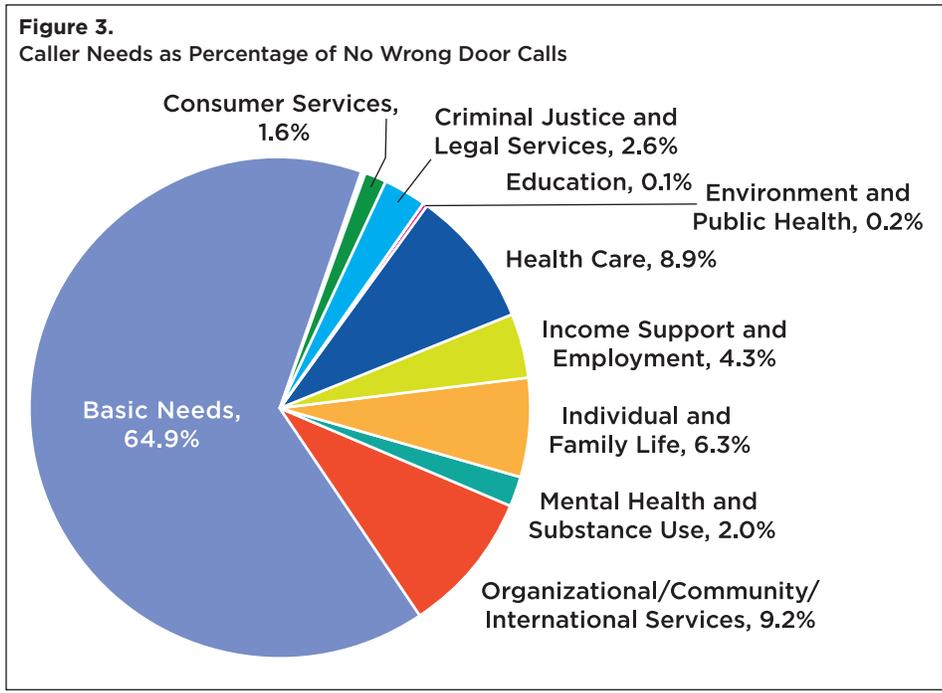
RESULTS

Figure 2 displays general demographic information regarding No Wrong Door callers to NC 2-1-1 during the two-year period under study. One-third of callers were over the age of 60, and nearly three-quarters of callers were female. Two-thirds of callers were enrolled in public insurance programs in the form of Medicare, Medicaid, or both. More than four out of five callers self-identified as having a disability.

Nearly half of all calls came from Tier 3 (least economically distressed) counties. County economic tiers are assigned by the North Carolina Department of Commerce, which ranks each county based on economic well-being and assigns each a Tier designation. The 40



most distressed counties are designated Tier 1, the next 40 as Tier 2, and the least distressed as Tier 3. Tiers are calculated using the following four factors: average unemployment rate, median household income, percentage growth in population and adjusted property tax base per capita.¹⁰ The greater number of calls originating from Tier 3 counties reflects the higher population in these areas and a more significant investment in the NC 2-1-1 system by larger, more financially-robust United Way chapters in those communities. These local United Ways have more resources to invest in

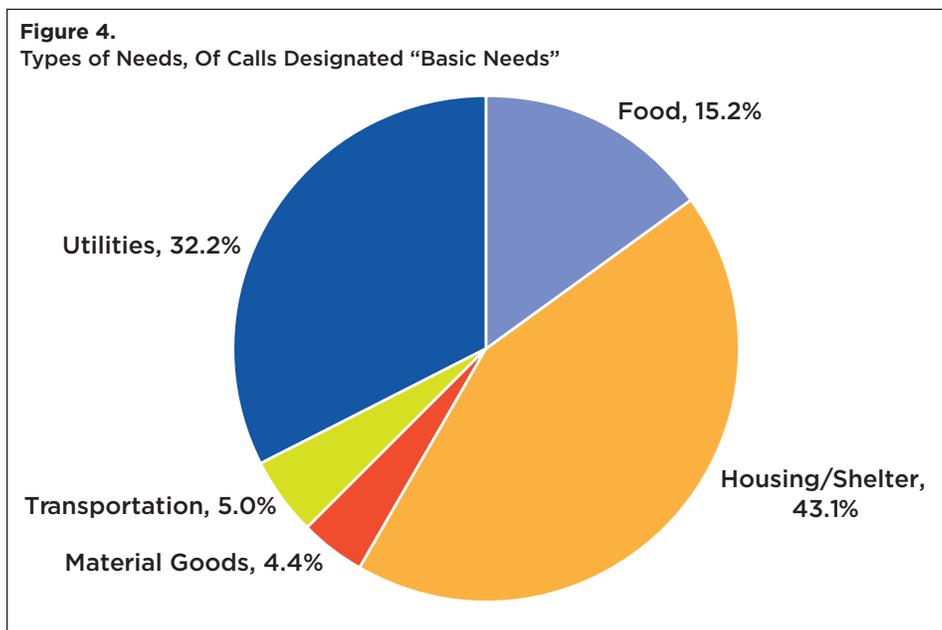


outreach and awareness to promote NC 2-1-1 in their local communities. Calls per capita were relatively consistent across county Tier (0.23% overall; 0.25% for Tier 1; 0.22% for Tier 2; 0.23% for Tier 3).

Types of Need

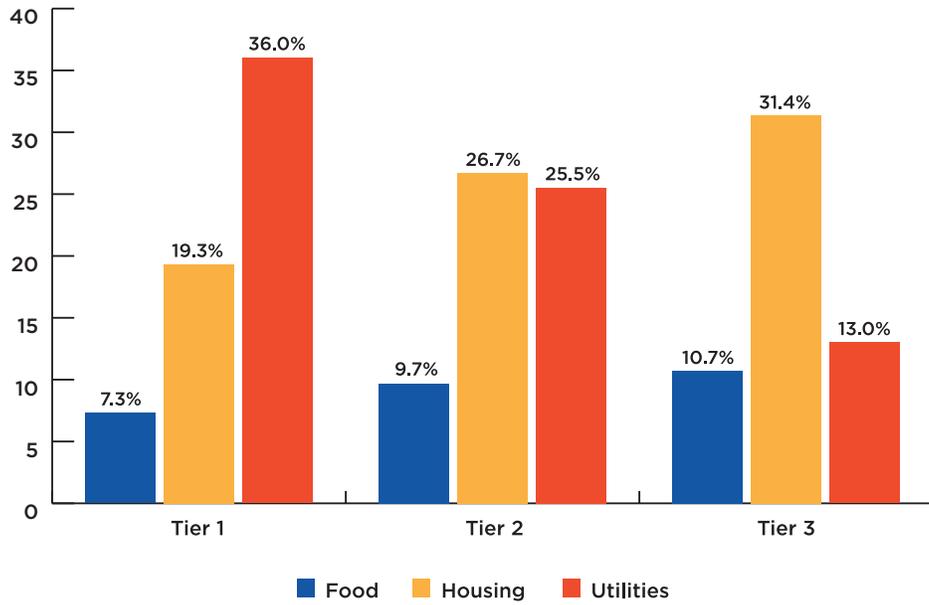
Almost two-thirds of No Wrong Door callers identified basic needs as their primary reason for calling (see figure 3). “Basic needs” are defined by NC 2-1-1 as including food, housing/shelter, material goods, transportation, and utilities. Within basic needs and all other categories, NC 2-1-1 collects additional, more detailed information about callers’ needs. For example, under “basic needs,” callers can specify food, housing/shelter, material goods, transportation or utilities (see figure 4; Appendix A has a full listing of subcategories).

Figure 5 shows the percentage of callers seeking assistance with utilities, food and housing in each county Tier. For Tier 1 counties (most economically distressed), more than one-third of needs were utilities, followed



by housing (19.3%) and food. For Tier 2 county callers, housing and utilities each comprised just over one-quarter of needs, while almost one in ten calls concerned needs related to food. For Tier 3 counties (least economically distressed), almost one-third of needs were housing related, followed by utilities at 13.0% and food at 10.7%. While Tier 1 counties are the most economically distressed, the lower percentages of calls for housing and food (as compared to Tier 3 counties) may be partly explained by

Figure 5.
Percentage of Callers for Utilities, Food, and Housing, in each County Tier



higher penetration of food and housing assistance programs, such as Supplemental Nutrition Assistance Program (SNAP) benefits and/or Section 8 housing vouchers. It may also point to the need for additional outreach in Tier 1 counties to raise awareness of NC 2-1-1 services, and, possibly, investments in additional resources (if callers are not calling because they do not believe services exist or are available).

Calls by Caregivers

Nearly one-tenth (9.5%) of calls were from individuals calling on behalf of a family member,

friend or neighbor needing services. For the purposes of this report, these callers will be defined as caregivers. Approximately half of caregiver calls were for basic needs – including 30% of all caregiver calls which were for housing. Nearly one-fifth of caregivers (19.4%) called for health care needs, including home health care, aging and disability resource centers, medical equipment and nursing facilities. Additionally, 11% of caregivers called for Individual and Family Life Services, such as in-home assistance, respite care, adult day programs, care management and adult protective services. Ten percent of caregivers called for organizational or community services, which include advocacy groups, home and hospice care associations and public awareness services.

Counties with the Most Calls

Figure 6 identifies the top 10 counties ranked by No Wrong Door call volume and the most common needs identified in these counties. Seven of the top 10 counties had the most calls concerning housing/shelter needs. In two counties, the most common need was for utilities. Food was the most commonly identified need in one county. While housing was identified as the top need in Forsyth County (25.8% of calls), an almost equal number of callers (25.6%) identified utilities as their primary need. Similarly, callers from Durham County identified food as the highest need, although housing was a close second at 26.2% of callers.^f

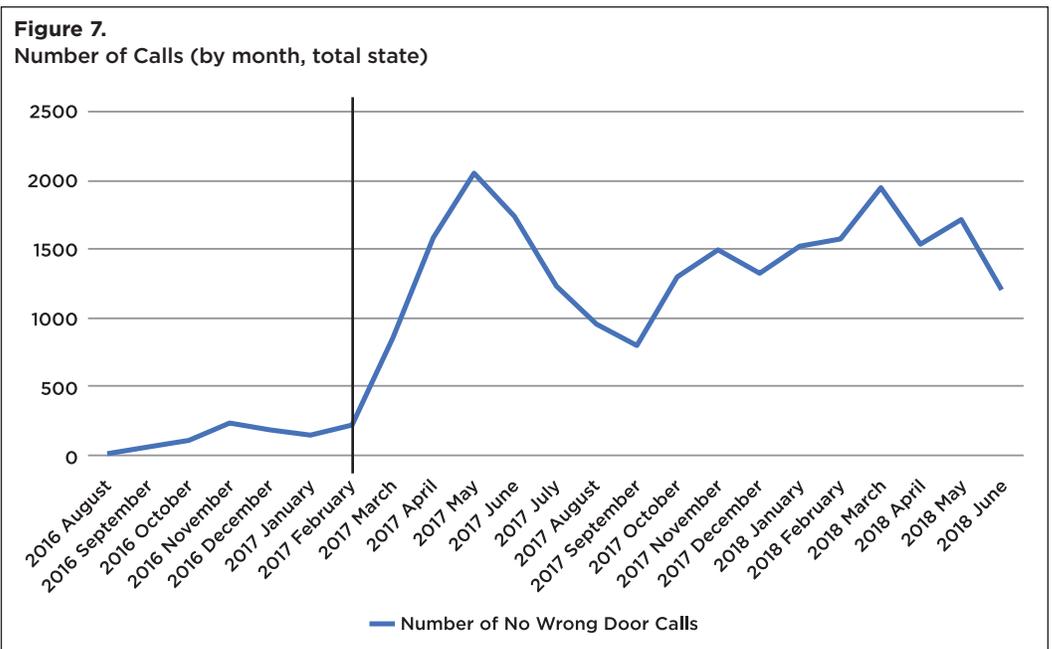
Figure 6.
Top 10 Counties by Number of No Wrong Door Calls with Most Commonly Identified Needs

County	Number of Calls Sept. 2016-June 2018	Top Call Needs	Percent of Calls	Per Capita Rate of Calls
Buncombe	3,947	Housing/shelter	26.4%	1.53%
Mecklenburg	2,661	Housing/shelter	44.1%	0.25%
Cumberland	1,356	Utilities	31.5%	0.41%
Guilford	1,188	Housing/shelter	35.4%	0.23%
Wake	1,151	Housing/shelter	28.8%	0.11%
Forsyth	944	Housing/shelter*	25.8%	0.25%
Henderson	909	Housing/shelter	25.2%	0.79%
Gaston	626	Housing/shelter	34.7%	0.28%
Onslow	603	Utilities	45.1%	0.31%
Durham	474	Food	27.4%	0.15%

^f Please see Appendix A for a listing of what each need category includes.

Calls Over Time

Figure 7 displays the statewide number of calls each month for the study period. In March 2017, NC 2-1-1 adjusted the criteria for calls designated as “No Wrong Door” by removing a requirement that callers be deemed at risk of needing to leave their homes within 90 days. This requirement, when in effect, led many call center specialists to err on the side of not designating calls as “No



Wrong Door” due to the difficulty of assessing the 90-day requirement. Once this requirement was removed, the number of calls designated as “No Wrong Door” increased significantly. While the number of calls has varied from month to month since May 2017, there has been a steady overall increase in call volume since the introduction of NC 2-1-1 in August 2016 and the beginning of data collection.⁹ The continued increase is likely due to overall improved awareness of NC 2-1-1 services, particularly in parts of the state with more robust outreach campaigns.

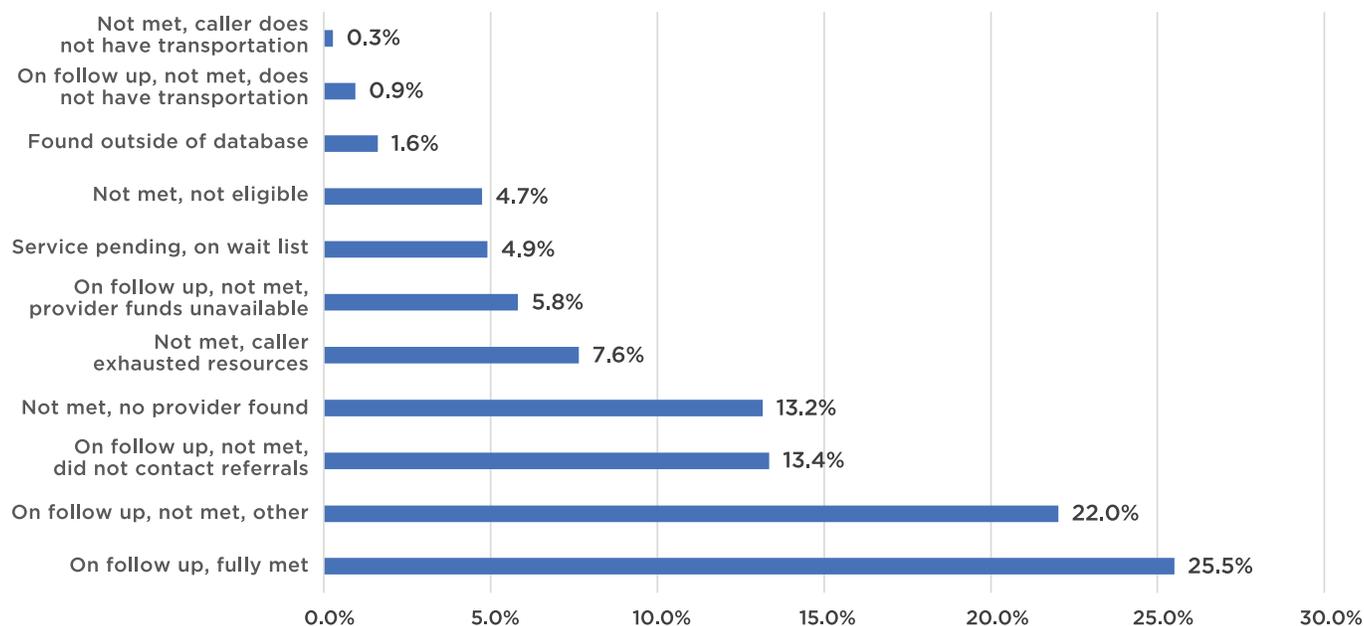
Unmet Needs

It is important to assess whether a caller’s needs were met by NC 2-1-1 and whether the necessary resources are available in local communities. Since many factors can play into the ability to meet the needs of callers, NC 2-1-1 makes efforts to re-connect with callers through follow-up calls. A follow-up call is conducted by a call specialist up to two weeks after the initial call, in order to check in with the caller and determine if the caller has made progress towards meeting their needs identified in the initial call. There are barriers to following up with all callers in that follow-up calls are only placed to callers who provide permission to receive a call from NC 2-1-1 staff. In those cases where permission is granted, NC 2-1-1 staff make up to three attempts to reach the caller, but often are unable to do so. Despite these barriers, NC 2-1-1 staff work diligently to reach out to No Wrong Door callers to ensure their needs have been met. Follow-up calls allow an assessment of whether a caller has taken initial steps to connect with provided referral(s) and if so, the outcome of that contact. Often, callers to NC 2-1-1 face behavioral health barriers that make it difficult for them to obtain the services or resources they need. Upon follow-up, the first job of the call specialist is to determine if the caller has taken the necessary step to contact the provided resource. If that initial contact has not been made, the specialist may offer to help the caller make the initial call to obtain services. In some instances, the call specialist conducting the follow-up call will again search the NC 2-1-1 database to determine if there are any new resources available to meet the caller’s needs.

Over one-quarter of No Wrong Door callers (28%) were identified as “needs unmet” during the initial call to NC 2-1-1, indicating the various gaps in resources available to those in need. Of callers designated as “needs unmet” during the initial NC 2-1-1 call, 13.2% had no service provider found for their identified need. However,

⁹ Written email communication, Heather Black, NC 2-1-1 Statewide Strategy Director, United Way of NC. November 27, 2018.

Figure 8.
Experience of No Wrong Door Callers Designated “Needs Unmet” Upon Initial Call



on follow-up, 25.5% of callers designated “needs unmet” at the initial call reported that their needs had since been fully met (see figure 8).

Of the remaining callers designated as “needs unmet” during the initial call, there were a variety of reasons reported as to why their needs had remained unmet on follow-up, including that they “did not contact the referrals” (13.4%) or that “provider funds were unavailable” (5.8%).

Reviewing the demographic characteristics of these callers can inform investments in community-based services and improvements in NC 2-1-1. Additional analysis of unmet needs showed the following:

How Do Callers Hear of NC 2-1-1?

Callers are learning of NC 2-1-1 once they have already been involved with the health and human services system. More than one-third (37.5%) of NC 2-1-1 callers reported that they had learned of the service through a state or local agency. An additional 9.0% of callers had learned of it through a friend or family member, and a small number of callers (between 0.1% and 4.7%) had learned of the service in other ways (including through their employer, medical provider, church, utility provider or through advertising, etc.).

LIMITATIONS

Visits to NC 2-1-1 online services were not analyzed in this study due to a lack of similar data for online visitors. User demographics are not collected online, so users cannot be classified as “No Wrong Door” users. In addition, there is currently no mechanism for routine follow-up with individual website users to determine receipt of services or improvement in condition/circumstances. As a result, follow-up is not universal and documentation varies. It may be informative to compare No Wrong Door callers to other NC 2-1-1 callers, but follow-up data is not routinely collected from non-No Wrong Door callers. All analysis is based on self-report. Call specialists have no way to verify need or if services were actually rendered.

Resources included in NC 2-1-1 are identified by the Resource and Outreach Coordinator, a position funded by the No Wrong Door contract and housed at United Way of North Carolina, through a system of direct

Figure 9.
Characteristics of Callers by Reason Needs Were Unmet

Reasons Needs were Unmet	Characteristics of Callers	Potential for Action
On follow-up, not met because did not contact referrals (n=876)	<ul style="list-style-type: none"> • 79.5% were disabled • 69.2% female • 45.5% aged 65+ • 59.0% of these callers were from Tier 3 counties (compared to 46.4% of overall calls coming from Tier 3 counties). 	This data points to the need for additional ways to assist individuals with contacting referrals such as increased call center specialist capacity, partnering with local care managers or other similar supports.
Not met because no provider found (n=863)	<ul style="list-style-type: none"> • 29.7% needed housing/shelter • 10.7% needed utility assistance 	Additional providers/services are needed to provide housing and utility assistance. Develop improved database to capture all available providers.
On follow-up, not met because provider funds unavailable (n=382)	<ul style="list-style-type: none"> • 22.8% needed housing/shelter; 55.8% needed utility assistance • 21.7% of callers were from Tier 1 counties and 31.7% of callers were from Tier 3 counties, compared to 12.3% and 46.4%, respectively, of overall calls from these counties. This suggests that availability of provider funds has a disproportionate impact on services in Tier 1 counties. 	Additional providers/services needed to provide housing and utility assistance. As appropriate, adjust allocation of emergency utility funds to ensure that Tier 1 needs are met (i.e., if they are based on population, and Tier 1 callers call disproportionately more for utilities, funds would be insufficient).
Not met, caller does not have transportation; On follow-up, not met, caller does not have transportation (n=80)	Few callers (n=80) reported that their needs were unmet due to lack of transportation. Among these callers, 61.3% resided in Tier 3 counties, suggesting potential opportunities for improving transportation in urban areas. However, it is important to note that callers in Tier 1 (economically distressed) counties were more likely to report needs unmet due to lack of providers or available funds, meaning that these callers would not report problems with transportation if there were no services available to get to in the first place.	Improve transportation in Tier 3 counties. This may be needed in Tier 1 as well, though it is unclear from this data.

outreach to local service providers. While 13.2% of callers report that their needs remained unmet due to lack of providers, it is unclear if this is the result of a true absence of providers, existing providers not being in the NC 2-1-1 database or other reasons impacting the identification and securing of providers. United Way of North Carolina has invested significant dollars and resources in continuous growth and improvement of the NC 2-1-1 database, which houses more than 19,000 resources. Specific to the No Wrong Door resources, as of the end of 2017, 6,702 resources were reviewed, including 2,005 programs audited as current, 3,416 programs updated, and 760 new programs added statewide.¹¹ Additional and systematic monitoring of resources and accuracy of resource information may be needed for a more thorough evaluation of the comprehensiveness of the NC 2-1-1 database.

CONCLUSIONS

The intent of this analysis of No Wrong Door calls to NC 2-1-1 was to tell the story of callers over the three-year partnership between the Division of Aging and Adult Services and NC 2-1-1. These partners anticipated that analyzing the connection between demographic characteristics and the needs of callers would reveal specific insights, particularly on the needs of older adults, people with disabilities, and caregivers, related to long-term supports and services. Instead, the data suggests that many older adults and people with disabilities in North Carolina face daily struggles to meet their most basic needs, such as housing, food and utilities. Unmet basic needs can result in a need for higher levels of care, including long-term supports and services. Additional follow-up and analysis of callers' needs over an extended period of time would allow analysts to determine whether the assistance provided through NC 2-1-1 for basic needs has an impact on the ability of No Wrong Door callers to access additional services, particularly long-term supports and services.

Data on how callers come to call NC 2-1-1 show that many callers only learn about the service after they have connected with a health and human services agency or resource in their community. This suggests that many people in North Carolina likely do not know about NC 2-1-1.

Increased awareness, in addition to facilitating more of North Carolina's residents receiving the help they need, could also result in the identification of gaps between needs and resources and better inform funding decisions. However, it is necessary to balance the benefits of expanded outreach about NC 2-1-1 and efforts to ensure that NC 2-1-1 could meet the demands of a corresponding increase in callers.

Based on research in other states, NC 2-1-1's No Wrong Door services, which help individuals and caregivers with navigation and referrals to needed services, may lead to cost savings. The current database lacks the necessary information to analyze this possibility. However, as shown by Medicaid waiver programs in other states that have made significant investments in home and community services, cost savings can be realized when people are able to live longer in their homes and communities, avoiding or postponing institutionalization. NC 2-1-1's ability to link callers with existing services could prove to be an efficient strategy of keeping people in their homes. As our state's demographics change and a greater percentage of our residents are over age 65, disabled, and/or have long-term care needs, increased receipt of home and community-based services may prove to lower institutional costs and, if individuals are referred to these services through NC 2-1-1, provide justification to continue and improve investments in the service.

Bob is 68 years old and retired. Bob recently noticed his wife has become very forgetful and irritable, which is very unlike her. Bob scheduled an appointment with his wife's primary care doctor for an evaluation and after a round of tests, learned that his wife is in the early stages of Alzheimer's disease. Bob feels instantly overwhelmed by this diagnosis. He is sad and scared about what this means for their future and has no idea how to care for his wife and her increasing needs. Bob turns to NC 2-1-1 for help and speaks to a call specialist who connects Bob to a Long-Term Services and Supports Navigator. The navigator talks with Bob and they develop a plan for identifying long-term services and caregiver resources.

OPPORTUNITIES MOVING FORWARD

North Carolina is experiencing a period of great opportunity and movement toward addressing the many ways that social, economic and community characteristics impact individual health. These characteristics, known as "social determinants of health," are being approached as key drivers to improve the health of all North Carolinians. On October 24, 2018, North Carolina received federal approval for the 1115 Waiver, allowing the state to implement a transition to Medicaid Managed Care. In addition, this waiver gives North Carolina the authority to launch a pilot program to address the social determinants of health. These "Healthy Opportunities" pilots will identify cost-effective ways to address various drivers of health beyond traditional medical care, focusing on housing stability, food security, transportation access and interpersonal safety.¹² As many of these drivers align with the same basic needs of No Wrong Door callers and their ability to stay in their homes, there may be opportunities to integrate lessons learned from the pilots into increased use of NC 2-1-1 and to determine ways to better meet individuals' needs. DHHS will use rapid-cycle assessments to identify which interventions are most and least effective and shift investments accordingly.

North Carolina DHHS will also establish a new State Resource Platform, called NCCARE360, under a public-private partnership led by The Foundation for Health Leadership and Innovation. NCCARE360 is a partnership between United Way of North Carolina, Unite Us, and Expound. Through United Way of North Carolina, NCCARE360 will leverage the existing NC 2-1-1 system to enhance the reach and scope of the State Resource Platform. The platform will be a tool "to make it easier for providers, insurers and community-based

organizations to connect people with the community resources they need to be healthy.”¹³ The platform will ultimately be available in all communities statewide, and will integrate a set of standardized screening questions, a community resource identification and referral system, and an outcomes tracking platform to ensure individuals receive the resources they need. At this time, NCCARE360 will focus on a set of five specific “wellness pillars” (food, housing, transportation, interpersonal violence and employment.) The scope of the project currently does not include resources associated with Long-Term Services and Supports needs. Many of the unmet basic needs of the No Wrong Door caller population may be addressed through NCCARE360, which would allow the No Wrong Door initiative to focus on the next level of needs related more directly to long-term services and supports, including health-related needs, home modifications and caregiver supports. The continued attention to this population and the collection of data related to these callers can help policymakers and investors identify those areas of need and concern that should be considered and evaluated when developing the State Resource Platform.

DHHS and DAAS envision linking the NC 2-1-1 information and referral component to the NCCARE360 platform. The federal No Wrong Door model and NCCARE360 have a common goal of creating a statewide infrastructure for connecting people to the community resources they need to improve their health and well-being. NCCARE360 would support the No Wrong Door model through inclusion of a care coordination function supported by data integration and enhanced IT capacity.

NC 2-1-1 provides an infrastructure on which North Carolina stakeholders can continue to build and improve to meet the needs of a broad range of North Carolinians. Future improvements to facilitate the ability of NC 2-1-1 and service providers to reach No Wrong Door callers will result in significant benefits to some of our state’s most vulnerable individuals.

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Appendix A.
Listing of Needs by Category

Need Level 1	Need Level 2	Need Level 3	Need Level 4
BASIC NEEDS	Food	Emergency Food	Food Pantries
			Food Vouchers
			Specialty Food Providers
		Meals	Community Meals
			Congregate Meals/Nutrition Sites
			Home Delivered Meals
	Soup Kitchens		
	Housing/Shelter	Emergency Shelter	Crisis Shelter
			Homeless Drop In Center
			Homeless Shelter
		Home Improvement/Accessibility	Energy/Water Conservation/Improvement
			Home Barrier Evaluation/Removal Services
			Home Rehabilitation Services
		Home Purchase/Construction Financing/Refinancing	Home Purchase/Mortgage Refinance Loans
			Housing Down Payment Loans/Grants
		Housing Counseling	Home Building Information
			Homebuyer/Home Purchase Counseling
		Housing Expense Assistance	Mortgage Payment Assistance
			Hotel Bill Payment Assistance
			Rent Payment Assistance
			Rental Deposit Assistance
			Supportive Housing Expense Assistance
	Housing Search and Information	Home Rental Listings	
		Housing Search Assistance	
	Moving Assistance	Movers	
		Moving Expense Assistance	
	Residential Housing Options	Low Income/Subsidized Rental Housing	
		Market Rate Housing	
		Subsidized Home Acquisition	
	Subsidized Housing Administrative Organizations	Housing Authorities	
	Supportive Housing	Homeless Permanent Supportive Housing	
		Older Adult/Disability Related Supportive Housing	
	Supportive Housing Placement/Referral	Residential Placement Services for People with Disabilities	
		Senior Housing Information and Referral	
	Transitional Housing/Shelter	Transitional Housing/Shelter	
	Material Goods	Automobiles	Automobiles
		Household Goods	Appliances
			Furniture
			Household Goods Vouchers
		Mobile Devices	Cell Phones
		Office Equipment and Supplies	Computer Distribution Programs
		Personal Goods and Services	Clothing
Clothing Warehouses			
Personal/Grooming Needs			
Repair Services	Appliance Repair		
	Automotive Repair and Maintenance		
Thrift Shops	Thrift Shops		
Transportation	Local Transportation	Local Automobile Transportation	
		Local Bus Service	
		Paratransit Programs	
	Transportation	Transportation	
	Transportation Expense Assistance	Transportation Expense Assistance	
Transportation Organizations	Public Transit Authorities		
Utilities	Utility Assistance	Discounted Utility Services	
		Utility Deposit Assistance	
		Utility Service Payment Assistance	
	Utility Service Providers	Utility Service Providers	

Appendix A. continued

Need Level 1	Need Level 2	Need Level 3	Need Level 4
CONSUMER SERVICES	Consumer Assistance and Protection	Consumer Complaints	Adult Residential Facility Complaints
			Insurance Complaints
			Law Enforcement Complaints
			Lawyer Complaints
			Practitioner Complaints
		Consumer Education	Consumer Education
	Consumer Regulation	Peer Review Organizations Records/Licenses/Permits Records/Licenses/Permits Fee Payment Assistance Regulations/Standards	Medicare Quality Improvement Organizations
			Motor Vehicle Registration
			Identification Card Fee Payment Assistance
			Accessibility Related Standards/Legislation Compliance Public Utility Regulation/deregulation
	Money Management	Credit Related Organizations/Services Debt Management Financial Assessment Tools Financial Management Workshops Personal Financial Counseling Representative Payee Services	Credit Counseling
			Debt Consolidation Services
			Mortgage Delinquency & Default Counseling
			Financial Assessment Tools
			Financial Management Workshops
			Personal Financial Counseling
	Tax Organizations & Services	Tax Collection Agencies Tax Information Tax Preparation Assistance	Local Tax Collection Agencies
			Property Tax Information
Tax Preparation Assistance			
CRIMINAL JUSTICE & LEGAL SERVICES	Criminal Correctional System	Alternative Sentencing/Supervision	
		Correctional Facilities	
		Ex-Offender Reentry Programs	
	Judicial Services	Court Filing Offices Public Counsel	Bankruptcy Filing Offices
			State Attorneys General District Attorney
	Law Enforcement Agencies	Highway Patrol Municipal Police Sheriff	Highway Patrol
			Municipal Police
			Sheriff
	Law Enforcement Services	Crime Prevention Crime Reporting Crime Victim Support	Victim Impact Programs
			Consumer Fraud Reporting
			Crime Victim Support
	Legal Assistance Modalities	Advocacy Alternative Dispute Resolution	Individual Advocacy
			Mediation
	Legal Education/Information	Legal Issues Education/Information	Legal Issues Education/Information
	Legal Services	Benefits Assistance Consumer Law Discrimination Assistance Elder Law Estate Planning Assistance Family Law General Legal Aid Immigration/Naturalization Legal Services Landlord/Tenant Assistance Lawyer Referral Services Long Term Care Ombudsman Programs	Protection and Advocacy for Individuals With Disabilities
			Veteran Benefits Assistance
			Consumer Law
			Customer Service Discrimination Assistance
Employment Discrimination Assistance			
Housing Discrimination Assistance			
Elder Law			
Life Care Planning			
Domestic/Family Violence Legal Services			
General Legal Aid			
Comprehensive Immigration/Naturalization Services			
Landlord/Tenant Assistance			
Lawyer Referral Services			
Long Term Care Ombudsman Programs			
EDUCATION	Educational Institutions/Schools	Alternative Education	
		Charter Schools	
		Head Start	
		Elementary Schools	
	Educational Programs	Adult Education Summer School Programs	Adult Basic Education
			Graduation Requirements Programs
		Summer School Programs	
Educational Support Services	Student Services and Campus Life	School Social Work Services	
		School Supplies	

Appendix A. continued

Need Level 1	Need Level 2	Need Level 3	Need Level 4
ENVIRONMENT AND PUBLIC HEALTH/SAFETY	Environmental Protection and Improvement	Conservation	Land Conservation Wildlife Conservation
		Environmental Beautification	Community/Nature Area Cleanup/Enhancement Projects Tree Planting
	Public Health	Public Health Information/Inspection/Remediation	Public Health Information/Inspection/Remediation
	Public Safety	911 Services	911 Services
Fire Services		Fire Services	
HEALTH CARE	Emergency Medical Care	Paramedic/EMT Services	Paramedic/EMT Services
	Health Screening/Diagnostic Services	Disease/Disability Specific Screening/Diagnosis	Dental Screening
			Eye Screening
			Hearing Screening
	Health Supportive Services	Aging and Disability Resource Centers	Aging and Disability Resource Centers
		Anatomical Gifts	Blood Supply Services
		Assistive Technology Equipment	Hearing Augmentation Aids
			Mobility Aids
			Specialized Telecommunications Equipment
			Visual/Reading Aids
		Assistive Technology Equipment Provision Options	Assistive Technology Equipment Loan
		Health Care Referrals	Dental Care Referrals
			Physician Referrals
		Health Education	Assistive Technology Information Disease/Disability Information
		Health Insurance/Information/Counseling	Affordable Care Act Insurance Information/Counseling
			General Health Insurance Information/Counseling
		Health Insurance/Dental Coverage	Health Insurance/Dental Coverage
		Long Term Care Options Counseling	Long Term Care Options Counseling
		Medical Equipment/Supplies	Medical Equipment/Supplies
	Medical Expense Assistance	Dental Care Expense Assistance	
		Incidental Medical Expense Assistance	
		Medical Care Expense Assistance	
		Prescription Expense Assistance	
	Patient/Family Support Services	Mercy Transportation	
	Pharmacies	Pharmacies	
		Prescription Drug Discount Cards	
		Prescription Drug Patient Assistance Programs	
	Inpatient Health Facilities	Hospitals	Hospitals
		Nursing Facilities	Nursing Facilities
			Skilled Nursing Facilities
	Outpatient Health Facilities	Community Clinics	Community Clinics
		Urgent Care Centers	Urgent Care Centers
Rehabilitation/Habilitation Services	Autism Therapy	Autism Therapy	
	Centers for Independent Living	Centers for Independent Living	
	Independent Living Skills Instruction	Independent Living Skills Instruction	
	Physical Therapy	Physical Therapy	
	Service Animals	Service Animals	
Specialized Treatment and Prevention	Condition Specific Treatment	Cancer Clinics	
		Dementia Management	
		Diabetes Management Clinics	
	Home Health Care	Home Health Aide Services	
		Home Nursing	
		Long Term Home Health Care	
		Visiting Physician Services	
Hospice Care	Hospice Care		
Palliative Care	Palliative Care		

Appendix A. *continued*

Need Level 1	Need Level 2	Need Level 3	Need Level 4	
HEALTH CARE	Specialty Medicine	Dental Care	Dental Hygiene General Dentistry Geriatric Dentistry	
		Eye Care	Eye Care	
		Family and Community Medicine	Family and Community Medicine	
		Internal Medicine	Geriatric Medicine	
INCOME SUPPORT AND EMPLOYMENT	Employment	Comprehensive Job Assistance Centers	Comprehensive Job Assistance Centers	
		Job Finding Assistance	Job Resource Centers Job Search/Placements	
		Training & Employment Programs	Disability Related Center Based Employment Senior Community Service Employment Programs Supported Employment	
		Vocational Rehabilitation	Vocational Rehabilitation	
		Volunteer Service Programs	Senior Corps Volunteer Programs	
	Public Assistance Programs	Basic Income Maintenance Programs	TANF	
		Household Related Public Assistance Programs	Child Care Expense Assistance Family Caregiver Subsidies Respite Care Subsidies	
		Medical Public Assistance Programs	Long Term Care Resident Subsidies Medicaid PACE Programs State/Local Health Insurance Programs	
		Nutrition Related Public Assistance Programs	Food Stamps/SNAP	
	Social Insurance Programs	Disability Benefits	Social Security Disability Insurance	
		Retirement Benefits	Social Security Retirement Benefits	
		Social Health Insurance	Medicare Quality Improvement Organizations	
	Temporary Financial Assistance	Service Cost Payment Assistance	Service Cost Payment Assistance	
		Undesignated Temporary Financial Assistance	Undesignated Temporary Financial Assistance	
	INDIVIDUAL AND FAMILY LIFE	Death Certification/Burial Arrangements	Burial/Cremation Expense Assistance	Burial/Cremation Expense Assistance
		Domestic Animal Pet Services	Pet Care Services	Pet Food Pet Grooming Services
			Protective Services for Animals	Animal Shelters Foster Care/Temporary Shelter for Animals
			Veterinary Services	Veterinary Care Expense Assistance
Individual and Family Support Services		Adult Day Programs	Adult Day Programs	
		Benefits Screening	Benefits Screening	
		Caregiver Consultation & Support	Caregiver Consultation & Support	
		Caregiver Training	Caregiver Training	
		Case/Care Management	Case/Care Management	
		Companionship	Buddy Programs Friendly Outreach Programs Mentorship	
		Emergency Alert	Personal Alarm Systems Telephone Reassurance	
		Family Based Services	Economic Self Sufficiency Programs Family Preservation Programs	
		Family Support Recruitment/Referral	Child Care Provider Referrals Foster Parent/Family Recruitment In Home Assistance Registries	
		Holiday Programs		Christmas Programs Easter Programs Holiday Donations Thanksgiving Programs

Appendix A. continued

Need Level 1	Need Level 2	Need Level 3	Need Level 4	
INDIVIDUAL AND FAMILY LIFE	Individual and Family Support Services	In Home Assistance	Home Maintenance and Minor Repair Services	
			Housekeeping Assistance	
			Personal Care	
			Yard Maintenance	
		Interpretation/Translation	Sign Language Interpretation	
		Parenting Education	Parenting Skills Classes	
		Placements for Children and Youth	Therapeutic Group Homes	
	Leisure Activities/ Recreation	Protective Services	Adult Protective Services	
			Respite Care	Respite Care
			Parks/Recreation Areas	Camps
			Recreation Related Expense Assistance	Camperships
	Mutual Support	Support Groups	Recreational Activities/Sports	Swimming/Swimming Lessons
			Recreational/Leisure/Arts Instruction	Computer and Related Technology Classes
			Abuse/Violence Related Support Groups	
			Addictions/Substance Use Disorder Support Groups	
	Social Development and Enrichment	Social Clubs/Events	Bereavement Support Groups	
			Caregiver/Care Receiver Support Groups	
	Spiritual Enrichment	Youth Development	Health /Disability Related Support Groups	
			Mental Health Related Support Groups	
	Volunteer Opportunities	Volunteer Recruitment/Placement	Parenting/Family Support Groups	
Women's Social Clubs				
Youth Enrichment Programs				
Places of Worship			Places of Worship	
Construction/Home Maintenance Volunteer Opportunities			Construction/Home Maintenance Volunteer Opportunities	
Counseling Approaches	Faith Based Counseling	Criminal Justice/Legal Services Volunteer Opportunities	Criminal Justice/Legal Services Volunteer Opportunities	
		Disaster/Emergency Services Volunteer Opportunities	Disaster/Emergency Services Volunteer Opportunities	
		Food Production/Preparation/Delivery Opportunities	Volunteer Meal Delivery Volunteer Opportunities	
		Health/Disabilities Related Volunteer Opportunities	Health/Disabilities Related Volunteer Opportunities	
MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER	Counseling Settings	Talklines/Warmlines	Talklines/Warmlines	
	Mental Health Assessment and Treatment	Counseling Services	General Counseling Services	
			Specialized Counseling Services	
			Crisis Intervention	Crisis Intervention Hotlines/Helplines
			Mental Health Evaluation	In Person Crisis Intervention
			Psychiatric Services	Central Intake Assessment for Mental Health Services
	Mental Health Care Facilities	Outpatient Mental Health Facilities	Special Psychiatric Programs	
			Community Mental Health Agencies	
	Mental Health Support Service	Residential Treatment Facilities	Private Therapy Practices	
			Adult Residential Treatment Facilities	
	Substance Use of Disorder Services	Therapy Referrals	Therapy Referrals	
			Assessment for Substance Use Disorders	Central Intake/Assessment for Substance Use Disorder
Detoxification			Detoxification	
Substance Use Disorder Treatment Programs			Comprehensive Outpatient Substance Use Disorder Treatment	
			Inpatient Substance Use Disorder Treatment Facilities	
	Residential Substance Use Disorder Treatment Facilities			
		Smoking Cessation		

Appendix A. *continued*

Need Level 1	Need Level 2	Need Level 3	Need Level 4			
ORGANIZATIONAL/COMMUNITY/INTERNATIONAL SERVICES	Community Economic Development and Finance	Banking and Financial Services	Financial Institutions			
		Business Development	Specialized Business Development			
	Community Facilities/Centers	Multipurpose Centers		Ethnic Oriented Multipurpose Rooms		
				Senior Centers		
				Women's Centers		
	Community Groups and Government/ Administrative Offices	Administrative Entities	Administrative Entities	Administrative Entities		
			Categorical Program Administrative Units	Community Action Agencies Older Americans Act Administrative Agencies		
		Civic Groups		Service Clubs Veteran Membership Organizations		
			Community Action/Social Advocacy Groups	Homelessness Advocacy Groups Housing Advocacy Groups Human Rights Group		
		Planning/Coordinating/Advisory Groups	Planning/Coordinating/Advisory Groups			
		Public Officials Offices		Federal Officials Offices Local Officials Offices State Officials Offices		
	Community Planning and Public Works	Building and Safety	Building and Safety			
		Land Use Planning and Regulation Services	Land Use Planning Land Use Regulation			
			Street Maintenance	Street Maintenance		
		Waste Management Services	Recycling Refuse Collection Refuse Disposal Facilities			
			Water Supply System	Water Supply System		
	Disaster Services	Disaster Management Organizations	Disaster Relief/Recovery Organizations			
			Disaster Preparedness	Disaster Preparedness Information Pre-Disaster Donations Collection/Storage		
		Disaster Recovery Services	Disaster Claims Information Disaster Related Case Management Post Disaster Cleanup Post Disaster Housing Assistance			
			Disaster Relief Services	Critical Service Status Information Disaster Related Rumor Control Disaster Related Shelter Services Post Disaster Eyewitness Reporting Post Disaster Food Services Post Disaster Safety Inspection/Evaluation Post Disaster Storage Resources		
				Donor Services	Donated Specialty Items	Animal Food/Supplies Donation Building Materials/Supply Donation Clothing Donation Programs Drinking Water Donation Programs Food Donation Programs Gift Card Donation Programs Household Goods Donation Programs Leisure Equipment/Supplies Donations Medical Equipment/Assistive Technology Donation Programs Office Equipment/Supplies Donations Personal/Grooming Supplies Donations Vehicle Donation Programs

Appendix A. *continued*

Need Level 1	Need Level 2	Need Level 3	Need Level 4
ORGANIZATIONAL/COMMUNITY/ INTERNATIONAL SERVICES	Donor Services	Donation Pickups	Donation Pickups
		Material Goods Donation Information/Matching Services	Materials Exchange Programs
	Information Services	Electronic Information Resources	Online Connection Services
		Information and Referral	Comprehensive Information and Referral Specialized Information and Referral
		Information Lines	Directory Assistance Medical Information Lines Time/Temperature/Weather Information Lines
		Media/Communications	Television Stations/Access Systems
		Public Awareness/Education	Community Calendars Subject Specific Public Awareness/Education
		Military Service	Military Family Service/Support Centers
	Occupational/ Professional Associations	Disability Associations	Disability Associations
		Legal Associations	Legal Associations