



# Strategic Plan

2016-2020

## ACKNOWLEDGEMENTS

This strategic plan is a result of the combined efforts of countless individuals, organizations, and state agencies. While the Nevada State Department of Health and Human Services (DHHS) Office of Community Partnerships and Grants (known formerly as the Grants Management Unit), provided organizational leadership in the development of this plan, hundreds of key stakeholders, including consumers, providers, and advocates contributed to this plan by participating in key informant interviews, focus groups and by attending workgroup meetings.

The combined commitment of time and ideas from these individuals and groups is sincerely acknowledged and appreciated.

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## Contents

ACKNOWLEDGEMENTS.....	i
INTRODUCTION AND PURPOSE OF THE PLAN .....	1
Nevada 2-1-1 .....	1
Purpose of the Plan .....	3
METHODS AND APPROACH .....	4
Approach to Strategic Planning .....	4
Data Collection Methods .....	5
STRATEGIC ORIENTATION .....	6
Vision, Mission, and Guiding Principles .....	6
DESIRED RESULTS.....	8
Strategies to Achieve Desired Results .....	9
COMMUNITY RELATIONSHIPS.....	12
Building Community Support.....	12
Key Champions.....	14
STRONG PROGRAM STRUCTURE.....	15
Situational Analysis.....	15
Strategies for Strengthening Operational Components of Program.....	24
Adaptability to Changing Conditions .....	25
STRATEGIC FINANCING .....	26
Resource Requirements.....	26
Revenue Enhancement.....	27
Long Range Financial Plan.....	28
FRAMEWORK FOR ACTION .....	30
Goals and Objectives .....	30
Implementation Plan .....	31
Timeline .....	43
EVALUATING AND UPDATING THE PLAN.....	44
APPENDIX.....	45
Organizational Self-Assessment Results .....	46
Detailed Financial Information.....	50

## INTRODUCTION AND PURPOSE OF THE PLAN

### Nevada 2-1-1

Nevada 2-1-1 is part of a nationwide network of call centers that provide information and referral (I&R) services to Nevada residents. Available information includes basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities, and support for community crisis and disaster recovery. Nevada 2-1-1 is available 24 hours a day, 7 days a week, and information is provided in multiple languages.

*Nevada 2-1-1 answered an average of 9,463 calls a month in FY 2015-2016 (July 1, 2015 – June 30, 2016).*

There are multiple uses for the 2-1-1 system.

- It is a useful resource for individuals who need help and don't know where to find it. The call center and complimentary online directory provides consumers with information about local resources and how to access services.
- It is also a helpful repository where other service providers can go to find resources needed by their clients. The Nevada 2-1-1 database has listings for an estimated 995 agencies, 2,693 programs, and 4,309 services.<sup>1</sup>
- 2-1-1 can assist during times of disaster by directing non-emergency calls away from 9-1-1.
- Lastly, the 2-1-1 system is a mechanism to collect important data about emerging needs, trends, and gaps in services.

Despite these intended benefits, multiple needs assessments conducted by various state agencies reveal that Nevada 2-1-1 is not yet established as the preferred source of information and referral by individuals or providers throughout the state. The recently completed "No Wrong Door" Strategic Planning process conducted outreach among health and human services consumers as well as service providers, asking questions specific to the 2-1-1 system.

### History of Nevada 2-1-1

The three-digit dialing code, 2-1-1, was exclusively assigned to support the distribution of information and referral services by the Federal Communications Commission (FCC) in 2000. Following this assignment, the FCC charged each state with establishing its own 2-1-1 system.

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

After the NRS was adopted, the late Governor Kenny Guinn established the *Governor's Partnership on 2-1-1* through an Executive Order in 2006. Former Governor Jim Gibbons renewed the order in 2009, as did Governor Brian Sandoval in 2011.

Governor Sandoval's Executive Order expired on December 31, 2013. Following that expiration, 2-1-1 operated under a Memorandum of Understanding (MOU) between the key operational partners, with the Department of Health and Human Services (DHHS) serving as the lead agency responsible for coordinating and overseeing 2-1-1 activities.

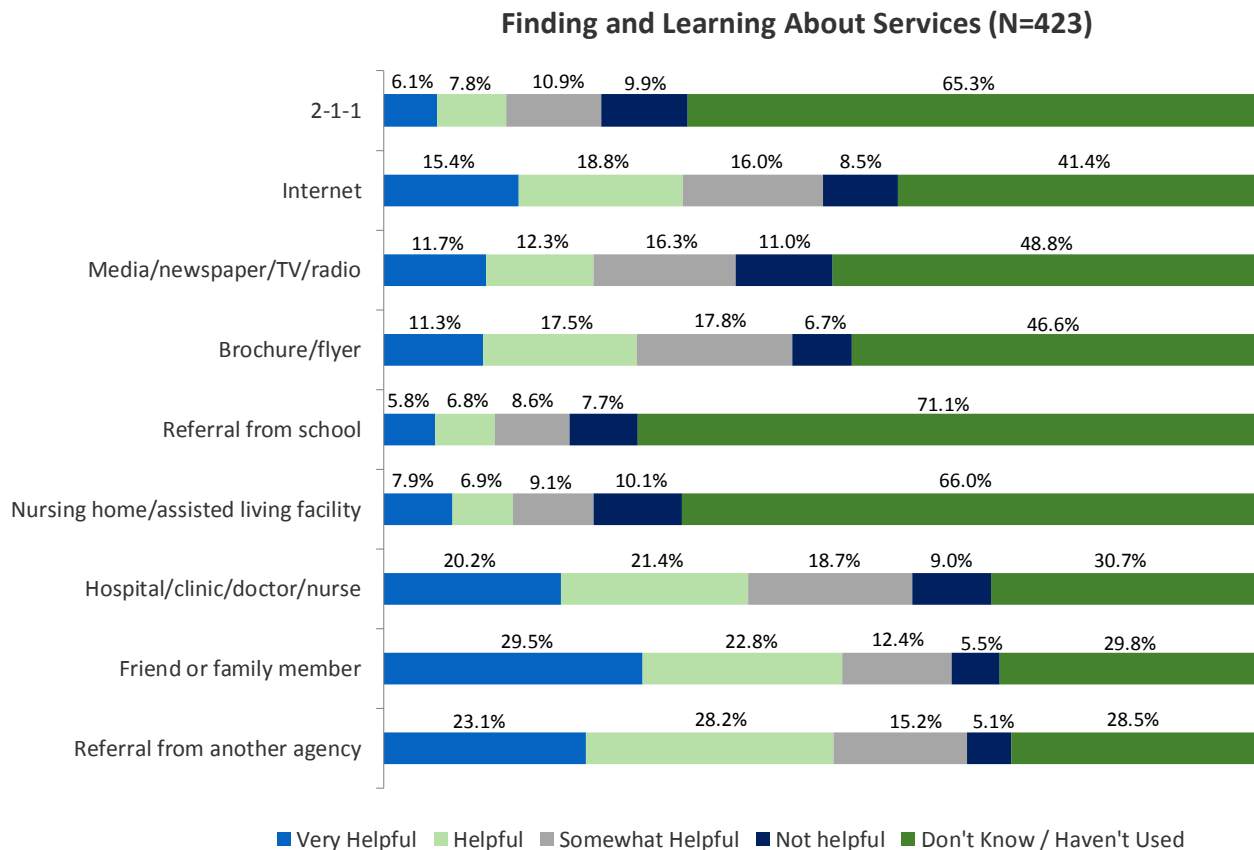
In December 2014 a Request for Proposals (RFP) was issued with the intent to address an increased State financial contribution and establish a more structured governance system to implement 2-1-1 services.

In 2015, the state awarded a contract to the Financial Guidance Center to operate the Nevada 2-1-1 System with oversight maintained by DHHS.

<sup>1</sup> Provided by Financial Guidance Center on August 3, 2016.

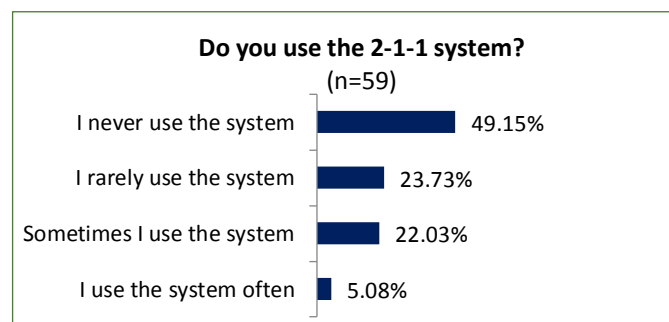
## Consumer Feedback

Consumers were asked to identify how helpful different sources of information have been in finding and learning about available services and supports. The results indicate that only 24.8% of respondents found 2-1-1 to be helpful at any level (very helpful, helpful and somewhat helpful), while 65.3% of respondents indicated that they either didn't know about 2-1-1 or hadn't used it. 9.9% of respondents indicated that 2-1-1 was not helpful.



## Provider Feedback

Providers were asked to rate the extent to which their organization used the Nevada 2-1-1 system. As the chart to the left demonstrates, 49.15% of all providers polled reported that they **NEVER** used the system.



As a follow-up to the poll, providers were asked to describe how comprehensive, accurate, up to date and user-friendly the 2-1-1 system was. Most of the providers described it as being frequently out of date, difficult to navigate (not able to search by region), Washoe and Clark County focused (not enough information for the rural areas), inaccurate, and not user friendly.

There are multiple factors that influence the use/effectiveness of the 2-1-1 system. Issues identified include: 1) accuracy of the 2-1-1 database, 2) user-friendliness of the system, 3) lack of buy-in from partner agencies, and 4) a lack of awareness about the 2-1-1 program. Insufficient and unstable funding has contributed to and compounded all of these issues.



In addition to these factors, the Nevada 2-1-1 system has recently undergone a significant change in the way it operates. Because the Executive Order authorizing the Governor's Partnership on 2-1-1 ended in late 2013, an executive committee established an MOU to continue leading 2-1-1 efforts with the DHHS as the lead oversight entity. In mid-2015, the DHHS Office of Community Partnerships and Grants (OCPG) took over all oversight responsibilities. Additionally, in 2015, operations of the 2-1-1 call center(s) shifted from two long-standing providers (Crisis Call Center in Northern Nevada and HELP of Southern Nevada) to a new provider, the Financial Guidance Center. More changes are expected to occur in 2016, as the data platform is being updated by the software vendor (VisionLink).

### Purpose of the Plan

Given the challenges and changes that Nevada 2-1-1 has experienced, the program initiated the development of this strategic plan to guide future efforts.

## METHODS AND APPROACH

### Approach to Strategic Planning

To ensure the strategic plan positioned Nevada 2-1-1 for long-term success, the approach to planning included addressing key elements of sustainability. Research by The Finance Project, corroborated by analysis from many large national foundations and other groups, has identified eight essential elements to sustaining community initiatives. The eight elements are listed below.



The strategic planning process explicitly explored each of these key elements of sustainability.

## Data Collection Methods

To inform the planning process, a variety of different data collection techniques were used to identify areas within the existing system that need to be expanded, changed, or discontinued. There were four distinct ways in which data collection occurred: 1) research using existing sources of information, 2) key informant interviews, 3) focus group discussion, and 4) provision of a program self-assessment. A summary of each data collection method is provided here; for more detailed information, see the Nevada 2-1-1 Situational Analysis Report, which is a companion document to this plan.

### Research

The following documents were used to provide context for the Nevada 2-1-1 program and helped to inform the questions posed to each key informant interview and focus group.

- No Wrong Door Strategic Plan
- Nevada I&R Strategic Plan
- Nevada 2-1-1 Update (2014)
- 2-1-1 DHHS Fact Book (Oct 2015)
- RFP for 2-1-1 Call Center and Data System
- 2-1-1 Funding History Chart (SFY 08-15)
- 2-1-1 Usage Data
- National Alliance of Information and Referral Services (AIRS) - Standards and Quality Indicators for Professional Information and Referral (I&R)
- Transitioning 2-1-1 for a Sustainable Future<sup>2</sup>
- Information Wants to Find People<sup>3</sup>
- A variety of other 2-1-1 documents from various states.

### Key Informant Interviews

Between December 31, 2015 and January 22, 2016, seven interviews were conducted with individuals identified by the Workgroup as having specialized knowledge about the Nevada 2-1-1 system or needs related to information and referral (I&R). Interviews took place over the telephone and lasted between 45 and 90 minutes.

### Focus Groups

Between January 20<sup>th</sup> and March 29<sup>th</sup> 2016, eight focus groups were conducted either in-person or via webinar with provider groups. Workgroup members reached out to providers to encourage participation. A total of 110 individuals participated in focus group discussions.

### Organizational Self-Assessment

An organizational self-assessment was completed by the Nevada 2-1-1 provider agency, Financial Guidance Center (FGC). This self-assessment was used to identify the organization's current capacity to implement core functions of a best practice model of information and referral, as identified by AIRS. AIRS is a professional association of more than 5,000 individuals and organizations which supports numerous state and regional affiliates. It is considered the international voice of I&R, and the driving force behind high quality services. AIRS has established a set of standards as a framework for accreditation at the program/organization level and certification at the individual level. The self-assessment tool was developed by combining two resources provided directly by AIRS in preparation for accreditation purposes as well as the AIRS standards themselves. This custom tool was developed specifically for the purpose of the Nevada 2-1-1 strategic planning process.

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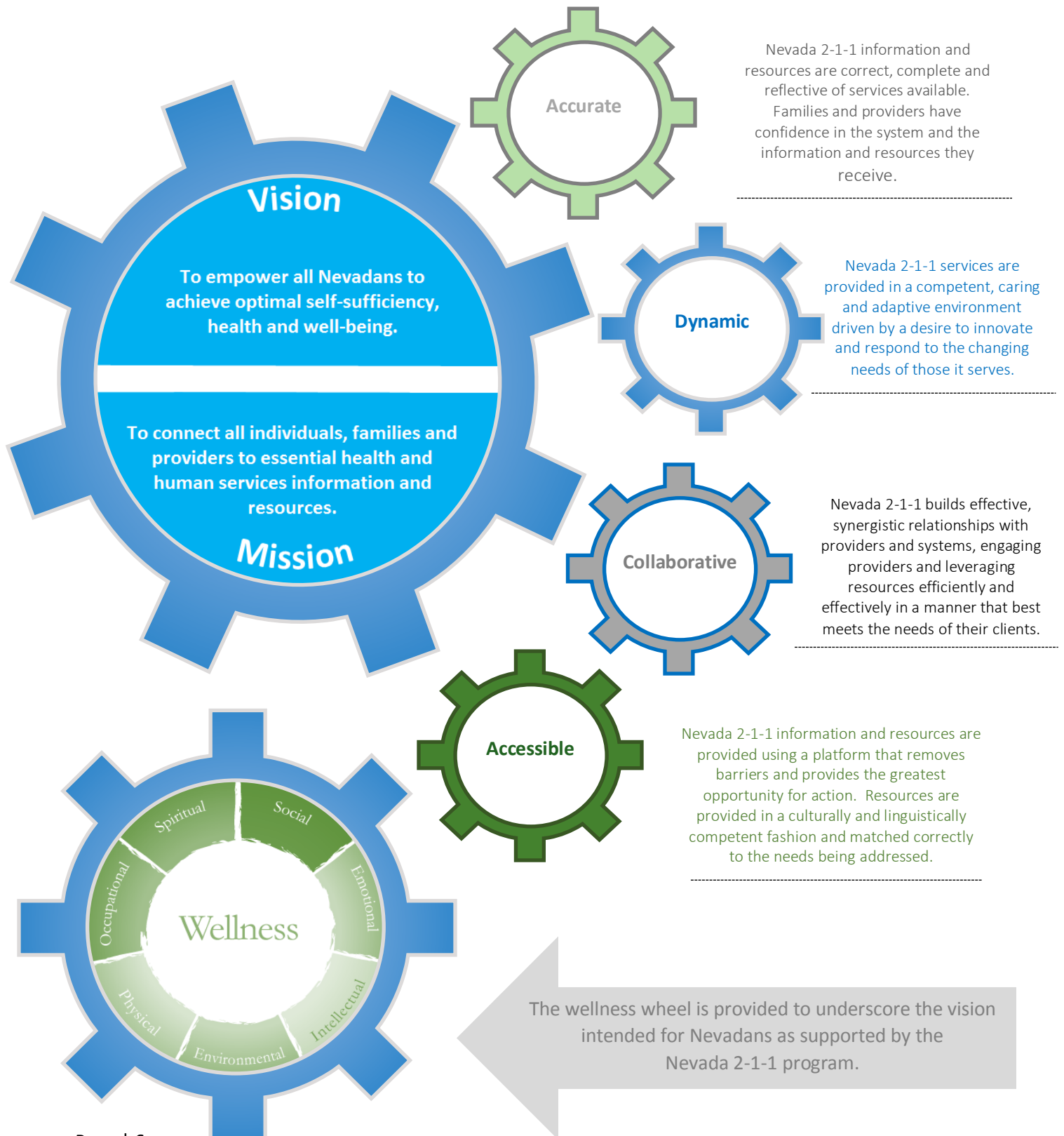
<sup>2</sup> Available at: [http://www.airs.org/files/public/211US\\_Transition\\_2013.pdf](http://www.airs.org/files/public/211US_Transition_2013.pdf)

<sup>3</sup> Available at: [http://www.airs.org/files/public/211US\\_Transition\\_2013.pdf](http://www.airs.org/files/public/211US_Transition_2013.pdf)

## STRATEGIC ORIENTATION

### Vision, Mission, and Guiding Principles

Nevada 2-1-1 functions within the framework of the following vision, mission and guiding principles.



### SPIRITUAL WELLNESS

The ability to establish peace and harmony in our lives. The ability to develop congruency between values and actions and to realize a common purpose that binds creation together contributes to our spiritual wellness.

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### SOCIAL WELLNESS

The ability to relate to and connect with other people in our world. Our ability to establish and maintain positive relationships with family, friends, and coworkers contributes to our social wellness.

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### OCCUPATIONAL WELLNESS

The ability to get personal fulfillment from our jobs or our chosen career fields while still maintaining balance in our lives. Our desire to contribute in our careers to make a positive impact on the organizations we work in and to society as a whole leads to occupational wellness.

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### EMOTIONAL WELLNESS

The ability to understand ourselves and cope with the challenges life can bring. The ability to acknowledge and share feelings of anger, fear, sadness, or stress; hope, love, joy, and happiness in a productive manner contributes to our emotional wellness.

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### PHYSICAL WELLNESS

The ability to maintain a healthy quality of life without undue fatigue or physical stress. The ability to recognize that our behaviors have a significant impact on our wellness and adopting healthful habits while avoiding destructive habits will lead to optimal physical wellness.

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### INTELLECTUAL WELLNESS

The ability to open our minds to new ideas and experiences that can be applied to personal decisions, group interaction and community betterment. The desire to learn new concepts, improve skills and seek challenges in pursuit of lifelong learning contributes to our intellectual wellness.

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### ENVIRONMENTAL WELLNESS

The ability to recognize our own responsibility for the quality of the air, the water and the land that surrounds us. The ability to make a positive impact on the quality of our environment, be it our homes, our communities, or our planet contributes to our environmental wellness.

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## DESIRED RESULTS

The outcomes to be achieved for individuals, families and providers as a result of the Nevada 2-1-1 program are as follows.



### People are Connected

*People have access to accurate and comprehensive information and referral related to health and human services and are connected to available resources that meet their needs.*



### Programs are Equipped

*Health and human service programs are equipped with accurate and comprehensive information about available community resources to support service delivery and trend data for their own planning purposes.*



### Systems are Ready

*Nevada 2-1-1 is prepared and ready to quickly assist in a community response in the event of a disaster and/or emergency to support information collection and dissemination.*



### Nevada 2-1-1 is Sustainable

*Nevada 2-1-1 has the infrastructure, resources, and support to ensure long-term sustainability.*

Please refer to the strategic financing section of the plan to understand the resource needs associated with achieving the desired results as described.

## Strategies to Achieve Desired Results

The following strategies are either currently being utilized to achieve the desired results or are planned for future implementation.



## People are Connected

*People have access to accurate and comprehensive information and referral related to health and human services and are connected to available resources that meet their needs.*

### Current Strategies

- ⚙️ **Data Collection:** The program collects and maintains accurate, comprehensive, unbiased information about the health and human services available in each community throughout Nevada.
- ⚙️ **Information and Referral:** The program provides confidential and/or anonymous access to information about available health and human services.
  - **Telephone Helpline:** A 24 hour toll-free helpline is staffed by trained specialists who, through active listening techniques, can assist callers in identifying their needs. Based on this assessment, callers are provided information about available community resources.
  - **Online Resource Directory:** An online resource directory is available that allows users to sort through community resources based on their identified needs and geographical locations.
  - **Text Response:** The system supports a text response process by which someone can text their need and receive information back via text message.
- ⚙️ **Eligibility and Enrollment:** The program provides information to users regarding eligibility requirements for community-based services in its database. It also provides enrollment screening to a specific population of Medicaid consumers - Balancing Incentives Program (BIP) services.

### Plans for the Future

- ⚙️ **Service Navigation Support/Follow-up:** Nevada 2-1-1 will develop the ability to follow a user through the various phases of service acquisition to include assisting them in navigating different providers and receiving the services available.
- ⚙️ **Connecting Clients to the Referral Source:** Nevada 2-1-1 will evaluate the feasibility of a technology solution that would connect a 2-1-1 caller more directly to the referral source for services they seek.
- ⚙️ **Expanded Eligibility and Enrollment:** Nevada 2-1-1 will expand the ability to enroll individuals into various community service programs. This may include government entitlement programs, voluntary service options, and community service programs.





## Programs are Equipped

*Health and human service programs are equipped with accurate and comprehensive information about available community resources to support service delivery and trend data for their own planning purposes.*

### Current Strategies

- Maintain a Central Database Repository of Community Resource Information:** A central database repository of service information is maintained that includes health and human service providers, nonprofit organizations, government agencies, and community service organizations. Information such as locations, telephone numbers, websites, program services and eligibility requirements are included in the database repository.

### Plans for the Future

- Provide Trend Data on Population Service Needs:** Report on new and useful data that can be aggregated and analyzed at the state and local level and used by programs and policymakers to improve social services.
- Customized Search Functions:** The database is developing the capability to offer providers the option of customized (and saved) search options, making it easy to identify services most often sought by their clientele.
- Connect People to Volunteer Opportunities:** The program will secure a partnership with Nevada Volunteers to support connecting people to volunteer opportunities.



## Systems are Ready

*Systems are ready to quickly respond in the event of a disaster and/or emergency to support information collection and dissemination.*

### Plans for the Future



- Information Dissemination:** Develop the systems and relationships necessary to quickly mobilize staff and/or volunteers to take calls during times of an emergency (such as natural disasters or terrorists attacks) to provide callers with important public information directly related to the emergency situation.
- Community Support and Response:** Develop the systems necessary to mobilize community support during times of an emergency. This may include utilizing a Citizens Emergency Response Team (CERT).
- Disaster-related data collection and reporting:** Develop a mechanism to collect and report on disaster-related needs as responses occur.

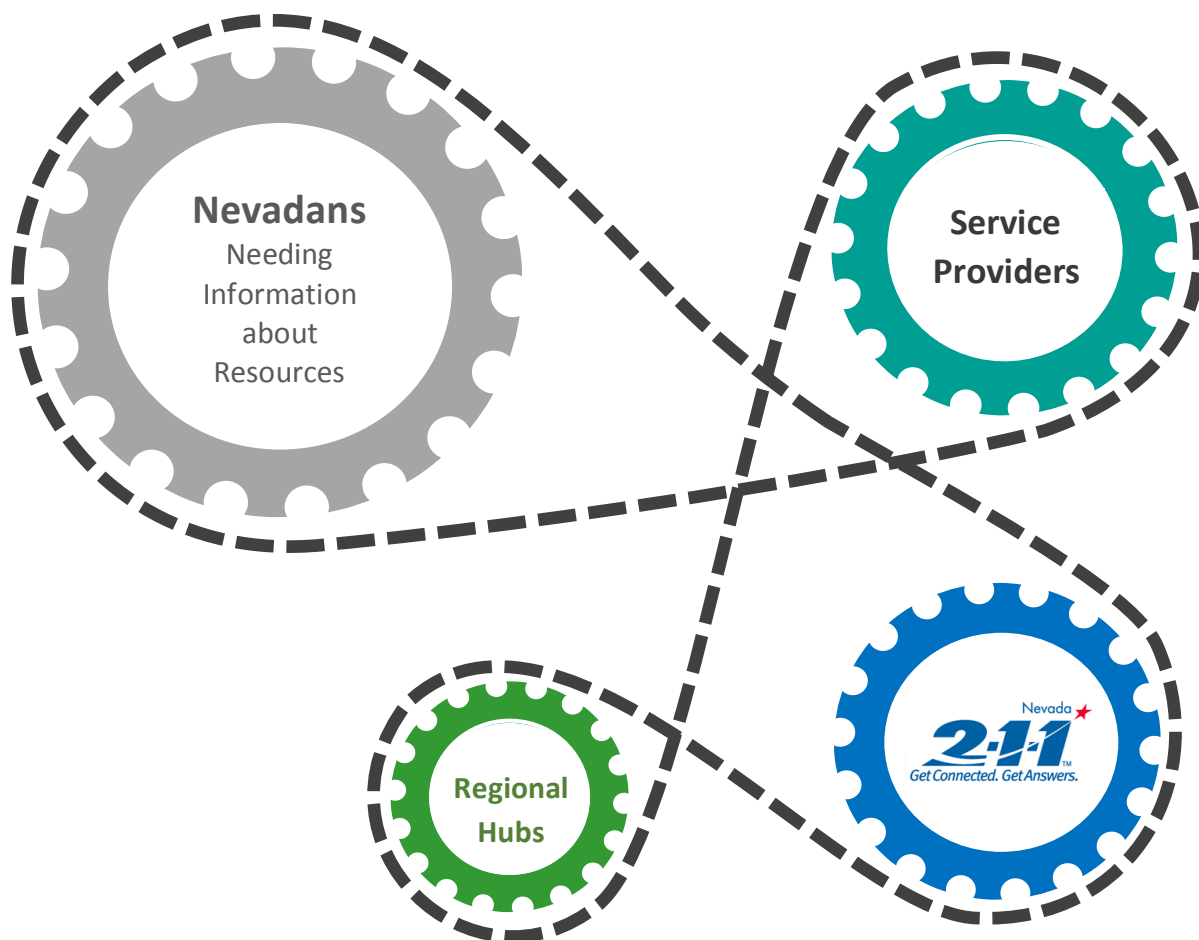


## Nevada 2-1-1 is Sustainable

*Nevada 2-1-1 has the infrastructure, resources, and support to ensure long-term sustainability.*

### Plans for the Future

- 
**Explore AIRS Accreditation:** Explore AIRS accreditation standards to determine how best to utilize the framework for high quality service delivery. AIRS accreditation is the primary quality assurance mechanism for affirming I&R excellence.
- 
**Develop a Sustainable Structure within the Information and Referral Field:** Engage key stakeholders and secure commitments to ensure Nevada 2-1-1 has the infrastructure, resources, and supports necessary for longevity. The diagram below is a representation of the structure envisioned for I&R services in Nevada.



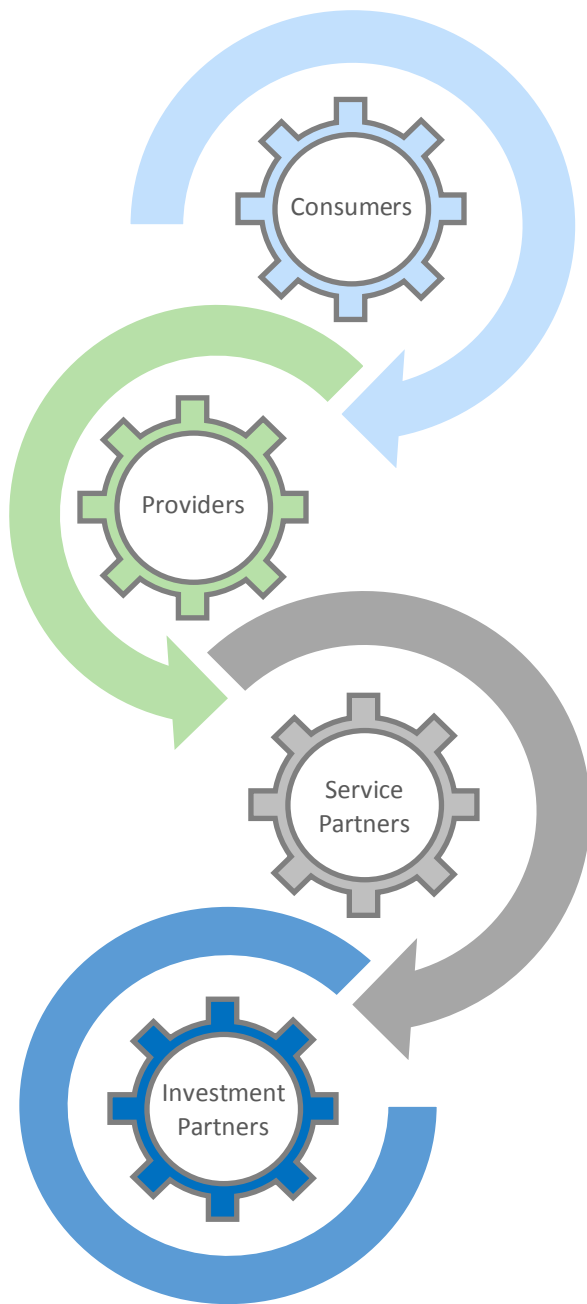
**Regional hubs** are local organizations that provide information and referral assistance as a component of typical service delivery and who understand how to navigate the service system within their communities

## COMMUNITY RELATIONSHIPS

This portion of the plan addresses two essential elements of sustainability, the need to build and sustain broad-based community support and the importance of cultivating key champions within stakeholder groups that are necessary for the program's success.

### Building Community Support

The Nevada 2-1-1 program understands that, in order to be effective in achieving its desired results, it is reliant upon various stakeholder groups to act as both benefactors as well as contributors.



#### Consumers

Clients, and their family, needing information about community resources must recognize and access services through the Nevada 2-1-1 program. In turn, the feedback they provide regarding their experiences helps the program update its database and refine its service delivery approach.

#### Providers

Health and human service providers are what constitutes the Nevada 2-1-1 resource database. The program is dependent upon these providers to ensure that information about their organizations is current and accurate. In turn, the program is available as a resource to those providers and is a source of important information regarding community needs.

#### Service Partners

Service partners are those agencies that the Nevada 2-1-1 works in concert with to achieve its desired results. These organizations share mutual goals and must work together to see these goals achieved. Partner agencies include other I&R service providers, crisis call centers, emergency responders and medical facilities.

#### Investment Partners

Investment partners understand the value of the Nevada 2-1-1 program, and help sustain the program through partnerships, funding, and infrastructure support.

The Nevada 2-1-1 program needs to build and maintain a relationship with each of these stakeholder groups. For a variety of reasons that are fully explored in the Nevada 2-1-1 Situational Analysis Report (a companion document to this plan), the program has significant work to do to accomplish this. For that reason, the program intends to take a phased-in approach to building these relationships, leveraging gains made within each phase to accomplish the next.

#### **Phase I: System improvements and strengthening.**

There are a number of system improvements that need to be made in order to build community support for the 2-1-1 program. These improvements are intended to strengthen service delivery and signal stakeholder groups that the program has listened and responded to their concerns. System improvements include the following.

- Developing a comprehensive and accurate database
- Improving data quality and coverage
- Making the website more user-friendly
- Establishing a disaster portal to support data collection and response in emergency situations

These improvements will all be accomplished in the spirit of “perfecting the product” and making it a premier resource for all stakeholder groups.

#### **Phase II: Persuasion to utilize enhanced product.**

The second phase of building strong community support will involve sharing information with providers about the improvements made to the Nevada 2-1-1 program. Nevada 2-1-1 will invite providers and service partners to reinvest in the use of and contribution to the service. The program will also engage with potential investment partners, seeking to identify mission alignment. Throughout this phase, the Nevada 2-1-1 program will seek to understand the ongoing needs of all stakeholder groups and identify ways in which the program can help meet those needs. Additionally, time and effort will be spent describing the benefits that the Nevada 2-1-1 program can offer through data collection and analysis.

#### **Phase III: Marketing and outreach.**

Working from a platform that is supported by a strong product and providers, the Nevada 2-1-1 program will increase awareness amongst the general public about its services through marketing and outreach strategies. It will develop a plan to communicate that services are available to reach those who may be unaware of its existence. It will also identify strategies to communicate that the product is “new and improved” as a means to bring back consumers who may have had a negative experience with the service in the past.

#### **Phase IV: Champion the program to key stakeholders.**

The final phase of building strong community support will involve identifying potential key champions to serve as advocates in communities, counties, at the state level, and with investment partners. Using the gains made in all previous phases, combined with data that describes programmatic success, the Nevada 2-1-1 program will nurture one-on-one relationships with these stakeholders so they can garner additional support for the program.

## Key Champions

Key champions will be drawn from the following stakeholder groups.

State & Local Jurisdictions	Health & Human Service Providers	Emergency Responders	Other
<ul style="list-style-type: none"> <li>City Elected Officials</li> <li>City Mayor's Office</li> <li>City Recreation Departments</li> <li>County Managers</li> <li>County Child/Adult Protective Services</li> <li>County Elected Officials</li> <li>County Health and Human Services</li> <li>Governor's Office</li> <li>State DHHS Divisions</li> <li>State Elected Officials</li> </ul>	<ul style="list-style-type: none"> <li>Aging and Disability Resource Centers</li> <li>Behavioral Health Centers</li> <li>Community Action Agencies</li> <li>Crisis Intervention Providers</li> <li>Family Resource Centers</li> <li>Food Pantries</li> <li>Head Start Agencies</li> <li>Health Clinics</li> <li>Homeless Service Providers</li> <li>Hospitals</li> <li>Other Health &amp; Human Service Providers</li> <li>Senior Centers</li> </ul>	<ul style="list-style-type: none"> <li>Citizens Emergency Response Team(s)</li> <li>City Fire &amp; Rescue Departments</li> <li>City Police Departments</li> <li>County Fire &amp; Rescue Departments</li> <li>County Sheriff Departments</li> <li>State Emergency Management Agency</li> </ul>	<ul style="list-style-type: none"> <li>Banking Institutions</li> <li>Chamber of Commerce Organizations</li> <li>Large Employers</li> <li>Media</li> <li>United Way Organizations</li> <li>Utility Companies</li> </ul>

The strategies that will be used to grow and sustain key champions will vary based on the stakeholder group and their particular interest. It is the intention of the Nevada 2-1-1 program to offer multiple ways that individuals and organizations can support the program rather than taking a "one size fits all" approach. Following are ways that key champions can be engaged.

- Serve as an advisor to program leadership
- Act as a spokesman at an event
- Advocate for support with others
- Secure funding for efforts

Once key champions are secured, there are two critical factors in keeping them involved. First, Nevada 2-1-1 will maintain regular communications with key champions and provide them with feedback on program efforts. This will let them know how they are being helpful and how they can have an even bigger impact. Second, the program will show appreciation for key champions through personal thank you messages and by recognizing them in events, newsletters, reports, press releases and other types of public communications.

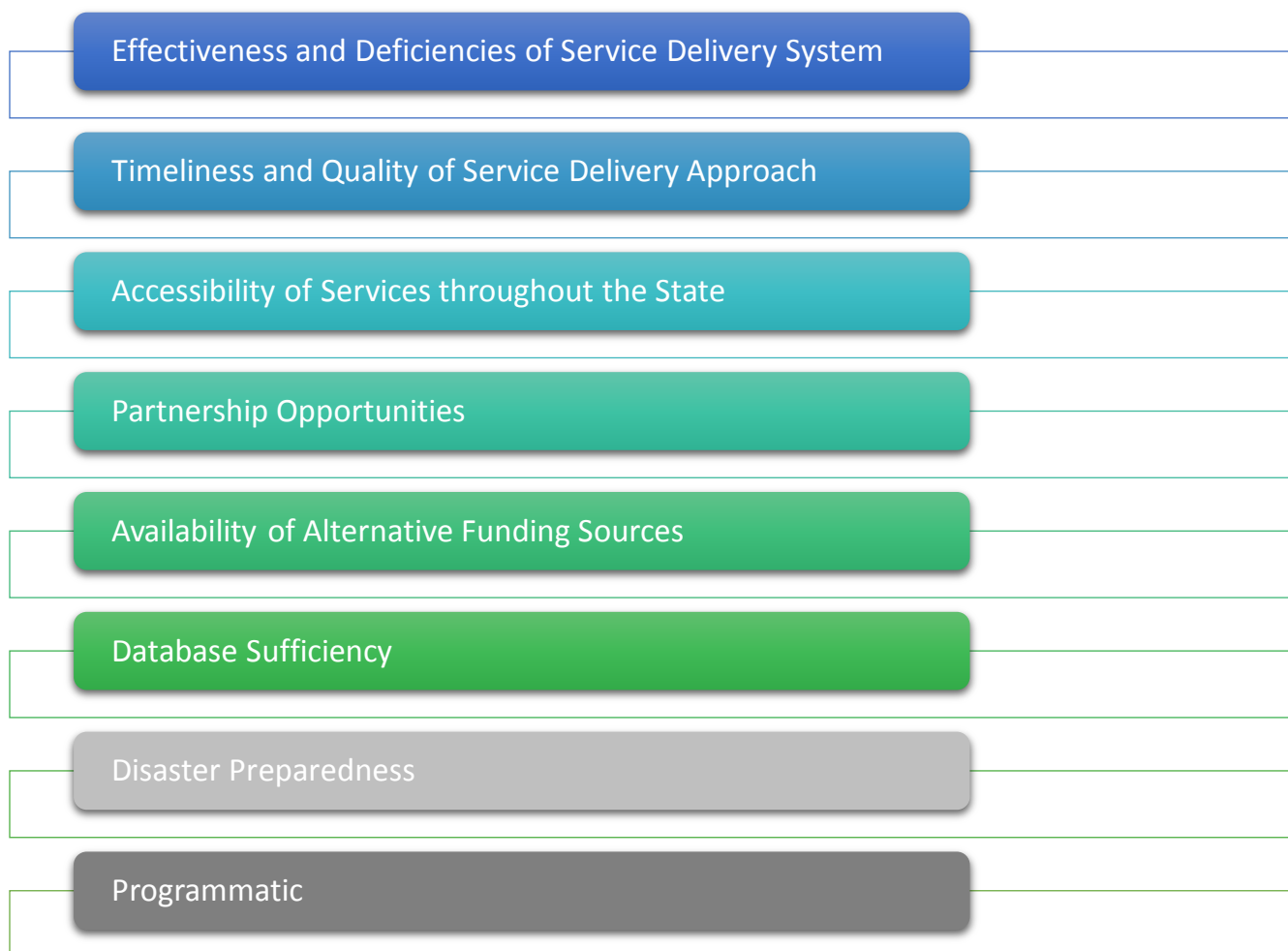
## STRONG PROGRAM STRUCTURE

In order to be fully effective, the Nevada 2-1-1 program must have a strong structure to support service delivery, coordinate efforts, and respond to changing conditions. This section of the plan provides a synopsis of the current situation facing the program as well as strategies for strengthening operational components.

### Situational Analysis

The following situational analysis was completed under the direction of the Strategic Planning Workgroup. Research regarding state and national 2-1-1 efforts was conducted to identify the environmental reality facing the Nevada 2-1-1 program. This information was combined with key informant interviews, focus group discussions, and an organizational analysis as a mechanism to identify the strengths, challenges and issues that Nevada 2-1-1 should consider for strategic plan action.

Areas of inquiry for the situational analysis included:



Complete documentation of the situational analysis can be found in the Nevada 2-1-1 Situational Analysis Report, which is a companion document to this plan. A summary is provided here.

The summary of findings that follows presents the results of the situational analysis within each area of inquiry. Cross-cutting themes across multiple modalities, which are supported by program data, are highlighted to add value.

### **Effectiveness and Deficiencies in Service Delivery Systems**

Research, key informant interviews, focus group discussions and the Nevada 2-1-1 organizational self-assessment provided information on the overall effectiveness and deficiencies in the service delivery systems. A brief summary is provided below, while a more in-depth exploration can be found throughout the remaining portions of the situational analysis.

#### **Service System Effectiveness**

Having a central repository of information about community resources is identified as critically important to most stakeholders. 2-1-1 is considered a good concept, as it is easy to remember, fast to dial, and available throughout the state. Additionally, providing the service at no cost is valuable.

Other strengths within the existing system included the volume of callers using the Nevada 2-1-1 call line, the timeliness in which calls are answered, and the friendliness of the call specialists. Some stakeholders identified the benefit of anonymity provided to seekers of I&R both by way of the 2-1-1 call line and the web-based search options.

#### **Service System Deficiencies**

Research, combined with stakeholder input, identified the challenges facing the Nevada 2-1-1 program.

- **Database information is not accurate or up-to-date**, which in turn has led many providers to abandon using the database for their own search needs or to refer clients for assistance. This has caused some providers to disengage, resulting in unresponsiveness when updates to the system are requested. It also has resulted in entities establishing their own resource guides.
- The **website is difficult to navigate**, requiring user understanding of the system taxonomy to locate the correct resources. It is also structured so that simple functions, like using the back button on a browser to return to a previous search, are not possible, causing frustration and leading providers to question its efficiency over the alternative “Google search.”
- There is a **lack of provider buy-in** for use of, or investment in, the Nevada 2-1-1 system. Providers are hesitant to refer clients to the 2-1-1 program for fear that it may damage their reputation. The variety of I&R databases, with specific emphasis on state-operated versions, are considered duplicative and inefficient, leading many to ask why the state cannot consolidate efforts.
- **Funding to support the program has not been sufficient** to: 1) ensure high quality and adequate staffing levels, 2) position the program to be responsive in the event of a disaster, or 3) aggressively pursue updates to the database.
- There is an acknowledged **lack of awareness about the 2-1-1 program** by providers and consumers alike. Of those who are familiar with the resource, many don’t have an accurate understanding of its functionality or its role in the service delivery system.

### Organizational Self-Assessment Results

The graphic below is an overview of the results of the organizational assessment completed by the Financial Guidance Center (FGC) as the implementation agency of Nevada 2-1-1. It was used as a mechanism to identify the organization's current capacity to implement core functions of a best-practice model of information and referral services. It is important to note that FGC has been the vendor for Nevada 2-1-1 for less than a year when considering these results. The graphic and corresponding table offer an average for a series of questions posed within each category.



- 4** High Level of Capacity      **3** Moderate Level of Capacity      **2** Need for Increased Capacity      **1** Lack of Basic Capacity

Capacity by Core Functions	Average	Level
Service Delivery	3.14	Moderate Level of Capacity in Place
Resource Database	1.50	Need for Increased Capacity
Reports and Measures	4.00	High Level of Capacity in Place
Cooperative Relationships	2.80	Moderate Level of Capacity in Place
Disaster Preparedness	2.50	Need for Increased Capacity
Organizational Effectiveness	3.39	Moderate Level of Capacity in Place

Specific scoring for each core function can be found in the appendix.

### **Timeliness and Quality of Service Delivery Approach**

There were both strengths as well as opportunities for improvement identified related to the timeliness and quality of services delivered by Nevada 2-1-1.

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*2015-2016 statistics (for services provided July 1, 2015 through June 30, 2016) reveal that approximately 10% (12,871) of all calls received by the Nevada 2-1-1 help-line were abandoned and that average wait time for callers before accessing assistance was 32 seconds. More than 91% of all calls received were answered under the two minute limit imposed by the state.*

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- **High customer satisfaction with help line assistance.** Year-end statistics (2015-2016) indicate that customers give the Nevada 2-1-1 program an average rating of 4.29 out of 5, based on follow-up calls completed (3,051).
- **Multi-modal approach to services.** Focus group participants identified that providing services via the help line, on the web, and through text messages is a good approach and should be maintained, or even expanded.
- **Lack of accurate or current information in the database.** Most data sets identified that providing consumers with appropriate referrals to community resources is a challenge because the database contains outdated and inaccurate information.
- **Inadequate assessment of client needs.** Both key informants and focus group data identified the need for call specialists to spend more time with callers. This would support a more thorough assessment of client needs and a customized approach to providing referrals that are responsive with services that callers are able to access (based on eligibility, location, etc.).
- **Resource limitations hinder services.** While multiple data sources identified the need to provide advocacy, crisis intervention, and sufficient follow-up with clients, there was also a recognition that current funding levels don't adequately support these types of activities. While there are processes in place to manage crisis intervention and follow-up calls, the program doesn't have procedures in place to advocate on behalf of clients.
- **Inadequate recognition.** Neither consumers nor providers recognize 2-1-1 as the central repository for information about community resources, and multiple sources identified it as the "resource of last resort." Some stakeholders identified 2-1-1 as a resource they would utilize primarily to serve individuals in crisis and who require basic needs (food and shelter).



### Accessibility of Services throughout the State

- **Availability.** The 2-1-1 program is available throughout the state, and provides 24-hour coverage, with a minimum of one bilingual call specialist available at all times of the day.
- **Confidentiality.** 2-1-1 is a resource that offers a safe and confidential setting where people have anonymity in seeking out information about community resources. Issues identified that may make people more inclined to seek out information through 2-1-1 include situations where abuse is occurring in the home, or where immigration status may leave an individual vulnerable.

Year-end statistics (2015-2016) reveal that in a twelve-month period of time 2-1-1 provided the following services.

**113,561**

*Calls answered on the help line*

*A total of 113,561 calls were answered on the 2-1-1 help-line between July 1, 2015 and June 30, 2016.*

*That makes for a monthly average of about 9,463 calls.*

**39,271**

*Visitors to the website*

*A total of 39,271 new visitors accessed the 2-1-1 website between July 1, 2015 and June 30, 2016.*

*The average pages visited per session was 2.17, while the average duration of time spent on the website was 2.3 minutes.*

**837**

*People accessing services through text*

*A total of 837 individuals accessed the 2-1-1 services through text messaging between July 1, 2015 and June 30, 2016.*

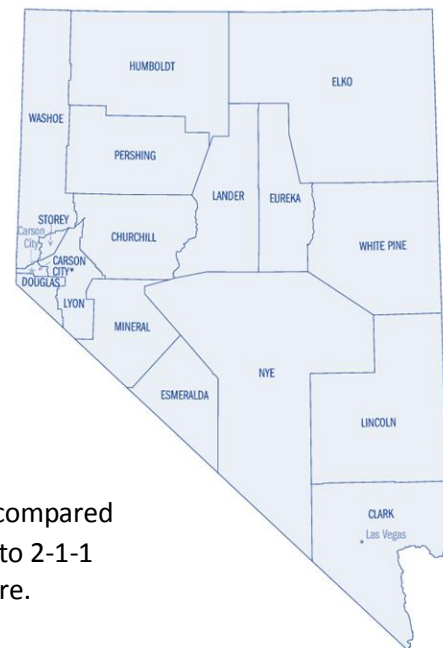
Mid-year statistics identify a total of 29,269 new consumers accessing services through Nevada 2-1-1 between July 1, 2015 and December 31, 2016. The geographic and demographic distribution of consumers and their comparison to statewide statistics are depicted in the tables below:<sup>4</sup>

### Geographic Distribution

Table 1: Geographic Distribution of 2-1-1 Consumers

	2-1-1	Nevada
<b>Clark County</b>	93%	73%
<b>Washoe County</b>	7%	16%

A higher percentage of people called Nevada 2-1-1 from Clark County compared to the population distribution in Nevada. Ninety-three percent of calls to 2-1-1 were from Clark County while 73 percent of the population resides there.



<sup>4</sup> All statewide data was retrieved from the 2014 American Community Survey five-year estimates, from the US Census Bureau.

## Race/Ethnic Distribution

Table 2: Racial/Ethnic Distribution of 2-1-1 Consumers

	2-1-1	Nevada	Clark County	Washoe County
White/Caucasian	34%	53%	47%	65%
Black/African American	33%	8%	10%	2%
Hispanic	19%	27%	30%	23%

Black/African Americans were disproportionately represented as 2-1-1 consumers when compared to the state population distribution (33 percent compared to 8 percent). White/Caucasian (34 percent) and Hispanic (19 percent) were under-represented (compared to 53 percent and 27 percent, respectively).

## Gender Distribution

Table 3: Gender Distribution of 2-1-1 Consumers

	2-1-1	Nevada	Clark County	Washoe County
Female	74%	50%	50%	50%
Male	24%	50%	50%	50%

About three quarters of 2-1-1 callers were female while the population breakout in Nevada is divided evenly between male and female.

## Age Distribution

Table 4: Age Distribution of 2-1-1 Consumers

	2-1-1	Nevada	Clark County	Washoe County
20-29 Years of Age	16%	14%	14%	15%
30-39 Years of Age	20%	14%	15%	13%
40-49 Years of Age	17%	14%	14%	13%
50-59 Years of Age	16%	13%	13%	14%
Over 60	14%	19%	18%	20%

Geographic and demographic distribution of consumers indicate that while Nevada 2-1-1 has had a significant reach, there are still opportunities to encourage use throughout the whole state. Additional findings related to accessibility of services include the following.

- Lack of awareness.** Multiple sources indicated that there is a general lack of awareness of how to access information and specifically about 2-1-1 as a resource. Further, stakeholders noted that many service providers and state agency staff are not fully aware of the 2-1-1 program. A lack of awareness about the program, or how to navigate it as a resource, was identified as a key concern at every level of the system, from individuals and families, to communities and statewide systems.

- **Website is not user-friendly.** The 2-1-1 website is difficult to navigate and requires that the user have some knowledge about the taxonomy of resources in order to locate services that fit their need. Furthermore, focus group participants and key informants described the need to optimize the website for use on mobile devices.
- **Lack of available resources.** There is a lack of sufficient, available community resources, which prohibits the ability of the 2-1-1 program to connect consumers to needed services. While this issue is outside the control of the Nevada 2-1-1 system, it does impact the overall perception of the program.

### **Partnership Opportunities**

Partnerships with key stakeholder groups and service providers is critical to the success of the Nevada 2-1-1 program. Nevada 2-1-1 is reliant upon service providers to ensure that resource information contained in the database is current and accurate. Additionally, relationships with other I&R providers, emergency management entities, state departments, and medical facilities would ensure that Nevada 2-1-1 can implement its services effectively. While some relationships exist, there is a clear need to nurture supportive relationships, strengthen relationships that are fragile, and rebuild relationships where historical experience has led to disengagement with the system.

Following are issues identified around partnerships included:

- **Trust.** Providers are suspicious and hesitant in trusting that the Nevada 2-1-1 program will make the improvements necessary to become effective. However, providers recognize the potential that the program possesses, leaving the door open to redevelop relationships.
- **Benefits.** There is a need to establish relationships based on shared benefit. Nevada 2-1-1 has regularly relied upon service providers to update their information for database inclusion but has not been proactive in identifying ways in which it can be a benefit to providers.
- **Responsiveness.** There is a need to honor relationships by responding to current efforts. Multiple providers across various data collection efforts expressed frustration because the 2-1-1 program hadn't followed through in using information they provide to update their database. Providers describe the paper update process as cumbersome and antiquated, lacking automation. One provider described completing 40 different paper-based update requests only to have none of it reflected in the database. Another said they received multiple requests from Nevada 2-1-1 for updates that had already been sent.
- **Collaboration.** There is a need to maintain relationships through ongoing partnerships and collaboration. Providers felt that Nevada 2-1-1 didn't seek out input or feedback from them. Furthermore, there was a perception that Nevada 2-1-1 didn't use its role as an opportunity to promote collaboration across sectors. This was identified by stakeholders and focus groups as an opportunity lost, which could serve to keep the resource visible among providers as well as serve to meet a critical need in the provider community.

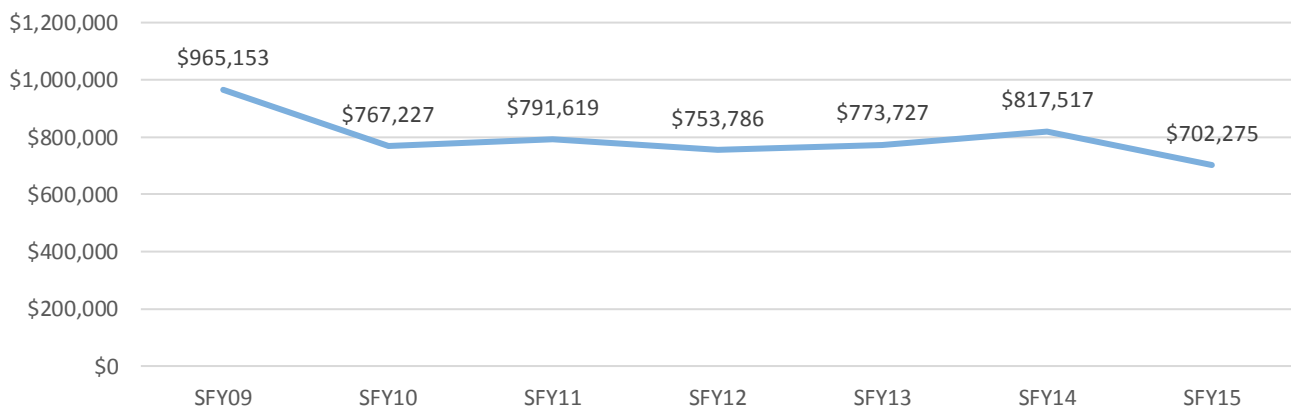


### Availability of Alternative Funding Sources

Funding for Nevada 2-1-1 has fluctuated from a high of \$965,153 in state fiscal year (SFY) 09 to a low of \$702,275 in SFY15. State funding, including the Fund for a Healthy Nevada (FHN), Social Services Block Grant (SSBG-Title XX), and the State General Fund has fluctuated due to competing program priorities, federal sequestration, and the economic recession. Other funding used to support 2-1-1 have been short-term (Casey Foundation and United Healthcare Settlement) or has dwindled in recent years (such as contributing funds from partnering agencies.)<sup>5</sup>

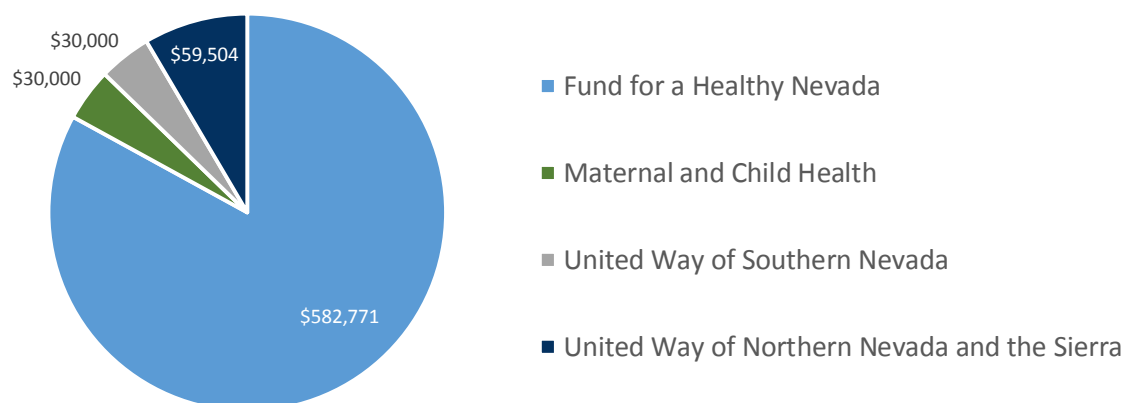
Below is a funding distribution chart that shows the fluctuation of funding over a seven-year period of time (SFY09 – SFY15).

Figure 1: Nevada 2-1-1 Funding Trend SFY09-15



The funding distribution by source for SFY15 is depicted in the pie chart below.

Figure 2: Nevada 2-1-1 Funding Distribution by Source SFY15



The majority of funding to support Nevada 2-1-1 comes from the state Fund for a Healthy Nevada.

- **Diversified funding.** Securing alternative funding sources is necessary to ensure program longevity and reduce the risk of being overly reliant upon a single source of income. Multiple sources indicate that current funding is insufficient to support adequate staffing, emergency preparedness, or AIRS accreditation.

<sup>5</sup> Information taken from the [Nevada 2-1-1 Update](#) provided to the Grants Management Advisory Committee (GMAC) on December 11, 2014.

### Database Sufficiency

The Nevada 2-1-1 database is not accurate or current, which is a barrier for its purpose of information and referral.

- **Procedures.** Database procedures are not documented. The organizational assessment results indicate that database procedures require significant development.
- **Current.** The database doesn't highlight the inclusion of new community resources. Providers indicate that the program doesn't include information about new community resources or new programs offered by existing providers in its database.
- **Configuration.** The database information configuration is not consistent or understood by call specialists, providers, or consumers, making it difficult to identify community resources. Nevada 2-1-1 is based on a taxonomy that is outdated and ineffective. Furthermore, search terms are not intuitive to consumers.

### Disaster Preparedness

While many stakeholders identified that Nevada 2-1-1 could and should play a critical role in the event of an emergency, systems are not currently structured to do so. Emergency responders were open to partnering with Nevada 2-1-1 and saw it as a good mechanism to handle calls for information and volunteer opportunity inquiries.

- **Partnerships are necessary.** The organizational assessment indicated that relationships with emergency management personnel require substantial development. In addition, key informants identified the need to develop these relationships prior to an emergency event, noting that relationship development in the southern parts of the state will take more time and energy.
- **Insufficient capacity.** There is insufficient system capacity to implement an emergency response. The Nevada 2-1-1 program doesn't currently have the infrastructure, practices, or resources to be the support it could be in the event of an emergency.

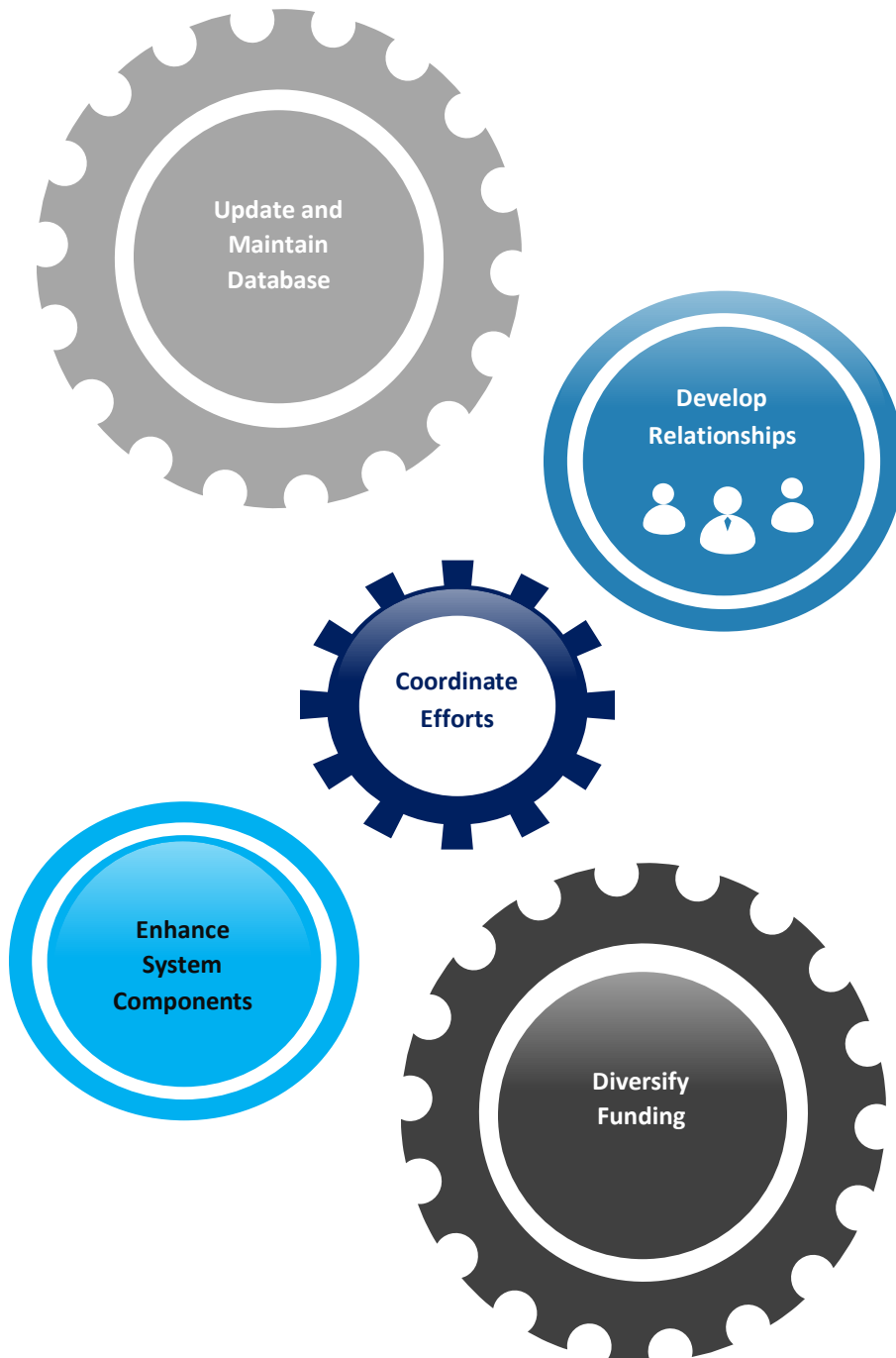
### Programmatic Operations

The organizational self-assessment, supported by feedback from key informants, indicates that the program has a moderate level of organizational capacity in place to implement services.

- **Technology.** Technology systems are in place, but improvements are necessary. While the Nevada 2-1-1 program had technology in place to support operations, key informants and focus group participants indicated that it is not sophisticated or mobile friendly, which makes searching for information cumbersome.
- **Talent management.** Talent management systems need development. The organizational assessment indicated that while the Nevada 2-1-1 program has some strengths related to talent management (such as job descriptions and a training program) there were still areas where development was needed such as setting goals and objectives for trainings and creating a customized experience for each position. Additionally, less than 50% of frontline staff are AIRS certified.
- **Evaluation.** Evaluation efforts are in place. Organizational assessment results indicated that the program had evaluation mechanisms in place to measure staff performance, customer satisfaction, and effectiveness of I&R service delivery.

## Strategies for Strengthening Operational Components of Program

The following graphic represents the strategies Nevada 2-1-1 intends to prioritize to strengthen the core components of its program.



### 1 UPDATE AND MAINTAIN DATABASE

Updating the I&R database as soon as possible and establishing a schedule to ensure the maintenance of accurate and current information about community resources is available to consumers, caregivers and providers.

### 2 DEVELOP RELATIONSHIPS

Developing and maintaining strong relationships with providers and key stakeholders.

### 3 COORDINATE EFFORTS

Coordinating state efforts to provide streamlined access to community resources.

### 4 ENHANCE SYSTEM COMPONENTS

Enhancing 2-1-1 system components to ensure high quality and accessible services.

### 5 DIVERSIFY FUNDING

Positioning the program for successful acquisition of a diversified funding stream to equip the program to achieve its desired results.

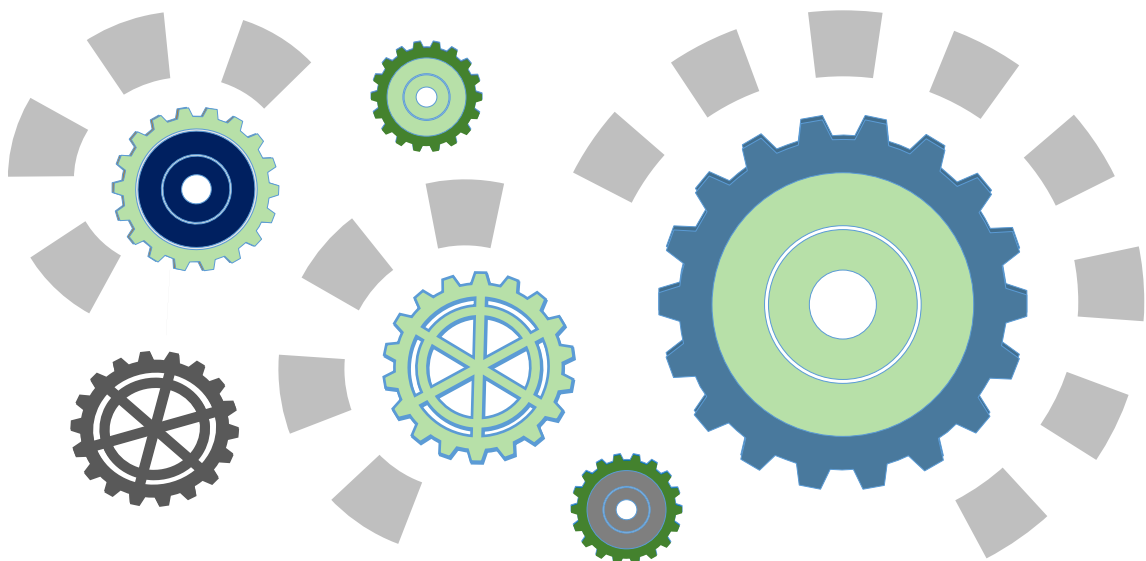
## Adaptability to Changing Conditions

Nevada 2-1-1 has demonstrated significant adaptability over the years by engaging in partnerships, responding (standing up) during an emergency, and weathering some especially lean budget years. Most recently, it has undergone a significant transition in its leadership structure and implementation provider with no break in service provision. This is a significant accomplishment given the complexity of its service delivery system. In addition, over the last year, the program has identified the need to conduct a complete overhaul of its database and redevelop its website, which it has done concurrent to providing services and engaging in a strategic planning process. All of these efforts serve as a testament to its ability to be flexible and adaptable to an ever-changing landscape.

Moving forward, the program intends to either develop or maintain the following efforts to ensure that it continues to evolve in response to the needs of its consumers and stakeholders.

- **Engage community stakeholders.** The program envisions the establishment of a group of community stakeholders that will serve to support Nevada 2-1-1 efforts, identify challenges which should be addressed, and serve to advocate on behalf of shared interests.
- **Evaluate efforts.** The program does and will continue to analyze what is working with the services (i.e., call statistics, abandonment rates and client satisfaction feedback). This information allows the program to reduce/eliminate ineffective practices and to focus on what is working.
- **Develop partnerships.** Ensure a Supportive Partnership Exists Between Nevada State and the 2-1-1 Provider: The State 2-1-1 Coordinator and the service provider (Financial Guidance Center) have and will continue to work in concert to see that the goals and objectives of the program are being met. They will establish clear roles and responsibilities for each entity to ensure accountability and progress.

Last, but not least, the Nevada 2-1-1 program recognizes that it will need to keep abreast of issues impacting 2-1-1 efforts not only at the statewide level, but at the national level as well. Some of the issues that will need to be tracked include sustainable funding, partnerships, technology, and quality assurance efforts.



## STRATEGIC FINANCING

This portion of the plan defines how the program will ensure that it has sufficient financial resources in the years to come to achieve its goals. Resource requirements as well as how revenue sources will be diversified over time are presented.

### Resource Requirements

This section summarizes the resources that are needed to carry out strategies described throughout all of the preceding sections of the plan.

#### Summary of Resource Requirements

Resource Requirements	Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
<b>Adequate Operating Budget</b>	\$1,575,596	\$1,297,375	\$1,352,148	\$1,415,234	\$1,475,622
<b>Best Practices and/or AIRS Accreditation</b>	\$129,957	\$39,110	\$8,447	\$8,447	\$8,447
<b>Eligibility &amp; Enrollment</b>	\$56,123	\$52,313	\$111,546	\$123,942	\$185,630
<b>Disaster Response</b>	\$0	\$196,171	\$93,522	\$94,288	\$95,093
<b>Service Navigation &amp; Supports</b>	\$0	\$0	\$0	\$313,483	\$311,124
<b>Total Resource Requirements</b>	<b>\$1,761,676</b>	<b>\$1,584,969</b>	<b>\$1,565,662</b>	<b>\$1,955,393</b>	<b>\$2,075,916</b>

A more detailed description of the resource requirements can be found in the appendix of this report.

### Resource Shortfall

Existing operations are supported through funding that is received primarily through the State of Nevada Department of Health and Human Services (DHHS). The table below provides a brief description of sources and the purpose of funding that Nevada 2-1-1 currently receives from DHHS.

DHHS Division	Purpose of Funding
Director's Office, Office of Community Partnerships and Grants (OCPG)	Provision of 2-1-1 services, which include operation of the 2-1-1 call center and database.
Division of Public and Behavioral Health, Maternal Child Health (MCH)	Provision of MCH specific information for their clientele.
Division of Health Care Financing and Policy, Program Research and Development (DHCFP-R&D)	Limited term infrastructure development such as website and database redevelopment, as well as various planning efforts.

In addition to the funding support provided directly by the DHHS, Financial Guidance Center (FGC), the Nevada 2-1-1 contractor, has provided significant in-kind contributions to ensure the program is operational.

Additional Resource Needs	Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
OCPG	\$700,000	\$700,000	\$700,000	\$700,000	\$700,000
MCH	\$49,590	\$49,590	\$49,590	\$49,590	\$49,590
DHCFP-R&D	\$740,366	\$0	\$0	\$0	\$0
ADMIN	\$48,900	\$48,900	\$48,900	\$48,900	\$48,900
IN-KIND	\$85,000	\$85,000	\$85,000	\$95,000	\$95,000
<b>Total Resource Secured</b>	\$1,623,856	\$883,490	\$883,490	\$893,490	\$893,490
<b>Total Resource Requirements</b>	\$1,761,676	\$1,584,969	\$1,565,662	\$1,955,393	\$2,075,916
<b>GAP Additional Resource Needs</b>	<b>\$137,820</b>	<b>\$701,479</b>	<b>\$682,172</b>	<b>\$1,061,903</b>	<b>\$1,182,426</b>

### Revenue Enhancement

Nevada 2-1-1 has already begun and will continue to work to increase and diversify its revenue streams. The program will focus on the following areas for fund development.

- Government Contracts
- Fee for Services
- Foundation Grants
- Corporate Sponsorships
- Employer Contracts
- Community Reinvestment Act Funds

Revenue Enhancements	Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
Government Contracts	\$127,820	\$374,166	\$270,626	\$547,961	\$561,796
Fee for Services	\$0	\$182,313	\$146,546	\$173,942	\$245,630
Foundation Grants	\$0	\$100,000	\$200,000	\$250,000	\$250,000
Corporate Sponsorships	\$0	\$25,000	\$35,000	\$45,000	\$55,000
Employer Contracts	\$0	\$5,000	\$10,000	\$15,000	\$30,000
Community Reinvestment Act Funds	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000
<b>Total Revenue Enhancements</b>	<b>\$137,820</b>	<b>\$701,479</b>	<b>\$682,172</b>	<b>\$1,061,903</b>	<b>\$1,182,426</b>

A more detailed description of the revenue enhancements can be found in the appendix of this report.

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
<b>Revenues</b>					
OC PG	\$700,000	\$770,000	\$847,000	\$931,700	\$1,024,870
MCH	\$49,590	\$49,590	\$49,590	\$49,590	\$49,590
ADMIN	\$48,900	\$48,900	\$48,900	\$48,900	\$48,900
IN-KIND	\$85,000	\$85,000	\$85,000	\$95,000	\$95,000
DHCFP-R&D	\$740,366	\$0	\$0	\$0	\$0
Additional Government Contracts	\$127,820	\$304,166	\$123,626	\$316,261	\$236,926
Fee for Services	\$0	\$182,313	\$146,546	\$173,942	\$245,630
Foundation Grants	\$0	\$100,000	\$200,000	\$250,000	\$250,000
Corporate Sponsorships	\$0	\$25,000	\$35,000	\$45,000	\$55,000
Employer Contracts	\$0	\$5,000	\$10,000	\$15,000	\$30,000
Community Reinvestment Act Funds	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000
<b>Total Revenue</b>	<b>\$1,761,676</b>	<b>\$1,584,969</b>	<b>\$1,565,662</b>	<b>\$1,955,393</b>	<b>\$2,075,916</b>
<b>Expenses</b>					
Personnel (Salaries, Taxes, and Benefits)	\$1,063,025	\$1,098,829	\$1,164,519	\$1,479,625	\$1,594,166
Program & Operating Expenses	\$155,885	\$226,383	\$234,483	\$271,443	\$277,293
One-time/Limited Term Infrastructure Costs	\$390,402	\$105,000	\$6,000	\$15,500	\$6,000
State Oversight/Admin Costs	\$48,900	\$48,900	\$48,900	\$48,900	\$48,900
FGC Indirect	\$103,464	\$105,857	\$111,760	\$139,925	\$149,557
<b>Total Costs/Expenses</b>	<b>\$1,761,676</b>	<b>\$1,584,969</b>	<b>\$1,565,662</b>	<b>\$1,955,393</b>	<b>\$2,075,916</b>

A more detailed description of the long-range financial plan figures can be found in the appendix of this document.

### **Contingency Plans if Funding is Not Secured**

Nevada 2-1-1 intends to diligently pursue all opportunities to ensure it can achieve the desired results set forth in this plan. However, if the program is not successful in securing all of the funding necessary, the following assumptions will be utilized to prioritize efforts.

- Maintaining existing operations will take priority over implementation of expansion efforts (plans for the future.)
  - Initial fund development activities will take place to ensure that the gap between existing/baseline funding and what is needed to provide adequate services is closed.
  - Cuts to existing staffing and operations will not occur in order to grow other areas of the program.
- Eligibility and enrollment expansion efforts will only occur if the program is successful in securing the government contracted fee for service funding goals. How big that program grows will be directly related to how many government partners have an interest in using 2-1-1 as the “no wrong door” for service entry.
- Disaster response will require significant infrastructure development. Fund development activities will be sought to support such infrastructure development prior to implementation funding.

Service navigation and supports is a long-term goal and the funding necessary to support these efforts will be pursued only after other areas of expansion have been realized.



## FRAMEWORK FOR ACTION

### Goals and Objectives

The following goals and objectives were developed to address the most critical issues facing the Nevada 2-1-1 program. This framework is intended to guide the actions of the program from July 2016 through June 2021.

#### **Goal #1: Enhance 2-1-1 system components to ensure high-quality and accessible services.**

- Objective 1.1: Update and maintain an accurate and current I&R **database**.
- Objective 1.2: Redevelop the 2-1-1 **website** to ensure better functionality, easier navigation, and mobile optimization.
- Objective 1.3: Establish **high quality** service delivery policies and practices.
- Objective 1.4: Develop the infrastructure necessary to provide information dissemination in **response to a disaster** and/or emergency.
- Objective 1.5: Assess the feasibility and implement (if possible), **service navigation support** for Nevada 2-1-1 consumers.
- Objective 1.6: Assess the feasibility and implement (if possible), expanded **eligibility and enrollment assistance** for Nevada 2-1-1 consumers.

#### **Goal #2: Engage, inform and equip providers and system stakeholders to support the efforts of Nevada 2-1-1.**

- Objective 2.1: Develop and maintain strong **relationships** with **providers**.
- Objective 2.2: Establish formal working **partnerships** with **service partners** (crisis call centers, emergency responders and medical facilities).
- Objective 2.3: **Coordinate state efforts** to provide streamlined access to community resources through Nevada 2-1-1.
- Objective 2.4: **Provide trend data** on population service needs to providers and systems stakeholders.

#### **Goal #3: Establish a diversified funding stream to support existing efforts and plans for expansion.**

- Objective 3.1: Identify, explore and secure funding through **state contracts and fee for service arrangements**.
- Objective 3.2: Establish **funding partnerships** with mission-aligned **private sector** and **philanthropic organizations**.
- Objective 3.3: Pursue the possibility of **providing 2-1-1 services as a product** which may be sold to other community partners or employers.
- Objective 3.4: **Work with United Way organizations** in the state to identify mutual interests and a partnership approach to fund development.

## Implementation Plan

The following table highlights the goals, objectives, timing, milestones and benchmarks for strategic plan action. This table will be used as a management tool to track and communicate the progress being made by the program.

Goal 1. Enhance 2-1-1 system components to ensure high-quality and accessible services.				
Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 1.1:</b>  <b>Update and maintain an accurate and current I&amp;R database.</b>	<b>1.1.1 Overhaul existing database</b> to ensure information is accurate and current. <ul style="list-style-type: none"> <li>Utilizing a standard taxonomy – re-categorize the way information is stored in database.</li> <li>Update information for existing providers.</li> <li>Remove resources that are no longer available or non-responsive to information update requests.</li> </ul>	December 2016	Efforts led by Financial Guidance Center (FGC) with support by The State of Nevada Director's Office - Department of Health and Human Services (DHHS) in acquiring funding needed to conduct overhaul efforts.	<ul style="list-style-type: none"> <li>95% of all resources contained within the Nevada 2-1-1 database have been updated on <b>at least</b> an annual basis.</li> <li>Providers <b>and</b> Consumers surveyed were either satisfied or extremely satisfied with the information available through the Nevada 2-1-1 database/website.<sup>6</sup> <ul style="list-style-type: none"> <li>➤ 75% in 2017</li> <li>➤ 80% in 2018</li> <li>➤ 85% in 2019 and beyond</li> </ul> </li> <li>Providers surveyed indicate that it was either easy or extremely easy to update their information in the Nevada 2-1-1 database. <ul style="list-style-type: none"> <li>➤ 75% in 2017</li> <li>➤ 80% in 2018</li> <li>➤ 85% in 2019 and beyond</li> </ul> </li> </ul>
	<b>1.1.2 Assess data platform</b> (December 2016) and identify if alternative option (March 2017) or a technological solution exists to update provider information more efficiently.	March 2017		
	<b>1.1.3 Coordinate with other database providers</b> to establish a streamlined approach to provider updates.	December 2017	Efforts led by DHHS.	

<sup>6</sup> Every provider will be surveyed and all website users (within a specific timeframe) will be offered the option of completing a satisfaction survey.

**Goal 1. Enhance 2-1-1 system components to ensure high-quality and accessible services.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 1.1: (CONT.)</b>  <b>Update and maintain an accurate and current I&amp;R database.</b>	1.1.4 Refine <b>database management policies and procedures</b> to ensure AIRS alignment and systematic approach to maintaining an accurate and current database.	December 2016	Efforts led by FGC.	<ul style="list-style-type: none"> <li>Database Management Policy and Procedures Manual (which should incorporate use of the AIRS Style Guide.)</li> </ul>
	1.1.5 Tie <b>provider's 2-1-1 database updates to annual regulatory and/or grantor requirements.</b> <ul style="list-style-type: none"> <li>Secretary of State - requiring updates as a component of annual filing.</li> <li>Granting agencies (ex: County, State, and United Way Organizations) – requiring updates as a component of funding.</li> </ul>	June 2018	Efforts led by DHHS with support from FGC.	<ul style="list-style-type: none"> <li>Inclusion/Exclusion Policy.</li> <li>MOUs with regulatory and granting agencies describing their intention to require 2-1-1 updates as a component of filings, licensing, and/or funding.</li> </ul>
<b>Objective 1.2:</b>  <b>Redevelop the 2-1-1 website to ensure better functionality, easier navigation, and mobile optimization.</b>	1.2.1 <b>Conduct an analysis</b> on existing website to identify what works and what needs to be improved based on best practices and other 2-1-1 websites.	January 2016	Efforts led by the Website Consultant with participation by DHHS and FGC.	<ul style="list-style-type: none"> <li>Redeveloped website deployment with mobile optimization.</li> <li>75% of providers <b>and</b> 75% of consumers surveyed indicate that it was either easy or extremely easy to navigate the website.</li> <li>People surveyed who used the website indicated that they had or would recommend the resource to a friend, family member and/or colleague.               <ul style="list-style-type: none"> <li>➤ 60% in 2017</li> <li>➤ 65% in 2018</li> <li>➤ 70% in 2019 and beyond</li> </ul> </li> </ul>
	1.2.2 Work with Consultant firm to <b>redevelop website</b> based on analysis.	April 2016		
	1.2.3 <b>Survey providers and consumers</b> to identify if redeveloped website better suits their needs.	October 2016	Efforts led by DHHS with support by FGC.	
	1.2.4 <b>Make final adjustment</b> to website based on survey results.	June 2017	Efforts led by the Website Consultant.	

**Goal 1. Enhance 2-1-1 system components to ensure high-quality and accessible services.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 1.3:</b>  <b>Establish high quality service delivery policies and practices.</b>	1.3.1 <b>Review AIRS standards</b> and assess how the standards may best serve the needs of Nevada 2-1-1, consumers and providers. <sup>7</sup>	December 2016	Efforts led by FGC with support DHHS.	<ul style="list-style-type: none"> <li>Service Delivery Standards and/or Policies and Practices.</li> <li>CQI Plan.</li> <li>90% of consumers surveyed indicated they had a positive experience accessing assistance through Nevada 2-1-1.</li> </ul>
	1.3.2 Based on the assessment conducted in previous step, <b>develop an action plan</b> to ensure high quality service delivery (either through AIRS accreditation or AIRS alignment).	March 2017		
	1.3.3 <b>Implement action plan</b> , establishing policies and practices consistent with high quality service delivery.	December 2017	Efforts led by FGC.	
	1.3.4 Conduct <b>continuous quality improvement (CQI)</b> activities to ensure ongoing high quality service delivery practices.	Annually 2018 and beyond	Efforts led by FGC.	
<b>Objective 1.4:</b>  <b>Develop the infrastructure necessary to provide information dissemination in response to a disaster and/or emergency.</b>	1.4.1 <b>Conduct research</b> to 1) identify other state approaches to disaster response, and 2) current system capacity and needs related to disaster response in Nevada.	October 2016	Efforts led by the Galena Property Development with participation by DHHS <u>and</u> FGC.	<ul style="list-style-type: none"> <li>Disaster Response Situational Analysis.</li> <li>Establishment of MOUs with county emergency management entities identifying Nevada 2-1-1 as a partner in disaster response.</li> </ul>
	1.4.2 <b>Secure the necessary partnerships</b> to develop and implement disaster response throughout the state.	December 2016		

<sup>7</sup> AIRS standards should be reviewed not only for quality assurance purposes, but also for long-term sustainability and financial benefits of being AIRS accredited.

**Goal 1. Enhance 2-1-1 system components to ensure high-quality and accessible services.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 1.4: (CONT.)</b>  <b>Develop the infrastructure necessary to provide information dissemination in response to a disaster and/or emergency.</b>	1.4.3 <b>Complete a Disaster Response Plan</b> utilizing FEMA guidelines and AIRS standards. <sup>8</sup>	January 2017	Efforts led by the Galena Property Development with participation by DHHS <b>and</b> FGC.	<ul style="list-style-type: none"> <li>Disaster Response Plan.</li> <li>Training Manual for disaster response.</li> <li>Technical infrastructure in place to accommodate disaster response call volume.</li> <li>Recruitment and training of at least 12 on-call volunteers available for disaster response.</li> </ul>
	1.4.4 Train <b>existing staff</b> (call specialists) on 2-1-1 disaster response utilizing existing resources.	May 2017		
	1.4.5 <b>Build technical infrastructure</b> to handle increased call volume during a disaster response. <i>(Contingent upon funding)</i>	October 2017	Efforts led by FGC with support by DHHS in acquiring funding needed.	
	1.4.6 <b>Establish volunteer resources</b> - train and equip them to respond in the event of a disaster/emergency. <i>(Contingent upon funding)</i>	April 2018	Efforts led by FGC.	
<b>Objective 1.5:</b>  <b>Assess the feasibility and implement (if possible), service navigation support for Nevada 2-1-1 consumers.</b>	1.5.1 Evaluate the feasibility of a technology solution that would <b>connect 2-1-1 callers more directly to a referral source.</b>	June 2017	Efforts led by FGC in coordination with Community Ambassador Group and DHHS.	<ul style="list-style-type: none"> <li>Research brief on other 2-1-1 program approaches to implementing service navigation support assistance.</li> <li>Secure the following resources to sufficiently fund services:<sup>9</sup> <ul style="list-style-type: none"> <li>➤ \$313,483 in 2020</li> <li>➤ \$311,124 in 2021</li> </ul> </li> </ul>
	1.5.2 Conduct <b>research</b> on how other 2-1-1 programs provide additional support to 2-1-1 callers, such as service navigation assistance, advocacy and follow-up.	January 2018		

<sup>8</sup> Disaster response plan should provide information on how FGC will respond to an emergency with existing resources as well as with increased organizational capacity (technical infrastructure/volunteer resources).

<sup>9</sup> These are estimates that will be refined based on completion of steps 1.5.2 and 1.5.3.

**Goal 1. Enhance 2-1-1 system components to ensure high-quality and accessible services.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 1.5: (CONT.)</b>  <b>Assess the feasibility and implement (if possible), service navigation support for Nevada 2-1-1 consumers.</b>	1.5.3 Identify the <b>best approach</b> for NV 2-1-1 to implement <b>service navigation support</b> to 2-1-1 callers.	March 2018	Efforts led by FGC in coordination with Community Ambassador Group and DHHS.	<ul style="list-style-type: none"> <li>Annual report of services provided through enhanced service navigation support efforts.</li> </ul>
	1.5.4 Secure <b>financial resources</b> necessary to implement service navigation support to 2-1-1 callers.	January 2019	Efforts led by Outreach and Engagement Specialist with support by DHHS <u>and</u> FGC.	
	1.5.5 Train <b>Call Specialists</b> on how to provide service navigation support to 2-1-1 callers.	March 2019	Efforts led by FGC.	
	1.5.6 Implement <b>service navigation support</b> for Nevada 2-1-1 callers.	July 2019	Efforts led by FGC.	
<b>Objective 1.6:</b>  <b>Assess the feasibility and implement (if possible), expanded eligibility and enrollment assistance for Nevada 2-1-1 consumers.</b>	1.6.1 Closely <b>track and document</b> pilot project with DHCFP in conducting Level 1 Screenings to identify the resources needed to provide expanded eligibility and enrollment assistance.	July 2017	Efforts led by FGC	<ul style="list-style-type: none"> <li>Report describing successes and lessons learned from DHCFP pilot project.</li> <li>Project plan and budget for eligibility and enrollment assistance.</li> </ul>
	1.6.2 <b>Identify other agencies/organizations</b> that could utilize Nevada 2-1-1 as an entryway and/or eligibility portal to their services.	September 2017	Efforts led by DHHS with support from FGC.	

**Goal 1. Enhance 2-1-1 system components to ensure high-quality and accessible services.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 1.6: (CONT.)</b>  <b>Assess the feasibility and implement (if possible), expanded eligibility and enrollment assistance for Nevada 2-1-1 consumers.</b>	1.6.3 Develop a <b>template project plan</b> and <b>draft budget</b> for potential agencies / organizations.	November 2017	Efforts led by FGC.	<ul style="list-style-type: none"> <li>Secure the following resources to sufficiently fund services:<sup>10</sup> <ul style="list-style-type: none"> <li>➤ \$56,123 in 2017</li> <li>➤ \$52,313 in 2018</li> <li>➤ \$111,546 in 2019</li> <li>➤ \$123,942 in 2020</li> <li>➤ \$185,630 in 2021</li> </ul> </li> <li>Annual report of services provided through eligibility and enrollment assistance.</li> </ul>
	1.6.4 Meet <b>with agencies/organizations</b> to explore the possibility of partnership.	January 2018	Efforts led by Outreach and Engagement Specialist with support by DHHS <u>and</u> FGC.	
	1.6.5 Secure <b>contracts</b> necessary to implement additional eligibility and enrollment services.	March 2018		
	1.6.6 <b>Train Call Specialists</b> on how to implement eligibility and enrollment services.	June 2018	Efforts led by FGC.	
	1.6.7 Implement <b>expanded eligibility and enrollment services</b> .	July 2018	Efforts led by FGC.	

<sup>10</sup> These are estimates that were used to develop the strategic financing section of the plan. They will be refined based on completion of steps 1.6.3, 1.6.4, and 1.6.5

**Goal 2. Engage, inform and equip providers and system stakeholders to support the efforts of Nevada 2-1-1.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 2.1:</b>  <b>Develop and maintain strong relationships with providers.</b>	2.1.1 <b>Secure resources</b> needed to implement relationship development and outreach activities. <sup>11</sup>	September 2016	Efforts led by DHHS.	<ul style="list-style-type: none"><li>• Communication Plan.</li><li>• 12 Community Partnership meetings conducted across the state focused on educating and informing providers about NV 2-1-1, its strategic plan, and recent enhancements.</li><li>• Sitting Community Ambassadors group that includes at least 15 providers from across the state <b>and</b> that meets on a quarterly basis to seek/share information.</li><li>• Annual Survey issued with results documented and corresponding action publicized.</li><li>• 95% of all resources contained within the Nevada 2-1-1 database have been updated on <b>at least</b> an annual basis. (REPEAT OF BENCHMARK FROM OBJECTIVE 1.1 )</li></ul>
	2.1.2 Establish <b>Communication Goals</b> and Strategies (including key messages).	December 2016	Efforts led by marketing agency in coordination with FGC and DHHS and in conjunction with BIP Sustainability Plan.	
	2.1.3 <b>Educate, Inform, and engage</b> providers about Nevada 2-1-1. <sup>12</sup>	April 2017	Efforts led by FGC.	
	2.1.4 Establish <b>Community Ambassador Group</b> made up of providers from across the state to serve as a mechanism for input/output of information for Nevada 2-1-1 efforts. <sup>13</sup>	June 2017	Efforts led by FGC in coordination with DHHS.	
	2.1.5 Conduct <b>an annual survey</b> to identify the ongoing needs of providers and satisfaction with Nevada 2-1-1 services.	September 2017 and every year thereafter		

<sup>11</sup> The State of Nevada, Director's Office will solicit support from DHCFP to fund an Outreach and Engagement Specialist who can work on implementation of relationship building/outreach activities. It will also work with DHCFP to support acquisition of a Communications Firm/Consultant. If funding is not secured to support such a position, this portion of the implementation plan will need to be revisited.

<sup>12</sup> Nevada 2-1-1 should share information about the program, recent enhancements, and strategic plan priorities. Nevada 2-1-1 should also acknowledge the feedback received by providers, and inquire as to how Nevada 2-1-1 can be an effective partner to community agencies. Nevada 2-1-1 should also clearly communicate the mutual benefit of maintaining an updated and current referral database and emphasize the provider's role in making that happen.

<sup>13</sup> Ambassador group should be made up of those key stakeholders from across the state who have significant influence in the fields related to 2-1-1's mission and activities.

**Goal 2. Engage, inform and equip providers and system stakeholders to support the efforts of Nevada 2-1-1.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 2.2:</b>  <b>Establish formal working partnerships with service partners.</b> <ul style="list-style-type: none"> <li>• Crisis Call Centers</li> <li>• Regional Hubs</li> <li>• Emergency Responders</li> <li>• Volunteer Agencies</li> <li>• Medical Facilities</li> </ul>	2.2.1 Identify and build relationships with <b>service providers</b> that are critical to the achievement of Nevada 2-1-1 desired results.	April 2017	Efforts led by FGC.	<ul style="list-style-type: none"> <li>• (Number of) MOUs established and updated every other year.</li> <li>• At least 75% of system stakeholders surveyed indicated that their partnership with Nevada 2-1-1 was active and worthwhile.</li> </ul>
	2.2.2 Solicit formal <b>Memorandum of Understanding (MOU)</b> documents which demonstrate partnership agreements.	September 2017	Efforts led by FGC.	
	2.2.3 Establish a mechanism for <b>ongoing and regular communication</b> between Nevada 2-1-1 and service partners.	December 2017 and beyond	Efforts led by FGC.	
<b>Objective 2.3:</b>  <b>Coordinate state efforts to provide streamlined access to community resources through Nevada 2-1-1.</b>	2.3.1 <b>Meet</b> with the following <b>state agencies/programs</b> that promote I&R services in an attempt to streamline efforts. <ul style="list-style-type: none"> <li>• Governor's Office for Consumer Health Assistance (GovCHA)</li> <li>• Department of Health and Human Services (DHHS) Project Assist</li> <li>• Division of Child &amp; Family Services (DCFS)</li> <li>• Aging and Disability Services/Aging and Disability Resource Center (ADSD/ADRC)</li> <li>• Nevada Department of Veteran's Services</li> <li>• Division of Public and Behavioral Health               <ul style="list-style-type: none"> <li>- Maternal Child Health (MCH)</li> <li>- Home Visiting Program</li> </ul> </li> <li>• State of Nevada - Emergency Management Services</li> </ul>	January 2018	Efforts led by the State of Nevada DHHS in conjunction with NWD Strategic Plan Implementation.	<ul style="list-style-type: none"> <li>• (Number of) MOUs with State agencies adopted which detail how each agency will work with Nevada 2-1-1 to become the centralized I&amp;R resource for Nevada, including any applicable cost allocations.</li> </ul>

**Goal 2. Engage, inform and equip providers and system stakeholders to support the efforts of Nevada 2-1-1.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 2.3: (CONT.)</b>  <b>Coordinate state efforts to provide streamlined access to community resources through Nevada 2-1-1.</b>	2.3.2 Establish <b>MOUs</b> that describe agreements made to streamline I&R efforts across state agencies/programs.	August 2018	Efforts led by DHHS.	
	2.3.3 Communicate <b>with providers</b> about agreements made to streamline access to community resources through Nevada 2-1-1. <sup>14</sup>	September 2019	Efforts led by FGC with support from the Community Ambassador Group.	
<b>Objective 2.4:</b>  <b>Provide trend data on population service needs to providers and systems stakeholders.</b>	2.4.1 <b>Identify</b> the <b>type of data</b> to be collected, the <b>occurrence level</b> of analysis and the <b>distribution</b> list and strategy.	January 2019	Efforts led by FGC in coordination with Community Ambassador Group.	<ul style="list-style-type: none"> <li>Quarterly reports of referrals provided to each agency listed in the database will be generated and sent out electronically.</li> <li>Trend Data Reports will be posted on the 2-1-1 website annually (at minimum).</li> </ul>
	2.4.2 Establish the necessary <b>data management systems</b> and practices to collect and analyze data.	June 2019	Efforts led by FGC.	
	2.4.3 Produce <b>trend data reports</b> and <b>distribute</b> to providers and system stakeholders (to include elected officials) on a regular basis.	August 2020	Efforts led by FGC.	

<sup>14</sup> This should happen through information dissemination at and through the Community Ambassadors Group.

Goal 3. Establish a diversified funding stream to support existing efforts and plans for expansion.				
Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 3.1:</b>  <b>Identify, explore and secure funding through state contracts and fee for service arrangements.</b>	3.1.1 Advocate for and provide legislative testimony to <b>maintain/increase Fund for a Healthy Nevada funding</b> in support of Nevada 2-1-1.	2017 and every bi-annual legislative cycle thereafter	Efforts led by FGC with support from the Community Ambassador Group (once formed).	<ul style="list-style-type: none"> <li>• Increase Fund for a Healthy Nevada resources by 10% bi-annually.</li> </ul>
	3.1.2 Identify <b>additional state contract and fee for service opportunities</b> that are aligned with Nevada 2-1-1 current efforts and future plans.	December 2016 and beyond	Efforts led by DHHS with support from FGC.	<ul style="list-style-type: none"> <li>• Secure additional state contracts according to strategic financing goals.</li> <li>• Secure additional fee for service opportunities according to strategic financing goals.</li> </ul>
	3.1.3 Secure <b>state contracts and fee for service arrangements</b> according to strategic financing goals.	July 2017 and beyond		
<b>Objective 3.2:</b>  <b>Establish funding partnerships with mission-aligned private sector and philanthropic organizations.</b>	3.2.1 Develop <b>fundraising systems and resources</b> needed to implement fund development activities. <sup>15</sup>	September 2016	Efforts led by DHHS.	<ul style="list-style-type: none"> <li>• Secure funding partnerships with private sector and philanthropic organizations according to strategic financing goals.</li> </ul>
	3.2.2 Identify <b>mission-aligned</b> private sector and philanthropic <b>organizations</b> . <sup>16</sup>	December 2016	Efforts led by Outreach and Engagement Specialist with support by DHHS <u>and</u> FGC.	

<sup>15</sup> DHHS will solicit support from DHCFP to fund an Outreach and Engagement Specialist who can work on implementation of fund development activities. If funding is not secured to support such a position, this portion of the implementation plan will be revisited.

<sup>16</sup> This activity should support/be supported by other partnership development efforts occurring earlier in the plan.

**Goal 3. Establish a diversified funding stream to support existing efforts and plans for expansion.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 3.2: (CONT.)</b>  <b>Establish funding partnerships with mission-aligned private sector and philanthropic organizations.</b>	3.2.3 Nurture <b>a relationship</b> with organizations identified, sharing information about Nevada 2-1-1 efforts, and linking those efforts to issues important to such organizations (shared outcomes).	April 2017	Efforts led by Outreach and Engagement Specialist with support by FGC.	
	3.2.4 Seek out and <b>secure resources</b> from mission-aligned private sector and philanthropic organizations.	July 2017 and beyond	If/when Outreach and Engagement Specialist is not available, FGC will become the default lead in these efforts.	
<b>Objective 3.3:</b>  <b>Pursue the possibility of providing 2-1-1 services as a product which may be sold to other community partners or employers.</b>	3.3.1 <b>Identify Nevada 2-1-1 services that can be sold</b> as a “product.” <sup>17</sup>	December 2017	Efforts led by Outreach and Engagement Specialist with support by DHHS <u>and</u> FGC.	<ul style="list-style-type: none"> <li>NV 2-1-1 Sales Portfolio(s).<sup>18</sup></li> <li>Secure undesignated revenue stream according to strategic financing goals.</li> </ul>
	3.3.2 Conduct <b>a market scan</b> , identifying target markets - private or public community partners and/or employers that may have an interest in any/all of the 2-1-1 “products.”	June 2018	Efforts led by Outreach and Engagement Specialist with support by FGC.	

<sup>17</sup> Ideally, the Outreach and Engagement Specialist will make significant progress on this objective over the course of FY 16-17. However the Plan established later completion dates in the event that the Specialist cannot be secured during the timeframe and/or the Specialist’s efforts are monopolized by completing Objective 3.2 (as that takes precedence over Objective 3.3).

<sup>18</sup> The sales portfolio should include information about each Nevada 2-1-1 opportunity/service that could be “sold” to others, including collateral materials that make each service appealing to the target audience(s) (as identified in the market scan).

**Goal 3. Establish a diversified funding stream to support existing efforts and plans for expansion.**

Objective	Strategies	Timeline for Completion	Partners in Action / Responsible Parties	Benchmarks for Measuring Success
<b>Objective 3.3: (CONT.)</b>  Pursue the possibility of providing 2-1-1 services as a product that may be sold to other community partners or employers.	3.3.3 Develop a <b>sales portfolio</b> of each product for each target market.	December 2018	Efforts led by Outreach and Engagement Specialist with support by FGC.	
	3.3.4 Actively pursue target market to <b>secure resources</b> for product sales.	June 2019	If/when Outreach and Engagement Specialist is not available, FGC will become the default lead in these efforts.	
<b>Objective 3.4:</b>  Work with United Way organizations in the state to identify mutual interests and a partnership approach to fund development.	3.4.1 Research <b>priorities</b> of Nevada and national United Way organizations, identifying mutual interests between them and Nevada 2-1-1.	December 2016	Efforts led by Outreach and Engagement Specialist with support by DHHS <u>and</u> FGC.	<ul style="list-style-type: none"><li>MOU with both Nevada United Way Organizations.</li></ul>
	3.4.2 Meet <b>with Nevada United Way organizations</b> to explore opportunities to partner effectively and secure resources for Nevada 2-1-1.	April 2017	Efforts led by FGC in coordination with DHHS.	
	3.4.3 Establish a <b>partnership</b> that provides mutual benefits between United Way organizations and Nevada 2-1-1.	June 2017		

## 2016

Redevelop NV 2-1-1 website.

Secure two Outreach and Engagement Specialist to support partnerships and sustainability efforts.

Coordinate with Marketing Agency to establish outreach approach.

Refine database management policies and procedures.

Review AIRS standards and assess how best to implement them for NV 2-1-1.

Establish communication goals and strategies (specific to providers).

Identify mission-aligned private sector and philanthropic organizations.

Research the priorities of Nevada and National United Way organizations.

Overhaul existing NV 2-1-1 Database.

Implement Medicaid Level 1 screening pilot project.

## 2017

Complete NV 2-1-1 disaster response plan.

Assess NV 2-1-1 data platform and make any changes necessary.

Coordinate with other database providers to establish a streamlined approach to updates.

Develop and implement a plan for best practices implementation.

Train existing staff on implementation of disaster response plan.

Build technical infrastructure necessary for disaster response.

Educate, inform, and engage providers about Nevada 2-1-1.

Establish Community Ambassador Group.

Conduct an annual consumer and provider satisfaction survey.

Identify/build/maintain relationships with NV 2-1-1 system stakeholders.

- Complimentary providers
- Emergency Management Agencies
- United Way Organizations

Identify and secure funding from mission-aligned private sector and philanthropic organizations.

Advocate for increased revenue from Fund for a Healthy Nevada.

Identify and secure government and fee for service contracts.

Identify Nevada 2-1-1 services that can be sold as a "product."

## 2018

Tie providers' 2-1-1 database updates to annual regulatory and/or grantor requirements.

Establish volunteer resources, train and equip them to respond to disasters.

Conduct an annual consumer and provider satisfaction survey.

Streamline I&R efforts throughout state government.

Implement continuous quality improvement efforts.

Identify and secure government and fee for service contracts.

Identify and secure funding from mission-aligned private sector and philanthropic organizations.

Conduct research and preparation necessary to sell Nevada 2-1-1 services as a "product."

Expand enrollment and eligibility services (if funding to support efforts are secured).

## 2019

Conduct an annual consumer and provider satisfaction survey.

Implement continuous quality improvement efforts.

Advocate for increased revenue from Fund for a Healthy Nevada.

Identify and secure government and fee for service contracts.

Identify and secure funding from mission-aligned private sector and philanthropic organizations.

Sell Nevada 2-1-1 services as a "product."

Implement service navigation and support component of 2-1-1 service delivery plans for the future (if funding to support efforts are secured).

## 2020

Produce and distribute trend reports to providers and key stakeholders.

Conduct an annual consumer and provider satisfaction survey.

Implement continuous quality improvement efforts.

Identify and secure government and fee for service contracts.

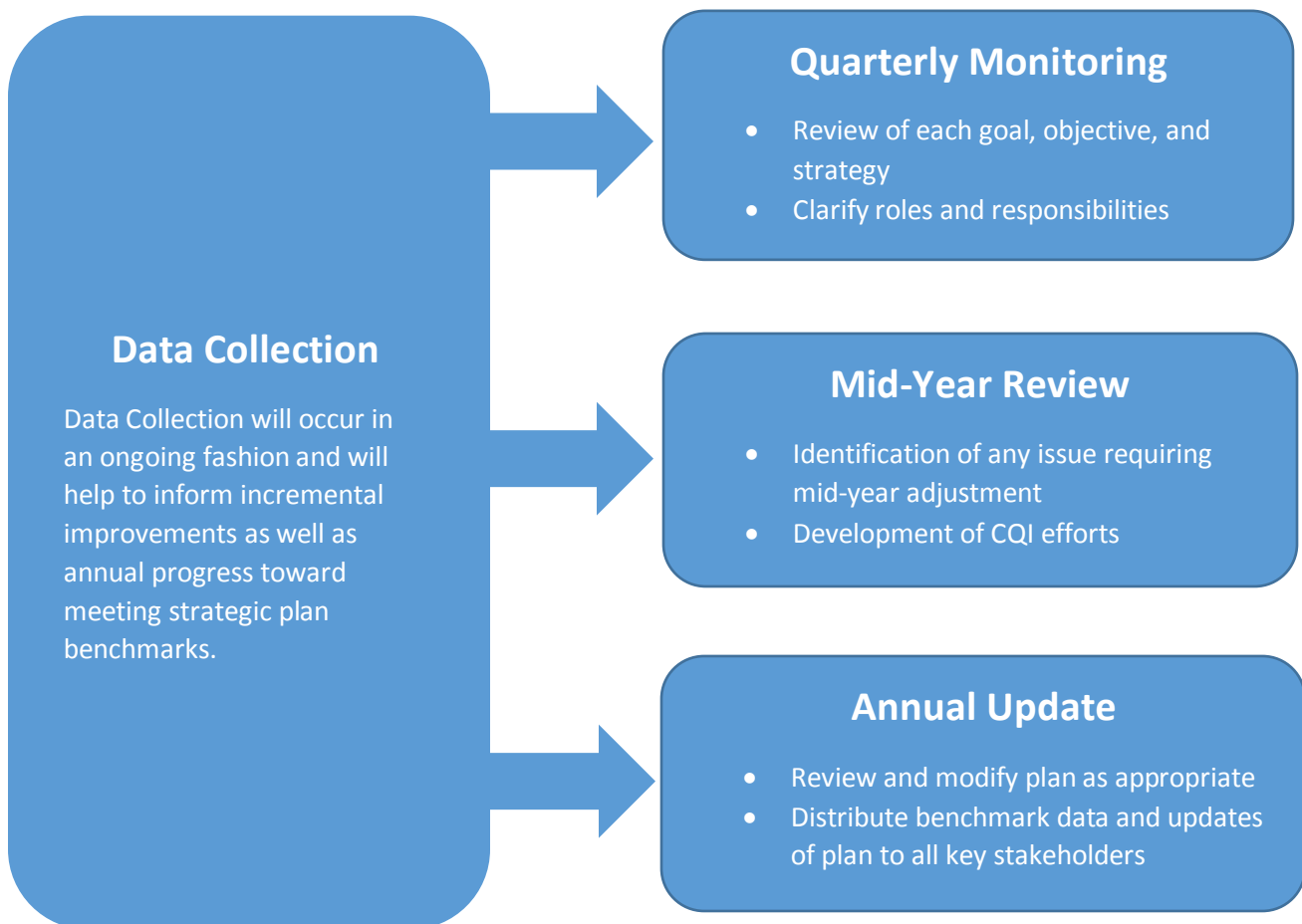
Identify and secure funding from mission-aligned private sector and philanthropic organizations.

Sell Nevada 2-1-1 services as a "product."

Expand enrollment and eligibility services (if funding to support efforts are secured).

## EVALUATING AND UPDATING THE PLAN

This plan will be used as a management tool to direct the activities of the Nevada 2-1-1 program with clarity amongst all implementation partners and in a manner that ensures partnership and transparency in the process. To accomplish this, all activities will be monitored on a quarterly basis in a joint meeting between DHHS and FGC, where issues can be identified and actions established if needed. Additionally, a mid-year review of the plan will be presented to a community group. In year 1 of the plan, this group will be made up of the Workgroup members that established the strategic plan. In years 2 and beyond, the Community Ambassador Group will serve this function. On an annual basis the plan will be reviewed and updated by DHHS with input by both FGC as well as the Community Ambassador group.



## APPENDIX

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## Organizational Self-Assessment Results

In order to be recognized as a best practice model of Information and Referral (I&R) services, many 2-1-1 programs have become accredited through the Alliance for Information and Referral Systems (AIRS). AIRS is a professional association of more than 5,000 individuals and organizations that supports numerous state and regional affiliates. It is considered the international voice of information and referral, and the driving force behind high quality services. AIRS has established a set of standards as a framework for accreditation at the program/organization level and certification at the individual level.<sup>19</sup>

The Financial Guidance Center (FGC), as the implementation agency for Nevada 2-1-1, completed a self-assessment as a mechanism to identify the organization's current capacity to implement core functions of a best practice model of information and referral services. The self-assessment tool was developed by combining two resources provided directly by AIRS in preparation for accreditation purposes as well as the AIRS standards themselves. A custom tool was developed specifically for the Nevada 2-1-1 strategic planning process.

### Methods

The self-assessment tool was reviewed and approved by the Nevada 2-1-1 Strategic Plan Workgroup and provided directly to FGC for completion. FGC leadership met and rated the organization independently, providing the collective results to SEI for analysis and presentation herein.

### Results

The graphic below and corresponding table offer an average for a series of questions posed within each category of the self-assessment. The organizational results provide a detailed review of how each area question area within the categories was scored by the program. It is important to note that FGC has been the vendor for Nevada 2-1-1 for less than a year when interpreting these results.



<sup>19</sup> Retrieved on February 25, 2016 from: <http://www.airs.org/i4a/pages/index.cfm?pageid=3285>

Capacity by Core Function	Average	Level
Service Delivery	3.14	Moderate Level of Capacity in Place
Resource Database	1.50	Basic Level of Capacity in Place
Reports and Measures	4.00	High Level of Capacity in Place
Cooperative Relationships	2.80	Moderate Level of Capacity in Place
Disaster Preparedness	2.50	Basic Level of Capacity in Place
Organizational Effectiveness	3.39	Moderate Level of Capacity in Place

Service Delivery	Yes Requires no further development 4	Partially Requires additional development 3	Partially Requires substantial development 2	No Requires complete development 1
Do you have policies and procedures for handling I&R calls/contacts?		✓		
Do you have a documented system to train I&R staff on call/contact handling?			✓	
Do you have a Confidentiality Policy? Is it followed?	✓			
Do you have other methods through which the community can access information?	✓			
Do you have procedures for advocating on behalf of callers/contacts? Is advocacy actually undertaken and documented?				✓
Do you have Crisis Call procedures and how is that conveyed to staff?	✓			
Do you have follow-up procedures (when you follow-up, etc.)? Do you know how many follow-ups you conduct and their outcomes?	✓			

Resource Database	Yes Requires no further development 4	Partially Requires additional development 3	Partially Requires substantial development 2	No Requires complete development 1
Are all of your resource database procedures documented?			✓	
Do you have an inclusion/exclusion policy that has been reviewed within the last 12 months and involved community feedback?	✓			

Reports and Measure	Yes Requires no further development 4	Partially Requires additional development 3	Partially Requires substantial development 2	No Requires complete development 1
Do you distinguish the different call/contact types by activity (e.g. Assessment and Referral, Information, Advocacy, etc.)?	✓			
Do you document the information collected about your clients and their needs?	✓			
Do you have a report that shows your overall I&R activities?	✓			
Is your reporting shared with the community and key stakeholders?	✓			

Cooperative Relationships	Yes Requires no further development 4	Partially Requires additional development 3	Partially Requires substantial development 2	No Requires complete development 1
Do you have relationships with other I&R services in your community?				✓
Do you engage in planning activities with other I&R services?				✓
Do you participate in activities with your AIRS Affiliate?	✓			
Do you build cooperative relationships with service providers and other organizations?	✓			
Do you actively engage in community issues?	✓			

Disaster Preparedness	Yes Requires no further development 4	Partially Requires additional development 3	Partially Requires substantial development 2	No Requires complete development 1
Do you have an Emergency Operations Business Contingency Plan?	✓			
Do you regularly practice your emergency procedure plan?		✓		
Do you have a relationship with emergency management personnel?			✓	
Do you participate in community exercises in preparation for disasters/emergencies?				✓

Organizational Effectiveness	Yes Requires no further development  4	Partially Requires additional development  3	Partially Requires substantial development  2	No Requires complete development  1
Does your governance body understand your I&R service and its role in the community?	✓			
Do the key agencies within your community understand your I&R service and its role, and are they likely to comment favorably if surveyed?			✓	
Do you engage in public policy/system advocacy activities?	✓			
Does your technology have policies and procedures (backup, maintenance, etc.)?	✓			
Does your staff reflect the community you serve?	✓			
Do you have job descriptions and a hiring/evaluation process?	✓			
If you have I&R Specialists who work from home, are there set policies and procedures?		Not Applicable		
Do you have written goals and objectives for training?			✓	
Do you have a training program that is consistent with AIRS ABCs of I&R?	✓			
Do you have training materials geared for both I&R Specialists and Resource Specialists?		✓		
Do you have evaluation measures for the trainee and the trainer?		✓		
Do you have ongoing training and professional development for staff?		✓		
Is 50%+ of your frontline staff certified?			✓	
Do you have an outreach plan and is it tracked and evaluated?			✓	
Do you create and use reports for program evaluation?	✓			
Do you monitor staff performance (both individually & as a team)?	✓			
Do you have a process for addressing performance issues?	✓			
Do you conduct customer satisfaction/quality assurance surveys to improve performance?	✓			
Do you examine the effectiveness of I&R program to improve service delivery outcomes?	✓			

## Detailed Financial Information

### Resource Needs and Requirements

This appendix document describes in detail the costs associated with all components of 2-1-1 implementation, which include: 1) baseline funding, which details the resources and funding that the program currently manages in implementation of Nevada 2-1-1 services, 2) what is needed to fully develop organizational capacity to support existing service needs, and 3) what is required for Nevada to realize its potential.

### Baseline Funding

Existing operations are supported through funding that is received primarily through the State of Nevada Department of Health and Human Services (DHHS). The table below provides a brief description of the sources and the purpose of funding that Nevada 2-1-1 currently receives from DHHS.

DHHS Division	Purpose of Funding
Director's Office, Office of Community Partnerships and Grants	Provision of 2-1-1 services which include operation of the 2-1-1 call center and database.
Division of Public and Behavioral Health, Maternal Child Health (MCH)	Provision of MCH specific information for their clientele.
Division of Health Care Financing and Policy, Program Research and Development	Limited term infrastructure development such as website and database redevelopment, as well as various planning efforts.

In addition to the funding support provided directly by the DHHS, Financial Guidance Center (FGC), the Nevada 2-1-1 contractor, has provided significant in-kind contributions to ensure the program is operational.

The current operational budget for FY 2015-2016 is anticipated to total \$1,174,482.

#### Staffing

- ❖ 13.22 full time staff are currently funded to support 2-1-1 implementation. This includes the support of a Call Center Supervisor (1.0 FTE) and I&R Call Specialists (12.0 FTE). It also includes a percentage of key FGC leadership positions to include: Chief Executive Officer (.30 FTE), Chief Financial Officer (.20 FTE), Chief Operating Officer (.25 FTE), Director of Financial Empowerment (.05 FTE), and Director of Community Partnerships (.05 FTE.) Annual staffing costs total \$631,911, representing 54% of the total anticipated operating budget.

#### Operating Expenses

- ❖ Operating expenses include both monthly expenditures and those that occur annually, or on an "as needed basis." Monthly expenses include line items such as rent and utilities, travel, office supplies, indirect costs, and communications. It also includes expenses that support the database and telecommunication needs particular to a 24/7 call center. Operating expenses that occur annually or on an "as needed basis" include office equipment and trainings. Annual operational costs total \$179,030 representing 15% of the total anticipated operating budget.

\$810,941

#### One-time or Limited-term Expenses

- ❖ One-time or limited-term expenses are included in the baseline funding and include infrastructure costs to establish call-center operations. These expenses include one-time hardware, software, and

telephone licensing. They also include office furnishings and equipment needs to accommodate call center staff. These one-time or limited-term expenses total \$113,715 for FY 2015-2016.

- ❖ Consultants have been utilized to support infrastructure development. A consultant was contracted to ensure that the AIRS taxonomy is applied to the database. Another consultant was utilized to redevelop the Nevada 2-1-1 website, and a final consultant was hired to establish a strategic plan for Nevada 2-1-1. These costs total was approximately \$200,927 for FY 2015-2016.

#### State Oversight Expenses

- ❖ A 2-1-1 Coordinator is a part-time permanent position within the Nevada DHHS Office of Community Partnerships and Grants. Costs to support this position total \$48,900.

### ***Funding Needed to Adequately Respond to Existing Service Levels***

The total amount of funding necessary for Nevada 2-1-1 to fully support existing service needs is as follows for the 5 years of this sustainability plan.

Fiscal Year	Staffing and Operating Expenses	One-Time or Limited-Term Expenses	State Oversight Costs	Total
2016-2017	\$1,218,685	\$308,011	\$48,900	\$1,575,596
2017-2018	\$1,248,475	-	\$48,900	\$1,297,375
2018-2019	\$1,303,248	-	\$48,900	\$1,352,148
2019-2020	\$1,366,334	-	\$48,900	\$1,415,234
2020-2021	\$1,426,722	-	\$48,900	\$1,475,622

This includes staffing and operational expenses identified in the previous section in addition to the following.

#### Staffing:

- ❖ Additional staffing needs to fully accommodate existing services including the addition of 6 FTE I&R Specialists, as well as a Database Manager (1 FTE) and a Website Manager/IT Specialist (.25 FTE).

#### Operating Expenses:

- ❖ Additional operating expenses are needed to accommodate additional staff as described above.

#### One-time or Limited-term Expenses:

- ❖ Consultants will continue to be utilized to support infrastructure development. There are plans to secure ongoing support for website redevelopment efforts as well as a disaster response planning consultant and a consultant/consultant firm to assist with marketing efforts. These costs total \$308,011 for FY 2016-2017.

### Resource Needs to Fully Implement Nevada 2-1-1 Service Components

The following section represents the costs necessary to develop each additional service component that Nevada 2-1-1 has planned to realize its full potential.

#### Implementation of Best Practices throughout I&R Services

The total cost to implement best practices (possible AIRS accreditation) across the lifespan of this plan is \$222,396. While preliminary efforts have begun already, major efforts for best practices implementation and/or AIRS accreditation will occur in Years 2 and 3 of the plan.

##### Budget Assumptions

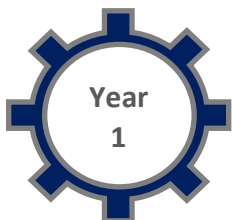


- ❖ A part-time Best Practices/Accreditation Coordinator will be brought on to support the accreditation process for two years (2016-2018). Additionally, a very small percentage of administrative positions will be allocated to support the best practices/AIRS accreditation process. The total costs for staffing totals \$68,450 over the course of the five-year plan.
- ❖ Operational costs include utilization of temporary workers to make updates to the 2-1-1 database, as well as costs associated with accreditation efforts. These costs total \$76,391.
- ❖ Beyond the two year accreditation process (2016-2018), the annual costs to support ongoing AIRS accreditation is \$8,447.

#### Eligibility and Enrollment

The total cost to implement eligibility and enrollment services across the lifespan of this plan is \$529,554. This assumes implementing efforts will begin in Year 1 of the plan (2016-2017).

##### Budget Assumptions



- ❖ Staffing costs increase over the course of the plan based on the addition of one FTE in Year 1, an additional in Year 3, and a final staff person in Year 5. Each new staff position costs approximately \$40,560 per year which totals \$420,261 over the course of the five year plan. This total includes a 5% wage increase each year after hire.
- ❖ Operational costs which include communications, rent, office expenses, equipment replacement costs and program supplies to support the additional staffing totals \$109,293 over the course of the five-year plan.
- ❖ Each position slated for hire will only occur if funding to support eligibility and enrollment services can be secured. DHCFP, through their BIP program, has provided funding for FY 2016-2017. There are no other sources of secured funding at this time.

## Disaster Response

The total cost to implement disaster response across the lifespan of this plan is \$479,074. This assumes implementing efforts will begin in Year 2 of the plan (2017-2018).

### Budget Assumptions



- ❖ An additional .25 FTE will be added to the existing staffing to support the development and deployment of a volunteer component of disaster response services. These staffing costs begin in 2017-2018 at \$13,520 for the year and continue annually through the end of the strategic plan term to total \$58,273. This total includes a 5% wage increase each year after hire.
- ❖ Operational costs, which include ongoing costs to support additional telephone lines as well as costs to support volunteer training, are budgeted at \$79,326 annually for Years 2 through 5.
- ❖ One-time infrastructure costs of \$105,000 have been budgeted to support the acquisition of the systems and equipment necessary to equip the Nevada 2-1-1 program to respond to a disaster/emergency with additional telephone lines.
- ❖ It is assumed in the long-range financial plan that the infrastructure costs needed to implement disaster response efforts will come from a government contract. If this does not happen, it is highly unlikely that these services will be possible.

It should be noted that the costs associated with disaster response will be refined following a planning process specific to this service component. This planning process will be completed in FY 2016-2017.

## Service Navigation and Support

The total cost to implement service navigation and support across the lifespan of this plan is \$624,607. This assumes implementing efforts will begin in Year 4 of the plan (2019-2020).

### Budget Assumptions



- ❖ An additional 5.25 FTE will be added to the existing staffing to accommodate the extra time it will take to provide service navigation and support services for 2-1-1 callers. The amount of extra staffing assumes that call times will increase to 8 minutes each. These staffing costs total \$243,360 in Year 4 (2019-2020) and \$255,528 in Year 5 based on a 5% wage increase in the second year of operations.
- ❖ Operational costs which include communications, rent, office expenses, equipment replacement costs and program supplies to support the additional staffing totals \$110,219 over the course of the five-year plan.
- ❖ One-time infrastructure costs of \$15,500 have been budgeted to support the purchase of office furnishing and equipment for the 5 additional staff people described above.

### Revenue Enhancement

Nevada 2-1-1 will immediately begin work to increase and diversify its revenue streams. The program will focus on the following areas for fund development.

- Government Contracts
- Fee for Services
- Foundation Grants
- Corporate Sponsorships
- Employer Contracts
- Community Reinvestment Act Funds

The following table provides an overview of the revenue enhancements that will be pursued over the five years of the strategic plan.

Revenue Enhancements	Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
Government Contracts	\$127,820	\$374,166	\$270,626	\$547,961	\$561,796
Fee for Services	\$0	\$182,313	\$146,546	\$173,942	\$245,630
Foundation Grants	\$0	\$100,000	\$200,000	\$250,000	\$250,000
Corporate Sponsorships	\$0	\$25,000	\$35,000	\$45,000	\$55,000
Employer Contracts	\$0	\$5,000	\$10,000	\$15,000	\$30,000
Community Reinvestment Act Funds	\$10,000	\$15,000	\$20,000	\$30,000	\$40,000
<b>Total Revenue Enhancements</b>	<b>\$1,761,676</b>	<b>\$1,584,969</b>	<b>\$1,565,662</b>	<b>\$1,955,393</b>	<b>\$2,075,916</b>

Additional detail regarding each revenue enhancement strategy follows.

Government Contracts: Nevada 2-1-1 is fortunate to receive funding through the State Fund for a Healthy Nevada. It intends to pursue a 10% increase of these funds in year two and beyond of the plan. That 10% will be based off the current baseline amount received of \$700,000. The detail of the total amount in excess of the current \$700,000 is shown in the table below.

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$0	\$70,000	\$147,000	\$231,700	\$324,870

In addition, Nevada 2-1-1 intends to pursue additional opportunities with government entities (city, county, state and federal) to provide services that are aligned to the needs of their service population. Nevada 2-1-1 is fortunate to have a relationship like this secured with the Division of Public and Behavioral Health Maternal Child Health Program. Additional partnerships will be explored with the following.

- **Centers for Medicare and Medicaid Services** – funding partnerships will be explored which, if successful, would position Nevada 2-1-1 to be the entity tasked with ensuring Medicaid recipients know where and how to access Medicaid resources throughout the state.
- **Las Vegas Fire and Rescue Nurse Helpline**
- **Department of Education Helpline(s)**
- **Division of Public and Behavioral Health Behavioral Health Helpline**

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$127,820	\$304,166	\$123,626	\$316,261	\$236,926

Fee for service. Nevada 2-1-1 is piloting a fee for service model with the State Division of Health Care Financing and Policy (DHCFP) around their Balancing Incentives Program (BIP). There may be opportunities for Nevada 2-1-1 to provide pre-screening or initial eligibility determinations for individuals seeking assistance from other public programs through a fee for service model. Possible fee for service partners include the following.

- Division of Welfare and Supportive Services
- Aging and Disability Services Division
- Division of Public and Behavioral Health
- Washoe County 89502 Project
- Community Agencies

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$0	\$157,313	\$111,546	\$123,942	\$185,630

Other fee for service models will be explored such as 1) the opportunity to provide support to other I&R providers to update their database, and/or, 2) utilizing the Nevada 2-1-1 website as an advertising channel . Projected revenue from these kind of opportunities are listed in the following table.

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$0	\$25,000	\$35,000	\$35,000	\$35,000

Foundation grants. This is an area that Nevada 2-1-1 intends to pursue after it has “perfected its product” as described in the Building Community Support section of this plan. Over the next three years, Nevada 2-1-1 will develop relationships and grow funding from private and corporate foundations based on mission alignment.

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$0	\$100,000	\$200,000	\$250,000	\$250,000

**Corporate Sponsorships.** Starting in the second year of this plan term, Nevada 2-1-1 will begin actively soliciting corporate sponsorships. While not expected to be a large portion of the budget in the early years, over time Nevada 2-1-1 will increase sponsorships as it reports on the specific results achieved (return on investment). Possible corporate sponsors that will be pursued include the following.

- **Utility Companies** which may include NV Energy and the Southwest Gas Corporation.
- **Telecommunication Companies** such as AT&T, Frontier, and CenturyLink-Nevada.
- **Hospitals** such as Renown Health, Sunrise Hospital and Medical Center, and Carson Tahoe Health.
- **Food Service Distributors** which may include Shetakis Wholesalers, and Nicholas and Company.

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$0	\$25,000	\$35,000	\$45,000	\$55,000

**Employer Contracts.** Nevada 2-1-1 will explore partnering with major employers throughout the state to offer 2-1-1 as a resource to employees as a component of their employment assistance program (EAP.) 2-1-1 could be offered as a resource which helps to match employees to resources they need in the communities they live in. Following are major employers in the state of Nevada that may be considered for this kind of partnership.

- **Nevada Gaming Companies** such as International Game Technology (IGT), Caesars Entertainment, MGM Resorts International and Wynn Resorts.
- **Large Employers** such as Southwest Airlines, Walmart, Lowes, and Sears.

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$0	\$5,000	\$10,000	\$15,000	\$30,000

**Community Reinvestment Act Funds.** Nevada 2-1-1 will work with Nevada Public Health Foundation to identify and secure Community Reinvestment Act (CRA) funds to support ongoing operations. CRA funds are obligations imposed upon banks to support the needs of low- and moderate-income communities and to take steps to provide equal access to responsible financial products and services to traditionally underserved populations.

Year 1 2016-2017	Year 2 2017-2018	Year 3 2018-2019	Year 4 2019-2020	Year 5 2020-2021
\$10,000	\$15,000	\$20,000	\$30,000	\$40,000

### Long-Range Financial Forecast

A long-range financial forecast of revenues and expenditures has been prepared to assist Nevada 2-1-1 in realizing its strategic financial goals. It incorporates all of the resource requirements.

Long Range Financial Plan	CURRENT Baseline Budget 2015-2016	YEAR 1 2016-2017	YEAR 2 2017-2018	YEAR 3 2018-2019	YEAR 4 2019-2020	YEAR 5 2020-2021
<b>REVENUE</b>						
Government Contracts (State/Federal)	\$ 700,000	\$ 827,820	\$ 1,074,166	\$ 970,626	\$ 1,247,961	\$ 1,261,796
State Contract: (AIRS Accreditation)	\$ 43,207	\$ 140,105				
State Contract: (BIP Level 1 Screening)		\$ 68,482				
State Contract: BIP Infrastructure Development	\$ 200,927	\$ 531,779				
State Contract: Maternal Child Health (MCH)	\$ 49,590	\$ 49,590	\$ 49,590	\$ 49,590	\$ 49,590	\$ 49,590
Other Government Fee for Service Contracts			\$ 157,313	\$ 111,546	\$ 123,942	\$ 185,630
Government Oversight/Administration Funding	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000
Non Government Fee For Service Funds			\$ 25,000	\$ 35,000	\$ 50,000	\$ 60,000
Foundation Grants			\$ 100,000	\$ 200,000	\$ 250,000	\$ 250,000
Corporate Sponsorships			\$ 25,000	\$ 35,000	\$ 45,000	\$ 55,000
Employer Contracts			\$ 5,000	\$ 10,000	\$ 15,000	\$ 30,000
Community Reinvestment Act Funds		\$ 10,000	\$ 15,000	\$ 20,000	\$ 30,000	\$ 40,000
FGC In-kind Support	\$ 159,847	\$ 85,000	\$ 85,000	\$ 85,000	\$ 95,000	\$ 95,000
State In-Kind Support	\$ 13,900	\$ 13,900	\$ 13,900	\$ 13,900	\$ 13,900	\$ 13,900
<b>TOTAL REVENUE</b>	<b>\$ 1,202,471</b>	<b>\$ 1,761,676</b>	<b>\$ 1,584,969</b>	<b>\$ 1,565,662</b>	<b>\$ 1,955,393</b>	<b>\$ 2,075,916</b>
<b>EXPENSES</b>						
Salaries & Benefits	\$ 636,250	\$ 1,063,025	\$ 1,098,829	\$ 1,164,519	\$ 1,479,625	\$ 1,594,166
Communications	\$ 65,500	\$ 66,700	\$ 134,200	\$ 135,400	\$ 150,160	\$ 151,360
Rent/Utilities	\$ 12,000	\$ 13,200	\$ 13,200	\$ 14,400	\$ 20,400	\$ 21,600
Office Expenses	\$ 2,700	\$ 4,000	\$ 3,600	\$ 3,900	\$ 5,100	\$ 5,400
Equipment Maintenance and Replacement Costs	\$ -	\$ 16,956	\$ 16,956	\$ 19,356	\$ 19,356	\$ 19,506
Program Supplies	\$ 21,600	\$ 23,850	\$ 23,850	\$ 26,100	\$ 37,350	\$ 39,600
Postage & Freight	\$ -	\$ 200	\$ 200	\$ 200	\$ 200	\$ 200
Community Outreach	\$ 1,400	\$ 6,500	\$ 6,500	\$ 6,500	\$ 6,500	\$ 6,500
Membership/Accreditation Costs	\$ -	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
Travel/Mileage Reimbursement	\$ 11,010	\$ 13,479	\$ 14,877	\$ 14,877	\$ 14,877	\$ 14,877
Professional Development/Trainings	\$ 2,250	\$ 6,500	\$ 8,500	\$ 9,250	\$ 13,000	\$ 13,750
Unknown Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
One-time or Limited Term Infrastructure Costs	\$ 135,292	\$ 82,391	\$ 105,000	\$ 6,000	\$ 15,500	\$ 6,000
Consultant Fees	\$ 200,927	\$ 308,011	\$ -	\$ -	\$ -	\$ -
Audit	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500
Indirect	\$ 62,143	\$ 103,464	\$ 105,857	\$ 111,760	\$ 139,925	\$ 149,557
State Oversight Costs	\$ 48,900	\$ 48,900	\$ 48,900	\$ 48,900	\$ 48,900	\$ 48,900
<b>TOTAL EXPENSES</b>	<b>\$ 1,202,471</b>	<b>\$ 1,761,676</b>	<b>\$ 1,584,969</b>	<b>\$ 1,565,662</b>	<b>\$ 1,955,393</b>	<b>\$ 2,075,916</b>
<b>Under Budget / Over Budget</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ (0)</b>	<b>\$ 0</b>