

TRACY: Okay, the recording has started. As I mentioned, if you wish to join and view the captioning, I have placed the link in the chat box, and you'll need to copy and paste that into your browser to be able to view that. A couple other very brief housekeeping items; I do have everybody on a global mute, so if you do have questions, please enter those in the chat box, and if you have questions as we go along, feel free to enter those as well. At the end of today's session, we will be having a, we ask you to complete our survey. This helps us to identify new topics for other lunch and learns, so we appreciate you completing that for us, and everyone here should already have the power point, but just in case, I will send it out again following the conclusion of the session.

So, right now, what I would like to do is introduce our two presenters. First, we have Heather Black, and she is the state-wide strategy director with North Carolina 2-1-1, which is through the United Way, and she oversees the work and planning for the state-wide 2-1-1 information referral system. She also works with building partnerships with state and local government agencies, non-profits, healthcare organizations, and others who are trying to help others by accessing information. She has a business administration degree and has been working in public service, in both the non-profit sector in Washington, DC, as well as here with the state government in North Carolina, and welcome to you, Heather. Our other presenter is Stacy Hurley, and she is the No Wrong Door state coordinator here at DHHS, with the Division of Adult and Aging Services. She has been working with Heather on this project and is providing leadership in the development,

implementation and sustainability of it to streamline some of the information and access for long-term services and supports, especially for the adult and aging population and those with disabilities. She's been working on this project and is helping to do some of these presentations, and she joined the Division of Adult and Aging Services in 2008, working on housing initiatives. So, welcome to both of you, and Stacy, I'll go ahead and turn it over to you, if that's okay.

>> STACY: Thank you. Hello, everyone. It's a pleasure to have the opportunity to talk with you today. I'm Stacy, and as Tracy mentioned, I'm providing leadership in the implementation of the No Wrong Door initiative. So, I'm going to share with you how North Carolina's population is changing and how these changes are going to impact our state. We're also going to discuss how we can be planful and prepare for the needs of people accessing our human service system. I will talk about No Wrong Door, what it is and why this initiative is so essential, and Heather Black will inform you about the vital role that 2-1-1 has in our state, and we're both going to discuss the partnership that the Department of Health and Human Services has with United Way and 2-1-1.

So, when we look at North Carolina, in 2015, there were 66 counties that had more people age 60 and over than 0 to 7, and in 2025, the projection is that 87 counties will have more people age 60 and over than 0 to 17. So, this is pretty compelling. In fact, North Carolina is ninth in population and tenth in population age 85 and over. So, clearly, the number of older adults is growing, and this points to the need to prepare for these

changes.

A person needing long-term services and supports cannot independently take care of their own needs and requires access to services and supports in order to remain in their own home or community. Examples of long-term services and supports would be healthcare needs, such as managing medications or access to healthy meals. For example, if an older adult or a person with a disability called 2-1-1 and said, I need information about exercise classes in my area, 2-1-1 can definitely provide this information, but the person would only be considered a No Wrong Door caller needing long-term services and supports. If they said something like my utilities are about to be cut off, or now I need a ramp in order to access my home, the long-term services and supports are provided in a person's own home and community and in facility-based settings. In 2016, the annual cost of adult day healthcare was almost \$13,000, and this sounds like a lot until you compare it to the cost of a private nursing home, which is nearly \$90,000 a year. So, clearly, home and community-based services are less expensive than facilities, and a real fiscal impact will be felt based on how well we can assist people with meeting their LTSS needs in a community versus at a higher level of care. We can all have a profound impact on people remaining in their homes and communities by connecting them to vital community resources.

The vision of No Wrong Door is that North Carolinians needing long-term services and supports have easy access to information and services that will maximize their independence, choice, and dignity, and the

mission of No Wrong Door and how we are going to make this happen is by unifying entry into North Carolina's long-term services and support system and ensuring that every individual is on a direct path to receive meaningful assistance that meets their needs. So, how do we unify access into our human service system? One, we utilize 2-1-1 for streamline access and referral of agencies that offers services and supports, and two, we continue to build upon our partnerships across our agencies and utilize our joint resources to meet our common goals. So, you might be asking yourself, how does this impact me in my job? Well, you can all be valuable partners in promoting 2-1-1 through your interactions with individuals seeking services, such as employment, housing, healthcare, food, mental healthcare, transportation, and disability services. We need to make sure we are viewing people from a whole-person perspective. When a person's healthcare needs are not addressed, this could affect their ability to remain stably housed. If a caregiver does not have the resources to take care of an aging parent, this could affect their ability to keep their job. I believe that a partnership with 2-1-1 can strengthen health and human service outcomes state-wide by providing a central place to connect people to resources that they need. Providing the health and human supports that people require in order to be successfully housed, employed, and contributing members of their community will also help you meet your organizational goals.

Why is No Wrong Door so important? A No Wrong Door system will make it easier for individuals, families, older adults, and people with disabilities to learn about and access the help they need to support

independence and remain in their homes and communities. One, it's fiscally smart. Home and community-based services are typically less expensive than facilities and nursing homes. People who utilize community services may not need to resort to more intense and expensive levels of care. So, the state can save money, especially for people needing LTSS by using a comprehensive, accessible and streamline system so people know where to go to access services and support. Two, it recognizes our changing population. Unifying access into our human service system through 2-1-1, is how we start to prepare to manage the needs of an increased number of older adults, people with disabilities, and people with Alzheimer's and dementia, especially those people needing long-term service and support. Three, it's identified as a legislative priority. In the Alzheimer's state plan, *Dementia Capable North Carolina*, one of the recommendations is to continue the No Wrong Door initiative through a collaboration with 2-1-1. At DHHS, we are working to ensure that Alzheimer's and dementia-specific information provided to 2-1-1 is accurate and up-to-date. We're providing training to 2-1-1 staff on Alzheimer's and partnering with aging and dementia organizations. Lastly, it's the right thing to do. Every person matters. Every person or family member or caregiver of an older adult or a person with a disability should be surrounded by the services they need to feel supported. People obtaining access to services where they receive meaningful assistance, where they can maximize their independence and can live with dignity is a success for all of us. The No Wrong Door initiative is committed to connecting people to our human service system. No Wrong

Door will allow us to increase the quality of life of all people in North Carolina and prepare us for the human services challenges coming our way. I am really excited to be partnering with 2-1-1, because 2-1-1 is providing the infrastructure for the No Wrong Door system; streamline access, information and referrals of agencies that offer services and supports. So now, I'm going to turn it over to Heather Black so she can provide you with additional information about United Way and NC 2-1-1.

>> HEATHER: Thanks, Stacy. So, glad to have all of you online today and to be able to hear everything that we're sharing, and again, just like Stacy said, we're excited about this partnership, we've just started our second year, and just have really appreciated the support from DHHS and Division of Aging around this project. So, for those who may not be familiar, just an overview of what 2-1-1 is. It is an information and referral service provided by United Way of North Carolina and all the local United Ways around the state. It is available 24 hours a day, 7 days a week, 365 days a year. It is free, it is confidential, and it is multilingual. We have Spanish-speaking call specialists in our call center, but we also use a translation service, so really can access and provide service to, really, any language client who we need to serve. 2-1-1 is state-wide. It's available in all 100 counties, and it's accessible through the simple three-digit dialing code, so just as you dial 911 in an emergency or 411 for information or 811 before you dig, 2-1-1 is what's been designated on a national level as the 3 digit dialing code to access these resources around the country. We do have a ten-digit number, and that, we understand, is necessary for those who

use relay services, it's also necessary for folks who might be calling from out of state to access resources and services for family members here in North Carolina, so that number is also included in all of our marketing materials.

Our call centers, we have two, one in Durham and one in Asheville. They're staffed by trained call specialists. This is not a volunteer type position, this is a professional line of work. They go through a great deal of training before they're on the phones, about 80 hours of training, and then they have continual training throughout the year around different topics. They have a monthly in-service meeting at each call center, where they learn about different things. Stacy, and then also Mark Hensley from DAAS, have both presented trainings to our call centers to educate them about needs of long-term services and support clients and how we can better communicate with those individuals and their caregivers. We also have had folks come in from the Autism Society and talk to us about how better to communicate and better understand the needs of those individuals. Folks from DHHS, from the housing and finance agencies, so we really try to make sure that our staff is well-equipped to understand and respond to all the needs people have. We have a database of about 19,000 resources state-wide, resources in every county, and that reflects the health and human services resources around the state. We do limit our database to non-profit agencies and government agencies. We will make an exception at times for a private provider, if there's really no other way to meet the needs in a community, but this really is about making sure people understand how to navigate and get to the resources that exist in the non-profit sector and the government sector.

In 2016, we handled about 129,000 calls, and that represented about 145,000 needs, because many of our callers have more than one need, and we're also part of the state emergency response team for disasters, and what that means is that if there is a disaster, we can be activated at the request of the state emergency director to serve as the main point of information for individuals impacted by the disaster, to call and receive information about sheltering and evacuation and food and water distribution points and things like that.

So Hurricane Matthew was really a turning point for our system, and Stacy, if you want to go ahead and advance. During Hurricane Matthew we were activated, and we handled more than 12,000 calls related specifically to the Hurricane Matthew disaster. Over 5500 of those calls were related to food needs, specifically to food stamp questions, or our SNAP benefit questions, and we found that we were really able to help inform, not just to share information with clients who were impacted by Hurricane Matthew, but to also share information with state leaders and county leaders about all the confusion that was happening and really help them understand the needs of the individuals in the impacted communities, to have some clarity around the process and to understand how they could get those replacement food stamps, and then, eventually, disaster food stamps.

So, we have the ability to feed back information to community and state leaders about what the trends are that we're seeing in the community and really help to inform that work. We did also assist with some emergency rescues during Hurricane Matthew. It's not really our primary

focus, but there were actually five counties in North Carolina when the 911 system went down during Hurricane Matthew due to power outages and flooding, there were folks in those counties who had heard about 2-1-1, and they called us, and because of our physical location, and the emergency operations center, we were able to give that information to the right people within emergency operations, who could then communicate back to the county via the viper radios and get those emergency rescues handled, but again, not the primary function. I don't want to pretend, though, that North Carolina 2-1-1 can do that alone. The beauty of the 2-1-1 network on a national basis is that we all have very similar protocols, and we use very similar equipment, and technologies and how we manage our call records, so we're able to tap into each other during a disaster, so during Matthew, we had the support of New Jersey 2-1-1, Houston and Austin 2-1-1, and then Portland, Oregon 2-1-1, and similarly, this year, as our nation has had so many disasters to deal with, with Harvey and Irma and just recently the massacre in Las Vegas, 2-1-1 systems around the country have supported our 2-1-1 colleagues in those communities by continuing to provide the support, because it's hard to handle the surge of calls that happens during one of those times with your regular staffing levels, so that is one of the beauties of a 2-1-1 system, is that consistency on a national level. Go ahead to the next slide.

So, under the No Wrong Door contract, we have been established as the main entry point to access long-term services and supports for the No Wrong Door project, and what that really means is helping people

understand that there's one starting point, there's one place to call, it's an easy to remember three-digit dialing code, it's available 24 hours a day, 7 days a week, so that, really, anytime someone's encountering one of those needs, they know there's someone they can call, there's a warm, empathetic voice on the other end of the phone who can at least listen and help them to assess the situation and begin to give them some direction on where their next steps will be. And the first year of our contract with DHHS, we really focused on four key areas. One was to grow the resource database. United Way had invested significantly on having a resource database focused on basic needs, like foods, utility assistance, housing, rent assistance, so we didn't have some of the resources related to long-term services and supports. So, the Division of Aging made a really significant investment in helping to build up the resources around LTSS and each of the counties. We also focused on monitoring and seeing the increased call volume and really getting to know the No Wrong Door callers. Who were these individuals, what was some information about their demographics, and then what were their needs, and also, what were the barriers they faced in meeting those needs? Finally, in the last part of this last year and the beginning of this year, have really focused on raising awareness, and Stacy will talk about that a little more, but she and I have become quite the road show and have made a lot of, found a lot of opportunities to share this message.

So, growing the resource database, again, was one of the top priorities, because we wanted to market and talk about No Wrong Door in a

big way we wanted to make sure that we had the resources already up-to-date and reviewed.

So, we follow a resource structure that is an agency program site structure, and the example I usually give is Red Cross. If you think of the Red Cross, they're an agency, but under them, they have multiple programs, so for example, the Red Cross has a first-aid class program, they do blood drives, and then, of course, we all know them very well for their disaster relief services. They can deliver each of those programs at multiple sites. So, I show this to you so that you can understand how our how our resource data is organized and then go and look and make sure that your agency information and program information is correctly reflected in the database.

We have a team of data coordinators who have done a lot of work to review data. One is specifically dedicated to the No Wrong Door project, and overall, we've reviewed 6700 resources that are in line with the long-term services and support need areas. We were really happy to see that of those, 2,000 of the programs that we audited were already current in our database. We did need to add 38 new agencies and update about 500 agencies, but then we also updated about 3400 programs and added, again, close to 800 new programs, so again, we've really enhanced the database around these resources, and that's a state-wide effort, so we feel pretty confident that those LTSS resources are in good shape all across the state of North Carolina.

We also focused on improving the nc211.org website. So nc211.org is something that I would encourage all of you to familiarize yourselves with.

You're always welcome to call 2-1-1, but we do find that a lot of professionals in the social services area really like to use our website as resource, because it's probably often that you know the name of something that you want to send a client to, or you have a pretty general idea, and maybe you don't need or want to talk to a call specialist, but you still want the same information. Well, guess what? We have the same database of resources available to you at nc211.org through our website. You can go there and utilize guided search buttons, which are these 9 colorful buttons here that are seen on the left-hand of the screen, or you can use an open-ended find help search bar. We also have an agency professionals tab on this website, and on that tab is where you'll find information and directions on how you can review and update your agency's information, and also, if you find that your agency's not included in our database, you can find information there on how to add your agency. In addition, some of the back-end things that we've worked on related to this No Wrong Door project is making sure that the taxonomies, which is how we organize the data, has been streamlined and updated. We've also added use references, because taxonomies get into the more technical language, and we want to make sure our website is as user-friendly as possible, so that when someone puts in, for example, just "hearing aid," that that comes up, versus you know, hearing assistance device, which may be what the taxonomy would be called. So we really tried to make it a user-friendly website. We also know it's always a work in progress, so we welcome any input you have there.

Go ahead, Stacy. This is an example or a snapshot of one of our

resource listings, so I just wanted you to have a chance to see. There at the top, you do have the program title, which is the total life senior adult day services, which is under the agency of Resources for Seniors. You'll really find that the meat of what people need is in a program listing. Agencies are certainly important, because they provide structure, but, really, the information that clients need are going to be in the program listings. We're going to have a description there that is as concise as possible about what the program offers, we're going to provide the program's phone number and website, and then whatever location information is available as to where it is located, and when it's accessible, so that's going to be the program hours. There is a link also there to a map, and then program delivery is also some really important information for individuals to know. We have there any eligibility information that we know, application process, if there's a fee, if there's documentation that the client needs to bring with them, and then what coverage area, so if there is limitations to who, what clients are eligible to receive, resources there. And then if there are volunteer opportunities or donation needs, agencies and programs can also add that information there at the bottom of the listing. Thanks Stacy. Go ahead.

So, in 2016, we did see a gradual increase and then kind of a spike there of what we called our LTSS, or No Wrong Door caller, and Stacy talked about this earlier. So, these are callers who are 60 or older and/or have presented themselves as having a disability and have a need that is not met, they may not be able to stay independently living in their home. So, as Stacy said, this may be someone with a significant home repair issue,

someone who can no longer prepare their own meals or to handle their own personal hygiene, something like that. It's not going to be someone who's calling 2-1-1 to find out about recreational activities at the senior center. The reason you see a spike here around March of 2016 is we really, up until then, had more narrowly defined what we were going to call an LTSS caller. We've broadened that, so that's why you see that kind of spike in calls there. We've continued to see a significant number of callers over the continuing months since June of 2017.

So, who are these callers? What did we learn about them? What kind of demographic information did we collect about them? Because we do collect demographics on all of our callers.

The first thing we learned is that their ages were split right down the middle, which was kind of surprising to us. I think we expected, especially with the No Wrong Door program, that the callers' age, we would probably have more that were 60 and over. So what this implies then is either that we have almost an equivalent number of younger adults with disabilities, or, I think probably more likely, is we are receiving calls from caregivers who are caring for an older family member or friend and calling on behalf of them to find resources to meet the needs of that older adult that they are caring for.

And we're going to continue to poke at that and learn more. Here on the gender of our caller, this was not surprising to us, this was consistent with 2-1-1, 75 percent of our callers on a national level tend to be women, and no offense to the guys on the line, but I think that's typically because women are more likely to ask for help, but I also think in this case, it's because women

do tend to take on that caregiver role more in the family, so this, again, was not that surprising to us.

We did find that about 12 percent of the callers that we identified as being an LTSS or No Wrong Door caller were veterans, and again this is very consistent with the population in North Carolina, so not too surprising.

85 percent of the people who identified as an LTSS caller did identify as having a disability. What you may see there is even more interesting information on the types of disabilities. We're going to be changing a little bit how we collect that information, because we want to make sure that we're gathering accurate information around Alzheimer's and dementia, and we don't think many people are identifying that as a disability, so we're going to be changing how we ask this question, but you do see that predominantly, those individuals who reported having a disability, the disability was physical in nature.

As far as health insurance, about two-thirds of the individuals that we spoke with had some form of public insurance, 11 percent private or VA insurance, and 12 percent had no insurance, and I personally was shocked by this, but as I continued to talk to individuals at DHHS and folks at the county level, I've come to learn that, apparently, this is not a very shocking statistic, but I do think it's very telling, as we hear conversations continuing on a national level about our healthcare system, that these are folks who were already needing resources, so again, if we have 78 percent of the people we were already talking to having some form of public insurance or no insurance, and if that system is impacted significantly, I think those

numbers will just continue to increase as to the needs of those individuals.

So, what did these individuals need? These are the needs, numbered six through ten. They needed prescription expenses assistance which did not surprise us, many of them needed subsidized private rental assistance for low income individuals, water service payments, general minor home repairs and home rental listings. So, again, I think the general minor home repairs is probably more unique to this population than our general 2-1-1 population, but otherwise, these are really consistent.

The top five needs, we didn't have anybody who called in and specifically asked for the Area Agency on Aging, but just how we classify what we give. There were referrals that fell into that Area Agency on Aging bucket, and we are continuing to have conversations with members of the AAA who our stakeholders in our No Wrong Door advisory group who are helping us as we refine how we're going to best interact with the AAA and 2-1-1. We did, sadly, have many of our callers who needed homeless shelter, home rehabilitation programs, and then food pantries and utility service. So, utility service payment, food pantries, and homeless shelters are all very consistent, again, with our top needs with our 2-1-1 general population callers.

Now Stacy is going to talk a little bit more about how we've continued to raise awareness around this program.

>> STACY: This year, our focus has been on reaching awareness through public presentations and exhibits. Some of the places we've been to or are going to this year include the Healthy Aging Summit, the NC PACE

Conference, and the Affordable Housing Conference. Our goal here is to spread information about 2-1-1 to people working in all sectors and communities across the state. We are really striving to increase the number of people calling 2-1-1, especially those with long-term services and support needs. So, again, we really appreciate any assistance you can provide in sharing this important resource with the people that you help every day.

What's next for the No Wrong Door initiative? United Way has hired a dedicated resource and outreach specialist. The person in this role oversees the integrity and updates of long-term services and supports information and resources in the 2-1-1 database. They are also assisting with increasing support for No Wrong Door through outreach efforts. The LTSS call specialist follows up on calls to identify barriers and gaps in service. This person can advocate for people, they determine any wrap-around services to meet the caller's needs, and they'll also be utilizing a script as a tool to communicate with families at various stages of Alzheimer's and dementia. United Way has acquired a new reporting tool, and it's incredibly essential to our work. I really cannot stress enough the importance of data. Data provides credibility and allows us to be transparent in who we're helping, what we're doing, and why we're doing it. Collecting state-wide data enables us to identify any gaps and barriers to service so we can understand why people do not access services, we can assess any unmet needs and identify solutions. 2-1-1 can provide the state-wide data that's necessary to plan for the services and supports that North Carolina will need. We are also starting to develop an online e-library.

The goal of this is to provide a brief overview of information for particular topics that people, especially people with long-term service and support needs may require in order to remain in their homes and communities. For example, topics such as disaster preparedness, prescription assistance, respite care, home healthcare, home delivered meals, housing assistance, mental healthcare and disability-related services. So, this will be another useful tool that people can utilize to better understand how to navigate our state human service system in order to get their needs met. We've also been increasing our state-wide marketing. We're trying to bring awareness of 2-1-1 to a wide variety of audiences. I believe this initiative really needs to be a grassroots community wide-effort at the local level to affect change on a state-wide level, so this means we all have to have a part to play in raising awareness of 2-1-1 so that people across our state know that there's one central place to get connected to our health and human service system.

How you can help. If you work with clients, you can inform your clients or partners, if you work with other partners. If you know that your agency is in the 2-1-1 database, making sure that those resources are updated and current, and providing us feedback. We are continuing to enhance the resources in the 2-1-1 database all the time, so any feedback you have on resources that should be included will help us to build the most comprehensive database in our state. You can go to the website, nc211.org, and look for resources you know exist in your part of the state or in your area of expertise, and if you do not see an important resource, please notify us. If you go to the nc211.org website, there is an agency

professionals tab, and when you click on update your listing in our database, there's a place where you can directly e-mail the data coordinators to inform them of any updates and changes, as well as any suggestions for new resources, but if you're having trouble finding where to contact us to let us know about any updated information, you can always feel free to call 2-1-1. Another way you can help is to educate yourself, get a better understanding of the population you're serving. If you go to 211counts.org, on this website you can search by ZIP code or county to find data for the most pressing needs of people in your community. This may seem very simple, but you can dial 2-1-1 from your office phone to make sure that this important resource is accessible to you and staff at your agency. When I tried to dial 2-1-1 from my state phone, it didn't work, so I had to work with our IT department to make sure that this resource was available to all DHHS staff on the Dix campus. This is also a reminder that 2-1-1 is not just for the people you help in your work, it's for you, your family, people in your neighborhood and community. 2-1-1 is really for everyone.

So, in closing, I wanted to impress upon you that the No Wrong Door initiative is a multi-year commitment to connect people to our human service system. No Wrong Door will allow us to increase the quality of life for all people in North Carolina and prepare for some of the human service challenges coming our way. So, we can all have a profound impact on improving healthy outcomes for people in our state by raising awareness of 2-1-1 so people can get connected to their local resources and receive the supports and services they need to be successful and remain in their homes

and communities. I really appreciate you taking the time to learn more about No Wrong Door and 2-1-1 and how you can get involved in this state-wide initiative. Our contact information is there, and at this time, Tracy, we can accept any questions people have. Tracy, are you there?

>> TRACY: Hello, everybody. It helps if you take yourself off of mute. Sorry about that. Thank you both so much. That was a very interesting presentation about the services, and I've heard of 2-1-1 in the past, and kind of seeing it grow is quite interesting to see. At this time, there's only one question that's in the chat box, so I do invite people to place their questions in the chat box as we're talking here, and the first one, you did spend quite a bit of time on talking about the resources and referrals, but the question is where and how does United Way collect information for the referrals, and it sounds like a lot of different places.

>> HEATHER: Yeah. So, let me let me kind of tackle that, because there is a lot of information. So, there's a couple of ways that we get the resource information that we refer people to, the agency information and program information. One, like Stacy just indicated, we really encourage you to go to nc211.org and review your organization's information. One, determine if it's there, and two, determine if it's current. As you're looking at it you can see if it's current and if there are things that you suggest think need to be updated, you can submit a comment at the end of the agency, and all of this is outlined under agency professionals on the tab there. If you find that your agency is not there at all and that you think it should be, then, again, on that agency professionals tab, you can submit a new agency there.

There's a web form that's very simple. You just walk through it putting all your information in. We also have, for the agencies that are already in our database, an auto-verification e-mail system, where once a year, we'll be sending an e-mail to the contact on record to ask them to do a systematic update and review all the information that we have in the database. In addition, for example, I'm in Warren County right now, sitting in a conference room because in about 20 minutes, I'm meeting with a community group here who are very interested in making sure that the information's updated for their county, so I will be walking them through the process as well and talking to them about how they can do it. So, from our United Way perspective, a lot of our United Way's around the state have really led the way of making sure that the information is updated, and then, again, through partnerships, like DHHS, we have sometimes have the ability to have dedicated staff to update the database as well.

So, we don't put anybody in the database unless they would like to be part of it, so you may say, well, you know, my church has a food pantry, why isn't it included? Well, maybe your church's food pantry doesn't have the capacity to serve beyond your congregation or immediate neighborhood, so we don't just go across the state and find resources and put them in, we do ask people if they would like to be in. So, I think that's what this person is asking about, but I also wanted to just address kind of the other kind of data that we have, which is the demographic data I shared with you. We do ask those questions of our callers when they call in, but we ask permission first, we say to them can I ask you a few questions about yourself so that I

understand your situation a little more and I can find the best referrals for you, and we do that for a couple of reasons. One, sometimes, it really does help us find the best resources, if someone has a disability or if they're a veteran, there may be specialized resources that we can direct them to, but two, it is really important for our contract partners, like the Department of Health and Human Services, to understand exactly what the needs are in our state. One thing that I didn't mention is follow-up calls, and we do offer follow-up calls to callers, and we're able to then call them and say were you able to get in touch with the referral, were you able to get the services you needed, and if not, what prevented you from doing so. So, there's a lot of different ways that we gather information, and I hope that that helped to answer the question that the person raised.

>> TRACY: Perfect. Thank you. The next question is will there be more general advertising, such as billboards, TV commercials or social media?

>> HEATHER: Yeah, I can speak to that as well. So, there are a couple of billboards, there's one right now on Interstate 85 that one of our board members, through his business/partnership with the local United Way has funded. There's also one in Stokes County. So, again, it's kind of community by community, there's not funding on a state-level to do a major advertising campaign, but there is money in the No Wrong Door contract to do some marketing, and Stacy, I don't know if you want to speak a little bit more to that, but we are continuing to do this, but right now, we're really, kind of doing it in a more grassroots type effort.

>> STACY: Yeah, in terms of the marketing that we're trying to do through No Wrong Door, we are, you know, trying to get out to as many places as possible, so if anybody has any ideas about meetings or conferences or people that we could partner with to get the word out, sometimes we don't always need to be there, if you can be that contact for us, and we can provide you some materials, and if you know you're going somewhere that would be beneficial to share it, then, you know, that works as well.

>> TRACY: Okay. Perfect. Thank you. So, the next one in the chat box isn't necessarily a question, but it's more of a shout-out to the Asheville area 2-1-1, and they just wanted to let them know that they have terrific partnership and are enjoying working with them, so thank you for sharing that.

>> HEATHER: It is one statewide system, but we do have two great call centers, and I do know the Asheville call center has built some really great relationships there in their community.

>> TRACY: Wonderful. I have a question that came through on the private chat to me, and that is, the training that you talked about, how, do people get trained specifically for the LTSS, or are they just trained in general for everything?

>> HEATHER: That's a great question. So, right now, for our 2-1-1 specialists, it is a generalized training. They learn a lot of different things. As you can imagine, to be a 211 call specialist, you have to know a lot of things about a lot of topics, and you also, the most important skills are their

ability to be an empathetic and active listener, to gather information while they're also giving information. They have a lot of multiple skills, but for the dedicated call specialist that Stacy mentioned earlier, we're actually in the process of interviewing for that position right now, and we are looking for someone who has a background in long-term services and supports, and we will have the expectation that that person has a really in-depth knowledge of that and continues to always be training and seeking other opportunities to learn more, for example, Austin's counselor training and probably the accreditation around aging and older adult services. So, I think as we expand this work, we'll continue to add more specialized specialists, which sounds a little redundant, but they will have more specific training.

>> SPEAKER: Okay. Perfect. That's all the questions that I have in the chat box at this time. So, I want to thank you both again for your time and for the presentation. Had a lot of information, it really does present some great opportunities for sharing, and I already was thinking of different ways that I can start sharing it through my own networks. So, actually, another question just popped in. Do you have bilingual counselors?

>> HEATHER: Yes, we do have Spanish-speaking staff in our Durham call center, and actually, I believe one of the call specialists in our Asheville call center speaks German, but we also use translation line, so if our, obviously, we can't always have our Spanish-speaking staff on the phone, we do have the translation line, which has hundreds of languages available, so we can help people in any language.

>> TRACY: Okay. Perfect. Um, at this time then, I will go ahead

and close out the webinar and let everybody know that this will, be provided on the website, so if you want to re-listen to it. If you do have questions that go beyond this, feel free to enter them in the survey that will go out, and I will make sure that we forward those questions on and have answers sent out directly to you, and the last thing I wanted to mention is that our next lunch and learn in November on Monday, November 13th, is on emergency management, so it kind of ties in line with this, and timing seems to be great, since we've had the hurricanes and all the other things going on, partnering the two webinars back-to-back kind of feeds off of each other.

>> HEATHER: I will just say, as a kind of impartial person who's from outside looking in, really lucky in North Carolina, we have some amazing leadership in emergency management, and it's a great team there. We're in very capable hands.

>> SPEAKER: Wonderful. Thank you. Okay, well, thank you so much. I'll go ahead and end the webinar now, and I appreciate everybody's time today. Have a great afternoon.

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