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The Technical Assistance Bulletin of the Texas Information and Referral Network
Summer 1999

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The Texas Information and Referral Network is a project of the Texas Health and Human Services Commission and the Texas Planning Council for Developmental Disabilities

Community Partnerships ... Statewide Information

The Texas I&R Network staff and Task Force worked very hard over the last couple of years developing an information and referral (I&R) model that would serve all Texans.

Historically, smaller rural communities are left with few resources and services, and the greatest needs. They often have informal I&R systems that are born out of necessity. Larger metropolitan areas tend to have multiple systems or networks that are not coordinated or interconnected throughout the community. Getting these communities to form more formal, effective, and coordinated I&R systems to better serve their communities was one goal of the Taskforce.

Through their work, the I&R Network Taskforce and staff saw that it would be necessary to organize the state into regional information centers and designate key providers within each community to coordinate and disseminate community resource information. This type of model ensures the development and representation of all Texas communities, thereby providing access to health and human services information statewide.

The Area Information Center (AIC) model draws from the strengths of the community to build partnerships. Coordination between local, regional and state information and referral providers and health and human service providers is vital to the success of the statewide I&R Network.

Regional AICs are responsible for coordinating with local information and referral providers to gather, coordinate, and maintain health and human services information for their multi-county area. Each AIC, with the assistance of local partners, maintains a comprehensive database of community resources.

AICs also serve as the first-point-of-contact through telephone access for both consumers and professionals in their region. Working with the local health and human service providers, AICs ensure that consumers are directed to the most appropriate resources to address their needs.

Each regional information and referral network reflects the community for which it is built. AICs may partner with local agencies to enhance the I&R system in their community by providing case management, crisis intervention, or other additional services. Some communities may publish written directories and have telephone access to their resources while other communities may develop complex Internet-based databases with client

tracking/assistance capabilities. AICs rely on the input of the I&R and health and human service providers to develop a network which meets the needs of the community, consumers and professionals in their region.

As each AIC works with local partners to build a regional I&R network, the Texas I&R Network will collect and link information from each of the twenty-five AICs to form a statewide health and human services database. This information will be available to anyone through the Internet, providing a centralized place to search for health and human services information. The database will give a broad view of services available statewide, allowing for statewide health and human services planning, and the ability to search for information across county and regional boundaries. ❖

TAIRS Conference 1999

The Texas Alliance of Information and Referral Services will be holding their 1999 conference in Amarillo, Texas this year.

Conference details:

Theme:	Dreamin' Texas Style
Date:	August 25 - 27
Place:	Ambassador Hotel
	Amarillo, TX
Phone:	(806) 373-2662
	(for conference information)

Who should attend?

Health and human services providers interested in finding new ways to better serve customers through the community referral process.

Anyone interested in learning more about the I&R profession and standards or sharpening their I&R management and service delivery skills.

Conference information packets will be mailed out mid-June. Recipients of the I&R Exchange will automatically receive conference information.❖

Task Force Roster

Gladys Bartling, Comal County Senior Citizens Program
Cheryl Cordell, Texas Department on Aging
Mary Damsgaard, United Way of San Antonio and Bexar County
Shea Dunson, United Way of Grayson County
Debbie Garcia, Rio Grande Council of Governments
Jackie Hall, Information and Referral Center of Collin County
Omega Hawkins, Kaufman County Senior Citizens Services
Mary Kelly, Hutchison County Crisis Center
Julia Kirby, Texas Interagency Council on Early Child Intervention
Cory Klingler, First Call for Help (Capital Area)
Ron Lucey, Texas Commission for the Blind
Yolanda Montoya, Texas Planning Council for Developmental Disabilities
Donna Morrisey, Army Community Service (Fort Hood)
Carmen Palacios, Consumer Advocate
Beth Pline, United Way of the Texas Gulf Coast
Vera Randle, Crockett Resource Center for Independent Living
Sandra Ray, Casa de Amigos (Midland)
Clare Rothmeyer, Community Council of Greater Dallas
Pablo Sarabia, United Way of the Coastal Bend
Patty Stone, Texas Department of Health
Mike Terry, United Way of Texas
Beth Wick, Community Council of the Rio Grande Valley
Wanda Williams, PALADIN Project (Temple)
Twilla Woolsey, United Way of Amarillo/ Canyon

Mission Statement

The mission of the Texas Information and Referral Network is to develop, coordinate and publicize a statewide network that provides local and state access points for health and human services information in Texas.

Community Planning for a Bountiful Harvest

by Ted Hanley
The Jesse Tree

What are holistic referrals?

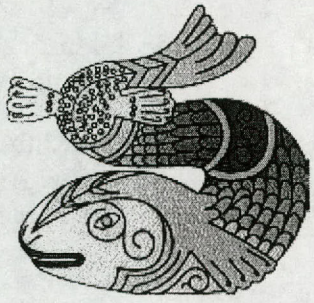
In simple terms, if a person is hungry and does not know from where the next meal will come or where to sleep that night, it is pointless, perhaps cruel to recommend education, employment, therapy or support groups until the more basic need is met.

Toward the ever popular goals of making people self-reliant we are told, "give a person a fish and he eats for a day ... teach a person to fish and he eats for a lifetime."

This presents a dilemma. Does one serve fish or hand out fishing poles? And, as one friend cautioned me, if you teach someone to fish, he'll go out and catch your fish and try to sell it to you. There are no simple answers.

Or are there?

Seeking simplistic answers to complicated questions is a form of denial which leads to an avoidance of the ultimate solution.



Seeking simplistic answers to complicated questions is a form of denial.

The unhealthy community puts unrealistic demands on various members and contributes to their demoralization and destruction.

Inner city labor pools are an example in which chronically addicted or mentally ill people attempt to do back-breaking labor for low wages.

They become discouraged, injured or sick as their meager resources feed the problem instead of the solution.

Other community members become hardened and write them off as lazy.

There are thousands of Americans caught in this trap.

The healthy community, on the other hand, recognizes the need for a "continuum of care" or a spectrum of services and assistance.

First, it meets the daily needs of its members, provides for healthy stages of growth and personal development, and ultimately encourages each person to develop to the maximum level of independence and responsibility.

Following the fishing analogy, the healthy community serves fish to those who are too young, too old, too infirm, temporarily incapable or permanently unable to fish AND feeds those who are learning how to fish.

This implies that someone has assumed the responsibility of teaching young people how to fish; managing the current catch and determining in a dignified way who can and who cannot fish.

Then, of course, there is the question of who provides the poles and bait. It becomes a community project.

Introductory courses in psychology and sociology present the student with "Maslow's Hierarchy of Needs."

Essentially, Maslow tells us that toward the goal of becoming "self-actualized," one must gradually develop and maintain the following levels of personal growth:

♦ First, meet the physiological need for air, food, water, sleep and warmth.

♦ Second, develop security, stability, find shelter, safety and clothing.

♦ Third, form relationships, affiliations, develop affection, acceptance, belongingness, friendship and approval.

♦ Fourth, develop esteem, self respect, confidence, competence, recognition and status.

♦ Fifth, become self-actualized through recognition of one's fullest potential.

Long before Maslow, early scriptures offered guidelines on helping others.

They are called "works of mercy." They are:

♦ To feed the hungry and give drink to the thirsty.

(Continued next page)

♦ To clothe the naked and shelter the homeless.

♦ To comfort the imprisoned and visit the sick.

♦ To tend to the dying and bury the dead.

As our community struggles with it's own "self-actualization," it must recognize that whether the approach is purely academic or takes a spiritual pathway, it must develop in stages, attend to first things first and provide the continuum of care that embraces all members of the community.

The goal of a healthy community should be to draw from both the academic gifts and the spiritual.

There is vast wealth in our community. And yet there is also poverty and misunderstanding. The challenge is to nurture what we have, add new services to our continuum and learn to gradually and gently fill the gaps.

This may help explain why there are a growing number of people in need and provide insight into how we can work more closely together to create the continuum of mercy in our community.

We have the fishing poles and bait.

We live on an Island, so there's plenty of room to learn how to fish ... without catching anyone else's dinner.

Ted Hanley is the Coordinator for The Jesse Tree, which is a faith-based social services ministry located in Galveston, Texas. ❖

Texas I&R Network Web site Resources

Take advantage of the following resources available online at the Texas I&R Network Website. **(http://www.hhsc.state.tx.us/tirn/tirnhome.htm)**

Finding Help in Texas. A Directory of Information and Referral Providers across the state.

Community Information Centers. Local information and referral centers that serve as the first point of contact for finding health and human services information in the community.

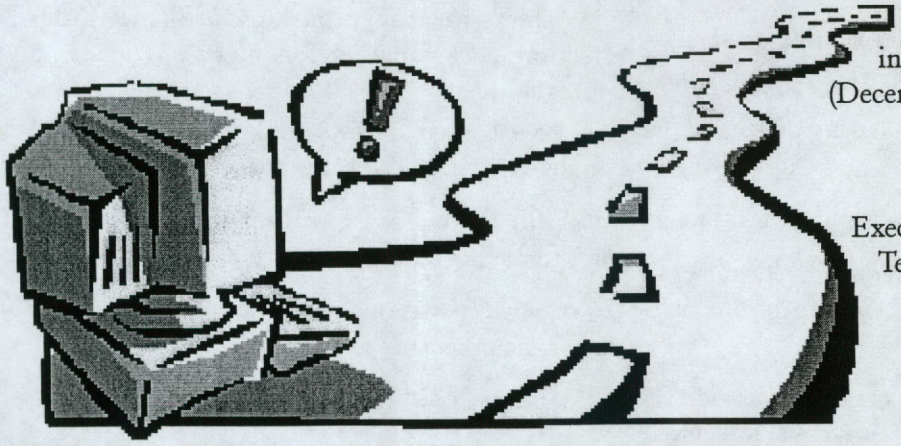
Health and Human Services in Texas: A Reference Guide. A Directory of State Agency health and human service programs.

I&R-NETWORKER E-mail list. Connecting information and referral providers in cyberspace to discuss I&R issues with others across the state and nation. Sign up from this link.

211 Collaborative. (link to AIRS website) National coalition working to designate 211 as a single number to access health and human services information.

The Exchange. Technical Assistance Bulletin for Information and Referral Providers (prior issues available for viewing).

A Plan to Increase Access to Health and Human Services. Executive Summary of the Texas I&R Network plan to greatly increase access to information about health and human services in Texas through automating, integrating, and upgrading the statewide information and referral network. (December, 1998)



Report to the 75th Legislature on HB 2596. Executive Summary of the report by the Texas I&R Network Task Force to the 75th Legislature summarizing the accomplishments of the Task Force as well as recommendations for statutory changes. (December 1998)

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Call Center Calculators

Have you ever wondered how many staff you need to adequately cover the phones to ensure quality customer service and maximum employee satisfaction?

The **Ansapoint Call Center Software** website offers five traffic calculators for dimensioning telecommunications trunk groups and analyzing the staffing requirements of a call center. These are available online free of charge at **http://www.ansapoint.com/calculator/index.htm.**

Calculators

Call Centre Calculator can be used to estimate how many information and referral specialists you require for each hour of an eight hour day, and how many trunks (central office lines) you need.

Erlang C Calculator can be used to estimate how many specialists are required in a call center, *if the quantity and length of incoming calls are known.*

Erlang B Calculator can be used to work out how many lines you need for a trunk group *if you know the Busy Hour Traffic* which the trunk group is offered.

Extended Erlang B Calculator is similar to the Erlang B Calculator but *takes retries into account.* It can be applied to trunk groups from which no overflow facilities exist.

Call Minutes Calculator uses the number of minutes of traffic a trunk group is offered in one day to work out the number of required lines.

Each of the Ansapoint calculators have a brief instruction section.

Velma's Review

I found the **Erlang C Calculator** to be the easiest and most straightforward to use. It will ask for three things: 1) number of calls per hour, 2) duration of the calls, and 3) acceptable "hold" time, which Ansapoint is calling an average delay.

Since the number and length of your calls are never the same, it is best to average these or put in what you think the maximum figures should be.

Calls per hour	Call duration (seconds)	Average delay (seconds)	Agents required
10	300	120	2
50	600	120	11
100	120	120	4

Table 1: Sample Results from Erlang C Calculator

Sample results for the Erlang C Calculator are included in Table 1. If your agency answers 10 calls per hour that last for an average of 5 minutes (300 seconds), with an acceptable on-hold time of up to 2 minutes, then you need to have 2 specialists available. ❖

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Listening Skills -- Why We Don't Hear Others

If you want to listen so you really hear what others say, make sure you are not a :

Mind reader. You'll hear little or nothing as you think "What is this person really thinking or feeling?"

Rehearser. Your mental tryouts for "Here's what I'll say next" tune out the speaker.

Filterer. Some call this selective listening -- hearing only what you want to hear.

Dreamer. Drifting off during a face-to-face conversation can lead to an embarrasing "What did you say?" or "Could you repeat that?"

Identifier. If you refer everything you hear to your experience, you probably didn't really hear what was said.

Comparer. When you get sidetracked assessing the messenger, you're sure to miss the message.

Derailer. Changing the subject too quickly soon tells others you're not interested in anything they have to say.

Sparrer. You hear what's said but quickly belittle it or discount it. That puts you in the same class as the derailer.

Placater. Agreeing with everything you hear just to be nice or to avoid conflict does not mean you're a good listener.

Source: Communications Briefings. May, 1999. http://www.briefings.com. As Adapted from: *The Writing Lab*, Purdue University English Department.