

# 211 California Annual Report 2021



211 California hereby files this Annual Report to the Director of the Communications Division of the California Public Utilities Commission pursuant to Decision 11-09-016, Appendix A.

**I. Discussion of Lead Entity's Compliance with these and all other rules governing the performance of its duties:**

211 California certifies that it was in compliance with the requirements set forth for the Board of Directors under section 2.a.i - 2.a.v and 2.b.i during 2021.

**List of Board of Directors for 2021:**

1. Gary Madden, Director, 211 San Bernardino County, United Ways of the Inland Empire
2. Maribel Marin, Executive Director, 211 Los Angeles County and President, CAIRS
3. Kelly Brown, Community Information Officer, 211 Ventura County
4. Greg Cox, Board of Supervisors - San Diego County
5. James Gore, Board of Supervisors - Sonoma County
6. Tara Sullivan-Hames, Executive Director, Help Central Inc./Butte Glenn 211
7. Richard Abrusci, President and CEO, Goodwill Industries Sacramento Valley & N. Nevada (211 Sacramento and 211 Yolo)

**II. Review of activities performed in the past calendar year, including but not limited to those listed below in Item 5 of these rules:**

**A. Overseeing and monitoring the implementation of Alliance of Information and Referral Systems (AIRS) Standards, and any additional California-specific quality guidelines and performance requirements that 211 service providers develop with the Lead Entity:**

Monitored the adherence to AIRS Standards through tracking agency accreditations via annual communications with AIRS on agency Accreditation and staff Certifications.

**B. Organizing a network for coordinated, mutual assistance response when faced with a local or regional disaster or emergency that would lead 211 call centers to receive more calls than they are able to answer:**

Organized and held 211 network meetings that included coordinating mutual assistance response for local or regional disasters or emergencies:

1. January 13, 2021 Joint Board/Network Collaborative Meeting
2. February 10, 2021 Joint Board/Network Collaborative Meeting
3. March 10, 2021 Joint Board/Network Collaborative Meeting
4. April 14, 2021 Joint Board/Network Collaborative Meeting

5. May 12, 2021 Joint Board/Network Collaborative Meeting
6. June 9, 2021 Joint Board/Network Collaborative Meeting
7. July 14, 2021 Joint Board/Network Collaborative Meeting
8. August 11, 2021 Joint Board/Network Collaborative Meeting
9. September 15, 2021 Joint Board/Network Collaborative Meeting
10. October 13, 2021 Joint Board/Network Collaborative Meeting
11. November 10, 2022 Joint Board/Network Collaborative Meeting
12. December 9, 2021 Joint Board/Network Collaborative Meeting

**C. Soliciting, allocating, and managing funding for statewide 211 activities:**

Conversations were held with many stakeholders as to the future of 211 funding including CalOES, CalFIRE, PGE, SCE and the California Department of Public Health. As of 2021 211 CA has entered into contracts with PGE and SCE to deliver PSPS (Public Safety Power Shutoffs) programming and services to be delivered by local 211s statewide in those utility service areas. 211 CA also entered into a contract with California Coverage & Health Initiatives ("CCHI") to provide health insurance referrals to CCHI's member organizations as well as provide administrative support to contracted local 211 agencies for the purposes of requiring monthly health insurance referral reports. During COVID 211s received funding through CDPH as subcontractors of United Ways of California and other agencies for pandemic information and referral. Also during COVID 211 implemented statewide services in response to the pandemic for disaster-only 211 service.

**D. Determining methods for assuring coverage in counties not yet served by 211:**

The CPUC chose to manage the SB1212 implementation process independently instead of in partnership through 211 CA as was originally planned. The CPUC issued their own Request for Proposals to bring disaster coverage to those not served. During COVID 211 implemented statewide services in response to the pandemic for disaster only 211 service where there was no previous 211 services available.

211 CA continued through the year to be engaged with all unserved counties and their stakeholders to educate them and assist in their future implementation as well as encourage the development of full 211 systems in those counties.

**E. Negotiating on behalf of 211 service providers with statewide and regional agencies and organizations that may be interested in contracting for services that span more than one 211 call center coverage area:**

Ongoing development and implementation of a multi-county collaboration with transportation authorities for 211 Ride, a portal that contains both the daily public transportation schedule for all public transportation services and the 211 database transportation resources like all dial-a-ride, shuttles, etc. Current Counties participating in

this project include Riverside, San Bernardino, Los Angeles, Orange, and Contra Costa Counties. During COVID 211s worked collaboratively to provide services statewide and to provide CDPH with daily data reports for referrals and needs.

**F. Providing oversight and management to those statewide and regional contracts that are established:**

211 CA provided fiscal management and administration of the PGE, SCE and CCHI contracts.

**G. Collecting, analyzing and reporting data regarding call volume and outcomes, contract monitoring, staff training, quality control, gap analysis, and other areas as mutually agreed:**

211 CA produced data reports on problem needs, and 2-1-1 calls/texts/emails handled annually by each 211 state-wide entity and overall. During COVID 211 produced data reports daily to CDPH on referrals and problem needs. 211 representatives visited multiple call centers to understand their training, quality standards, and challenges. Through 211 CA, individual 211 systems were able to share and receive input/feedback on efficiencies.

**H. Setting up a redundant statewide telecommunications systems through the 211 Emergency Network operating in California:**

As part of the SCE and PGE PSPS contracts, network wide emergency mutual assistance systems and process were developed and tested with participating local 211s.

**I. Because Emergency Response and Recovery Only 211 services are complementary to first responder and other emergency services, coordination is primarily focused around procurement and/or verification of information that needs to be communicated to impacted residents and the general public. In addition to receiving California Emergency Management Agency incident reports, a Lead Entity will work to get placed on the alert notification systems or web based emergency operations center (Web EOC) management databases of local emergency management agencies in unserved areas. A Lead Entity will communicate with these local emergency management agencies to inform them in the event of a disaster, the statewide 211 network has been activated so that they can alert and inform the public about 211 service availability.**

Coordinated with EOCs from multiple counties, local 211s and CDPH regarding various COVID, fire, weather, disaster and other public health related events.

**J. Perform call analysis and assess effectiveness and penetration of disaster related information within county or locality served:**

Daily referrals and problem needs data reports were provided during COVID to CDPH.

**K. Act as liaison with governmental, non-governmental, and voluntary organizations that 211 service providers work with during both normal periods and emergencies:**

Acted as a liaison with organizations such as California State Association of Counties, California State Sheriffs Association, Rural Counties Representative of California, CalFire, United Way WorldWide, United Ways of CA, Salvation Army and others.

Provided advocacy and consultation to multiple state and locally elected officials.

**L. Ensure that the public is aware of 211 service during an emergency, develop a redundant statewide 211 telecommunications system throughout California:**

Presented multiple times to local elected and appointed officials in an effort to educate the public to use the 211 system during an emergency in lieu of offering multiple ten-digit numbers. Participating in post-emergency debriefs with multiple counties on their use of the 211 networks. As part of the PSPS contracts with PGE and SCE, marketing and outreach was conducted in the utility service coverage territories via flyers, emails, social media posts and other methods to educate and inform on 211 services and on how to plan and prepare for Public Safety Power Shutoffs, wildfires and other disasters.

**M. In order to ensure the provision of the 211 service during an emergency, develop a redundant statewide 211 telecommunications system throughout California:**

During each disaster, the 211 CA network was fully activated to assist in the handling of overflow call and texting services.

**N. Develop an infrastructure and trained staff familiar with the populations that will be served by 211 during both normal periods and emergencies:**

Open communication via email updates and network calls amongst 211 CA network members to ensure all stakeholders and other call centers assisting were fully trained and informed.

**III. Within 60 days of the end of a declared emergency, a Lead Entity must electronically serve any reports issued to other agencies by it and its members regarding a specific declared emergency, to the Director of Communications Division and its successor divisions.**

Received after action reports were properly served to the CPUC and are attached herein.

# CA 211 Statewide COVID-19 Response Annual Review

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January 1, 2021 to December 31, 2021

# California Statewide 211 COVID-19 Call Center Response

## Project Overview

- Support the California statewide COVID-19 hotline through transfers to local 211 organizations across the state
- 17 211 organizations at 14 call centers covering all counties in California
- Provide data management support, analysis, and reports to identify trends and key insights

### Project Leadership



### Administrative Support



Goodwill® | Sacramento Valley  
Northern Nevada



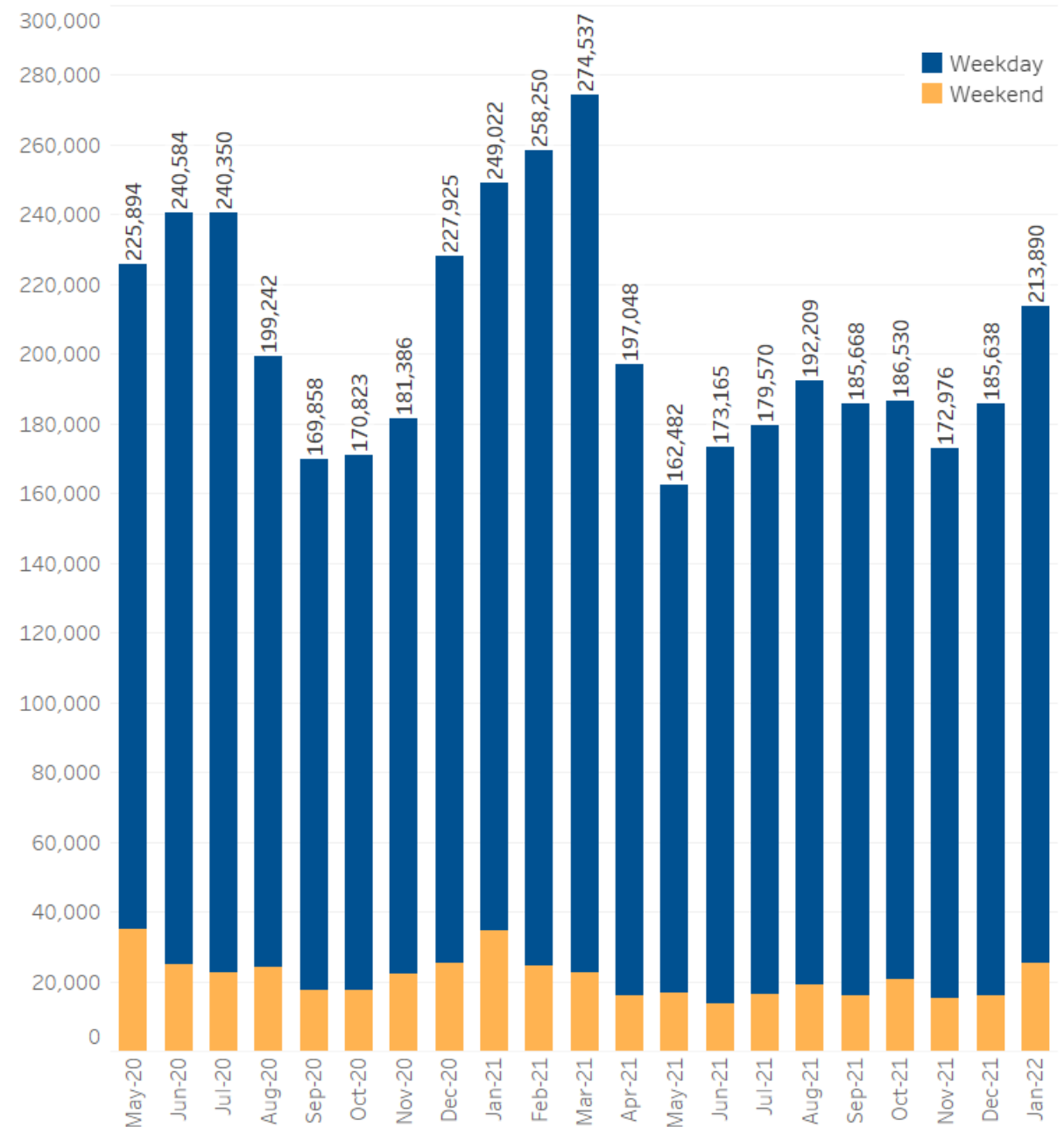
### Data Aggregator



# Call Summary

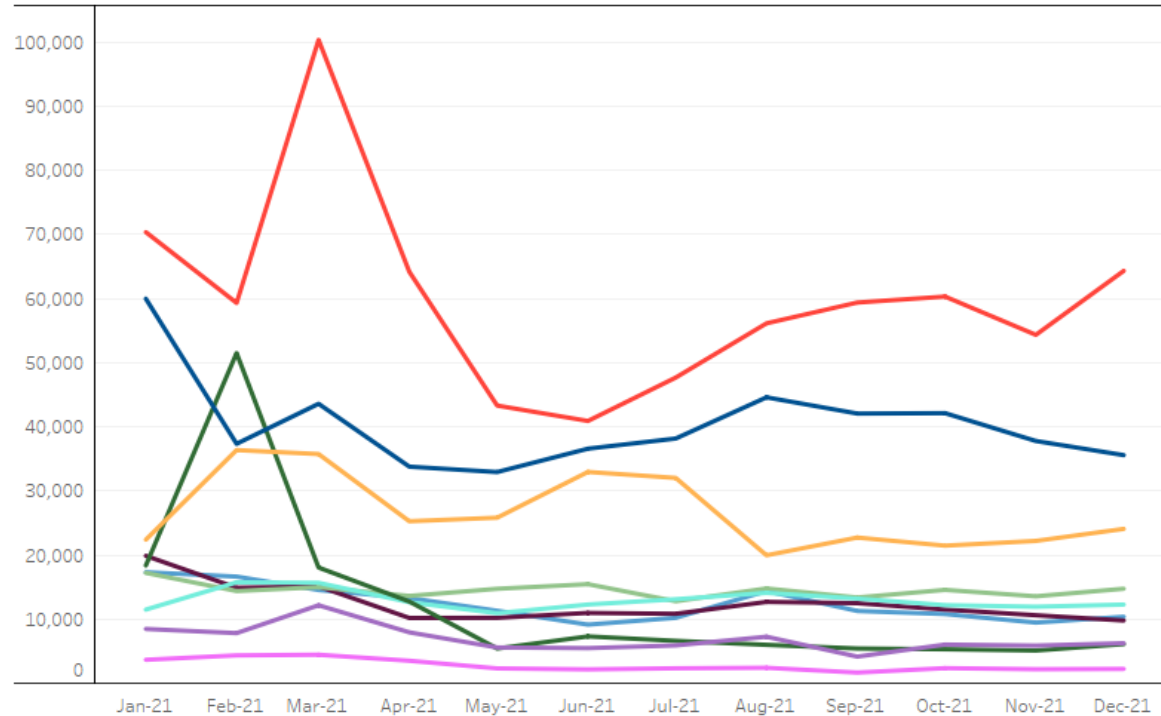
- Between May 1, 2020 and January 31, 2022, 211s across California responded to **4,287,047 calls**.
- In calendar year 2021, 2,417,095 calls were answered, averaging 201,000 calls per month. Highest call volume occurred Q1 of calendar year 2021, with the highest number of calls answered in March 2021.
- Over 900 submissions were received from fourteen 211 call centers submitting for all 58 CA counties in 2021.
- While the data collection, reporting and analysis for the statewide COVID-19 hotline began in May 2020, this annual analysis is focused on calendar year 2021.

Total Number of Calls Answered by Month



# Call Volume by Region

Total Number of Calls Answered by Region



The **California Complete Count Office** (Census 2020) created groups of counties based on a few criteria such as their hard-to-count populations, like-mindedness of the counties, and capacity of local organizations within the counties. See Appendix for map and full list of counties in each region.

With 2.4M calls answered in 2021, call volume was high in the earlier part of the year and lower call volume throughout the rest of the year, with similar trends across the state.

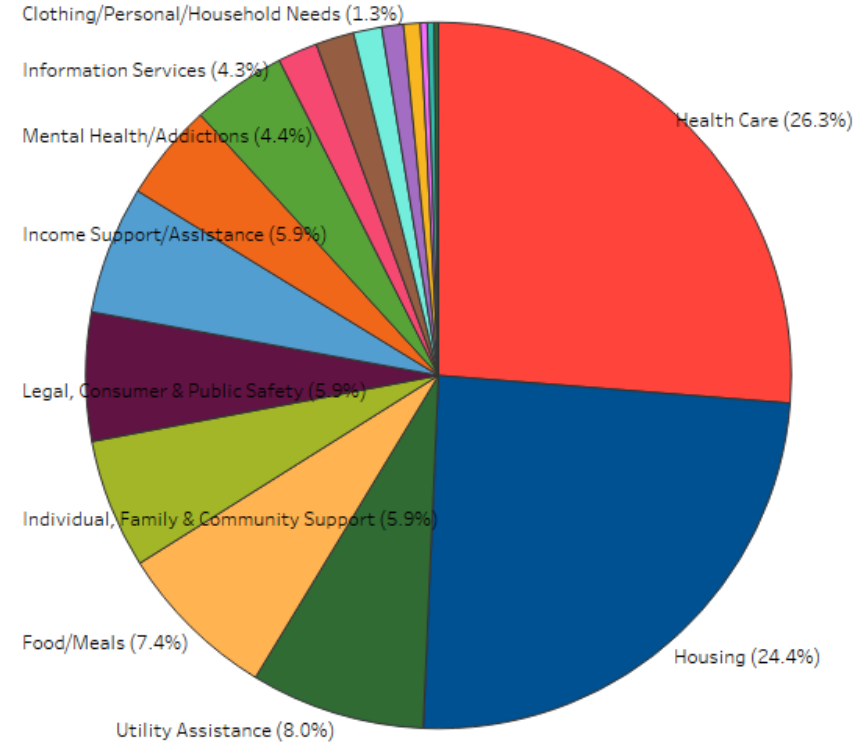
Total Calls Answered by Region in 2021

San Diego - Imperial	720,310
Los Angeles County	484,350
Inland Empire	320,857
San Francisco Bay Area	174,118
Orange County	155,442
Southern San Joaquin Valley	149,077
Superior California	148,641
Northern San Joaquin Valley	147,836
Central Coast	82,857
North Coast	33,607



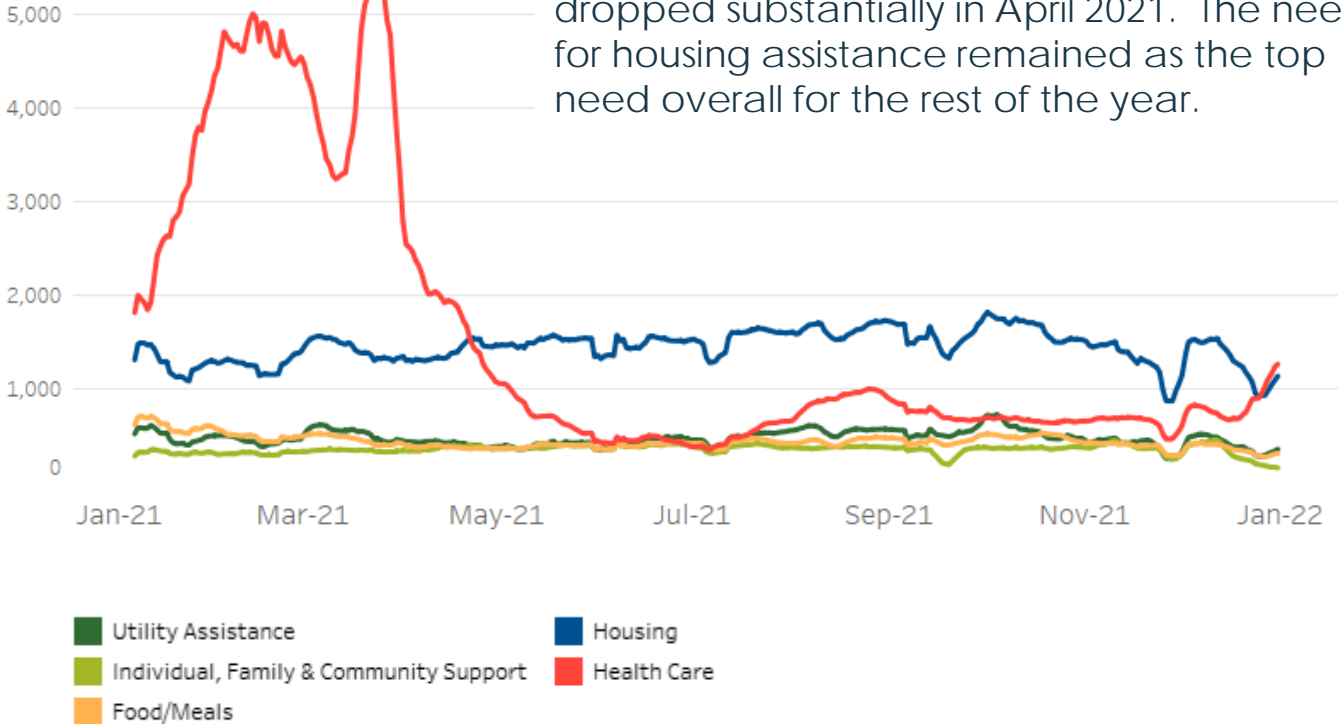
# Overall Need Trends

Overall Need Distribution



Top 5 Needs

The top 5 needs make up 71% of all needs across the state. Health care assistance was the top need at the start of 2021 and dropped substantially in April 2021. The need for housing assistance remained as the top need overall for the rest of the year.

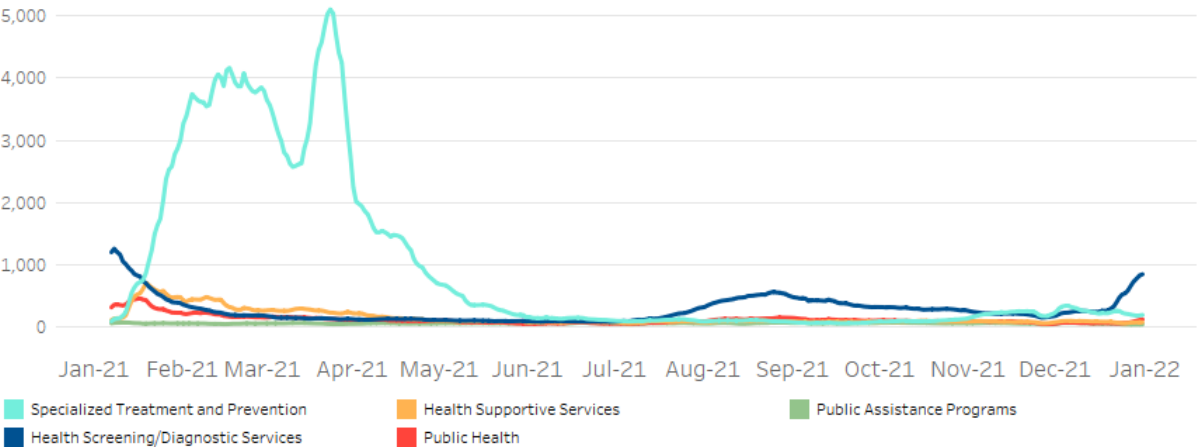


# Health Care

AIRS Needs Volume for Top 5 Needs



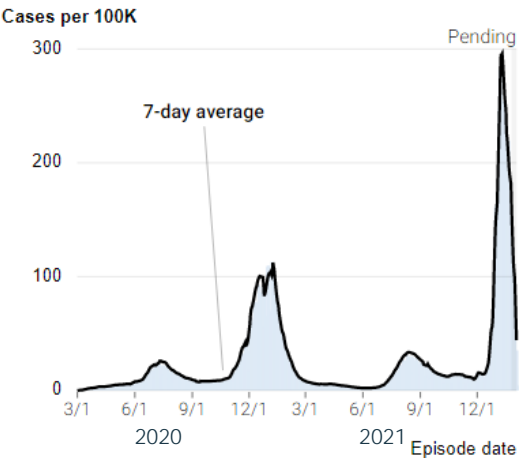
AIRS Needs Subcategories



Health care represented 26% of client's needs in 2021 and was higher compared to 18% of all needs in 2020. While needs were higher, 2021 was more focused on vaccine assistance compared to needs related to COVID-19 testing in 2020. March 2021 displayed the highest needs overall since the start of the pandemic.

There was a peak of needs related to vaccine assistance between November 2020 and March 2021 and a small uptick of needs related to COVID-19 testing between July and October 2021. These periods closely align with confirmed cases in CA.

## Confirmed Cases in CA



Source: <https://covid19.ca.gov/state-dashboard/>

# Housing

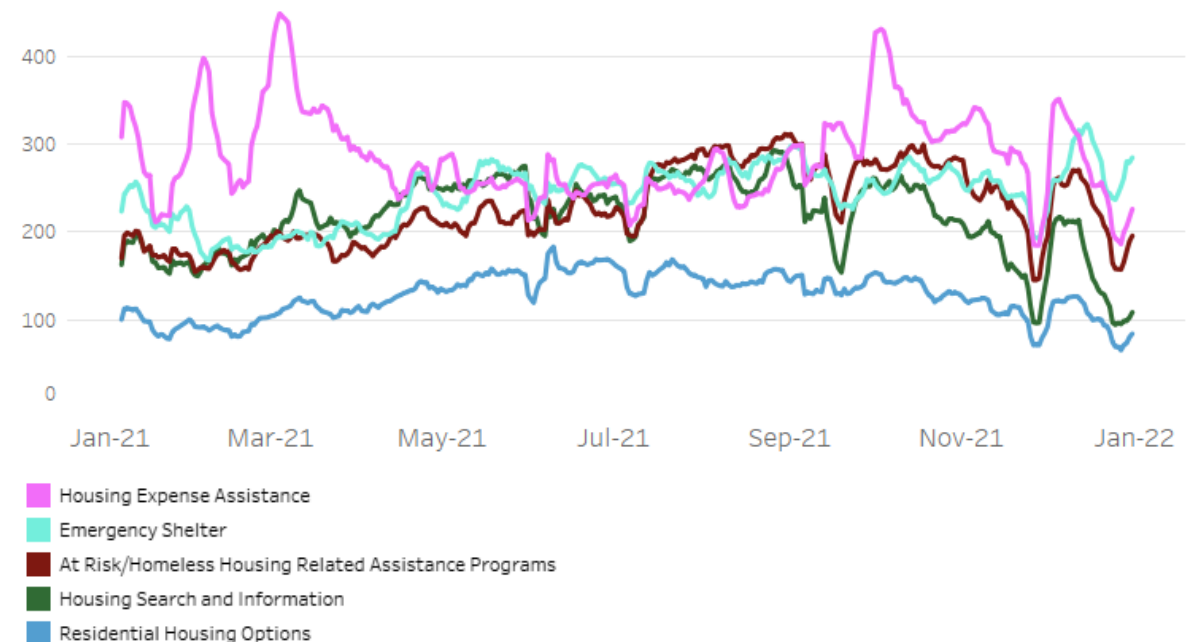
Overall, housing assistance was the second most common need for all callers across the state and accounted for 24% of needs in 2021, which was similar to the need in 2020.

Housing expense assistance fluctuated and had several peaks throughout the year. At-risk homeless housing related assistance gradually increased throughout the year. The State of California's eviction moratorium ended on September 30<sup>th</sup>, 2021 which may explain the increase in housing expense assistance services.

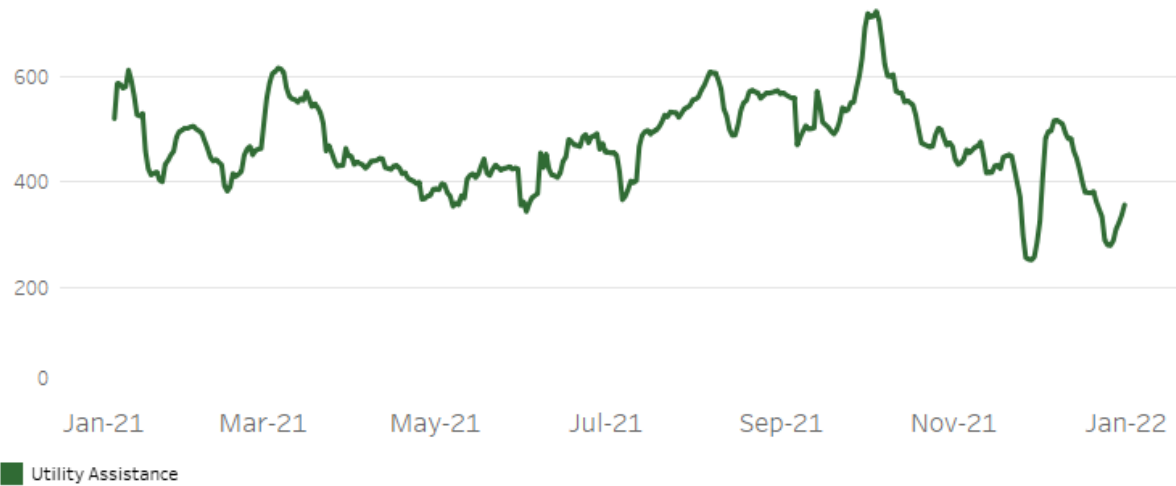
AIRS Needs Volume for Top 5 Needs



AIRS Needs Subcategories



AIRS Needs Volume for Top 5 Needs



AIRS Needs Subcategories



# Utility Assistance

Overall, utility assistance needs represented 8% of all needs in 2021, which was similar to the utility assistance needs in 2020.

Gas and electric service payment assistance or discounted bill programs comprised of the top needs for utility assistance.

# Food

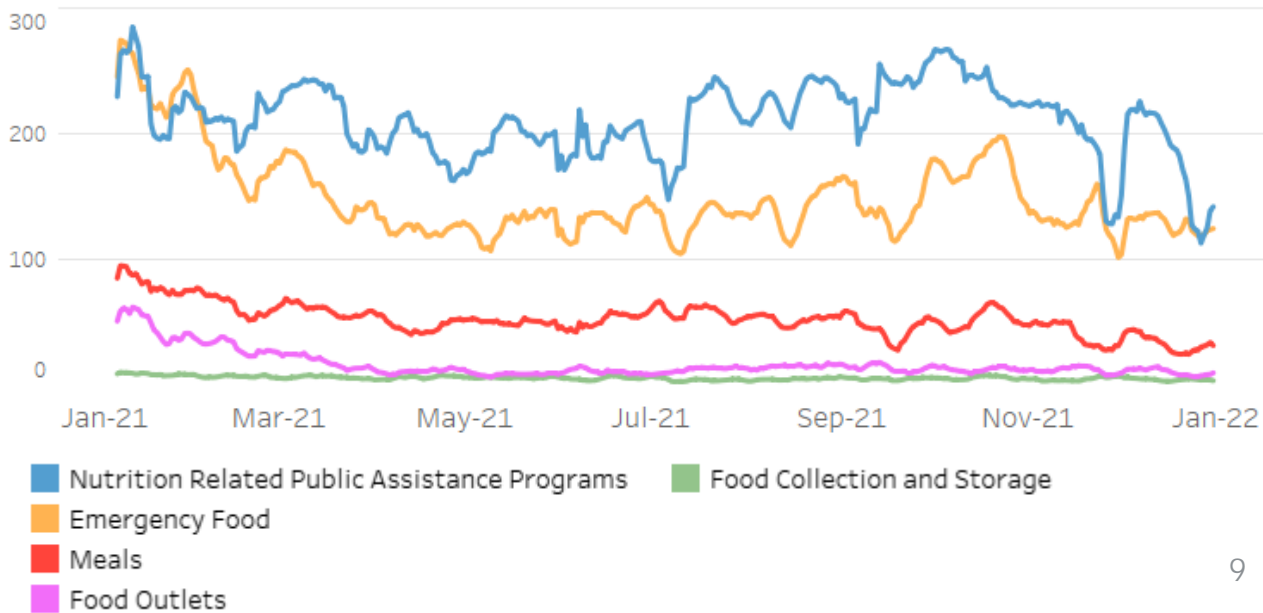
Food needs represented 7% of needs across the state in 2021 and are lower compared to 14% of needs in 2020.

Nutrition related public assistance programs accounted for almost half of all food needs. Programs including food stamps and SNAP applications remained steady throughout the year. Emergency food and meals were high in January 2021 and slowly decreased.

AIRS Needs Volume for Top 5 Needs



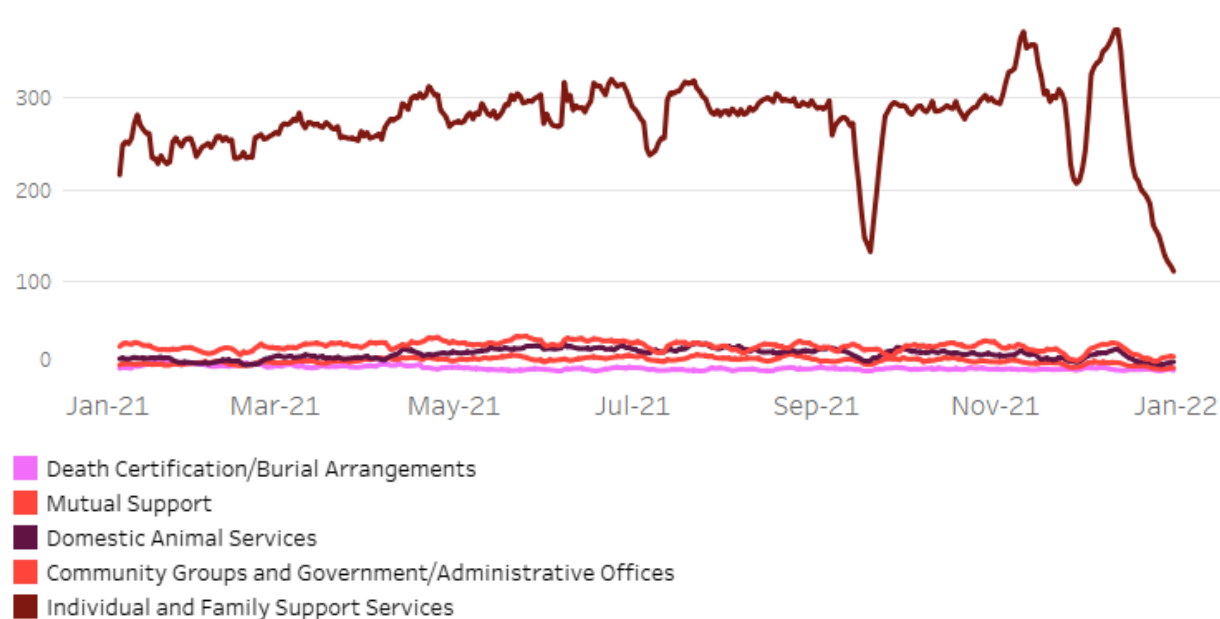
AIRS Needs Subcategories



AIRS Needs Volume for Top 5 Needs



AIRS Needs Subcategories



# Individual, Family, and Community Support

Individual, Family, and Community Support represented 6% of needs across the state in 2021. While the need had similar trends as the previous year, individual, family, and community support transitioned into one of the top 5 needs in 2021.

The top need within this category comprised mostly of individual and family support services which include elder/dependent adult abuse reporting and case management services.

# Mental Health & Addictions

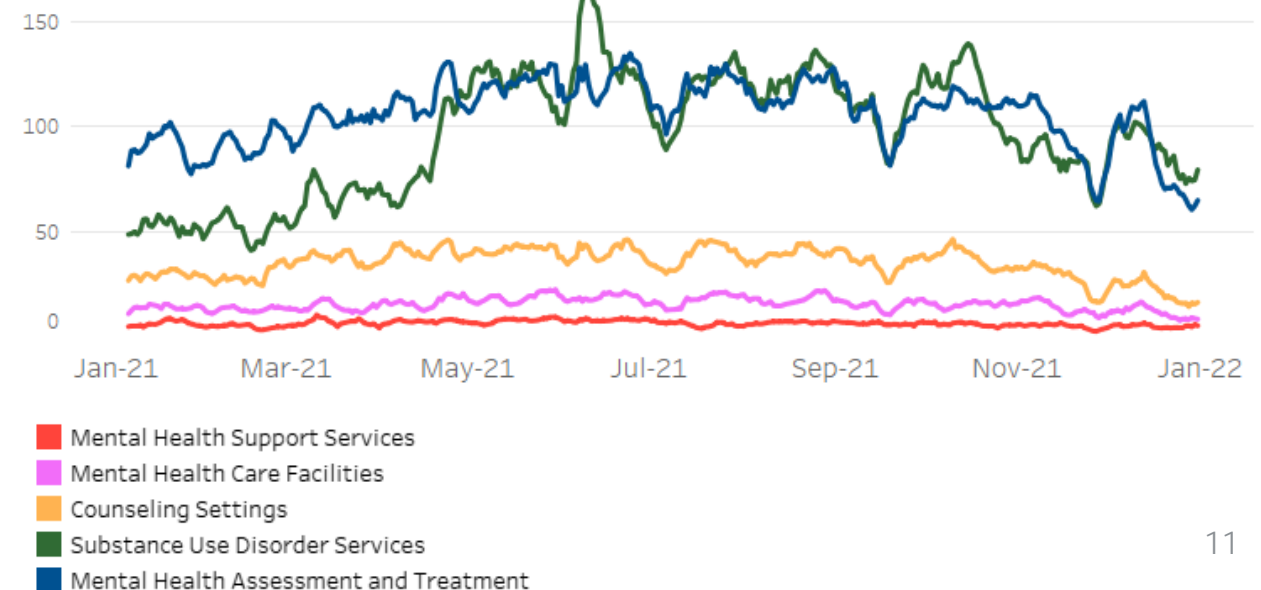
Overall, mental health and addiction needs accounted for 4% of all needs in 2021, which was similar to the previous year. Mental health assessment and treatment contribute 40% within this category, following 37% of substance use disorder services.

In January 2021, substance use disorder services steadily rose and had similar trends as mental health assessment and treatment services between May 2021 throughout the year. Substance use disorder services were higher in 2021 (37%) compared to the previous year (28%). In May 2021, many 211s across the state partnered with CA Smokers' Helpline to screen and refer interested callers to a smoking cessation program. These referrals were the primary driver in the increase of substance use disorder services.

AIRS Needs Volume for Top 5 Needs



AIRS Needs Subcategories

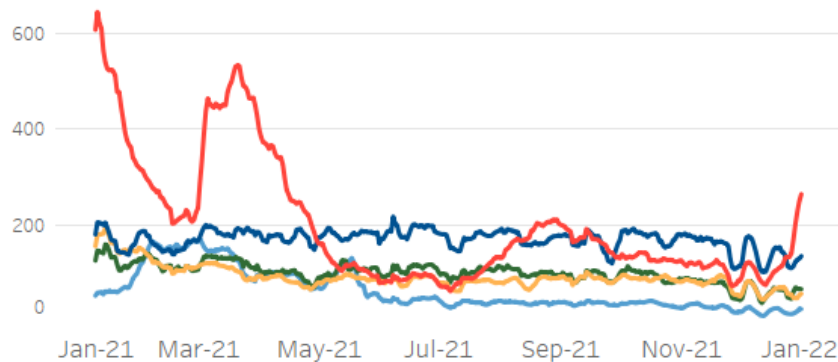




# Top Needs by Race

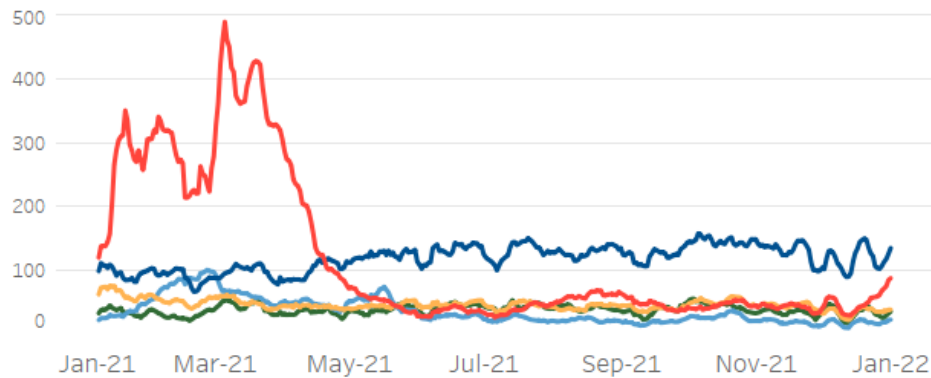
## Hispanic

AIRS Needs Volume for Top 5 Needs



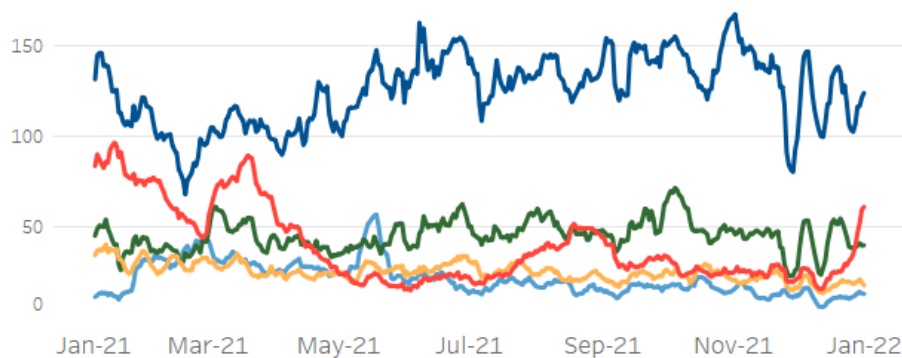
## White

AIRS Needs Volume for Top 5 Needs



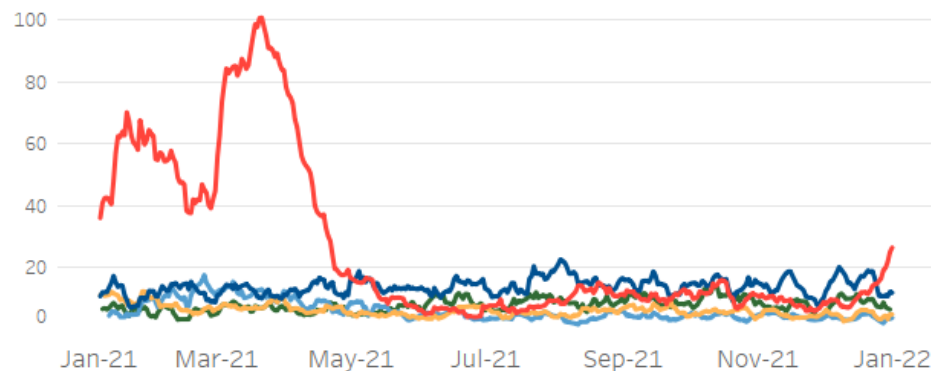
## African American

AIRS Needs Volume for Top 5 Needs



## Asian

AIRS Needs Volume for Top 5 Needs



Top needs by race suggest that Hispanic callers were more likely to seek health care assistance than other needs. Hispanic callers sought vaccine assistance in the earlier part of the year and COVID-19 testing towards the end of the year.

African American callers were more likely to seek housing assistance than other needs.

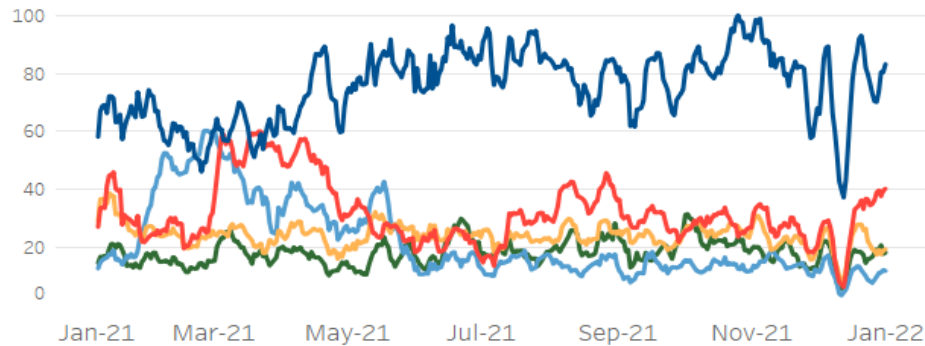
White and Asian callers were more likely to seek vaccine assistance than other needs in the earlier part of the year.



# Top Needs by Age

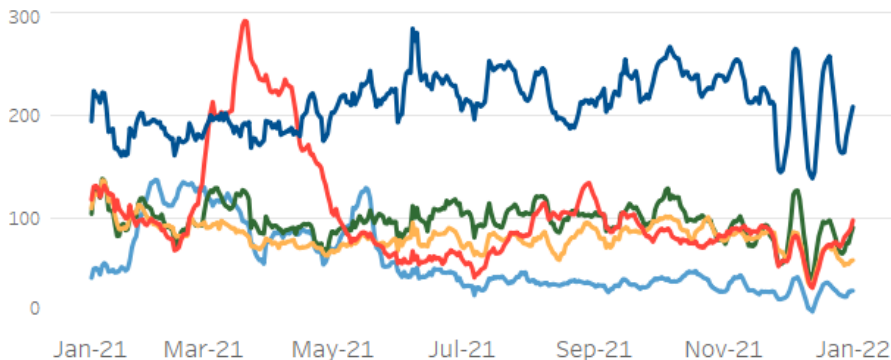
## 18 to 29

AIRS Needs Volume for Top 5 Needs



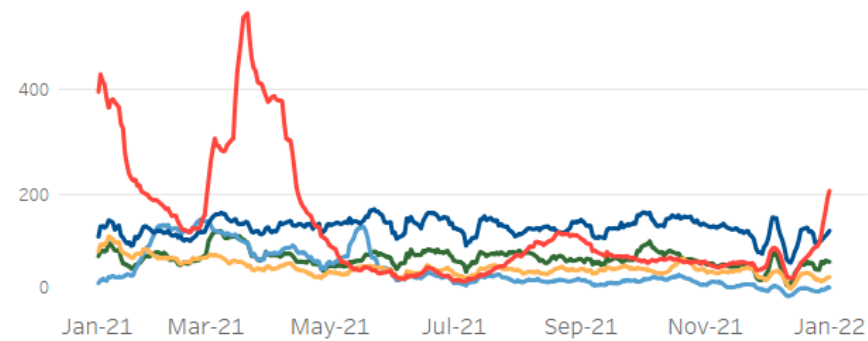
## 30 to 49

AIRS Needs Volume for Top 5 Needs



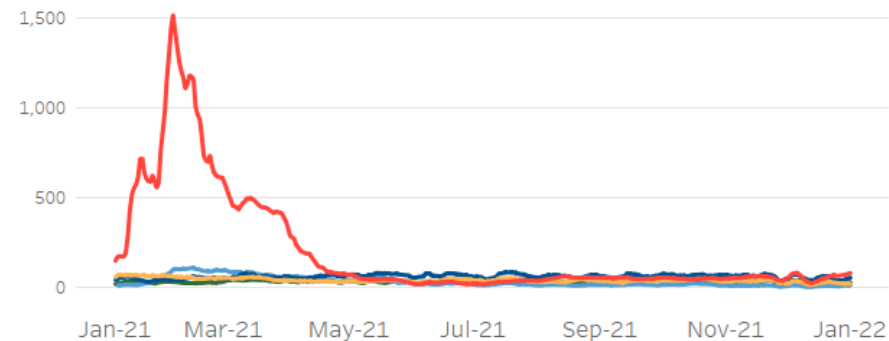
## 50 to 64

AIRS Needs Volume for Top 5 Needs



## 65 and Over

AIRS Needs Volume for Top 5 Needs



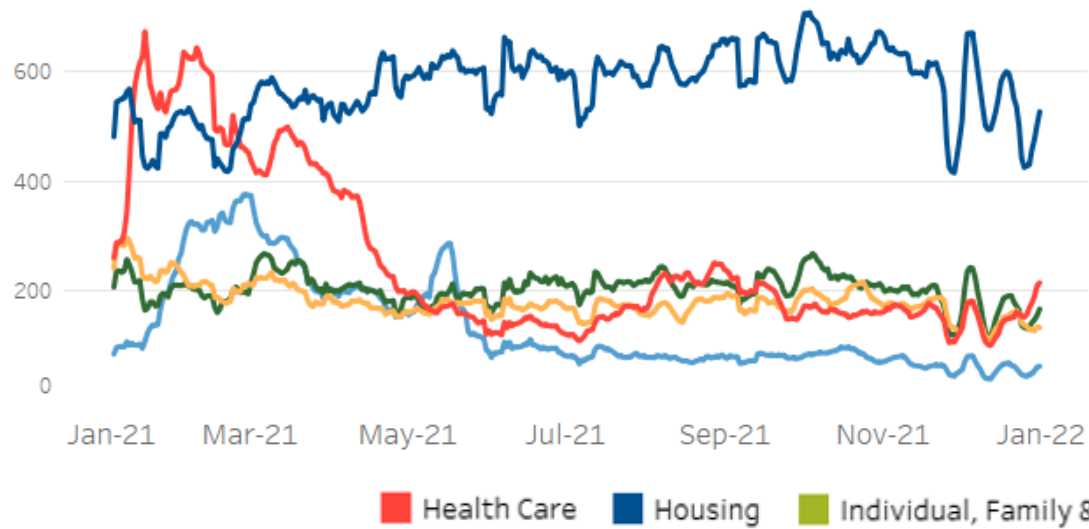
Older adults (65 and over) showed the highest prevalence of health care needs, driven in large part by COVID-19 vaccine assistance during the beginning of the vaccine rollout. Age was an eligibility factor for the vaccine rollout, so it was expected to see higher health care needs for this age group early in 2021.

Housing needs were more common over the past year for younger callers (under 49). These age groups also showed small increases for Income Support and Assistance.

# Top Needs by Gender

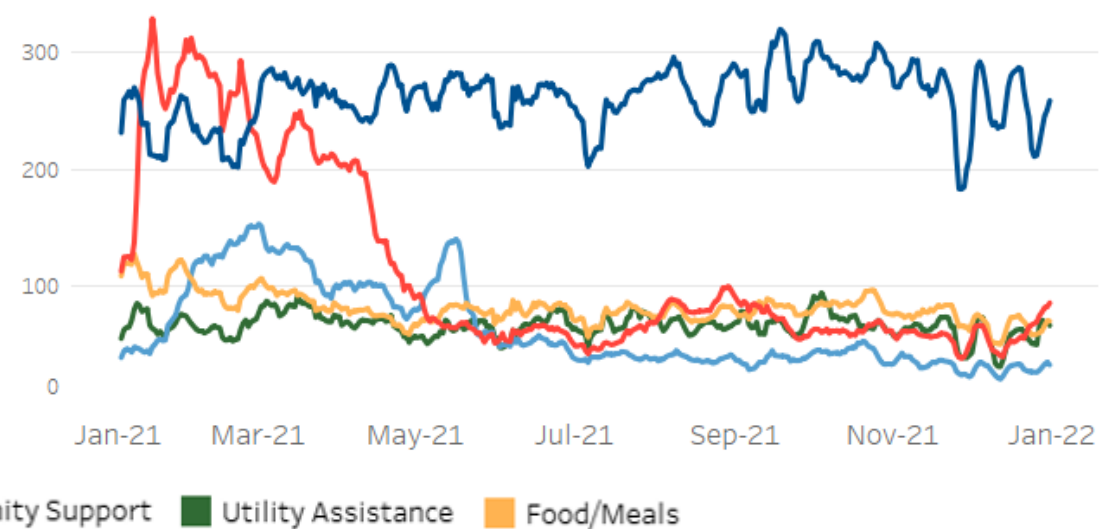
## Women

AIRS Needs Volume for Top 5 Needs



## Men

AIRS Needs Volume for Top 5 Needs

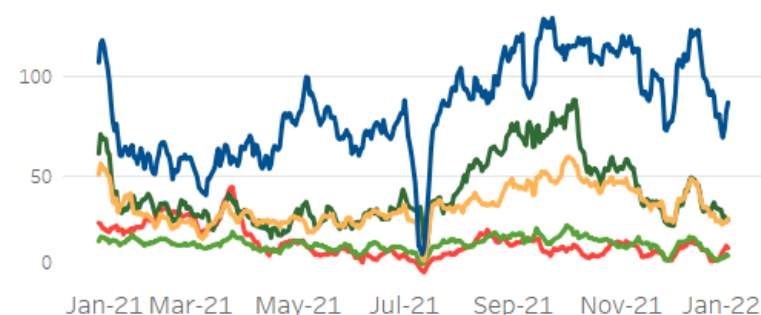


- 69% of callers were women in 2021 which were similar to the previous year.
- Needs in 2021 were similar between the genders. There were not enough data to display trends for callers identifying as non-binary.

# Southern California Regions

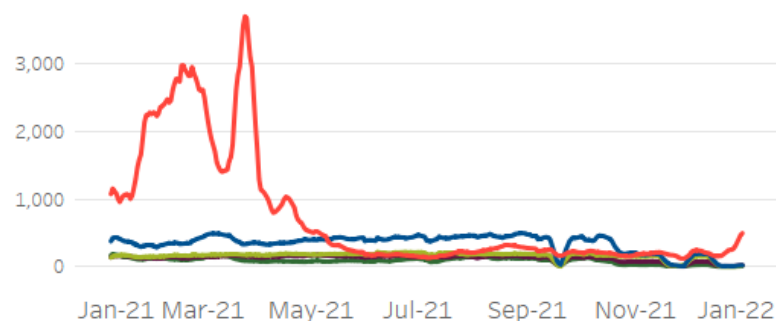
## Inland Empire

AIRS Needs Volume for Top 5 Needs



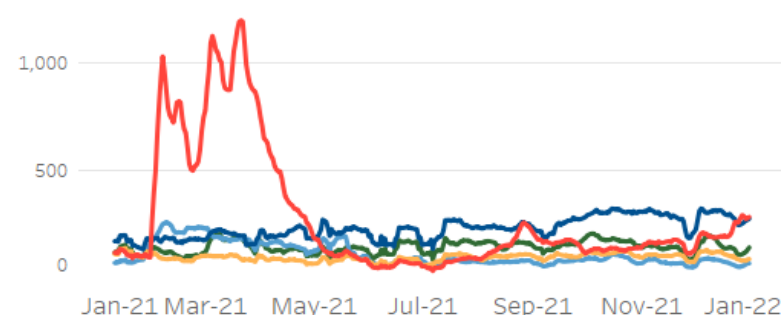
## Los Angeles County

AIRS Needs Volume for Top 5 Needs



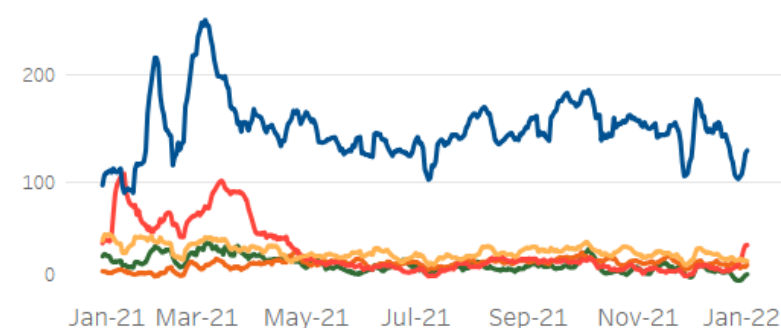
## San Diego/Imperial

AIRS Needs Volume for Top 5 Needs



## Orange County

AIRS Needs Volume for Top 5 Needs



## Inland Empire

Housing assistance represented the top need for the Inland Empire region, accounting for 31% of all needs and increased throughout the year. Utility assistance represented the top second need (15%) with a small peak between July and November 2021.

## Los Angeles County

Health care was the top need for Los Angeles County, accounting for 39% of all needs in 2021 and was higher compared to 25% of needs in 2020. Housing assistance was the second most common need (20%).

## San Diego/Imperial

Health care needs represented the top need in the San Diego/Imperial region accounting for 25% of all needs in 2021 and were higher compared to 14% of all needs in 2020. Majority of demand occurred between January and April 2021. Housing was the second most common need (20%).

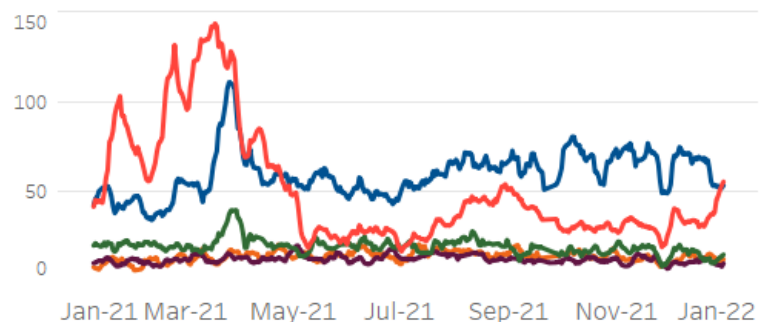
## Orange County

Housing assistance represented the top need accounting for 42% of all needs and were higher compared to 30% of needs in 2020. Health care needs represented the second common need (10%).

# Central California Regions

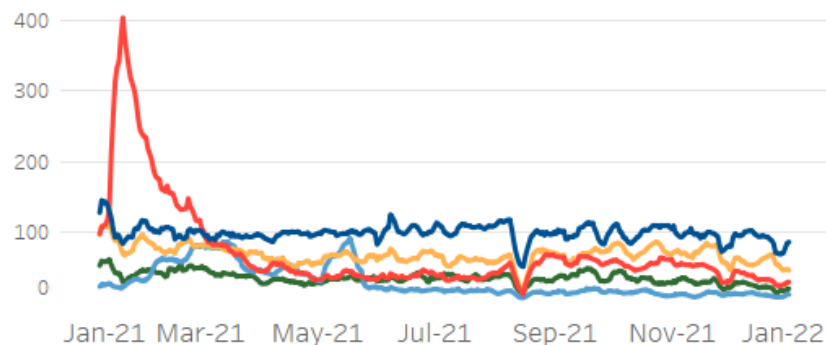
## Central Coast

AIRS Needs Volume for Top 5 Needs



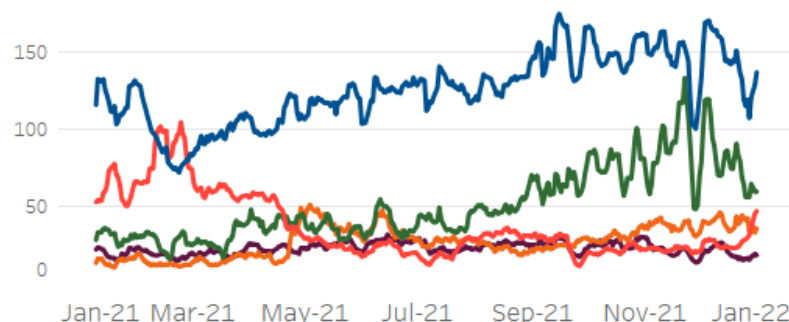
## Southern San Joaquin Valley

AIRS Needs Volume for Top 5 Needs



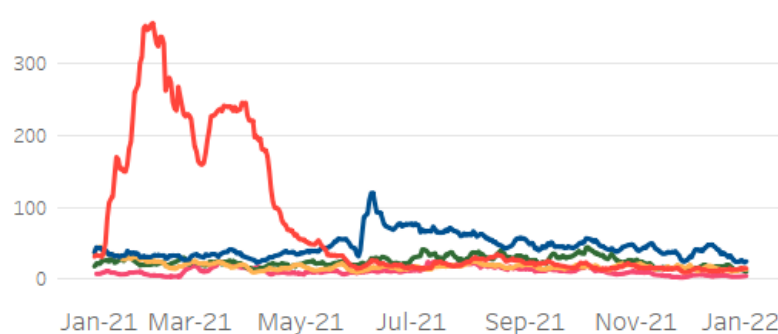
## San Francisco Bay Area

AIRS Needs Volume for Top 5 Needs



## Northern San Joaquin Valley

AIRS Needs Volume for Top 5 Needs



## Central Coast

Housing was the top need for the Central Coast region and accounted for 29% of all needs. Health care was the second most common need accounting for 25% of needs in 2021 and was higher compared to 2020 (9%).

## Southern San Joaquin Valley

There was a large spike in health care needs in January 2021, however housing assistance represented the top need for the Southern San Joaquin Valley region and was higher in 2021 (26%) compared to 2020 (21%).

## San Francisco Bay Area

Housing assistance was the top need in the San Francisco Bay Area region, accounting for 35% of all needs in 2021. Utility assistance was the second most common need and was higher in 2021(14%) compared to 2020(5%). Utility assistance increased from July 2021 throughout the year.

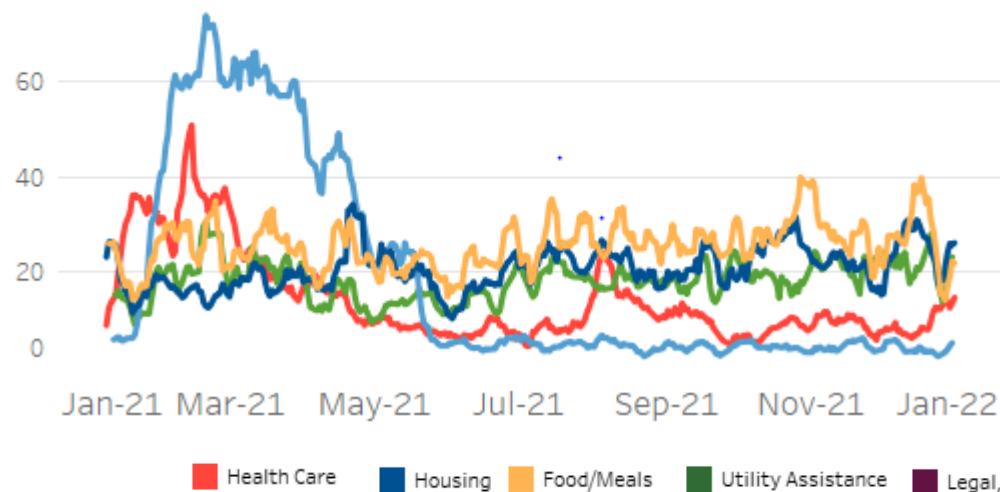
## Northern San Joaquin Valley

Health care needs represented the top need for Northern San Joaquin Valley, accounting for 35% of needs in 2021 and was higher compared to 2020 (16%). Housing assistance represented 21% of all needs, with a small peak between June and July 2021.

# Northern California Regions

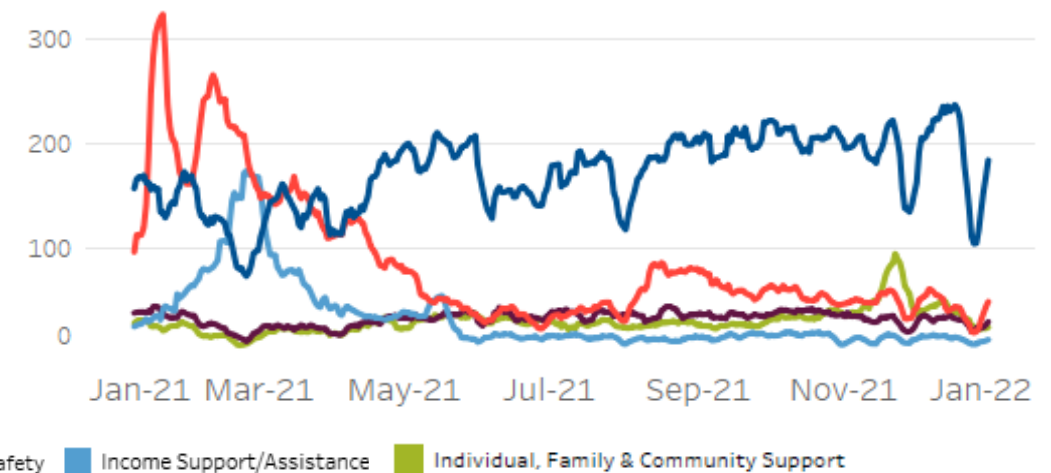
## North Coast

AIRS Needs Volume for Top 5 Needs



## Superior California

AIRS Needs Volume for Top 5 Needs



### North Coast

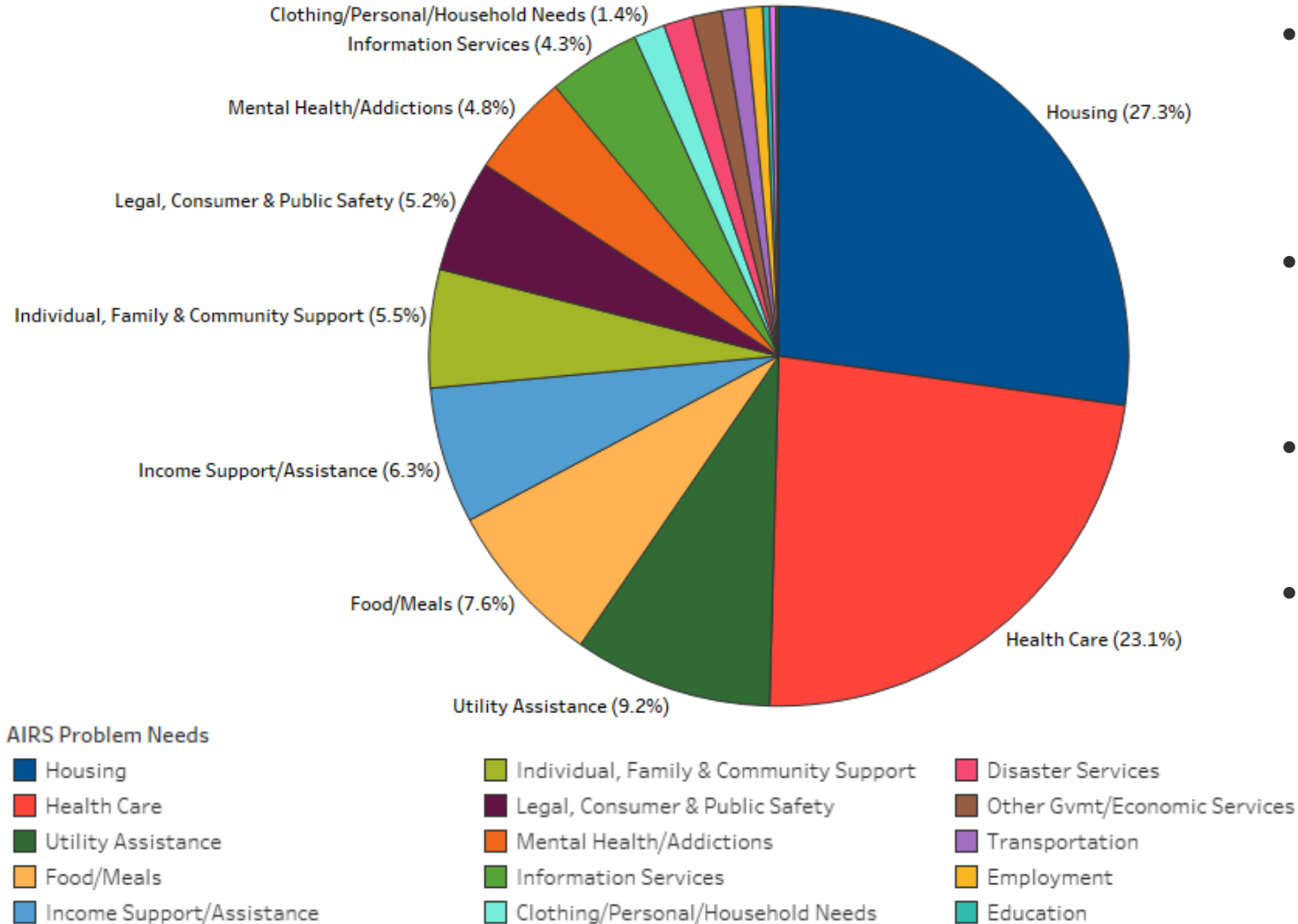
In the North Coast region, food/meals represented the top need accounting for 20% of all needs. Housing assistance represented the second most common need (17%) and had several peaks of housing/shelter and housing expense assistance programs throughout the entire year. Income Support and Assistance represented the third most common need accounting for 15% of all needs, with most of the demand between January and May 2021.

### Superior California

In the Superior California region, housing assistance represented the top need which was higher in 2021 (34%) compared to 2020 (29%). Health care assistance represented the second most common need accounting for 17% of total needs and Income Support and Assistance represented the third most common need (7%).



# January 2022 Highlights



- In January 2022, housing assistance represented the top need and accounted for 27% of all caller's needs, with needs increasing in the Inland Empire and the San Francisco Bay Area regions.
- Health care needs accounted for 23% of all caller's needs, with a peak of health screening/diagnostics (e.g. COVID-19 testing) in January 2022 across the state.
- Utility assistance represented the third most common need accounting for 9% of all needs and Food/Meals account for 8%.
- Income Support and Assistance account for 6% of needs, with tax organizations and services starting to rise.

# Appendix | CA Counties by Region



The **California Complete Count Office** (Census 2020) created the following groups of counties based on a few criteria such as their hard-to-count populations, like-mindedness of the counties, and capacity of local organizations within the counties. The following analysis utilizes these regions. See below for list of counties by region.

<b>Central Coast</b>	Monterey San Benito San Luis Obispo Santa Barbara Santa Cruz Ventura
<b>Inland Empire</b>	Riverside San Bernardino
<b>Los Angeles County</b>	Los Angeles
<b>North Coast</b>	Del Norte Humboldt Lake Mendocino Napa Sonoma Trinity
<b>Northern San Joaquin Valley</b>	Alpine Amador Calaveras Madera Mariposa Merced Mono San Joaquin Stanislaus Tuolumne
<b>Orange County</b>	Orange
<b>San Diego - Imperial</b>	Imperial San Diego
<b>San Francisco Bay Area</b>	Alameda Contra Costa Marin San Francisco San Mateo Santa Clara Solano
<b>Southern San Joaquin Valley</b>	Fresno Inyo Kern Kings Tulare
<b>Superior California</b>	Butte Colusa El Dorado Glenn Lassen Modoc Nevada Placer Plumas Sacramento Shasta Sierra Siskiyou Sutter Tehama Yolo Yuba

# Appendix | Notes

- Data may not align with individual 211 reporting, as definitions for needs and demographic categories have been adjusted in this analysis to find commonalities across each reporting site.
- Demographic percentages are displayed out of total known responses. Not all demographic responses could be recoded into similar categories. Demographics are compared without missing data to allow for comparisons among known data distributions that are not over-shadowed by missing or uncollected data.
- Need data do not represent unique callers. Callers may have one or more need. The number of needs was selected to allow for consistency across 211s. Need direction, relative magnitude, and percentages of total need can be used to draw conclusions on prevalence and emergence.
- Need sub-categories grouped at various levels to display most meaningful descriptions.
- Needs data are often indicators of resource availability (e.g. if there is a resource, a referral can be provided and a need documented). As such, peaks and valleys in need trends may also be indicators of regional resource availability fluctuations.
- San Diego/Imperial county data had not previously included needs data for vaccine assistance calls, but that data is included in this analysis and will be included in the weekly reports.