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Issue Brief

Dialing for Help: State Telephone Hotlines as Vital Resources for Parents of Young Children

Meg Booth, Treeby Brown, and Malia Richmond-Crum
Association of Maternal and Child Health Programs

ABSTRACT: Toll-free telephone hotlines operated by the states are increasingly being used by families to obtain reliable advice on their young children's health and well-being. Originally created for prenatal-care assistance alone, these lines now cover a wide range of early-childhood issues. But while the majority of the lines deliver high-quality information, promptly and empathetically, to their callers, there is still considerable room for improvement. For example, greater use could be made of experts in early-childhood services, and of knowledgeable parents, for speaking with callers and training other staff. The lines could also be made more easily accessible in several ways: through the national 800 number for childhood issues, via the more general 2-1-1 number for community-based services, and by means of a Web site for each line so that it could serve its audience at virtually any time of the day or night.

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Introduction

Though all families need to turn to health professionals at one time or another for support and guidance in raising healthy children and helping them realize their potential, not all can afford to do so or know where to look. To help fill this gap, state governments have been implementing innovative strategies to provide reliable assistance and advice to families with young children. This issue brief looks at one such strategy: toll-free hotlines.

These telephone information and referral services, now available in all states, the District of Columbia, and six territories, constitute an approach that can directly benefit a great many people. Already, they provide assistance to nearly 1.3 million parents each year.

For more information about this study, please contact:

Meg Booth, M.P.H.
Policy Analyst
Association of Maternal and Child Health Programs
E-mail mbooth@amchp.org

or

Edward L. Schor, M.D.
Assistant Vice President
The Commonwealth Fund
Tel 212.606.3866
E-mail els@cmwf.org

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A Brief History of MCH Toll-Free Lines

State maternal and child health (MCH) programs traditionally address the health and emotional needs of families by providing them with cost-effective, high-quality services and by also linking the families to other community services such as child care, Head Start, and schools. State-run MCH toll-free lines are an excellent way to help meet those objectives.[1]

States originally began operating toll-free lines specifically for prenatal-care referrals; in the 1980s, as Medicaid was expanding eligibility for pregnant women, many states supported toll-free lines to ensure that low-income women had access to referrals for prenatal care. But many of these lines later expanded to provide information and services in other areas as well. Starting in 1989, the federal MCH Block Grant program required states to establish a toll-free line with a strong focus on helping children enroll in Medicaid. These lines had to provide families with, at a minimum, information on health care practitioners, Medicaid providers, and other relevant health-related providers in the state. In other words, states used the expertise they gained from the prenatal lines to expand their target audience to uninsured children and their families.

Although the country's 57 MCH toll-free lines operate independently of one another, a national 800 number (1-800-311-BABY) maintained by the Maternal and Child Health Bureau (MCHB)[2] automatically connects callers to their state help line. Some states have gone so far as to link their toll-free lines to more comprehensive services such as 2-1-1 in order to provide a greater range of information to families (see page 8). Given the variety of ways in which they can be accessed, these lines have become more widely used over time; between 1998 and 2003, the number of calls received by the states nearly doubled (from 730,000 to nearly 1.3 million).

Wisconsin

For over 10 years, the Wisconsin Title V program has contracted with Gundersen Lutheran Medical Center in La Crosse to operate the Wisconsin MCH hotline. Funded through Title V, Medicaid/SCHIP, WIC, and state general funds, the hotline is available 24 hours a day, seven days a week. It handled 8,033 calls in 2003 alone.

Three other lines are included in the contract, including the First Step (supports the Birth to 3 and the Children With Special Health Care Needs programs), Women's Health, and Informed Consent for Pregnancy Termination. A major benefit of the comprehensive system has been the development of one database of 3,000 organizations that is available through the toll-free line and online (www.mch-hotlines.org).

When evaluating the effectiveness of the hotline, staff point to some challenges in coding calls, especially when callers have a number of requests. Staff would also like to expand the resources available for dealing with early-childhood issues, including behavioral health, parenting support groups, and oral health.

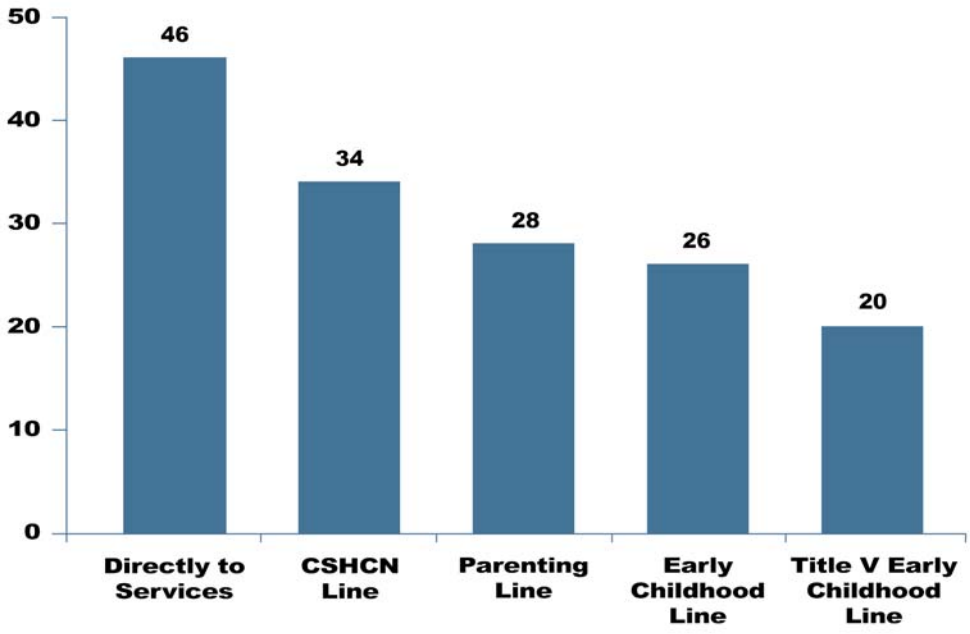
Elements of Their Operation

In recent surveys, MCH toll-free lines reported on the major reasons for the calls they receive. Most frequent queries involved health insurance (cited by 85% of the MCH lines polled), child-development concerns (38%), parenting and child rearing (27%), and children with emotional or mental health needs (25%).[3]

Each toll-free line determines its own personnel qualifications and degrees of collaboration with other information and referral resources. The majority of MCH toll-free lines are available only during normal business hours (with provision for leaving messages during off hours) and a fraction

of them offer access 24 hours a day, seven days a week. Social workers and health professionals staff most toll-free lines, and some staffs include parents. For non-English-speaking families, many toll-free lines work with them in their own language—for example, 64 percent provide Spanish-speaking staff, 16 percent have Portuguese-speaking staff, and 56 percent use phone company language translation. For the deaf or hard of hearing, over 60 percent of the toll-free lines offer TTY and 22 percent offer phone company interpreters.

Figure 1. MCH Referrals for Child Behavior, Health, or Parenting Calls



Source: Authors' review of state Maternal and Child Health Block Grant 2002 annual reports, submitted to the federal Bureau of Maternal and Child Health, and authors' 2004 Web-based survey of each of the 57 states and jurisdictions with a toll-free line.

Callers can expect to be provided with information specific to their question or a referral to another toll-free line or community-based agency. Some states have found it more useful to create separate toll-free lines to address specific issues—42 percent of MCH programs operate at least one other line for children with special health care needs, and others offer separate lines for early childhood (9%), immunizations (9%), parenting (9%), and smoking cessation (7%). Many states avoid duplication by sharing operators, facilitating three-way calling, or co-locating staff from the various lines.

In addition to federal funding, the toll-free lines sometimes receive financial support from other sources. Some 41 percent receive funding from state general revenues, for example, or from Medicaid and the State Child Health Insurance Program (SCHIP). In some states, early-intervention programs (Part C of the Individuals with Disabilities Education Act) and the Supplemental Nutrition Program for Women, Infants, and Children (WIC) also provide funding. The stability of these resources has allowed many states to maintain or expand their hotline services, even during the state budgetary shortfalls of recent years. At present, 42 percent of toll-free lines are considering expanding services. On the other hand, 10 states reduced their lines in the past year—usually by cutting staff or decreasing outreach efforts—because of tight budgets.

Sustained marketing has been the key to toll-free lines' success, as verified by the fact that periodic increases in calls are often attributable to specific marketing campaigns. Eighty-nine percent of states use their MCH program Web site to advertise their toll-free number(s), though traditional outreach methods—such as brochures, health fairs, and word of mouth—continue to be just as productive as the Internet. Ninety-two percent of states use brochures, 89 percent have

agency staff provide outreach, and 70 percent of states report that calls are often prompted by referrals from friends and family members.

A Parent Tests the Lines

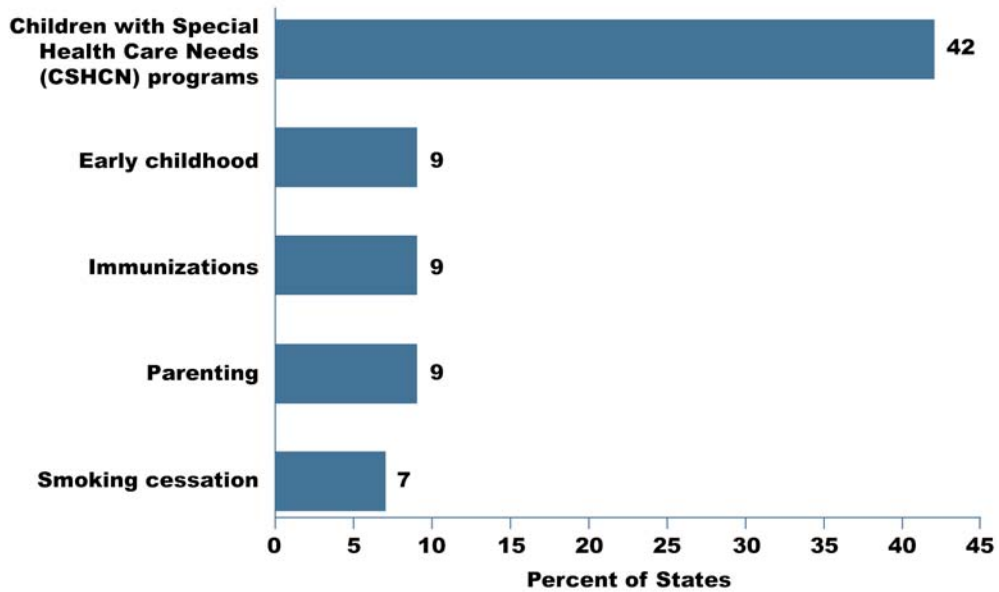
Across all the states, parents are the most frequent callers to MCH toll-free lines. Nevertheless, states have difficulty evaluating parent satisfaction—although some lines report following up later with a caller, this is not standard practice. To better understand the experience of the parent callers, therefore, the Association of Maternal and Child Health Programs hired a parent to call 40 state MCH toll-free lines about her child with (scripted) behavioral concerns. The call typically lasted about 14 minutes, and the parent received an average of 2.6 referrals, most frequently to child mental-health services (40%), children-with-special-health-care-needs (CSHCN) programs (38%), or early-intervention programs (33%).

The parent received information on resources from all 40 states; 25 percent of the time she also received referrals, and some 8 percent of the calls resulted in an offer to arrange services. By comparison, the states maintain that at least 55 percent of callers receive referrals and that anywhere from 6 to 30 percent of calls result in assistance with arranging services.

The parent was generally (70 percent of the time) satisfied with the attitude and knowledge of staff. She found that the length of the call was not nearly as important as the knowledge and attitude of the person with whom she spoke. Calls rated positively by the parent were characterized by staff with a strong understanding of the state health care system, an empathetic view of the caller's concerns, and a willingness to provide the caller with information directly (as opposed to simply transferring her to another line). In a few cases, the parent was not merely transferred to another toll-free line but was provided beforehand with specific questions to ask, a detailed explanation of the referral, and the staff referrer's name in case the caller had further questions later on.

In 12 states, however, the parent found the phone staff to be less knowledgeable and unable to provide useful resources. In one case, for example, the parent reached a recording on six call attempts (over two separate days), and the outgoing message indicated that it might take two to five working days to return the call. When a staff person was finally reached, the parent was told that the government agency she needed to reach was currently busy with other clients. The eventual outcome for the parent was information on the CSHCN program, though no referrals or any additional help.

Figure 2. Title V Funded Toll-Free Lines



Source: Authors' review of state Maternal and Child Health Block Grant 2002 annual reports, submitted to the federal Bureau of Maternal and Child Health, and authors' 2004 Web-based survey of each of the 57 states and jurisdictions with a toll-free line.

Most parent calls, however, had much more positive results. For example, an afternoon call that lasted 35 minutes ended with referrals to a medical home, child mental health screening, and the state CSHCN program. The toll-free staff provided detailed referrals to developmental clinics for hearing, speech, and behavioral assessments. The parent was given specific questions to ask the doctor regarding other referrals, case management, and financial eligibility for services. Insurance was thoroughly covered by line staff, including information on prior authorizations, exclusions for preexisting conditions, and questions to ask the insurer. Additionally, staff offered further contact information for financial resources in case insurance should stop or not cover the services.

Reaching Families with Connecticut's 2-1-1

Connecticut's MCH hotline, part of the state's 2-1-1 infoline system, is available 24 hours a day, seven days a week as a one-stop-shopping system for assisting callers.

All calls are assessed and, when indicated, transferred to an appropriate staff person. For example, a call involving a child with a developmental or behavioral issue is connected to a Child Development Infoline care coordinator, who will then determine if a referral should be made to Birth to Three, the Title V CSHCN Program, or Preschool Special Education Services. If the child does not fit into any of these categories, he or she will be referred to the Help Me Grow program, a component of the 2-1-1 system that provides community resources for young children at-risk for behavioral concerns or developmental delays.

Opportunities to Expand Toll-Free Lines

Based on their largely successful experiences with toll-free lines, states are widening their audiences and their offerings. For example, state MCH agencies have recently embarked on a new initiative, funded by the MCHB, to develop a system of early-childhood services. The State Early Childhood Comprehensive Systems (SECCS) program was created in response to a dramatic increase in requests for social-emotional and behavior services for young children, for which MCH programs had felt unprepared to respond. Efforts to meet these needs can now build on existing mechanisms, such as the toll-free lines, while strengthening these resources or adding new ones to fill the gaps not traditionally covered by MCH programs.

States may wish to consider the following recommendations for using their toll-free lines as a mechanism to integrate early-childhood systems:

- *Employ Experts as Staff Members or Advisors*
  Most toll-free lines will need to increase staff expertise. Currently, fewer than 10 percent of lines have a child-development specialist answering calls. While many of these operations may not be able to afford such an expert, having one available as a consultant or trainer might well be feasible. This addition to the staff could greatly increase the availability and quality of information for families with young children.

  Toll-free lines should also engage "parent experts" who are experienced in navigating multiple systems in search of support and guidance regarding young children with special needs. To begin with, these parents who have used multiple systems could answer calls—families that use the toll-free line often want empathy in addition to information, and reassurance from a peer can significantly enhance the effectiveness of the interaction. Currently, however, fewer than 12 percent of MCH lines have parent consultants answering calls. Experienced parents could also serve as trainers, or provide advice on the toll-free lines' development and operation. Beyond obtaining services from individual parent consultants,

North Carolina

MCH toll-free lines are often part of larger comprehensive systems that provide information and support services to the public. For example, the North Carolina Family Health Resource Line provides information not only on maternal and child health but also on infant-mortality prevention, prenatal substance-exposure prevention and treatment, Medicaid, SCHIP, early intervention, and parenting resources. The line is funded by state dollars, federal Medicaid matching dollars, and MCH Block Grant funds; and its staff resources have been complemented through contracting with an independent, not-for-profit information and referral organization for specific areas of expertise and for foreign language, TTY, and advocacy services. Families with developmental or special needs, however, are linked directly to a service provider and referred to the children-with-special-health-care-needs and early-intervention lines, both of which are operated by the state MCH program. Overall, the Family Health Resource Line averages close to 4,000 calls per month.

lines could exploit the fact that most states have parent advocacy groups for children with special needs. These groups could assist in developing job descriptions and guidelines for hiring parents, or advise on working with parent advisors.

- *Expand Staff Knowledge of Early-Childhood Issues*
  In order to expand their scope to include early-childhood development and resources for families with young children, MCH toll-free lines will need to train their entire staffs appropriately. Training may include basic information on normal child development, possible sources of developmental problems (e.g., hearing loss as a possible cause for speech delays), and resources that may be new to staff (e.g., mental/behavioral health providers for young children). Groups such as Child Care Resource and Referral agencies or state affiliates of the National Association for the Education of Young Children (NAEYC) could be of assistance to toll-free lines in this regard. At present, most states report that they provide at least some training to staff who answer calls. But while 79 percent of states provide staff members with written resource materials, only 21 percent of states require training that can certify them as information and referral specialists. Our Web-based survey of states found the related professional backgrounds of staff of state toll-free lines are represented as follows, and at the indicated frequencies: social workers (35%), health professionals (33%), nurses (25%), human/social-service education or training (12%), parent representatives (12%).

- *Explore New Networks of Resources and Referrals*
  Many state toll-free lines have created strong networks with other health-services programs. But to move toward comprehensive services for parents of young children, lines will need to extend information and referral networks beyond physical health alone. States can use the partnerships being established in the new SECCS initiatives to expand their network to include mental health, juvenile justice, child care, and family support programs. Some states have already expanded their referral resources to include, for example, homeless and domestic-violence programs to meet the needs of their callers.

- *Create a Web Site*
  Though toll-free lines have in the past been a primary resource for answering parents' questions, in many families the Internet is now the first place to go to for information. One state's

program observed that fathers were primarily accessing its Web site late at night for information about their child, and rarely calling the toll-free line itself. With only 23 percent of states offering toll-free lines with 24-hour-a-day, seven-day-a-week access, Web sites are needed to complement the phone line for distributing information to families; another advantage of online availability is that users have the option to email toll-free line staff with questions and receive information electronically.

Enhancing Coordination Among the States

Expanding the services of the toll-free lines will be most effective if undertaken as part of a coordinated effort among states, in recognition of toll-free lines' complementarity with other early-childhood initiatives. Such coordination, best achieved with the support both of federal agencies and national organizations, could include action on the following proposals:

- *Expand and Promote the National 800 Number*
  The national toll-free line for prenatal care, 1-800-311-BABY, is virtually unknown to states and families. Promoting this number and expanding its agenda could be instrumental in bringing more people to the state toll-free lines and providing them with services. Other federal toll-free lines have made such connections successfully. The national Insure Kids Now line, for example, created visibility for SCHIP when the program began enrolling families; and it was able to bring callers to specific state hotlines.

  As the one federal agency with oversight responsibility for the national 800 number, the state toll-free lines, and the new SECCS initiative, MCHB has a unique opportunity to provide federal leadership. The bureau should promote 1-800-311-BABY as a resource for all state MCH issues, and it should recommend that SECCS projects include the state toll-free line as a partner in each state initiative. By thus expanding the audience, both nationally and in individual states, participation in both projects will be enhanced.

- *Maintain and Enhance Quality*
  Twenty-two states have reported that they train staff to administer the toll-free lines and to assess the quality of their service, but the standards, guidelines, protocols, or certifications used in such training are inconsistent from state to state. National MCH leaders should work with organizations such as the Alliance for Information and Referrals Services (AIRS), the Administration for Children and Families (ACF), and NAEYC to provide state MCH agencies and toll-free line administrators with current research, standards, and approaches to quality improvement. AIRS in particular has developed currently accepted standards for information and referral lines that MCHB could include in training programs for state-

Utah Promotes 'Baby Your Baby'

Utah's toll-free line began in 1988, when the state initiated its Baby Your Baby campaign to address low-birthweight issues. Baby Your Baby and the local CBS affiliate collaborate to air monthly spots on the news addressing specific pregnancy and early-childhood topics. Supported by Title V, Medicaid, and general revenue funds, the toll-free line operates weekdays during general office hours; in 2003, it received 17,553 calls.

Utah has significantly expanded its Web site in the last year to more closely link to the information provided on the toll-free line. The Baby Your Baby site features links to the monthly news spots and related information (http://www.babyyourbaby.org).

level staff. For their part, ACF and NAEYC house updated research results and data on young children that could be used to inform effective referrals.

MCHB should deploy an expert panel to review existing national and state standards, guidelines, protocols, and training methods in order to identify best-practice programs. Their best practices might then be duplicated in states through small grants or by providing technical assistance. MCHB and national partners could also sponsor continuing education—through conferences, conference calls, and Webcasts—that promotes high quality and consistency in early-childhood services.

- *Promote 2-1-1 in Every State*
  In 2000, the federal designation of 2-1-1 made comprehensive community-based information and referrals available with one easy-to-remember number. This universal number can connect individuals with community resources for emergency financial assistance, food, shelter, child care, jobs, mental-health support, and more. Access to 2-1-1 currently exists in 26 states, and the number now serves over 88 million Americans. But 2-1-1 is still awaiting designated federal funding to create a nationwide system. Although states are moving forward to coordinate information and referral lines by using their existing systems as best they can, nationwide access to 2-1-1 (through passage of federal legislation) would aid state toll-free lines in becoming part of a larger system that helps to meet the needs of all families—those with young children as well as those without.

Together, these steps would enable families to gain easier access to a broad range of guidance and support services for raising their children.

NOTES

[1] State MCH programs are funded through the 1935 Social Security Act's Title V, which is a permanently authorized discretionary federal grant program allocated to states through the Maternal and Child Health Block Grant. These Title V MCH Block Grants to state health agencies are used to meet locally determined needs, consistent with national health objectives; the funds now serve over 27 million women, children, and youths across the country. The resulting MCH programs referred to in this document also include programs for children with special health care needs.

[2] The Maternal and Child Health Bureau is within the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

[3] Data on the operation of MCH toll-free lines was obtained from two sources: a review of the 2002 state MCH Block Grant annual reports submitted to the MCHB; and a 2004 Web-based survey of each of the 57 states and jurisdictions with a toll-free line. All percentages are based on the responses of 50 states, the District of Columbia, and two territories.

Table 1. State Maternal and Child Health Toll-Free Telephone Help Lines

State	MCH Designated Toll-Free Line		2003 Reported Number of Calls*	Children Under Age 5** (2003 Census estimates)
Alabama	Healthy Beginnings	(800) 654-1385	992	297,364
Alaska	AK Info	(800) 478-222l	1,215	48,680
America Samoa	Tina & Tamaiti (Mothers & Children)	(684) 633-2263	500	N/A
Arizona***	Children's Information Center	(800) 232-1676	2,159	436,172
Arkansas	MCH Information Line	(800) 235-0002	16,614	185,941
California	BABY-CAL Information Line	(800) BABY-999	38,000	2,544,024
Colorado	The Family Healthline	(800) 688-7777	19,828	327,773
Connecticut	MCH Information and Referral Services	211	111,955	211,302
Delaware	Helpline	(800) 464-HELP	2,077	53,938
District of Columbia	HEALTHLINE	(800) MOM BABY	16,572	33,598
Federated States of Micronesia	*no designated line*	N/A	N/A	N/A
Florida	Family Health Line	(800) 451-2229	14,439	1,054,865
Georgia	Powerline	(800) 822-2539 (404) 881-8038	29,374	659,238
Guam	MCH Program	(671) 735-7206	100	N/A
Hawaii	H-KISS	(800) 235-5477	2,054	85,073
Idaho	Idaho CareLine	(800) 926-2588	9,500	101,532
Illinois	Help Me Grow	(800) 323-4769	45,371	886,515
Indiana	Indiana Family Helpline	(800) 433-0769	13,935	430,166
Iowa	Iowa Healthy Families Line	(800) 369-2229	4,722	181,603
Kansas	Make a Difference Information Network (MADIN)	(800) 332-6262	7,451	189,267
Kentucky	Adult and Child Health Toll Free Line	(800) 462-6122	1,533	270,957
Louisiana	Partners for Healthy Babies	(800) 251-BABY	4,188	324,428
Maine	MCH Information Line	(800) 698-3624	8,470	67,227
Marshall Islands	*no designated line*	N/A	N/A	N/A
Maryland	MCH Hotline Line	(800) 456-8900	46,809	364,507
Massachusetts***	MCH Access Family Resource Helpline	(800) 531-2229	72,898	397,693
Michigan	(800) 26-BIRTH	(800) 262-4784	8,155	647,757
Minnesota	Information and Referral Line	(800) 728-5420	2,057	326,026
Mississippi	Take Care	(800) 721-7222	493	210,550
Missouri	TEL-LINK	(800) 835-5465	4,052	372,569
Montana	Family Health Line	(887) 543-7669	12,396	53,510
Nebraska	Nebraska Healthy Mothers, Healthy Babies Helpline	(800) 862-1889	497	120,746
Nevada	Baby Your Baby	(800) 429-2669	7,573	163,442
New Hampshire	DHHS Toll-Free Information Line	(800) 852-3345	3,640	73,206
New Jersey	Family Health Line	(800) 328-3838	10,986	567,576

(Table 1 continued on next page)

Table 1. State Maternal and Child Health Toll-Free Telephone Help Lines (cont.)

State	MCH Designated Toll-Free Line		2003 Reported Number of Calls*	Children Under Age 5** (2003 Census estimates)
New Mexico	Baby Net	(800) 552-8195	457	133,454
New York	The Growing Up Healthy Hotline	(800) 522-5006	68,079	1,215,052
North Carolina***	First Step Hotline and	(800) FOR-BABY	34,295	590,099
	Health Check Hotline	(800) 367-2229		
		(800) 474-9000		
North Dakota		(800) 472-2286	6,104	36,984
Northern Mariana Islands	Department of Public Health	(670) 236-8231	320	N/A
Ohio	Help Me Grow	(800) 755-4769	49,287	740,300
Oklahoma	OASIS	(800) 426-2717	319,262	244,139
Oregon	Oregon Health Safenet	(800) SAFENET	29,471	223,606
Palau	MCH/FP hotline	(680) 488-1756	9,980	N/A
Pennsylvania	Healthy Babies/Healthy Kids	(800) 986-2229	91,209	704,651
		(800) 986-5437		
Puerto Rico	Línea Interactiva	(877) 641-2004	178	N/A
Rhode Island	Family Health Information Line	(800) 942-7434	3,425	61,511
South Carolina	The Careline	(800) 868-0404	17,214	277,113
South Dakota	Bright Start	(800) 305-3064	419	51,591
Tennessee	TN Baby Line	(800) 428-2229	65	382,664
Texas	Family Health Services	(800) 422-2956	7,817	1,807,172
	Information and Referral Line			
Utah	Baby Your Baby	(800) 826-9662	17,553	230,319
Vermont	Help Your Baby, Help Yourself	(800) 649-HELP	150	31,027
Virgin Islands	MCH Information Desk	(340) 713-9924	100	N/A
Virginia	Statewide Human Services I & R System	(800) 230-6977	26,323	491,229
Washington	Healthy Mothers, Healthy Babies	(800) 322-2588	54,593	389,625
West Virginia	MCH Information System	(800) 642-8522	36,103	101,294
		(800) 642-9704		
Wisconsin	Wisconsin MCH Hotline	(800) 722-2295	8,033	339,186
Wyoming	Help Me Grow–Safe Kids	(800) 994-GROW	2,292	31,018
Total			1,265,843	19,769,279

* This figure may include a combination of phone calls and Web site visits. Total number of calls reported by states in their Title V Block Grant FY2002 Annual Report; Form 09. For more information see https://performance.hrsa.gov/mchb/mchreports/Search/search.asp.

** United States Census, Population Division. March 10, 2004. Table ST-EST2003-01res: Annual Estimates of the Resident Population by Selected Age Groups for the United States and States: July 1, 2003 and April 1, 2000.

*** Separate MCH-supported early-childhood toll-free lines.

Source: Authors' review of state Maternal and Child Health Block Grant 2002 annual reports, submitted to the federal Bureau of Maternal and Child Health, and authors' 2004 Web-based survey of each of the 57 states and jurisdictions with a toll-free line.

Methodology

Three data collection methods were used for this issue brief: a Web-based survey, interviews with state public health toll-free line administrators, and calls to toll-free lines from a parent of a child with special needs. The survey was developed with oversight from the project advisory committee and released in November 2003. It consisted of 33 multiple choice and open-ended questions on the administration, staff, callers, and evaluation of MCH toll-free lines. AMCHP's 59 primary MCH contacts in each state and territory were asked to fill out the online survey. Fifty-three surveys were completed, yielding a 90 percent response rate.

Telephone interviews with toll-free line staff were completed by the project director to identify model MCH lines. States were chosen by the project director based on their responses to the online survey. Interviews were completed with Arkansas, Connecticut, Georgia, Illinois, North Carolina, Rhode Island, Utah, and Wisconsin from January to April 2004.

AMCHP contracted with a parent to call 40 state toll-free lines from November 2003 to March 2004. A script was developed with the assistance of early childhood specialists, parent consultants, and administrators of Title V-supported early childhood and CSHCN toll-free lines. The goal of the script was to offer a problem with no clear solution where numerous possible referrals and kinds of information could be provided.

Acknowledgment

This document would not have been possible without the support and persistence of Helen Thompson, AMCHP policy assistant.

About the Authors

Meg Booth, M.P.H., has served as a policy analyst for children with special health care needs and early childhood issues at the Association of Maternal and Child Health Programs (AMCHP) since May 2002. Prior to her time at AMCHP, Ms. Booth worked on Medicaid and SCHIP issues with national organizations and local health departments to develop effective outreach strategies and educate policymakers. Her experience also includes nearly three years with the Iowa Department of Public Health developing the state Title V Block Grant application and enrollment outreach for Iowa Medicaid and SCHIP. Ms. Booth holds a Master of Public Health degree from the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill and a Bachelor of Arts degree in Community Health Education from the University of Northern Iowa.

Treeby Brown, M.P.P., is a private consultant who works regularly with AMCHP on issues of early childhood and children with special health care needs. Previously, Ms. Brown was a senior policy analyst at AMCHP for six years. She has also worked as a legislative analyst for the governor of North Carolina and as a press secretary and legislative assistant for a member of the U.S. House of Representatives. She holds a Master of Public Policy degree from Duke University.

Malia Richmond-Crum is a project director at AMCHP, where she writes and edits publications. She is currently a candidate for a Master of Public Health degree at the University of Maryland, Department of Public and Community Health. She has a Bachelor of Arts degree in Anthropology from Beloit College.