The Northridge Group, Inc.

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SAMHSA Call Routing Technology Read-out

January 31, 2007 – initial readout
February 28, 2007 – follow up

Consulting Professionals, not Professional Consultants

Agenda

- Background and Summary Information (Feb 28 new material)
- Project Overview
  - Project Scope and Methodology
  - Participation
  - Timeline
  - Goals, Responsibilities and Issues
- Current State
- Call Routing Options
  - Business Model Comparison
  - Next Steps
- Interview Findings
  - Results
  - Opportunities

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Background and Summary Information

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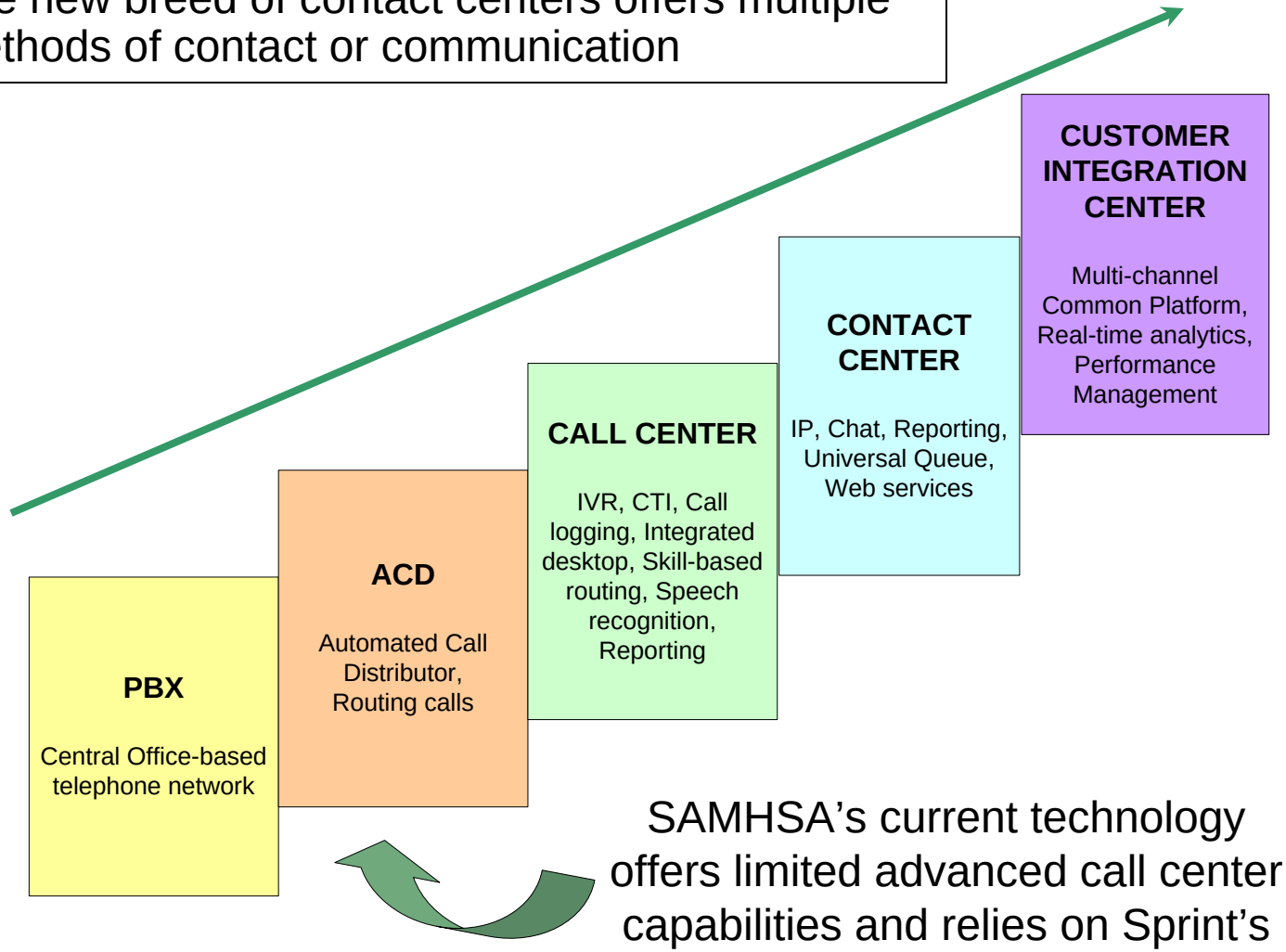
Technology Evolution in Contact Centers

The new breed of contact centers offers multiple methods of contact or communication



SAMHSA's current technology offers limited advanced call center capabilities and relies on Sprint's 800 number routing management

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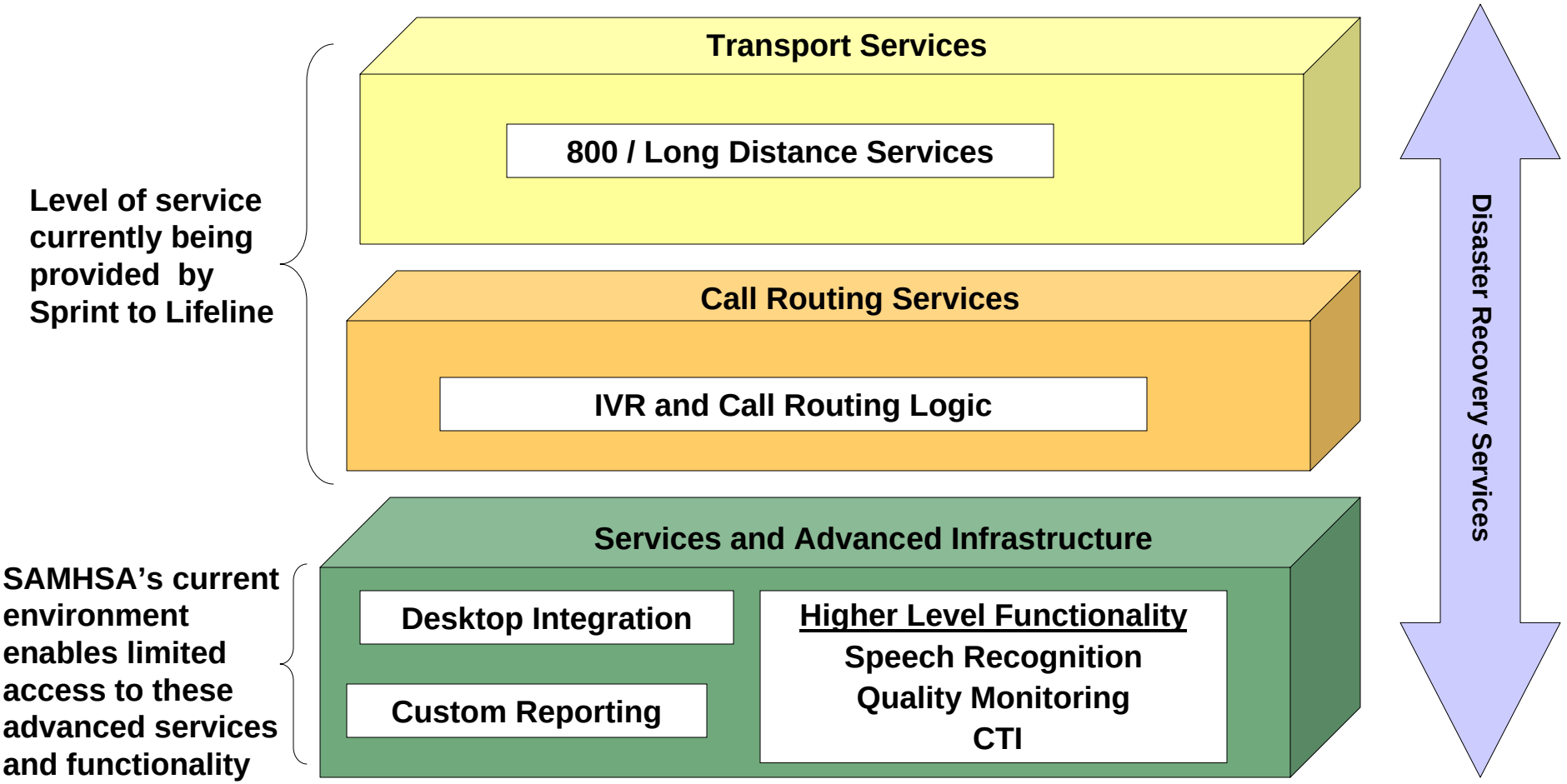
Components of a Contact Center Technology Model



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Standard Technology

Functionality / Technology	Definition	Uses	Application for SAMHSA?
ACD – Automatic Call Distributor	A telephone facility that **manages incoming calls** and handles them based on the number called and an associated database handling instructions	Allows capturing of incoming calls, routing based on criteria, gathering of usage statistics, balances the assignment of calls to agents / centers	Yes, Routing of calls Reporting needs
IVR – Interactive Voice Response system	An **automated** answering device which routes calls to the appropriate place, based on **user defined** steps and **responses to prompts**	The IVRs that use prompts are "smart" attendants which ask questions and ask the caller to respond by pressing a number for routing. An IVR is commonly found in businesses to direct callers to the appropriate department	May not be appropriate for crisis calls to centers, however could consider for non-crisis uses, e.g., general information
Monitoring and Recording	Monitoring and recording capabilities as a contact center application allows **callers' interactions** to be **recorded** as a means to **evaluate the interface** between the agent and the caller	Initial goal is typically to improve caller-facing processes by evaluating agents' interactions with callers based on specific criteria. Systems exist that can record both parties' conversation as well as capture the screens accessed by the agents	Yes, particularly for training purposes, however, privacy issues need to be considered
Reporting	**Real-time and historical data gathering** from the ACD and all other systems within the call center. Standard and custom reporting features are available	Offers information regarding volumes of transactions, where transactions are originating and terminating from, and transaction disposition (busy, completed, no answer)	Yes, Standard and custom reports
800# Management	**Activation and management of a toll-free number**, which could include features such as music on hold, call routing by date, time and caller ID, among other features	Provides 3rd party management of phone number, routing options, features and reporting	Yes

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Advanced Functionality & Applications

Functionality	Use	Application for SAMHSA?
Desktop Integration	A unified desktop for agents that provides a single point of access to all the mission-critical applications and tools required by the agent to effectively complete a customer interaction. Integrating the applications at the desktop oftentimes dramatically improves productivity	Yes, Could offer consistent tools to crisis center staff for gathering caller information and consistent reporting
Speech Recognition	Technology by which a computer recognizes/identifies spoken words, allowing a caller to speak commands which control the computer to perform the desired function	May not be appropriate for crisis calls, however could consider for non-crisis uses, e.g., general information
Quality Monitoring	Allows the silent monitoring and/or recording of agent's interactions with callers for training, security and quality purposes	Yes
CTI (Computer-Telephony Integration)	A system that is based on the integration of computer, telephony and networks as a means to enhance telephone service. Examples include the delivery of Caller ID information via a PC, and the ability to access voice mail via the PC	May be useful for caller identification, and making available information from previous calls to crisis center
Custom Reporting	Tools that offer capability to design specific reports or analysis services when out-of-the-box reports are not sufficient	Yes, Allows for own design of reports based on needs

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Technology Upgrade Considerations

- The relationship of SAMHSA, the Lifeline administrator and the individual crisis centers must factor into consideration for any technology upgrades:
  - The crisis centers manage their own technology infrastructure and they handle Lifeline calls as a subset of their overall responsibilities.
    - Any new technology decisions must be able to be implemented without impacting the crisis centers current operations
  - The Lifeline administrator is not a permanent assignment, so any technology decisions / investments must be transferable should the administrator change.
    - Hosted services provide for an easier transfer than an “own and operate” business model (see pages 31 through 36)
  - Government entities purchase telecom services and equipment under government contracts. However, the current telecom services provided by Sprint to support SAMHSA are purchased and paid for by the administrator, a non-government entity.
    - Potential cost improvements via the FTS Networx contracts should be explored (see pages 15 – 16)

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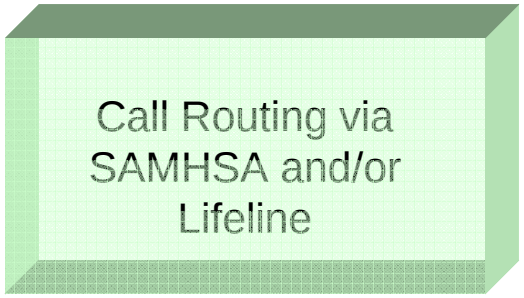
Call Routing – Current & Future

Current

- Sprint performs the call routing function today and delivers the calls to the crisis centers based on defined network routing rules
- Can be traditional circuit-switched or IP-based
- See pages 24, 25 and 30

Future



- Requires an ACD
  - An IP-enabled ACD handles both IP and circuit-switched calls, which allows for a phased implementation
- Multiple business models can be considered
  - Hosted
  - Own and Operate
  - See pages 31 - 36

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Four Specific Questions

- Are there more efficient and cost effective technologies available for routing calls to independent centers within the network?

- IP-based platforms offer key quality and reporting benefits. From a pure technology view, IP-based platforms make multi-site routing more flexible, more cost-effective, and practical to manage and maintain.

- From a call routing and handling perspective, reasons to move to IP include:
  - Reduced access costs / more efficient use of bandwidth
  - Ability to support work-at-home agents and multiple sites without site-specific routing rules (i.e., calls can route to the next available agent across multiple sites)
  - Less physical infrastructure to support multiple sites

- Most of the mainstream switch vendors offer hybrid platforms, which support both traditional voice routing as well as IP-based routing. This makes it more effective for organizations that are currently using circuit-switched routing to move towards an IP-based offering.

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Four Specific Questions

- Are there technologies that the Government should be considering in order to be able to respond to VoIP calls, instant messaging, or other emerging communication technologies?
- For inbound VoIP calls, the Government can respond today through its current infrastructure. The issue of geographic identification is not solved with IP technology.
- Geographic identification of the caller is also an issue with instant messaging because it functions on presence of an IP address, without an identifier, unless the user is asked to provide the information.
- In the broadest sense, an IP-centric network of crisis centers could create an environment where all contacts – voice, email, web chat – are routed over the public Internet and handled via a single universal queue. It offers a way to manage web-based interactions alongside voice, resulting in a unified queuing, routing and reporting environment. This may be a compelling reason for SAMHSA to consider moving in that direction. Hosted providers typically use mainstream, proven IP vendors. A hosted solution gives the flexibility to introduce in a phased-approach some of the advanced call center capabilities based on individual crisis center drivers.
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Communication Methods and Scenarios

Interaction Type	Scenario	Crisis Center Requirements	SAMHSA TDM ACD Requirements	SAMHSA IP ACD Requirements	Limitations
Wireline phone	Caller from home, work	Answer end-point	DID Route Point with remote or local ACD agents	IP Route Point with universal IP Agents	
Cellular phone	Traveler or someone away from home	Answer end-point	DID Route Point with remote or local ACD agents	IP Route Point with universal IP Agents	+ Geographic location of caller may not be available
Voice call from network VoIP phone	Caller from home/work	Answer end-point	DID Route Point with remote or local ACD agents	IP Route Point with universal IP Agents	+ Voice quality issues
Voice call from VoIP solution provider, e.g., Skype	Caller from home/work, using PC rather than telephone	Answer end-point	DID Route Point with remote or local ACD agents	IP Route Point with universal IP Agents	+ Caller identification or geographic location may not be available
Instant Message / Text Chat	Teen using PC to contact crisis center, using text as the means to communicate; User with hearing loss may use IM as communication method	IM client required on desktops	IM Server Architecture blended with multi-media CTI platform (for integrated message delivery and reporting)	IM Server Architecture with blended universal IP based access. Presence capability to know agents status.	+Geographic location of user may not be available + Interoperability issues across providers + No emotion indications
Email	User sends email requesting information or request; User with hearing loss may use email as communication method	Email client required on desktops; Management of emails in a timely manner	Unified Messaging Architecture with multi-media CTI platform (for integrated delivery and reporting)	Unified Messaging with blended queuing. Presence capability to know agents status.	+Geographic location of user may not be available + Real-time conversation is lost + No emotion indications

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Four Specific Questions

- What equipment would be necessary to establish a uniform technology system across all crisis centers?
- As long as SAMHSA selects an IP-enabled ACD (hybrid which allows both IP and traditional circuit-switched calls), the individual crisis centers do not need to make any equipment investment immediately.
- If SAMHSA were to choose a “own and operate” business model instead of a hosted solution, equipment placement becomes an important consideration.
  - Routing centers could be set up as:
    - A national center that routes to all crisis centers
    - Regional centers based on traffic volumes and routings
    - Localized distribution centers that could be by state or by urban areas
- Given that the crisis centers are independent and that some have their own in-house ACDs to route calls throughout their centers, SAMHSA will not have full visibility to the call detail / disposition. If uniformity of call detail is desired, a substantial overall strategy involving center changes in process and / or technology would be required.
  - The basic requirements for a uniform technology based on IP architecture include:
    - Multimedia Platform sized for the number of simultaneous agents required for the number of channels (i.e. Voice, Chat, etc).
    - Carrier Terminations to support inbound and outbound connectivity to support the Multimedia Platform.
    - Licensing to support the platform and crisis center agents.

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Four Specific Questions

- If the Government were to implement an ACD system, what would it take to implement such a system and could it be phased in over time?

- If SAMHSA decides to implement an IP-enabled ACD, either as a hosted solution or an "own and operate"
  - The first step would be to convert the call routing functionality currently performed by Sprint to the ACD. This would be an "as is" conversion, that is routing calls in the same manner but using SAMHSA's ACD rather than Sprint's 800 routing service

  - Once this change is stabilized, the newly-available feature / functionalities can be phased in
    - Improved routing based on performance and call overflows
    - Universal queue for voice, email, web chat
    - Custom reporting
    - Quality monitoring

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FTS Networx Background

- Networx is designed to replace the current GSA schedule for telecommunication services -- FTS 2001. The FTS 2001 contract expired in December, 2006 and is targeted for elimination by mid 2008. Currently, the Federal Government is operating through a bridge agreement with the carriers approved under the FTS 2001 contract.

- There are two Networx GWACs (Government Wide Acquisition Contract) that will be awarded. The first is Networx Universal which will require carriers to provide 29 services virtually nationwide. The second is Networx Enterprise, which requires carriers to offer at least 6 services in limited geographic scopes.

- The awards will be issued in Spring, 2007. It is likely that several carriers will be issued awards under each contract. Once the awards are issued and the time for appeal has passed, all approved carriers will be allowed to "market" their services to individual government agencies. Agencies are required to give all carriers a "Fair Opportunity" review which allows all participating carriers a fair chance to win agency business.

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FTS Networx Background

- Required Agency Activities
  - Inventory all products and services currently purchased under the FTS 2001 contract vehicle. GSA has developed a database with what they believe is the current FTS 2001 inventory for each Agency. At a minimum each Agency is required to validate the GSA inventory.
  - Gather user requirements to be used for Networx vendor evaluation.
  - Determine which of the two contract vehicles the Agency will utilize for their communication vendor selection – Universal or Enterprise. Each Agency has the option of breaking this decision into "Logical Groupings" and spreading their requirements between Enterprise and Universal and even separate carriers within each vehicle. For example it may decide to break their requirements down by geography, application, or department. From these logical groupings the Agency may choose to use the Universal schedules for its international traffic, Enterprise schedule for its domestic traffic, and further break-down these groupings by location to increase the number of carriers and schedules.
  - Select a single vendor for each logical grouping of services. Unlike FTS 2001, once the Agency determines how it will group its requirements; these "logical groupings" are awarded to a single vendor. Under FTS 2001, the Agency could choose among several contract holders for these services.
  - Implementation. There are credits available to each Agency for transition costs but only if the Agency adheres to the GSA timeline.

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Project Overview

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Project Scope and Methodology

Project Scope

- As defined in the SAMHSA RFP, the project will address the following:
  - Evaluate the efficiency of the current technology systems employed by the Network Administrator and the individual local crisis centers
  - Provide recommendations on how to improve technology and reduce costs as the network expands and grows
  - Specific questions to be addressed:
    - Are there more efficient and cost-effective technologies available for routing calls to independent centers within the network?
    - Are there technologies that the Government should be considering in order to be able to respond to VoIP calls, instant message, or other emerging communication technologies?
    - What equipment would be necessary to establish a uniform technology system across all crisis centers?
    - If the Government were to implement an ACD system, what would it take to implement such a system and could it be phased in over time?

Methodology

- Visit Lifeline and interview key stakeholders
- Conduct site visits to two crisis center
  - LifeNet Crisis Center, New York
  - Suicide Prevention Services, Batavia, IL
- Conduct telephone interviews of eight crisis center directors
- Analyze call data
- Analyze Sprint invoice
- Define business models from an operational perspective
- Review options with a focus on gaining efficiencies in call routing and call handling functions
- Address organizational structures and constraints

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Participation

Contact	Role	Location	Interview	Site Visit
Robert Kessler	Lifeline – MIS Director	National Suicide Prevention Lifeline	✓	✓
Cathleen Kelly	Lifeline - Director of Network Development	National Suicide Prevention Lifeline	✓	✓
Heather Stokes	Lifeline – Director of Certification and Training	National Suicide Prevention Lifeline	✓	✓
Christopher Le	Lifeline – Resource and Information Manager	National Suicide Prevention Lifeline	✓	✓
Natasha Clay	Crisis Center Director	Centerstone Crisis and Referral Services, Tennessee	✓	
Pam Cross	Crisis Center Director	Contact Heartline, Oklahoma	✓	
Jan Glick	Crisis Center Director	Contact Pittsburgh, Pennsylvania	✓	
David Therkelsen	Crisis Center Director	Crisis Connection, Minnesota	✓	
Jack Clifton	Crisis Center Director	Crisis Intervention of Houston, Texas	✓	
Ginny Gohr	Crisis Center Director	Girls and Boys Town, Nebraska	✓	
David Covington	Crisis Center Director	Integrated Health Resources / Behavioral Health Link, Georgia	✓	
Libby Donoghue	Crisis Center Director	211 Brevard, Florida	✓	
Gillian Murphy	Crisis Center Director	LifeNet Crisis Center, New York	✓	✓
Stephanie Weber	Crisis Center Director	Suicide Prevention Services, Inc., Illinois	✓	✓

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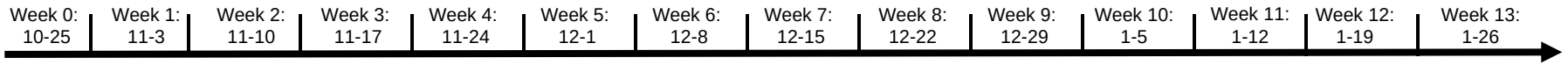
Timeline



Kick-Off Meeting
+ Review project scope and process
+ Data gathering

Conduct Site Visit to Lifeline and LifeNet
+ Interview key staff members of Lifeline
+ Interview Director of LifeNet

Complete interview process
+ Conduct site visit to Batavia Crisis Center
+ Conduct telephone interviews with 8 Crisis Center Directors

Read-Out:
+ Review analysis

Perform Analysis
+ Billing and Call Data
+ Assess Key Applications Approaches

Summarize Findings & Recommendations

Project Plan, Weekly Status Calls, Weekly Status Reports, On-going Communication, Issues Management

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Goals

- Goals of SAMHSA and Lifeline
  - Facilitate a network of crisis centers committed to serving those in crisis and reducing suicide rates
    - Provide caller support via a local crisis center
      - Every call to be answered within the state that it originated
      - Regional backup for overflow conditions
    - Expand network of participating crisis centers to provide full coverage for every state
      - Five states currently without any crisis centers: Arkansas, Hawaii, Idaho, Utah, Vermont
      - There are coverage gaps in other states where not all areas are being served
    - Insure callers are receiving the highest level of service available by establishing standards for handling crisis calls
      - All centers on the Lifeline network accredited by AAS, JCAHO or other agencies
      - Uniform Lethality assessment to be conducted on each Lifeline call
      - Common training materials documenting best practices available to centers
  - Administer and support the National Suicide Prevention Lifeline, insuring 7x24 availability to those in need

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Responsibilities and Issues

Lifeline Responsibilities

- Insure network reliability, capacity and support are provided to all centers in the NSPL network
- Insure calls are routed to the correct center in the most efficient manner
- Explore/support alternative input methods for users to communicate to crisis centers (e.g., instant messaging, chat)
- Identify and reach out to population segments in need (e.g., Native Americans, GLBT, elderly, adolescents)
- Access to the technology required to monitor calls to NSPL Crisis Centers

Lifeline Issues

- Minimal call data or statistics available through current carrier by center, by number of calls answered, not answered, busy
- Inability to monitor call progression from those centers that have ACDs
  - Currently must rely on the crisis centers for the appropriate reports
- Performance of current remote call monitoring
  - Quality issues with VoIP calls
  - Inability for recording

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Current State

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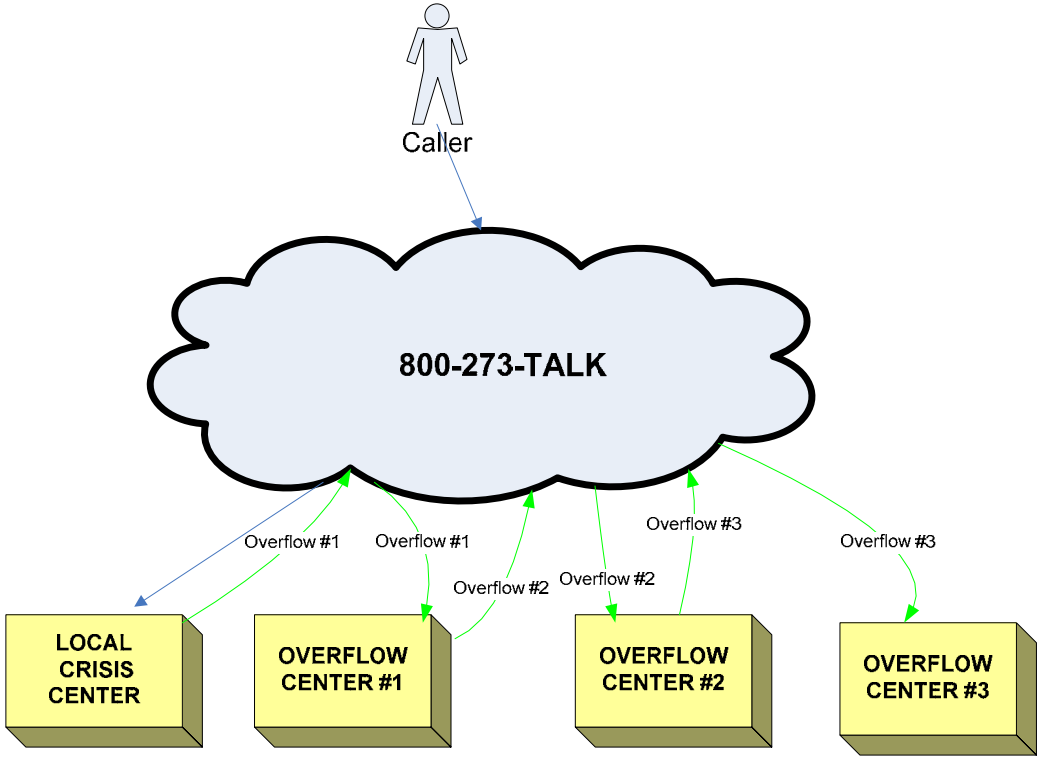
Call Routing Example
Current State



- A caller to 273-TALK can be re-routed to up to 3 overflow centers before ultimately being answered
  - This example assumes that Girls and Boys Town, as the final overflow center, answers the majority of the overflow calls
- Estimated wait time for the caller may be upwards of 90 seconds before being answered
  - Estimating 6 rings at each center equals approximately 30 seconds

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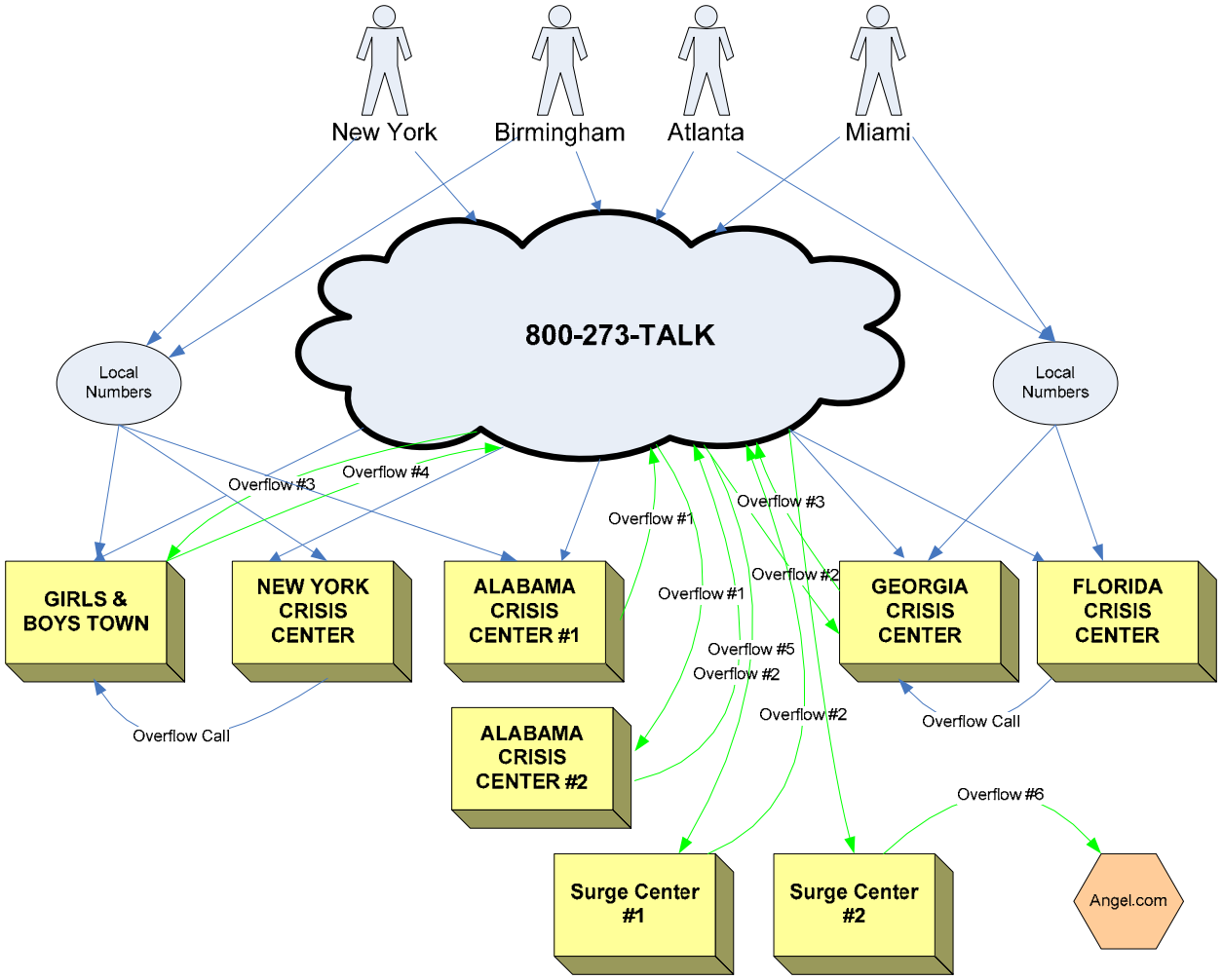
Call Routing Example
Current State



- Callers reach crisis centers via NSPL 800 number, other 800 numbers and local numbers
  - NSPL Administrator has no control over service level at any crisis center
  - Some centers do not receive identification that calls originate from Lifeline's 800 number
  - Some centers combine 273-TALK and 800-SUICIDE to the same termination number for identification purposes
  - Goal is to have a dedicated line in the crisis centers for Lifeline calls

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Who Is Receiving the 273-TALK Calls?

Top 10 States Based on Percent of Total Calls Answered

State	% Total Calls Answered
Georgia	8.4%
Nebraska	7.9%
California	7.5%
Texas	6.6%
Virginia	5.5%
Florida	5.3%
New York	5.1%
Louisiana	4.4%
Illinois	3.7%
Connecticut	3.5%

States Answering Less than 1% of All Total Calls

State	% Total Calls Answered
Iowa	0.9%
Kentucky	0.9%
Tennessee	0.9%
West Virginia	0.9%
Nevada	0.8%
New Hampshire	0.6%
Delaware	0.6%
Kansas	0.5%
North Carolina	0.4%
South Dakota	0.4%
Alaska	0.3%
Montana	0.3%
Rhode Island	0.2%
North Dakota	0.2%
Wyoming	0.1%
Mississippi	0.0%

Based on NSPL September 2006 Call Data

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Operational Analysis

State	Center	Calls Answered	% Calls Answered	Busy	% Busy	No Answer	% No Answer	Total	% Total Calls Received	% Total Calls Answered
MA	The Samaritans of Boston	174	21.9%	55	6.9%	564	71.1%	793	5.6%	1.6%
VA	Crisis Link	214	53.4%	0	0.0%	187	46.6%	401	2.8%	1.9%
TX	Crisis Intervention of Houston, Inc.	438	71.1%	3	0.5%	173	28.1%	616	4.4%	3.9%
PA	CONTACT Careline for Greater Philadelphia	12	9.2%	2	1.5%	117	89.3%	131	0.9%	0.1%
IL	Suicide Prevention Services, Inc.	247	67.7%	7	1.9%	111	30.4%	365	2.6%	2.2%
CA	Suicide Prevention Center, Didi Hirsch Community Mental Health Center	318	66.7%	59	12.4%	100	21.0%	477	3.4%	2.9%
MD	Community Crisis Services, Inc.	158	64.0%	0	0.0%	89	36.0%	247	1.7%	1.4%
AK	Careline Crisis Intervention	37	30.1%	5	4.1%	81	65.9%	123	0.9%	0.3%
VA	Crisis Line of Central Virginia, Inc.	266	70.7%	51	13.6%	59	15.7%	376	2.7%	2.4%
MO	Life Crisis Services	272	83.2%	0	0.0%	55	16.8%	327	2.3%	2.4%

September 2006 data

- By analyzing “No Answer” and “Busy” statistics on a regular basis, call routing decisions can be modified to minimize wait times for callers
- Engage centers with below average answer rates to understand staffing and internal routing procedures
- A typical measurement for an enterprise support center is how long it takes for a call to be answered
  - A common metric is 80% of all calls are answered within 20 seconds (Service Level 80/20)

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Call Routing Options

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Call Routing Options

1. Continue with carrier-based routing and reporting
   - Logic and approach in place
   - Little or no management required
   - Limited reporting, but could investigate options for additional reporting
2. Expand capabilities through additional hosted solutions
   - More robust functionality
   - Potential for customized reporting
   - Minimal capital may required
   - Little or no management required, except for vendor interface
   - Can test or implement variety of technologies, at different stages and scale
3. Expand capabilities through owning and operating technology solution
   - Most robust functionality
   - Most options for configuration
   - Technology decisions required
   - Capital and location for equipment required
   - Management and technical resources required

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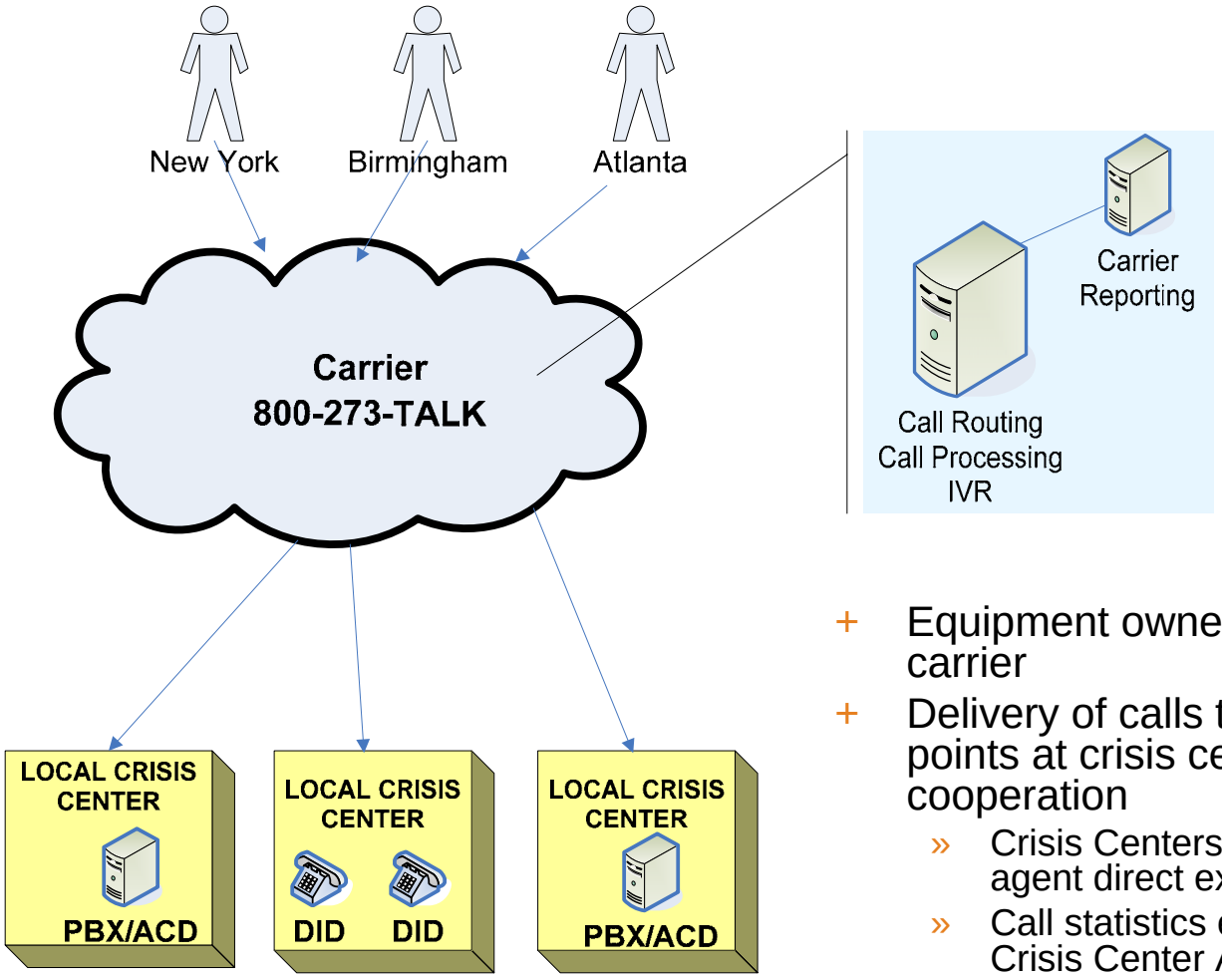
Carrier-Based Routing



- Equipment owned and managed by carrier
- Delivery of calls to ACDs or answer points at crisis centers requires cooperation
  - Crisis Centers must allow routing to agent direct extensions
  - Call statistics end with connection to Crisis Center ACD
- No ability to monitor call after delivery to answer points

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Business Model Options

- Along with understanding available technology, business model options and deployment approaches for call routing and call handling must be factored into decision making process.

Business Model	Description
Own and Operate	Equipment that is **owned or leased** which is physically located at a designated location(s) and **operated** by its own staff
Hosted Services	Systems and applications that are **operated at a service provider's location**, but which **link to the client location** (and is a shared/partitioned resource). Feature and functionality varies by provider (e.g., transport services, call routing services, advanced services)
Managed Services	Equipment that is **owned or leased** and is physically located at the owner's location but is **operated (managed) and monitored remotely** by the vendor or outside staff
Outsourced Services	**Delegating** some portion of a company's in-house operations/processing (oftentimes IT and telecom) to a **third party**, with the third party gaining **full control over that operation** or process

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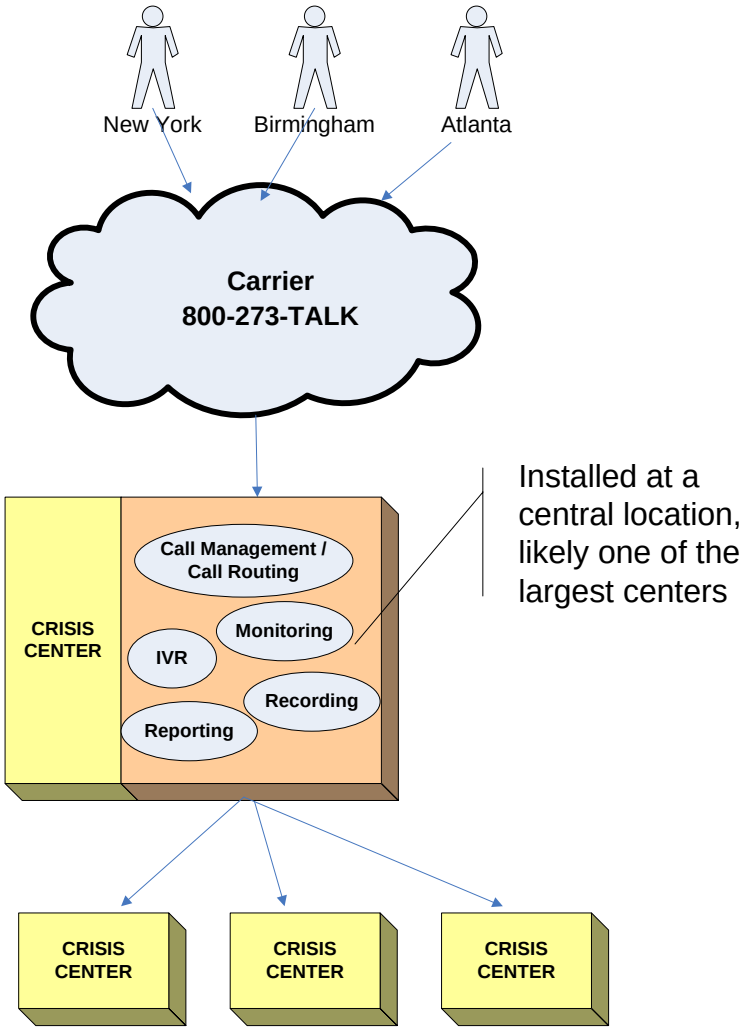
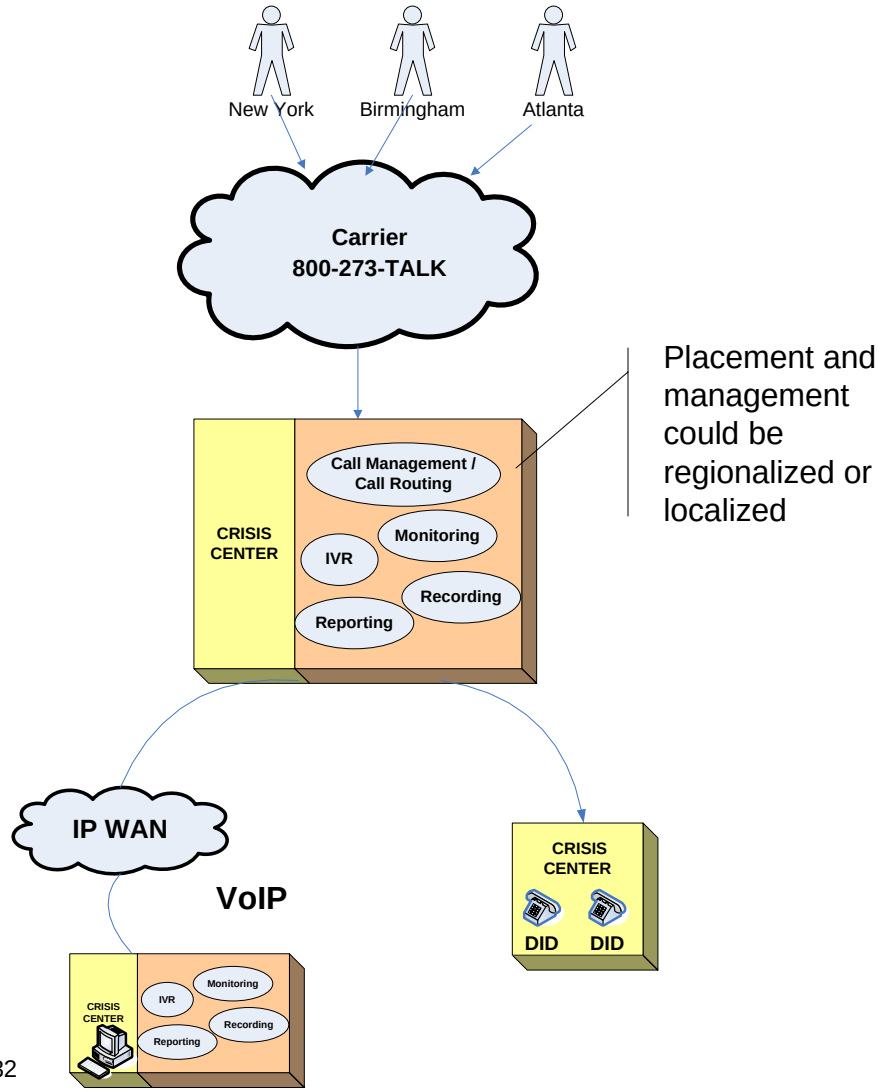
Own and Operate Options

Voice Only



Installed at a central location, likely one of the largest centers

Voice and Data



Placement and management could be regionalized or localized

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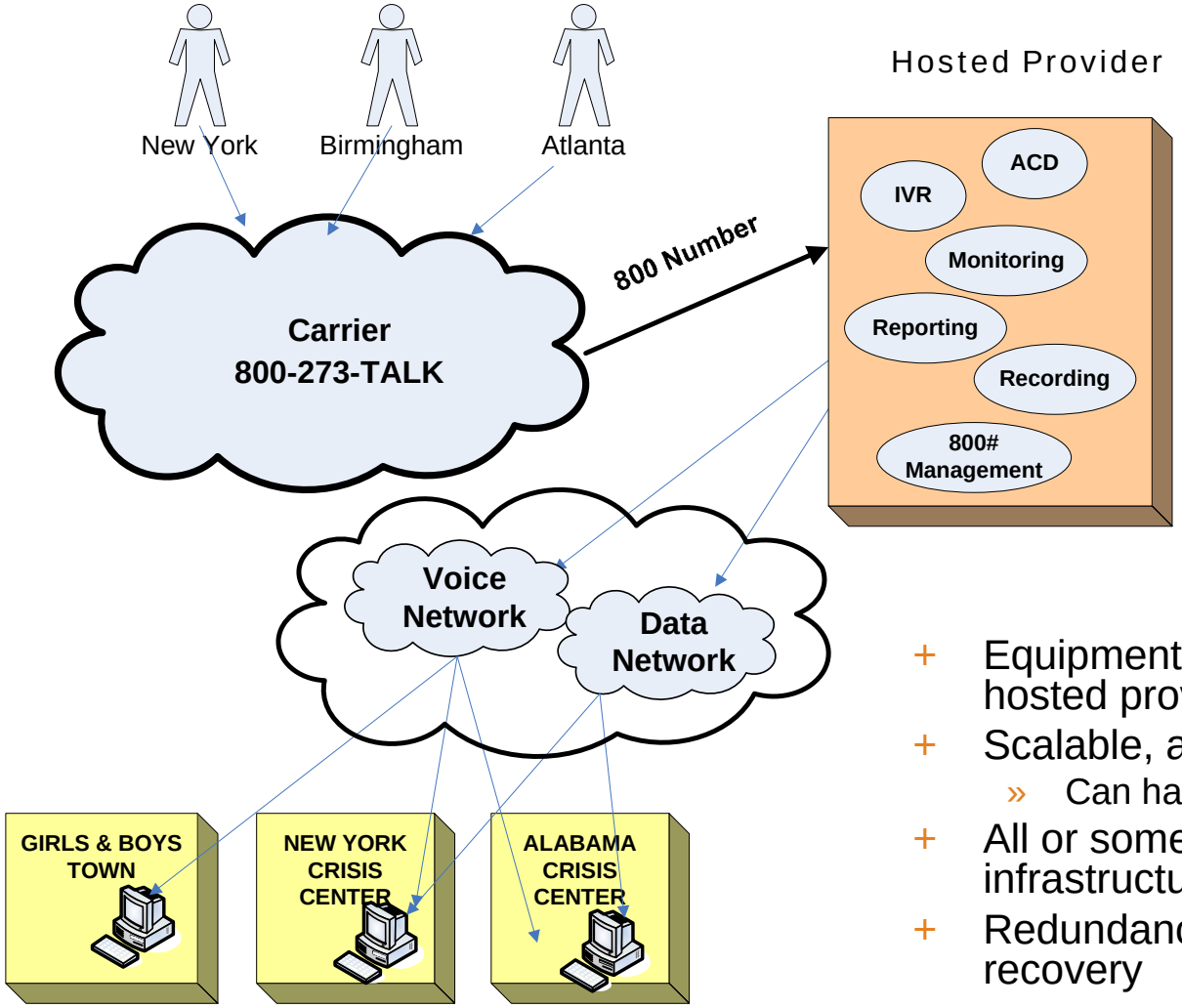
Hosted Solution



- Equipment owned and managed by hosted provider
- Scalable, as needed
  - Can handle unplanned call spikes
- All or some of the telecom infrastructure can be supported
- Redundancy provides for disaster recovery

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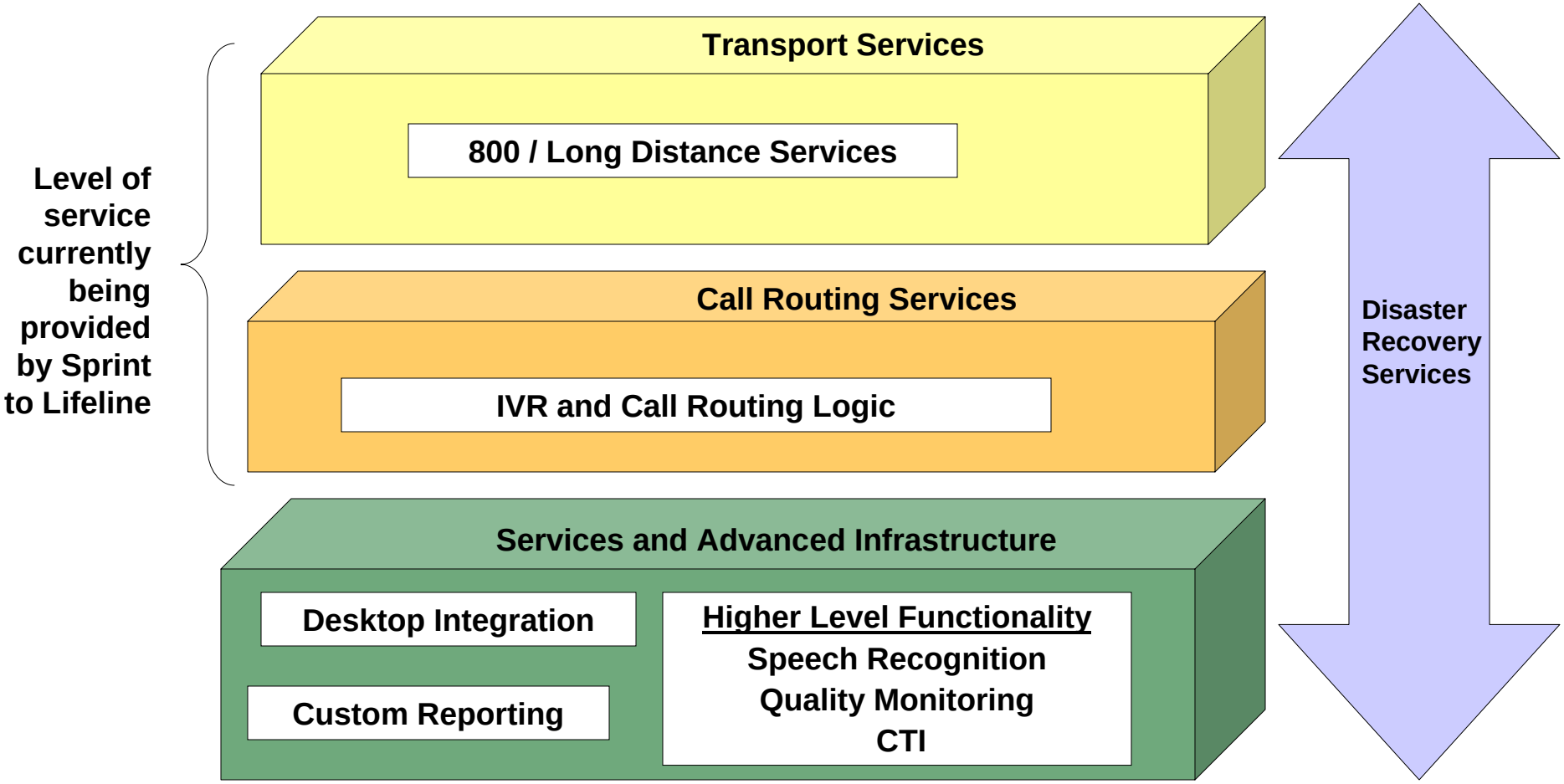
Components of Hosted Model



- Higher level functionality are available from carrier and other hosting vendors, such as Sprint and angel.com, as well as others
- Functionality can be customized for Crisis Centers based on their system infrastructure
- Recommend engaging current vendors in discussion regarding functionality offered

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Call Routing Options - Example: Relative Cost Comparison

	Current Model / Carrier	Hosted Solution - Services and Infrastructure	Own and Operate
Up-Front Costs			
Hardware and Software	Provided by Service Provider	Initial capital costs: Handsets and headsets for 50 users may be required based on functionality - estimated at $20,000	Initial capital costs: Estimate $500,000 for a 50-user system Includes IVR estimated at $1000 per port (number of concurrent users)
Setup Costs	Provided by Service Provider	One-time implementation fee based on selected components; Estimated at $25,000	Start-up costs and initial capital costs
On-Going Costs			
Telecom / Routing Costs	**Toll-free Costs * :** Estimate: $35,000 per month, including IVR services; Per minute charge of $0.11 per minute	**User Costs:** Estimate of $10-$15 per month per user **Usage Costs:** Typically range from $0.04 $0.15 per minute, including IVR services **Total:** (50 users * $15) + (313,000 min * $.04) = **$12,500** (50 users * $15) + (313,000 min * $.15) = **$47,000**	**Toll-free Costs:** Estimate: $20,000 per month; Monthly toll-free based at $20K per month (reduced since IVR capability is handled by hardware), but 20% higher minute usage because of connection to premise
VoIP **	Data circuit delivery and management charges	Data circuit delivery and management charges	Data circuit delivery and management charges; Management charges higher than other 2 models based on in-house expertise required
Operations, Upgrades and Maintenance	Performed by Service Provider	Performed by Service Provider	3rd party maintenance fees - typically from 10-17% of total price of equipment
Installation	Performed by Service Provider	Performed by Service Provider	Typically 20%-30% of equipment costs
Training	Minimal, based on need	Moderate	Depending on technology and level of expertise, could range from 10-30% of equipment costs

* Based on November Sprint billing statement, may vary month to month
** Could reduce Telecom / Routing costs through ability to deliver call directly to agent service point
Note: All cost estimates based on 2005-2006 data and are for directional purposes only

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Business Model Comparison

	Carrier Model	Hosted Solution	Own & Operate
Technology strategy	○	⊙	●
Flexibility to respond to changing requirements	⊙	●	⊙
Expense budget	⊙	⊙	○
Capital budget	○	○	●
Network reliability and support	●	●	⊙
Multimedia channels available	○	●	●
Scalability (add or change centers)	●	●	⊙
Engineering support	○	○	●
Operations support	○	○	●
User support	○	⊙	●
Vendor management	○	●	⊙
Custom reporting	○	⊙	⊙

● - High Impact/Flexibility ⊙ - Medium Impact/Flexibility ○ - Low/limited Impact/Flexibility

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Next Steps

- Determine organizational business needs
  - Current and future demand and direction
  - Expansion plans
  - Internal support structure and resources
  - Technology strategy or approach
  - Budget needs – capital and expense

- Explore provider/vendor options:
  - Ability to meet organizational business requirements
  - Minimum 2-3 providers for geographic coverage, competitive cost and servicing
  - Accessibility to provider/vendor and commitment to account support
  - Ease of implementation and on-going support

- On-going internal management
  - Services support
  - Migration path for new technology introductions

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Interview Findings

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Interview Results

- Due to the sensitive nature of the calls, real-time monitoring and side-by-side observations were not possible
  - Visited 2 centers and met with the Center Directors, discussed their mission and processes plus observed call activities as appropriate.
  - Conducted phone interviews of 8 Center Directors to discuss the structure of their center plus discussed their understanding of Lifeline and the NSPL network.
    - ***Note: We recognize the findings of 10 site visits/phone interviews out of a total of 117 centers does not constitute a statistically valid sampling, however it was sufficient to identify trends and opportunities. The limited sampling was the result of legal restrictions.***
    - Topics discussed during phone interviews included:

Role of the Center to the caller (e.g., referrals only, “warm” support, blended)
Size and composite of staff
Types of calls /contacts handled
How referral information is available to the counselors
Overflow support
Their understanding of the role of Lifeline
What is working well and/or areas of opportunity between the crisis centers and Lifeline

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Positive Observations

- Question: What is working well in your relationship with Lifeline?

- Findings: Pretty much everything!
  - The staff is very professional and approachable
  - Centers feel valued and engaged in the process, especially in the recent development of Lethality Standards.
  - Communication is vastly improved over what they had experienced with the previous administrator
    - Board meetings are very productive; there is a general feeling of excitement when they get together due to all the sharing that is done.
    - Meetings and conference calls are very productive, well facilitated and valuable information is shared. All feel the conference calls provide a much needed forum for the sharing of information between centers and to create the feeling of community.
  - Directors find it helpful to have ideas and support from the technology team

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Key Learnings

Question: What level of support is provided to callers?

Learning:

- 8 centers provide “blended” support, listening to the caller, providing emotional support, encouraging them to develop a plan for needed next steps plus providing referrals to appropriate agencies for long term support.
- 2 centers provide referrals only and can either transfer the caller or provide them with the telephone number of a center that can provide “warm” or listening support

Question: Composite of Staff

Learning:

- 5 centers are staffed exclusively by paid professionals
- 5 centers are staffed by a combination of paid and volunteer staff (paid supervisory personnel and mostly volunteer phone counselors).

Question: Types of calls handled by the center

Learning: All centers support a wide array of mental health and behavioral problems affecting their community. Suicide prevention calls from the NSPL line is a small percentage of their overall call volume.

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Opportunities

Question: Are alternate means of communication (e.g., e-mail, chat, Instant Messaging) supported by the centers?

- Findings:
  - Many of the centers receive e-mail from either people in crisis or friends/family seeking information, but it is not a mode of communication that is encouraged. Messages are answered and people are strongly encouraged to call the center for assistance or information.
  - 2 centers host a chat room for teens, but it is not actively promoted or utilized
  - No center utilizes or supports instant messaging or PC to PC video

- Opportunity:
  - Even though none of the centers surveyed are actively engaged in any of the communication alternatives at this time, they are all interested in them and understand the need to interact with people in crisis through a variety of means. Concerns voiced by the Directors have to do with privacy and accurate assessment of the "caller's" needs.

    As the national coordinator of Suicide Prevention Crisis Centers, the SAMHSA Administrator is in a unique position to facilitate the dialogue on this issue and develop national policies and standards.

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Opportunities

Question: Does your center provide overflow support to another crisis center? Who is your back-up for overflow calls?

+ Findings:

Does your center accept overflow calls?	Who is your back-up center?
3 centers are sure they are a back-up center for other agencies and know which centers they support	5 centers are not sure who takes their overflow calls
4 centers think they accept overflow calls for other centers but are unsure which centers they support	3 centers think their primary back up is Girls and Boys Town
2 centers are not sure if they accept overflow calls	1 center does not believe they have a back-up for overflow calls
1 center does not accept overflow calls	1 unknown

+ Opportunity:
  - » A matrix should be developed and maintained on the Lifeline web-site, identifying the routing structure for all TALK calls, plus a contact name and telephone number for each center. Directors can then easily identify which centers they support and which centers support them.

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Opportunities

- **Question:** If your center does serve as back-up for another center, do you have access to their referral information?

- **Findings:** There is no established process for the sharing of this critical information.
  - One center (who thinks they support two crisis centers) has information from one center but not the other
  - One center supports several centers and they have info for some centers but not for most
  - No other centers have any information
    - One center uses the internet to find an applicable referral
    - Two centers provide the telephone number of the crisis center or 211 agency closest to the caller and advises them to call them directly for a referral

- **Opportunity:** There are several ways this information could be shared throughout the team:
  - Establish a referral section to the Lifeline website available to all crisis centers. Directors could develop a listing of the referral agencies (and telephone numbers) used most often by their center. It would be the responsibility of each center to keep their information up-to-date
  - Several of the agencies we spoke with use a internet site as their referral source. This web site could be added to the Referral section of the Lifeline web-site
  - When sharing call routing overflow information with the crisis centers, Directors should be encouraged to reach-out to their support center(s) and establish an on-going dialogue for problems they are encountering and information needed to serve their callers

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Opportunity

Question: What is the role of Lifeline to the NSPL?

- Findings: Directors provided a variety of answers to this question:
  - Call Tracking:
    - "Manage the network for SAMHSA and provide them with the statistics needed to maintain and support the lifeline."
  - Technical Support:
    - "Provide technical support and consultation for all crisis centers on the network."
    - "…maintain the network and direct the calls to the appropriate centers to make sure the caller gets help as quickly as possible."
  - Establish Standards:
    - "Benchmark applicable areas and set standards for the centers. Assist in staff development and develop a set of core minimums for evaluations and lethality."
    - "To maintain the suicide prevention hotline and coordinate service on a national level to insure service is consistent among all centers."
    - "Make sure Centers are doing what they are supposed to be doing."
  - Communication
    - "Keep Centers informed on what is going on in the area of mental health as it relates to suicide"
- Opportunity: As administrator of the SAMHSA NSPL, Lifeline needs to clearly define, document and share with all members of the crisis network their role and what services and support the members can and should look to them to provide.

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Areas of Opportunity - Communication

- Caller demographics and reason for call
  - The Lifeline application asks applicants what type of information is captured on each call and if the center is willing to share that data with Lifeline for evaluative purposes. Our interviews indicated that though most centers do document and retain some demographics plus the reason why someone called the Suicide hotline this information is not being shared. Lifeline should accelerate their plans to collect and analyze this data to identify escalating behaviors or regional/national trends. Such analysis could result in centers making changes or additions to their training materials to better assist callers.
    - Girls and Boys Town captures demographic and systematic information and, as national over-flow support center, is already in a unique position to identify national trends.

- Lifeline web-site
  - Use of the Lifeline web-site, as reported by the centers interviewed, is tepid with some seeing it only as a location to secure call statistics. As a key method of sharing information with the general public as well as the member centers, the centers should be more familiar with the information to be found there as well as the links provided.
    - Lifeline should consider a walk-through of the web site for one of the monthly conference calls, to re-introduce the site to all members.
    - In addition, this would be a appropriate forum for soliciting the type of information that members would like to see stored there.

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Areas of Opportunity - Communication

- Lifeline Blog
  - Use of the Lifeline blog is very low, as reported by the directors we contacted.
  - Those that have used the blog provided positive feed-back but most mentioned they are not sure how to use it.
    - An overview of the blog should be considered as an agenda item for a monthly team call.
    - Information to be addressed should include:
      - How to input information on a blog
      - Types of information to be found there

- Resolution of issues of ownership of 800-SUICIDE routing and calls
  - No center is clear on what is happening with the 800 SUICIDE number and they would all like to be provided with a project update.
  - One center did an analysis of the types of calls coming in on the two crisis center lines (273-TALK and SUICIDE):
    - SUICIDE line – more teens, more acute problems, serious needs
    - TALK line – more informational, less serious concerns

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Areas of Opportunity - Training

- One of NSPL's goals is to establish a consistent training program for the Crisis Centers.
  - Centers with limited funding find it a challenge to secure new or updated training videos.
  - As national administrator of the Suicide Hotline, Lifeline is in a position to act as facilitator of a "national lending library".
    - Centers could provide a listing of their training videos and when they are available to be loaned to another center. This information could be added to the Lifeline web-site.
    - AND / OR
    - Lifeline could purchase a series of training videos on all topics related to suicide, suicide prevention and suicide survivors and loan them to centers to assist in their training programs.

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Opportunities for National Discussion

National Discussions to be led by Lifeline

- Alternate communication mediums
  - AAS studies indicate that suicide is the 3rd cause of death among young Americans ages 15 to 24. Only accidents and homicides occur more frequently. As such, it is crucial that the communication styles of the young (chat, e-mail, IM) be mainstreamed into the crisis centers to insure every possible means of support is available to those in need.
  - Topics for national discussion include education on various communication methods, technologies being used by the caller and what is needed in the crisis center to provide support and policies on processes and privacy.

- 211 centers
  - As of November, 2006, 211 services are available to 193 million Americans in 41 states and Washington, D.C. or 65% of the national population. 17 states have complete 2-1-1 coverage.
  - 211 centers either provide information/support directly to the caller or share referrals to organizations for the following services:

Human Services Agencies	Food and Shelter Providers	Child Care Resources
Special Services for Seniors	Volunteer Opportunities	City and County Information

  - Suicide prevention is just one of a wide array of responsibilities for 211 centers and some centers indicted they are grappling with their identity as a crisis center in a 211 environment. Since 211 was approved for use by the FCC in 2000, it is just a matter of time until this service is available in all states.

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Opportunities for National Discussion

- Use of the national network for national emergencies
  - As part of the national response to Hurricane Katrina, the Lifeline network was used as a vehicle to provide information and referrals to those in need of social services support. Though all centers recognized the need to the public suffering the storm's aftermath and the value of using an established national network, concerns were voiced that such use confused the public on the type of service and support provide by the NSPL. Centers indicated they began to get calls for needs beyond that of suicide prevention
  - All centers should be engaged in the discussion on the role of the Lifeline as part of the national disaster response plan

- Not all centers have dedicated technical support and they look to the NSPL staff to provide assistance and expertise.
  - One problem voiced by Crisis Centers is how to trace blocked calls coming to the centers from outside of the national network
    - Although this issue per se is outside of the scope of the NSPL, it is one that affects all centers on the network. The national forum of the NSPL provides an opportunity where learning and sharing can take place to the betterment of all crisis centers

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