

I know this is terribly long, but it seemed necessary to me to make our position very clear on this whole subject!

A CLARIFICATION FROM THE TRENCHES

I am the Coordinator of the Suicide Prevention Services in Columbus OH and I have been on the staff for 23 years, so I have been through the whole national toll-free suicide prevention hotline issue from the beginning. **Our center actually answers the calls that are made to these 1-800 numbers**, so I believe our voice should carry more weight than any other constituency. If it were not for our center and the other 100 + call centers that have been/are in these networks, there would never have been ANY national hotlines and there would not BE ANY national hotline right now.

I get the feeling from briefly scanning the many comments about this issue that most of the writers are unaware about how the national toll-free numbers work. When the KBHC ran the 1-800-SUICIDE line, their organization promoted the number and **transferred / routed the calls** to our center and to the other centers who had contracted to be part of the network. **We crisis centers** (not KBHC) handled the calls, helped people, saved lives. We received NO compensation from KBHC, and very little real support as far as training, information, reports, etc. But we went ahead and took the calls anyway, because we believe in the prevention of suicide and felt the local callers (whose calls were routed to us) would get the best assistance from our Hotline instead of being routed to another city.

When KBHC lost the SAMHSA grant, for good reasons which other people have already commented about, the crisis centers in the network were unwillingly thrown in the middle of a very unprofessional situation which seemed to many of us centers to have no real concern for the suicidal callers to the 1-800-SUICIDE line. If the concern (on the part of KBHC) was really to do what was best for the callers, as well as the Hotlines who were assisting them, they would have willingly given the 1-800-SUICIDE number over to the organization which had won the competitive grant to take over the national line. That would have allowed a much smoother transition for us centers who were continuing **the same work**, only with a different call-router. This was not the case.

Those of us who were answering these calls had choices—to continue to stay with KBHC, even though KBHC was no longer “sanctioned” or supported by SAMHSA—to contract with the new grantee, or to do both. In the interests of the callers we elected to be part of both until “the dust settled”. When it became clear to us that KBHC was in grave financial trouble and was unwilling to act in the best interests of callers and call centers by giving up the 1-800-SUICIDE number without a protracted fight, we chose to join the Lifeline network. We had several reasons for switching to Lifeline—1) they were in a much more stable financial situation than KBHC, 2), their administrators seemed much more competent and

communicative with the crisis centers than KBHC's had been, and 3), if people in our area were calling 1-800-273-TALK, we did not want to have those calls routed somewhere else.

We were very relieved when the FCC assigned the 1-800-SUICIDE line to the Lifeline network. The Lifeline network has been so much more helpful to us, the crisis centers who are handling these SAME calls, than KBHC had been. Each center receives an annual stipend of several thousand dollars, which has helped our center improve our phone system, receive additional training, and make many other small but important improvements. Lifeline Crisis Centers also receive training, support, networking with other centers, opportunities to be part of research studies which have improved our credibility, etc. As a network crisis center, we feel acknowledged, appreciated, and involved with the evidence-based policies and programs initiated by the Lifeline.

So the bottom line is, the crisis centers and their callers are the ones who will benefit or suffer from these changes more than anyone else, and I believe that most, if not all of the 150 + centers, including ours, would absolutely prefer to have **all** national toll-free suicide prevention crisis lines be administered through the Lifeline network. We and our callers are much better served by the current Lifeline administrators than we ever were by KBHC.

I also find it disturbing that apparently, another national number—1-800-442-HOPE is being promoted by KBHC on their website (and who knows where else), and the callers are being routed not through Lifeline, but through KBHC to some crisis hotlines, ours included. We received no communication about this and have not given our permission or signed any contract with KBHC to provide this service through them.

So save your admiration for and support of Reese Butler, and direct it to the people who have always been in the trenches, actually doing the work of saving lives--the crisis centers who WERE under KBHC but are NOW in the National Suicide Prevention Lifeline Network.