CUISR:

Community — University Institute for Social Research

211 Saskatchewan Situational Analysis

by Amanda Lisoway

Building Healthy Sustainable Communities

Community-University Institute for Social Research

CUISR is a partnership between a set of community-based organizations (including Saskatoon District Health, the City of Saskatoon, Quint Development Corporation, the Saskatoon Regional Intersectoral Committee on Human Services) and a large number of faculty and graduate students from the University of Saskatchewan. CUISR's mission is "to serve as a focal point for community-based research and to integrate the various social research needs and experiential knowledge of the community-based organizations with the technical expertise available at the University. It promotes, undertakes, and critically evaluates applied social research for community-based organizations, and serves as a data clearinghouse for applied and community-based social research. The overall goal of CUISR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life."

This mission is reflected in the following objectives: (1) to build capacity within CBOs to conduct their own applied social research and write grant proposals; (2) to serve as a conduit for the transfer of experientially-based knowledge from the community to the University classroom, and transfer technical expertise from the University to the community and CBOs; (3) to provide CBOs with assistance in the areas of survey sample design, estimation and data analysis, or, where necessary, to undertake survey research that is timely, accurate and reliable; (4) to serve as a central clearinghouse, or data warehouse, for community-based and applied social research findings; and (5) to allow members of the University and CBOs to access a broad range of data over a long time period.

As a starting point, CUISR has established three focused research modules in the areas of Community Health Determinants and Health Policy, Community Economic Development, and Quality of Life Indicators. The three-pronged research thrust underlying the proposed Institute is, in operational terms, highly integrated. The central questions in the three modules—community quality of life, health, and economy—are so interdependent that many of the projects and partners already span and work in more than one module. All of this research is focused on creating and maintaining healthy, sustainable communities.

Research is the driving force that cements the partnership between universities, CBOs, and government in acquiring, transferring, and applying knowledge in the form of policy and programs. Researchers within each of the modules examine these dimensions from their particular perspective, and the results are integrated at the level of the Institute, thus providing a rich, multi-faceted analysis of the common social and economic issues. The integrated results are then communicated to the Community and the University in a number of ways to ensure that research makes a difference in the development of services, implementation of policy, and lives of the people of Saskatoon and Saskatchewan.

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ABSTRACT

The United Ways of Saskatoon and Regina, in partnership with the Community-University Institute of Social Research (CUISR) in Saskatoon, jointly funded a research project to collect and analyze data on information and referral services in Saskatchewan. This report is the first step in describing the landscape of information and referral in Saskatchewan, providing preliminary data to answer the following questions:

1. Who are the major providers of information and referral?

2. What do they provide? How do they provide it? How are they funded? What role do they play in providing general (as opposed to specific) information?

3. What is the current capacity of these services?

4. What training, education, physical space, or interest do these providers have in a 211 service?

Participants identified the importance of examining the relationship between a 211 telephone service, which accesses community resources and services, and two better-known current services, 911 and 411.

Survey respondents expressed many benefits and concerns for a 211 service in Saskatchewan. Situational analysis revealed that 88% of the organizations surveyed felt that centralizing access to information and referral services in Saskatchewan would benefit their particular organization, and 92% felt that it would improve community access to their organizations in general. However, there were also many challenges to be addressed. The most important of those cited were concerns about boundaries and how to deal with philosophical differences and competition between organizations. Respondents desired a live, locally based information and referral service specialist that would refer clients to the appropriate local or province-wide organization as the preferred method for handling daytime and after-hours calls made to a 211 service.

INTRODUCTION AND HISTORY OF 211

WHAT IS 211?

211 is a three-digit highly visible and easy to use and remember telephone number meant to provide centralized access for clients to community information, referral services, and resources, such as counseling, job training, or substance or domestic abuse. This type of centralized access links people to needed services faster than would otherwise be possible. Research shows that it may currently take up to seven telephone calls for clients to access appropriate services. Thus, simplifying access to these vital community resources and services eases frustration and increases the possibility of individuals and families being more self-sufficient. It also allows clients to find appropriate services earlier, resulting in early intervention, and possible prevention, of a crisis situation. The 211 number may also enhance organizations' effectiveness by providing only clientele that fit the specific services provided. 211 also increases an organization's client base, thereby increasing its ability to reach the community. The 211 number is simple for everyone to use, especially vulnerable populations such as senior citizens or those facing literacy or poverty challenges. A 211 service increases the chances that people will seek out community and government services, as well as allow such services to be easily and more frequently accessed.

211 also increases civic engagement. For example, in Atlanta, the number of people calling to give their time and other non-financial donations has increased markedly since the launch of 211, from 5,000 calls per month in 1997 to over 26,000 calls in 2001. 211 services in the United States are being called social barometers due to their success in spotting trends, collecting data, monitoring emerging community issues, and then stimulating and mobilizing efforts to respond accordingly. This is a benefit to which Saskatchewan may be able to look forward.

HOW AND WHERE DID 211 BEGIN?

The original idea for a 211 service has its roots in the United States, developed by the United Way of Atlanta, Georgia in 1997. Its success led the Federal Communications Commission to approve use of the three-digit number for community information and referral services throughout the United States. Currently, over 10% of Americans have access to a 211 information and referral service. This is not yet the case in Canada. The goal there is to increase this to 50% by 2006, and complete total availability thereafter. There are now twenty-nine active 211 centres in Alabama, Connecticut, Florida, Georgia, Kentucky, Louisiana, Minnesota, Nebraska, New Mexico, North Carolina, South Carolina, Tennessee, Utah, and Wisconsin. 211 services are in development in fifteen other states.

Canada and 211

Canada does not yet have 211 services widely in place. Indeed, applications lobbying for assignment of a three-digit number for information and referral purposes began just three years ago.

In June, 2000, the United Way Canada-Centraide Canada, InformCanada, United Way of Greater Toronto, and Community Information Toronto jointly filed an application with the Canadian Radio-Television and Telecommunications Commission (CRTC) requesting that the three-digit telephone number 211 be assigned for community, government, health, and social service information and referral purposes. On 9 August 2001, the CRTC approved the request.

The CRTC approved the vision of local implementation of 211 services, with national rollout occurring as communities become ready to deliver the service. The CRTC proposed specific service standards for 211 and a process for identification of 211 service providers. A brief summary of the CRTC's requirements for all 211 services can be found in **Appendix A**. The objective of the requirements was to ensure that the public could expect similar levels of service quality and accessibility from 211 services operating across Canada. Consistency is critical to public confidence and to ensuring that 211 services achieve their intended impact. In granting approval for 211, the CRTC specifically noted that InformCanada must be provided documentation by any and all communities planning to implement a 211 service for presentation to the National 211 Steering Committee. This allows the committee to confirm adherence to these standards and monitor progress towards meeting goals related to the 211 service. Communities across Canada are currently planning and preparing to meet the standards proposed for 211, making it a reality for its citizens.

On 13 June 2002, the United Way of Greater Toronto, in partnership with Community Information Toronto, officially launched Canada's first 211 service. It also included a comprehensive website (www.211toronto.ca). The Toronto 211 service has already noted a large increase in call volumes in their second year of service. Currently, 211 services are in development across Canada in Vancouver, Calgary/Edmonton, Winnipeg, Thunder Bay, Windsor, Simcoe County, York Region, Kingston, Ottawa, and Halifax.

Why is the United Way Involved?

The United Way movement has played a leadership role in securing the 211 number for community information and referral services across Canada. This has included building awareness of 211, consultations with interested communities, governments, and industries, and preparation of the formal application to the CRTC. While not formally articulated, the actions of participating local United Ways-Centraides have been guided by several principles. United Ways-Centraides have typically viewed 211 as a community building and collaborative initiative. The level of United Ways-Centraides interest and

participation in 211 is different in each community. Many are leading efforts to build local capacity and mobilize community, while others are playing more of a supportive role, or are inactive.

In Saskatchewan, the United Way is the largest non-government agency providing funding for health and social services. The United Ways of Saskatoon and Regina provide funding to a large network of community care organizations. As such, these United Ways agreed to sponsor a 211 feasibility study in Saskatchewan. To start the process, they made a proposal to the Community-University Institute for Social Research for funding and support. A researcher was then hired to conduct a situational analysis. See **Appendix B** for a summary of the 211 Community Consultation Meeting.

DETAILED RESULTS OF THE SITUATIONAL ANALYSIS

The 211 situational analysis for Saskatchewan addressed the following questions:

1) Who are the major providers of information and referral in Saskatoon

   and Regina?

2) What do they provide? How do they provide it? How are they funded? What role do they play in providing general (as opposed to specific) information?

3) What is the current capacity of these services?

4) What training, education, and interest do these providers have in providing

   211?

The analysis informed the community consultation process initiated by the United Ways of Regina and Saskatoon and will be used to build the community planning process and identification of possible implementation ideas, as well as strategic questions for 211 Saskatchewan.

A combination of qualitative/quantitative analysis was chosen as the best method to gather information from current information and referral providers in Saskatchewan. As such, a questionnaire, consisting of 44 questions, was developed and distributed to a sample of organizations in Saskatchewan as chosen by the United Ways of Regina and Saskatoon. See **Appendices C and D** for the cover letter and complete questionnaire, respectively.

911 AND 211

As a part of the situational analysis, United Way and affiliates felt that it was important to discover how services similar to 211 are currently operating in our province, and the effect of bringing a 211 service into our community on those numbers already in place. Of particular interest were the 911 emergency system and the 411 directory assistance

system. For this study, the technical telephone configurations in use were not of interest. Rather, the concern was with the number of irrelevant calls received by 911 and 411, the percentage that would have been 211-appropriate calls, how these calls are currently handled, and what effect they have on each system. See **Appendix E** for the list of questions asked of each service.

Members of the 911 communications sectors of both Regina and Saskatoon both took part in brief telephone interviews to fulfill the interests outlined above. Analysis showed that the Saskatoon 911 number receives non-emergency calls. Unfortunately, the type of calls are not recorded or tracked, making it impossible to calculate the number of these calls received in an average week. However, the following information was available: the 911 service currently receives approximately 159 calls per day, or approximately 5,000 calls per month. It is assumed that the 911 number receives calls that are non-emergency in nature and would be handled by a 211 service. Non-emergency calls are dealt with specifically, depending on the type of call, and transferred or redirected as quickly as possible. If it is fire- and/or EMS-related, the call is transferred within 10 seconds. If it is police-related, but non-emergency, the call is transferred to the police information line. If the call is not related to any of these issues (i.e. non-emergency and not police related), it is still transferred to the police administration line.

The impact of these non-emergency calls on the 911 system includes demands on staff and time taken from answering more serious calls. As part of their training, call specialists learn to not tie up the phone lines and to transfer calls as quickly as possible. However, on quieter nights specialists may take the non-emergency calls because they do not wish to punish community members who may call 911 only once in their lives. If they are not working at top capacity, specialists take the time to help non-emergency callers. There are currently five call stations in the 911 room. Unlike the general police service, 911 does not use a database containing various community services. Thus, calls transferred to the police administration line are redirected and referred through use of this database. The type of statistics currently collected and kept with regard to calls made to 911 include number of calls, time of transfer, time of answer, number of cellular calls, and percentage of calls from various organizations.

To a certain extent, a 211 service may alleviate non-emergency calls to 911. The 911 sergeant who was interviewed felt that it would certainly help the general public, but did not feel that it was a present concern for 911. As such, no specific benefits were mentioned.

In reference to challenges, 911 Saskatoon felt that there would be significant challenges to putting a 211 system in place:

• The system would have to act similarly to 911

• There would need to be a database system with a single button transfer

• The infrastructure would be huge

• Round-the-clock staffing would be needed

• The system would need to be reliable, and making it so would be difficult

• This is a new system to Canada, and so not many centres have it up and running

The 911 sergeant made a point of stressing huge staffing and expense problems. He was also of the opinion that Saskatchewan's population is too small to offset the costs of a 211 system, making the benefits slim. 211 is more helpful for big centres and heavily populated areas. It was suggested that 911 would need to be involved in implementation of a 211 service in Saskatchewan.

911 Regina, while having similar basic concerns, offered additional comments. The Regina 911 system frequently receives non-emergency calls—an estimated 10 to 20 per day. On average, it takes 911 operators approximately one minute to deal with such calls. The impact of these non-emergency calls on the system and organization is that valid emergency 911 calls may be queued, which is frustrating for staff. These non-emergency callers are not redirected per se, but staff protocol instructs callers to refer to their telephone books or provide the transfer number when absolutely necessary. Callers may also be referred to fire or EMS agencies. The 911 system itself does not make use of a database containing various available community services. As in Saskatoon, the police administration line tracks this information. Therefore, some callers would be referred to this line and database to locate the correct number. The Regina Police Service, assisted by the city's Planning and Resource Department, keeps up-to-date the database used by the police administration line. An audit is carried out every January to ensure that the database contains correct telephone numbers. Like the Saskatoon system, Regina 911 collects information on all calls received. The majority of these statistics, as with the Saskatoon 911 system, are time-driven. Regina also records whether the call is from a cellular phone or a land-line.

Regina 911 representatives felt that a 211 system would help alleviate the impact of non-emergency calls, even though the City of Regina already operates a phone number that assists the public with general questions. As such, the amount of relief may be negligible because this system should already be handling many of these calls. If marketed and kept up-to-date, the 211 service may provide a significant service to the public, but specific benefits to the 911 system were not mentioned. Due to the other three-digit numbers in place (i.e. 411 and 611), there are a great number of misdials to 911. If 211 were added, it might generate even more misdials to 911. Regina 911 added that the fire and EMS agencies might have information regarding misuse of medical and fire emergency systems. A direct contact would have to be made to confirm their issues, to which Regina 911 agreed.

QUESTIONNAIRE RESPONDENTS SELECTED

The Directors of Community Services for the United Ways of Saskatoon and Regina identified a sample of the major providers of information and referral in Saskatchewan. A search for other major information and referral providers was performed through the public library community directories of both cities. Contact information was gathered to access appropriate individuals within each organization (see **Appendix F** for a list of survey respondents selected). Telephone calls were made to these individuals to establish initial contact and provide a briefing on the 211 Saskatchewan project. The questionnaire was mailed out and a deadline originally set for 8 August 2003. Follow-up phone calls were made to ensure that the questionnaires were received, whether there were any problems or questions, and to remind respondents of the deadline.

If questionnaires were not received by the deadline, additional calls were made to request a personal or telephone interview. Continued attempts were made to recover the questionnaires until the end of August. After that point, any further responses received were included in the analysis, but no further attempts were made to recover questionnaires.

Several different options for returning questionnaires were offered to respondents. These consisted of faxing, mailing, or dropping responses off in person (see **Appendix F** for a list of persons and organizations surveyed). Out of a total 41 questionnaires distributed, 26 were returned and included in the analysis, a response rate of 63%, which is good given the time of year that the research was carried out.

QUESTIONNAIRE RESULTS

The following is a summary of feedback received from the various organizations that participated in the situational analysis. The results are sorted by subject area, as in the questionnaire. For a more complete look at the questions used, please see **Appendix D**. All results are collapsed and summarized, and only the most frequently given answers are listed.

Awareness and interest in a 211 service

To assess the extent of awareness and interest that information and referral providers have in 211 Saskatchewan, organizations were asked some basic questions concerning their knowledge of 211. Of those who chose to respond, approximately 65% were already aware that discussions were currently in place for possible implementation of a 211 service in Saskatchewan. However, a majority of respondents were not aware of any centres with a 211 service in place or in the process of being put in place. Those who were aware of existing 211 services mentioned Toronto, Atlanta, Vancouver, Edmonton/ Calgary as cities having or implementing a 211 system.

A cover letter was used to briefly introduce the concept of a 211 service to respondents (see **Appendix C**). All but a few felt that the cover letter adequately described and defined what a 211 service entails. Of those few, most mentioned that the Internet was used as an alternate means to locate more information about a 211 service beyond that which was provided in the cover letter. One specific question asked, "Is this primarily an information line or does it perform an intake function (i.e. assess needs and/or identify risks)?" Therefore, precisely describing the 211 service and how it will function will need to be undertaken in the future. This can be done through community meetings and extensive public education. Such education will be launched in the community once the 211 service is closer to implementation in Saskatchewan.

Opinions, benefits, and concerns regarding a 211 service

The second part of the questionnaire asked respondents to express their thoughts concerning a 211 service in Saskatchewan. The specific benefits described were varied, but the benefits cited were to their organization in general, to clientele, and to employees. Eighty-eight percent of respondents felt that centralizing access to information and referral services would benefit their particular organization. The five most cited responses included:

- More appropriate referrals, resulting in an increase in clientele, a decrease in requests for services that the organization does not provide, and less manpower devoted to dealing with such requests

- Easier access, resulting in an increase in clientele

- Better information-sharing among organizations

- Ease of making appropriate referrals due to the large database

- Higher community awareness of the organization

Almost all respondents (96%) felt that centralizing information and referral services would improve access to services for Saskatchewan's population. Specific key benefits for the general population included:

- Ease of access

- Faster and better referrals

- Bridging gaps between organizations, and increased networking and collaboration

- Increased awareness and education about available services

- Support in keeping existing databases up-to-date

Almost all organizations had some foreseeable challenges. Below is a summary of the most serious cited challenges:

- Concerns about boundaries and how to deal with philosophical differences and competition between organizations (i.e. when there are several similar organizations providing the same basic services, which one gets the referral?); inter-organizational cooperation will be necessary to determine responsibilities and funding sources

- Smaller existing information and referral services will be threatened and current funding affected

- Highly trained information and referral specialists will be needed

- Confidentiality of users and requested information must be ensured

- Keeping information up-to-date

The most cited benefits that respondents felt a 211 service would provide to their specific community include:

- Faster and easier access to the proper services at no cost to callers

- Access to current information through highly trained specialists, 24 hours-a-day, year round.

- Consolidation, coordination, and integration of information and services

- Faster and more comprehensive referrals

- Specific populations, such as rural and northern areas, will be better serviced

When asked about specific challenges that a 211 service would face in their community, respondents suggested the following:

- Territorial protection and competition among organizations would need to be eliminated to truly integrate the system

- Must be fully accessible, including access for non-English speakers, homeless persons, children, and families without telephone access

- Unless there is strong support and extensive public education, acceptance and credibility would be difficult to obtain

- Start-up and sustaining funds must be in place

- Confusion between other services with similar numbers, such as 411 and 911, could pose a problem

Respondents believed that a 211 service might raise the following challenges to their particular organizations:

• Misunderstanding of services offered, recognition of overlap and duplication of services, and losing referrals and clientele

• Access to funding and resources to deal with possible clientele increases

• Compromised clientele confidentiality

• Resources for dealing with increases in telephone referrals (e.g. space, available staff time)

• Keeping information current

Most organizations had few concerns pertaining to centralizing access to information and referral services in Saskatchewan. However, a summary of concerns mentioned are:

• Confidentiality

• Areas of responsibility

• Who hosts the service and how is this decided?

• Staff training and qualifications

• Sustainability

• Quality control

• Cultural differences between clients

• How would 211 affect current crisis lines? Would it confuse potential clients?

• Accuracy and need for up-to-date information

Despite the concerns and challenges mentioned above, 85% of those surveyed said that they would be willing to participate in planning a 211 service. Of those who said no, time and/or staff limitations were cited as reasons for non-participation.

General structure and implementation considerations

To answer daytime calls made to 211 during regular business hours, respondents preferred a live, locally based information and referral service specialist. This specialist would refer clients to the appropriate local or province-wide organization. As a second choice, respondents chose a live, provincially-based information and referral specialist to refer clients to the appropriate local or province-wide organization. There was no support for an automated system. Many respondents declared that a 211 service must be live for them to support it. Respondents also felt that automated systems are not

specific enough because categorizing services is extremely complex due to duplication and overlap. Thus, some services could be left out and clients confused. Collapsing all services into a small number of choices would seem impossible.

There were two suggestions for other types of services that were not provided as choices in the questionnaire, both of which could be considered when choosing a 211 system for Saskatchewan. One was a live, regionally based system that could instantly connect to other regionally based operators across the province. Another option was a 24-hour service with the option of connecting to a live information and referral specialist if necessary. A complementary website was another common suggestion.

The preferred method for handling after hours calls was also a live and locally-based information and referral specialist. The second choice, again, was a live provincial specialist, followed by an answering service. As before, there was no support for an automated system. Even after hours calls were seen as needing a live individual. This suggests that an automated system need not be considered for a 211 service in Saskatch-ewan, thereby saving the costs and planning that such a system would need.

Finally, the preferred type of service for our province was a three-digit number answered by a live individual who would then transfer the client to the appropriate or-ganization. The second choice was a three-digit automated system, but, as determined above, there was no support for an automated system of any kind. However, given the choice between a seven-digit live or a three-digit automated system, it would appear that the automated system is preferred. This appearance, however, is deceiving, as the percentage of those who would not support an automated system of any kind was so large. There was no support for either seven-digit service mentioned. Respondents felt that a seven-digit number would be too complicated for clients to remember and result in infrequent use, defeating the purpose of a 211 system.

Together with the above, respondents were also asked to provide implementation considerations in the areas of community, population, and geography. Key concerns and considerations for each given section are outlined below:

Community

- Telephone and online access

- In-person service

- Hearing impaired access

- Kiosks in public buildings and a website to extend access

- Equal access from all areas of the province is important

- Source of funding and resources

- Training staff and gathering and keeping current information is labor intensive

• A rural component would need to be serviced, possibly not in a large urban center

• Client referrals to small town organizations where available

Population

• Automated services are unacceptable

• Must reach youths, adults, seniors, caregivers, and parents

• Access for all populations (e.g. visually impaired, hearing impaired)

• Access for those who do not read/write/speak English well or at all

• A significant number of low-income families still lack telephone services

• Aboriginal access

• Special attention to rural and northern areas

• Occupation- and language-specific populations

Geography

• Accessibility to telephones and computers / Internet

• Mainly Saskatoon, Regina, and surrounding areas

• Some out of province areas

• Rural areas

• Telephone availability by anyone, anywhere throughout the province

• Some organizations have offices in more than one community

Geography

Of those organizations that responded to the questionnaire, approximately 53% were located in Regina and 35% in Saskatoon. Eleven percent were located elsewhere in the province. Many organizations serve more than just the community in which they are based. For example, the Farm Stress Line and the Health Information Line are available by telephone to the entire province. The questionnaire included organizations covering every area of Saskatchewan, which assures that the results reflect the views of organizations throughout the province.

Operational information

Organizations' operational information was gathered to assess the significance of converting to a 24 hour-a-day, year-round 211 service. Fifty percent of respondents operate

during normal weekday hours, but not weekends. Twenty-three percent operate around the clock. Only 11% work extended weekday hours and some weekend time. A mere 8% work normal hours all week, as well as a small amount of weekend time. In sum, there is a wide range of operational hours in Saskatchewan, with most organizations only open during normal weekday hours.

Information and referral services currently provided

There is similarity in the mandates and missions of organizations providing services in Saskatchewan. Generally speaking, all look to improve the quality of life of Saskatchewan residents in some capacity, from providing help for abused children to assisting older adults or immigrants. As such, the services provided are population-specific, but, in many cases, similar (e.g. counseling and educational services). Organization size also affects the services provided. Larger organizations tend to provide a broad range of services, while more specific services are provided by smaller organizations. There is no organization that provides only information and referral services.

Organizations were asked a series of questions pertaining to requests for their services. Nearly two-thirds of organizations surveyed receive requests for services that they do not provide, and do not know where to refer such inquiries. Ideally, a 211 service would resolve this problem, making better and faster referrals. Seventy percent reported telephone calls as the most frequently used means of contact, followed by walk-ins, and then referrals. Email is not used very often, but would be beneficial if provided as a means of accessing the 211 service.

Whether an organization uses a services directory gives an indication of such information's consistency and currency. Approximately half of respondents already produce a directory of services, but updating methods vary tremendously. Forty-two percent update their directory annually, 8% twice a year, 8% every two years, and the remainder update their information inconsistently. A 211 service would be required to keep a current database of all available services, thereby solving this inconsistency problem. However, incorporating current information into a pre-existing database will prove difficult. Some information could be imported into the 211 database, but much of it would need to be gathered, re-formatted and entered.

Training in information and referral

There are no major providers of information and referral in Saskatchewan. Accordingly, there are no organizations accredited in Saskatchewan by InformCanada as either certified information and referral specialists or certified resource specialists. However, 35% are accredited by a national or international organization other than by InformCanada. These accrediting agencies are specific to the services provided by the respondent and do not pertain to information and referral services. However, many respondents did not answer this question or replied that they were unsure or did not know.

Policies and procedures used

Ninety-two percent of all organizations surveyed currently have policies, procedures, and standards in place relating to information and referral. In the event that an emergency call is received (i.e. a call meant for 911), the following range of procedures are used:

- The caller is redirected to the appropriate service

- Identifying information is obtained and appropriate local services contacted, then stays on the line until help arrives

- Assesses and refers the appropriate service

- Calls appropriate services for the client or goes with them to get appropriate service

- Transfers or refers to 911

- Refers to mobile crisis service if needed

- Handles themselves if appropriate

The following procedures are used to handle calls requiring immediate crisis intervention or counseling:

- Counselors are trained to deal with these situations and respond accordingly by telephone, in-office, or in-community

- Situation is assessed and referred to 911, mobile crisis, or another more appropriate organization

Different means of handling walk-in clients include:

- Deal with immediately if capable and staff available

- Reception or resource director assists with serving client needs such as answering questions or finding books or other information and referral resources

- Urgent requests are handled as soon as possible

- Non-urgent calls are asked to wait or book a future appointment

- Clients are interviewed regarding need and accommodated if issues are within the service's sphere and referred to others if not

Procedures used for after hours calls include:

- Answering service only

• Telephone message instructing callers how to reach emergency or crisis providers

• Voice messages/message manager, with calls returned the next day

• Crisis calls are referred to a mobile service, and others asked to call during office hours

• Mobile crisis service handles after hours calls

• Answering service is used if all workers are unavailable

• Trained volunteers with cell phones

The above procedures and policies differ and depend on the type of services offered by an organization. If a 211 service is implemented, emergency calls could be referred to appropriate organizations.

Specific call data and information

In Saskatchewan, there is a wide range in organization size. Over the past three years, the organizations to receive the most calls were Kid's Help Phone, public libraries, and the police. Organization size affects the number of calls received. For example, over the past three years, the Saskatoon Public Library received an average of 412,812 calls per year, while the Abused Women's Information Line received an average of 791 calls per year over the same period. This, however, does not make smaller organizations less important. The information that they provide is more specific to the populations that they service. Other centres that have implemented a 211 service have seen an increase in the number of calls received. Organizations, especially smaller ones, would need to be made aware of this so that they can prepare for possible increases in total calls.

Based on those who provided a response to the survey, most calls were received in summer, followed by fall, then winter and spring. Calls were also more likely received at the beginning of the week, either Monday or Tuesday and in the morning or early afternoon. The best time to implement a 211 service would be during periods of low call volumes, such as during the winter.

Only 60% of those surveyed were currently gathering detailed information pertaining to clients' calls, although 73% had gathered such information in the past. Others pointed out that they only collected basic, not detailed, information. Still others stated that information was only collected from in-depth calls. Therefore, while more than half the organizations currently gather call information, the information obtained varies (see **Appendix D** for choices given to respondents).

As a 211 system would have to develop and maintain a comprehensive and exhaustive database, it is important to determine whether any currently exist and what type of information they contain. Thirty-five percent of respondents have computerized

systems or databases in use to capture the call information mentioned above, ranging from Microsoft Excel to Contact Plus Professional and Inmagic Database.

These databases are used for monitoring and evaluating services, gathering data required by funding agencies, and identifying trends/issues. Still, there are other ways that organizations record their information. Some organizations only use databases to maintain a list of individual contacts or a network client database. Other databases are general information systems. A number of these general information systems are automated, while others require data input. One organization has an internal system used by counselors for all calls. Others manually keep track and total the number of calls at the end of the month, following up those needing counseling. Some organizations have call centres specifically for complaints and inquiries. Of those organizations not using a computerized system, 67% captured their call information manually. A single, large database would improve the current complicated and confusing system, making information on various organizations more accessible and easy to understand. It would force consolidation, coordination, and a consistent method for information and referral services.

Forty-two percent of respondents said that they currently use a database to track service organizations and details regarding their services. Specific details of these systems include:

- Tracking only those agencies that they fund

- Internally developed database

- Customized internal program

- Computerized data entry system and resource library

- Rolodex cards

- Social development grants process

- Automated payment system

- Only frequently used numbers

- Large database containing agencies specific to services provided

- Saskatoon Directory of Community Information

- Basic list of emergency services, mostly used by survivors of sexual assault

Respondents stated that information in the above databases is kept up to date by a range of strategies:

- Inconsistently

• By a full-time resource coordinator

• Via press releases, email, manual, and handouts

• Updated when information is received

• Through regular contact with organizations

• By phone every other year, but only if information is to be included in the public database

• Regular contact and mail-outs

• Reviews are done on an annual basis, information updated on an ongoing basis

The above information is kept current by:

• All staff

• Students and a resource center director

• Staff member hired for that particular purpose

• Full-time resource coordinator

• Case workers and program coordinators

• Administrative assistant (when time permits)

• Program consultants

The number of records contained in each database range from 73 to 30,000, the larger numbers being in the public libraries' and the Kid's Help Phone databases. Of those organizations that have a database, 40% have it available online. Further information is needed about the existing larger databases to determine if they are appropriate and comprehensive enough to be used for a 211 system or as a starting point.

Funding information

An attempt was made to obtain information pertaining to the surveyed organizations' budget for information and referral services. This range was extremely large—$100,000 to $500,000,000—and dependent on an organization's size and breadth of services. Further research will be needed to determine current funding for information and referral services in Saskatchewan. Respondents were asked about their current sources of funding, and mentioned as their major sources :

• Community donations

• Membership and user fees and revenue

• Corporate donations

• Community grants

• Fund-raising and special events

The organizations most often listed as funding sources were:

• United Ways of Saskatoon and Regina

• Cities of Saskatoon and Regina

• Municipal, provincial, and federal governments

• Saskatoon Health Region

• Regina Qu'Appelle Health Region

• Saskatchewan Health Region

• Saskatchewan Community Resources and Employment

• Saskatchewan Justice

• Private funding from corporations, foundations, associations, and individuals

• Human Resources Development Canada

General

Of particular interest to the United Ways of Regina and Saskatoon were the organizations thought to be major providers of information and referral in Saskatchewan. The top organizations listed were:

• Public libraries

• Police

• Mobile Crisis Intervention Services

• United Way

• Cities of Saskatoon and Regina

• Provincial Government Departments

There is a large range of organizations thought to be major providers of information and referral. 211 should solve this problem and allow for a more concentrated view of where a community accesses information and referrals.

CONCLUSIONS

Although knowledge of the 211 system is not widespread in Saskatchewan, there is evidence that organizations and information and referral providers are aware of its existence and are discussing its merits. Therefore, describing the 211 service in detail and how it functions will need to be addressed. Community meetings and extensive public education should be undertaken before a 211 service is implemented.

Saskatchewan supports a three-digit, live, locally based information and referral service specialist who would refer clients to appropriate local or province-wide, specific organizations. There is no support for an automated system of any kind. Even after-hours calls are viewed as needing to be handled by a live individual. As such, automated systems should not be considered.

There are many benefits that a 211 service in Saskatchewan would provide communities and organizations. These include faster, more appropriate referrals, and ease of access to information and referral services. Though there are several benefits, many challenges would need to be considered and addressed. The most important challenges are concerns about dealing with philosophical differences and competition for clients between organizations, overlap and duplication of services, and territorial protection and competition among organizations. This final issue will need to be eliminated to truly obtain an integrated system. Concerns should be addressed before proceeding with the planning process. Most organizations surveyed did not express many concerns regarding centralizing access to information and referral services in Saskatchewan, but of those who expressed concerns, maintaining client confidentiality was the most important. Despite the number and variety of challenges given by respondents, 85% indicated a willingness to participate in planning a 211 service. This is promising, suggesting that a 211 service would have extensive support from organizations providing community services in Saskatchewan.

Because the 211 service would involve developing and maintaining a comprehensive and exhaustive database, organizations such as the public library and police would be a starting point, using their information to begin this process. Clearly, there is a wide range of operational hours in Saskatchewan, with most only open during normal weekday hours (only 23% of those surveyed already operate 24-hours a day, seven days a week). These organizations could be considered as possible starting places for handling the 211 service. Procedures and policies for dealing with emergency calls and those needing immediate counseling differ and depend on the type of services offered by an organization. If a 211 service is implemented, calls of this type would be referred to appropriate organizations.

The recommended next steps in the 211 community planning process are to: continue with the feasibility study; choose a provider; and develop a business plan, taking into account the above results.

Appendix A. CRTC 211 Requirements.

The CRTC has stated a number of components that a 211 service must include. In brief:

1. There must be a collaborative community effort to bring skills and resources together.

2. Providers must assure quality in a number of areas, including adherence to established quality standards for effective information and referral services, sound business management, community governance, and access for people who face barriers arising from language or disability.

3. Must provide information and referral specialists qualified to answer phones and assess caller needs, as well as qualified resource specialists to manage the database. Training of these individuals is crucial.

4. The development of a comprehensive and accurate database of community services to support the work of information and referral specialists. As such, policies and procedures to keep the information current and relevant are necessary.

5. Provision of call center technology and the necessary facility and equipment infrastructure.

6. Sustainable funding to cover start-up costs, development, and maintenance of the service, including any needed expansion as call volumes grow.

7. Deliverance of a public awareness and communications plan to keep the public and organizations informed about the service.

8. Endorsement of the provider of the 211 service by the level of government responsible for the area to be served by the service.

CRTC proposed service standards for 211 and a process for identification of 211 service providers. The objective of the recommendations was to ensure that the public can expect similar levels of service quality and accessibility from 211 services operating across Canada. This is critical to public confidence and to ensuring that 211 services achieve their intended impact. The CRTC decision on 211 did not formally adopt the service standards proposed by United Way et al. In granting approval for 211, the CRTC specifically noted the following matters that related to standards:

1. Services will be widely available in centers across Canada. The aim is to provide the service minimum of operation 70 hours per week.

2. Plans are in place to staff information and referral service with appropriate expertise and training.

3. 211 service will be the result of community collaboration, with approval from the appropriate level of government.

InformCanada formally adopted minimum standards for the operation of 211 services. These standards reflect the intent and direction of the original CRTC application. The National 211 Collaborative in the United States has adopted similar guidelines. UWGT and CIT also agreed to formal service and monitoring standards to guide the implementation of 211 in Toronto.

Minimum Standards for Operating a 211 Service:

It is the objective of the United Way et al. that the public can expect similar levels of service quality and accessibility from 211 services operating across Canada. This is critical to public confidence and to ensuring that 211 services achieve their desired impact. Documentation must be provided to InformCanada to present to the National 211 Steering Committee to confirm adherence to these standards and to monitor progress towards meeting goals related to the 211 service. For the above purposes and in keeping with the decision of the CRTC in August, 2001, InformCanada has developed the following minimum standards.

The following guidelines should be used to assess an organizations readiness to deliver 211, as approved by InformCanada Board of Directors in May, 2002.

1. Organization and Governance

   • 211 Service providers must be incorporated no-profit or registered charitable organizations, or a service delivered by government or designated agent of government. In each case the service must have a formal and clear governance model, which includes community representation.

   • Governance model with formal and clear community representation that includes community representation and accountability

   • Formal approval of appropriate level of government

2. Relationship with Telephone Service Providers

   • Establish contact with all local Telephone Service Providers, including wireless service providers, to create 211 switching within national guidelines.

3. Operational Effectiveness

   • Either achieved accreditation by AIRS/InformCanada or has formally applied for accreditation and is undertaking the time-limited accreditation process.

4. Minimum 211 Call Service Standards

   a. 211 services will operate a minimum of 70 hours per week with the objective of providing 24 hour, 7 day a week service. This standard can be met by developing service delivery partnerships between 211 providers, where after hour service is provided by one service on behalf of another.

b. A comprehensive, accurate and computerized Information and Referral database with a standard service classification system is developed.

c. Automated Call Distribution (ACD) capability with means of tracking call volume, number of abandoned calls, average speed of answering, and average call length.

d. Cooperative relationships with specialized Information and Referral organizations, crisis centers, and local community service providers.

e. Trained Information and Referral specialists who are capable of handling crisis calls if and when they occur.

f. Adequate protocols to address emergency service calls, which should be handled by 911 and/or emergency services.

g. Barrier-free access to services for individuals and groups who have special needs, e.g. TTY access for those with hearing impairments, multi-lingual accessibility on site or through translation services, and physical access for people with disabilities.

h. A comprehensive public education and outreach plan to educate the public on 211, both during the service launch and on an ongoing basis.

i. A formal and comprehensive business plan, which addresses the above requirements as well as call volume projections, staffing models, call answer targets and sustainable revenue model.

5. Minimum Database Standards

• Comprehensive, accurate and computerized Information and Referral database of human services with a standard service classification system.

• System for proactively maintaining and updating database.

• Database overseen by staff who are Certified Resource Specialists (CRS) or trained staff who are qualifying for certification.

6. Evolving Standards

Community Information and Referral 211 service providers would be expected to attempt to meet the evolving I and R standards consistent with the Standards for Professional Information and Referral, 4th Edition, established by the Alliance of Information and Referral Systems (AIRS) and any future versions adapted and endorsed by InformCanada. The AIRS Standards have been developed by Information and Referral professionals from Canada and the United States for North American and International use. Accreditation criteria that are an elaboration of the Standards have been developed. InformCanada is in the process of formalizing its association with AIRS on behalf of I and R across Canada. The current version of AIRS standards is available at www.airs.org/standard.

7. Community Involvement

- Protocol with 911 to address emergency service calls

- Cooperative relationships with specialized Information and Referral organizations, crisis centers, other specialized telephone-based human services and local community service providers.

- Membership of InformCanada.

8. Sustainability

- Formal and comprehensive business plan (which addresses all the above requirements in addition to call volume projections, staffing models, call answer lengths, funding details and sustainability issues) together with an operational budget.

9. Public Education and Awareness

- Comprehensive public promotion and outreach plan to educate the public on 211, both during the service launch and on an ongoing basis.

For a more detailed and comprehensive list of 211 requirements see 211 Toolbox No. 1 compiled by United Way of Greater Toronto and Community Information Toronto, October 19th, 2001.

Appendix B. 211 Consultation Meeting.

211 Consultation Meeting
Saskatoon, 27 January 2003

Summary of Feedback

1a. Benefits

• General agreement that 211 has merit and should be pursued

• Improved coordination of existing services

• More effective identification of assets and gaps in the current delivery system

• Comprehensive up-to-date data base of all services for effective and efficient referrals

• Reduce confusion for consumers of where to call for help i.e. people will know where to start, increase access to timely and effective referrals

• Particularly beneficial for vulnerable populations i.e. seniors, new immigrants, homeless, etc.

• Time and resources needed to continually up-date numerous different directories would be eliminated.

• Research suggests that people often don't get the help they need because they don't know who to call for a specific problem or issue

• Reduce number of inappropriate calls to emergency services

1b. Challenges

• Who is responsible for integrating existing services with this new service?

• First step would have to be designating the resources to compile the necessary data;

• Second step would have to be identifying an ongoing responsibility for keeping the data up-to-date

• The coordination process will have to ensure that duplication is minimized and that a high level of trust is engendered in order to reduce "turf" issues (e.g.: who would host?);

• Ensure that there is a clear distinction between 911 and 211, and that 211 marketing does not confuse public (especially children) about what number to call. There are concerns that people may call 211 in a 911 situation, and that response times will be slowed as a result.

• Where is the sustainable, core funding going to come from?

2. Issues

- Must ensure that the Information &Referral operators are very well trained, meet national standards (e.g.: not counselling; understanding of local circumstances)

- How do we ensure access for people without telephones? Some discussion was entertained regarding providing a complementary service through a kiosk system.

- Are we raising expectations for access to services? Will people believe that their call to 211 will assure them of immediate access to the requested service? We need to ensure that sustainable funding of 211 does not come at the cost to funding for existing services.

Appendix C. 211 Questionnaire Cover Letter.

21 July 2003

United Way Saskatoon
100 - 506 25th Street East
Saskatoon, SK.
S7K 4A7

We would like to express our sincerest thanks for your prompt attention to our survey. The United Way is conducting this survey in order to gather data from major information and referral providers in the province of Saskatchewan. In June 2000, an application was filed by the United Way of Canada-Centraide Canada, United Way of Greater Toronto, and InformCanada to the Canadian Radio-Television and Telecommunications Corporation (CRTC) regarding the rules of procedure necessary to assigning a three digit number, 211, for telephone access to community, social, health, and government services in communities across Canada.

In August 2001, the CRTC approved and assigned the 211 telephone number for access to information and referral services in communities across Canada. The first 211 service in Canada was launched on June 13th 2002, in Toronto. Plans to implement 211 services are in development across Canada in the municipalities of Vancouver, Calgary/Edmonton, Winnipeg, Halifax, and Windsor—to name a few.

What is 211 and what are its benefits? 211 is a highly visible number that is easy to remember. It provides a single point of access to services offered by a community and links people to these services sooner. Research shows that it currently may take up to 7 phone calls to access appropriate services. Simplifying access to vital community services increases the possibility of individuals and families being self-sufficient and accessing services earlier, resulting in early intervention in solving a problem and possibly preventing a crisis situation from developing. The number may also enhance organizations' effectiveness and identify existing service needs and gaps. Importantly, it reduces non-emergency calls to 911. The number is simple for everyone and especially for vulnerable populations facing challenges such as, illiteracy, poverty, or old age.

Why is the United Way involved? The United Way is the largest non-government agency funding health and social services in Saskatoon and provides funds to a large network of community care organizations. As such, the United Way of Saskatoon and the United Way of Regina have agreed to be the sponsors of a 211 feasibility study in Saskatchewan. To start the process a CUISR intern is conducting a situational analysis to answer the following questions:

1) Who are the major providers of information and referral in Saskatoon and Regina?

2) What do they provide? How do they provide it? How are they funded? What role do they play in providing information (i.e. general/specific)?

3) What is the current capacity of these services?

4) What training, education, physical space, and interest do these services have in providing a 211 service?

The internship will produce a research document, which will then be used to build the community planning process and the identification of implementation and strategic questions for 211 Saskatchewan. In order to complete this integral part of the feasibility study, the input of all information and referral organizations in Saskatchewan is needed. We respectfully request your participation by completing the following questionnaire. If you wish to discuss the content of the questionnaire please do not hesitate to contact us using the contact information provided on the following 2 pages. Please find enclosed one 211 Saskatchewan Situational Analysis Questionnaire and one pre-addressed and stamped return envelop. Your cooperation is very much needed and appreciated.

Sincerely,

Sheri Benson
Director of Community Services
United Way of Saskatoon
100 – 506 25th Street East
Saskatoon, SK. S7K 4A7
Fax: (306) 244-0583
Phone: (306) 975-7705 Email: sbenson@saskatoon.unitedway.ca

Appendix D. 211 Saskatchewan Questionnaire.

211 Saskatchewan
Situational Analysis Questionnaire

Name of Organization:

Contact Name:

Position:

Phone Number:

Date Completed:

Please return your completed questionnaire no later than Friday, August 8th, 2003 to:

Amanda Lisoway
c/o United Way Saskatoon
100 – 506 25th Street East
Saskatoon, SK.
S7K 4A7

Instructions

Please read each question carefully. Answer as many questions as you can and feel free to ask colleagues from your organization to answer questions that you cannot. As you work through the questionnaire you may come across questions that do not apply to your particular organization. In this case, please enter not applicable (N/A).

If there are any questions which you are unsure of, please do not hesitate to contact us for assistance using the contact information provided below. Alternatively, please answer the question to the best of your ability and highlight it. We will contact you after we receive your questionnaire to discuss the question.

Please return your completed questionnaire no later than Friday, August 8th. You have the choice of returning your questionnaire by mail using the preaddressed, stamped envelope provided, by fax, or by dropping your questionnaire off at the United Way of Saskatoon. Your time and information are greatly appreciated.

Contact Information:

Amanda Lisoway
211 Saskatchewan Intern
United Way of Saskatoon
100 – 506 25th Street East
Saskatoon, SK.
S7K 4A7
Fax: (306) 244-0583
Phone: (306) 975-7700
Email: office@saskatoon.unitedway.ca

Sheri Benson
Director of Community Services
United Way of Saskatoon
100 – 506 25th Street East
Saskatoon, SK.
S7K 4A7
Fax: (306) 244-0583
Phone: (306) 975-7705
Email: sbenson@saskatoon.unitedway.ca

Please circle your answer(s) where appropriate and enter written information in the spaces provided. If you are in need of extra space, please write your answer underneath the last line or write the rest of your answer on the back of the page. For questions that do not apply to your organization please enter N/A.

Awareness and Interest in a 211 Service

1. Are you and your organization aware that discussions are currently taking place for the possible implementation of a 211 service in Saskatchewan?

    a. Yes

    b. No

2. Are you and your organization aware of other centers that have successfully put a 211 service in place, or will be putting a 211 service in place?

    a. Yes

    b. No

    If so, where?

3. After reading the description of 211 provided in the cover letter, do you and your organization feel you understand what the 211 service entails?

    a. Yes

    b. No

    If not, please describe what you are unsure about in the space provided below.

Opinions, Benefits, and Concerns Regarding a 211 Service

4. Do you feel that centralizing access to information and referral services in the province of Saskatchewan would be of benefit to your organization?

    a. Yes

    b. No

5. If so, what specific benefits do you feel that a 211 service would provide your organization?

6. Do you feel that centralizing access to information and referral services would improve access to services for the population of Saskatchewan in general?

a. Yes

b. No

7. What specific benefits do you feel that a 211 service would provide Saskatchewan?

8. What challenges (i.e. jurisdictional, responsibility, confidentiality etc.) do you feel a 211 service might encounter in Saskatchewan? Please explain in detail.

9. What specific benefits do you feel that a 211 service would provide your community?

10. What challenges do you feel a 211 service might face in your community?

11. What challenges do you feel that a 211 service might cause your organization?

12. Do you and your organization have any concerns about centralizing access to information and referral services here in Saskatchewan?

13. Would your organization be willing to participate in planning for a 211 service in Saskatchewan?

a. Yes

b. No

General Structure and Implementation Considerations

14. How would your organization prefer to have a 211call handled during regular day-time business hours?

    a. Answered by a live provincial information and referral service provider and referred by them to the appropriate local or province-wide organization.

    b. Answered by a live locally based 211 information and referral service provider and referred to the appropriate local or province-wide organization.

    c. Answered by an automated system where the client chooses one of several general services and is then referred to the appropriate organization.

    d. Other

    If other, please explain in detail:

15. How would you and your organization prefer to have a 211 call handled after regular business hours?

    a. Answered by a live provincial information and referral service provider and referred by them to the appropriate local or province-wide organization.

    b. Answered by a live locally based 211 information and referral service provider and referred to the appropriate local or province-wide organization.

    c. Answered by an automated system where the client chooses one of several general types of service and is then referred to the appropriate organization.

    d. Answered by an after-hours answering service and a staff member of the 211 service returns the call on the following business day.

    e. Other

    If other, please explain in detail:

16. What type of a 211 service do you think would work best for our province?

　　a. A seven-digit number for each general kind of service currently offered (i.e. youth services, addiction services, etc.) answered by a live individual, who will then forward the call to the appropriate specific organization.

　　b. A seven-digit number for each general kind of service currently offered (i.e. youth services, addiction services, etc.) with an automated system from which clients choose the appropriate specific organization and are forwarded to it.

　　c. A single three-digit number answered by live individuals that will transfer you to the appropriate, specific organization.

　　d. A single three-digit number with an automated system where clients would choose the general service required and then are given a list of appropriate, specific organizations, and have the option of speaking to a live person.

　　e. Other

　　If other, please describe in detail:

17. What possible implementation considerations (i.e. technology) might need to be addressed for a 211 service with respect to your community, the population that you service, and geography of the province covered by your organization (e.g. northern First Nations).

　　Community:

　　Population serviced:

　　Geography covered:

Geography

18. Please indicate where your organization is located:

      a. Saskatoon

      b. Regina

      c. Other

      If other, please specify:

19. Which areas of Saskatchewan are serviced by your organization? Please rank from 1 to 7, with 1 being the area most serviced and 7 being the area least serviced.

      _____ Saskatoon only

      _____ Regina only

      _____ Saskatoon and surrounding area

      _____ Regina and surrounding area

      _____ Saskatoon and Regina and surrounding areas

      _____ Rural areas

      _____ Northern Saskatchewan

      _____ Other

      If other, please specify:

Operational Information

20. Please indicate the hours of operation for your organization:

> Monday
>
> Tuesday
>
> Wednesday
>
> Thursday
>
> Friday
>
> Saturday
>
> Sunday

> Place a checkmark on the line below if your organization operates 24 hours a day, 7 days a week, 365 days a year.

Information and Referral Services Currently Provided

21. What is the mandate/mission of your organization?

22. What specific service(s) does your organization provide?

23. Do you receive any requests for services that you do not provide and do not know where to refer?

> a. Yes
>
> b. No

24. How do clients most often contact your organization for service? Please indicate beside each answer the percentage of requests made by each method in an average week.

    a. Telephone

    b. Email

    c. Walk-in

    d. Referral

    e. Other

    If other, please specify:

25. Does your organization currently produce a directory of the services that are available in your community?

    a. Yes

    b. No

    If yes, how often is it updated?

Training in Information and Referral

26. Are any of your staff currently accredited through InformCanada either as certified information and referral specialists or certified resource specialists?

    a. Yes

    b. No

27. Does a national or an international organization currently accredit your organization?

    a. Yes

    b. No

    If yes, please list the organization(s):

Policies and Procedures Used

28. Does your organization have any policies, procedures and standards relating to information and referral currently in place?

    a. Yes

    b. No

29. Please describe how your organization deals with emergency requests that must be handled immediately (e.g. calls that should have been made to 911).

30. Please describe how your organization handles calls requiring immediate crisis intervention or counseling.

31. Please describe how your organization handles walk-ins or drop-ins.

32. What are the procedures used for handling calls received after hours?

Specific Call Data and Information

33a. Is any detailed information regarding clients' calls currently being gathered by your organization?

1. Yes

2. No

33b. Has any detailed information regarding clients' calls been gathered by your organization in the past?

1. Yes

2. No

If yes, please indicate which of the following is/was collected. Circle all that apply.

a. Call type

b. Call duration

c. Gender of caller

d. Need for follow-up

e. Provision of follow-up

f. Reason for call

g. Client demographics/information

h. Referral to other services

i. Other

If other, please specify.

34. Is a computerized system or database currently being used to capture the call information described above?

    a. Yes

    b. No

    If yes, please describe the system and how it is used.

    If no, is this information captured manually?

    a. Yes

    b. No

35. If known, please enter the total number of calls/requests made to your organization and handled by your staff in the years specified below:

    2002:

    2001:

    2000:

36. Please give an indication of the relative distribution of calls that your organization received by **year, week, and day**.

    Please circle the time of year, week, and day when your organization receives the **greatest** number of calls.

    a. Time of Year:

    Winter   Spring   Summer   Fall

    b. Day of Week:

    Sunday   Monday   Tuesday   Wednesday
              Thursday   Friday   Saturday

c. Hours of the day:

Morning   Afternoon   Evening   Night

Please circle the time of year, week, and day when your organization receives the **least** number of calls.

d. Time of year:

Winter   Spring   Summer   Fall

Days of the week:

Sunday   Monday   Tuesday   Wednesday
            Thursday   Friday   Saturday

e. Hours of the day:

Morning   Afternoon   Evening   Night

37. Does your organization use a database to track service agencies and the details regarding their services?

a. Yes

b. No

If yes, please describe the details of this system:

How is the information kept up-to-date?

Who keeps the information up-to-date?

38. Approximately how many records are in this database?

39. Is this database available online?

    a. Yes

    b. No

40. How many people do you currently have on staff?

Funding Information

41. What are the sources of funding for your organization?

42. What is your annual budget?

General

43. In your opinion, who are the major providers of information and referral services in your community? Please list the name(s) of the organization(s) below.

44. Would you like to receive a follow-up phone call to discuss any part of this questionnaire? If so, please provide a contact name and number below.

45. Would your organization consent to a follow-up phone call if more specific information was needed from you and your organization? If so, please give a contact name and number below.

      We sincerely thank you for your time and consideration. Your information will be used for further feasibility studies regarding a 211 service in Saskatchewan.

Appendix E. 911 and 411 Telephone Interview Questions.

211 Saskatchewan
Situational Analysis Response Form
Telephone Interviews

Name of Organization:

Contact Name:

Position:

Phone Number:

Date Completed:

Contact Information

Amanda Lisoway
211 Saskatchewan Intern
100 – 506 25th Street East
Saskatoon, SK.
S7K 4A7
Phone: (306) 975-7700
Fax: (306) 244-0583
Email: office@saskatoon.unitedway.ca

Standardized Structured Interview for 911

1. Does 911 receive non-emergency calls?

2. How many of these calls are received in an average week?

3. On, average how much time does it take to deal with a non-emergency call?

4. What is the impact of these non-emergency calls on the 911 system and your organization? (e.g. staff time, other emergency calls go unanswered)

5. Do you redirect non-emergency calls?

6. What protocol is used to redirect non-emergency calls?

7. Does 911 use a database containing various community services available?

8. How is the database kept up to date?

9. What type of statistics do you currently keep with regards to calls made to 911? (e.g. time of day, gender of caller, type of call, etc.)

10. Do you think a 211 service would help the situation faced by 911 in regards to non-emergency calls?

11. Are there any benefits that you think a 211 service would provide the 911 system?

12. Are there any challenges that you think a 211 service would provide the 911 system?

13. Are you interested in taking part in the planning of a 211 service?

14. Do you have any further comments that you would like to add or questions you would like to ask?

15. Would you entertain a follow-up phone call if more information is needed from you and your organization?

Standardized Structured Interview for 411

1. Does 411 receive calls requesting information and/or referral to various agencies in Saskatchewan?

2. How many of these calls are received in an average week?

3. On average, how long does it take to deal with calls of this nature?

4. What is the impact of these calls on the 411 system and your organization? (e.g. staff time, other calls go unanswered)

5. Do you redirect these calls?

6. Do you provide the information requested of you?

7. What is the protocol used for dealing with these calls? Please describe.

8. Does 411 use a database containing various community services available?

9. If so, how is this database kept up to date?

10. What type of statistics do you currently keep in regards to calls made to 411? (e.g. time of day, gender of caller, type of call, etc.)

11. Do you think a 211 service would help the situation faced by 411 in regards to call requesting information and referral services?

12. Are there any benefits that you think a 211 service would provide the 411 system?

13. Are there any challenges that you think a 211 service would provide the 411 system?

14. Would you entertain a follow-up phone call if any further information is needed from you and your organization?

On behalf of the United Ways of Saskatoon and Regina, I would like to thank-you for your time, participation and patience. Feel free to contact us if you would like to discuss any of this interview further. Have a pleasant day. Good-bye.

Appendix F. List of Organizations Surveyed.

Saskatoon Organizations

      Abused Women Information Line (Interval House)

      Canadian Red Cross

      Catholic Family Services

      Family Service Saskatoon

      Gay & Lesbian Health Services

      Information Services, Saskatoon Public Libraries

      Planned Parenthood Saskatoon Center

      Salvation Army Saskatoon

      Saskatoon Council on Aging

      Saskatoon Crisis Intervention Services (crisis & gambling)

      Saskatoon Foundation

      Saskatoon Friendship Inn

      Saskatoon Health Region, Saskatoon District Health

      Saskatoon Open Door Society

      Saskatoon Sexual Assault & Information Centre

      Saskatoon Tribal Council First Nations Services Inc.

      Student Counselling Services, U of S

      USSU Student Help Center

Regina Organizations

      AIDS Network Support Line

      Child Protection (DCRE) / Abuse Line (Mobile)

      City of Regina

      Community Information Directory, Regina Public Library

      Counselling Services, U of R

      Domestic Violence Outreach Program

      Family Service Regina

Farm Stress Line

Kid's Help Phone

Mental Health Clinic / Kinship Center

Mobile Crisis Services (Gambling Line, Child abuse line, Crisis Line)

Planned Parenthood Regina

Regina Open Door Society

Regina Residential Resource Center

Regina Treaty/Status Indian Services

Salvation Army Family Services

Saskatchewan Health Information Line

Saskatchewan Deaf and Hard of Hearing Services

Sexual Assault Line/ Regina Women's' Community Centre

Social Worker

Social Worker

Social Services (aka Dept of Community Resources and Employment)

Regina Police Service

Appendix G. CUISR Proposal.

211 Saskatchewan – A Feasibility Study

Introduction

In August 2001, the Canadian Radio-television and Telecommunications Commission (CRTC) assigned the 211 telephone number for community information services across Canada. This application was led by United Way of Greater Toronto and Community Information Toronto in partnership with their national organizations United Way of Canada-Centraide Canada and Inform Canada.

The CRTC decision followed a public consultation process in which 211 proposals received support from community organizations, governments and the telecommunications industry.

On June 13th, 211 Toronto was launched as the first location in Canada. This easy-to-recall 24 hour telephone number helps individuals get information on community services by calling one simple number. People can now call 211 when faced with non-emergency service needs. Plans to introduce 211 services are also in development in other Canadian municipalities like Vancouver, Edmonton, Winnipeg, Thunder Bay, Windsor and Halifax, to name a few.

The public benefits of 211 are:

 • A highly visible number that is easy to remember

 • A single point of access for community, health, government and social services.

 • Simple for everyone, especially useful for vulnerable populations

Reduces confusion, frustration and unnecessary delays in reaching services.

 • Improved use of community resources by directing people to appropriate services quickly

 • A complementary service to 911 and 411

Why is United Way involved? United Way is the largest non-government funder of health and social services in Saskatoon funding a network of community care agencies that offer over 200 programs and services. Our mission is "to promote the organized capacity for people to care for one another." In keeping with our mission and desire to find solutions to community problems, United Way of Saskatoon and the United Way of Regina are initiating discussions in our community on 211.

CUISR Internship Proposal

The United Way of Saskatoon and the United Way of Regina have agreed to be the sponsors or the 211 Feasibility Study and CUISR Internship.

To plan for a Saskatchewan 211 service, a feasibility study that answers the following questions must be undertaken:

1. What value does a 211 service offer residents of Saskatoon and Regina and\or Saskatchewan?

2. What are the costs associated with providing a 211 service in Saskatoon, Regina and\or Saskatchewan?

3. What are appropriate models for implementing 211 in Saskatoon and Regina and/or Saskatchewan?

The final feasibility study would include the following three areas of study:

• A Situational Analysis

• Requirements for Providing a 211 Service (including technology and costs)

• Recommendations for Business Planning and Implementation

This application for internship could not produce the entire study. A situational analysis seems feasible and would answer the following questions:

1. Who are the major providers of information and referral in Saskatoon and Regina?

2. What do they provide? How do they provide it? How are they funded? What role do they play in providing information (i.e. generalize/specialized)

3. What is the current capacity of these services?

4. What training, education, physical space, and interest do these providers have in providing 211?

This study would inform the community consultation process which will be initiated by United Way. United Way will be bringing a community table together of key stakeholders in the coming month to introduce 211 to our communities and to seek support for next steps. United Way's role will be to facilitate the process of 211 how ever that looks in our communities.

The internship would produce a research document on which to build the community planning process and the identification of implementation and strategic questions for 211 Saskatchewan.

Relationship to CUISR Research Modules

Research has shown that it may take up to 7 phone calls to access appropriate government and public services. Even the most educated individuals find it difficult to access appropriate information and services. This challenge is even more daunting for individuals facing challenges such as older age, illiteracy, poverty, homelessness and hunger.

Simplifying access to vital community services increases the possibility of individuals and families being self-sufficient and accessing services earlier, resulting in early intervention in solving a problem and possibly preventing a crisis.

211 also increases civic engagement. For example, in Atlanta, the number of people seeking to give their time and non-financial donations has increase exponentially since the launch of 211 from 5,000 calls in 1997 to over 26,000 calls in 2001.

211's in the United States are being called social barometers due to their success in spotting trends, collecting data, monitoring emerging community issues, and then stimulating and mobilizing efforts to respond accordingly.

211 would contribute to the research goals of the QOL by both informing on indicators as well as the use of indicators to bring about policy and programmatic changes; changes that will increase people's access to helpful and timely information about their communities and the services available.