



Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Comment on FCC Notice of Proposed Rulemaking for 3-Digit (988) Suicide Prevention and Mental Health Crisis Hotline, WC Docket No. 18-336

Dear Madam Secretary:

Vibrant Emotional Health (“Vibrant”) appreciates the opportunity to comment on the FCC’s vote to designate 988 as a national 3-digit dialing code for persons experiencing mental health and suicidal crises.

Vibrant enthusiastically supports and agrees with the FCC that designating “988 as the 3-digit dialing code will help increase the effectiveness of suicide prevention efforts, ease access to crisis services, reduce the stigma surrounding suicide and mental health conditions, and ultimately save lives.”

As noted in our previous comments to the FCC, Vibrant Emotional Health, formerly known as The Mental Health Association of New York City, Inc., has for the past half-century been at the forefront of promoting emotional well-being. In addition to running innovative community programs, we run state-of-the-art crisis lines like the National Suicide Prevention Lifeline (“Lifeline”), NYC Well, the Disaster Distress Helpline, the NFL Life Line, and we have collaborated with the Veterans Administration (“VA”) on the administration of the Veterans Crisis Line since it was launched in 2007. Through these far reaching national behavioral health helpline services, our organization has operated on the front lines of a public health crisis for decades. We know that current suicide rates in this country have increased by 30% since 2000, and are a leading cause of death. Additionally, approximately one in five persons in the US, over the age of 12, have a mental health disorder. Through the more than 2.5 million people our programs serve each year, we have also seen every day how promoting access to mental health and crisis care can both change and save lives. For these reasons, we believe that the time for bold, comprehensive, and dedicated actions to address this public health crisis is now.

Vibrant also fully endorses the FCC’s decision to deploy the 988 code as the primary number for the National Suicide Prevention Lifeline, along with its suggestion to centralize call routing through the Lifeline infrastructure. In addition to taking this opportunity to offer comments in support of centralized 988 call routing, Vibrant wishes

to offer further considerations that will illustrate that both this service's costs, and its relative benefits, have been underestimated in the FCC report. These considerations will underscore the FCC's conclusion that the benefits of designating 988 greatly outweigh the costs of implementing and maintaining it.

988 Call Routing Will Be Optimized via Centralizing Routing through the Lifeline

In general, Vibrant believes that centralizing both administration and call routing of 988 will optimize service cost efficiencies and effectiveness.

Under Vibrant's central administration of the Lifeline, national standards of practice have been established, assuring that callers in crisis receive evidence-informed care, no matter when or where their call is answered. As both the SAMHSA and FCC reports noted, this standardization of care across centers nationally has been shown to effectively reduce emotional distress and suicidality.

Vibrant's experience with centralized routing of Lifeline and Veterans Crisis Line calls supports the FCC's presumption that continuing this approach optimizes reliable, cost-efficient connection of callers in crisis to crisis centers across the country.

We agree with your analysis that the proposed routing of 988 calls to the existing toll free access number is the fastest and most cost effective approach. We also believe there are additional critically important benefits to support your proposed approach:

- *Resilience.* Individual Lifeline centers are sometimes unavailable due to local weather or technical issues, or are simply overwhelmed by the volume of calls. With calls processed through a central point, the Lifeline system is able to route calls to available centers. Conversely, if callers are routed to one or two fixed regional centers, and those centers are offline, calls would not be rerouted to other centers and the callers would not receive the care they seek.
- *Reporting.* By routing calls from a central point, we are able to capture standardized, basic call metrics nation-wide. If routing were distributed, Lifeline would not be able to provide basic national call counts, unless a secondary reporting system were implemented to aggregate metrics from Lifeline centers around the country.
- *A Consistent High Quality Experience.* By utilizing a central administration, the Lifeline is able to ensure a standard greeting and caller experience for all callers across the country. Should calls be routed to individual regional centers, the caller experience is likely to be inconsistent, leading to potential confusion and lack of adherence to standardized best practices.

- *Flexibility.* Local crisis centers have a high level of instability, due to management changes, shifts in coverage areas and even local phone number changes, sometimes with very little lead time. By routing calls from a central point, the Lifeline is able to quickly and effectively change the centers to which calls are routed. Routing calls from a central point also provides the Lifeline the flexibility to design specialized routing for self-identifying groups, such as veterans, Spanish speakers, or LGBTQ youth.

In considering the implementation of 988, we urge the FCC to consider the following learnings from the implementation of 911 and other services:

- Similar to Kari's Law, we propose that multi-line telephone systems (MLTS), such as those used on school campuses and at hotels enable users to dial 988 directly, without having to dial a prefix to reach an outside line.
- Similar to text-to-911, we propose that all wireless carriers and other providers of interconnected text messaging applications (i.e., those text messaging providers that enable consumers to send text messages to and from U.S. phone numbers) must deliver 988 texts. Or, if text-to-988 service is unavailable, consumers should receive an immediate "bounce-back" message with information on how to reach the Lifeline.

The FCC Underestimates the Service's Costs and Benefits

Telecom providers will best be able to determine the technical costs of enabling 988's accessibility across all telephony platforms in every region of the country to realize the full breadth of this potentially expansive benefit to public health and safety. However, Vibrant believes additional information and factors will need to be considered to determine an accurate assessment of the operational and infrastructure costs.

The costs of crisis centers answering the expected call volume under a 988 system, along with centralized administration of the service to promote quality assurance and cost-efficiencies, are notably underestimated in the FCC report. Initially, it is important to note that the \$50M figure that SAMHSA had previously offered (and is quoted in the FCC document) is the approximate cost offered by Vibrant for what it would take to strengthen local Lifeline centers to answer the current projections for 2021 Lifeline call volume at a performance level of 90% of calls answered in 30 seconds. *This estimate does not include:*

- National network operations and oversight costs to assure quality service, efficient service connectivity, communications (and reporting), and national back-up, crisis chat or special services for high risk populations, language services, etc.;
- Capacity needs related to any projected call volume increases emerging from marketing a new, national 988 number; and

- A cost-per-call estimate that accounts for 988-level expectations of all member centers. The \$50M cost estimate for strengthening near-term (2020-2021) call volume capacity was predicated on an average \$25 per call estimate, which is not sufficient for the current inquiry. The average \$25 cost per call estimate for Lifeline centers is now two years old, and it does not account for the full range of quality service expectations that would be expected for centers responding to a 988 call (e.g., adequate supervisor to counselor ratios, local QI/QA activities, reporting needs, etc.).

In the coming months, Vibrant plans to work with SAMHSA, the VA and partners to undertake analyses to provide accurate cost projections for proper resourcing of a 988 service. These steps will include a determination of:

- a) Scalable 988 cost-per-call estimate for local Lifeline member crisis centers;
- b) National network oversight and operations costs, towards ensuring efficient connectivity and quality service, communications (and reporting);
- c) Costs of special and essential "non-localized" national Lifeline services, such as high-quality national back-up, crisis chat, special language, and other specialized services for high risk populations (LGBTQ, etc.);
- d) Communications and marketing campaign costs to promote and raise awareness of the new 988 number nationally; and
- e) Estimate 5-year 988 call volume relative to marketing and promotions campaigns and improved access via a 3-digit number.

The FCC properly cited the effectiveness of the Lifeline in reducing suicidality, and their application of VSL (Value of Statistical Life) cost-estimates related to reducing suicides directly yielded reasonable conclusions for savings. However, their overall estimates of a \$2.4B cost savings over ten years failed to include several significant factors which amplify the potential public health and safety value of a 988 service. Some of these substantive omissions are listed below, and will require more in depth review in subsequent analyses.

- ***The substantive cost savings from averted suicide attempts and de-escalation of suicidal distress from telephonic interventions must be included.*** The FCC analysis did not include medical (both direct and indirect) costs of suicide attempts. According to the most recent SAMHSA and CDC data, for every suicide in this country, there are approximately 58 suicide attempts and another 280 people who think seriously about suicide but don't kill themselves. The attempts have costs, and the distress related to suicidal thoughts have costs, as well, which lead to use of costly emergency response resources (such as emergency room visits for youth). The 2013 national estimate of annual medical costs related to suicide attempts of approximately \$10.5B (Shepard et al, SLTB, 2015). That figure is a significant underestimate, as it does not include minors, who have the highest rate of attempts.

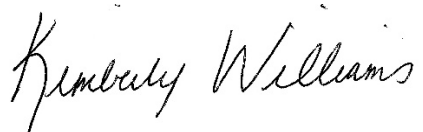
Further, overall suicides, suicide attempts and related health care and economic costs have increased substantively over the past 6 years.

- ***The FCC figure does not include the reduction in health, mental health and economic costs and resource burdens that reduced suicides and suicide attempts would have on family and persons close to these individuals.*** Cerel (2016) found that nearly half of all people surveyed knew someone who died by suicide, and about 20% were close to someone who died by suicide. The persons with higher exposure to the person who died had significant incidences of anxiety, depression, and PTSD.
- ***The FCC figure does not include resource burden reductions on public health and safety emergency services.*** The implementation of 988 is expected to divert unnecessary use of emergency services such as 911, law enforcement, EMS and hospital emergency departments.
 - *Law enforcement.* In one example cited by the Police Chief from Abington, VA, police mental health transports from 2012-2017 have cost the small town of Abingdon \$81,478 (R. Sorrell, Bristol Herald Courier, 2/3/18).
 - *911 calls and dispatches.* Although national data on mental health and suicide-related calls to 911 are not available at this time, published data from New York City indicates that the related burdens on 911 and emergency services are significant. As noted in this recent report appearing in New York Magazine (GBSmith, 3/21/19): Mental health and suicide related (“EDP”) calls in NYC have nearly doubled in past 10 years, from 97,000 in 2009 to 180,000 in 2018. Over 44% are not transported to emergency departments, thereby wasting valuable 911 and law enforcement time and resources.
 - *Emergency departments.* As noted in the New York example, of the 56% remaining who were transported, the great majority are discharged from emergency departments, suggesting that the use of these vital emergency department and first responder resources were often inappropriate for most of these individuals experiencing mental health crises.
 - *Jails.* Many of these “EDP” calls end up inappropriately in jail (16%) for low-level non-violent crimes, where treatment for their mental health problems is scarce and abuse is common.

These are among the unstated cost burdens in the FCC report that magnify the public health and safety benefits of 988’s implementation. As noted above, a more thorough review of these and other potential 988-related costs savings should be undertaken in the coming weeks and months for the consideration of legislators and policy makers.

We greatly appreciate the FCC's efforts to designate 988 as a national 3-digit dialing code for persons experiencing mental health and suicidal crises. We believe this is a milestone moment for eliminating stigma which is a significant barrier to seeking and getting help for mental health and suicide-related problems in this country. As an organization that has dedicated decades of services, public education, and advocacy on behalf of persons with mental health and suicidal crises, Vibrant embraces this opportunity for establishing a separate and distinct 3-digit number as one that embodies our mission to promote mental health and wellness for everyone.

Sincerely,

A handwritten signature in black ink that reads "Kimberly Williams". The signature is written in a cursive, flowing style.

Kimberly Williams
President & CEO
Vibrant Emotional Health