

June 6, 2019

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

RE: WC Docket No. 18-336 and CC Docket No. 92-105 regarding the National Suicide Hotline Improvement Act of 2018

Dear Secretary Dortch:

United Way of Connecticut provides 2-1-1 services for all Connecticut residents in a blended center which helps people to access thousands of health and human services and also responds to crisis calls. Last year, our 2-1-1 handled over 114,000 crisis calls, thousands of which involved suicide prevention work. We are part of the National Suicide Prevention Line network and our center is accredited by the American Association of Suicidology, as are many of our 2-1-1 contact specialists.

In addition, our Connecticut 2-1-1 serves as the front door, or entry point, for the State of Connecticut's Youth Mobile Crisis Intervention Service, in which 2-1-1 crisis specialists/clinicians triage thousands of calls each year and either resolve these cases directly or dispatch a trained mental health clinician from a local Mobile Crisis provider to intervene at the site of the crisis. This service, and our crisis intervention/suicide prevention service, are available 24/7, 365 days a year. In addition, United Way of Connecticut's 2-1-1 service is also Connecticut's front door for homelessness coordinated entry.

United Way of Connecticut believes that a three-digit access number for suicide prevention is urgently necessary and that our experience with 2-1-1 in Connecticut has proven the effectiveness of N11 dialing. Using 2-1-1 for both suicide prevention and community information/referral, and access to health and human services, is technically feasible as confirmed by the North American Numbering Council.

Over 30% of 2-1-1 agencies are blended crisis centers. Almost 40% of all 2-1-1 agencies either answer NSPL calls as a contracted center or operate a local or statewide suicide prevention or mental health crisis center.

Regardless of whether they are trained to fully handle a call involving an active suicide attempt, all 2-1-1 specialists are trained to assess, triage, and properly handle a crisis call of any kind. Many 2-1-1's that do not have crisis intervention specialties have close relationships with their local crisis centers and the ability to facilitate a safe, successful warm transfer.

We acknowledge that there is a perception that at some 2-1-1's some staff do not handle crisis calls. However, we want to make it very clear that when 2-1-1's talk about "crisis calls" they generally mean a range of subjects that include domestic violence, elder abuse, hate crimes, child protection, mass casualty events, homelessness, fires/floods/hurricanes, threats of homicide, human trafficking, substance use disorders, serious mental health crises that are not necessarily suicidal, and also suicide calls.

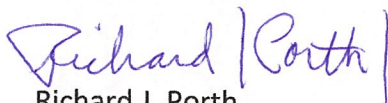
Many existing 2-1-1 services will be able to meet the training and support requirements of the NSPL and be able to add capacity to meet the surge of calls that will follow the expanded use of 2-1-1. However, we also acknowledge that the NSPL may choose not to look in that direction and we would respect that decision.

Collectively, the 2-1-1 network curates and manages the single largest set of community resource data in the country. The network has hundreds of thousands of records for services available at local, state, and national levels. Leveraging these resources will enable those in crisis to also access information about local counselors, food or housing resources, childcare information, and virtually any other need they have.

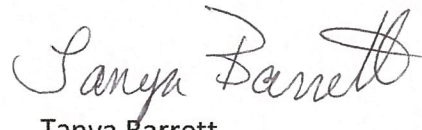
We strongly recommend a strategy which engages 2-1-1 to allow facilitated access to NSPL and related services.

Thank you for your consideration.

Sincerely,



Richard J. Porth
President & CEO



Tanya Barrett
SVP, 2-1-1 Health and Human Services