



June 7, 2019

Ms. Marlene Dortch
Office of the Secretary
Federal Communications Commission
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Washington, DC 20554

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ATTENTION: WC Docket No. 18-336, CC Docket No. 92-105

Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Madam Secretary:

The Trevor Project appreciates the opportunity to provide further comments on the **Implementation of the National Suicide Hotline Improvement Act of 2018** ("Act"). We previously submitted comments to this docket on December 10, 2018 asking for FCC to recommend specialized services for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) youth, which were incorporated by reference by groups representing over 100+ LGBTQ organizations. This supplement is in response to the North American Number Council's ("NANC") recommendation to expand the current 211 code to include mental health and suicide prevention services. We also want to take this opportunity to share additional information on the LGBTQ youth suicide crisis in order to assist FCC's understanding in who might be accessing the Lifeline's services:

- LGBTQ youth are more than four times as likely to attempt suicide than their peers.
- Out of the 6 million LGBTQ youth in the United States, 1.5 million will contemplate suicide annually.
- More than one in three transgender youth and one in five LGBTQ youth reported attempting suicide this past year.
- The Center for Disease Control reported that suicide rates rose by 24 percent between 1999 and 2016. In 2016 alone 45,000 suicides were reported in the United States, which amounts to twice the number of homicides.

Additionally, here is a brief update on The Trevor Project's success in being able to reach LGBTQ youth in the most effective manner.

- **Our recently established partnerships with AT&T and Google.** AT&T committed to a \$1 million donation and multi-year initiative with The Trevor

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Project to expand our existing text and chat resources to 24/7 availability. Just last month, it was also announced that The Trevor Project was one of 20 organizations selected by Google that will share \$25 million in grants to incorporate Artificial Intelligence in an effort to better assess suicide risk level of youth in crisis more quickly.

- **Continued advances in clinical effectiveness and technological capabilities.** The Trevor Project is dedicated to using the latest technological advancements to end suicide among LGBTQ youth. The organization recently announced technology enhancements to its crisis services platform, which now provides 24/7 text and chat counseling for LGBTQ youth in crisis. In addition, the platform now enables staff to use an innovative, multi-channel dashboard to further increase The Trevor Project's quality of care. The streamlined platform is the first of its kind in the nonprofit crisis services space, and its new API can easily connect to future social media platforms, allowing the organization to adapt as quickly as the digital landscape for Generation Z evolves.

While The Trevor Project serves approximately 10,000 youth per month through our 24/7 Lifeline and chat and text services, we are painfully aware that more work needs to be done. This is why The Trevor Project has supported a solely dedicated N11 or other three-digit code as it confirms this is a national issue which deserves the federal government's attention. Our comments incorporate by reference those submitted by the American Association of Suicidology and the American Foundation for Suicide Prevention, and we concur that expanding the use of the existing 211 line to include mental health services would unfortunately be inefficient and diminish the importance of the issue. Some 211 centers have served as crisis partners in the past and have done significant work, and excel at their current non-emergency functions. However, as 211 currently exists, operators are not properly trained to handle these emergency calls, which may lead to confusion for the operator about the appropriate steps to take and for the caller about who they are actually reaching out to for help. The NANC's report itself acknowledges that using the 211 code could likely result in delayed access to critical services, a shortcoming that cannot be taken lightly. We appreciate the efforts by the FCC to address this issue, and urge the creation of a dedicated three-digit number befitting a national issue of this importance.

As FCC works to finalize a recommendation on an N11 number or three-digit code, it is also important to consider that a transition will cause caller volume to increase. Per Section 3(a)(2)(B)(ii)(II) of the Act, it is FCC's responsibility to consider recommendations pertaining to improvement of the efficacy and operations of the Lifeline. As stated in the Substance Abuse and Mental Health Services Administration's (SAMHSA's) report to FCC on the administration of the Lifeline, "...the greatest challenge to the effectiveness of the Lifeline is its capacity to respond rapidly to the steadily increasing call volume. Any call not responded to, or where the response is delayed long enough that a suicidal caller hangs up...has the potential for a tragic outcome."

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It is The Trevor Project's view that FCC's report must include a plan to best serve callers and prepare counselors who will need to field increased call capacity. From a technical aspect, NSPL's model will continue to need to adjust to heavier call volume and higher costs if an N11 or 3-digit code is implemented. This is why we urge FCC's recommendations to include active solutions for giving the best quality of care to callers of the Lifeline, specifically for the at-risk LGBTQ youth population. These solutions could include:

- **Training of National Suicide Prevention Lifeline counselors in LGBTQ cultural competency.** Currently, there is no standard quality of care for LGBTQ youth when they dial the Lifeline, and specialty counseling for at-risk communities is needed to improve counseling effectiveness. In fact, a multi-year evaluation conducted by third party researchers found that over 90% of youth in crisis who reach out to The Trevor Project are successfully de-escalated (meaning they are moved out of a state of crisis) and that de-escalation is sustained for four weeks. It is through these proven training methods that the Lifeline will be able to provide the highest quality of services to its clients. Recently, The Trevor Project hired its first ever Director of Research as well as a Research Scientist. These individuals are the first ever full-time Ph.D.'s on staff and are tasked with constantly evolving our standard of care to best serve our youth.
- **The establishment of an Integrated Voice Response ("IVR") to route calls to The Trevor Project,** providing one avenue to assist the FCC in answering the technical question of how the Lifeline should handle increased capacity, and addressing one of the highest risk populations in the country. SAMHSA's report to FCC indicated they anticipate a large increase in call volume, and The Trevor Project already operates at a sophisticated national scale and has the ability to serve further youth in crisis. With centralized call centers located in New York and Los Angeles, we are able to maintain the highest possible level of services – led by a Chief Clinical Operations Officer and a Medical Director. We believe this has contributed immensely to the over 90% rate mentioned above.

Congress has already begun moving to ensure adequate resources are provided to SAMHSA in order to implement the recommended improvements. In the House of Representatives, language was included in the FY 2020 Health and Human Services Appropriations report which increased the NSPL budget by \$8,000,000 and stated the following:

'On August 14, 2018, the National Suicide Hotline Improvement Act (P.L. 115-233) was signed into law, which asked the Federal Communications Commission and SAMHSA to conduct a study examining the feasibility of designating a three-digit dialing code and provide overall recommendations for improving the National Suicide Prevention Lifeline (NSPL). SAMHSA has completed their portion of the study that reveals that the greatest challenges to the effectiveness of the Lifeline are its capacity to respond rapidly to the steadily increasing call volume and uneven coverage among States. A three-digit dialing code is anticipated to

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increase call volume, further exasperating these challenges. To address this issue, the Committee includes additional resources for the Suicide Lifeline to be used for grants to build capacity in States with the highest need. Additionally, the Committee requests that SAMSHA [*sic*] report in the fiscal year 2021 Congressional Budget Justification the following: answer rates from each State, average wait time per state, how the Lifeline Centers are funded State-by-State, State-based resources per capita, total amount of funds spent on the suicide prevention lifeline by State, and how Congress can support the Lifeline's State-based capacity challenges as demand continues to grow.'"

Given Congress has started the work to provide additional resources to the NSPL, we believe this is a prime opportunity to make sure the Lifeline is best serving those in need. We ask that specialized services for LGBTQ youth be included in FCC's final recommendation back to Congress, and we appreciate FCC's consideration of a dedicated N11 code of 3-digit number to address this national crisis. Due to the importance of the issue, the Commissioners should have a chance to vote on these recommendations, and we urge Chairman Pai to bring the report in front of the Commission for consideration.

Sincerely,



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