To: Federal Communication Commissioners

Re: Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners,

I write to urge you to designate a 3-digit code as a Behavioral Health and Suicide Crisis Lifeline, and to reject the North American Numbering Council’s (NANC), recommendation that no such line be established. I believe the NANC fails to appreciate the severity of the mental health and suicide crisis we are facing in the United States, and as such, they have put convenience and status quo over the desperate need for easier access to mental health crisis services.

As someone who works closely with the autism community in Oregon and SW Washington, I can tell you that mental health services for those in crisis are extremely limited for individuals who are impacted by autism. What makes the National Suicide Prevention Hotline such a valuable resource is the fact that texting is an available form of communication. Folks on the spectrum often cannot speak on the telephone; they get frozen in a crisis, so having the ability to text for help is incredibly beneficial.

As an organization, we serve those impacted by autism who come to us looking for housing help, guidance, etc, and we advise them to connect with 211Info. Unfortunately, with the amount of telephone prompts and wait times when calling 211, most of these individuals never end up actually speaking to someone as they get overwhelmed and have to hang up, and we then have to schedule a conference call to call 211 with the individual or family. The point I am trying to make is: if it’s already incredibly difficult for an individual on spectrum to call 211 for a housing crisis; it’s going to be nearly impossible for them to call 211 and have to wait to hear the prompt to be transferred to a mental health crisis line.

211 provides a vital service in that it connects individuals to a vast array of social services. However, 211’s mission and expertise do not include mental health services, and the reality is that crisis calls to 211 for mental health services generally result in a referral to an NSPL affiliate. For an individual on spectrum who is in crisis, this extra step could literally be the difference between life and death. Using 211 as a crisis portal would add a layer of both time and delay to people who need help immediately. Moreover, using 211 as a crisis portal would forfeit the value of normalizing help seeking that would come from creating a dedicated Behavioral Health Crisis & Suicide Lifeline.

Three digit access is a natural next step given the growth and proven effectiveness of the National Suicide Prevention Lifeline. Three digit access to crisis services represent a national recognition that seeking help for behavioral health and suicidal crisis is just as much a part of life as seeking help for fire, for injury, or for other health and wellness needs. Mental health crisis intervention requires a very different expertise, and our nations crisis in suicide and behavioral health warrants a services devoted to exclusively meeting these needs; not a service added to the long list of non-mental health related services currently managed by 211.

We are in absolute need of a separate 3 digit number for folks to use who are in need of a mental health intervention. Having a 3 digit number to call that automatically connects you to a crisis interventionist would be the absolute ideal way to move forward for the benefit of all those in need of mental health services, but especially those within the autism community.

Thank you for your time & consideration,

Rebecca Taft

Events Coordinator

Autism Society of Oregon