



June 7th 2019

Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Docket 18-336 – regarding the National Suicide Hotline Improvement Act of 2018

Dear Commissioners,

The Alliance of Information and Referral Systems – better known as [AIRS](#) – is a 501(c)(3) incorporated nearly 50 years ago and serves as a [standards](#) and credentialing body for community and government-based information and referral (I&R) services.

We appreciate the opportunity to comment on the report of the North American Numbering Council as part of the process regarding Docket 18-336 that follows the requirements of the National Suicide Hotline Improvement Act of 2018.

AIRS membership includes more than 900 organizations in the US and Canada.

- About 95% of 211 services are AIRS members, and the 211 network has evolved through a national partnership between AIRS and the United Way Worldwide (UWW)
- About 40% of our members provide specialized services to older adults and persons with disabilities
- About 50 of our members are specialized crisis agencies that also have an I&R component
- About 25% of the providers on the National Suicide Prevention Lifeline (NSPL) are also AIRS members
- Many of our members hire veterans, operate military outreach programs and we generally have about 40+ military personnel at our annual conference (that has had a military track for 20+ years)

- Our members answer around 23 million calls for help every year – more than half of those calls are via our 211 members

AIRS endorses the core recommendations included in the report of the North American Numbering Council.

And we do so for the following reasons and within the following context:

1. A three-digit access for suicide prevention is absolutely needed. N11 dialing has proven its effectiveness. This bold initiative will make a positive difference in reducing the despair and desolation felt by surviving families and communities in every corner of the country.
2. As the report of the North American Numbering Council (NANC) makes clear, the preference of the large majority of initial submissions to the FCC in December 2018 for the use of 611, is not realistic. A three-month study of more than 151 million N11 calls from 34 telephone service providers revealed more than 74 million calls to 611. From the study, 611 is the most-used N11 representing 49% of all N11 calls. The data suggests that 611 is called nearly 300 million times a year. This reflects the reality that it is a customer service number for at least three of the largest telecommunications companies in the United States.
3. Out of the remaining available numbers, 211 is the most compatible existing use -- about 25% of the current NSPL centers are also 211s.
4. Using 211 for both suicide prevention and community information/referral is technically feasible as confirmed by the North American Numbering Council.
5. A joint use could involve either a basic 'Press one/Press two' command that would place the caller in one of two completely independent systems; or else the major partners explore an enhanced integration that provides economies of scale for the providers/funders and potentially improved service for the public. However, AIRS believes the existing specialized service funded by Veteran Affairs should remain separately governed, and that the NSPL, in collaboration with SAMHSA, should be in

clear control of the suicide prevention aspect of any joint use in terms of the routing of calls to NSPL-trained staff, and the service's promotion, supervision and support.

6. AIRS recommends exploring the partnership route but supports NSPL if they prefer to do otherwise. We also recommend that potential partners and stakeholders should include organizations beyond NSPL, UWW and AIRS such as specialized text services and the representation of indigenous communities.
7. AIRS acknowledges that there is a perception among previous and current filers that 211 staff do not handle crisis calls. However, we want to make it very clear that when 211s talk about "crisis calls", they generally mean a range of life-threatening issues that include domestic violence, elder abuse, hate crimes (including those affecting LGBTQ2S individuals), child protection, mass casualty events, homelessness, fires/floods/hurricanes (including calls from people requiring immediate rescue), threats of homicide, human trafficking, opioid and other substance use disorders, veterans living with PTSD, serious mental health crises that are not necessarily suicidal, and also suicide calls ... as opposed to their 'everyday' calls relating to the basic needs of food, shelter, warmth and health. While you are reading this submission, 211 staff across the country are handling examples of those "crisis calls", while many more are addressing the very real and basic needs of the most vulnerable people in our communities. In terms of contacts relating specifically to mental health and addiction, 211s annually answer just under one million calls a year.
8. AIRS also acknowledges a perception that promoting 211 as a suicide prevention number would be 'confusing' for the general public. However, there was a similar perception during the early days of 211 that the public would not be able to understand the difference between 211 and 911 but this did not prove to be the case. An all-encompassing "Call 211 if you need help" is actually the simplest public message. It should also be recognized that there are around 15 blended NSPL/211 programs that promote 211 as the local number to call for suicide prevention, and some have done so for several years without incident or confusion. These examples can be found in a variety of states such as California, Florida, Louisiana, Maryland and Ohio.
9. Some 211 services may be able to meet the exacting training and support requirements of the NSPL and add capacity to meet the surge of calls that will follow the expanded use of 211. However, we also acknowledge that the NSPL may choose not to look in that direction and we would respect that decision.

10. AIRS, UWW and our 211 agencies and 211/NSPL agencies offer a unique combination of accumulated knowledge of the challenges in operating a three-digit number that can be augmented to the extensive existing experience of the NSPL and SAMHSA.
11. Another asset that can strengthen this vision, is that collectively the 211 network curates the single largest set of community resource information in the country consisting of hundreds of thousands of records for services available at local, state, and national levels. This data is primarily gathered at the local level in accordance with AIRS national standards and using prescribed data elements, within a common style guide and [classification system](#).
12. And finally, any new or enhanced suicide prevention service that is based around a three-digit number must be realistically and sustainably funded. In fact, all crisis centers currently answering NSPL calls need and deserve increased funding now irrespective of these decisions.

In conclusion, AIRS endorses the core recommendations of the North American Numbering Council and encourages the FCC to adopt its detailed research and conclusions.

We thank you for your work in openly addressing this critical issue. AIRS is available to provide any information and assistance that is required as this process moves forward.

In service,



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