



June 7, 2019

Ms. Marlene H. Dortch
Secretary of the Federal Communications Commission
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Proceeding 18-336
Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Ms. Dortch,

In 1967, the Federal Communications Commission (FCC) met with the American Telephone and Telegraph, Inc. (more commonly known as AT&T) to establish an easy-to-remember emergency code that could be used nationwide. The parties came up with 9-1-1 because it was "[brief, easily remembered, and could be dialed quickly.](#)" Today, it's one of the most recognizable numbers in the United States, and people are taught from a young age that 9-1-1 is the number to call in an emergency. Our nation desperately needs an N-1-1 for mental health and suicide crisis where time is no less critical. Suicide mortality has [steadily increased](#) in recent years, ranking as the 10th leading cause of death for people of all ages, the second leading cause of death for ages 10-34, and the fourth leading cause of death for ages 35-54.

According to the [CDC](#), 47,173 people in the United States died by suicide in 2017. Suicide has an echoing impact as people close to those who die become more susceptible to depression and have a heightened risk of suicide. Mental health crisis, like medical crisis, *is* an urgent issue with a critical window of intervention, and, similarly, if not addressed rapidly, there are grave consequences. Research shows that the amount of time between a person deciding to act and attempting suicide can be as brief as [5 or 10 minutes](#). The intent of the [National Suicide Hotline Improvement Act of 2018](#) is to well, do just that: improve people's access to critical counsel and resources during a mental health crisis.

The FCC and AT&T determined that an easy-to-remember designated three-digit code was the answer in 1967. We urge the FCC to do the same for mental health crisis, and just as it's unimaginable that 9-1-1 would share its designation with another public purpose, the same is accurate for mental health crisis. Tacking on such a critical public interest to 9-1-1 or 2-1-1, which is currently designated for community service and information, would not be an improvement to the existing National Suicide Prevention Hotline. It would merely exacerbate an already fragmented set of workarounds for mental health crisis. This patchwork approach has been detrimental, resulting in people triaged to overburdened operators and hospital emergency departments, jail overflow, and law enforcement thrust into the role of mental health transport and attendant. We believe that by merely adding mental health emergencies to 2-1-1 or 9-1-1 would be more of the same shoestring solution to repair the gaping lack of access for people in psychiatric crisis. It would also cause delays and confusion, leading to tragic and unnecessary outcomes.

Former Senator Orrin Hatch (R-Utah) [pressed the FCC](#) to use 6-1-1 solely for the National Suicide Hotline, stating that the designation would connect Americans experiencing mental health crisis with the life-saving assistance they need in the time they need it. At present, 6-1-1 links callers to telephone repair and telecom customer service. The FCC noted in 1997 that 6-1-1 would continue to be used for these internal telecom purposes until it

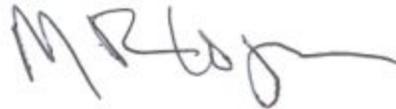
was needed for an important national purpose. Now is that time. Using 6-1-1 for mental health and suicide crisis is in the public's best interest and, as former Sen. Hatch said, making the National Suicide Hotline more accessible and user-friendly to Americans is "a pressing, national purpose."

In conclusion, we believe 6-1-1 is the best option, and multi or secondary use of 2-1-1 or 9-1-1 would not benefit the American people nor would it improve the National Suicide Prevention Hotline and would counter the intent of the National Suicide Hotline Improvement Act of 2018. Linking Americans, including veterans, in crisis to life-saving counsel and resources is of critical national importance. Thank you for considering our comments and suggestions.

Sincerely,



David W. Covington, LPC, MBA
CEO & President, RI International



Michael F. Hogan, PhD
Principal, Hogan Health Solutions

Interdepartmental Serious Mental Illness Coordinating
Committee (ISMICC) Member
American Association of Suicidology President
National Action Alliance for Suicide Prevention Excomm
National Suicide Prevention Lifeline Steering Committee Chair
Zero Suicide Healthcare & Crisis Now Co-founder (National Action
Alliance Taskforces)
Behavioral Health Link Partner

NYS Commissioner of Mental Health (2007-2012)
National Action Alliance for Suicide Prevention Excomm
Nat'l Suicide Prevention Lifeline Steering Committee Vice-Chair
Zero Suicide Healthcare & Crisis Now Co-founder (National Action
Alliance Taskforces)
President's New Freedom Commission on Mental Health Chair
OH & CT Director of Dept. of Mental Health (1987-2007)
Joint Commission BH Representative (2007-2015)