I strongly support adopting a 3 digit number specifically for individuals at risk of suicide. It should be linked to the existing National Suicide Prevention Lifeline (Lifeline) network and provide the necessary financial support for its implementation and increased call volume.

This is why I believe it should not be 211.

* Not all 211 lines are up 24/7, 365 days a year.
* Only 25% of 211 lines are member of the lifeline network. Callers reaching the other 75% would not receive adequate care.
* In 2012, the U.S. Steering Committee (United Way-AIRS) report, Transitioning 2-1-1 for a sustainable future noted a number of challenges with 211 lines.
* No administrative body oversees all 211 lines.
* 211 is for external needs, not psychological needs; only 7% were categorized as mental health calls.
* Only 51% were accredited-and accreditation would not be specifically for suicide prevention.
* “While progress has been made towards national standards, quality assurance reviews are inconsistent.

I am a Navy Veteran having served during the Cold War era and, as such, have firsthand knowledge of experiencing suicide, from both fellow Veterans and of battling those thoughts myself. While my empathy for suffering Veterans is strong, it is not limited to just that group. I currently work as a Peer Specialist and I am recently certified in Applied Suicide Intervention Skills Training (ASIST).

I trust the right decision will be made regarding this issue so that implementation can move forward without delay.