To whom it may concern:

As a mental health professional 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.

Why it should be the Lifeline using 611 or 988: As, a Licensed Marriage and Family Therapist, I understand the skills and oversight needed to help callers at risk of suicide are extremely different than those needed to provide linkage to food, shelter, legal aid, etc.

- The Lifeline requires members to be accredited in suicide prevention.

- The Lifeline requires specific staff training in suicide assessment and safety planning.

- Lifeline members are part of a linked system that ensures that calls roll over to a back-up line when the “home” line is maxed out or down.

Why it should not be 211.

- Not all 211 lines are up 24/7, 365 days a year.

- Only 25% of 211 lines are members of the Lifeline network. Callers reaching the other 75% would not receive adequate care.

-211 is for external needs, not psychological needs; only 7 % were categorized as mental health calls.

Sincerely,

Saraiah Wesley, LMFT