December 7, 2018

Federal Communications Commission

445 12th Street, SW

Washington, DC 20554

Re: Docket 18-336

Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

I write on behalf of the 100 members of the National Association of Crisis Organization Directors (NASCOD) to urge you to designate a 3-digit code as a Behavioral Health and Suicide Crisis Lifeline.

The National Association of Crisis Organization Directors (NASCOD) submits these comments on the **Implementation of the National Suicide Hotline Improvement Act,**currently under review by the Federal Communications Commission (FCC). We appreciate the opportunity to provide comments as FCC issues a formal recommendation on implementing an N11 code for the National Suicide Prevention Lifeline (“NSPL” or “Lifeline”) as well as for general mental health support for callers.

NASCOD is an organization for social service professionals serving as Executive Directors or Program Directors of crisis organizations. NASCOD’s mission is to provide support and professional development for executive directors and program managers. We arrange training, promote professional development, serve as an advocate and provide other appropriate services.

There has been a strong network of suicide prevention and mental health crisis lines throughout the United States since the 1970s which have proven to be highly effective at mitigating immediate suicidal intent (Gould, Kalafat, Harris and Kleinman, 2007).  Our highly skilled responders go through extensive training and operate under careful supervision to provide excellent mental health crisis intervention. We are subject to rigorous accreditation by organizations such as the American Association of Suicidology, CONTACT USA, and the Commission on Accreditation of Rehabilitation Facilities.

3-digit access to behavioral health and suicide crisis intervention is an important opportunity. Just last week, the Centers for Disease Control reported that over 40,000 Americans died by suicide last year -- driving the national suicide rate to its highest rate in decades. Establishing 3-digit access will help remove the stigma associated with mental health challenges and reaching out for help. 3-digit access to crisis services represents 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, injury, or other health and wellness needs.

The work that happens at Crisis Centers across the country is not only about serving those callers who call in through local, county, state or national crisis lines, it is also about the follow-up calls that are made to these callers.  Follow-up calls to those who originally reach out for care due to suicidal ideation have shown to greatly impact the outcomes of the crisis interaction in a positive way  (Gould, Lake, Galfalvy, Kleinman, Munfakh, Wright, and McKeon, 2017).

Many Crisis Centers in our network also operate mobile crisis response teams, crisis walk-in centers, and hospital step down programs to whom they are able to make immediate and seamless referrals to during the crisis line call. Crisis Centers across the country also serve as subject matter experts to our first responder community, providing training on mental health and suicidality to law enforcement, fire departments, EMS, and 911 call takers and dispatchers.  Crisis Centers across the country are ready to continue to support this type of crisis care for a N11 system.

NASCOD members serve communities all across the United States, rural, frontier, suburban and urban. We serve people from all ages, races, ethnicities, genders, socio-economic status, and sexual orientations. We know that anyone can be at risk of suicide and work hard to provide specialized resources and connection to communities shown by research to be particularly impacted by suicide such as Native Americans and members of the LGBTQ community. NASCOD urges the FCC to recommend the Crisis Center community continues its efforts to explicitly partner with Native serving and LGBTQ serving organizations to provide ongoing training for crisis responders as well as ease of connection to specialty crisis services such as those provided to the LGBTQ population by The Trevor Project.

We are aware the Commission has received comments suggesting that the current 211 system be used for 3-digit access to crisis intervention, rather than a dedicated behavioral health and suicide lifeline. There are NASCOD members who currently operate in what we call “blended” centers where they handle both crisis calls and 211 information and referrals calls so we know there are some places where this can be effective. However, we also have members whose

communities have 211 centers, often operated at the state level as well and vibrant local crisis lines where it does not make sense to combine these services.

Our membership is in favor of promoting ease of access to people in need, and a 3 digit number does provide this. Moving forward, true support of this process needs to address answers to questions regarding sustainable funding for operations as well as infrastructure and technology, transparent conversations about oversight, and coordination with already effective local crisis line services so that long serving, high functioning local crisis centers are not pushed aside.

The Crisis Center community is appreciative of the opportunity to expand on the current work being done throughout the country by our skilled and capable crisis responders and looks forward to being a part of these important conversations moving forward.

Sincerely,

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