

December 6<sup>th</sup>, 2018  
Federal Communications Commission  
445 12th Street, SW  
Washington, DC 20554

10455 White Granite Dr.  
Suite 400  
Oakton, VA 22124  
P: 703-536-9000  
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Re: Docket 18-336  
Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

PRS the parent organization of PRS CrisisLink, a Crisis Center in northern Virginia and an organizational provider of the National Suicide Prevention Lifeline in the State of Virginia, submit these comments on the **Implementation of the National Suicide Hotline Improvement Act of 2018**, currently under review by the Federal Communications Commission (FCC). PRS CrisisLink receives on average, 150-200 calls per day and is fully accredited by the American Association of Suicidology (AAS). Our PRS CrisisLink Program Director is a member of the National Suicide Prevention Lifeline Steering Committee and a member of the AAS Crisis Center Committee. Our organization is mission-driven and invested in public mental health and the prevention of suicide in our country. I am writing to urge you to designate a 3-digit code as a Behavioral Health and Suicide Crisis Lifeline. Your support of a 3-digit code will:

- Deliver timely and effective crisis intervention services to millions of Americans
- Make it easier to connect people in need with help
- Meet the dramatically growing need for crisis intervention

I would like to bring to your attention important considerations for the Commission regarding the feasibility of designating a simple, 3-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system:

1. Local Crisis Centers are providing this service and are essential to communities with their unique partnerships and understanding of local mental health systems of care and cultural differences.
2. The feasibility of an N-1-1 system relies on the appropriations provided to offer this service nationwide and the fiscal responsibility cannot lie with state and local governments alone. Federal financial support is a requirement for this service to be offered to Americans.

In summary, we are proud supports of this important improvement for Americans suffering with mental health, crisis and suicide. Please see the attached for additional details and pertinent literature.

Sincerely,

Wendy Gradison, LCSW  
*President and CEO*  
PRS



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**Major Point:**

1. Local Crisis Centers are providing this service and are essential to communities with their unique partnerships and understanding of local mental health systems of care and cultural differences.

Crisis Centers throughout the United States, are providing life-saving and life-changing services through hotlines, textlines and chat programs. Many of these centers are uniquely positioned in their own communities to provide service through the National Suicide Prevention Lifeline with high-quality service, intricate knowledge of local resources, and partnerships with first-responders, mental health providers and school systems. Crisis Centers working within the National Suicide Prevention Lifeline are accredited, use evidence-based risk assessments and provide evidence-based training. If the Lifeline were to change to an N-1-1 number, the volume will potentially increase, and smaller, under-resourced centers will not be able to adapt to the change without additional financial resources. A local center's unique knowledge and connection to resources should be maintained and should not be replaced with a national crisis center like the Veteran's Crisis Line. We support and encourage the N-1-1 structure, but not without additional funding to ensure all centers have the capacity to support their local communities.

**Major Point:**

2. The feasibility of an N-1-1 system relies on the appropriations provided to offer this service nationwide and the fiscal responsibility cannot lie with state and local governments alone. Federal financial support is a requirement for this service to be offered to Americans.

Crisis Center's rely on local and State government contracts, donations and resources to support their center due a lack of national funding for centers participating in the Lifeline service. Crisis Centers who are not answering national calls as a back-up center, like PRS CrisisLink, receive a stipend of less than \$3000 to answer Lifeline calls. Our annual volume exceeds 50,000 calls per year for northern Virginia and our budget is well under one million dollars. The feasibility of an N-1-1 number must also include the feasibility of Federal dollars to support states in their crisis center operations. There is considerable value in increasing the capacity of existing resources versus building new centers in states with existing resources. We strongly encourage the consideration of not only changing the number but funding the number so many Americans rely on for life-saving interventions.