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December 10, 2018

Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554
WC Docket. No. 18-336

Comments submitted electronically only

Re: Docket 18-336; CC Docket No. 92-105: Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

We at Centerstone applaud the passage of the National Suicide Hotline Improvement Act of 2018, and are grateful for the opportunity to comment on the feasibility of designating a simple, easy-to-remember, 3-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system. As a front-lines provider of behavioral healthcare, we see the growing need for high quality care. ***We fervently support efforts to designate an N11 number dedicated solely to those seeking help for behavioral health issues.*** There is no better time to implement this desperately needed resource than now.

The United States is Experiencing a Mental Health Crisis

Mental health challenges are widespread throughout the United States.

Mental Illness in Adults

In any given year in the U.S., 1 in 5 adults (44 million) experience mental illness and 1 in 25 adults (9.8 million) experience serious mental illness (SMI).[1] Mental health and physical health are interrelated, and untreated mental illness can result in severe emotional, behavioral, and physical health problems.[2] Adults with mental illness die on average 10 years, and adults with SMI, 15-25 years earlier than the general population, largely due to treatable/ preventable health conditions (e.g., cardiovascular, pulmonary, infectious diseases).[3, 4, 5] Up to 68% of adults with a mental illness have one or more treatable/preventable chronic physical conditions.[6] For individuals with schizophrenia or bipolar

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[1] National Alliance on Mental Illness (NAMI). (n.d.a). Mental Health By The Numbers. Available: https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

[2] Mayo Clinic. (2015). Diseases and Conditions: Mental Illness, Complication. Available: http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/complications/con-20033813

[3] Insel, Thomas. (2015). Post by Former NIMH Director Thomas Insel: Mental Health Awareness Month: By the Numbers. National Institute of Mental Health. Available: https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2015/mental-health-awareness-month-by-the-numbers.shtml

[4] De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., … Leucht, S. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, *10*(1), 52–77.

[5] Parks, J., Svendsen, D., Singer, P., and Foti, M.E. (2006). *Morbidity and Mortality in people with serious mental illness*. National Association of State Mental Health Program Directors. Available:
http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf

[6] Substance Abuse and Mental Health Services Administration. (2014). *Can we live longer?: Integrated healthcare's promise.* National Council for Behavioral Health. Available: http://www.thenationalcouncil.org/wp-content/uploads/2013/10/CIHS-infographic.jpg

disorder, the relative risk of experiencing chronic diseases/co-morbid conditions can be up to 5 times that of the general population. Individuals with schizophrenia often are not adequately screened and treated for dyslipidemia (up to 88% untreated) and hypertension (up to 62% untreated) in care settings.[7] People with mental illness are 70% more likely to smoke than the general population, leading to 200,000 tobacco-related deaths each year.[8, 9] Nationally, the per-capita cost of care for adults with a mental illness is $5,400 per hospital stay, and hospital readmission rates are 17.2%, thereby greatly increasing the cost of care, often unnecessarily.[10, 11]

Mental Illness in Children and Adolescents

An estimated 7-11.5% of children in the U.S. have serious emotional disturbance (SED) (e.g., developmental, conduct, affective disorders), often associated with negative medical (e.g., eating disorders, SUD) and functional outcomes (e.g., poor coping abilities, school performance, family functioning).[12, 13, 14] Approximately 43% of parents of children with SED indicate the presence of chronic health conditions in their children, compared to 30% of parents of children without mental health conditions.[15] Co-occurring physical health conditions exacerbate emotional problems and functional impairment associated with SED, as indicated in studies involving children with anxiety disorders and co-occurring health conditions.[16] When mental illness goes untreated in children, negative health outcomes and associated social impacts (e.g., poverty, unemployment) will likely continue into adulthood with these individuals using more health care services and accruing higher health care costs than the general population.[17] Young people – those we tend to think of as healthy – are those in greatest need of behavioral health services, according to SAMHSA.[18] A 2017 National Study on Drug Use and Health (NSDUH) found that young adults are currently experiencing increasing rates of serious mental illness, major depression, and suicidality and more Americans are using drugs now than reported two years ago.[19]

[7] De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., … Leucht, S. (2011). Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, *10*(1), 52–77.

[8] Centers for Disease Control and Prevention. (2013). Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness — United States, 2009–2011. *Morbidity and Mortality Weekly Report*. Available: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a2.htm?s_cid=mm6205a2_w.

[9] National Alliance on Mental Illness (NAMI). (2015). Smoking cessation. Available: http://www2.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Smoking_and_Mental_Illness.htm.

[10] Agency for Healthcare Research and Quality. (2013). Costs for Hospital Stays in the United States, 2011. Available: http://www.hcup-us.ahrq.gov/reports/statbriefs/sb168-Hospital-Costs-United-States-2011.jsp

[11] Agency for Healthcare Research and Quality. (2013). Readmissions to U.S. hospitals by diagnosis, 2010. Available: http://www.hcup-us.ahrq.gov/reports/statbriefs/sb153.pdf

[12] Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). Mental and Substance Use Disorders. Available: https://www.samhsa.gov/disorders

[13] Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). DSM-5 Changes: Implications for Child Serious Emotional Disturbance. Available: https://www.samhsa.gov/data/sites/default/files/NSDUH-DSM5ImpactChildSED-2016.pdf

[14] ODMHSAS. (n.d.). Definition of Serious Emotional Disturbance (SED). Available: http://www.odmhsas.org/eda/advancedquery/sed.htm

[15] Combs-Orme, T., Heflinger, C.A., & Simpkins, C.G. (2002). Comorbidity of Mental Health Problems and Chronic Health Conditions in Children. *Journal of Emotional and Behavioral Disorders,* 10(2), 116-125.

[16] Chavira, D.A., Garland, A.F., Daley, S., & Hough, R. (2008). The Impact of Medical Comorbidity on Mental Health and Functional Health Outcomes among Children with Anxiety Disorders. Journal of Developmental and Behavioral Pediatrics, 29(5), 394-402.

[17] National Alliance on Mental Illness (NAMI). (n.d.b). Facts on Children's Mental Health in America. Available: http://www.namihelps.org/assets/PDFs/fact-sheets/Children-and-Adolescents/Facts-on-Childrens-Mental-Health--in-America.pdf

[18] https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH

[19] https://chp-wp-uploads.s3.amazonaws.com/www.thekennedyforum.org/uploads/2018/10/STLD-Final-Rule-Suit-Statement-FINAL.pdf

➢ *Thus, we desperately need a ubiquitous and trusted resource for millions of adults and children to use to get crisis care and help in connecting with appropriate behavioral health services.*

The United States is Experiencing Record Rates of Suicide

The suicide rate in the United States has increased 24 percent since 1999 according to the Centers for Disease Control and Prevention.[20] The report details that the rate has tripled among girls 10 to 14 years old, and is up 43 percent among men 45 to 64 years old.[21] More recently, the CDC reported that there were more than 47,000 suicides last year, bringing our suicide death rate to the highest it has been in 50 years.[22] In 2016, suicide was the 10th leading cause of death in the United States.[23] Based mainly on a review of 2017 death certificates, the CDC noted that the suicide rate was 14 deaths per 100,000 people - the highest since at least 1975. Increasing rates of suicide and drug overdoses have contributed to reduced overall life expectancy for the 4th year in a row – the first time this has occurred in 100 years.[24]

➢ *Thus, to combat these devastating statistics, our nation requires a high-quality resource dedicated to helping people in a mental health crisis, and being a resource to people who need assistance finding behavioral health services.*

Centerstone's Experience in the Crisis Space, with Recommendations

At Centerstone, our crisis care services include telephonic crisis intervention for nine local and national hotlines such as the Tennessee Statewide Crisis Line, National Suicide Prevention Line, National Football League Life Line and targeted numbers for teens and veterans. We also have our own 24-hour crisis hotline. Between June 2017 and 2018, we handled over 37,000 calls. We placed over 15,000 follow-up calls. In June 2018, after the deaths of Anthony Bourdain and Kate Spade, we saw a 40% increase in NSPL volume. We are projected to have a 10% increase in volume this fiscal year based current trends in data. Through this work, we know that crisis services make lifesaving differences. We pass on three crucial lessons.

First, crisis lines are the front line. Like a soldier keeping watch, hotline professionals are available to provide suicide prevention and behavioral health crisis services 24 hours a day, 365 days of the year. Callers receive a free risk assessment conducted by highly trained crisis consultants and a commitment to remain engaged in conversation until safety is established. Not only do Crisis Call Centers serve in this vital role, they also work to coordinate care within a system that is difficult to navigate for individuals and their families during times of behavioral health crises.

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[20] https://www.cdc.gov/nchs/products/databriefs/db330.htm
[21] https://www.cdc.gov/nchs/products/databriefs/db330.htm
[22] https://www.ctvnews.ca/health/suicide-at-50-year-peak-pushes-down-u-s-life-expectancy-1.4197202
[23] https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
[24] Per Michael F. Hogan, Ph.D., also submitting comments to FCC on this issue.

Our Noble Purpose: *Delivering Care that Changes People's Lives*

Second, a crisis call is more than a phone call. Contacting a suicide prevention and behavioral health crisis hotline begins a thoughtful, thorough process of care. Consultants listen then link callers to appropriate services and dispatch a mobile response team for face-to-face assessment when needed. At Centerstone, a clinician follows up with the client within 24 hours of first contact. Select services also offer a mix of telephone, text and in-person follow-up for up to a full year. An N11 Behavioral Health and Suicide Crisis Lifeline must be able to dispatch immediate care where necessary, and also link callers to appropriate services in their area.

Third, strategic crisis care works. Through a grant provided by Blue Cross Blue Shield of Tennessee, 199 individuals who had experienced a suicide-related event were enrolled via hotlines or emergency departments into the Centerstone Crisis High Risk Follow-Up Project. Participants received follow-up calls, safety planning and referral support at one, seven, 14 and 30 days after their incident. The resulting rate of return to emergency rooms was 8 percent, drastically lower than the estimated national average of 31.5 percent. As we finalize our evaluation, we anticipate an estimated cost savings of approximately $3million over the 3-year span of the grant. Most importantly, during this pilot program, there were zero occurrences of suicide deaths among the enrollees. Crisis care, with careful and intentional follow-ups, saves lives.

Mental Health Requires its Own, Dedicated 3-digit Number

Any future 3-digit dialing code for a national suicide prevention and mental health crisis hotline must be an N11 number. Just as importantly, the N11 number, ideally "611," must be dedicated solely to this cause. Many individuals hesitate to reach out for help for fear that they will not be understood, that they will not be adequately helped, or that they will be referred to the wrong resource. When individuals and their families do not know where to turn in these cases, they often present to emergency departments, even though they have no medical emergency, resulting in long waits, inadequate services and costly bills resulting from this visit. These legitimate concerns underline the absolute necessity for a separate, dedicated system trained to respond to the plethora of mental health crises and inquiries that a 3-digit number will attract. Mental health crisis intervention requires a very specific expertise, and therefore, deserves its own, dedicated response team. An N11 Behavioral Health and Suicide Crisis Lifeline will help eliminate the stigma attached to mental disorders by normalizing help seeking for mental illness with a ubiquitous resource. With an N11 number like "611," we will be sending a clear message that mental health needs are pervasive in our communities and deserve the same priority afforded to services like medical emergencies, fire and rescue, and social service referral. Sharing a phone line with any other entity (like 211Info) would relegate mental health issues to secondary status – a status that has arguably contributed to today's crisis.

The Community Will Provide Inbuilt Education and Awareness for an N11 Mental Health Crisis Line

As a multistate organization bringing care to nearly 180,000 individuals across Florida, Illinois, Indiana, Kentucky, and Tennessee, our nearly 5,000-person staff could easily spread word of a new N11

number to our patients, their families, and our community partners. Providing this resource would assist our communities in accessing the right intervention, and likely lower emergency department usage.

Centerstone has counselors in dozens of schools throughout our five-state footprint, and they know of the tremendous need students have for proper behavioral health services. We feel confident that the schools we partner with, as well as most others throughout the country, would welcome a dedicated N11 number for mental health crises, and that they would enthusiastically spread word of the resource to their students.

Centerstone recently partnered with a large Indiana employer to provide substance use disorder treatment services to their current and prospective employees. A key factor in the declining workforce participation rate has been the opioid crisis.[25] Therefore, we feel confident that employers – large and small – would welcome a dedicated N11 number for mental health crises, and that they would emphatically spread word of the resource to their employees and colleagues.

We have a unique opportunity to create a meaningful resource of hope for Americans. We are strongly convinced that a dedicated N11 Behavioral Health and Suicide Crisis Lifeline number will give people a necessary tool to seek help. We enthusiastically support your efforts to study the feasbility of this project, and stand ready to help make this national service a reality. Thank you, in advance, for your consideration of our input.

Sincerely,

Becky Stoll, LCSW
Vice President, Crisis & Disaster Management

Monica Nemec, JD, MPP
Director, National Policy

<u>About Centerstone</u>

Centerstone[26] is one of the nation's leading not-for-profit providers of mental health and substance abuse disorder services, dedicated to delivering care that changes people's lives. Centerstone is a multi-state organization bringing evidence-based treatments and care to nearly 180,000 individuals with an array of behavioral health disorders and challenges residing throughout Florida, Illinois, Indiana, Kentucky, and Tennessee. In operation for over 63 years, we provide front-lines care in both inpatient and outpatient facilities. Centerstone is the only not-for-profit, behavioral health care provider with a research institute embedded within the organization, directly connecting the latest knowledge into clinical care. Through our Military Services,[27] we offer specialized services to veterans, service members, and their families across the entire swath of the United States.

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[25] https://www.nber.org/papers/w24468
[26] https://centerstone.org/
[27] https://centerstone.org/locations/military-services