



December 10, 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:

On behalf of the board, staff and individuals that the Didi Hirsch Suicide Prevention Center has helped over the last 60 years, I am writing to urge you to designate and fund a 3-digit dialing code (N11) for a national Suicide Prevention Crisis Hotline System. As a suicide attempt survivor who has lost three family members to suicide, I personally know the lifesaving value of a strong suicide prevention system.

In particular, we recommend that the N11 number link to the National Suicide Prevention Lifeline (Lifeline), which has become known nationwide as the de facto 911 for suicide prevention. When artificial intelligence identifies a Facebook or Google user as possibly at-risk, it offers to connect him or her to the Lifeline. If you say the word "suicide" to Siri, she offers to connect you. The Lifeline is "advertised" by virtually every hospital, mental health agency and insurance company in the U.S., as well as by online and direct media. Logic, a popular singer songwriter wrote a song titled 1 800-273-8255 that was number three on Billboard's top 100; his music video for the song has been viewed by over 200 million people. We also need to retain the Lifeline number, because some individuals are afraid to call anything they assume to be government-driven.

Located in Los Angeles, our Suicide Prevention Center and 24/7 suicide crisis line were the first in the nation. A member of the National Suicide Prevention Lifeline network since its inception in 2004, calls to our crisis line have tripled in the last decade. Except for the VA suicide crisis line, last year we answered the 2nd-most calls out of over 160 members of the Lifeline network, which receives over two million calls a year. In addition to offering multilingual translation services, we are one of two National Suicide Prevention Lifeline members with bilingual Spanish-speaking counselors on site 24/7. They also staff our Disaster Distress Helpline, which is one of three in the nation.

Didi Hirsch's Suicide Crisis Line reaches a broad demographic. In 2017:

- Our youngest caller was eight-years-old. Concerned parents called about their three-year-old.
- Approximately 44% of callers are male and 56% female.
- Approximately 55% represent a minority race/culture.
- Contrary to the stereotype, half of the phone callers were 24 and younger.

I offer this information to convey what an extensive cross-section of Americans the Lifeline reaches. The Lifeline network is unique in that there is an administrative infrastructure that: 1) ensures that all lines are accredited; 2) sets protocols based on current research on effective counselor interactions; 3) collects and distributes monthly data on each Lifeline member and 4) has a national telephony system that not only links callers to the closest Lifeline system but also "rolls" calls to a back-up line if the first option is busy or down because of a power outage.

It is my understanding neither the 911 nor 211 lines have such a robust national system in terms of interconnected lines nationwide and shared quality assurance standards and the Lifeline. Yet, they have an N11 number. *Suicide prevention needs its own.* It takes special skills to effectively help individuals in a suicidal crisis. The skills needed to provide information about resources or quickly get an address and dispatch appropriate emergency personnel are far different. Furthermore, calls to 211 generally result in referral to the local Lifeline's crisis center.

Therefore, directing suicidal callers to 211 first would add an extra step and a delay for people in crisis who need help now.

As recommended by the Congressional special mandate to the Commission, the designation of a 3 digit dialing code (N11) for a national suicide prevention hotline and mental health crises indicative of a risk for suicide would reach deeper into communities.

This N11 line would also provide broad mental health support to individuals at risk of or seriously contemplating suicide. Like many other Lifeline members, Didi Hirsch's Suicide Crisis Line provides phone, text or chat follow-up to our high-risk callers and to individuals treated for suicide attempts and ideation at local Emergency Departments or hospitals. We also enlarge the community safety net by training over 10,000 individuals annually to recognize and respond to the warning signs of suicide—including emergency personnel (from FBI to police and hospital workers), businesses, spiritual leaders, parents, teachers and students. And, we offer support groups for individuals grieving a suicide loss or recovering from a suicide attempt at seven locations in greater Los Angeles. Last, but not least we are committed to innovating and disseminating best practices. For example, we have trained professionals in 22 states to implement a specialized support group we developed for individuals who have survived one or more suicide attempts.

The time is now to embrace suicide prevention as a national priority. Just last week, the Centers for Disease Control reported that over 47,000 Americans died by suicide last year—driving the national suicide rate to its highest rate in decades among all age groups except the very young and those over 65. At this crucial juncture, we urgently need to expand upon the nation's greatest resource, the National Suicide Prevention Lifeline to prevent suicide attempts and death.

Three-digit access is a natural next step given the growth and proven effectiveness of the National Suicide Prevention Lifeline. ***But, funding will be critical to the success of a National Suicide Prevention Crisis Hotline system.*** Except for funds that SAMHSA provides for administrative overhead for Vibrant Emotional Health to coordinate the National Suicide Prevention Lifeline and funding for the linking network that transfers calls to another center when the first one contacted is unavailable, *there is no material federal funding for the crisis centers that manage calls from the general public to the National Suicide Prevention Lifeline.* This differs greatly from calls to the Lifeline that are routed to the Veterans' Crisis Line, which receives \$90 million annually.

Some states and counties are able and willing to support these centers to some degree but few Lifeline members receive adequate funding given increasing demand. This is an unsustainable model without some federal support for a national resource or a tax on insurance companies and others who benefit economically by referring clients to the Lifeline.

Thank you very much for your interest and thoughtful approach to this important issue that affects hundreds of millions of lives in our country every year. I would be happy to provide further input.

Respectfully yours,



Kita S. Curry, PhD
President/CEO