To the Federal Communications Commission,

re: docket numbers 18-335 and 92-105:

The Crisis Center of Johnson County, the largest core provider of the National Suicide Prevention Lifeline chat service and a long-time member of the Lifeline Network, appreciates the opportunity to comment on the National Suicide Hotline Improvement Act of 2018 and the Federal Communications Commission’s efforts to study the feasibility of designating a three-digit number for suicide prevention nationally.

While we appreciate any efforts to make these critical services more accessible to all individuals experiencing suicide-related crisis, we have reservations about a switch to an n11 number and would like to bring forth the following concerns:

* Currently, the Lifeline is answered by centers using a mix of highly-trained staff and volunteers. Any requirements for the n11 number should allow this model to continue operation in order to serve the growing need. The use of volunteers allows centers like ours to maintain our high level of service while being able to answer more calls than using paid staff would allow. Limiting the use of volunteers would require an unsustainable increase in funding with a decrease in the quality of service provided.
* Simplifying access through an n11 number will also increase the volume of calls. At the current funding levels, the network is unable to handle an increase in calls. In order to meet this increased call volume, a significant increase in funding must be made. This will allow the Lifeline network to add more crisis centers, which will increase the capacity of the network.
* The current Lifeline network of agencies and crisis centers have created community partnerships and expanded services in order to best serve those reaching out for help. When someone contacts a Lifeline center, they might also be accessing local mobile crisis response, follow-up services, and referrals to systems of care to which a Lifeline center is integral. An n11 number must not change how these systems work as it will diminish the effectiveness of these systems.
* While 211/referral work is necessary, allowing for these agencies add the new n11 to their existing services would have catastrophic repercussions throughout the mental health/suicide prevention world. While some MAY be blended agencies, the majority are not – and instead there would simply be a shifting of cost from one agency to another, without the requisite expertise. This would be financially burdensome in the short-run and would lead to a decrease in quality of service as well.

Again, we applaud any and all attention to the epidemic of suicide in this country. We urge you to work with the Lifeline network as it exists now – multitudes of voices coming together to form a cohesive and effective backbone of suicide intervention for the United States. If a three-digit code is to be implemented, we recommend that agencies like ours are given every opportunity to continue to be part of this network and serve as the experts in suicide prevention, as we have for nearly 50 years.

Sincerely,

Beau Pinkham  
Director of Crisis Intervention Services

The Crisis Center of Johnson County