

December 10, 2018

Ms. Marlene H. Dortch  
Secretary  
Office of the Secretary  
Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

Re: WC Docket No. 18-336 and CC Docket No. 92-105 regarding the National Suicide Hotline Improvement Act of 2018

Dear Madam:

As you have seen or will see, United Way Worldwide and several United Ways and 211 agencies have submitted letters through the public comment process to encourage the FCC to consider the 211 network as a partner and part of a solution to increase access to suicide prevention services. I am the Senior Director of 211 at United Way Worldwide, but I am submitting my own comment from a personal perspective.

In 2002, my family lost my father's twin brother to suicide. Like many other families who have lost loved ones this way, my uncle had shown no sign of emotional distress nor mental illness and had not said anything to us that would have sounded an alarm. His death was entirely unexpected, and took years for my father, grandmother, and cousin to make peace with. Losing my uncle also shattered the glass of a precarious bubble we'd been living in, in which we knew little about the distress so many experience and the darkness against which so many lose their personal battles. After his death, my father invested all his spare energy in learning about suicide, mental illness, and depression. He researched suicidality among twins, in different generations, and among different populations. He read research papers and books, talked to experts and watched documentaries. We talked about it as a family a lot, and I began to understand how many around me were struggling. Eventually, he found the American Foundation for Suicide Prevention and raised over \$100,000 to walk in one of their first national Out of the Darkness walks.

Now, many years later, we have fundraised for and walked together in 12 Overnight walks, my father is on the national AFSP Healing and Loss Council, and facilitates a support group in Tampa, FL. He is regularly called upon to support families who have lost a loved one to suicide, and frequently coaches others about how to be a support system for their friends. In high school, I became a loud advocate for reducing stigma around helpseeking and supported a number of friends who were struggling with depression, Borderline Personality Disorder, and anxiety. I founded a chapter of Active Minds, another mental health nonprofit, at The George Washington University and served on their national student leadership board. I have lost friends, and supported friends through their losses, and have been telling my story to help others tell theirs for many years. I share this background to assure you that I am deeply, personally and professionally, passionate about reducing the horrific rate of suicide in the U.S. and providing every person with access to 24/7 services and support. I believe we should invest in doing

everything possible to curtail what is essentially a public health crisis. My commitment to suicide prevention and the destigmatization of mental illness is actually one of the reasons I joined United Way Worldwide to support the 211 network.

As you'll read, our network of over 200 agencies answers close to 14 million requests for help each year, almost 1 million of which are related to suicide, mental health, and addiction. The other 13 million are primarily from people who don't know where else to turn to avoid eviction, find healthcare for their children, get off the streets, or escape an abuser. Suicide and mental illness are not phenomena that exist in a vacuum—people's lives are complicated, and a crisis that seems only financial can become life-threatening in an instant. Furthermore, when someone is in crisis or panicking to try and help a friend or loved one, they are most likely to pick up the phone and call the first number that comes to mind and seems right. Many times, that means a call to 911. It also means calls to 211, or to NSPL, though data shows that those are almost equal options. I absolutely agree that making the vital suicide prevention hotline a recognizable 3-digit number, instead of a 1800 number, is a critical step forward to preventing more suicides. For this reason, I am advocating that the agencies responsible for addressing this question consider the potential efficiency and effectiveness of leveraging both networks' strengths and expanding the services accessible through 211 to include suicide prevention and support.

To be clear, we are not suggesting nor would it be possible for current NSPL calls to simply be answered by the 211 network as it is currently structured and funded. The 185+ crisis centers (including 40 211s) who currently answer NSPL calls are best equipped to do so, and we are grateful to them for the long hours their staff dedicate to this cause. However, I think it is also irresponsible to assume that a substantial increase in demand for suicide prevention services (which would be likely if a new number was marketed well) could be answered sustainably by the existing NSPL network at its current capacity—NSPL should be funded at a significantly higher level, regardless of which technological decision is made. Additionally, people in crisis will continue to call 211 and other services, regardless of what is marketed, so we must ensure adequate training and infrastructure if we are to truly provide services through a “no wrong door” approach.

First and foremost, I believe our collective priority is to ensure that more people can access highly skilled specialists through a 3-digit number as soon as possible. Investing in the infrastructure and technology necessary to route calls to the *best, next available agent*, whether that be a crisis counselor or a community navigation specialist, is critical and is what would make a blended 211 approach possible. You will see requests from organizations like The Trevor Project, which represents and serves a specific population with suicide prevention services, calling for a solution that still enables folks to reach a specialist that is most comfortable for them—in this case, someone trained in not only crisis counseling, but crisis counseling for LGBTQ youth. The technology that would make that possible for a standalone 3-digit NSPL number is not dissimilar from what currently allows NSPL to market the same number for general and for veterans crisis calls, nor dissimilar from what would be required to make 211 the front door for *all* services while ensuring that a person in need quickly reaches the best person to help.

Any successful strategy to reduce suicide in this country will require financial and resource investment from Congress and federal agencies. The current capacity of systems like NSPL are not adequate to meet the need, and their funding is not sufficient to also adequately market and

educate the public about those services. The 211 network faces the same problem—public awareness of 211 is low, primarily because we can't afford to answer more calls with existing funding streams. If we leverage the strengths and capabilities of both systems, along with our local providers, and significant investment in training, capacity, and technology from federal agencies, we could build a true, nationwide social services support hotline and save more lives.

Thank you for taking the time to read the large quantity of comments submitted to the FCC on this important issue, and for dedicating resources to carefully consider all available options and strategies. As a survivor of suicide, and someone who lives with depression, I am personally grateful for the attention finally being given to this crisis.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel Krausman". The signature is fluid and cursive, with the first name "Rachel" written in a larger, more prominent script than the last name "Krausman".

Rachel Krausman  
Everett, MA