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Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Docket 18-336, Docket 92-105
Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

As a survivor of suicide loss I am invested in public mental health and the prevention of suicide in our country, I am writing to urge you to designate and fund a 3-digit dialing code (N11) for a national Suicide Prevention Crisis Hotline System.

I lost my partner Joel Unangst to death by suicide in November 2017. I am convinced that dedicated three-digit access is a crucial opportunity to reach millions of Americans experiencing suicidal crisis.

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. Despite many valuable efforts, our resources cannot meet this level of need. At this crucial juncture, we urgently need to expand upon the nation's greatest resource, the National Suicide Prevention Lifeline to prevent suicide death.

The National Suicide Prevention Lifeline network of community-based crisis centers is a uniquely valuable service that connects with millions of callers in crisis annually. As recommended by the Congressional special mandate to the Commission, the designation of a 3 digit dialing code (N11) for a national suicide prevention and mental health

crisis hotline system, makes this service readily accessible, to the benefit of all of America's communities.

In 2004, the Substance Abuse and Mental Health Services Administration launched the National Suicide Prevention Lifeline as an integrated national effort to reach people in crisis, using the single number 1-800-273-8255 as a uniform access point to connect to crisis services. The National Suicide Prevention Lifeline has been a tremendous success – growing from just a few calls that first year to over 2 million last year, including over 700,000 calls to the national Veterans Crisis Line. This in spite of a long 1-800 number that is not easy to remember and access.

The National Suicide Prevention Lifeline saves lives every day, helping thousands of people each day find a way forward through their darkest moments. Highly trained call counselors at over 160 crisis centers across the nation, help over 2 million Americans and their families each year cope with the challenges of mental health and suicidal crisis. Extensive, independent research has proven the effectiveness of crisis intervention by the highly trained counselors of the Lifeline crisis centers nationwide.

Three-digit access is a natural next step given the growth and proven effectiveness of the National Suicide Prevention Lifeline.

Three-digit access will:

- Deliver timely and effective suicide prevention services to millions of Americans
- Make it easier to connect people in suicidal distress with help
- Meet the *dramatically* growing need for suicide prevention

But, funding will be critical to the success of a National Suicide Prevention Crisis Hotline system.

A vital next step is to adequately fund the National Suicide Prevention Lifeline. Over the past several years, the Veteran's Administration has provided the resources necessary to support callers who press 1 after calling the National Suicide Prevention Lifeline. These 700,000 calls are routed to more than 1,000 VA staff across three national call centers on the Veteran's Crisis Line (VCL), with annual support of \$90 million. This funding assures a timely and consistent service akin to 9-1-1.

However, apart from some administrative overhead for Vibrant Emotional Health to coordinate the National Suicide Prevention Lifeline and funding for telephony services, which include a 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 who manage calls to the National Suicide Prevention Lifeline.** This means that local, county and state crisis lines must leverage unused capacity and/or volunteer sup-

port. The heroic efforts of these centers have made the difference in the lives of millions of people, but this is an unsustainable model.

Finally, the Commission has received comments suggesting that 211 Info be used for 3-digit access for suicide and mental health crises. I strongly disagree with this suggestion and have great concerns as to the burden it would impose on that network, and the delay and loss of life that could occur as a result– rather than expediting access as Congress intends.

211 Info provides a vital service – connection to rent assistance, energy assistance, maternal health services, and information regarding pesticides, radon remediation services – a vast array of social services. But 211 Info's mission and expertise do not include mental health services – **and the reality is that crisis calls to 211 generally result in referral to the local National Suicide Prevention Lifeline's crisis center.** Using 211 as a crisis portal would thus *add a layer* – of time and delay – to people in crisis who need help *now*. In short, we have great respect and appreciation for the work 211 Info does, but the reality is that suicide crisis intervention requires a very different expertise, and our nation's suicide crisis warrants a service devoted exclusively to meeting these needs – not a service added to the long list of non-mental health related social services currently managed by 211 Info.

As a survivor of suicide loss I 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.

Respectfully yours,

Diana Pescar