December 10, 2018

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

ATTENTION: WC Docket 18-336 No. 18-336, CC Docket No. 92-105

Implementation of the National Suicide Hotline Improvement Act of 2018

Dear Commissioners:

The Trevor Project submits these comments on the **Implementation of the National Suicide Hotline Improvement Act** (P.L. 115-233)**,** currently under review by the Federal Communications Commission (FCC). We appreciate the opportunity to provide comment as the FCC issues its formal recommendations on implementing an N11 code and other improvements for the National Suicide Prevention Lifeline ("NSPL" or "Lifeline"). The introduction of an N11 number would likely contribute to a significant increase in volume. To enable the Lifeline to meet this need and better serve the concerns of high-risk populations, organizations like The Trevor Project can train counselors in our area of expertise or receive calls diverted from the NSPL, similar to how the NSPL diverts calls from veterans today to specialized services.

The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) young people. We work to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs on platforms where young people spend their time: our 24/7 phone lifeline, chat, text, and soon-to-come integrations with social media platforms. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative education, research, and advocacy programs.

On behalf of The Trevor Project, we urge the FCC to recommend the provision of specialized services for LGBTQ suicide prevention by diverting calls to counselors who are supplementally trained to address the particular needs of LGBTQ people, such as The Trevor Project's counselors. We are greatly encouraged by Congress's passage of the National Suicide Hotline Improvement Act (P.L. 115-233), and are grateful for FCC's efforts in helping to save lives across the country.

The National Suicide Hotline Improvement Act tasks the FCC with studying the feasibility of establishing an N11 code for the NSPL, which we believe will help increase access to this life-saving resource. In addition, FCC can offer recommendations for improving the Lifeline generally, which can include "improved infrastructure and operations"

(3(a)(2)(B)(ii)(II)), as well as provide input on how a N11 dialing code could affect suicide prevention. 3(a)(2)(B)(i).

When compiling its final recommendations, The Trevor Project urges FCC to emphasize the need for specialized suicide prevention services for LGBTQ youth. As Senator Orrin Hatch (R-UT), the Act's original sponsor, offered in a floor statement:

The prevalence of suicide, especially among LGBT teens, is a serious problem that requires national attention. No one should feel less because their gender identity or because their orientation. They deserve our unwavering love and support. They deserve our validation and the assurance that not only is there a place for them in this society but that it is far better off because of them. These young people need us, and we desperately need them.

Despite growing awareness surrounding suicide, the Center for Disease Control reported last year that the national suicide rate rose 24% between 1999 and 2016. The LGBTQ community is disproportionately impacted, as lesbian, gay, and bisexual youth seriously contemplate suicide at almost three times the rate of heterosexual youth, while 37% of transgender adults reported making a suicide attempt prior to the age of 25.

As described below, The Trevor Project's crisis services programs utilize best-in-class technology to provide 24/7, accredited, and clinically-tested support for LGBTQ youth in crisis.

Clinical effectiveness

In recent years, Trevor has invested significantly in assessing the clinical effectiveness of our crisis services and implementing further improvements to ensure that we are on the leading edge of available technology and best practices. In the course of a multi-year evaluation, third-party researchers found that over 90% of youth in crisis who reach out to Trevor are successfully de-escalated (meaning that they are moved out of a state of crisis), and that de-escalation is sustained over two weeks. Since that evaluation, we have continued to focus on improvements, including through analytics and training (described below). We have also expanded our capacities by bringing additional expertise onto the team. Trevor's interim clinician, Katie Douglass, is a leading LGBTQ clinician with experience at GMHC and Callen-Lorde. We also recently hired Trevor's first full-time on-staff PhD as Director of Research, Dr. Amy Green. In early 2019, Trevor will also be adding a Medical Director to the team, the first full-time licensed psychiatrist on staff.

Of note, Trevor's crisis services are fully accredited through the American Association of Suicidology, which has significant expectations for quality control in a crisis services setting.

Technology

Trevor's crisis services programs (Lifeline, chat, and text) are built on Salesforce Service Cloud, the leading technology solution for call center operations. Not only does Trevor's system use this leading technology, but it also includes innovative components such as the custom-designed supervisor dashboard that allows Trevor to provide both a more cost-efficient and higher quality service by allowing Trevor's professional staff to more effectively oversee chat and text counseling sessions, providing additional perspectives and resources as needed. In recognition of the leading role of Trevor's services, Salesforce selected Trevor to be one of the two nonprofits to present on its "Clients, Call Centers, and Care," where Sam Dorison (Trevor's Chief of Staff) and John Callery (Trevor's Director of Technology) discussed the overall scope of Trevor's work and how technology is crucial to pursuing the mission of saving lives.

The Trevor Project also leverages other state of the art technologies to improve security, efficiency and enable a culture of continuous learning among staff and volunteers. For example, among other types of technology, three used by Trevor are described below.

- At the center of Trevor's secure and scalable infrastructure is single sign on (SSO) technology that automatically manages user access across all software used by staff and volunteers. For both our full team as well as our crisis services counselors, Trevor uses a leading communication and collaboration hub for all staff and volunteers. Volunteer counselors can chat with a supervisor during a shift and receive peer support after working on a challenging call.
- Trevor uses an online learning management system (LMS) to provide on-demand training for staff, volunteer counselors, and trainees. It allows Trevor to quickly roll out timely training refreshers to our extensive network of volunteer counselors.

Trevor's technology architecture incorporates leading data security technology and practices, which is crucial for a visible organization supporting a vulnerable population at-scale.

Training

Trevor's crisis services are staffed by counselors who have received over 40 hours of training including lessons, role-plays, and monitored conversations with extensive feedback. This training includes some modules generally applicable to all health hotlines

(e.g., identifying suspected abuse) as well as modules tailored to Trevor and the LGBTQ youth served (e.g., exploring one's gender identity"). Trevor also provides regular in-service training to active volunteers to ensure that they continue to improve as counselors and can address the evolving needs of the youth reaching out.

Analytics and operations

Trevor's analytics are overseen by our Chief of Staff and our Director of Research. The goals of Trevor's analytics is to ensure that we provide a high quality of service to all youth that reach out. Some of the questions that we're always asking regarding our data:

- What is our current and projected volume, and what counselor staffing is required to have a high service level given those projections?
    - We use several analyses (e.g., Erlang-C models) to build our counselor staffing schedule, which determines target number of counselors based on service level goals (e.g., % of calls answered within a certain timeframe) based on the characteristics of Trevor's volume (e.g., average conversation length across each platform).
- What topics are counselors confident discussing, and which ones provide opportunities for further training based on counselor feedback and trends in the data?
    - For example, one identified trend is that youth are coming to Trevor to discuss gender identity at earlier ages than previously, so we can prepare counselors to better support youth on this topic.
- Even as we seek to provide a consistent high level of service to all youth who reach out, how can we prioritize the highest risk youth?
    - We already use a prioritization system on our digital crisis services (chat and text) to most quickly support youth who are at higher risk. This is part of a broader framework where youth contacts can be routed and prioritized based on a wide set of criteria, including how they came into the Trevor network (e.g., via webchat compared with text).

Building for the future

Trevor wants to be the place that all LGBTQ youth turn when they are in crisis, wherever, however, and whenever. In order to do so, we expanded from our historic focus on Lifeline to TrevorChat, a web-based interface on Trevor's website, and then TrevorText, a text based version of Chat that also includes an easy-to-remember shortcode (678678). We have already announced further expansion into Facebook Messenger, and have built the infrastructure for further digital platform expansion.

On Lifeline, we have already deployed the ability to work with a backup call center to ensure that even volume spikes (beyond what is projected in our models) are handled at a high service level. There is further capacity to receive calls on our system coming from other origins, including transfer from other services, such as the NSPL.

As the NSPL would see its call volume increase rapidly with the introduction of an N11 number, we recommend the NSPL transfer appropriate calls to The Trevor Project either via immediate transfer from a menu of options or via warm transfer after speaking to an NSPL counselor. Alternatively, The Trevor Project could be contracted to train NSPL counselors so that LGBTQ individuals can receive the specialized care that's needed in times of crisis. Currently, NSPL is able to divert veteran populations to receive more specialized care, and we believe it is critically important to do the same for LGBTQ youth. Should the FCC assign NSPL to an in-use N11 number, we urge FCC and SAMHSA to also adopt measures to ensure that wait times are very minimal. This could be accomplished by diverting calls to specialized services organizations at the outset.

The National Suicide Hotline Improvement Act creates an important opportunity to significantly reduce the suicide rate in the United States, and we thank the FCC for their commitment to address this important issue. We welcome the opportunity to continue a dialogue on how The Trevor Project's skills, experience, resources, and expertise can be of service, and stand ready to assist or answer any questions the Commission may have as it seeks to strengthen our nation's suicide prevention services.

Sincerely,

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