

**Before the
Federal Communications Commission
Washington, D.C. 20554**

In the Matter of)	
)	
Implementation of the National Suicide Hotline)	WC Docket No. 18-336
Improvement Act of 2018)	
)	
The Use of N11 Codes and Other Abbreviated)	CC Docket No. 92-105
Dialing Arrangements)	

**Comments of the
National Association of State 911 Administrators**

The National Association of State 911 Administrators (NASNA)¹ is pleased to offer comments on the 8 November 2018 Public Notice concerning the implementation of the National Suicide Hotline Improvement Act of 2018 (The Act).²

The Act directs the Commission to (1) conduct a study that examines the feasibility of designating a three-digit dialing code to be used for a national suicide prevention and mental health crisis hotline system, and (2) analyze how well the current National Suicide Prevention Lifeline is working to address the needs of veterans.

NASNA is not in a position to speak to the feasibility of designating a new three-digit dialing code for this purpose, nor to how well the current National Suicide Hotline is working to address the needs of specific segments of the population.

We are, however, in a position to state that people who are contemplating suicide or are in the midst of committing suicide frequently call 911. Trained 911 telecommunicators are well-equipped to help such individuals. Furthermore, 911 telecommunicators are able to get the appropriate help to the suicidal caller, because (1) the call got to the right 911 communications center, (2) the call came in with location and call-back information, and (2) the 911 telecommunicator can immediately engage the appropriate responders, if that is necessary and appropriate.

NASNA acknowledges the value of the NENA Suicide Prevention Standard in promoting collaboration between 911 centers and suicide prevention hotlines. The standard encourages PSAPs and suicide

¹ NASNA represents state 911 programs in the field of emergency communications. NASNA provides state 911 leaders' unique expertise to national trade associations, public policymakers, the private sector, and emergency communications professionals at all levels of government as they address complex issues surrounding the evolution of emergency communications.

² Individual members may provide separate comments to the Commission that agree with, amplify, differ from, or are in addition to the comments offered by NASNA on this matter.

prevention services and hotlines to “collaborate with local health and mental health authorities in communicating to local practitioners, agencies and the public at large as to when it is most appropriate to call 911 or the local Lifeline center, to ensure the most efficient, effective care for individuals in emotional distress and/or suicidal crisis.”³ This clearly implies that *there are times when it would be more appropriate for a suicidal person to call 911* than the suicide hotline or local Lifeline center.

It is NASNA’s position that someone who is actively committing suicide should call 911. There are several important reasons for this; we highlight two of them. First, if the NENA recommended collaboration between the suicide hotline and the 911 communications center has not occurred, the suicide counsellor may not know how to get a caller in imminent danger of ending his/her life to the right 911 center or have the means to do that quickly and seamlessly. Second, the suicide counsellor may not have been able to obtain the suicidal person’s call-back number or location. The location information, call-back number, and correct emergency responders for the caller’s location that is available to 911 is not available to suicide intervention hotlines or Lifeline. 911’s capacity to quickly identify and initiate emergency responders can make a lifesaving difference during an active suicide event.

There is an important role for suicide hotlines. The NENA standard makes this point

In communities where there is an option to do so, and the caller’s mental health concern *does not* [emphasis ours] constitute a medical emergency, every effort should be made to promote access to crisis response services other than (or in addition to) the PSAP service to enable the most appropriate, necessary and least invasive alternative to care for the individual in crisis.⁴

The institution of a three-digit dialing code for the national suicide hotline has the real potential to cause confusion as to what number a person should call, because suicidal persons may not be able to make that judgment. A three-digit dialing code for suicides would not have the routing, automatic location and call-back capabilities that 911 has, which would likely delay an emergency response if that were necessary.

We thank the Commission for considering our comments and ask that it will weigh the potential for confusion and delayed response in its response to Congress’ directive.

10 December 2018

Respectfully submitted,



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³ NENA Suicide Prevention Standard NENA-STA-001 June 15, 2013, page 10 of 16

⁴ Ibid, page 10 of 16

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