

December 21, 2020

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

RE: Petition for Reconsideration  
WC-Docket No. 18-336

Dear Secretary Dortch,

The American Association of Suicidology (AAS) is the largest and oldest membership-based suicide prevention organization in the US. AAS is the premier accrediter for suicide prevention and crisis intervention services internationally, including many of those in the National Suicide Prevention Lifeline Network, TREVOR, The Veterans Crisis Line and more. Crisis services providers (crisis call centers, mobile outreach teams, and crisis residential settings) operate most effectively when they are provided with appropriate tools, funding, and resources to help those in need of mental health or suicide prevention support. As we approach what the implementation of 988 will look like at individual crisis centers, AAS supports responsible usage of life-saving technologies such as geolocation. We will continue to require AAS accredited centers to have appropriate policies and procedures in place for active rescue and intervention (use of police, authorities, or healthcare services during a crisis). This is especially important during the use of involuntary interventions, or the interventions not collaboratively agreed upon by the crisis counselor and the person in crisis. These scenarios can potentially increase the risk to the person reaching out for help for a number of reasons. Therefore, appropriate scrutiny and assessment of these procedures is absolutely necessary. Namely, crisis services should not act as a replication or “middle-man” approach to emergency services and 911.

We believe there should be several aspects taken into serious consideration during the implementation of life-saving technologies, namely the ones that could potentially touch on privacy or ethical concerns.

1. Universal training must be improved and standardized by the National Suicide Prevention Lifeline.
  - a. Imminent risk is the definition counselors or providers use to determine the severity of suicide risk an individual is currently in. This assessment is often a component in determining whether an active rescue is necessary.
  - b. Standardized training should be developed and mandated across those crisis centers answering 988 calls. Unfortunately, the policies and training made available to many crisis services providers currently regarding active rescue and imminent risk are insufficient and rely on subjective, emotional, and sometimes reactionary responses. There may easily be instances where an active rescue response may put the contact in further danger. Additionally, the use of involuntary interventions paired with technologies like geolocation could prevent people in crisis from initiating contact if they are worried about their privacy or safety. Creating a consistent experience, regardless of which crisis services provider in the network is reached, could mediate this potential concern. Standardized training creating baseline levels of skill, with significant scaffolding for community focused and responsive skills training, is critical for the success of these services.
  - c. Furthermore, we believe that training should be individualized and catered to several categories of crisis centers - Urban, suburban, rural, and hyper-rural. This allows those in crisis to receive the most appropriate care to their settings, culture, and available services in a consistent and responsible manner.
2. Collection and maintenance of data on active rescues, including outcomes resulting in collaborative and involuntary intervention should be integrated into all crisis centers responsible for answering 988. This data should be evaluated and analyzed on a quarterly or yearly basis to determine the efficacy of such policies and, if need be, the revision of such policies and protocols to ensure the safety of 988 contacts. This should be a community-driven program evaluation and transparently communicated with pathways to change and accountability.
3. Several changes to operations of 988 crisis centers should be implemented, namely the provision of alternative solutions outside of traditional options:
  - a. Options for peer support as a unique, alternative service to traditional active rescue should be provided to 988 contacts.
  - b. Options for mobile response, respite, and short term crisis residency, including peer-run, clinical, and combined approaches should also be provided.
  - c. Clear messaging to the community setting expectations for what crisis services are, differentiating them from emergency/911 will be necessary to ensure contacts receive the most appropriate level of life-saving care.

4. Crisis centers outside of the National Suicide Prevention Lifeline network need to be involved in service provision. One hundred seventy crisis centers comprise the NSPL, however there are more than 700 crisis services providers in the US. Leaving service locations without access to this critical resource increases the likelihood that people in crisis will not receive the help they need.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Creighton". The signature is written in black ink and includes a long horizontal flourish extending to the right.

Colleen Creighton

CEO

American Association of Suicidology