Substance Abuse and Mental Health Services Administration
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SEP 8 2015

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 Twelfth Street, S.W.
Washington, DC 20554

Dear Ms. Dortch:

Re: Common Carrier Bureau - Proceeding No. 92-105
In the Matter of the *Petition of Care2, Inc. for the Use of an N11 code or other Abbreviated Dialing Code for Nationwide Suicide Prevention*

The U.S. Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) submits these comments as part of the record of the above-referenced docket.

I. Petition to Assign an Abbreviated Dialing Code for National Suicide Prevention

Care2, Inc. (Care2) has submitted a petition to the Federal Communications Commission ("FCC") requesting the assignment of a three-digit dialing code for national suicide prevention and crisis counseling hotlines.[1] The petition refers to the importance of crisis counseling services and recommends "simplifying the suicide hotlines and providing faster help during crisis moments to suicidal veterans, teens and other people."[2] The petition requests specifically that the FCC assign a new or existing three-digit number for suicide prevention, and maintains that the public would remember an abbreviated dialing code more easily than a ten-digit dialing code during a crisis.

SAMHSA appreciates the opportunity to comment on this proposal, and supports efforts to raise public awareness of suicide prevention and crisis counseling services.

II. SAMHSA and the National Suicide Prevention Lifeline

SAMHSA is the agency within HHS that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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[1] See FCC Request for Comment, April 9, 2015, CC Docket No. 92-105 ("Request for Comment") under FCC Rule 47 U.S.C. § 52.13 "North American Numbering Plan Administrator" for Petition filed by Care2, Inc., on February 24, 2015.

[2] See Petition of Care2, Inc., filed with the FCC on February 24, 2015, page 2.

Suicide is a serious public health problem that causes immeasurable pain, suffering, and loss to individuals, families, and communities nationwide. To address the need for crisis counseling services, SAMHSA supports toll-free suicide prevention hotlines through the National Suicide Prevention Lifeline ("Lifeline") network.[3] The National Suicide Prevention Lifeline is a system of toll-free telephone numbers that routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social service resources. The Lifeline numbers are all accessible using a ten-digit toll-free dialing code. The Lifeline is a complex and highly specialized service offering recognizable telephone numbers, routing services, and dedicated staff to ensure access, connectivity, timeliness, readiness for the public, as well as the ability to adequately address the needs of the crisis centers who answer the thousands of calls placed to the network on a daily basis.

SAMHSA values the efforts of the petitioners to promote access to vital suicide prevention hotline services, and appreciates the thorough deliberations of the FCC on this important request regarding access to crisis counseling services. As the FCC considers this request, SAMHSA offers the following comments for consideration:

Call Volume and Public Usage of the National Suicide Prevention Lifeline

Using a network of ten-digit toll-free dialing codes, the National Suicide Prevention Lifeline is heavily utilized. During calendar year 2014, more than 1.3 million calls were answered through the National Suicide Prevention Lifeline network. The number of people calling the Lifeline has continued to increase every year since its launch in 2005. SAMHSA-funded evaluation studies have yielded an estimate that 25% of the callers to the Lifeline are actively contemplating suicide at the time of the call. Thus, approximately 325,000 individuals who were in suicidal crisis called the National Suicide Prevention Lifeline, indicating that the number is available and accessible to individuals in times of crisis.

SAMHSA continues to support 1-800-SUICIDE and other toll-free suicide prevention numbers as part of the Lifeline network. In calendar year 2014, 150,000 calls were answered through 1-800-SUICIDE, and monthly call volume in 2015 has ranged between 11,000 and 14,000. SAMHSA has relied, in part, on stakeholders and other federal and state partners to promote awareness of the National Suicide Prevention Lifeline, and to promote the numbers they use, including both 800-273-TALK and 1-800-SUICIDE. A third three-digit number would also likely be listed as an option on many of these websites, at the partners' discretion.

National Suicide Prevention Lifeline Chat Service

In order to continue to improve access, SAMHSA has expanded the Lifeline's chat service to remain available 24 hours a day, seven days a week. To access this service,

[3] SAMHSA supports the Lifeline through a grant entitled "Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines and Disaster Distress Helpline." The most recent grant was awarded in 2015 to Link2Health Solutions, Inc., a subsidiary of the Mental Health Association of New York. See http://www.samhsa.gov/Grants/2007/sm_07_009.aspx.

there is no need to recall any number, but rather the service can be accessed through a portal on the National Suicide Prevention Lifeline's website at: www.suicidepreventionlifeline.org. Currently, approximately 6,500 crisis chats are taking place each month through this new service.

Use of the Number 800-273-TALK as a Veterans Crisis Line and Military Crisis Line
In addition to support by SAMHSA/HHS for 800-273-TALK (8255), the toll-free number 800-273-TALK has been adopted as the National Suicide Prevention hotline number by the Department of Veterans Affairs (Veterans Crisis Line) and the Department of Defense (Military Crisis Line).

Coordination of the Lifeline with 911 and 211 Systems
SAMHSA and the Lifeline have worked to coordinate efforts with 911 through the National Emergency Number Association (NENA), a not-for-profit corporation that works to establish industry leading standards, training, and certifications for 911 services nationwide (see www.nena.org).

The Lifeline worked with NENA on the development of a formal Suicide Prevention Standard, which was approved in 2013 as a Standard Operating Procedure (SOP) for 911 call centers nationwide. The NENA Suicide Prevention SOP is the first of its kind and serves to establish collaborative relationships between 911 and Lifeline call centers, educate on the most appropriate use of either 911 or the local crisis center, promote continuity of care through confirmation of contact, and provide training recommendations to ensure the most efficient, effective care for individuals in emotional distress and/or suicidal crisis. The Lifeline has maintained a close working relationship with NENA and plans to focus over the next three years on extensive education and outreach to both NENA membership and the Lifeline network regarding the benefits of enhanced NENA/Lifeline collaborations.

In addition to the above, the Lifeline has worked closely with national 211 centers to promote membership in the Lifeline network. The Lifeline currently contains 42 centers that have dedicated 211 lines. Recognizing that all 211 call centers inevitably receive crisis callers, and many are trained in suicide prevention, the Lifeline network development plan includes targeted recruitment of 211 centers. The Lifeline plans, over the next three years, to work closely with 211 United Way Worldwide to expand and enhance these efforts, thereby increasing the number of national centers capable of assessing and responding to suicidal callers and strengthening local and national readiness among social service agencies to help persons in suicidal crisis.

III. SAMHSA's Recommendation

If a three-digit suicide prevention number were to be established by the FCC, it would be essential that this number is routed to an established telecommunications network, such as the National Suicide Prevention Lifeline, that has experience responding rapidly to large numbers of suicidal callers in order to best protect public safety. Such a network would need to have the expertise, experience, partnerships, and financial resources outlined above in order to effectively address suicide crises and ensure continuity of the nation's suicide prevention efforts.

Please let us know if the FCC has any questions or requires additional information. SAMHSA stands ready to work with the FCC and with the petitioners in this matter.

Sincerely,

Kana Enomoto
Acting Administrator