



DEPARTMENT OF HEALTH & HUMAN SERVICES

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April 22, 2009

The Honorable Michael J. Copps
Acting Chairman
Federal Communications Commission
445 Twelfth Street, S.W.
Washington, DC 20554

Dear Chairman Copps:

Re: In the Matter of *The United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration Petition for Permanent Reassignment of Three Toll Free Suicide Prevention Hotline Numbers*, in *Toll Free Service Access Codes*, CC Docket No. 95-155, CC Docket No. 07-271

This letter is filed on behalf of the United States Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), to respond to the letter filed on February 25, 2009 by the Kristin Brooks Hope Center (KBHC),^{1/} and to reiterate the request for permanent reassignment to SAMHSA of the suicide prevention hotlines^{2/} that were temporarily assigned to SAMHSA on January 22, 2007.^{3/}

As established in the records of this proceeding, HHS initiated a request to the Federal Communications Commission (FCC) in 2006 to reassign three toll-free numbers used as suicide prevention hotlines to SAMHSA in order to avert a public health emergency. As documented, the previous subscriber of record for these toll-free numbers (KBHC) had encountered severe financial trouble and accumulated debts to telephone providers in excess of \$600,000.

¹ See, *KBHC's Application for Review of the Transfer of Three Toll Free Suicide Prevention Hotline Numbers*, WCB Docket No. 07-271, CC Docket No. 95-155, Letter from Danny E. Adams, dated February 25, 2009.

² The toll-free numbers 1-800-SUICIDE (1-800-784-2433), 1-888-SUICIDE (1-888-784-2433), and 1-877-SUICIDA (1-877-784-2432) are referred to collectively as "the suicide prevention hotlines."

³ See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Order DA 07-130, January 22, 2007, reassigning three toll-free numbers (1-800-784-2433, 1-888-784-2433, 1-877-2432) to SAMHSA for a period of one year.

According to KBHC^{4/} and as confirmed in filings by Patriot Communications and AT&T, these debts accrued from 2005 - 2006.^{5/}

As a result of the unpaid debt owed to Patriot Communications, a telephone service provider, as of August 2006 all of the toll-free numbers operated by KBHC were threatened with immediate disconnection.^{6/} At that time, SAMHSA assumed operational and financial control of the suicide prevention hotlines in order to ensure continued operation and ongoing public access to these critical resources.

In January 2007, the FCC ordered that three toll-free numbers be reassigned to SAMHSA on a temporary basis. The order noted that the utility and effectiveness of the action would be reviewed. The temporary order has been extended on several occasions, and currently expires on May 14, 2009.^{7/}

SAMHSA Suicide Prevention Activities and the National Suicide Prevention Lifeline

According to data compiled by the United States Centers for Disease Control and Prevention (CDC) in 2005, suicide was the eleventh leading cause of death for all Americans.^{8/} On an annual basis, suicides account for more than 32,000 deaths annually, or approximately 89 suicides per day.^{9/} Other research has shown that there is one suicide for every 25 attempted

⁴ See, *KBHC's Application for Review of the Transfer of Three Toll Free Suicide Prevention Hotline Numbers*, WCB Docket No. 07-271, CC Docket No. 95-155, Letter from Danny E. Adams, dated February 25, 2009.

⁵ See, *Toll Free Service Access Codes*, CC Docket No. 95-155, Ex Parte Communication, Letter filed by AT&T on December 29, 2006 with the FCC, confirming the existence of "non-payment issues." See also, *Toll Free Service Access Codes*, CC Docket No. 95-155, Opposition filed on January 3, 2007 by counsel for Patriot Communications, Inc., enumerating unpaid invoices owed to Patriot Communications by KBHC for telecommunications services from the period April 2006 through August 2006.

⁶ See, November 28, 2006 letter from Lee E. Hejmanowski, Esq. on behalf of Patriot Communications LLC, to SAMHSA.

⁷ See, *Toll Free Service Access Codes*, CC Docket No. 95-155: Order DA 07-5003, December 20, 2007; Order DA 08-915, April 18, 2008; Order DA 08-1678, July 17, 2008; Order DA 08-2517, November 14, 2008.

⁸ Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS)[Online]. (2005). National Center for Injury Prevention and Control, CDC. Available at URL: www.cdc.gov/ncipc/wisqars/defaults.htm.

⁹ CDC WISQARS data (2005), supra.

suicides.^{10/} Furthermore, in 2005, emergency departments treated 372,722 people for self-inflicted injuries.^{11/}

In 2001, SAMHSA responded to the challenge of preventing suicides by creating a new grant program (cooperative agreement^{12/}) to “Certify, Network, and Evaluate Crisis Programs that Offer Hotline Services.”^{13/} In 2005, SAMHSA expanded its portfolio of grant programs to offer new grants in the areas of campus suicide prevention and State and Tribal suicide prevention. It also published a new request for applications to certify and network crisis hotline services and offered expanded funding for the national Suicide Prevention Resource Center. For each of these initiatives, SAMHSA provided an opportunity to the public to review program announcements describing funding opportunities, to submit grant applications, and to compete with other organizations to receive annual funding to accomplish the goals of these national programs. SAMHSA’s role as a funding agency and as a public health agency is established in the Public Health Service Act, as amended.^{14/}

In 2005, SAMHSA created a new grant program that established the National Suicide Prevention Lifeline (“Lifeline”). The Lifeline is a network that links more than 130 independent

¹⁰ Goldsmith, SK, Pellman TC, Kleinman AM, Bunney WE, editors. *Reducing Suicide: a National Imperative*. Washington (DC): National Academy Press; 2002.

¹¹ McCaig LF, Nawar EN. *National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary*. Advance Data from Vital and Health Statistics. Hyattsville (Md) : National Center for Health Statistics; 2006. Report No. 372.

¹² A “cooperative agreement” is a type of grant or federal assistance. The Federal Grant and Cooperative Agreement Act of 1977, 31 U.S.C. 6301 et seq., defines a cooperative agreement as an alternative assistance instrument to be used in lieu of a grant whenever substantial Federal involvement with the recipient during performance is anticipated. According to the HHS Grants Policy Statement (2007) “the difference between grants and cooperative agreements is the degree of Federal programmatic involvement rather than the type of administrative requirements imposed. Therefore, statutes, regulations, policies, and the information contained in this policy statement that are applicable to grants also apply to cooperative agreements, unless the award itself provides otherwise.” *See, HHS Grants Policy Statement (2007)*, page ii.

¹³ According to SAMHSA funding announcement (No. SM 01-010), the program was designed to: 1) increase the number of crisis programs offering hotline services that are certified in suicide prevention in the United States; 2) increase the number of crisis centers/hotlines certified in suicide prevention that are networked through a single, toll-free, nationwide number, utilizing telecommunications technology that links callers to their geographically nearest crisis center and 3) to coordinate, collect, and analyze data from crisis centers/hotlines in order to evaluate their effectiveness. The grant was awarded to the American Association of Suicidology. A subrecipient of funds for this grant was KBHC, which operated 1-800-SUICIDE.

¹⁴ 42 U.S.C. §201, et seq.

crisis call centers nationwide using a series of toll-free numbers. When callers dial these toll-free numbers at any time from anywhere in the United States, they are routed to the nearest networked center, where helpers are trained to provide emotional support, assessment, crisis intervention and/or linkages to necessary community resources.

The mission of the Lifeline is to prevent suicide by reaching and effectively serving all persons at suicidal risk in the United States through a network of crisis hotlines. The Lifeline is currently operated by SAMHSA and the Mental Health Association of New York under a cooperative agreement awarded in 2007.^{15/} Since SAMHSA has operated the three toll-free suicide prevention hotlines temporarily reassigned by the FCC to SAMHSA, these hotlines have been integrated into the Lifeline network.

The Lifeline system uses advanced telephone technology to link crisis centers through a network of toll-free suicide prevention lines. The network automatically routes calls from anywhere in the United States to the crisis center that is in the closest proximity to the caller and has a demonstrated surge capacity. To operate and maintain the Lifeline system, the SAMHSA grantee monitors and modifies the telephonic routing system, generates reports for quality control (including daily connectivity reports to identify problems); and ensures that the routing system and crisis centers' equipment are operating correctly and that calls are being handled appropriately.

The task of monitoring and modifying the telephonic routing system is particularly demanding, requiring continuous monitoring of changes in area codes and prefixes made by the North American Numbering Plan Administrator (NANPA). When such changes occur, the grantee must determine which crisis centers will be affected and adjust the routing system accordingly. For example, according to SAMHSA's Center for Mental Health Services, during a single 3-month period between July 2008 and September 2008, NANPA made several hundred changes to the numbering system, including adding a new area code for Orange County, California. In response to the change in Orange County, the Lifeline identified the appropriate center to receive calls from this area, alerted the center to this new area code, and verified that it was willing to provide coverage for the area. Lifeline then modified its routing system so that the center would receive calls from this new area code.

As summarized above, the services required to maintain a national network of suicide prevention hotlines are complex and extensive, and extend well beyond payment of telephone service charges.

¹⁵ SAMHSA Grant Award Number 2 SM056176-06 was awarded to Link2Health Solutions, Inc. in 2007 by SAMHSA's Center for Mental Health Services. This Grant Award was published by SAMHSA as "Request for Applications No. SM-07-009, Cooperative Agreement for Networking, Certifying, and Training Suicide Prevention Hotlines" on March 16, 2007 at URL: Grants.gov. The length of the project period and the budget period is up to five years.

KBHC's Financial Stability and Ability to Maintain the Hotlines

With respect to the specific claims raised by KBHC in the February 25, 2009 letter, despite the characterization of the threat to the continued operation of the lines as "possible" during the period in which KBHC operated the number independently, the record of this docket is replete with references to the real threat of imminent disconnection of the lines for non-payment of debts to telephone service providers that occurred in 2006, and not merely a hypothetical threat. KBHC verified these debts in the February 25, 2009 letter, stating that KBHC owed approximately \$67,900 to Patriot Communications, and approximately \$650,000 to AT&T.^{16/}

KBHC's assertions of financial stability have been made before. And as before, KBHC fails to support its statements of financial stability. In addition to the lack of support for KBHC's claims of financial reserves, the amount of \$240,000 which KBHC asserts could support operation of the hotlines for a period of two years^{17/} would be inadequate even if it were proven to be available for the exclusive purpose of paying for telephone services.

KBHC operated the 1-800-SUICIDE number independently, and without federal support from March 2005 until August 2006. Thus, it appears that the debt of over \$700,000 accumulated over a seventeen month period. According to this calculation, when KBHC operated 1-800-SUICIDE and the other suicide prevention hotlines, the (unpaid) bill for telephone services totaled approximately \$40,000 monthly.^{18/} Significantly, the KBHC debts to the telephone service providers accrued during the period between 2005 and 2006 when KBHC previously said it intended to support itself independently, with private fundraising efforts.

As a result, SAMHSA reiterates that reassigning the suicide prevention hotlines to KBHC poses grave risks to the sustainability of the numbers due to KBHC's demonstrated inability to operate the numbers in a safe and stable manner that ensures public access.

¹⁶ See Letter from Danny E. Adams, February 25, 2009; See, also, CC Docket No. 95-155, Letter of December 29, 2006.

¹⁷ See, *KBHC's Application for Review of the Transfer of Three Toll Free Suicide Prevention Hotline Numbers*, WCB Docket No. 07-271, CC Docket No. 95-155, Letter from Danny E. Adams, dated February 25, 2009.

¹⁸ See *Declaration of Eric Broderick*, SAMHSA, June 25, 2008. In that declaration regarding the costs of maintaining telephone service to the hotlines, SAMHSA estimated that telephone services to support a call volume of more than 20,000 calls monthly costs an average of \$28,320 monthly (over \$330,000 annually).

Request for Permanent Reassignment of the Three Suicide Prevention Hotlines

SAMHSA has demonstrated a commitment to maintaining and expanding services to the three suicide prevention hotlines since it began operating them in August 2006. These actions have enhanced public safety and reflect SAMHSA's ongoing commitment to mental health and public health.

Since the FCC exercised its discretion to direct the allocation of toll-free numbers by temporarily reassigning the toll-free numbers to SAMHSA in January 2007, the number of callers in need has not abated, but rather has increased.^{19/} The services offered to crisis centers have increased and additional services to the public have been added. Among the specialized services offered to enhance public safety is a special service for veterans. As described in a previous filing by HHS^{20/} in July 2007, the Department of Veterans Affairs established a Veterans Suicide Prevention Hotline using the National Suicide Prevention Lifeline number (1-800-273-TALK) as the access point for the VA Suicide Prevention Crisis Center in Canandaigua, New York. This hotline connects veterans at risk for suicide to critical VA services across the country, including suicide prevention coordinators in every VA medical center nationwide. Since SAMHSA has operated the number 1-800-SUICIDE, callers to that toll-free number who identify themselves as veterans or their families are directly connected to the VA Call Center. According to figures compiled by SAMHSA, during the first two months of 2009, call volume to the VA Call Center reached more than 300 calls daily; approximately one quarter of these callers dialed 1-800-SUICIDE for assistance. Call volume on the VA Hotline continues to rise.

For these reasons, and for the reasons discussed in previous filings on this docket, HHS maintains that these toll-free numbers used as suicide prevention hotlines are a unique resource, to which public access and service must be maintained. This unique situation motivated the extraordinary request by HHS that the FCC reassign the toll-free numbers to SAMHSA, and for these reasons, HHS seeks permanent reassignment of the toll-free hotline numbers. The exceptional use of these toll-free numbers in a network of suicide prevention hotlines requires professional skills, technological ability, and speed to address the needs of individuals in crisis. The services provided by the network should not be imperiled. HHS reiterates its commitment to maintaining these numbers as part of the network of numbers operated as part of the National Suicide Prevention Lifeline. As part of the Lifeline, the numbers will be operated by a grantee, following public and open competition, in service of the public health needs of individuals in crisis, and will not be dependent on the financial condition of the grantee as they can be transferred to any subsequent grantee, should the need arise.

¹⁹ See, United States Department of Health and Human Service Substance Abuse and Mental Health Services Administration, Petition for Permanent Reassignment of Three Toll Free Service Hotline Numbers, *In Re: Toll Free Service Access Codes*, CC Docket No. 95-155, Order DA 07-130, (filed November 20, 2007).

²⁰ *Id.*

At this time, SAMHSA reiterates its request for permanent reassignment of the suicide prevention hotlines. The record of this docket is clear regarding the number of callers in crisis using the suicide prevention hotlines, and the importance of maintaining public access. In the interests of the public health, and in the interests of sustaining the ongoing operation of the suicide prevention hotlines as a stable, secure, public resource, we respectfully request that the FCC grant SAMHSA's request for permanent reassignment.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Hakimian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rina Hakimian
Senior Attorney

cc: Julie Veach
Randy Clarke
Ann Stevens
Heather Hendrickson
Michelle Sclater