

KELLEY DRYE & WARREN LLP

A LIMITED LIABILITY PARTNERSHIP

WASHINGTON HARBOUR, SUITE 400

3050 K STREET, NW

WASHINGTON, D.C. 20007-5108

FACSIMILE

(202) 342-8451

www.kelleydrye.com

NEW YORK, NY

CHICAGO, IL

STAMFORD, CT

PARSIPPANY, NJ

BRUSSELS, BELGIUM

AFFILIATE OFFICES

MUMBAI, INDIA

(202) 342-8400

DANNY E. ADAMS

DIRECT LINE: (202) 342-8889

EMAIL: dadams@kelleydrye.com

May 5, 2009

VIA ECFS

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

**Re: Application for Review of Kristin Brooks Hope Center,
CC Docket No. 07-271, CC Docket No. 95-155**

Dear Chairman Copps:

This letter is to correct the record in the above-captioned matter in response to several erroneous statements contained in the correspondence sent to you by the Substance Abuse and Mental Health Services Administration (SAMHSA) in a letter dated April 22, 2009. The matter involves the assignment of three toll-free numbers, including 800-SUICIDE, which were temporarily taken from the Kristin Brooks Hope Center ("KBHC") and given to SAMHSA by a ruling of the Wireline Competition Bureau on January 22, 2007.¹ The temporary reassignment is now scheduled to expire on May 14, 2009. The record in this proceeding clearly demonstrates that the emergency situation which motivated the Bureau to issue the temporary reassignment more than two years ago has long since passed and the numbers should be returned to KBHC so that it may continue to operate them as part of its widely acclaimed suicide prevention programs.

SAMHSA's April 22 letter seeks to persuade the Commission to make permanent the reassignment of KBHC's three toll-free numbers. To support its position, SAMHSA raised three basic contentions in its letter: (1) KBHC's finances are still inadequate; (2) the numbers have been integrated into other SAMHSA programs; and (3) the numbers are a "unique resource"

¹ *Toll Free Service Access Codes*, CC Docket No. 95-155, Order, 22 FCC Rcd 651 (2007) (app. for review pending) (assigning 800-SUICIDE, 888-SUICIDE, and 877-SUICIDA to SAMHSA).

Acting Chairman Michael J. Copps
May 5, 2009
Page Two

which only SAMHSA should control. Each of these claims is based on faulty reasoning or factual inaccuracies. This letter is submitted to correct the record.

First, KBHC's finances are clearly more than adequate to resume operating the lines, and the record in this proceeding so demonstrates. SAMHSA's primary argument here is that KBHC *used to* owe money to two carriers – Patriot Communications and AT&T. All of these disputes have been settled for more than a year now, and as such this contention is ancient history and irrelevant to the Commission's deliberations today. KBHC has provided specific information about the current state of its finances, its ongoing fundraising, and the costs associated with operating the numbers, all supported by an affidavit from its CEO and Founder, H. Reese Butler II. While this evidence is more than adequate, KBHC stands ready to provide any additional information the Commission believes is necessary.

SAMHSA also challenges the amounts which KBHC states are needed to operate the lines. It makes several claims in this regard. One of these is that because KBHC came to owe Patriot and AT&T a combined total of approximately \$720,000 over the course of 17 months, then the operational costs must be \$40,000 per month rather than \$9,500 as described by KBHC. This is completely erroneous, however, because approximately \$525,000 of the total in dispute was early termination fees, not actual costs of service. When those fees are removed from the calculation, the 17 month costs of operation actually calculate to slightly more than \$11,000 per month. Now, almost three years later, transport costs have continued to come down and KBHC has a committed contract from its provider for the \$9,500 monthly figure reflected in the record. SAMHSA has provided nothing that contradicts this showing.

SAMHSA also contends that the KBHC financial showing omits important additional amounts required to operate the numbers. SAMHSA does not quantify any such costs, but offers as an example the allegedly "complex and expensive" task of monitoring changes in area codes and prefixes for the call centers to which the 800-SUICIDE calls are routed. In fact, this is nothing more than a routine matter that regularly affects the routing of every toll-free number in the U.S., and carriers perform this function for their customers all the time. As such, KBHC and the carriers with which it has contracted are more than prepared to resume this function. Indeed, KBHC operated 800-SUICIDE and its 13 other numbers in this environment without incident for eight years before the temporary reassignment, and has continued to operate the 11 numbers which were not reassigned to the temporary custody of SAMHSA with equal facility. There are 140 call centers that receive calls to KBHC's 11 toll-free numbers, nearly all of them the same ones that receive calls to SAMHSA's numbers, and as such resuming responsibility for operating the three disputed suicide prevention hotlines will not overtax KBHC.² The system is further

² KBHC's experience indicates that manually verifying each of these 140 termination numbers would take approximately 6 man hours each month.

Acting Chairman Michael J. Copps
May 5, 2009
Page Three

made fail-safe by the fact that KBHC's system re-routes any inbound call to a non-working number (regardless of the reason the number is not working) to another call center that is operational. In this way, every call is answered and no call is ever dropped. Obviously, then, this task is something that KBHC has managed continuously for nearly 10 years with no problems or extraordinary expenses.

Similarly, SAMHSA contends that 800-SUICIDE has been "integrated into the Lifeline network." The implication is that this is a major undertaking that would cause substantial disruption to undo. In fact, SAMHSA has never advertised KBHC's numbers and the change in control can be simple and quick.³ KBHC operates 11 suicide prevention hotlines today, while SAMHSA funds 800-SUICIDE, 800-273-TALK and a few others. (SAMHSA does not actually operate anything, it merely provides funding to contractors whom SAMHSA pays to perform the services). Both KBHC and SAMHSA route inbound calls to a network of call centers staffed with crisis counselors. In fact, in the majority of cases the calls go to *the very same* crisis centers regardless of which number is dialed. Thus, when 800-SUICIDE is returned to KBHC, it will continue to route the calls to many of the very same centers that SAMHSA routes them to. And these are the same centers that today answer calls to KBHC's other 11 suicide prevention hotlines and calls to SAMHSA's other numbers. To make the change, the number must simply be ported to KBHC's carrier – very little else will change in the operational aspects of the system. SAMHSA will not experience any disruption of its other services nor will it suffer an intrusion onto its network.

Finally, SAMHSA argues that 800-SUICIDE is a "unique resource" for which public access must be maintained. It offers the example of its program to transfer callers who identify themselves as veterans to the Veterans Administration suicide prevention numbers. KBHC agrees that this is a valuable program; KBHC has its own veteran-oriented suicide prevention hotline, 877-VET2VET. KBHC is willing and eager to work with the VA to offer callers to 800-SUICIDE the option of being transferred to VA suicide prevention counselors just as SAMHSA describes. Nothing about SAMHSA's funding of the lines is critical to this function and KBHC can perform this same tasks without SAMHSA's participation or financing. In fact, to the extent that 800-SUICIDE is a "unique resource" today, it is entirely due to the skill, effort and funding put into it by KBHC since its creation in 1999.

In the end, the public interest demands that the numbers be returned to KBHC. This is not a case of a private entity using a critical number for private gain. Rather, it is a private charity which has created a highly successful and publicly beneficial suicide prevention program

³ Despite KBHC's desire to have the numbers returned as quickly as possible, if necessary KBHC is willing to enter into a transition agreement with SAMHSA in order to ensure a safe and methodical transfer of the numbers over a period of six months.

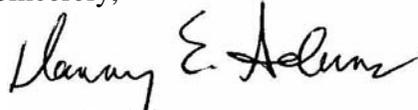
KELLEY DRYE & WARREN LLP

Acting Chairman Michael J. Copps
May 5, 2009
Page Four

which SAMHSA now seeks to expropriate for its own, casting aspersions on the good works of KBHC in the process. The 800-SUICIDE concept and network of crisis centers was conceived and created by KBHC over 10 years ago, by its founder Reese Butler, who used the proceeds of his wife's life insurance policy. At that time, no such national hotline existed, only a patchwork quilt of local numbers. KBHC built its programs into a nationally acclaimed suicide prevention organization that has taken over three million calls and saved countless lives. It has continued to do so using its 11 other numbers even while 800-SUICIDE has been temporarily assigned to SAMHSA. The numbers should be returned to their original and rightful operator so that it can continue its important mission. SAMHSA has shown no threat to the operation of the lines by their return to KBHC because none exists.

Based on the record in this proceeding, 800-SUICIDE and the other toll-free numbers that were temporarily reassigned to SAMHSA should be returned to KBHC promptly. The record will support no other outcome.

Sincerely,

A handwritten signature in black ink that reads "Danny E. Adams". The signature is written in a cursive style with a large, prominent "D" and "A".

Danny E. Adams

Counsel to Kristin Brooks Hope Center