BEFORE THE FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554

In the Matter of	
U.S. 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	**WC Docket No. 07-271**
Toll Free Service Access Codes	**CC Docket No. 95-155**

To: The Commission

REPLY COMMENTS OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

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The U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), through its attorneys, hereby submits these reply comments in the above-referenced docket. These comments are submitted pursuant to the Order and Request for Comment[1] issued by the Federal Communications Commission (FCC or the "Commission").

[1] See Order and Request for Comment, WC Docket Nos. 07-271 and 95-155. DA 11-80 (rel. Jan. 14, 2011).

These comments supplement the letter and attachments submitted by SAMHSA on February 28, 2011.[2]

I. SAMHSA'S REQUEST FOR PERMANENT REASSIGNMENT OF THE THREE TOLL-FREE SUICIDE PREVENTION HOTLINE NUMBERS IS BASED ON EXTRAORDINARY AND UNIQUE CIRCUMSTANCES JUSTIFYING FCC ACTION

Public Health and Safety and the Needs of Vulnerable Populations

In each previous filing in this matter, SAMHSA has emphasized the need to assure public access to a reliable and stable resource to serve callers in crisis. This need has not diminished, in fact, over time call volume to the network of suicide prevention hotlines operated by SAMHSA has increased. SAMHSA has presented data regarding the increases in call volume, and noted that such increases can also occur rapidly, such as during economic distress or natural disasters, as well as through personal crises suffered by individuals.

SAMHSA funds services to some of the nation's most vulnerable people, including callers in suicidal crisis. SAMHSA's mission as a public health agency is to promote mental health and related services, and its support for suicide prevention efforts has increased steadily through the years. In addition, since 2007, SAMHSA has augmented specialized services for veterans and their families in response to the high rate of suicides among our nation's veterans.

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[2] See Letter from the U.S. Department of Health and Human Services on behalf of SAMHSA to Marlene H. Dortch, Secretary, FCC, CC Docket No. 95-155, WC Docket No. 07-271, (filed February 28, 2011).

The Veterans' Suicide Prevention Hotline (Veterans' Hotline) was founded by the Department of Veterans Affairs (VA) in collaboration with HHS and is accessed through the National Suicide Prevention Lifeline. Now expanded to include active duty service members and their families, the Veterans Hotline enables callers to the Lifeline number (1-800-273-TALK) to press "1" and be routed to the VA crisis center within the Lifeline network.

SAMHSA maintains now and has always maintained that the services to these vulnerable individuals provided by the Suicide Prevention Lifeline Network and funded by SAMHSA should not be endangered by erratic functioning, service delays, or a lack of sufficient staffing. The needs of the network to respond in a timely manner to urgent calls cannot be overstated. Desperate callers in suicidal crisis should not hear busy signals or have their calls dropped, because they may not dial that number a second time. Several crisis centers have stated in the FCC record that dropped calls were not an infrequent occurrence when the Kristin Brooks Hope Center (KBHC) was the subscriber of record of the hotlines. When this happens to one caller, it can result in a tragedy. If it were to occur to 45 suicidal callers a day, it would be a needless and preventable public health crisis.[3]

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[3] As noted in SAMHSA's submission of February 28, 2011, a recent evaluation conducted by Columbia University that included calls to both 800-273-TALK and 800-SUICIDE showed that approximately 7.5% of callers to the National Suicide Prevention Lifeline are in the process of either making a suicide attempt, or engaging in behavior preparing to make a suicide attempt. Based on an average of 60,000 answered calls per month, an estimated 4,500 calls per month, or 150 a day, are from these "imminent risk" callers who are engaged in a suicide attempt or who have taken steps and have the means to complete a suicide attempt. With an average of 30% of Lifeline's total call volume coming from 1-800-SUICIDE, that means that 1,350 callers per month, or 45 per day, could be at imminent risk of suicide.

The Lifeline Network Provides Complex Technological Services to Enhance this Mental Health Resource

As described in SAMHSA's previous submission, since 2007, the three suicide prevention hotlines have been integrated into the Lifeline network. As noted, the Lifeline is much more than a phone number or a routing service. The enhanced services provided by the Lifeline ensure superior call connectivity as well as a means to address the specialized needs of multiple callers.

These services are complex and require the attention of trained staff (whose retention is secured by adequate funding) 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.

Sufficient resources are required to support the hotlines -- both financial and professional. In addition to the funding which SAMHSA provides to its grantee, it also provides ongoing support and evaluation to bolster network quality.

As stated previously, SAMHSA contends that the ability to establish and maintain a robust technological service, and an accurate routing system requires ongoing communication with the crisis centers that answer the calls. A service that only routes calls to the centers, but

does not determine collaboratively which areas they are able and willing to cover, and does not invest in creating and retaining professional relationships with the crisis centers will not be poised to identify problems or to address the needs of either the technological or the human needs of the system.

KBHC's Unreliable Service Record

The record of this docket has numerous concrete examples of unpaid costs incurred by KBHC, and examples of how these unpaid costs caused disruptions and threats to services.

In addition to these examples, SAMHSA recently became aware that KBHC may have failed to utilize another toll-free number as a suicide prevention hotline service, despite notice to the public on its website that the number (1-800-SUICIDA) is ostensibly a suicide prevention hotline service. On several occasions between January 2011 and March 2011, a SAMHSA staff member called the number 1-800-SUICIDA which is listed on the KBHC website as one of the numbers which it operates. On each occasion, a recorded message was heard, unrelated to suicide prevention, stating the number's availability for use in the caller's area, as described in the attached declaration.[4]

While KBHC has advertised its support for 1-800-SUICIDA and other toll-free hotline numbers to bolster its claim of financial security and ability to serve callers, the non-use of this number appears to refute its position regarding the ability to maintain suicide prevention hotline

[4] See attached Declaration by Eileen Zeller, SAMHSA.

services.

SAMHSA described its concerns regarding this toll-free number to the FCC in a meeting on March 1, 2011, and noted these concerns in a written notice of ex parte communication filed with the FCC on March 2, 2011.

The lack of reliable service from KBHC undermines every argument which it has made regarding its objection to the permanent reassignment of the suicide prevention hotlines to SAMHSA.

Further, the prospect of a lack of reliable service from KBHC is extremely troubling for members of the public who find themselves relying on suicide prevention hotlines when in crisis. Crisis centers provide unique services. Other than 9-1-1 they are perhaps the only public health service that the public can reliably access without charge. And, like 9-1-1, people trust their lives to crisis centers when they feel they have no other options.

II. SAMHSA HAS THE STATUTORY AUTHORITY TO SUPPORT SUICIDE PREVENTION ACTIVITIES THROUGH GRANT PROGRAMS AND CONTRACTS

SAMHSA possesses the statutory authority to fund grants and contracts in support of mental health and substance abuse prevention and treatment activities. KBHC is not a grantee or a contractor of SAMHSA, therefore, there is no current legal mechanism to provide funding to KBHC for any of its activities.

KBHC's comments regarding "government funded toll free numbers not owned (sic) by the funding entity," state that SAMHSA must refute these statements in order to establish a reasonable basis for its petition.[5] Leaving aside the incorrect assertion regarding "ownership" of toll free numbers, KBHC simply lists activity which other government agencies may or may not be funding by unspecified legal mechanisms. These examples are not relevant to SAMHSA's mission or authority.

SAMHSA has never stated that it must be the subscriber of record in order to fund suicide prevention hotlines, but only that it must have a legal means (through grants or contracts) to do so. SAMHSA funds grants that are structured to accomplish the public health goals of the agency and does so using a competitive process of grant review. When contracts are awarded, they similarly follow federal regulations governing acquisitions and procurement.

With respect to the period from August 2006 - January 2007, which was the only period when the suicide prevention hotline numbers at issue were supported directly by a SAMHSA contract, SAMHSA notes the decision was made due to the following specific circumstances: (1) On August 25, 2006, then-Secretary of the U.S. Department of Health and Human Services Michael Leavitt filed a letter with the FCC notifying the Commission of an impending public health emergency due to the planned disconnection of the telephone number 1-800-SUICIDE and other toll-free numbers operated by KBHC as a result of nonpayment of telephone service charges; (2) While this emergency request was being reviewed and considered by the FCC,

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[5] Comments of the Kristin Brooks Hope Center, p.5, filed February 28, 2011.

SAMHSA needed to ensure uninterrupted service and seamless access to the suicide prevention hotlines which were in constant use by the public; (3) Due to the time constraints and urgency of the matter, SAMHSA was not able to incorporate the numbers into the Lifeline network which would have resulted in SAMHSA providing the funding through the most recently issued grant award, which is the ordinary mechanism of support for all of the toll-free numbers which SAMHSA supports. If the FCC orders the permanent reassignment of the three toll free numbers to SAMHSA, the agency can and will maintain these numbers as part of the National Suicide Prevention Lifeline, as operated by the current SAMHSA grantee or future grantees.

If the three suicide prevention hotlines are not permanently assigned to SAMHSA, but are assigned to KBHC or any other entity which is neither a legal grantee or contractor, SAMHSA will be unable to support the numbers. In such a situation, the assignee would need to be able to financially support the numbers without reliance on federal assistance. The record reflects that KBHC has not been able to do this, although it asserts, without support, that it is now in the position to independently finance the operation of the hotline numbers.

III. THE RECORD SUPPORTS PERMANENT REASSIGNMENT OF THE NUMBERS TO SAMHSA

In its decision of December 3, 2010, the U.S. Court of Appeals for the D.C. Circuit ordered the FCC to provide a reasonable explanation to connect the facts in the record with the decision to direct the allocation of toll-free numbers to SAMHSA.[6] The court expressed concerns about reliance on the financial standing of an entity in making a determination regarding the appropriateness of that entity to serve as the subscriber of record. Further, the Court noted the FCC's stated goals of assuring long-term stability of the hotlines, as well as the role that quality of services plays in operating toll-free hotline numbers.

The Court did not challenge the FCC's position that long-term stability of the hotlines was one justification for this reassignment. In fact, the three toll-free suicide prevention hotline numbers that are the subject of this request represent approximately 30 percent of the calls to the Lifeline network. Since being incorporated into the Lifeline network, these numbers have been used by the public as a portal to life-saving services, and SAMHSA has maintained and improved performance and stability. They have been operated by SAMHSA's grantee for four years, and removing them from the system will end SAMHSA's ability to support these numbers – and the callers' ability to rely upon them.

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[6] *Kristin Brooks Hope Center v. FCC*, 626 F. 3d 596 (D.C. Cir. 2010).

The current record of this docket supports a decision by the FCC to direct the allocation of these three toll-free numbers to SAMHSA, based on the convergence of unique circumstances, which require an administrative remedy. This request is necessitated by the utilization of these toll-free numbers to support the public health and safety as a link to crisis counseling services, the extremely vulnerable population in need of timely assistance, the complex (and costly) technological and telephonic tools required to assure call connectivity and responsiveness, the professional assessments that are conducted to evaluate the behavioral health needs of callers, and the demonstrated lack of reliability of the entity that had operated the lines previously.

These circumstances, in combination, provide a reasonable explanation to support the permanent reassignment of these toll free numbers to SAMHSA.

IV. CONCLUSION

SAMHSA is aware of the extraordinary nature of this request which asks the Commission to exercise its discretionary authority to allocate three toll free numbers on other than a first-come, first-served basis. SAMHSA's request is not based on a single circumstance or event, but rather by the public health and safety needs of the public which support this request.

SAMHSA does not make this request lightly, or with any interest other than maintaining public access to a life-saving service.

For all the foregoing reasons, and the reasons articulated in SAMHSA's prior filings, SAMHSA respectfully requests that the Commission permanently reassign the three toll-free suicide prevention hotline numbers to SAMHSA at this time.

Respectfully submitted,

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