



June 28, 2024

The Honorable Jessica Rosenworcel
Chairwoman
Federal Communications Commission
45 L Street, NE
Washington, DC 20554

RE: WC Docket No. 18-336, *Implementation of the National Suicide Hotline Act of 2018*, Second Further Notice of Proposed Rulemaking

Dear Chairwoman Rosenworcel,

Over the last two years, the 988 Suicide and Crisis Lifeline has connected roughly 10 million people struggling with mental health, substance use and suicidal crises to the urgent support they need. We thank you for your continued leadership, and that of the other Federal Communications Commission (FCC/Commission) commissioners, to support the ongoing implementation of the lifesaving 988 Lifeline.

NAMI is the nation's largest mental health organization representing people with mental health conditions and their families. Our Alliance of over 650 organizations located across the country are united by our vision for a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares.

We support the FCC's proposed rules to implement georouting for calls to 988. We believe that routing calls to the nearest 988 call center, without sharing any personally identifiable information, will get us closer to reaching the full potential of the 988 Lifeline to connect people to local resources needed during and after a mental health crisis. We offer the following comments in response to the proposed rule.

Need To Mandate Georouting for Wireless Calls to the 988 Lifeline

We strongly agree with the Commission's proposal to require wireless carriers to implement a georouting solution for the 988 Lifeline. Approximately 80% of calls to the 988 Lifeline come from wireless phones,¹ with area codes that often do not correspond to the caller's location.² By moving away from routing calls based on area code to routing calls based on generalized location, while also protecting confidentiality and personal information, the FCC and the wireless carriers will help ensure that callers in crisis are connected to the critical lifesaving services

¹ The Lifeline Administrator estimates that 80% of calls placed to the 988 Lifeline are from wireless phones—vibrant 988 Geolocation Comments at 2. See also CTIA Apr. 17, 2024, *Ex Parte* at 1-2 ("With approximately 80% of calls to 988 made from wireless phones, there is now a growing desire to enable the Lifeline Administrator to route calls to a crisis center that corresponds with the location of the caller, without providing the caller's *precise* location.").

² See SAMHSA, *988 Frequently Asked Questions, How do calls to 988 get routed?*, <https://www.samhsa.gov/find-help/988/faqs> (last visited Apr. 22, 2024).

nearest to their location. Routing individuals in crisis to local crisis centers allows counselors to respond to regional, cultural and economic factors as well as to a community's unique stressors.³ Moreover, when call centers can connect someone to local mental health supports and services within their community, it reduces the future risk of suicidality and future crises and the unnecessary use of emergency services and law enforcement.⁴

Implementing a georouting solution for 988 will also contribute to solving an unintended challenge associated with implementation of the 988 Lifeline. Many states and communities have made significant investments to create mobile crisis response teams and crisis receiving and stabilization options as part of the full continuum of crisis care for 988 callers – providing critical services for people who need more help than what can be provided over the phone. Right now, several states have opted not to promote 988, instead relying on an individual state-specific, 10-digit number, so that they can ensure the people in their state have access to the full range of services they have invested in and implemented. Sadly, this is contrary to the intent of an easy-to-remember, nationalized, three-digit number. Georouting can help address this situation and help ensure that more states promote this resource, which is urgently needed. Today, only about 1 in 5 people are familiar with the 988 Lifeline.⁵

We support the Commission's effort to mandate georouting and do not foresee any negative impacts of routing calls to the nearest call center. While we believe a regulatory mandate is appropriate to ensure georouting is available on all carriers, we also encourage the Commission to immediately work with the providers to voluntarily begin to implement georouting solutions for 988 before the regulations are finalized and prior to any deadline laid out in the Commission's final rules. The quicker that georouting is implemented, the sooner callers will be directed to local – and often lifesaving – help whenever they reach out for support.

Potential Georouting Solutions for Wireless Calls to the 988 Lifeline

In the summer of 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA), along with the Lifeline Administrator, worked with telecommunications stakeholders to test a proof of concept for georouting. We commend this successful proactive testing of an off-the-shelf solution that carriers can voluntarily implement.

We also agree with the Commission that a georouting solution that uses cell tower information is a sufficient way to best identify callers' location for purposes of connecting them to the nearest crisis call center, while also maintaining confidentiality and not sharing any personally identifiable information or exact location data. Given that this was tested in the proof of concept,

³ See, e.g., American Association of Suicidology Comments, WC Docket No. 18-336, at 2-3 (rec. Dec. 21, 2020); Crisis Response Network 988 Geolocation Comments at 1; NAMI 988 Geolocation Comments at 2.

⁴ See, e.g., American Foundation for Suicide Prevention 988 Geolocation Comments at 1; BRETSA 988 Geolocation Comments at 17; Mental Health America 988 Geolocation Comments at 1 (emphasizing that access to local health resources for follow-up care "can help to reduce the risk of future crises"); Vibrant 988 Geolocation Comments at 3 ("Local centers are also able to provide connections to and knowledge of local resources and services, including follow-up care that reduces the risk of suicidality in individuals in crisis."); NAMI *Ex Parte* at 1 (stating that "georouting to the nearest 988 call center will provide expeditious care for those in crisis and ultimately save lives"); NAMI et al., Mar. 20, 2024 Letter at 2.

⁵ "New NAMI-Ipsos Poll Finds a Majority of Americans Want Congress to Address the Mental Health Crisis." Oct. 2023. <https://www.nami.org/press-releases/new-nami-ipsos-poll-finds-a-majority-of-americans-want-congress-to-address-the-mental-health-crisis/>

along with using wire centers as a geographic boundary, we believe that leveraging this solution will allow for swift implementation of georouting. There may also be other geographic boundaries that could be similarly applied. If the FCC selects an alternative or additional boundaries or technologies, we encourage the FCC to work closely with SAMHSA, the Lifeline Administrator and the network of 988 call centers to ensure that any geographic boundaries identified and the associated georouting technology comply with the needs and requirements of the Lifeline network.

Required Routing Data and Transmission

We agree with the Commission that determining the type of information required to route calls to the nearest crisis call center is something that should be led by SAMHSA, the agency overseeing the 988 Lifeline, and the Lifeline Administrator. However, we would strongly encourage these determinations to be made with transparency. Establishing trust in the 988 Lifeline is essential to ensuring that people in crisis are not discouraged from using the service when they need it most. Protecting personal information and specific location information of callers is of paramount importance for our NAMI Alliance. One of the unique and valued features of 988 is the option to remain anonymous if desired. Since the implementation of 988, we have heard concerns from our field leaders and other community members who incorrectly believe that the specific location information of 988 callers is already being shared. While these reports may be a result of the sharing of misinformation, the lack of information about what type of information is being collected and shared with call centers and the Lifeline Administrator stokes understandable fear among a community of people who have historic distrust in the emergency response system. By being transparent about what and how location information is being used, we can build trust in the 988 Lifeline and encourage help-seeking behaviors among people most at risk for crisis.

Technical Limitations

As articulated throughout the course of our comments, NAMI strongly supports policies that result in calls to the 988 Lifeline being answered locally. However, we appreciate that there may be technological challenges that create a situation where a wireless call to 988 is not able to be connected to the nearest call center in rare circumstances. In these instances where a technological glitch prevents calls from being directed to the closest call center, NAMI recommends that such calls be routed based on the area code of the callers' phone number, similar to the current process and the process for directing calls from landlines to 988. We believe that directing these glitches to a call center based on area code will more often result in the caller being connected to local help than if calls were directed to a national back-up center.

Cost Benefit

The nation is facing an unprecedented mental health crisis, and the need for mental health services and support, including crisis care, is essential. One person dies by suicide every 11 minutes, and every year 12.3 million adults consider suicide, 3.5 million make a plan for a suicide attempt, and 1.7 million attempt suicide.⁶ Estimates show that anywhere between 21% and 38% of calls to 911 are related to mental health or substance use concerns.⁷ Furthermore,

⁶ "Suicide Data and Statistics". U.S. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (April 2024). <https://www.cdc.gov/suicide/facts/data.html>

⁷ "The Community Responder Model". Center for American Progress. (October 2020). <https://www.americanprogress.org/article/community-responder-model/>

in the first two years, 988 has connected 10 million contacts to crisis call centers, and demand is expected to increase as awareness of 988 increases across the country.⁸ The need for this lifesaving resource cannot be denied, and ensuring people are connected to local supports and services will save lives. The public interest benefit of lives saved far outweighs any potential costs of the georouting solution.

Timeline for Deployment

Based on testing and our work with industry, we have learned that existing commercial “off-the-shelf” solutions are available and can be implemented with little to no delay. Given the crisis our country is facing when it comes to mental health, substance misuse and suicide, and the need for these life-saving resources, we encourage the FCC to implement a swift timeline that ensures people in crisis are able to connect with a call center near them to receive support as expeditiously as possible.

Texts to 988

We agree that texting is an essential mode of communication for the 988 Lifeline⁹ and has increasingly become the preferred means of communicating among certain demographic groups, many of whom are at increased risk for mental health crises.¹⁰ We urge the Commission to work with SAMHSA and industry stakeholders to identify and implement a georouting solution for texting as quickly as possible.

In the first year of implementation, texts to 988 increased more than 1000%. Georouting texts to 988 call centers is essential to ensuring people in crisis can connect to care. Text is the preferred means of communication for many demographic groups, including youth and young adults. If georouting is implemented for calls but not text, there is likely to be confusion among people contacting 988 for help, which creates further distrust among potential help-seekers. We urge the carriers, FCC, SAMHSA and the Lifeline Administrator to work together to implement georouting for text messaging for people in crisis. The benefit in saving lives and encouraging help-seekers to connect to 988 would far exceed any effort necessary for network service providers to implement a georouting solution.

Legal Authority

We strongly support the FCC’s tentative conclusion that it has the legal authority under Title II and Title III of the Communications Act of 1934 (Act), as amended, and section 104 of the Twenty-First Century Communications and Video Accessibility Act (CVAA),¹¹ to require the industry to implement georouting solutions for the 988 Lifeline. Ensuring that the 988 Lifeline

⁸ “988 Suicide & Crisis Lifeline: The First Year and Beyond”. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (April 2024). <https://www.samhsa.gov/sites/default/files/988-one-year-anniversary-issue-brief.pdf>

⁹ *Text to 988 Second Report and Order*, 36 FCC Rcd at 16901-16902, para. 1 & n.5.

¹⁰ See, e.g., Kayla N. Anderson et al., Emergency Department Visits Involving Mental Health Conditions, Suicide-Related Behaviors, and Drug Overdoses Among Adolescents – United States, January 2019 – February 2023, 72 Ctrs. for Disease Control and Prevention Morbidity and Mortality Wkly. Rpt. 502 (May 12, 2023), <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7219a1-H.pdf> (noting that the “U.S. adolescent mental and behavioral health crisis is ongoing” and that “poor mental and behavioral health remains a substantial public health problem, particularly among adolescent females”); Centers for Disease Control and Prevention, *Disparities in Suicide* (May 9, 2023), <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html> (noting that suicide rates for youth and young adults ages 10-24 increased 52.2% between 2000 and 2021).

¹¹ 47 U.S.C. §§ 201, 218, 251(e), 301, 303, 307, 309, 316, and 332; Twenty-First Century Communications and Video Accessibility Act of 2010 (CVAA), Pub. L. No. 111-260, 124 Stat. 2751 § 104 (2010) (codified at 47 U.S.C. §§ 617, 618, and 619).

meets its full potential has a significant benefit to the public interest. The need for and benefit to someone being able to easily connect to their local mental health crisis system of care through 988 cannot be overstated. As we have stated before, ensuring georouting to the correct call center will save lives.

We look forward to the Commission quickly implementing final rules that allow for the immediate implementation of 988 georouting, as the public interest requires no less for the above reasons. If you have any further questions regarding our position, please don't hesitate to contact us at NAMI to discuss.

Sincerely,

A handwritten signature in black ink that reads "Hannah Wesolowski". The signature is written in a cursive style with a small flourish at the end.

Hannah Wesolowski
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