

March 23, 2021

Marlene H. Dortch

Secretary

Federal Communication Commission

45 L Street NE

Washington, DC 20554

Re: Ex Parte Docket No. 18-336; Docket No. 20-291; Docket No. 09-14

Dear Ms. Dortch,

The undersigned organizations, all of whom support the development and implementation of the 988 national mental health and suicide crisis response system, are deeply appreciative of the Commission's role in creating 988 and your current efforts to address fee diversion.

The *National Suicide Hotline Designation Act*, unanimously passed by both chambers of Congress and signed into law last year, designates the collection and use of 911-like fees to support 988 call centers, crisis outreach, and stabilization—the continuum of crisis care needed to appropriately respond to callers in distress. 988 service fees, like 911 service fees, will provide a stable, continued source of funding for the hundreds of under-resourced local crisis call centers that will answer 988 calls in communities across the country.

An effective 988 crisis response system has never been more necessary. Before the outset of COVID-19, nearly 1 in 5 people lived with a mental health condition and over 10 million people experienced thoughts of suicide. Recent reporting from the Centers for Disease Control and Prevention indicate that mental health and suicidal ideation have worsened during the pandemic; approximately twice as many respondents reported serious thoughts of suicide and 40% of U.S. adults reported struggling with mental health or substance use. Present-day stressors can be particularly challenging for at-risk communities, with nearly 1 in 4 young people reporting suicidal thoughts.

Despite the growing need for an effective national mental health and suicide crisis response system, state crisis capacity is unable to meet current demand. The National Suicide Prevention Lifeline receives millions of calls per year through its current 1-800 hotline number, but 1 in 5 calls initiated to the Lifeline in 2020 were not answered in the state they originated in. This failure to respond locally results in longer wait times, more dropped calls, and less localized services. The launch of 988, coupled with promotional campaigns to encourage help-seeking and use of the number, is expected to increase the Lifeline's inbound volume by over 270% by 2027.

Given the expected demand on 988 call centers and for mobile crisis response and stabilization, it is critical that states understand appropriate uses of 988 fees and do not divert 988 fees for other purposes. Yet, despite the impending need and the near universal support for an effective and operational 988 system, state efforts to fulfill the *National Suicide Hotline Designation Act's* funding authorization has been fragmented and would benefit from FCC guidance.

As the Commission considers rules to ensure the proper application of 911 fees, we urge the Commission to:

1. **Provide guidance for states to effectively implement 988 fees.** Service fees have been shown to be effective in maintaining and enhancing emergency response systems, which will be crucial for 988 effectiveness. CTIA expressed support for consumer fees subject to “important, readily achievable principles” that we wholeheartedly endorse. But the Commission must go further to provide guidance to states to ensure that 988 fees, separate from 911 fees, are effectively imposed, collected, and utilized to provide 988 services outlined by Congress and the Substance Abuse and Mental Health Services Administration’s *National Guidelines for Behavioral Health Crisis Care*.
2. **Prohibit diversion of 988 fees.** The *National Suicide Hotline Designation Act* authorized 988 fees to “ensure the efficient and effective routing of calls made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center” and “personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.” It is crucial that fees collected for these purposes are not misappropriated or diverted for other uses. We strongly urge the Commission to adopt rules that ensure that all 911 and 988 service fees, are only used for the purposes they were intended for. People who pay fees, as well as every resident who may end up calling 988, deserve to have 988 fees dedicated to ensuring mental health crises get a mental health response.

We thank the Commissioners and FCC staff for your dedication to the implementation of 988. Making suicide prevention and mental health crisis services more accessible and ubiquitous will save lives. We urge the Commission to implement the necessary guidance and principles to provide for the effective, standardized, and secure collection of 988 service fees.

Sincerely,

American Association of Suicidology

American Foundation for Suicide Prevention

Association for Behavioral Health and Wellness

Centerstone

The Kennedy Forum

Mental Health America

National Alliance on Mental Illness

National Association of State Mental Health Program Directors

Steinberg Institute

Trevor Project

Vibrant Emotional Health