

June 27, 2024

Ms. Jessica Rosenworcel Chairwoman Federal Communications Commission 45 L Street, NE Washington, DC 20554

RE: WC Docket No. 18-336

Dear Chairwoman Rosenworcel,

The undersigned leading organizations in mental health, substance use, health, and social services, write to express strong support for the Federal Communications Commission (Commission) proposed rule on georouting solutions for the 988 Suicide & Crisis Lifeline (988 Lifeline). Georouting would mandate wireless carriers to enable the routing of calls based on the geographic location of the wireless cell phone, rather than the current practice of relying on the cell phone's area code. Establishing a mandate that ensures callers are routed by location rather than their area code, will enable better access to critical local crisis counselors and resources.

As the country continues to face an unprecedented mental health crisis, expeditious access to the crisis interventions and emotional support the 988 Lifeline provides is vital. Mandating georouting will allow individuals to connect with localized counselors and services from the Lifeline network of over 200 crisis contact centers. In the two years since the implementation of the 988 call code transition, the 988 Lifeline has seen exponential growth with over 5 million calls, chats and texts answered. The increase in contacts illustrates the ongoing need to provide free crisis support, 24 hours a day, seven days a week. As the 988 Lifeline continues to provide critical crisis support, with 7.5 million contacts expected for fiscal year 2025, we must ensure equitable access to 988. The requirement of georouting would enable individuals to be directed to the crisis contact center closest to them enabling vital connections to local crisis resources.

Georouting Is Essential to Provide Timely Access to Lifesaving Local Support and Resources

Currently, over eighty percent of calls connected to the 988 Lifeline originate from a cell phone and a significant portion of these caller's area codes do not correspond to their physical location. As a result, a considerable number of callers are being routed to counties or states where they do not live when seeking critical local services. When an individual is in crisis the time it takes to receive support is crucial and the current areacode system can create delays when a caller needs to be connected with local resources, follow-up care, or further referrals. Moreover, when a caller is connected with a crisis call counselor that is familiar with their community's unique stressors they may be able to build a trusting connection with that individual more quickly. Ensuring that a caller is linked with support based on their physical location can enable crisis contact centers to



provide connections to local resources and follow-up services, reducing the risk of suicidality for individuals in crisis.

Georouting Fosters Equity and Access

The implementation of the three-digit 988 Lifeline in 2022 expanded the visibility and scope of the national suicide hotline, thereby increasing access to crisis support services. As a result, the Lifeline saw a 46% increase in calls, a 141% increase in chats, and a 1135% increase in texts in the first year, illustrating the benefits of the transition. Additional strides have been made to increase equity and access for the 988 Lifeline, including the expansion of Spanish services, the inclusion of a video phone to better serve the deaf and hard of hearing community, and the addition of a specialized line for LGBTQI+ youth and young adults. However, we can continue to foster access and equity by employing the benefits of a georouting mandate.

As the 988 Lifeline currently relies on area codes to connect individuals with crisis contact centers, there are certain groups that are disproportionately impacted by the discrepancy between the caller's location and their area code. For example, college students – an age group for which suicide is the third leading cause of death – are typically located in areas that do not correspond with their cell phones' area code. The proposed georouting mandate aims to bridge this gap by ensuring that all populations impacted by this inconsistency can access localized crisis support services. Another subsect of this impacted population includes the five percent of individuals who use smaller wireless carriers. While the majority of wireless carriers have the capability to enable georouting, smaller carriers may not have the capacity to do so. The mandate proposal can enable the development of solutions for smaller carriers to ensure that those individuals would be able to access the same localized services through the 988 Lifeline.

A Georouting Rule is Needed to Ensure Carrier Implementation That Protects Privacy and Ensures Trust

As part of the evaluation of mandating georouting, the Commission, the Lifeline Administrator, and SAMHSA, are currently testing solutions with carriers that enable the Lifeline to direct 988 calls to local crisis contact centers within the caller's state or territory rather than by their phone's area code. These advancements leverage georouting data in a manner that prioritizes user privacy and confidentiality, since this is done without including the caller's precise location information in the transferred call data. By adhering to stringent privacy standards, the Commission, wireless carriers and the Lifeline Administrator can ensure that callers' trust remains paramount while ensuring people in crisis reach local support to the state or territory they are calling from.

For the reasons mentioned above, the undersigned organizations, reiterate our strong support for the Commission's proposed rule on georouting solutions for the 988 Suicide & Crisis Lifeline. We believe that the public interest benefits of routing callers to geographically appropriate crisis call centers outweighs any potential costs. Moreover, routing calls based on the individual's physical location can reduce administrative costs of rerouting callers to the appropriate crisis contact center, thereby freeing resources to address other needs across the 988 Lifeline. The proposed mandate will improve access to critical local crisis counselors and resources, while fostering equity for populations across the United States.



Sincerely,

American Academy of Pediatrics

American Academy of Child and Adolescent Psychiatry

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association on Health and Disability

American Foundation for Suicide Prevention

American Psychiatric Association

American Psychological Association Services

Anxiety and Depression Association of America

Association for Behavioral Health and Wellness

Bazelon Center for Mental Health Law

Centerstone

Children's Hospital Association

Crisis Residential Association

Crisis Text Line

Depression and Bipolar Support Alliance

First Focus on Children

Inseparable

International Society of Psychiatric-Mental Health Nurses

Legal Action Center

Meadows Mental Health Policy Institute

Mental Health America

National Alliance on Mental Illness

National Association for Children's Behavioral Health

National Association for Rural Mental Health

National Association of County Behavioral Health and Developmental Disability Directors

National Association of Pediatric Nurse Practitioners

National Association of Social Workers

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

National Council on Problem Gambling

National Disability Rights Network

National Eating Disorders Association

National League for Nursing

National Register of Health Service Psychologists

Policy Center for Maternal Mental Health

Psychotherapy Action Network

RI International

Residential Eating Disorders Consortium

SMART Recovery

The Carter Center Mental Health Program

The Jed Foundation

The Kennedy Forum

The Trevor Project

Trust for America's Health

Vibrant Emotional Health