March 20, 2024

The Honorable Xavier Becerra  
Secretary, Department of Health and Human Services (HHS)  
200 Independence Avenue, SW  
Washington, DC 20201

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

Dear Secretary Becerra and Chair Rosenworcel:

Since the 988 Suicide and Crisis Lifeline became available nationwide in 2022, millions of people in crisis have been able to connect with critical help and support. This success is a testament to your leadership and commitment to helping address the nation’s ongoing mental health and suicide crisis. On behalf of our nation’s mental health and substance use disorder
community, we are writing to urge you to continue that commitment and support by taking immediate action to improve the routing of 988 calls so that people in crisis are connected to critical care available in their communities.

Because calls to 988 are currently routed to a call center based on area code and not physical location, 988 is limited in its ability to reach its full potential. Call takers can provide support regardless of a help seeker’s location, but may not be able to connect people in crisis to follow-up care within their local community. Implementing a georouting solution for 988 would help improve the Lifeline’s impact to address immediate crises and connect those in need to the care they need to get well and stay well after a crisis.

We understand that based on a joint testing exercise conducted under both of your agencies in 2023, a solution exists today for georouting 988 calls to a crisis call center near the caller’s physical location rather than by their wireless phone's area code.1 While we understand that the test did not involve real-time calls, it confirmed that calls to a “988 crisis call center based on cell tower location and wire-center boundaries but does not share the precise location of the caller with the 988 Lifeline”2 is feasible. This off-the-shelf solution meets the test of protecting callers’ privacy while ensuring that the services and resources they receive are in their current community. With so many communities making significant investments in building a crisis continuum of care, we believe it is of the utmost urgency to ensure that people in crisis are connected to those resources in their communities.

While we appreciate the FCC and SAMHSA’s work to encourage wireless carriers and industry associations to take the necessary steps to identify and develop a 988 georouting solution, it is simply not enough – especially when we know there are existing solutions at the ready today.

Chairwoman Rosenworcel, you have stated that “every eleven minutes, someone in the United States loses their life to suicide.”3 You have also noted that “more can be done to ensure those in need can reach local resources for mental health support.”4 We agree.

While there are legislative proposals in Congress to explicitly require georouting as part of 988, we hope you will agree that the most expeditious route would be for the FCC and SAMHSA to take immediate, decisive action. Tragically, time is not on the side of people seeking help during a time of crisis. In 2022, nearly 50,000 Americans died by suicide, and nearly a quarter of high school age children reported having thoughts of suicide. We must do better – now.

We are grateful for the many investments in 988 and crisis response made by the Administration, and we look forward to your action on this issue. Thank you in advance for your consideration of taking immediate action to require carriers to implement the georouting off-the-shelf solution that exists today and provide the necessary privacy safeguards to ensure people in need are connected to the 988 Lifeline call center nearest them.

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1 See CHAIRWOMAN CALLS ON WIRELESS INDUSTRY AND RELATED ASSOCIATIONS TO EXPLORE 988 ROUTING SOLUTIONS, Press Release, (Sept. 28, 2023).
2 Id.
3 Id.
4 Id.
Sincerely,

National Alliance on Mental Illness
American Academy of Pediatrics
American Association for Psychoanalysis in Clinical Social Work
American Association on Health and Disability
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Psychiatric Association
American Psychological Association Services
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Association for Behavioral Health and Wellness (ABHW)
Behavioral Health Foundation
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Hospital Association
Connections Health Solutions
First Focus Campaign for Children
Fountain House, NY NY
Huntington's Disease Society of America
Inseparable
International OCD Foundation
Lakeshore Foundation
Maternal Mental Health Leadership Alliance
Meadows Mental Health Policy Institute
Mental Health America

NAADAC, the Association for Addiction Professionals

National Asian American Pacific Islander Mental Health Association (NAAPIMHA)

National Association for Rural Mental Health

National Association of Counties (NACo)

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)

National Association of State Mental Health Program Directors

National Council for Mental Wellbeing

Postpartum Support International

Psychotherapy Action Network

REDC Consortium

RI International

The Carter Center

The National Alliance to Advance Adolescent Health

The Trevor Project

Trust for America's Health

Youth Power Project

Youth Villages