Dear Ms. Baker:

Every eleven minutes, someone in the United States loses their life to suicide. Last year, getting help got a lot easier when we implemented 988 as the easy-to-remember, 3-digit number for the 988 Suicide and Crisis Lifeline (988 Lifeline).¹ Now, users who call or text 988 will connect to the 988 Lifeline where professional support is available to anyone in a mental health emergency.

According to mental health and crisis counseling experts, getting the caller to the geographically appropriate local crisis center—known as “georouting”—can help connect life-saving services to those in need of public health and safety resources. But today, when a caller dials 988, the originating service provider conveys the area code and exchange via the caller’s phone number, and the call is then routed to the call center designated to serve that area code and exchange. Over 80% of all calls made to the 988 Lifeline are from wireless phones, and callers often dial 988 from outside the area code associated with their cell phone number. As a result, many wireless callers to 988 are unable to access local resources that they may need in a time of crisis.

The Federal Communications Commission and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services are proud of our work together to support the 988 Lifeline. Our work in partnership is vital. That’s why we have been considering further improvements to increase the effectiveness of the 988 Lifeline for those who need it most. And we are excited about progress so far.

Recently, SAMHSA, in conjunction with the 988 Lifeline administrator, Vibrant, and other industry partners, successfully completed a proof-of-concept trial of a potential georouting solution. The parties to this trial were able to successfully route calls in a testing environment from wireless handsets to the nearest 988 crisis call center regardless of the area code of the caller’s phone number.² To protect privacy, this method of routing does not share precise location of the caller with the 988 Lifeline.

² For this testing, test calls generated for the sole purpose of the trial were used, and no real-time, live calls to the 988 Lifeline were affected.
SAMHSA and the Commission are working together to build on this effort and explore other possible georouting solutions that may also be tested.

We now need your help to improve access to the life-saving service that the 988 Lifeline provides to those in mental health crisis. We strongly encourage your members to take the necessary steps to identify and develop a 988 georouting solution that could be deployed in their wireless networks within a reasonable time. To that end, we encourage you to contact the SAMHSA 988 Office at 988Team@samhsa.hhs.gov and the Commission’s 988 Team at 988@fcc.gov to begin coordination. This is a surmountable technical challenge, and we hope they will take this opportunity to work toward georouting implementation that will both benefit their customers and be efficient for the operation of their networks. We urge you to share this information with your members and engage them in discussions about the potential benefits of an industry-led initiative to bring 988 georouting to wireless customers across the nation.

Staff from the Commission’s Wireline Competition Bureau will be reaching out to you in coming days to set up a meeting to discuss how you can help us move toward a georouting solution for 988. We commend the stakeholders who have worked cooperatively with SAMHSA and the Commission on this important initiative. We look forward to engaging constructively with you on this issue.

Sincerely,

Jessica Rosenworcel
Chairwoman
Federal Communications Commission

Dr. Miriam E. Delphin-Rittmon
Assistant Secretary for Mental Health and Substance Abuse
U.S. Department of Health and Human Services

cc: Scott K. Bergmann, Senior Vice President, Regulatory Affairs, CTIA