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Mr. Claude Doucet
Secretary General
Canadian Radio-television and Telecommunications Commission (CRTC)
Ottawa, ON KIA ON2

March 17, 2022

Call for comments – Introduction of a three-digit abbreviated dialing code for mental health crisis and suicide prevention services - Telecom Notice of Consultation CRTC 2021-191 (Ottawa, June 3, 2021) - Reply to Interventions

Dear Secretary-General,

Deaf Wireless Canada Consultative Committee-Comité pour les Services Sans fil des Sourds du Canada (**DWCC-CSSSC or DWCC**) hereby files its reply to the interventions submitted by other parties is participating in TNC 2021-191 proceedings.

Executive Summary

ES1 The Deaf Wireless Canada Consultative Committee [**DWCC**] is pleased to provide the Canadian Radio television and Telecommunications Commission with its reply comments on Telecom Notice of Consultation CRTC 2021-191, *Call for comments – Introduction of a three-digit abbreviated dialing code for mental health crisis and suicide prevention services*.[1] DWCC submits an intervention in this proceeding on behalf of Deaf, Deaf-Blind and Hard of hearing and Indigenous Deaf and Hard of Hearing telecommunications consumers.

ES2 The DWCC strongly supports the adoption and implementation of a three-digit national code to be used for mental health crisis and suicide prevention services in Canada.

ES3 DWCC believes that the deployment should take place as soon as possible, and as soon as all accessible relay platforms and the DDBHH crisis service centres are open, all on the same day, everywhere, in all geographic areas on the same day to avoid confusion.

ES4 Indigenous Deaf and Hard of hearing [**Indigenous DHH**] are struggling having their communication needs met due to barriers with a lack of connection to the internet and there is a need to be culturally sensitive. Indigenous DHH face communication barriers because of the telecommunications service providers [**TSP**] not providing for their needs, such as lack of access to devices for communication.

ES5 With regard to Indigenous and their intergenerational trauma with first responders such as police officers, it is important that 9-8-8 phone numbers are kept separate from 9-1-1 and that there is consideration that there are privacy concerns related to location information. Additionally, with marketing, the purpose of the 9-8-8 must be made distinctively clear as separate from the 9-1-1 to the public.

ES6 Currently there is no existing 24 hours/7days a week/365 days a year crisis services for Deaf, Deaf-Blind and Hard of hearing, therefore it is DWCC's wish to see small subscriber fees be added to everyone's phone bill to **create funding** to establish such **accessible crisis centres** with culturally and linguistically appropriate resources or services for the **Indigenous** population for crisis and suicide prevention in collaboration and coordination with the Canadian Suicide Prevention Service (CSPS). This must be created because in the United States, there are 40+ such crisis services serving the DDBHH population, while we have none in Canada, which are listed in the Appendix.

ES7 It is DWCC and many DDBHH organizations's concern that the routing to the appropriate services is not cumbersome with multiple bounces around a "phone tree" to reach the essential crisis support services. There must be a quick access to the appropriate 988 crisis support services for DDBHH.

ES8 The DWCC is strongly in favour of texting for mental health crisis and suicide prevention services, and appreciates the shortcode type of routing to be referred to the appropriate culturally and linguistically service provisions, using such text wording as DEAF, IND, etc. However, we recommend all options available, with the caveat that consumers be given the choice of what communication means to use.

ES9 DWCC believes users of the service should never be charged for accessing 9-8-8, either as an access charge, nor for long-distance, nor data usage, non-voice accounts, and any other use charge whatever. There must be no preregistration required for use of the new three-digit line.

ES10 The DWCC submits that accessibility be at the forefront of everyone's thoughts as the industry implements and deploys the new 9-8-8 three-digit national calling number. Canada has more than one telecommunications accessibility platform that meet the needs of over 300,000 Deaf, Deaf-Blind and hard of hearing Canadians. All platforms must be accessible to this new crisis line: TTY, Internet Protocol (IP) and Video Relay Services. DWCC reminds that Deaf Seniors and Deaf-Blind, as well as those who are vulnerable, still use TTY devices for their calling needs. IP Relay is increasingly being used by those with hearing loss or hard of hearing. Video Relay Services is available for those who use the primary languages of sign language recognized by the Accessible Canada Act (ACA).

"Accessibility must be a first thought, not an afterthought,"
(Tom Wheeler, 2015, FCC Chairman, source)

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Introduction

1. DWCC-CSSSC advocates for the full inclusion of diverse members within the Canadian Deaf, Deaf-Blind and Hard of Hearing (DDBHH) community in Canadian society. The spectrum of DDBHH life experiences, including those that are Indigenous, immigrants learning English or French as a second language, those with various degrees of hearing loss, those with cognitive disabilities, those with the unique “double” disability as Deaf-Blind, and finally native ASL/LSQ users. Additionally, DWCC supports that Indigenous, as equal members in Canadian society, have the right to ask for support, including requesting for Indigenous Sign Language Interpreters.

2. In Canada, there is an urgent need for accessible mental health support for the Deaf, Deaf-Blind and hard of hearing (**DDBHH**) as well as the Deaf Indigenous population. The situation is acute. The current coronavirus pandemic has highlighted great gaps in services. There has been an increase in suicides and mental health crises within this community. Those that are DDBHH have been hit hard with the lack of options and limited resources available to clients. There is a general lack of understanding, awareness and acceptance of people with mental health issues in the community.

3. DWCC-CSSSC members re-emphasize that this mental health line is a critical and essential service for all Canadians. It is important that the configuration is a centralized one with a set up that is simple for those calling in while in a crisis, because while they are in crisis mode and mindset, all complexity goes out the window.

Methodology

4. In DWCC’s Reply to Interventions [**Reply**] for analysis of each question where possible, a working copy of a comparative matrix was created under different categories, delegated to a number of members on the DWCC team each assigned a category to analyze, and an approximate total of 70 documents from the proceeding interventions were read and reviewed.

5. DWCC’s Reply integrates the views of all the categoried interventions responses then DWCC provides its views and perspectives, with a number paragraphs per question within each question. DWCC has broken down the categories to the following:
    a. Indigenous and Indigenous DHH
    b. DDBHH organizations, drawing in examples of crisis lines that currently exist that serve Deaf communities in the States and the United Kingdom;
    c. Other consumer advocacy groups and Deaf-centric crisis service providers;
    d. Mental Health organizations (subcategorized by language: English and French);
    e. Telecommunication service providers (subcategorized by size of the company);
    f. 9-1-1 and PSAPs (dispatchers);

g. Other issues and considerations, ie. Short Code options.

6. DWCC will also draw in examples from FCC where possible to provide comparison for existing infrastructures for awareness of resources that can be worked with. Available resources will be shared with what is available for the Deaf in the States while none exist in Canada. This will illustrate how very far behind and lacking in services and resources Canada is in with regards to DDBHH crisis support. An appendix will include resources and supporting documentations by several organizations that we mention in our intervention, with comments that are worthwhile for policy analysts consideration.

7. DWCC's response will encompass the expertise of our Indigenous Consultant member of the team and their perspectives are integrated in our response. This consultant focused on the Indigenous interventions and responded with the lens of the Indigenous Deaf perspective.

Indigenous

8. DWCC has read four Indigenous organizations' responses: First Nation Na-Cho Nyak Dun [**FNNND**]; First Nations and Inuit Health/Department of Indigenous Services Canada (Indigenous Services Canada - [**ISC**]; Council of Yukon First Nations [**CYFN**]; and Champagne and Aishihik First Nations [**CAFN**] and the following is the analysis of their responses.

9. FNNND, and potentially all groups, did not wish to comment on the technical, implementation and costs aspects of this proceeding however would respond to the other parts of the Commission's inquiries.

Q1. Does the establishment of a three-digit code dedicated to the mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

10. All four organizations agree that there should be a three-digit code dedicated to mental health crisis and suicide prevention services but also emphasize it is important to have available culturally safe services on the continuum of crisis care. Additionally, all four Indigenous interveners, agreed as a whole concept, that if such a number were to be established, it is critical to engage First Nations, Inuit and Métis in the consultative process. This type of engagement is in connection to potentially linking the three-digit number with already existing call centres, helplines and mental wellness (mental health, substance use and culturally based) services.

11. All four organizations "support the establishment of a three-digit code dedicated to mental health crisis and suicide prevention services and believes that this will help to meet the criteria establish in Decision 2001-475."

12. The DWCC viewpoint, with the Indigenous Deaf lens, is that the CRTC needs to take serious consideration of the exploitation of the funds that come from establishing the 9-8-8 line. The Commission needs to examine which organization or group would gain from the funds that will be fully inclusive of diversity, culture and accessibility and respect the intersectionality of the mental health context of service provisions. As the ICS says "*Indigenous-specific considerations include that in the context of historical and ongoing impacts of colonization and systemic racism, there are potential sensitivities of pan-Canadian, national approaches to services provided for Indigenous populations in Canada."* As long as the 9-8-8 initiative ensures that mental health support resources between Indigenous and non-Indigenous citizens have a balance within the healthcare system and that there is equity of support services for all citizens.

Q2. Should Canada move to national ten-digit local dialling in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

13. All four organizations agreed that yes Canada needs to do what it needs to technically allow it to support a non-N11 national three-digit code for mental health crisis and suicide prevention services, including national ten-digit local dialling in all areas. Such a non-N11 number will make calling support lines more attractive and lower barriers to access solutions.

14. DWCC's view is that they are in agreement with the Indigenous groups that this capability should be put in place to allow for the non-N11 national three-digit code for the purpose of simplifying the process for calling for support during a time when the mind is not functioning during a mental health crisis. As a result, it will save people's lives.

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

15. Three organizations: FNNND, ISC, CAFN view that it is important to acknowledge the time would be required to technically make connections with local public health and safety services (e.g., emergency medical services, mental wellness teams, mobile crisis teams, law enforcement, healthcare providers) to provide appropriate support while avoiding unnecessary law enforcement involvement, emergency department use, and hospitalization; and also to connect with aftercare or follow-up services as needed. Additional training such as in multi-disciplinary approaches to care, and cultural safety, might be required for first responders and other providers.

16. ISC specifically supports the concept of possibility of linking the three digit number with existing services and helplines that are specific to First Nations, Inuit and Métis, with the

consideration that there is time allowed for engagement with these Indigenous populations for support resource allocations. Additionally ISC adds that time may be required to look into how to serve high risk populations, and the extent to which the required services are in place.

17. According to the CYFN, “the implementation of a 9-8-8 Mental Health number would also be an attractive, low barrier-to-access solution in the Yukon, as Indigenous citizens are disadvantaged with regard to Internet access, but cell phone ownership is fairly ubiquitous.”

18. DWCC believes that there must be clear separation of the purposes of both numbers. For example, certain scenarios do not warrant police wellness checks[1], but rather the goal is to keep the person on the phone, keep them talking to steer their mind away from suicidal ideation and feel they are being heard with their emotional and mental crises. It is for this reason that there needs to be appropriate promotions with a clear defining purpose for the new three digit number, to avoid confusion.

19. As an aside, DWCC would like to add that there needs to be serious consideration with regard to wellness checks and be ultra cautious, in reference to this CBC article[2] in relation to the new three-digit number.

Technical challenges

20. DWCC would like to address a concern, when an Indigenous person, or an Indigenous Deaf person or any DDBHH client is in the middle of suicidal ideation, they would have difficulty processing phone tree systems, where there is a need to transfer the call to specific departments. One way to address this, it would be recommended to have a text system in place where people can just text directly to 9-8-8 and they can use automated response words, that include DEAF and then it will be transferred to the correct service provider that fits the cultural and linguistic needs of the client. An alternative would be the concept of accessing or utilizing a short code system using a regular text phone since it is ubiquitous among both Indigenous and DDBHH community members. All that is needed is a basic text phone and text plan that can work in the geographic areas with low bar connections, ie. 3G internet connections.

21. Calling this three-digit number would be a lifeline for Indigenous DDBHH by the accessibility of a national suicide prevention hotline that an Indigenous person can call anytime, day or night and that would build a connection with a real person guides and supports a person through a crisis, by giving the information, and informing a person about resources in their regional area.

22. DWCC would like to ensure that CRTC and all parties involved in this proceeding are more aware of several concerns with regard to Indigenous who are Deaf and Hard of hearing

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[1] “Wellbeing checks could include requests to physically confirm the wellbeing of a loved one who is not responding or unreachable. All calls for service, whether known to be mental health-related or not, are responded with the same training and caution.” Source: Police Intervention and Wellness Checks - RCMP Public Safety

[2] CBC News article - Recent deaths prompt questions about police wellness checks | CBC News

(**DHH**). It is critical to be aware that Indigenous DHH are triple as likely to experience mental health problems. The rationale for raising this concern is that the access to mainstream crisis services for Indigenous DHH people is almost non-existent.

23. DWCC's view is that the changes need to be barrier-free for Indigenous DHH access to the crisis support staff and services. Cultural sensitivity of these members of the community must be taken into consideration for the new support line to be considered as "safe space." Anonymous statistical data from the service would also give insight into the health trends in the Indigenous DHH community to assist improve services.

24. DWCC requests that there be a focus on constructive solutions to ensure the accessibility and availability to Indigenous Deaf members of the community.

Q4. Should the three-digit code for mental health crisis and suicide prevention services be deployed anywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

25. DWCC observes that only two out of four organizations made comments to answer this question. For example, CYFN did not comment on this one.

26. CAFN "submits that consultation must include consideration of the specific and particular needs of indigenous peoples, including issues such as language, cultural sensitivity, ease of access, and availability of services and if necessary implementation should target most immediately those who are most heavily impacted including remote First Nation communities." The CAFN further comments that It would seem prudent to develop a phased-in approach as needed, in response to lessons learned. DWCC is inclined to agree with this viewpoint.

27. The CFYN states that "there would not appear to be a downside to a phased deployment. The organizations feel that this would strongly recommend that regions with an absence of, or limited mental health services would benefit from earlier deployment than areas of Canada where such services are readily available." DWCC agrees that it makes sense that those in remote areas would benefit from this deployment because they would have been living with non-existent access to crisis services all along this time.

28. DWCC recommended that the crisis line be deployed at once so this would save lives.
    There are various text digits or shortcodes that are already used in Canada and these are limited to specific regions or in one's own province only. Instead, there needs to be consistent and encompassing available resources that reaches all regions and not be limited and focused on specific regions which is currently causing gaps of services.

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

29. None of the Indigenous organizations responded to this question as it is outside of their expertise.

30. However, DWCC will make a comment in reference to Indigenous who would use the video relay services. In a broad sense it must be made clear that for those who live in Indigenous communities, there are not many places that would offer internet availability and VOIP due to the requirement for a basic broadband connection. Again, it would depend on individuals' device preference and/or service available in different regions.

31. In some cases, Indigenous DHH often do not have the resources to buy good quality devices, and will buy the non-luxury phones and corresponding subscribed cell phone plans. The device and the data plans would not meet the needs for video connections for Indigenous DHH to make video calls.

32. Not only are there device challenges for emergencies, there are barriers for those who live in remote regions with low levels of internet connection, and on a cellphone, it would show as "less than 3 bars" or 3G mobile wireless connections, which make an insufficient connection to make video calls. These internet connections and VOIP would be of poor quality which then affects call quality and lead to problems like jitter and latency with video calls.

33. Taking a look at remote highways, there are often no cellphone connection availability, and it is in those places that alternatives for emergencies should be installed, hard-wired phones or call phone boxes established at regular intervals along that highway, such as at the rest-stops. An example of such a highway, in British Columbia, is Highway 16 which is about 16km away from the city of Terrace to Prince Rupert, where there is no wireless connection. Having such call boxes with hard-wired access will greatly benefit especially Indigenous women, girls and the general public that needs communication in the middle of highway, especially to have the access and connection to the three digit crisis line. Consideration needs to be taken for potential barriers due to inclement weather during the late autumn and winter months, therefore it is critical to have ongoing and regular maintenance and inspection of these hard-wired phones.

Q6. To what degree should the networks providing mental health crisis and suicide prevention services through a three-digit code be interconnected with 9-1-1 networks?

34. Most of the Indigenous organizations feel that they want to see this as an opportunity to provide a First Nations and Indigenous specific crisis line available 24 hours a day, 7 days a week, toll-free from anywhere in Canada made available through a three-digit code that serves the provincial or territory regions.

35. **CAFN** has encouraged the CRTC to look at an existing First Nations and Indigenous specific crisis line available 24 hours a day/7 days a week and make it available to all those in British Columbia. And for an example, using Yukon as an example, that this is

established for the whole territory made available through a three-digit code. The CAFN provided an example of an existing service out of Port Alberni for First Nations by First Nations with certified response personnel who are trained in Indigenous cultural safety carrying an understanding of the historical trauma to their roles.

36. CAFN submits that simplifying and coordinating access to mental health crisis and suicide prevention services is an essential requirement for the three-digit access to be effective. It is especially important to the CAFN that the "CRTC additionally explicitly recognize and adopt the principles of OCAP in the collection of information in this proceeding, consistent with the Federal Framework for Suicide Prevention." This means, according to the website[3], for the Indigenous crisis community it is important that the OCAP principles are applied: Ownership; Control; Access; Possession.

37. The DWCC agrees that CRTC needs to ensure that OCAP is implemented and integrated into the resulting policy with guidance for Indigenous to have their cultural safety principles applied with the assistance of the technical implementation assistance of the body responsible for the system design and configuration for the 9-8-8 dialing code.

38. From DWCC's view that the organizations expect that the designation and implementation of 9-8-8 as a simple, easy-to-remember three-digit dialing code nationwide will increase the convention and immediate access to life-saving sucide prevention and mental crisis services.

39. DWCC, after examining the website of the current crisis line[4], agrees with the concept of such a service, making it regional to each Province or territory, however splitting up into categories makes it even more difficult to manage. Thus, DWCC recommends to have just ONE number such as 9-8-8, but instead have a technical configuration where in for example the texting option has automated keyword response with simple Q/A so the caller is directed to the correct department for appropriate support. The configuration would look like the following, giving examples:
    a. A caller using a texting smartphone, would type IND or FN, and it will direct to the regional Indigenous, or First Nations, support resources, and then the next step, the person types ELDER, it will go the the elder specific support system, or YOUTH it will go to the youth specific support system. As for a Indigenous DHH person they could type the combination of Indigenous Deaf by entering INDEAF and get an appropriate support system response.

40. This type of technical configuration seems to be made available through short code texting systems but perhaps could be configured with the abbreviated three-digit gateway.

Q7: Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network?

[3] The First Nations Principles of OCAP - https://fnigc.ca/ocap-training/
[4] KUU-US Crisis Line Society - https://www.kuu-uscrisisline.com/

41. Three of the Indigenous organizations agree to have geolocations, attached to the calls coming in to the three-digit code dispatchers. The only consideration and concern they had was over potentially privacy laws.

42. DWCC aligns its views with these Indigenous organizations, with regards to location or or wireless location information (WLI) with the calls using the three-digit code to support services. DWCC shares concerns to ensure that the process involves adhering to privacy laws. Before we respond with the topic of Indigenous groups response to Question 8, we would like to address and recognize that Telus has done some extraordinary work in collaboration with Indigenous persons and communities in the province of British Columbia.

Q8. Should the ability to text directly to the three-digit code be implemented?

43. All four of the Indigenous organizations support the concept of three-digit access to mental health crisis and suicide prevention services as a potentially useful tool in improving access during a crisis.

44. CAFN and CYFN both strongly support the text direct three-digit code to be implemented primarily because those who are in younger age groups or youth feel more comfortable using text for communication instead of voice conversations to reach out, especially when it comes to mental health services.

45. Both organizations recommend that the service be set up to receive texts as well as phone calls. Texting provides an important safe alternative for those who are in crisis situations where it is not safe or comfortable to have a conversation due to lack of privacy.

46. CYFN raises an important point of concern, if the text requires complicated technical configurations that may delay implementation, it is the recommendation that a phased roll-out be enacted starting with voice then text support services to follow.

47. DWCC wholeheartedly agrees with both indigenous organizations that made these comments but has to raise the concern about the number of transfers (perhaps through a "phone tree" configuration) to reach the right department to receive the culturally and linguistically appropriate support services causes confusion for those dialing in on the phone. Once again, DWCC raises the ability to text short designated specific words to transfer to the right services, as critical, for example IND to reach indigenous-specific support services, INDEAF for Indigenous Deaf support services, as described in our response to Question 6.

48. However with DWCC's mandate focused on wireless devices, it is our view that ubiquitous apps be provided as options rather than those limited to users within the Apple or Android ecosystems. Such apps can be WhatsApp or Telegram as they permit cross-operating system platform uses. For further examples of such systems, look at what is existing and available for generic and Deaf Crisis Services Provider options.

Crisis Services Providers with Text Options

49. Canada is lacking in crisis hotlines for Deaf community members, with only two dedicated mental health programs for Deaf, Deaf-Blind and hard of hearing, but neither provide 24/7 crisis support services. It is a shame considering other countries such as the United States and the United Kingdom have text-based crisis services geared toward these client groups. DWCC will focus on those that are text-based here and later in the document will explore the other hotlines that are Deaf-centered crisis lines.

50. In the United States, the **Crisis Text Line** offers a free 24/7 crisis support and the full description of how it works is found on their website "Text Us"[5] and the steps are described with a text animation included on the webpage as follows:
    a. First, you're in a crisis. Crisis doesn't just mean thinking about ending your own life. It's any painful emotion and anytime you need support.
    b. So, you text us at 741741.
    Your opening message can say anything. Keywords like "HOME," "START" and "HELLO" just help us identify how people hear about us.
    c. The first two responses are automated. They tell you that you're being connected with a Crisis Counselor and invite you to share a bit more.
    The Crisis Counselor is a trained volunteer, not a professional. They can provide support, but not medical advice.
    d. It usually takes less than five minutes to connect you with a Crisis Counselor. (It may take longer during high-traffic times).
    When you've reached a Crisis Counselor, they'll introduce themselves, reflect on what you've said, and invite you to share at your own pace.
    e. You'll then text back and forth with the Crisis Counselor. You never have to share anything you don't want to.
    The Crisis Counselor will help you sort through your feelings by asking questions, empathizing, and actively listening.
    f. The conversation typically ends when you and the Crisis Counselor both feel comfortable deciding that you're in a "cool," safe place. After the conversation, you'll receive an optional survey about your experience. This helps us help you and others like you!
    g. The goal of any conversation is to get you to a calm, safe place. Sometimes that means providing you with a referral to further help, and sometimes it just means being there and listening. A conversation usually lasts anywhere from 15-45 minutes.

51. With the American crisis line, the service is also available in the Spanish language. If it was provided in Canada, it could be provided in French as well as English. There are two options for texting, a regular text cell phone and using a secure connection with Whatsapp.

52. In the United Kingdom, there is a Crisis Text Service provided by SignHealth[6] that is geared for Deaf, Deaf-Blind and Hard of hearing population to access while in crisis. According to its webpage, the reason that this line was established is *"Access to mainstream crisis services for Deaf people is almost non-existent, and yet Deaf people are twice as likely to experience mental health problems. Anonymised data from the service also gives insight*

[5] Crisis Text Line - Text Us link - https://www.crisistextline.org/text-us/
[6] SignHealth Crisis Text Service - https://signhealth.org.uk/with-deaf-people/crisis-text-service/

into mental health trends in the Deaf community to help us improve services." The service helps with urgent issues such as: suicidal thoughts, self-harm, abuse or assault, bullying, or relationship issues.

53. The webpage goes on to describe how it works if a Deaf person needs help as follows:

    a. If you need immediate support, text DEAF to 85258.
    b. A trained crisis volunteer will respond and reflect on what you've said. They will invite you to share the information you feel comfortable with. The volunteer will help you sort through your feelings, supporting you until you feel more calm and safe.
    c. The service is provided with communication through text free and anonymously. If the volunteer believes you are at immediate risk of harm, they may share your details with people who can provide support.
    d. It is free and confidential to text our service with major wireless networks, however if texted from a network that is not on this list, there is a possibility the callers may be charged for the messages. This is because some networks do not provide the capability to message short codes.

54. Sign Health has a Referral form that callers can complete and helps the service provide the best service that fits the caller's needs, including providing information about which operating systems, computers or devices are used for the call. Also it indicates that it provides the service using WhatsApp, Zoom, FaceTime and allows the option for "other." The advantage of this form also gives the Deaf person the option to indicate what form or type of communication they use, such as which language or modality for communication information.

55. In Canada, there is a similar set up but unfortunately it is only geared to youth and children "KidsHelp"[7], but DWCC cannot find the equivalent for adults and this is why it is essential to establish a similar system for Canadian adults.

56. DWCC would like to see more accessibility for the Indigenous DHH with Mental Health and Suicide Prevention Services. In retrospect, it will have a holistic impact and be a healing process for the Indigenous communities. There would be more support from family, friends, Elders, Indigenous health workers or counsellors to obtain the highest possible quality of services that Indigenous Peoples that are much needed in remote and rural areas.

57. It is imperative that the new 9-8-8 service is kept separate from the first responders at 9-1-1, for the safety and security of the Indigenous populations due to intergenerational trauma and lack of trust issues with the police with the ingrained systematic oppression. This is a critical aspect for the promotion of the new 9-8-8 line, that it is clear that this is separate from the 9-1-1.

58. In regards to the technical aspect, the must be a way that the 988 calls are routed to the appropriate culturally safe Indigenous mental health crisis and suicide prevention services. This must technically be made possible, and with texting the capability to enter shortcode words to be directed to the appropriate Indigenous support service within that Province.

[7] KidsHelpPhone - https://kidshelpphone.ca/need-help-now-text-us/

59. The technology available through devices is a vital part of everyday modern life. The Indigenous communities are moving in the modern age of technology which needs mental, spiritual, cultural, family, friends and physical in different ways. Youth are becoming more and more disconnected from their Indigenous roots and we need to spread the message that suicide is not the answer. This is the core from where the mental health crisis services are implemented, to lay the foundation and centrum as the essence of the well-being of all from young generations, Indigenous DHH community members, Elders and families. The mental health crisis services will be the lifeline for those carrying the intergeneration pain.

60. A shorter number reduces obstacles to accessing critical care in times of great need, DWCC feels that the new 3-digit number "would likely make it easier for Indigenous DHH in crisis, to access potentially life-saving resources" [8]

61. To DWCC's understanding, there is currently a network but it is operated by different localities and provinces, and with the 9-8-8 number it means to bring the whole network together and make it one centralized network so it is made possible that even Indigenous DHH and all Canadians don't have anyone slipping through the cracks. By establishing the 9-8-8 line it will create more resources and ensure that a greater number of services and programs are available around the country, and no one person is left behind, especially the Indigenous in remote areas.

62. Crisis hotline resources and services could require more funding, locally and federally. Indigenous Deaf and Hard of Hearing want to see the crisis infrastructure, including staff to set up hotline phones, train staff and volunteers, with the addition of technology and operation upgrades to field the projected increase in call volumes. The creation of funds for indigenous and accessibility crisis centres in each Province needs to be made possible.

63. The addition of 9-8-8 will provide Indigenous DHH people in crisis with a line to call and immediately be connected to a trained mental health staff who can address a distressed individual's needs integrated with cultural and accessibility sensitivity. And with their expertise, they can send them to ongoing care and monitoring for cultural safety.

TELUS Indigenous Reconciliation and Connectivity Report[9]

64. TELUS developed and launched *Mobility for Good for Indigenous Women at Risk*, a new program that provides free smartphones and data plans to Indigenous women who are at risk or surviving violence. "Having a cellular device and reliable network is a vital lifeline to Indigenous women and girls at risk to get access to critical services and resources they need for their health, safety, and wellness. Originally intended to provide a lifeline at a critical time of need, we're now learning that the phones are also providing hope for the future. Recipients are now able to access social supports like opportunities for housing, employment and education, as well book a COVID vaccine and stay in touch with family. Our hope is this program continues to offer Indigenous women and girls in need a path to independence, and enables them to make safe choices for themselves and, in many cases, their families too." The project impact has been tenfold and so critical to ensure the safety of Indigenous members of the community.

[8] CAMH - Harnessing Traditional Knowledge - link

[9] Geheran, Tony, Telus Indigenous Reconciliation and Connectivity Report 2021, Page 25: Report - PDF

65. Note the multi-million dollar project was made possible in partnership and consultation with four Indigenous-led organizations in British Columbia and Alberta; Alberta Native Friendship Centres Association (ANFCA), BC Association of Aboriginal Friendship Centres (BCAAFC), Prince George Native Friendship Centre (PGNFC), and Native Courtworker and Counselling Association of British Columbia (NCCABC).

66. Additionally "Reliable cellular communication will help ensure Indigenous women and girls have access to services to support their safety and wellbeing. This is an important step towards increasing our capacity to provide culturally safe and inclusive anti-violence services delivered by and for Indigenous people."[10]

67. DWCC would like to make a relevant point that with such funds going to Indigenous Women and Girls t**he same concept could be applied to those who are Indigenous and Deaf (DHH).** Many Indigenous DHH have no phones and therefore no communication and accessibility and are severely disadvantaged, isolated and many that are high risk also with serious mental health issues and suicidal ideation. **It would be great if a similar initiative be implemented to address these issues.**

68. In closing, as the Indigenous Consultant, I leave this quote:

"To heal a nation, we must first heal the individuals, the families, and the communities."
~ Art Solomon, Anishinaabe Elder[11]

69. Now we complete the Indigenous interventions response, and we move to analyze the Deaf organizations' interventions and provide DWCC's response.

Deaf organizations including the CAV

70. DWCC acknowledges it has read and reviewed the Canadian Association of the Deaf-Association des Sourds du Canada [**CAD-ASC**]; Deaf and Hard of Hearing Coalition [**DHH Coalition**]; Canadian Deaf Grassroots Movement [**CDGM**]; and the technical recommendations of the Canadian Administrator of VRS [**CAV**]; and respond with the input that came from our group, the Deaf Wireless Canada Consultative Committee [**DWCC**] to a total of five Deaf organizations as follows:

Q1. Does the establishment of a three-digit code dedicated to the mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

71. All of the four organizations [CAD-ASC, CDGM, DHH Coalition and DWCC], while some may not have directly answered the question, believe that yes, the establishment of a three-digit code dedicated meets the criteria. The CDGM and DHH Coalition state the new 9-8-8 line would be no different from the N11 codes determined in Decision 2001-475.

72. Additionally, CAV's view, the use of a single consistent 3-digit code across the North

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[10] Leslie Varley, Executive Director, BCAAFC
[11] Indigenous mental health supports - https://www.cnsa.ca/updates/indigenous-mental-health-supports

American Numbering Plan (NANP) could potentially simplify recognition, avoid confusion, and promote awareness and ease of use for the tree-digit code, thereby promoting accessibility and effectiveness of the service for all Canadians. DWCC is in support of this concept and agrees it will simplify the access to crisis services for all.

73. All of the groups, including the CAV, resonated the same message that they want to ensure that the establishment of such mental health crisis and suicide prevention services are accessible and inclusive of the Deaf, Deaf-Blind and Hard of hearing Canadians. All groups have mentioned that they want the accessibility for Canadian sign language users.

74. All the groups mentioned ensuring that Video Relay Services is accessible even with the 9-8-8 three digit number. DWCC did sum it up, in paragraph 11, that "the number must be reachable on multiple relay platforms…such as Canada's Video Relay Service. Additionally that it is possible through IP Relay, TTY Relay, Real time Text NG9-1-1 with the simple dial of 9-8-8."

75. DWCC, agrees with DHH Coalition listing all the platforms in that the "988 hotline accomodates …" [**DDBHH**] "…consumers by allowing them to access and utilize the 988 hotline by [modified list]: Video Relay Services [**VRS**] ; Short Messaging Systems [**SMS**]; Real-time Text [**RTT**]; Rich conversation [**RCS;** IP Relay Service [**IP Relay**]; 711 TTY Relay Service [**TTY Relay];** and **Live Chat.** Additionally, CRTC must remember, according to CRTC 2018-466, Deaf Seniors and Deaf-Blind cannot be left behind and that even there should be assurance about the TTY Relay services access to 9-8-8 as well.

76. Based on our registration experience with the Text with 9-1-1, DWCC agrees with DHH Coalition that DDBHH "consumers must be able to access and utilise the 988 hotline **without preregistering the service**." However, CRTC must remember, according to CRTC 2018-466, Deaf Seniors and Deaf-Blind cannot be left behind and that even there should be assurance about the TTY Relay services access to 9-8-8 as well.

77. While in paragraph 18, DWCC et al. expressed similar concerns with regards to video and text, with data limits and caps on wireless phone plans, additionally, DWCC agress with DHH Coalition that "wireless mobile devices and service plans must be able to access and utilise the 988 hotline even without a voice plan."

78. DHH Coalition does a good job of explaining each of the issues with each of the telecommunication accessibility provisions in Canada. DWCC appreciates this information, as it illustrates and clarifies the issues from a Deaf, Deaf-Blind and Hard of hearing perspective.

79. Direct video access needs to be made possible but also text, SMS and RTT options as considerations with the shortcode access for referral to the appropriate services for accessibility, or indigenous crisis services. DDBHH Canadians deserve to have the choice to choose either the video option or texting option, for privacy reasons.

80. DWCC agrees with the Canadian Association of the Deaf-Association des Sourds du Canada (CAD-ASC) with the human rights lens, that accessibility taken into consideration. The Accessible Canada Act is here, especially with section 5.2 with the recognition of sign languages as the primary languages of Deaf persons in Canada, and all four organizations as well as the CAV are here to let the CRTC and all parties know that accessibility must be a forethought in the implementation of the new crisis hotline. Both DWCC and CAD-ASC

organizations agree and believe this hotline must be open and accessible 24 hours/7 days a week/365 days a year for all Canadians including Deaf, Deaf-Blind and hard of hearing Canadians.

81. DWCC agress that while we support that there be a centralized service such as the Canadian Suicide Prevention Services, as far as the the CAD-ASC is concerned, DWCC is also concerned, and agrees there must be an establishment of services with the consideration of direct referral services to a fully-accessible service for Deaf, Deaf-Blind and Hard of hearing Canadians, but also with consideration to the Indigenous and Indigenous Deaf and Hard of hearing [**Indigenous DHH**] communities.

82. The CAD-ASC and the DWCC pointed out that shortcode was an optimal choice for Canadians but that accessibility is a imperative provision for access to the crisis and mental healh services.

Q2. Should Canada move to national ten-digit local dialling in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

83. CDGM, DHH Coalition, and the DWCC answered this question, and all three say yes that Canada should move to a national ten-digit local dialing in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention. However each had additional comments.

84. The CDGM which represents the grassroots Deaf community in Canada, with language deprivation in mind, would like along with the release and decision of the transition plan and phases, that the transition phase be explained into ASL and LSQ so that the DDBHH community can understand what is happening with the 988 hotline and to be aware and clear of the purposes of the line in the languages of the Deaf people of Canada. The DHH Coalition explains “Sign languages are visual languages with no vocal or written components and have the same linguistic properties as spoken languages. Sign languages are distinct and unique languages in their own right with their own grammar, syntax, semantics and idiomatic expressions.” DWCC is in support of this, that when the policy is released that certain aspects of the policy are summed up in easy to understand point form along with ASL and LSQ videos.

85. DWCC understands that in order to make the dialing of 9-8-8 work, it has to have ten-digit local dialing technically configured to route to the new non-N11 national three digit code. DWCC does support this but in its intervention expressed concerns that the dialing of the simple three digit number 9-8-8 must be made possible even with the video relay services on its platform and not the long 1-800# numbering. DWCC does not want any people, not just DDBHH, who are in the midst of crisis or suicidal ideation to have to memorize a long ten-digit phone number, all consumers should have the choice and ability to memorize only the short three-digit number.

86. The CAV does explain that, with its provision of the video relay service over a VOIP service architecture, its “ability to implement any code would rest upon availability of the three-digit code for the service from its VOIP service provider.” In this case, the DWCC requests that the CRTC **mandate** that the CAV’s VOIP service provider make it possible for 9-8-8 dialing on the VRS platform. DWCC does agree that in the case it is not technically feasible, with

emphasis that it hopes it is technically feasible, that if it is necessary, then yes, there must be promotions of the 10-digit numbering along with the corresponding 3-digit code.

87. Again, in light of all five organizations that serve the Deaf, Deaf-Blind and Hard of hearing community in Canada, accessibility must be taken into consideration when considering the new non-N11 three-digit number for mental health crisis and suicide prevention services.

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

88. CAD-ASC, DHH and DWCC are all concerned and don't want the new three-digit code creating more barriers for Deaf, Deaf-Blind and Hard of hearing Canadians. The options must be made possible with the provisions of direct signing crisis services, and for enhanced text configurations directly to accessible crisis services.

89. DWCC, CAD-ASC, and DHH Coalition, both mention shortcode configurations as a roundabout solution, as other potential modifications or network configurations, while on a wireless device. It is a concern considering the Deaf, Deaf-Blind and Hard of hearing callers experience when calling into a general line to be transferred, often through a "phone tree" configuration, and get "bounced around" to get to the right department. This cannot happen with the 9-8-8 line use while having suicidal ideation, it will take too long as the mental health of the individual would be on a continual decline. There must be a way for the **shortest possible distance** for the initial contact to the appropriate support services.

90. Thus for texting, it is imperative and critical that it takes the shortest time possible to reach culturally and linguistically appropriate support services. DWCC raises the ability to use shortcodes that easily transfer with short designated specific words to transfer to the right services, as critical, for example DEAF for Deaf, Deaf-Blind, Hard of hearing crisis services access. Deaf-Blind could have DEAFBLIND to go to readily-accessible Deaf-Blind crisis services. And as already previously suggested, other short typed messages would reach other specialized crisis lines such as IND for only Indigenous-specific support services and even INDEAF for Indigenous Deaf support services, if made possible, with dual-sensitive support services.

91. The CAD-ASC suggested that CAV be required to provide specific training for the Video Interpreters (sign language interpreters on the phone) to prepare them for the high-stress environment facilitating communication between the consumer in crisis and crisis support workers over the phone. DWCC is in agreement. Also, it is DWCC's knowledge that teams tend to assist with VRS 9-1-1 calls, and it is their view that there should be protocols and new operational requirements for the same kind of response to be made with supportive video interpreting teams working together with incoming 9-8-8 calls.

92. Again, DWCC recognizes that DDBHH Canadians may not often utilize relay systems when it comes to severe mental health crises or suicide ideation, but even with that, it must be made available as an option for all Canada's telecommunication relay services: TTY, IP, and Video. Additionally, DDBHH Canadians may wish for face-to-face direct crisis mental health services, using sign language for communication, and for privacy reasons they may wish to use SMS texting with the crisis support staff.

93. DWCC wonders about another possible technical network modification, putting forward its idea, just as 9050 is a short number within the VRS platform to reach VRS tech support services, is the consideration that another built-in platform short number, be made available to directly reach the mental health crisis services as a point to point call. This could be coordinated with the centralized Deaf, Deaf-Blind, Hard of hearing mental health crisis centre working in collaboration with the Canadian Suicide Prevention Service

Q4. Should the three-digit code for mental health crisis and suicide prevention services be deployed anywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

94. It was DWCC's original response that such a deployment timeline could take 18 months, based on its observation of how long it took for VRS to be configured and deployed in Canada. DWCC looks to the CAV for its response to this question, and the technical deployment for it to be accessible on the video relay service platform, "CAV expects once the three-digit code is available, implementation of the code in CAV's network could be possible within a 6-12 months interval."

95. However, DWCC recognizes CAV's note that "this interval doesn't take into consideration the development of service functionality to address specific requirements established by the Commission or by other entities and it doesn't include the development of serving arrangements by CAV's call routing and call transport suppliers." With this, we consider it might be reasonable to entail an 18 month phased implementation plan for the 9-8-8 three-digit configuration, to take in the other potential technical factors raised by the CAV.

96. In CAV's intervention, in paragraph 27, the description of the issues they faced during the onset of the pandemic in March 2020 with 8-1-1, in DWCC's view, is exactly what CRTC needs to take into consideration with timelines, to ensure that it is all consistent and released at the same time across Canada, to avoid confusion.

97. In the meantime, there need to be **funds created or provided through the creation of fees from subscribers** but it must be emphasized that the funds must not go to the phone companies, and instead the funds need to be able to go to create the accessible crisis services that are nonexistent and badly needed for both Deaf, Deaf-Blind or hard of hearing and Indigenous, to ensure there are enough service provisions to meet as diverse span of geography as possible in Canada.

98. The CAD-ASC raises an important point with regards to the prioritization and deprioritization of calls during the 9-1-1 calls, that such equal treatment of 9-8-8 calls may need to be taken into consideration. DWCC agrees that such operational requirements are something that CAV could implement into its training and deployment process when it comes time to incorporate and configure the new number into their system. Callers using the 9-8-8 line will be treated the same as the 9-1-1 calls. There has to be a minimum required answer time to ensure that the caller feels fully supported.

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

99. The Canadian Association of the Deaf (CAD-ASC) captured the CAV's response in 2021-102, specifically their document 2021-102-18 in response to the proceeding's RFI to the CAV itself. And DWCC references its response, in paragraph 19 of its intervention, when discussing the N11 numbering calling, for example 2-1-1, or 8-1-1, we take particular attention to:

"*6. Most significantly, the first technical limitation is whether CAV's VoIP provider has the 3-digit code available. Since Canada VRS's inception, it has been able to route 9-1-1. 9-1-1 calls are also routed through a national initiative that has centralized various provincial and local services so that a 9-1-1 call can originate anywhere and be routed to the appropriate local authority."*

100. The same concept should be applied to the 9-8-8 calls. CAV provides an excellent description of using 9-1-1 routing as a potential serving infrastructure arrangement on pages 3 and 4 of its intervention. CRTC needs to consider that the routing issues be resolved so that accessible relay services are able to handle these calls in the same manner.

101. Additionally, CRTC must take into consideration the CAV's response with "*Once the 9-8-8 code becomes available CAV will begin testing the code over its network and will offer its customers access to this 3-digit code."* DWCC suggests the timeline for the implementation and deployment of the 9-8-8 to include the video relay service platform testing to handle the 9-8-8 calls. This includes alpha and beta testing by a group of identified and interested VRS consumers, that is outside of the "CAV internal circle," not just "the front-line staff, video interpreters, Customer Service representative and outreach staff," (CAV intervention paragraph 27). Just as CAD-ASC raised, even interested and identified VRS consumers such as those specifically from telecommunication accessibility groups such as DWCC, CDGM, DHH Coalition and CAD-ASC should be able to participate in such testing. This approach ensures that nobody falls in the cracks, and best utilizes the expertise of the members of the current telecommunication accessibility groups.

102. This would allow for the 9-8-8 abbreviated dialling code to be a national initiative with centralized service referring to provincial and local services. The national accessible mental health crisis and suicide prevention service centre should operate in partnership with Canadian Suicide Prevention Service (CSPS) and be available in pan-Canadian geographic regions, with local/provincial services. The Deaf, Deaf-Blind, and hard of hearing access to these crisis services needs to not be provided by one regional program but perhaps a joint venture with the two existing regional mental health programs to develop the resources to provide the service 24 hours/7 days a week/365 days a year.

103. In the screenshots in paragraph 21, CAD-ASC uses images to show how the platform interface needs to possibly use an identified and separate button for direct 9-8-8 line calling just like the 9-1-1 call button. DWCC supports this, with the suggestion of perhaps a different distinguishable colouring of the button could be created, such as the colour blue.

Q6. To what degree should the networks providing mental health crisis and suicide preventation services through a three-digit code be interconnected with

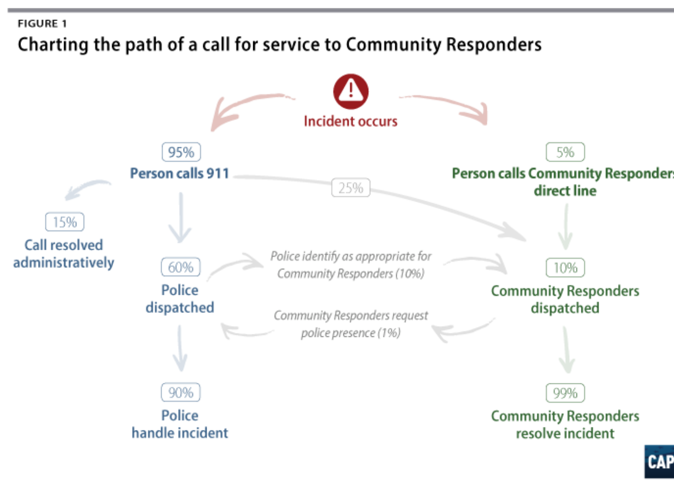
9-1-1 networks?

104. DHH Coalition, CDGM and DWCC all believe that the 9-8-8 service provisions and routing should not be interconnected with the 9-1-1 networks, and kept separate. DWCC raised the intergenerational traumas with Indigenous and this is a clear reason why 9-1-1 and PSAPs must be kept separate from the 9-8-8 line. Therefore, the three Deaf organizations disagree with CAD-ASC in having the 9-1-1 and 9-8-8 interconnected. DWCC is of the view that the calls should not be re-routed to 9-1-1 for safety and cultural reasons.

105. The goal with the mental health and crisis support services three-digit calls is **to provide immediate de-escalation support which would likely make the caller feel less on the edge,** if you consider earlier in this response in 55g. "The goal of any conversation is to get you to a calm, safe place. Sometimes that means providing you with a referral to further help, and sometimes it just means being there and listening. A conversation usually lasts anywhere from 15-45 minutes," is the guideline we should reflect on in consideration of the implementation of these specialized support lines, using the example of the service and program provided in the United Kingdom. Therefore, the 9-8-8 line is to be kept separate from the 9-1-1 established network, with two separate and distinctive purposes.

106. While DWCC notes we couldn't find any Canadian statistics or research done on the average suicide. any statistics or research done on the average suicide de-escalation versus the actual cases of where the 9-1-1 call was enacted due to the threat of the suicide act being carried out but we did find the document "The Community Responder Model," published by the American Progress, and how the right responder is sent to every 911 call and thought this image might be of interest:

Figure 1:[12]



107. Canada needs to provide better resources that illustrate statistics such as our other find, through the Orange County Register at link.

Q7: Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network?

[12] Irwin, Amos and Pearl, Betsy, AmericanProgress: Advancing Racial Equity and Justice, *The Community Responder Model,* October, 2020

108. CDGM, DHH Coalition, and CAV agree that there needs to be a dispatchable location attached to the call for safety reasons. DWCC had difficulty pinpointing a position on this, with the ethical dilemma and largely in part due to privacy concerns which CAD-ASC generally had as well.

109. CAV, in its intervention, explained its process for location information with incoming 9-1-1 calls in the corresponding paragraphs below:

> 16. CAV has established an integrated system with its 9-1-1 service provider, whereby there is a database (DB) of CAV customers which is hosted by the service provider on its infrastructure. The DB is updated automatically anytime there is a new registration, or a user changes their account information (for instance, address change).
>
> 17. When a 9-1-1 call is answered by the 9-1-1 service provider, the location of the caller will be determined if possible. This is facilitated by the integrated DB. The 9-1-1 service provider will see the caller's registered address come up with the call. The 9-1-1 service provider's call taker will ask, through the interpreter, where the person is calling from and will compare the answer to the information from the DB. The call taker can also hear the sound environment of the Deaf caller if the sound is on. The sound can be turned on with one click from the call page by the user – clicking on the microphone symbol.
>
> 18. If the caller is using a cell phone equipped with GPS, the longitude and latitude of the caller will also be available to the 9-1-1 service provider call taker. The translation of the coordinates into an address takes place within the 9-1-1 service provider's system.
>
> 19. In summary, the location of the 9-1-1 caller is verified using a three step process:
>   a. Asking the caller where he or she is
>   b. Checking the address information in the above referenced DB which is automatically electronically provided to the 9-1-1 service provider call taker when the call is made. The electronic information is used if the caller is unable to convey their location. It is also used to verify the location if the caller is at the registered address and can convey their location.
>   c. Looking at geolocation data, if available, again checking against any information provided by the caller or the electronic system. Geolocation information is available if the caller is calling from a GPS-enabled cell phone.
>
> 20. Once the location and nature of the emergency is determined, the call is routed by the national 9-1-1 service provider to the appropriate Public Safety Answering Point (PSAP). The VI stays on the call throughout the process.

110. In consideration to the CAV's outline of all the steps taken for 9-1-1 calls, it gives a rationale for perhaps keeping the location information separate, connected with only the 9-1-1 and only with the PSAPs in escalated scenarios (violent, or true intent to carry out suicide).

111. However, DWCC must remind all of **the purposes of the 9-8-8 call as the goal of de-escalation, and hopefully removing the need for the police to intervene.** Only in

extreme cases would it be referred to the 9-1-1 dispatcher to send the appropriate first responders for the situation.

112. DWCC wondered if CRTC should additionally examine the reverse approach, or scenarios, which is ensuring that the 9-1-1 calls could be diverted to the 9-8-8 line, as a form of conserving resources, so the emergency calls are deferred to descalation methods such as the 9-8-8 mental health crisis line.

113. However, from the Community Call Responder resource,[13] DWCC would like CRTC to take a look at the Crisis Call Diversion (CCD) program that is provided by the Houston Police Department[14] to glean ideas of how to resolve non-emergency mental health calls for service over the phone, and for parties in the proceeding to consider how this may have a different perspective:

> "When calls come into 911, call-takers would flag situations that might be appropriate for CR response. At the same time, the CR dispatcher would continuously review the calls in the police and fire dispatch queues—in particular, the calls flagged by the call-takers—and reach out to certain callers when more information is needed. If a CR dispatcher determines that a call is appropriate for CR response, they would radio the CRs to confirm the appropriate CR team to dispatch to the scene, before removing the call from the police dispatch queue…The CR dispatcher would screen for potential mental health factors and other root causes underlying the situation. At any point, if the CR dispatcher or CR team decides that the call needs a police response, the CR dispatcher could update the call file and return it to the police dispatch queue….Community members could also reach the CR dispatcher through a direct number to increase reporting. Many people wait to call 911 until there is a true emergency or a crime has been committed, or they do not call at all, because they do not want to involve the police. Having a direct number for the CR dispatcher would encourage community members to call earlier while situations are easier to de-escalate and before crimes are committed."

Q8. Should the ability to text directly to the three-digit code be implemented?

114. All the Deaf, Deaf-Blind and hard of hearing organizations, even including the Canadian Hearing Services [**CHS**], are in full support of the three-digit code being implemented and accessible through texting, SMS, Real-time Texting (RTT) and even suggest utilizing the shortcode options.

115. While the DWCC raised the benefit of texting as "silent communication" for the safety and protection of those in potentially dangerous or violent situations, an additional concept was shared:

a. Just as crisis lines online, using the chat feature, or support for violence

[13] Irwin, Amos and Pearl, Betsy, Advancing Racial Equity and Justice, *The Community Responder Model,* October, 2020- link

[14] Mental Health Division Crisis Call Diversion Program (CCD) - link

websites have the emergency “EXIT” button or “Safety exit” button to protect people in potentially dangerous or threatening situations a way to escape without a trace of having visited the website, as seen in two websites ADWAS[15] and the deaf hotline,[16] the DWCC requests the CRTC mandate that there be an addition of a technical option that the allows making the RTT/text messages disappear, or be switched to a generic application if the caller gets discovered to prevent suspicions from the abuser in unsafe or threatening situations.

116. In regard to the previous paragraph, DWCC requests that even other platforms should reconsider the safety and security of the callers with the technical configuration or programming of a disappearing function, even on the platforms of RTT, and the Canada VRS.

117. Again, DWCC raises the consideration to adopt the shortcode system for texting communication to get the most direct lines to specialized crisis support services for accessibility or for Indigenous culturally sensitive, and safety purposes.

Other considerations for Deaf, Deaf-Blind and Hard of Hearing Accessibility

118. CAD-ASC, in paragraph 30, raises a good point for all to remember and to be aware for the training purposes of the crisis staff, the mental health crisis operators, and first responders. that the video interpreter (sign language interpreter) gender during the Canada VRS call, may not be the same gender over the phone and “the person actually experiencing an emergency and calling through Canada VRS may be of a different gender.” DWCC is wholeheartedly in support that this should be incorporated in the training and awareness of all those involved in the new mental health crisis service provisions.

119. In general, all the Deaf, Deaf-Blind and Hard of hearing consumer groups including the CAV and the CHS, generally agree on ensuring that the accessibility of telecommunications relay platforms are inclusive and all options and platforms of communications are provided.

120. The next section will explore and introduce other examples for Deaf Crisis Lines with how these services are established and set up with various contact methods in paragraphs 122 and forward.

Mental Health Information, Programs, and Deaf Crisis Lines

121. The following paragraphs with information gathered by DWCC researchers do not reference the Questions posed by the CRTC, but have been provided in addition to our response to show what options are available in the United States and elsewhere. DWCC emphasizes the large gaps in mental health supports for Deaf, Deaf-Blind, and hard of hearing Canadians.

122. We located over thirty-five organizations[17] providing mental health-related services

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[15] ADWAS - link

[16] Deaf Hotline - link

[17] See **Resources List** at end of this Reply..

and/or emergency or crisis communication options for Deaf, Deaf-Blind, and Hard of Hearing individuals. These mental health services include supports for domestic violence/gender-based violence, sexual abuse and sexual assault, addictions, and other connected issues. There are local and state-based programs and services, as well as national emergent-urgent communication hotlines. A variety of options are presented, including text-based options in English and Spanish (in certain areas), or through Video Relay Services (sign language to spoken English or Spanish), and a limited number of face-to-face sign language communication.

123. These programs and services reflect developments that mirror the information shared in ***Promising and Emerging Approaches and Innovations for Crisis Interventions for People Who are Deaf, Hard of Hearing, and Deafblind***.[18]

> "Research in suicide and suicide prevention in the Deaf Community is scant.[19] As a result of this limited research, it is generally unknown that deaf people are at significant risk for depression and they do attempt or consider suicide at a significant rate. Black and Glickman[20] found that, among the patients at the Westborough (Massachusetts) State Hospital Deaf Program, 30% attempted and another 30% seriously considered suicide. Among deaf people with substance use disorders or co-occurring mental illness and SUD, the numbers are even more troubling. According to Embree,[21] more than 4 out of every 10 people who are deaf will attempt suicide a one point in their life and more than half will consider it. Among deaf women, the rate is 65.1% for suicidal ideation.
>
> For a hearing person, help is as close as a phone call. For deaf people, there are fewer appropriate resources available to intervene and the same opportunities do not currently exist."

124. The premise of the document is that Deaf people are a cultural and linguistic minority, first, and disabled second. "Well-intentioned efforts to make various programs 'accessible' by means of interpreters and other accommodations fall short if they do not also address differences in how the world is viewed and experienced from this cultural standpoint."[22] In addition, the complex nature of many Deaf persons who have experienced language deprivation, low literacy and education abuse where their use of sign language was not permitted are factors in how to access mental health supports.

125. The most appropriate and successful supports that have been noted are those that provide choices of communication, with skilled and experienced personnel who can match the person's preferred communication choice. Face-to-face communication in American Sign Language is done through video conferencing communication (videophone, Face-Time, Zoom, or other apps). If the client prefers text-based communication - they

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[18] National Association of State Mental Health Program Directors, Alexandria, Virginia. Assessment #8. September 2016.

[19] Turner, O., Windfuhr, K., & Kapur, N. (2007). Suicide in deaf populations: a literature review. Annals of general psychiatry, 6(26), 1-9.

[20] Black, P. A., & Glickman, N. S. (2009). Language and learning challenges in the deaf psychiatric population. Cognitive-Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges. New York, Routledge.

[21] Embree, J. A. (2012). Prevalence of Suicide Attempts in a Deaf Population with Co-Occurring Substance Use Disorder. Journal of the American Deafness & Rehabilitation Association (JADARA), 45(2).

[22] Promising and Emerging Approaches and Innovations for Crisis Interventions for People Who are Deaf, Hard of Hearing, and Deafblind. National Association of State Mental Health Program Directors, Alexandria, Virginia. Assessment #8. September 2016. Page 4.

should have options - online texting through the agency's website, wireless texting, or email-based communication.

126. Given these varied preferences and potential options, as well as the unknown intersectionalities of gender identities, cultural and language differences, lack of education, age, rural v. urban residency, and so much more - how can the single crisis & suicide prevention line 988 be truly accessible? Deaf Canadians will be watching the roll-out of 988 in the United States with great curiosity how the larger numbers of service providers are integrated into that system. This roll-out may well happen before the Canadian system gets going, but it is up to all parties to create a workable system that takes into account Canada's different situation.

127. Canada has far fewer service providers in the area of mental health for Deaf, Deaf-Blind, and hard of hearing children, youth, and adults. Some services are provided by provincial health authorities, such as Briitsh Columbia's Vancouver Coastal Health *Deaf, Hard of Hearing, and Deaf-Blind Well-Being Program*. Other programs may be provided through a not-for-profit organization like the *Connect Mental Health Services* at the *Canadian Hearing Services* in Ontario. There is one unique organization that serves Deaf Francophones in the province of Quebec - La Maison des Femmes Sourdes de Montréal - MFSM, this trnslates to "The House of Deaf Women of Montreal" - long known for its work with domestic violence survivors, as well as new immigrants needing assistance in literacy, numeracy, and navigating the health and social service systems in Quebec.

128. In addition, there are members of the Deaf community who are unable to fully access digital communication, whether it is text-based using wireless telephony, internet-based communication or video applications and sign language 'face-to-face'. Deaf-Blind persons are in this category, due to their vision limitations and/or financial constraints. Some may not be able to see text or video communications, and then there is the cost of equipment that must be used for accessibility reasons. Those who use braille would need to purchase expensive equipment to be able to read and respond. These items cost anywhere from $2,000.00 to $5,000.00 or more, in addition to the 'regular' computer or wireless devices.

129. As yet, none of the specialized Canadian mental health service providers have been able to offer sign-language-based, Deaf-oriented crisis service lines, unlike the well-known Seattle, Washington agency ADWAS (Abused Deaf Women's Advocacy Services). This agency's administration, staff, and community supporters fought long and hard to get funding to set up a national hotline for victims of domestic violence and sexual assault.

130. Another area lacking is having sufficiently-trained mental health service personnel who are representative of intersectional Deaf communities and who are also able to converse with immigrants and refugees. The cost of post-secondary education and graduate school, followed by practical experience and employment are challenges that face Deaf persons who want to become mental health service providers.

131. In addition to this, there is a serious scarcity of IBPOC interpreters for culturally and linguistically safe services, to give specific example, there are only three Indigenous interpreters in Canada. Another challenge for the Canadian Deaf Community is having an adequate pool of sign language interpreters who can be utilized by 'mainstream' mental health and health service organizations to serve DDBHH clients. Elsewhere in this document are the issues presented by Indigenous Deaf community members, including the lack of adequate Indigenous interpreters even in the most populous provinces.

132. So in some cases, the Canada Video Relay Service has been a way for Deaf persons to get health and mental health information and support through the SRV-Canada-VRS platform. The application's home screen has a '911' button which a Deaf caller can press to make an urgent 911 call, which will move the person to the front of the calling queue for immediate access to the VRS interpreter, who will be able to connect with the appropriate emergency service dispatcher. With this option as an example, additional improvements to the video relay services could be created.

133. For example, an additional 'hot button' could be a direct short number within the CAV platform that allows for direct video calling to a **dedicated Deaf crisis support call centre**, just as the current short number 9050 directs SRV Canada VRS users to CAV Technical and Customer Support care. Or failing that, a '988' button to alert the VRS to route the caller to a mental health support line and have the VRS interpreter be the communication link.

Other Consumer Groups:

Public Interest Advocacy Centre

134. The Public Interest Advocacy Centre (PIAC) is a national not-for-profit corporation and a federally registered charity, located in Ottawa, Ontario. It has represented consumer interests in the provision of important regulated services including telecommunications and broadcasting, among other areas. The PIAC submission covered a great deal of material, often referencing the work of the United States' Federal Communication Commission (FCC) related to the roll-out of the American 988 crisis intervention line.

135. **Responses:** Below are the PIAC main points from the Executive Summary (ES) and following each, a brief response from DWCC.

136. PIAC strongly supports the adoption and implementation of a three-digit national code to be used for mental health crisis and suicide prevention services in Canada.

DWCC agrees with this statement.

137. We submit that the establishment of a three-digit code dedicated to mental health crisis and suicide prevention should be subject to the criteria established in Decision 2001-475, which should provide clarity, and consistency as to the use of this code and importantly ensure that this three-digit code is defined and utilized as a public numbering resource.

DWCC agrees with this.

138. PIAC introduces the following 9-8-8 user principles, which we suggest also should guide the Commission in policy choices necessary to this proceeding. PIAC's principles favour the public, and in particular the users of the proposed 9-8-8 service, and further, vulnerable persons:

a. **Autonomy: user control of the 9-8-8 access.** This includes the user's right to privacy and confidentiality of the mental health information shared with 9-8-8.
b. **Free (affordability):** users of the service should never be charged for accessing 9-8-8, either as an access charge, nor for airtime, long-distance, nor any other use charge whatever.
c. **Timeliness:** users should be able to access 9-8-8 services as soon as possible;
d. **Accessibility:** users should be able to access 9-8-8 in a format that is most useful to them.
e. **Universality:** 9-8-8 service should be made available to all Canadians across Canada, no matter where they are or live.
f. **Equity:** all users, no matter their personal circumstances, characteristics or needs, should have access to 9-8-8, without being required to wait for rollout of 9-8-8 services.

139. **DWCC appreciatively agrees with these principles**, as they reflect sincere efforts to make the concept of universal accessibility for a very important service.

140. PIAC submits that Canada should move to national ten-digit local dialing in all areas to transition 7-digit dialing codes that are using non-N11 codes, particularly 9-8-8 as a central office (or NXX) code to 10-digit dialing. This is to ensure that the designated code is deployed on a ubiquitous basis, providing uniform access in all parts of Canada.

141. **DWCC agrees** and reiterates its belief that the roll out of the national ten-digit local dialing to enable the key three-digit numbers needed are made accessible in an equitable manner for all areas. Whatever it takes, it needs to be done.

142. PIAC argues that Canada should use a non-N11 three-digit code for mental health crisis and suicide prevention services as it would be more efficient, cost-effective and less time-consuming than using an existing N11 number. We support the Commission's preliminary view that 9-8-8 should be used as the three-digit code for mental crisis and suicide prevention services in Canada. Canada's complete transition to 10-digit dialing should occur within 13 months of the date of the Commission's decision in this proceeding in order to prepare for 9-8-8 service.

143. **DWCC has no objection to the above** and supports the proposed rationale for the proposed timeline.

144. PIAC suggests that Canada should implement a timeframe of 18 months to a maximum of two years for implementing 9-8-8 service. This timescale should not exceed the two year period and should be strictly adhered to, with a specific timeline and active Commission oversight, as delays mean reduced chances of saving lives.

145. **DWCC's** perspective is to ensure that a timeline that is agreed upon be made with full consultation of DDBHH stakeholders, their communities and service providers.

146. PIAC submits that the service providers should bear the costs associated with making their networks ready to implement this three-digit code. We note that some funding support may be provided to smaller service providers from the National Contribution Fund. We generally argue against passing any of these costs to end-users. Operating costs for 9-8-8 service could be borne by telecommunications service providers or, if considerable, it should be contributed to by all TSP customers in an equal, transparent manner, as is the case for 9-1-1 operation.

147. **DWCC agrees** that the end-users should not be charged for their use of the 988 service. However, the service providers typically offering specialized supports for Deaf, Deaf-Blind and hard of hearing customers are often operating as non-profit organizations and few have large budgets to cover the costs of enhanced technology and communication network development. Supporting grants from the National Contribution Fund would be one option. The concept of all TSP customers being billed for a 988 service as they are for the 911 service has precedence from the 1980s-90s when all BC Telephone customers were billed for the message relay service access, a few cents per month.

148. The three-digit code for mental health crisis and suicide prevention services should be deployed everywhere in Canada at the same time. The Commission should take a proactive approach in addressing the challenges associated with deploying this code in all parts of Canada, and ensure that the rollout is not delayed in some parts of the country. The period of 18 months to a maximum of two years should provide sufficient time to meet the challenges in deploying this code on a uniform basis.

149. **DWCC wholeheartedly supports the timeline that PIAC is proposing based on its experience observing the length of time it took for Canada VRS to get established and deployed from the publication of TNC 2014-187.**

150. PIAC submits that users of video-relay service (VRS) and those making nomadic VoIP calls should be able to access and use the three-digit code like all other users. We gather that there might likely be limitations at this time for these services to be able to capture necessary location information for accurate routing, and if that is the case then at least basic access services should aim to be provided, with more solutions developed over time.

151. **DWCC agrees that VRS users and the nomadic VoIP calls should be able to access the three-digit code equitably along with all users.**

152. Networks providing mental health crisis and suicide prevention services through a three-digit code should be interconnected with 9-1-1 networks to enable calls to be transmitted from the three digit code to 9-1-1 networks and vice versa; this is to ensure that callers on either networks could be connected with the other network in case they need to do so. If there are such transfers, the service transferring must first obtain the caller's consent for the transfer and attempt to explain the implications of the transfer on privacy.

153. **DWCC supports the ability to have 911 interconnection** - but with clear, and understandable explanation and **clearly given consent** to share location **ONLY IF** it becomes necessary. However, given the fact that first responders are more often than not unfamiliar in dealing with Deaf or Deaf-Blind persons, what might begin as a "wellness check" may turn out to be a very negative experience. So this must be dealt with in consultation with experts familiar with DDBHH clients. And this is the same for the Indigenous intergenerational traumatic experience with police.

154. **PIAC's** view is that calls to a three-digit code should not automatically capture dispatchable location information as it raises significant privacy and confidentiality concerns that may discourage consumers from seeking help, who would rather remain anonymous. We suggest that instead of automatically capturing callers' location information, this information should only be obtained when express consent is provided by the caller or the caller requests for help services to be sent at his or her location, or it is revealed upon transfer to a 9-1-1 service and that in this case, the 9-8-8 service provider explain that the user's location information will be provider to the 9-1-1 operator on transfer.

155. **DWCC response: See above response.**

156. PIAC strongly supports the ability to text directly to the three-digit code. This could have significant advantages as it would not only provide another communications medium to consumers, but it would be integral for those who prefer seeking help by sending a text message rather than talking to someone. Texting is also an extremely important service for those with special needs, such as users who are deaf, hard of hearing, and/or who have speech disabilities.

157. **DWCC response:** Text as an option to access the three-digit code and mental health crisis services is but one option - and one that is not fully accessible to all DDBHH persons. Written language is a challenge to read and even more of a challenge to convey one's complex thoughts during a very stressful situation. DWCC refers to the PIAC's principles of "Autonomy" and "Accessibility" so that the **consumer will have full control and choice of their preferred way to get support.**

Additional comments:

158. A very important point was made by PIAC that it is crucial to inform consumers about any and all changes about how the new three-digit crisis intervention line will work, the timelines for implementation, and all related information. DWCC adds that this must be done in numerous ways, in all accessible communication methods - print, sign language videos,

accessible braille communications for those who are blind or Deaf-Blind, and be done on a regular basis, with frequent updates.

English Mental Health organizations

159. Four Canadian Mental health organizations jointly submitted a Report for this public policy process, and they are: Mental Health Commission of Canada [**MHCC**] which jointly authored along with 3 other organizations: Crisis Services Canada [**CSC**], Canadian Mental Health Association - National [**CMHA**], and Centre for Addictions and Mental Health [**CAMH**]. The title is "*Considerations for Implementing a Three-Digit Suicide Prevention Number in Canada - Policy Brief" (2021).* It is available in both English and French as it was funded and published by Health Canada.

Mental Health Commission of Canada Report

160. The MHCC report briefly mentioned the dimension of accessibility for deaf and hard of hearing. They stated that one of the dimensions that need to be considered for the 988 line was the availability of teletypewriter (TTY) for the Deaf or hard of hearing.

161. DWCC wants to insist that while TTY is a technology that is becoming increasingly obsolete with time, it's a technology that is still used by Deaf and hard of hearing seniors and Deaf-Blind people. DWCC wants to emphasize that there are relay services for TTY users. DWCC also wants to remind the CRTC that there are other accessibility services available, like IP relay and Canada VRS for sign language users.

162. The MHCC report also quoted the public comments included in the FCC ruling where "numerous mental health experts… emphasize the importance of texting as a medium by which some individuals, particularly members of certain vulnerable communities such as young people, low-income individuals, members of the LGBTQ community, and individuals who are deaf and hard of hearing, may wish to obtain crisis counseling". The report also mentioned that "the reasons for choosing these modalities may vary … such as not feeling comfortable talking, not having privacy to make a call, or not having the technology available to do so. In addition, those experiencing poverty may not have a landline or cellphone with minutes but may able to either text for free (if the service doesn't incur costs) or access free chat services when connected to the internet.

163. DWCC confirms that text-based technology is a very important option for DDBHH persons as well as Deaf Indigenous people and Deaf people who immigrated here as not everyone knows or is fluent in sign language, or may be more comfortable to communicate by text. Some Deaf and hard of hearing people may also experience poverty because employment opportunities may be more limited or less accessible. Therefore, it could be a life-saving option if DDDBHH who experience poverty have the ability to reach these services

for free without relying on landline, cellphone or by accessing free chat services when connected to the internet.

164. The report also suggested that "a further examination of how people living in Canada will access this service, particularly with expansion to text and chat modalities, is necessary." DWCC agrees that text-based services should be carefully examined and implemented, as it is an option that will clearly benefit DDBHH people.

165. MHCC also indicated that "an assessment of how people will learn about this service, including individuals from diverse groups and those living in rural and remote communities, must be considered." DWCC wants to respond that this assessment should also include how DDBHH communities may be reached or learn about this service.

166. The MHCC report also stated that "while these results suggest that ASIST (Applied Suicide Prevention Skills Training) should be an important consideration in training crisis responders, other evidence-based and culturally relevant training programs with similar results should also be considered"

167. DWCC would like to add that culturally sensitive training for DDBHH people as well as training on how to communicate effectively with DDBHH people through voice phone calls should also be implemented, in the event that specialized DDBHH suicide services aren't available for the DDBHH caller or if the caller doesn't want to be transferred to such specialized services.

168. DWCC also agrees with MHCC that a "national approach for training requirements is needed to ensure that the same level of care is met across all centres (to the extent possible). Including the accreditation of crisis centres, while making training requirements a necessary component for certification, may help with this kind of national oversight."

French Mental Health organizations

169. Only one organization from Quebec submitted in the french language, and DWCC lays out its comments, and provides DWCC's response, the french organization is Regroupement des centres de prévention du suicide du Québec [**Regroupement or RCPSQ**]

Q1. Does the establishment of a three-digit code dedicated to the mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

170. The Regroupement supports the implementation of the three-digit number, however they state that this number should be specific to specialized suicide prevention telephone intervention services in Quebec in order to preserve the network currently in place through the provincial 1 866 APPELLE suicide prevention telephone line, while including access to CPSs that are not 1 866 APPELLE agents.

171. RCPSQ asks that the regional specificity of Quebec be respected. Indeed, in Quebec, mental health crisis intervention lines are already offered by crisis centers. They also state that they prefer the scenario number 1 because it avoids favoring certain SPCs to the detriment of other SPCs that are not 1 866 APPELLE agents, and because it is most consistent with the criteria retained by the Board for granting a three-digit number.

172. DWCC comments that, in light that there is already a ten-digit number assigned to the french-language and province of Quebec counterpart of the crisis service provisions, that the CRTC take this into consideration when making its policy decisions, that the same number remain unchanged and potentially broadened to be deferred to allow for all francophone (and Langue des Signes du Quebec - **LSQ)** callers to get mental health support and crisis suicide prevention services from anywhere in the country.

173. Additionally DWCC wonders if this French access should be made available to those who are francophone and use [**LSQ**] in the provinces of Ontario, New Brunswick and literally anywhere in Canada.

174. DWCC notes that no comments were made with regards to making 1-866 APPELLE accessible to the francophone or anglophone DDBHH who are residents of Quebec. And the French crisis line, just as the English line needs to be made bilingual, available in both English and French, and also the direct ASL and LSQ accessibility crisis services implemented and configured technically.

Q2. Should Canada move to national ten-digit local dialling in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

This question was not answered by the Regroupement, therefore DWCC offers no comments in response.

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

175. The Regroupement stated that once the three-digit number is technologically functional, it would be easy and relatively quick for RCPSQ and its HPC members to publicize this number to the public and their partners and make all the changes on their respective digital platforms (website, Facebook page, Instagram, etc).

176. DWCC is pleased that it appears that the RCPSQ has all the technical configurations for ten-digit number in place and ready to convert to the three-digit code for the mental health crisis and suicide prevention services, and it is pretty much ready to go public on all their meida platforms. It is now over to the English crisis and suicide prevention services to get their act together and get their technical configurations sorted out.

Q4. Should the three-digit code for mental health crisis and suicide prevention

services be deloyed anywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

177. The Regroupement believes that the three-digit short code should be mandatory throughout Quebec at the same time. This aligns with DWCC's view that it should be launched for everybody and that includes the Deaf, Deaf-Blind and Hard of hearing LSQ community members.

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

178. This question was not answered by the Regroupement, therefore DWCC offers no comments in response.

Q6. To what degree should the networks providing mental health crisis and suicide preventation services through a three-digit code be interconnected with 9-1-1 networks?

179. This question was not answered by the Regroupement, therefore DWCC offers no comments in response.

Q7: Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network?

180. The Regroupement offered an interpreting retrospective, that for their current crisis services, and suicide prevention centers in Quebec offer confidential but not anonymous telephone intervention services. Interesting to note, most CPSs are equipped with a telephone system that allows them to automatically access the caller's telephone number so that they can quickly trace the person if he or she is in serious and immediate danger of committing suicide, according to the assessment made by the worker, and immediate action is required.

181. This is certainly different from what DWCC has proposed to keep the privacy and location information out of the 9-8-8 and location information kept only to the 9-1-1 line. If something is already established, it is a consideration that the CRTC has to apply to its policy determinations, at least for the french and Quebec services.

Q8. Should the ability to text directly to the three-digit code be implemented?

182. Quebec presents a unique picture in this regard, since the Regroupment presents that a crisis line is already existing in the province. Since October 2020, Quebecers have been able to access the Service numérique québécois en prévention du suicide (1 866 APPELLE (277-3553). It is a free, bilingual and confidential service. The goal of this digital service is to prevent suicide through digital technologies (through an online chat and text message

intervention service) and practical information for at-risk people, their loved ones and those bereaved by suicide. Therefore, the Regroupement suggests that a new text-based help service on the national level would add confusion. However, they are not against the possibility to set this up in the other provinces.

183. DWCC disagrees with the Regroupment that a text-based help service on the national level would add confusion. Everyone has a text phone, and Regroupment forgot about the Deaf, Deaf-Blind and Hard of hearing people who also need crisis management. This is a perfect example of how accessibility once again is an afterthought in a system design.

9-1-1 Public Service Answering Point (PSAP)

184. DWCC acknowledges it has read and reviewed the interventions of Coalition pour le service 9-1-1 [Coalition 9-1-1] au Québec and the Comité 9-1-1 du Syndicat Canadien de la fonction publique's responses.

Q1. Would the establishment of a three-digit code dedicated to the mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

185. The Coalition pour le service 9-1-1 believes that the three-digit code meet the criteria. The Comité 9-1-1 didn't answer this question.

186. DWCC observes that it is apparent the 9-1-1 centres support the concept of the three-digit code dedicated to mental health crisis services.

Q2. Should Canada move to national ten-digit local dialing in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

187. The Coalition thinks it should be the case but didn't comment about the time required to do so. The Comité 9-1-1 didn't comment.

188. This question was not directly answered by the Regroupement, therefore DWCC offers no comments in response.

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

189. Both organizations didn't answer this question as it is outside of their expertise, therefore DWCC offers no comments in response.

Q4. Should the three-digit code for mental health crisis and suicide prevention services be deployed everywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

190. Both organizations favour a simultaneous deployment, but if it’s not possible, both suggest a deployment by major regions (Atlantic/Maritimes, Quebec, Ontario, Prairies, British Columbia and the North). Both organizations suggest that the awareness campaigns should be a coordinated effort.

191. The Comité, however, insists that these campaigns be launched only after the new number is fully operational on a national level to prevent people from trying to reach this number before it goes live.

192. DWCC agrees that the deployment needs to be a nationwide campaign on the same day, and offers it be launched tied in with World Suicide Day on September 10th.

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

193. While the Comité didn’t answer this question, the Coalition reminds the CRTC of the FCC’s decision to make 988 accessible to everyone. They said that “Given the required presence of an interpreter for VRS and the sensitive nature of these calls, it is nonetheless possible that other, more discreet modes of communication (such as, possibly, Real-Time Text when available) will be preferred by customers.” They are also looking forward to answers from groups like ours.

194. The DWCC agrees that the 988 line be accessible to everyone including Deaf, Deaf-Blind and Hard of hearing just as the FCC has. Accessibility simply cannot be an afterthought.

Q6. To what degree should the networks providing mental health crisis and suicide prevention services through a three-digit code be interconnected with 9-1-1 networks?

195. Both agree that interconnection should happen between 988 and 9-1-1 networks, provided that the specialized call centers get accredited to security standards. This will facilitate transfers to 9-1-1 centers and reduce potential life-threatening delays. Moreover, the Coalition suggests that the costs associated with interconnection be assumed by telecommunication service providers, as it is already the case in the US.

196. DWCC found it interesting that the French organizations had a different perspective than the English organizations and submissions in that the English organizations want to keep the 9-8-8 line separate from the 9-1-1 for privacy and safety considerations and due to the Indgenous community experiences and the forecasted operating expenditures being expensive. It looks forward to CRTC’s considerations and determinations with regard to this query and the diverging perspectives.

Q7. Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network? What privacy concerns does such an approach raise, and how should they be balanced with any advantages?

197. Both organizations believe that the future three-digit number should be able to automatically capture the caller location information if such a call is transferred to 9-1-1. The Coalition is aware of concerns regarding the protection of privacy, confidentiality of information because the capture of location information can be a disincentive to contact suicide crisis services. However, they state that people who call 9-1-1 directly with suicidal thoughts are implicitly waiving that protection. They also suggest that precautions should be taken to avoid any unauthorized use or leakage of highly sensitive data, as the credibility of the 988 would be greatly affected.

198. This being said, both organizations suggest that the caller location information should at least be either captured only when the call is actually transferred to a 9-1-1 PSAP. The Comité adds that it should be retained in memory for a call back if the line is disconnected during the information.

199. DWCC sees this unique perspective as beneficial only in regard to 9-1-1. However 9-8-8 is for descalation and references an earlier entry with regard to 15 min to 45 minutes of average descalation time with callers. Hence, rare extreme concerns would be transferred for a first responder aid, and that is when location information is essential.

Q8. Should the ability to text directly to the three-digit code be implemented?

200. Only the Coalition 9-1-1 answered this question, stating that this service could come later, when RTT service will be available, widespread and safe, and that suicide crisis centers are able to handle this mode of communication. The costs of deployment of RTT should be assumed by the telecommunications service providers.

201. Coalition 9-1-1 also brings to our attention that we should ensure the security of such text-based communications when they are transferred from a suicide center to a 9-1-1 center. They cite the work of the Council's Emergency Services Task Force that uncovered that there is limited or no current opportunities for effective transfer of RTT-based communication between primary and secondary PSAPs as part of the future Next Generation 9-1-1 service. They also stated that they don't have the expertise to determine whether the possibility of RTT would be popular nor useful in mental health crises or suicides. They also quote the FCC's statement that it could be more popular among younger people, although it doesn't give access to ambient noise, tone, and other contextual information.

202. DWCC thinks that RTT should be made available on a national level at the same time as the 988 number, to ensure that DDBHH & Deaf indigenous people will have an accessible service right from the start. DWCC agrees that, if mandated by the CRTC as a

policy result outcome of this proceeding, transfers of RTT texts should be securely done between crisis centers and 9-1-1 centers to protect the privacy & confidentiality of such users.

203. DWCC asks the CRTC to examine the responses differing between the English and the French interventions as there are stark differences.

Large Telecommunication Service Providers

204. DWCC acknowledges it has read and reviewed the interventions of Rogers Communications Canada Inc. [**Rogers]**; TELUS Communications Inc [**Telus**]; Bell Canada and all its subsidiaries[23] [**Bell**]; Quebecor [**Videotron**] and the Canadian Wireless Telecommunications Association [**CWTA**]. The Deaf Wireless Canada Consultative Committee [**DWCC**] will provide its comments as follows:

1. Does the establishment of a three-digit code dedicated to the mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

205. Rogers, Telus, Bell, Videotron and CWTA all agree that yes the three-digit code dedicated to the mental health crisis and suicide prevention services meets the criteria established in Decision 2001-475. Telus says it succinctly: "Implementing a three-digit suicide prevention number in Canada will bring many benefits by providing people in crisis an easy-to-remember way to reach trained support services"[24] DWCC agrees wholeheartedly, with the caveat that accessibility is provided. DWCC sees it as extremely important to remember that accessibility to the new three-digit number is a priority from Day 1 of its deployment.

206. Bell points out in paragraph 11 of its intervention, "where possible, the N11 allocation to a service does not conflict with the North American Numbering Plan and is in keeping with the Canadian Steering Committee on Numbering guidelines for N11." DWCC agrees that, where possible, there should be no conflicts or interference with existing standards, guidelines or plans.

207. Telus added reference to the U.S., where "the Federal Communications Commission ("FCC") has selected 9-8-as the three-digit number for access to mental health services. As a result, 9-8-8 has been removed from the North American Numbering Plan ("NANP") and is not available for use in Canada going forward. Therefore, using the same number would be efficient for a similar service in Canada from a technical point of view and would not reduce the number of telephone numbers available in Canada."[25] DWCC, in retrospect, says that it means Canada must make the same approach, to make it possible for the three-digit 9-8-8 line to be operational in Canada.

208. DWCC would like to point out in paragraph 44 of the decision with the two points below:

a. the provision of N11 dialing is to be based on a need to serve the broad public

[23] Bell Canada on behalf of itself (including where it operates as Bell Aliant in Atlantic Canada and Bell MTS in Manitoba, and including its divisions DMTS and KMTS); Bell Mobility Inc.; Groupe Maskatel Québec L.P.; NorthernTel Limited Partnership, including its division Ontera; Northwestel Inc.; and Télébec, société en commandite.

[24] Bell TNC 2021-191 intervention, paragraph 11.

[25] Telus Intervention TNC CRTC 2021-191 para.9

interest (including **providing access to the telephone network to disadvantaged individuals or groups**);

b. the N11 dialing **should not confer a competitive advantage on the service provider(s)** reached by this number;

209. DWCC would like to ensure it is clear that this is not about competition with the telecommunications service providers, it is about the providing of the mental health support and crisis prevention services, period. It is this very point where DWCC makes its rationale, in paragraph 98 of this document:

a. DWCC emphasizes that the funds collected through subscriber fees must not go to the phone companies, and instead need to be able to go to **create the accessible crisis services that are nonexistent and badly in demand** for both Deaf, Deaf-Blind or hard of hearing and Indigenous, to ensure there are enough service provisions to meet as diverse span of geography as possible in Canada.

210. DWCC is overall pleased that the telecommunications companies support the 9-8-8 short code connection to mental health crisis and suicide prevision services.

Q2. Should Canada move to national ten-digit local dialling in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

211. Rogers, Telus and Bell support moving to a national ten-digit local dialling system in support of a national 9-8-8 number. DWCC is pleased to see the consistency and agreement among the big companies.

212. Rogers adds further “in those regions that still use seven-digit dialing, we should move them to ten-digit local dialing in support of establishing a national three-digit code for the [crisis] services. DWCC is in agreement with Rogers, for the simplicity and for the accessibility to critical support services, all numbering should be transitioned to full ten-digits across the country.

213. In TELUS response they comment: “As these are programming changes, there are no anticipated costs related to additional hardware or special vendor software loads and all work would be carried out by TELUS personnel. While a detailed cost analysis has not been completed, TELUS estimates that these costs will not be significant and could be completed in 4-6 weeks.” DWCC is interested in the cost analysis to make this possible. The proceeding is still open, so it would be nice to give participants in the proceeding an idea to envision what is involved in the process.

214. Bell adds a very stimulating viewpoint in its paragraph 5:

“note that transitioning from seven-digit dialing to ten-digit dialing is always part of an NPA Relief Project, which follows the Canadian NPA Relief Planning Guideline and does not exist as a standalone process. These transitions include a customer notification and awareness campaign in order to ensure the public has sufficient time to adjust to ten-digit and time to make any necessary equipment changes to handle ten-digit dialing. Customer communications are not driven by us or any other carrier but rather by the Commission's

approved Guidelines.

For NPAs that are still on seven-digit dialing, the overall NPA relief timeline generally takes a total of 60 months from the initiation of Relief Planning to the Relief Date. However, in this case, as the move to ten-digit dialing will not involve the introduction of a new NPA, the timelines associated with these steps could likely be eliminated. The Distributed Overlay timeline consists of 21 steps that are to be completed during the relief planning process. Steps 1 to 16 allow for 22.5 months from initiation of Relief Planning until the Commission issues a Decision(s) on the Planning Document and Relief Implementation Plan and the North American Numbering Plan (NANP) Administrator issues the Planning Letter."[26]

215. DWCC's viewpoint is 22.5 or 60 months is extraordinary and hereby disagrees with this timeline, and considers the longest period of time that CAV mentions at 12 months, and feels the extra six months after the initial 12 months, which makes the timeline 18 months is ample and sufficient time for such community notification and communication.

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

216. Rogers and Telus outlined the challenges of the routing of the calls based on geographic location, explaining its a cumbersome process from a network standpoint, and this may lead to routing errors. DWCC does not have this kind of technical expertise, therefore CRTC needs to assign the technical recommendation task to the CRTC Interconnection Steering Committee ("CISC") working group to evaluate and establish the available options, however reminds the companies accessibility neds to be on the forefront of their technical considerations.

Q4. Should the three-digit code for mental health crisis and suicide prevention services be deployed anywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

217. According to Rogers in paragraph #41, it is their view that "988" should be deployed everywhere in Canada at the same time, except for the seven-digit local calling areas, within six months of the Commission ruling, a simultaneous deployment take place in all the areas that already have a 10-digit dialing, and assuming that "988" calls would be routed to a national toll-free number, then an additional six months after the implementation date of the ten-digit local dialing code. Roger further explains " Residents in the few area codes that must first undergo seven to ten-digit local dialing conversion before implementation of "988" will have access to a "stop-gap" measure, namely the existing in-service toll-free Crisis line (#1-833-456-4566) and its associated wireless SMS short code, #45645." DWCC agrees it should be deployed everyone in Canada all at the same time, but also notes that the timeline that Rogers proposes is similar to the one CAV had in mind but for different technical considerations, however for other specifications, DWCC suggested an additional six more months to a total of 18 months.

[26] Bell Internvention TNC CRTC 2021-191, paragraph 5.

218. In Bell's Intervention, Paragraph 8, Belll proposes "that the 9-8-8 service itself be deployed across Canada at the same time, and not be subject to a phased in approach. A Canada-wide deployment strategy will minimize potential confusion for help seekers that could result from having 9-8-8 access available in some, but not all, areas. This could lead to help seekers not being able to reach the assistance they need, which could have adverse consequences including serious injury or even death." Additionally, Bell paragraph 39 "A nationwide deployment plan with a well-coordinated public awareness campaign would help to alleviate help seeker confusion and ensure that help seekers in crisis know which number to dial and when the number will be in service. Such a deployment is the best approach to help ensure the successful implementation of 9-8-8 across Canada." DWCC cannot agree more with the concern of further serious injury or death but agrees with all other parties on the technical configurations needing to be completed to make it all integrated which would extend the timeline. However, it is definitely a requirement to have a well-coordinated public awareness plan to help alleviate seeker confusion and those in crisis to understand the difference between 9-8-8 and 9-1-1. Additionally, it must have promotions done in the sign languages recognized as the languages of Deaf people, by the Accessible Canada Act, in section 5.2.

219. Telus was the one that had a different view offering that a phased apporach was better, because it says the deployment itself will cause the delays. However, DWCC still sticks with its suggestion of 18 months, considering the timeline the CAV discussed and other technical considerations.

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

220. Rogers, Telus and Bell all had comments with regards to the challenges in the "988" deployment because they cannot access most N11 services and there are routing challenges but most felt that these could be resolved with routing the "988 number' through a single toll-free ten-digit number. They presented the location-based information is not immediately available as being the main driver for the issues and challenges they were having.

221. While DWCC is not a technical expert by all means, however DWCC wonders if the solution to the technical challenges described by all these three companies if perhaps the location-based information is not needed for the mental health line as 9-8-8 is used for descalation and it is the 9-1-1 for the escalated scenarios where the location based information is required.

Q6. To what degree should the networks providing mental health crisis and suicide preventation services through a three-digit code be interconnected with 9-1-1 networks?

222. Telus response, in paragraph 12, "regarding whether the 9-1-1/N-G-9-1-1 systems could or should be utilized for access to mental health, it is TELUS' understanding that, in many cases, it is preferable for individuals seeking mental health support to use a direct line where the caller can get immediate access to trained mental health professionals, rather than calling 9-1-1 where all types of emergencies or situations are handled by call operators." Additionally it makes comments that the interconnection might concur costs that outweigh any benefits. It is possible that the systems can work separately and

complementary to each other, and using NG-911 to deliver 9-8-8 services would be inefficent and necessary.” With Telus comments, for these same reasons, DWCC is in agreement that the mental health crisis types of calls need to be separate from the 9-1-1 routing. DWCC wishes to ensure that all 9-8-8 calls **clearly** do not have a police person connected to that line at all, that should originate out of the 9-1-1 calling system.

223. Rogers further points out that 988 and 911 are mainly two separate and distinct services and each of the operators have a different expertise with different trainings. DWCC believes exactly the same thing as Rogers is trying to explain.

224. Bell does observe that there is a “main advantage of integrating the networks that provide mental health crisis and suicide prevision services with 9-1-1 services is the capability to selectively transfer suicide calls directly to the appropriate PSAP.” While this may be a possibility, DWCC does have privacy and cultural safety concerns as explained earlier in this document.

225. Bell also parallels this to the experience of the VRS user, with regards to escalation to emergencies, and “supports further exploration of a solution to integrate the networks providing mental health crisis and suicidie prevention services with 9-1-1 networks with other industry stakeholders to fully understand the benefits as well as the technical and operational considerations.” DWCC agrees there might be some consideration of investigation and exploration of options for integration but at the same time, timing is critical, this crisis service line must to be launched and deployed as soon as possible. We need to save lives.

226. In closing, referencing Bell’s intervention, paragraph 49, DWCC also wholeheartedly agrees that working on interconnection issues would take considerable time and its better to refocus on the NG-911 issues and deployment itself for 2025 rather than focusing on the interconnection issues between 9-8-8 and 9-1-1 raised in this proceeding.

Q7: Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network?

227. Rogers ““988” calls should not capture dispatchable location information and further explains in paragraph 56 of its intervention that “in any event, Rogers believes that some users seeking help during a mental health or suicide crisis may decide not to use “988” if their phone number and location were automatically revealed to the responders.”

228. Bell expresses the same concern that “it is possible that some callers may not want to use 9-8-8 if they suspect that their call is not anonoymous and that their location is known.” This is another reason why DWCC feels the 9-1-1 lines need to be separate from 9-8-8.

229. Telus, in its intervention, paragraphs numbers 40 and 41, explains that “dispatchable information should only be captured if and when a call is transferred to 9-1-1. It is TELUS’ understanding that there is an existing call hand-off process that occurs today to enable dispatchable location information to be provided to emergency services. Further, “in the event the Commission determines that it is necessary to provide that information to 9-8-8 call takers and automatically capture dispatchable location information, developing a new method to do so would incur significant costs.” In consideration of all the logistics and

configuration issues and incurring unnecessary costs, DWCC continues to keep the position of the location information with 9-1-1 and 9-8-8 to be kept separate.

230. All mental health crisis and suicide prevention consumers deserve privacy considerations when it comes to the 9-8-8 number, so as the companies say so, dispatchable information does not need to be created for the new crisis line. It could save considerable time and resources to keep the 9-1-1 separate from the 9-8-8.

Q8. Should the ability to text directly to the three-digit code be implemented?

231. Rogers approach for the activation of the “988” abbreviated access code is reasonable because it balances the speed of activation of “988” with its prerequisite implementation of ten-digit local dialing. Residents in the few area codes that must first undergo seven to ten-digit local dialing conversion before implementation of “988” will have access to a “stop-gap” measure, namely the existing in-service toll-free Crisis line (#1-833-456-4566) and its associated wireless SMS short code, #45645.

232. In CWTA, paragraph 9 and 10, states that “In very specific circumstances a 3-digit number may also be considered a CSC if two or more separately owned WSPs independently agree to participate in the proposed program.[27] This allows a code, such as 988, to be classified as a CSC, and for all applicable CSC requirements to be imposed on its use.

> 10. Enabling texting using a 3-digit code, such as 988, to reach mental health crisis and suicide prevention services should be implemented by establishing a new CSC (further explained in this intervention) as this is the only viable way to implement texting to a 3-digit code.

233. DWCC is thrilled to learn of CWTA’s confirmed feasibility of making the 988 concept in the shortcode program and likes the assumptions that the association makes as follows in their paragraph 11 below:

> 11. For the benefit of this response, CWTA has made the following assumptions:
>
> - 988 will be the 3-digit code assigned for use for both voice-dialed calls, and texting.
> - 988 text service messages will be delivered to a single location (i.e., to the 9-8-8 provider’s aggregator which will manage how the texts will be handled beyond that point).
> - Texting to 988 will be made available nationally at the same time and will not be rolled out over a defined timeframe.
> - 988 will support text-only interactions at launch. Multi-media messaging (MMS) via CSCs is not currently supported by all carriers.
> - All WSPs have, or will be able to, establish agreements and connectivity with the aggregator selected by the 988 service provider.

[27] There are currently several 3-digit CSC in market, including: 211, 311, 811, and 110 (Google verification).

13. The US is currently undergoing a similar exploration with the recent Federal Communications Commission's (FCC) Further Notice of Proposed Rulemaking[28] and it is expected that they will implement a texting solution in July 2022, which aligns with the current deadline for implementation of the voice solution. A final decision as to implementation approach has not been made.

14. CWTA expects that the most promising solution resulting from the CRTC consultation, and specific to implementation of 988 texting, will be to establish a new 988 CSC. All WSPs' end-users will be able to communicate with the dedicated Call Centre by texting 988.

234. DWCC agrees with the CWTA that all of this is promising to ensure the accessibility of such a line for DDBHH and Indigenous DHH Canadians. Rogers said that SMS can 988 supported CWTA.

235. DWCC was pleased to see many of the companies in full support and that the system is technically feasible to allow for this new three-digit code to be configured and deployed in Canada to provide such urgent and essential support services. DWCC views it might take a bit more longer to integrate and align the system networks to make 9-8-8 possible through VRS and then considerably a bit more time to ensure the accessibility of such a line on other platforms.

Small Telecom companies

236. DWCC acknowledges it has read and reviewed the Sasktel [**Sasktel];** Bragg Communications carrying on as Eastlink [**Eastlink**]; Teksavvy Solutions [**Teksavvy**]; Tbaytel Municipal Service Telecommunications company [**Tbaytel**]; Distributel Communications Limited [**Distributel**]; and Exonia Consulting [**Exonia**] interventions. A total of six small telecommunications companies submitted to the record of this proceeding.

237. One of DWCC's member consultants presents the following comments:

238. As a whole, the smaller telecommunications companies agree that a national three-digit number for the purpose of a new mental health crisis and suicide hotline is needed. Yet some of their responses differ in their responses to the Q1-Q8 questions submitted by the CRTC Commission. Their responses are based on their technical enterprises, cost, ease of transition of the N911 to the national three-digit number and other considerations.

239. A most noted point is summed up by Eastlink: "Eastlink like almost all telecom companies also support a national three-digit number that is easy to remember for such a hotline yet have legitimate concerns on the ability to implement it and asks the Commission to avoid such unnecessary complexity." Further to this, Eastlink does well to bring up one major point that "if the three-digit national number are to be implemented, it does have an

[28] Source: https://www.fcc.gov/document/fcc-lays-groundwork-text-988

impact on all telecoms in Canada and that all need to be involved in all discussions and proceeding to provide factual information on technical feasibility at minimal cost, and ease transition to such services."

240. It is DWCC's perspective that overall the smaller telecommunication companies are not too aware of the accessibility issues faced by the DDBHH, which may add complexity to the process.

241. Much of this document responses were mostly submitted for the September 1, 2021 date center on the Q1-8 technical questions presented by the CRTC TNC 2021-191 proceeding.

Sasktel

242. Sasktel, in its response more focused on the technical and cost considerations of a new national hotline with the three-digit code and with how coordination and implementation could work.

243. Sasktel is fair in its response to Question 4 in the establishment and assignment of the three-digit code for mental health crisis and suicide hotline would require a lot of coordination of many mental health service providers to ensure a national deployment is successful.

244. The DWCC recognizes the expertise and experience of the Deaf, Deaf-Blind and Hard of Hearing Well-Being Program [**WBP**] and CONNECT Mental Health services provided by Canadian Hearing Services [**CHS**] as the bodies with experience in mental health accessibility for those who are Deaf, Deaf-Blind and Hard of hearing (DBBHH). It is critical and essential that these agencies are involved in this process in the creation of and providing crisis support services.

245. With this in mind, in paragraphs 10 and 11, Sasktel questioned if the Canadian Suicide Prevention Service (CSPS) could act as a national pan-Canadian clearinghouse for all mental health crisis and suicide prevention services, and wondered if this is realistic or not. Thus, it is their view "it is premature to consider a national deployment of the three-digit code."

246. The DWCC, and even the CAD-ASC, agrees on a national clearinghouse and finds the concept a realistic one but its primary concern is the indigenization and accessibility of such crisis services and hotline be taken into consideration during the implementation of the crisis hotline. Accessibility must be a forethought in the planning process.

247. In its response to Question 5, it is Sasktel's view that the process of the three-digit code with video relay service and nomadic VOIP should be treated no differently than calls to other non-emergency N11 code numbers. In other words, they do not take into

consideration the technical aspects of video relay services and the use of nomadic VOIP calls.

248. DWCC disagrees because there should be absolute consideration for Deaf, Deaf-Blind and Hard of hearing accessibility needs and these consumer deserve equal access to the three-digit code whether it be video relay service or nomadic VOIP services.

249. In its response to Question 7, Sasktel refers that the ongoing implementation of N911 is currently being reviewed by the CISC emergency group, and with this, it believes that the feasibility of the of interconnecting mental health crisis and suicide with capturing dispatchable location of calls is thus best reviewed by the CISC group.

250. DWCC adds that the capturing of the location origin of the incoming calls from Deaf, Deaf-Blind and hard of hearing consumers has its advantages and disadvantages and need to be taken into consideration.

251. As for its response to Q8, SaskTel references CWTA's intervention and supports the CWTA's recommendations on the ability to use text 911 and following texting protocols, SMS, and real-time test (RTT).

252. DWCC agrees on the comments Sasktel referencing CWTA's document and that the considerations for text, SMS and RTT are critical to estimate the suitability of such technical accessibility. DWCC would like to remind all that it is critical to provide all telecommunication accessibility options because, for example, those who are video relay (VRS) users may wish to choose the option of texting due to privacy issues, even if in-person communication is available as an option.

Eastlink

253. Eastlink's honesty is appreciated with the comment "Eastlink's failure to comment specifically on certain issues raised in the Notice should not be interpreted as a lack of interest or concern about those issues, nor should they be interpreted in a manner that would be contrary to Eastlink's interests. Eastlink reserves the right to comment further on these issues throughout the course of this proceeding." For this reason, we cannot expect the phone companies to really know and acknowledge what DWCC already recognizes the fact that our specialized needs for Sign Language accessibility and cultural considerations presents additional complexity and it is the main driver for DWCC to participate in this proceeding. DWCC participates to ensure that DDBHH consumers are not left behind in the implementation of the new national three-digit number, and make those who are unfamiliar more aware of the issues that our consumer group faces.

254. DWCC supports Eastlink with this comment: "Eastlink submits that a simplified approach, where the three-digit code is translated/converted to, and routed to a single ten-digit number that belongs to the three-digit code service provider, is the most effective and efficient way to implement the service." however wants to ensure that consideration is

taken into account with regards to the accessibility of such a network.

TekSavvy Solutions

255. Teksavvy supports and states that they can transit to 10-digits locally, and have already used N11 codes and supports the CRTC on the Q1 criteria for the established N11 codes in Decision 2001-475.

256. However, they are in no position to respond to texting directly which is one of the possible options that the DBHH considers as an alternative rather than video-based hotline due to privacy concerns of some callers.

257. In Teksavvy's response to Q5, the video relay service is mentioned but not to a full extent however they did state that the nomadic VoiP calls can be transited to the three-digit code. Teksavvy "recommends that the three-digit code calls on nomadic VoIP services be treated the same as are N11 calls."

258. While DWCC is not a technical expert, it is DWCC view that it makes sense and agrees with this, that either nomadic VOIP calls be treated the same as N11 calls.

259. In Teksavvy's response to Question 6, in paragraph 23, Teksavvy goes on to explain "As a nomadic VoIP provider, we are not required to and it is not technically feasible for TekSavvy to implement NG911 calls and consequently using that option to route calls to suicide prevention or crisis counselling centres or to interconnect with the 9-1-1 networks would not be possible."

260. Additionally, TekSavvy instead strongly agrees with the Commission's call routing approach using the 1-8XX translation as it would be most efficient and the easiest option.

261. In regards to Question 8, Teksavvy stated that it "understands texting directly to three-digit code implementation applies for wireless services which is not a service offering for us at this time. TekSavvy takes no position on this matter."

262. DWCC understands that Teksavvy is an internet-based service provider, and does not expect NG911 configurations as the other wireless service providers. Additionally, it does not mention accessibility and doesn't seem to be too aware of the DDBHH Canadians' different needs for accessibility.

Tbaytel Municipal Services Telecommunications

263. Tbaytel, as a small independent service carrier covering a very specific area around Northwestern Ontario surrounding Thunder Bay, hence its name 'TBay.' Tbaytel expressed concerns about some of the technical nature of the new three-digit number: "Due to the nature of the service and the critical response that may result from placing a 9-8-8

call….Introducing the 9-8-8 number unilaterally across all provinces and in all areas also ensures that it meets the N11 assignment code guideline of being “widely available geographically”[3]to the fullest extent possible.” Tbaytel had a concern about the deployment of the national three-digit number because they want the most number of Canadians to be able to access it.

264. Tbaytel “recognizes that a major challenge with opting for a one-time launch approach is ensuring that an appropriate timeframe is established that will give TSPs and residents in those areas without ten-digit local dialling an adequate period of time for adoption without causing too much of a delay to the launch of the 9-8-8 number nationally.” The biggest challenge is figuring out the appropriate timeline to deploy such a hotline.

265. Tbaytel, like the other telecoms, are more concerned with the technical aspects, feasibility, costs with transferring to the three-digit number for the purpose of mental health crisis and suicide hotlines. And like the other smaller telecommunications companies, there was no mention of accessibility thus, these companies have a lack of awareness of the accessibility needs of those who are Deaf, Deaf-Blind or Hard of hearing. There was no mention of accessibility.

Distributel

266. Distributel agrees that the “assignment and implementation of a non-N11 three-digit number for mental health crisis and suicide prevention services that translates to 1-8xx number can be done by TSP’s quickly and efficiently.” They agree that the criteria do fit from Decision 2001-145.

267. Distributel, in paragraph 9, discussed the United States and formulates its position that there are clear benefits to selecting 9-8-8[6] (i.e., consistency with the non N11 code selected in the United States and the attendant benefits to awareness) and clear downsides[7] (i.e., having to first implement ten-digit dialing in the places that still use seven-digit dialing before a 9-8-8 non-N11 code could be implemented in those areas).

268. In reference to the proceeding 2021-191, paragraph 18: “Given that the FCC already designated 9-8-8 as a three-digit code for mental health crisis and suicide prevention services, it cannot be assigned as an NPA code and could be used in Canada without putting further pressure on the North American numbering resources. In addition, using the same three-digit code as in the United States would allow an eventual Canadian awareness campaign to build upon the awareness of the code created by the FCC following the United States Congress’ initiative.

269. Distributel references the Federal Communications Commission (FCC) decision where “the FCC adopted rules designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counsellors. The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022. This transition time gives phone companies time to make necessary network changes. It additionally provides time for the National Suicide Prevention Lifeline to prepare for a likely increase in the volume of calls following the switch.”

270. On the Canadian side, DWCC wonders if the CRTC could take into consideration the time needed for perhaps the Canadian Suicide Prevention Service (CSPS), acting as a national pan-Canadian clearinghouse for all mental health crisis and suicide prevention services to prepare for an increase of volume in services following the switch and **must ensure accessibility and Indigenous service routing technical system implementations.**

Exonia Consulting

271. For Exonia, as a specialized telecommunications consultancy firm with offices in Canada, United Kingdom and United States, in their words, question the location capture of the caller, "there is a fine balance between having access to the dispatchable location and the identity of the caller should the counsellor consider there to be a risk to life, versus the assurance of privacy to the caller. On the latter point, the assurance of privacy is likely to have significant weight given the stigma around mental health cited by CRTC." Mental health stigma is still an issue yet awareness surrounding this had been highlighted in the current pandemic and people actually reached a lot more.

272. In Europe they put more weight on privacy as more important. They leave it to government and the CRTC ultimately to make fully informed decisions regarding the risks and benefits. Like all other telecoms and mental health service organizations have stated in this proceeding, a new three-digit number is a clear benefit. The ten-digit dialing transition needs more discussion and resources to implement in regard to Indigenous, accessibility and privacy issues.

273. To wrap up its analysis of the small telecommunication companies [**TSP**], the DWCC observes that all the small TSPs are in favour of the new NANP numbering system to be assigned from a 1-800# to a non-N11, as 9-8-8 three-digit number calling, and they suggest that it be made possible, and the States apparently has been working toward the configuration of the system that could easily be implemented across the border here in Canada.

Conclusion

274. DWCC supports a crisis support hotline for mental health and suicide prevention purposes, but the CRTC must take into consideration that there is no such crisis services or a hotline available for DDBHH Canadians or Indigenous DHH. There are challenges and opportunities for critical language access to mental health and suicide prevention support services.

275. Such a hotline will save lives and address the critical time we are in now with the pandemic and the national tragedy of suicide which would possibly be preventable had if

the right support and accessibility was available in Canada, for those who are Deaf, Deaf-Blind, and Hard of Hearing with all accessible options available on all telecommunications platforms.

276. DWCC reminds readers that Deaf Seniors and Deaf-Blind individuals, as well as those who are vulnerable, still use TTY devices for their calling needs. IP Relay is increasingly being used by those with hearing loss or hard of hearing. Video Relay Services is available for those who use the primary languages of sign language recognized by the Accessible Canada Act (ACA).

277. DWCC appreciates the opportunity to participate and present Deaf, Deaf-Blind and Hard of Hearing Canadian's experiences with mental health supports, including crisis lines and accessibility. DWCC members appreciate the Commission's consideration of its Response and look forward to the regulatory outcomes by the CRTC.

Should you have any questions, please do not hesitate to contact all of us.

Sincerely,

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Cc: all TNC 2021-191 participating parties
Nanao Kachi, CRTC

APPENDIX A:
Resources

Appendix A: Resources

Links to Relevant Articles, Websites, & Pages on Mental Health

Articles, websites, etc. on DDBHH mental health issues - victim services, accessible media, and programs.

Promising and Emerging Approaches and Innovations for Crisis Interventions for People Who are Deaf, Hard of Hearing, and Deafblind. **National Association of State Mental Health Program Directors**, Alexandria, Virginia. **Assessment #8.** September 2016.
Technical Writers: Steve Hamerdinger, MA, Director; Kent Schafer, MA, MSE, NCSP, Staff Psychologist; Contributor: Meighan B. Haupt, M.S., Chief of Staff, NASMHPD.

Being Seen! : Establishing Deaf to Deaf Peer Support Services and Training. **National Association of State Mental Health Program Directors**, Alexandria, Virginia. **Assessment #5.** November 10, 2015 (Updated February 12, 2016).
Prepared by: Deborah Delman, Marnie Fougere, and Meighan Haupt. In collaboration with the Deaf Community Voice Team with The Transformation Center: Val Ennis, Marco Gonzalez, Lori Johnstone, Mary O'Shea, Taimin Rosado, Sharon Sacks, Minh Vo. With special appreciation to allies: Justine Barros, Cathy Mylotte, Lucille Traina, Robert Walker and Catherine Quinerly.

Abused Deaf Women and Their Families: A lack of information. by Anne Phillips and Marta Mulholland.* **2009. Described and Captioned Media Program. Media Accessibility Information, Guidelines and Research. National Association of the Deaf, 1447 E. Main Street, Spartanburg, SC 29307. Voice Phone: 864-585-1778, or 800-237-6213**

Anne Phillips is the current Advocate Volunteer Coordinator for Abused Deaf Women's Advocacy Services. She recruits and trains volunteers to respond to the ADWAS crisis line and to provide safe home shelters. Additionally, she is a psychotherapist in private practice.

Marta Mulholland is the former Advocate Volunteer Coordinator for Abused Deaf Women's Advocacy Services. Marta is also an ASL interpreter and yoga instructor.

APPENDIX B

Resources - Domestic Violence & Mental Health Services -

USA, UK & Canada

Appendix B. Resources - Domestic Violence & Mental Health Services - USA, UK & Canada

#	LOCATION	AGENCY- Weblink	EMAIL	PHONE
1.	Arizona: Tucson	**COPD** **Community Outreach Program for the Deaf**	request@copdaz.org	520.792.1906
2.				
3.	California	DeafHope	DeafHope@deaf-hope.org	510.735.8553
4.	California: Greater Los Angeles	Peace Over Violence	laura@peaceoverviolence.org	866.947.8684
5.	California: Sacramento	DeafSafe	deafsafe@norcalcenter.org	916.993.3048
6.	California: San Diego	Deaf Community Services	info@dcsofsd.org	619.550.3436
7.	Colorado: Denver	DOVE	hotline@deafdove.org	303.831.7874
8.	DC: Washington	DAWN	info@deafdawn.org	202.559.5366
9.	Georgia	Georgia Coalition Against Domestic Violence: BRIDGES Deaf Advocacy Program	DSwope@gcadv.org	404.381.8282
10.	Illinois	Deaf Wings	info@jacil.org	217.408.0567
11.	Illinois: Chicago	Chicago Hearing Society – Domestic Violence Program	askchs@anixter.org	773.904.0156
12.	Indiana	Indiana Coalition Against Domestic Violence – DHH Outreach	helkins@icadvinc.org	317.644.6206
13.	Indiana: Indianapolis	DeafALIVE	info@deafalive.org	317.644.6206
14.	Iowa	Thrive Together	help@thrivetogethertoday.org	319.531.7719
15.	Massachusetts	Our Deaf Survivor Center, Inc.	cbodsc414@gmail.com	978.451.7225

Appendix B. Resources - Domestic Violence & Mental Health Services - USA, UK & Canada

#	LOCATION	AGENCY - weblink	EMAIL	PHONE
16.	Massachusetts	Pathways for Change Inc.	DSP@pathwaysforchange.help	1.508.502.7681
17.	Michigan: Oakland County	Haven	marikasr@gmail.com	248.334.1274
18.	Minnesota: St. Paul	ThinkSelf	advocates@thinkself.org	651.829.9089
19.	New Jersey	Deaf Advocacy Project	DAP@njcedv.org	609.528.7216
20.	New York: New York City	Barrier Free Living: Secret Garden	info@bflnyc.org	646.350.2662
21.	New York: Rochester	Ignite	DeafIGNITE@gmail.com	585.286.2713
22.	New York: Syracuse	Vera House	info@verahouse.org	315.425.0818
23.	Ohio	DWAVE	info@dwaveohio.org	614.678.5476
24.	Ohio: Cleveland	KEYS for Deaf Access CHSC	**moneilruddock@chsc.org**	216.231.0787
25.	Texas: Austin	Deaf SHARE	deafservices@safeaustin.org	512.267.7233
26.	Utah	Sego Lily	help@slcad.org	801.614.7885
27.	Vermont	DVAS	RebeccaDVAS@gmail.com	802.461.4707
28.	Washington State Seattle	ADWAS Abused Deaf Women's Advocacy Services	adwas@adwas.org	
29.	Wisconsin	Deaf Unity	help@deafunitywi.org	608.234.4486
30.	UK: London	DeafHope UK	deafhope@signhealth.org.uk	
31.	Canada: Toronto, Ontario	Canadian Hearing Services - Connect Mental Health Services	connectmentalhealth@chs.ca	Phone toll-free: 1-866-518-0000; TTY toll-free: 1-877-215-9530

32.	Canada: Vancouver, British Columbia	Deaf, Hard of Hearing, and Deaf-Blind Well Being Program	WellBeing.Staff@vch.ca	Voice: 778-819-0951 Text: 778-987-4174
33.	Canada: Milton, Ontario	PAH! Mental Health Program for Deaf Children	Email: pah@bobrumball.org Skype: Pah_Milton	Tel: 416-449-9651 Fax: 416-449-8881 TTY: 416-449-2728
34.	Canada: London, Ontario	King's Centre of Deaf Education & Accessibility Forum (CDEAF) at King's University.	Cathay Chovaz (cathy.chovaz@uwo.ca)	(519) 636-1492 (text)

35. The National Coalition on Mental Health and the Deaf Individuals.
National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
Tel: 703-739-9333

36. Crisis Text Line
Text: Type HOME to 741741 in the US
Website: CrisisTextLine.org

Crisis Text Line is a free, **24/7 text support line for anyone in a mental health crisis.** To chat with a trained Crisis Counselor, text HOME to 741741 from anywhere in the US. This service is free and available all day and night to anyone who is experiencing any type of crisis. Texting is a way to get mental health support and information about mental health services quickly and it is very useful for Deaf people.

37. National Suicide Prevention Lifeline - info for Deaf and hard of hearing - USA
Voice: 1-800-273-TALK (8255)
TTY: 1-800-799-4889
Website: https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/

National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone dealing with a suicidal crisis or emotional distress. Your call will be directed to the nearest crisis center in the national network of over 150 crisis centers.

If you are hard of hearing, you can chat with a Lifeline counselor 24/7 by

- Online chat – Click the chat button
- For TTY Users: Use your preferred relay service or dial 711 then 1-800-273-8255.

As there is no ASL hotline for suicide prevention available, this may be the best option for Deaf emergency services related to suicide.

38. Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's National Helpline

Voice: 1-800-662-HELP (4357)
TTY: 1-800-487-4889
Website: samhsa.gov

SAMHSA's National Helpline is also called Treatment Referral Routing Service. This Helpline provides 24-hour free and confidential mental health treatment referral and information about mental and/or substance use disorders, mental health prevention, counseling and therapy services and recovery **in English and Spanish**. **Deaf people are welcome to use their services.**

39. National Deaf Domestic Violence Hotline

Videophone: 1-855-812-1001
Email: nationaldeafhotline@adwas.org
Website: ADWAS.org

The National Deaf Domestic Violence Hotline (NDDVH) is available to Deaf callers anywhere in the **USA**. Deaf NDDVH provides Deaf emergency therapy and counseling services. **Advocates answer videophone calls and emails 24/7.** Talk with a Deaf advocate for mental health information and referrals, Domestic Violence and Sexual Assault education. Advocates can also assist Deaf callers in identifying different ways to stay safe and develop a formal safety plan.

40. LGBT National Help Center

Go to the website below for phone numbers for crisis counselling and therapy support for LGBT Youth, Sage LGBT Elders, Online Peer-Support Chat, Trans Youth Online Talk Group and mental health-related support.

Website: glbthotline.org

41. Trans Lifeline

Voice: (877) 565-8860 in US
Voice: (877) 330-6366 in Canada

Website: translifeline.org

The Trans Lifeline helps transgender people in a mental health crisis. Anyone who is struggling with gender identity or unsure if they are transgender can call this line for support. **Deaf transgender people are welcome to use this hotline for mental health support.** The hotline's main purpose is to prevent self-harm and suicide. It also supports any transgender person in need by connecting them with other therapy and counseling services.

42. The Childhelp National Child Abuse Hotline
Text and voice: 1-800-422-4453 or 1-800-4-A-Child

Website: child help.org/hotline

The Childhelp National Child Abuse Hotline is dedicated to the prevention of child abuse. Serving the U.S. and Canada, **the hotline is staffed 24 hours a day, 7 days a week with professional crisis counselors who—through interpreters—provide assistance in over 170 languages.** The hotline offers crisis intervention, counseling and therapy information, and referrals to thousands of emergency, social service, and mental health support resources. All calls are confidential. A good resource for Deaf emergency services related to children.

APPENDIX C
Letter from Well-Being Program

Mr. Claude Doucet
Secretary General
Canadian Radio-television and Telecommunications Commission (CRTC)
Ottawa, ON
KIA ON2

March 15, 2022

Call for comments – Introduction of a three-digit abbreviated dialling code for mental health crisis and suicide prevention services - Telecom Notice of Consultation CRTC 2021-191 (Ottawa, June 3, 2021) – Intervention / Reply

Dear Secretary-General,

The Deaf, Deaf-Blind and Hard of Hearing Well-Being Program [WBP] are pleased to submit its comments for this critical proceeding. Here is a description of our Program:

1. The Deaf Well-Being Program (WBP) was established to provide accessible mental health services for Deaf, Hard of Hearing, Deaf-Blind clients, and in some situations, with their families in the province of British Columbia.
2. WBP provides mental health services for clients from birth to death and has a multidisciplinary team that provides specialized mental health and wellbeing support.
3. WBP currently does not have the capacity to provide after-hours crisis services to the Deaf, Hard of Hearing and Deaf-Blind population in BC.
4. A priority of the WBP is addressing cultural and/or language barriers to facilitate clients' access to and benefit from mental health and substance use services.
5. WBP is interested in liasing with the Canadian Suicide Prevention Services (CSPS) to establish a crisis service line as this aligns with our mandate and our goals for the program.
6. It is important to note that WBP is a public health agency that provides mental health services and is not equipped to provide technical information in this submission.

7. The WBP was unable to submit its intervention by the intervention deadline, and it appreciates the Deaf Wireless Canada Consultative Committee [**DWCC**] willingness to include our intervention along with its Reply document. Thus, this document is a combination of WBP's first intervention as well as a presentation of a response to some of the submissions. We leave it to the discretion of the CRTC whether to add us as an intervener on the record of this proceeding or have our comment only as part of DWCC's document. The WBP is pleased to contribute its comments to this proceeding as the only birth to death specialized mental health and wellbeing support program for the Deaf, Deaf-Blind and Hard of Hearing in western Canada.

8. For clarity, we use the following abbreviations for Deaf, Deaf-Blind and Hard of hearing [**DDBHH**] and for the Indigenous Deaf and Hard of Hearing [**Indigenous**

DHH].

9. WBP acknowledges it has read and reviewed the DWCC, Canadian Association of the Deaf-Association des Sourds du Canada [**CAD-ASC**]; Deaf and Hard of Hearing Coalition [**DHH Coalition**]; Canadian Deaf Grassroots Movement [**CDGM**]; Canadian Hearing Services [**CHS**] and the technical recommendations of the Canadian Administrator of VRS [**CAV**]; and responds along as follows:

Q1. Does the establishment of a three-digit code dedicated to the mental health crisis and suicide prevention services meet the criteria established in Decision 2001-475?

10. WBP responds with an affirmative yes and supports CRTC's effort to establish such a national 3-digit number dedicated to mental health crisis support services, especially for suicide. WBP aligns its views with those of the DWCC and the CAD-ASC.

11. All of the groups, including the CAV, emphasized the message which is that they want to ensure that the establishment of such mental health crisis and suicide prevention services are accessible and inclusive of the Deaf, Deaf-Blind and Hard of hearing Canadians. All groups have mentioned that they want accessibility for Canadian sign language users. The WBP is in full alignment with all the participating Deaf, Deaf-Blind and Hard organizations in this proceeding.

12. The WBP, like the DWCC, adds that direct video access needs to be made possible but also text, SMS and RTT options as considerations with the shortcode access for referral to the appropriate services for accessibility, or Indigenous crisis services. DDBHH Canadians deserve to have the choice to choose either the video option or the texting option, for privacy reasons.

13. .The WBP acknowledges that with the Accessible Canada Act, especially with section 5.2 with the recognition of sign languages as the primary languages of Deaf persons in Canada, and along with all the other six organizations (DWCC, CAD-ASC, DHH Coalition, CDGM, Canadian Hearing Services, and the CAV) are here to let the CRTC and all parties know that accessibility must be a forethought in the implementation of the new crisis hotline.

14. WBP agrees with DWCC and CAD-ASC organizations and believes this hotline must be open and accessible 24 hours/7 days a week/365 days a year for all Canadians including Deaf, Deaf-Blind and hard of hearing Canadians.

15. WBP agrees there must be an establishment of services with the consideration of direct referral services to a fully-accessible service for Deaf, Deaf-Blind and Hard of hearing Canadians, but also with consideration to the Indigenous and Indigenous Deaf and Hard of hearing [Indigenous DHH] communities.

Q2. Should Canada move to national ten-digit local dialling in all areas in support of establishing a non-N11 national three-digit code for mental health crisis and suicide prevention services?

16. WBP feels it is imperative that a crisis line be available to Canadians as soon as possible so the most effective system that can be implemented quickly would be recommended.

Q3. In addition to those associated with the implementation of ten-digit calling, what are the other modifications, such as network changes, that would be required to establish a non-N11 three-digit code for mental health crisis and suicide prevention services?

17. The Deaf Well-Being Program is not an agency that has an influence on technological or system configuration needs for a three-digit phone number.

18. However, WBP notes and agrees with the DWCC that it is a concern considering DDBHH callers' common experiences when calling into a general line only to be transferred, often through a “phone tree” configuration, and get “bounced around” to get to the right department. This cannot happen with the 9-8-8 line use while having suicidal ideation, it will take too long as the mental health of the individual would be on a continual decline. There must be a way for the shortest possible distance from the initial contact to the appropriate support services.

19. The WBP agrees that it is imperative and critical that text messages take the shortest time possible to reach culturally and linguistically appropriate support services. WBP wonders about the ability to use shortcodes that easily transfer with short designated specific words to transfer to the right services, as critical, for example, DEAF for Deaf, Deaf-Blind, Hard of hearing crisis services access. Deaf-Blind could have DEAFBLIND to go to readily-accessible Deaf-Blind crisis services. And as already previously suggested, other short typed messages would reach other specialized crisis lines such as IND for only Indigenous-specific support services and even INDEAF for Indigenous Deaf support services, if made possible, with dual-sensitive support services.

20. DDBHH Canadians may not often utilize relay systems when it comes to severe mental health crises or suicide ideation, however, if a crisis line is established it must be made available as an option for all Canada’s telecommunication relay services: TTY, IP, and Video. Additionally, DDBHH Canadians may wish for face-to-face direct crisis mental health services, using sign language for communication, and for privacy reasons they may wish to use SMS texting with the crisis support staff.

Q4. Should the three-digit code for mental health crisis and suicide prevention services be deployed anywhere in Canada at the same time, which may delay deployment, or be subject to a phased approach?

21. Given that Canadians are living through a pandemic and research shows that the mental health crisis is at an all-time high the quickest deployment would be ideal.

22. In the meantime, there need to be funds created or provided through the creation of fees from subscribers but it must be emphasized that the funds must not go to the phone companies, and instead, the funds need to be able to go to create the much-needed accessible crisis services that are currently nonexistent and badly needed for both Deaf, Deaf-Blind or hard of hearing and Indigenous, to ensure there are enough service provisions to meet as diverse span of geography as possible in Canada.

23. This would allow for the 9-8-8 abbreviated dialling code to be a national initiative with centralized service referring to provincial and local services. The national accessible mental health crisis and suicide prevention service centre should operate in partnership with Canadian Suicide Prevention Service (CSPS) and be available in pan-Canadian geographic regions, with local/provincial services.

24. The Deaf, Deaf-Blind, and hard-of-hearing access to these crisis services needs to not be provided by one regional program but perhaps a joint venture with the two existing regional mental health programs, which includes our Well-Being Program, to develop the resources to provide the service 24 hours/7 days a week/365 days a year.

25. The WBP is eager to consult and collaborate with the Canadian Suicide Prevention Services (CSPS) to create a crisis service and centre for DDBHH consumers and ensure this is a reality.

Q5. How should video relay service and nomadic VoIP calls to a three-digit code be treated?

26. The WBP is not a technology-based company and cannot respond to this question.

Q6. To what degree should the networks providing mental health crisis and suicide prevention services through a three-digit code be interconnected with 9-1-1 networks?

27. The goal with the mental health and crisis support services three-digit calls is to provide immediate de-escalation support which would likely make the caller feel supported and seen.

28. Sometimes knowing there is someone available to listen and support during a time of crisis is life-saving knowledge.

29. The WBP views that the 9-8-8 line should be kept separate from the 9-1-1 line, for the same reasons that DWCC states in its Reply document.

Q7: Should calls to a three-digit code automatically capture dispatchable location information? How feasible is this over the public switched telephone network?

30. The WBP is not a technology-based company and cannot respond to this question.

Q8. Should the ability to text directly to the three-digit code be implemented?

31. Yes, WBP strongly believes that it is imperative the three-digit code have text capacity. One in four people have some degree of hearing loss and having the ability to send text-messaging will be beneficial.

32. The ability to text a crisis line will also benefit people who are potentially in unsafe situations and having the option to quietly text a crisis line will give them options they may not have otherwise.

33. The WBP appreciates the opportunity to participate and present the views coming from our Program for the essential crisis mental health support line and to add its voice that accessibility must be included at the forefront in the planning of the new crisis service that includes the Deaf, Deaf-Blind and Hard of Hearing Canadian. The Program looks forward to the regulatory outcomes by the CRTC.

Sincerely,

Kristen Pranzl
Operations Lead
Deaf Well-Being Program
Vancouver Coastal Health

*****END OF DOCUMENT*****