

HB 1477 Crisis Response Improvement Strategy Committee

March 15, 2022

HEALTH
MANAGEMENT
ASSOCIATES

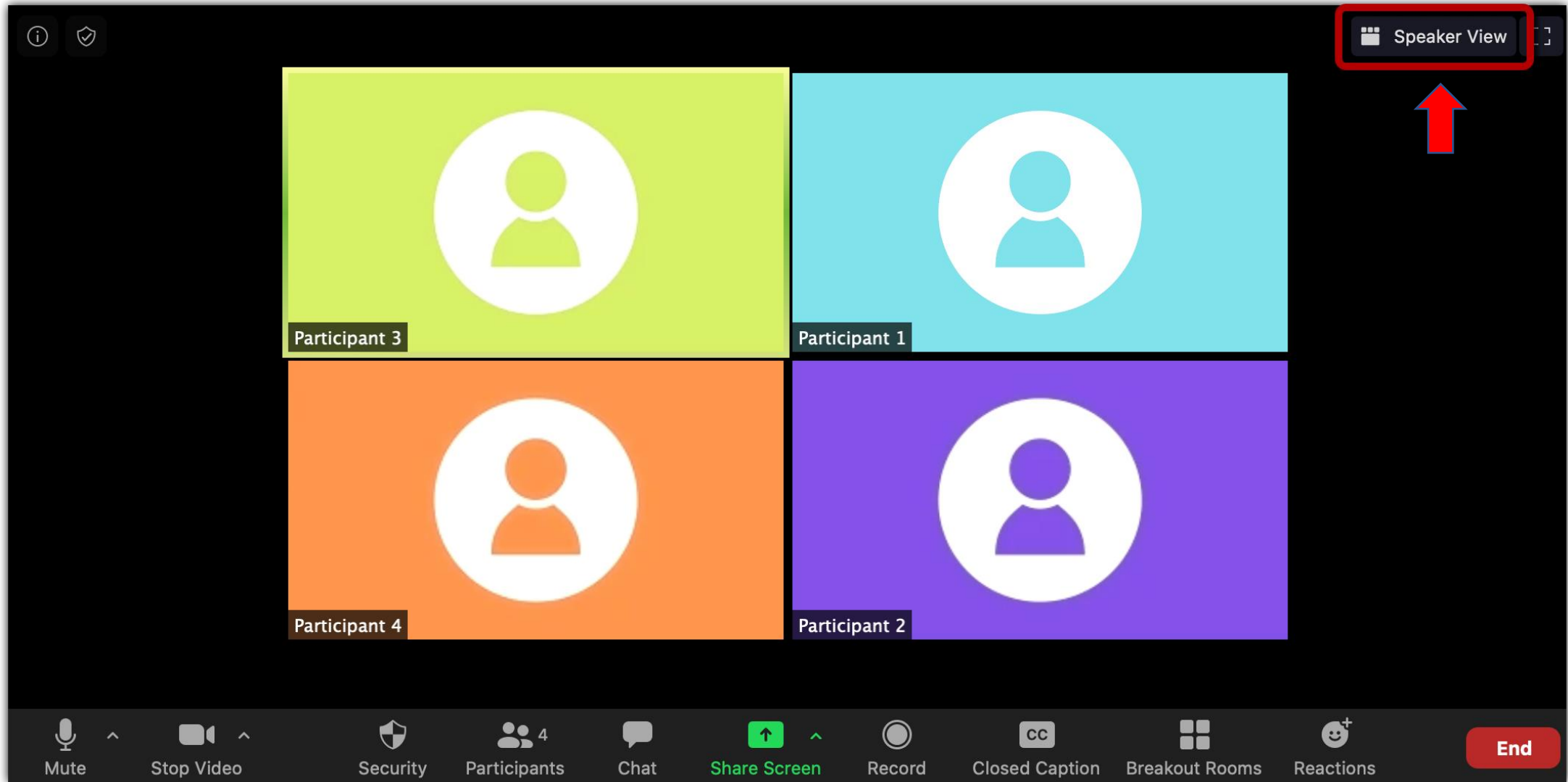
HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Zoom Etiquette: CRIS Committee Members



Zoom Etiquette: Members of the Public



1. Continue laying the foundation for collaboration.
2. Update the CRIS on launch of the 988 line, from a national perspective.
3. Share updates relevant to the CRIS Committee.
4. Update the CRIS on progress of developing a vision for the crisis response system.
5. Discuss how we will center equity in our work.
6. Confirm action items and next steps
7. Hear public comment.

Meeting Agenda

TIME	TOPIC
1:00 pm	Technology Review
1:05 pm	Welcome, Introductions, Review Meeting Agenda
1:20 pm	Personal Story
1:35 pm	SAMHSA 988 Line Update
2:05 pm	CRIS Updates
2:25 pm	Break
2:35 pm	Update: Developing a vision
2:45 pm	Discussion: Centering Equity in our Work
3:35pm	Action Items and Next Steps
3:38 pm	Public Comment Period

PERSONAL STORY

Objective: Set the context for why we are engaged in this work.

Puck Kalve Franta

SAMHSA's Preparation for 988, the Lifeline, Washington Data, and Resources

James Wright, LPC
Chief, Crisis Center Operations
Office of the Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services



SAMHSA
Substance Abuse and Mental Health
Services Administration
Substance Abuse and Mental Health
Services Administration

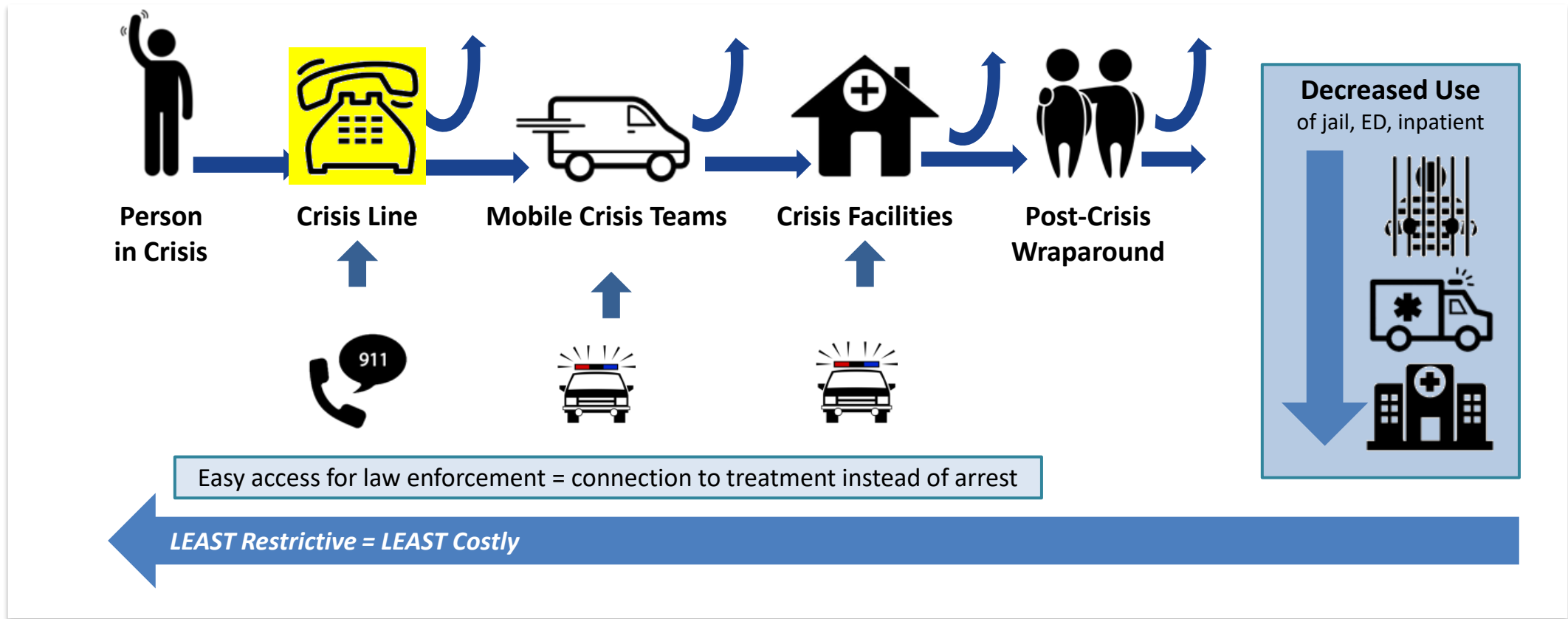
America's Suicide and Mental Health Crisis



- Too many **Americans experience suicide and mental health crises** without the support and care they need
 - In 2019, **61.2M** Americans had a mental illness and/or substance use disorder
 - In 2019, there was **approximately one death by suicide every 11 minutes in the US**
 - From 1999 through 2018, **the suicide rate increased 35%**
 - **For people aged 10 – 34 years**, suicide is the second leading cause of death

- Since 2005, the **National Suicide Prevention Lifeline (1-800-273-8255)** has helped millions of individuals in emotional distress
 - 46K calls received (2005)
 - 3.6M calls, chats, texts received (2021)

Components of a Behavioral Health Crisis Response System



“As we continue to confront the impact of the pandemic, investing in this critical tool is key to protecting the health and wellbeing of countless Americans – and saving lives. Giving the states a tool to prevent suicide and support people in crisis is essential to our HHS mission of protecting the health and wellbeing of everyone in our nation. We know that remembering a three-digit number beats a ten-digit number any day, particularly in times of crisis, and I encourage every state to rev up planning to implement 988 for the sake of saving lives.”

- HHS Secretary Xavier Becerra, Press Release, 12/20/21

The Opportunity of 988

Transitioning to 988 is an important step in transforming crisis care in the country, creating a universal entry point to needed crisis services in line with access to other emergency medical services.

- We are strengthening and expanding the National, state and territory infrastructure to respond to all behavioral health crisis calls, texts, and chats anywhere in the country;
- We are transitioning the National Suicide Prevention Lifeline number (1-800-273-8255) to an easy-to-remember, 3-digit number (988);
- An unprecedented opportunity to improve behavioral health crisis response and care for the nation.
- SAMHSA can't do this alone. We embrace the partnership from states and territories to meet the needs of anyone in crisis



988 Builds Directly on the Existing National Suicide Prevention Lifeline

2001: Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

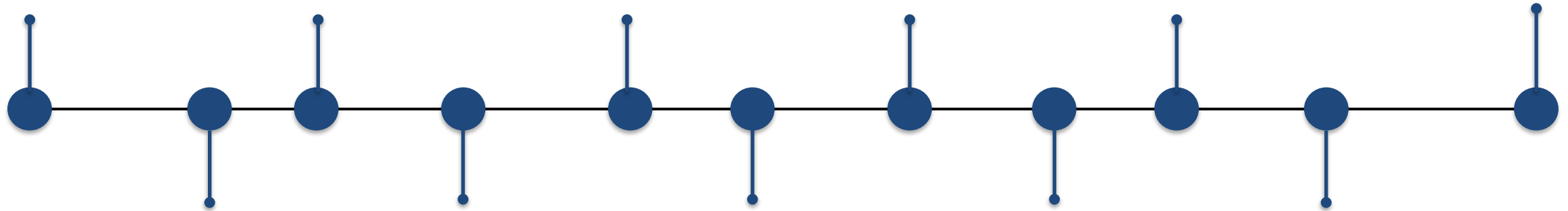
2007: SAMHSA and VA partner to establish 1-800-273-TALK as access point for the Veterans Crisis Line (VCL)

2015: Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020: Lifeline began incorporating texting service capability in select centers

2021: SAMHSA/VA/FCC are responsible for submitting multiple 988 reports to Congress

2022: 988 fully operational for phone and text in July 2022



2005: National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013: Lifeline began incorporating chat service capability in select centers

2020: FCC designates 988 as new three-digit number for suicide prevention and mental health crises

2020: National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021: State 988 funding opportunity released, and states are responsible for submitting **planning grants to Vibrant**

988 Vision & Near-Term Pillars

SAMHSA goals

1 Strengthen and enhance Lifeline

2 Transform and strengthen broader crisis care continuum

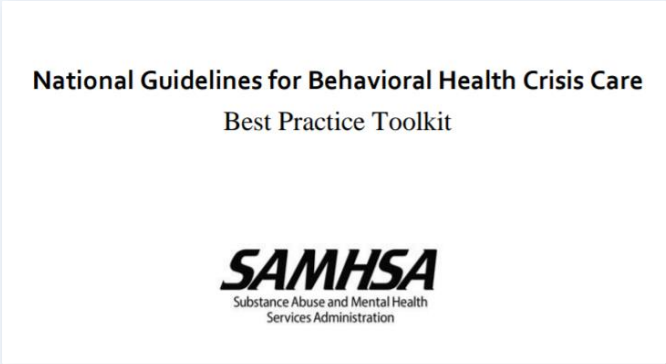
Pillars defined by SAMHSA

- 1A Federal planning and convening:** putting robust federal funding, leadership, and policy direction in place to strengthen the Lifeline network and the broader crisis continuum
- 1B Operational readiness of the Lifeline network:** ensuring the Lifeline network is equipped to respond to projected FY22 contacts
- 1C Messaging and public communication:** educating key stakeholders about 988 messaging and the broader public about how and when to use 988
- 1D Foundation for comprehensive crisis services:** putting the building blocks in place to ensure a robust and responsive crisis system that provides direct, life-saving services to all in need

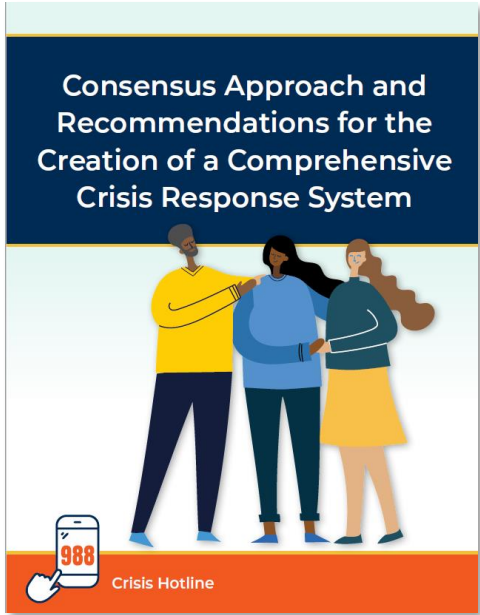
Activities underlying each of these pillars evolve across phases of implementation (e.g., pre- and post-July)

The Crisis System: SAMHSA is investing heavily to help build local crisis systems

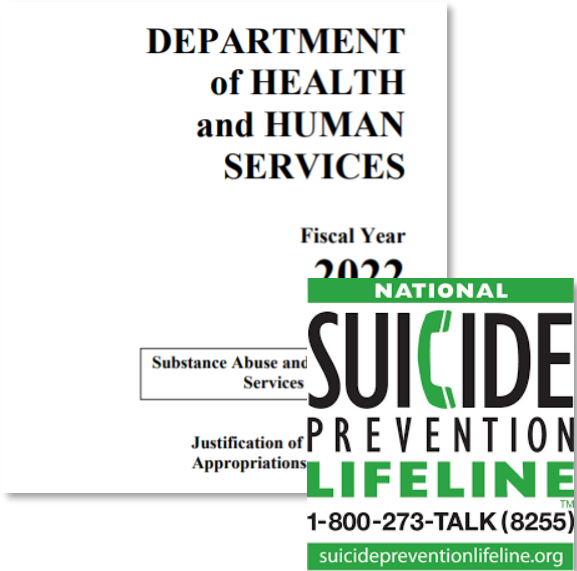
SAMHSA 2020 National Guidelines for Behavioral Health Crisis Care



SAMHSA/NASMHPD publications on crisis services



SAMHSA FY2022 proposed budget



SAMHSA 988 updates and resources

- **Finalized and shared congressional reports on 988**
 - Report to Congress on 988 Resources
 - Report to Congress on Training and Access to 988 for High-Risk Populations
 - 988 Appropriations Report
- **Announced \$282M to help transition Lifeline to 988**
 - \$177 million to strengthen and expand the existing Lifeline network operations, back-up center workforce, and telephone/chat/text infrastructure
 - \$105 million to build up staffing across states' local crisis call centers
- **Released \$105M Notice of Funding Opportunity to states and territories**



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HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline

Monday, December 20, 2021

American Rescue Plan Funding Will Support State Efforts to Transform Suicide and Mental Health Crisis Care

Today the Department of Health and Human Services, through its Substance Abuse and Mental Health Services Administration (SAMHSA), will make critical investments in suicide prevention and crisis care services, announcing \$282 million to help transition the [National Suicide Prevention Lifeline](#) exit disclaimer icon from its current 10-digit number to a three-digit dialing code – 988.

In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. Converting to this easy-to-remember, three-digit number will strengthen and expand the existing Lifeline network, providing the public with easier access to life-saving services. The Lifeline currently helps thousands of people overcome crisis situations every day. The 988 dialing code will be available nationally for call, text or chat beginning in July 2022.



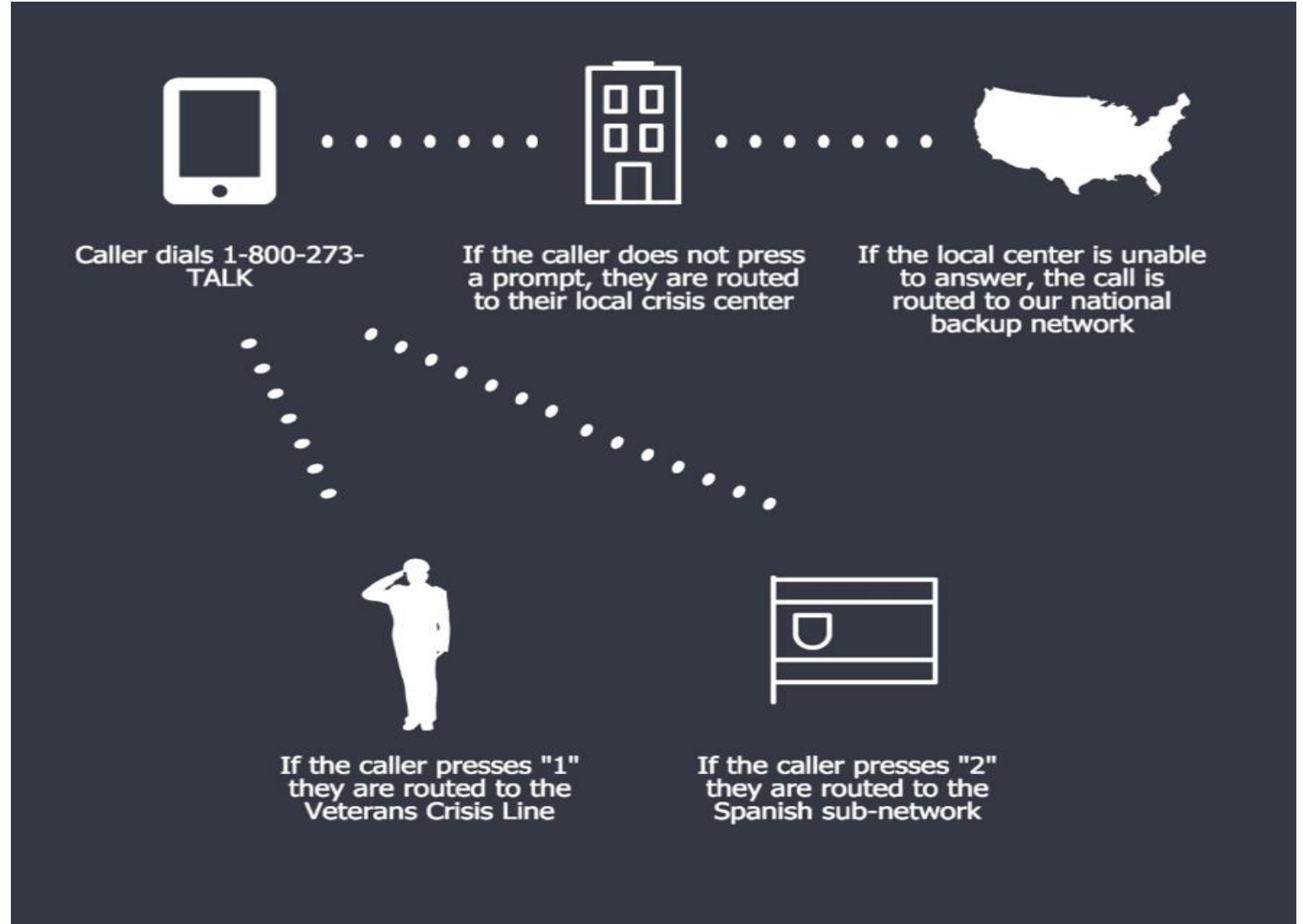
About the Lifeline

Effectiveness of Lifeline

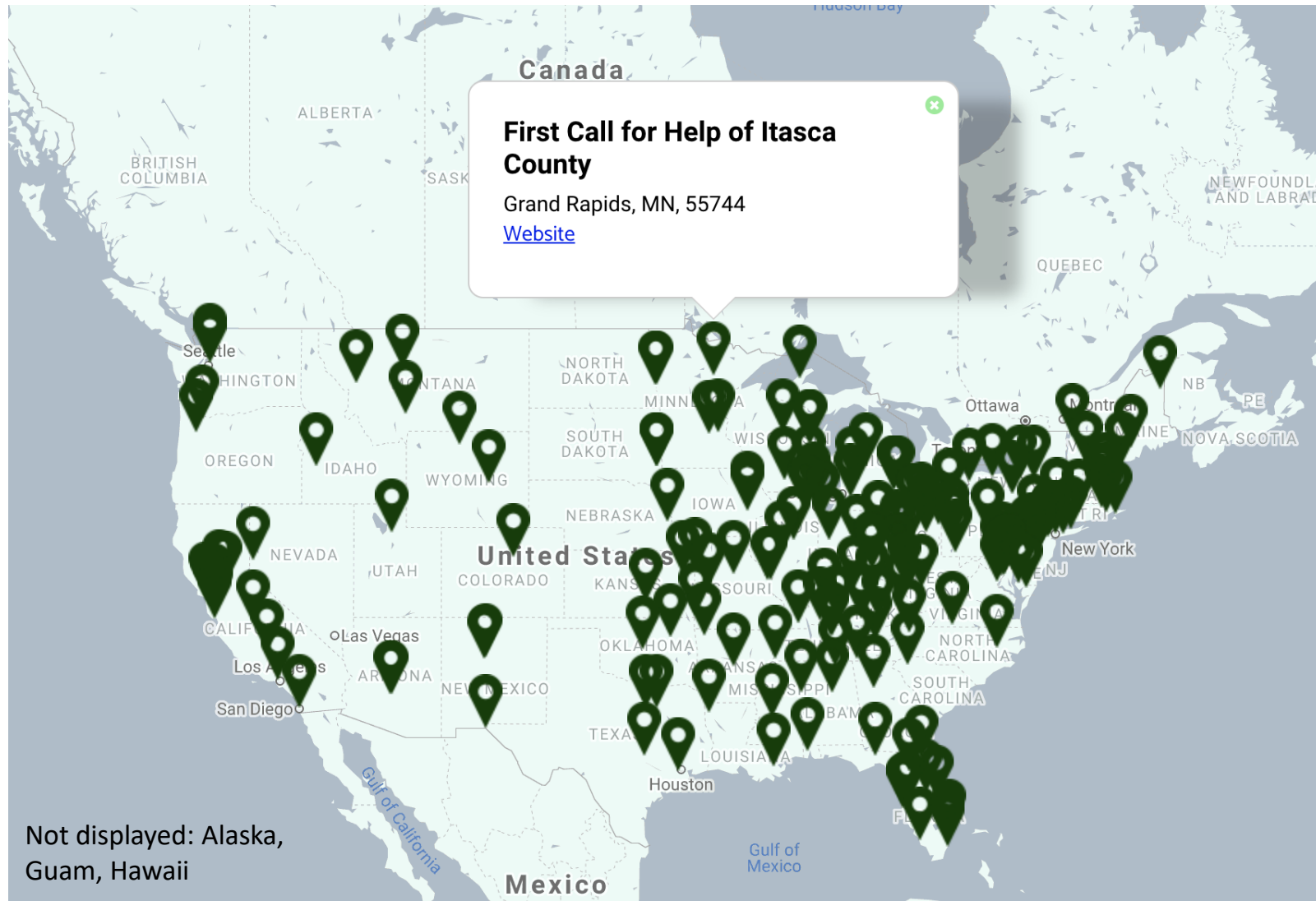
- Seriously suicidal persons call, chat, or text the Lifeline (23% callers, 60% chatters)
- Callers intent to die is significantly reduced during the call (Gould et al. 2007)
- Counselors able to obtain collaboration on over 75% of imminent risk calls (Gould et al, 2016)
- Counselors at Lifeline centers were more likely to inquire about current suicidal ideation, recent ideation, and past attempts, and callers were more likely to experience reduced distress. (Ramchand et al., 2017)
- Follow up calls by Lifeline centers to suicidal callers are experienced by 90% of callers as helping keep them safe and not kill themselves (Gould et al, 2018)
- Suicidality reduced among 50% of those accessing chat (Gould et al, 2021)
- “Third-party callers” calling the Lifeline when they are worried about someone deemed to be at imminent risk are provided a range of interventions which can supplement, and at times replace, calling 911. (Gould et al., 2021)

About the National Suicide Prevention Lifeline (Lifeline)

- Established by SAMHSA in 2005, the Lifeline is a network of independently operated and funded local and state call centers
- Around 200 centers
- 46,000 calls received in its first year
- 3.6m calls, texts, chats received in 2021
- Chats answered through <https://suicidepreventionlifeline.org/>



Lifeline Centers- the Maps

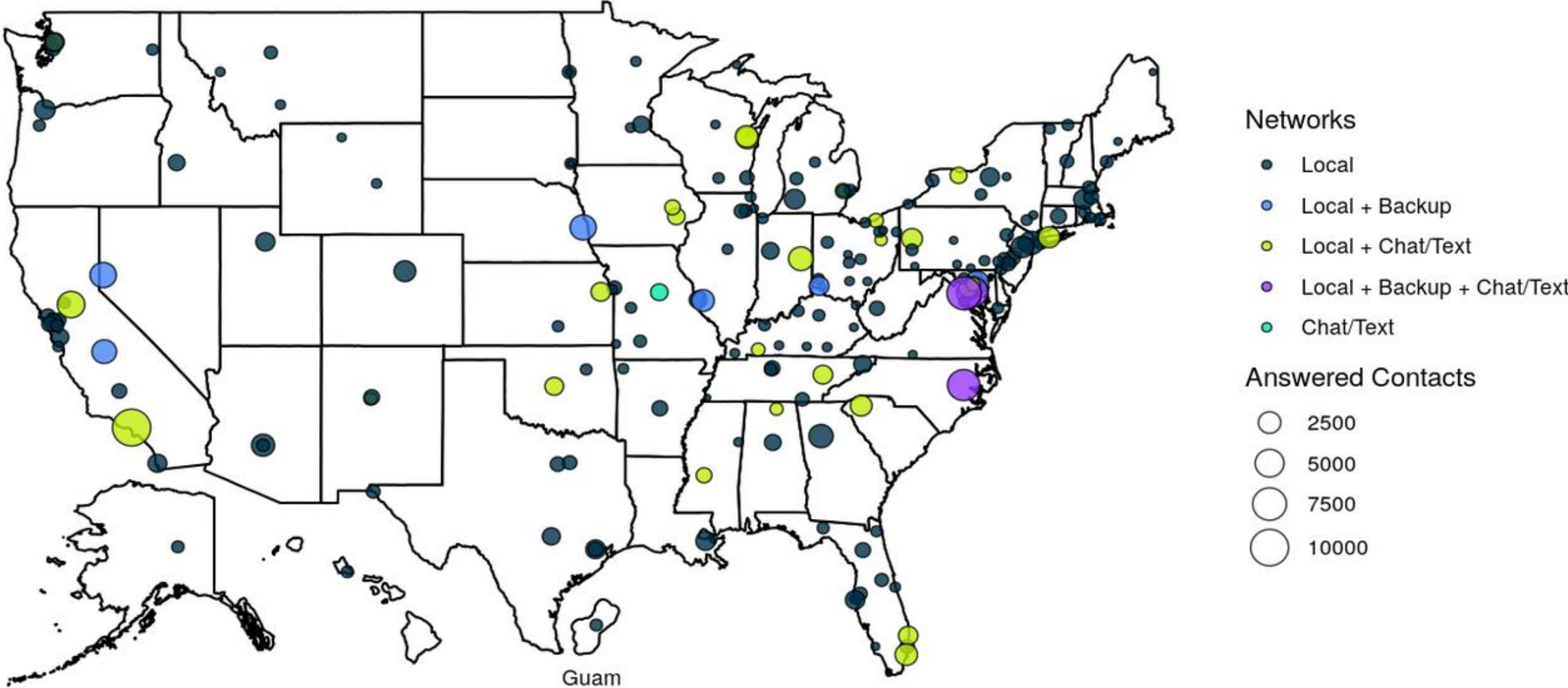


Not displayed: Alaska,
Guam, Hawaii

<https://suicidepreventionlifeline.org/our-network/#section-4>

Snapshot of the Lifeline Network (FY2022)

Lifeline Centers
Jan 01, 2022 - Jan 31, 2022



Lifeline Answer Rate Challenges

While the Lifeline has evolved significantly since its formation – and now comprises nearly 200 crisis centers across the country – **demand far exceeds capacity**

In 2020 alone, **hundreds of thousands of users** – many of whom may be actively suicidal – reached out for help and were **unable to connect with a trained counselor**



~15% unanswerd calls



~44% unanswerd texts



~70% unanswerd chats

FY22 Goals of Funding to Lifeline Administrator

- Fund the National Backup, Chat, Text and Spanish language centers to increase workforce to meet anticipated demand
- Support and expand services for populations at high risk of suicide
- Strengthen Lifeline network infrastructure, standards, training and quality improvement

Funding for 988 State and Territory Grant

- \$105,000,000 will be distributed to states and territories
- For accepted proposals, funding will be awarded based upon a formula using FY 2021 Lifeline calls received across states and territories
- Funding: American Rescue Plan Act funds, requires utilization for workforce support and development
- NOFO lists the FY 2021 call volume and maximum funding amount each state and territory can request for the grant period
- Grants will be programmatically overseen under the Office of the Assistant Secretary 988 Crisis Center Operations Team

988 State and Territory Grant Program

- States and territory government agencies, including the District of Columbia; Guam; the Commonwealth of Puerto Rico; the Northern Mariana Islands; the Virgin Islands; and American Samoa.
- SAMHSA will only make one award per state and territory. If SAMHSA receives more than one application from a state or territory, SAMHSA will fund the application with the highest priority score.
- Up to 56 awards
- NOFO released 12/20/2021
- Application submissions are required by 01/31/2022
- Anticipated Award Date: 04/15/2022, Anticipated Start Date: 04/30/22, Project Period: 2 years
- Washington eligible to apply for up to \$2,674,721

Goals of 988 State and Territory Funding

- Build a true collaboration and partnership between SAMHSA, States/Territories, and Lifeline Crisis Centers to respond to all those in need of 988 support
- 100% nationwide 988 coverage and response through all states and territories
- Build and/or improve the workforce for 988 response and improve crisis care coordination across states and territories through local, regional, and/or statewide Lifeline and community mental health services
- Designate and monitor Key Performance Indicators for states/territories and align with Lifeline network response
- Cooperative agreements are formula based- Goal for all states and territories to engage in 988 response

Few Key Activities

- Increase response rates above 90% in-state
- Prepare for local chat/text response
- Collect and report data on emergency rescues, suicide attempts in progress, and/or mobile crisis outreach referrals
- Provide follow up services, including outreach for those identified at imminent risk of suicide and referred to emergency intervention
- Provide training on working with populations at higher risk of suicide, including awareness of referral options for high-risk population-specific services
- State oversight of 988 and 911 coordination in collaboration with the state's 911 administrator

- *85% of funds through grant must go directly to Lifeline crisis centers to support workforce*

Washington State

WA Specific Lifeline Data

- In 2017 only 14 of Washington's 39 counties had in-state coverage for Lifeline calls.
- By late 2021 all counties had both primary and backup coverage 24/7/365
- The three current Lifeline member centers are:
 - Volunteers of America Western Washington, Everett WA
 - Crisis Connections, Seattle WA
 - Frontier Behavioral Health, Spokane WA
- In spring 2017, WA's in-state answer rate for Lifeline calls was 43%.
- After Lifeline's State Capacity Building Grant to WA in late 2017 the in-state answer rate had risen to 78% despite an almost 40% increase in call volume during the same 18-month period.
- Prior to Lifeline's State Capacity Building Grant to WA in 2017, *no reported dedicated state funding* had been provided for Washington's Lifeline centers
 - After the grant, the state committed \$1.8M to Lifeline centers in the following biennium
 - In SFY22 the state funding to Lifeline centers had increased to \$10.68M

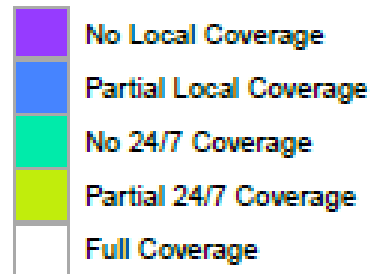
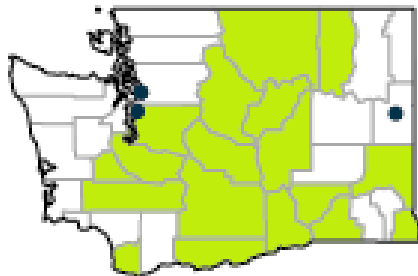
WA Specific Lifeline Data

Key Performance Indicators: WA
2022-02-01 to 2022-02-28

Total Contacts: 6,592 Excludes VCL

Offered to Spanish: 71

County Coverage



● Lifeline Centers

Lifeline Network Contacts (Excl. VCL & Spanish): 6,592



	Calls	Chats	Texts	Total
Offered	4,368	2,025*	199	6,592
Answered In-State	2,947 (67.5%)	N/A	N/A	N/A
Abandoned In-State	961 (22.0%)	N/A	N/A	N/A
Flowout to Backup	460 (10.5%)	N/A	N/A	N/A
In-State ASA	00:00:32	N/A	N/A	N/A
In-State Avg Contact Time	00:11:30	N/A	N/A	N/A

*Chat service does not record the location of unanswered chats. Offered chats are estimated.

Chats and Texts are not currently routed by location; in-state performance metrics are not applicable.

SAMHSA Resources

SAMHSA 988 Fact Sheet




In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline.



The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a **once-in-a-lifetime opportunity** to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for all Americans who might be experiencing suicidal thoughts, who are at risk of suicide, or who are struggling with emotional distress. Preparing for full 988 implementation and operational readiness requires a bold vision for a **crisis care system that provides direct, life-saving services to all in need.**

SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way as emergency medical services have expanded in the US.



In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is **essential to meeting behavioral health crisis needs across the nation.**



Developed in collaboration with the Centers for Disease Control and Prevention



Frequently Asked Questions

What is the Lifeline and will 988 replace it?

The **Lifeline** is a national network of over 180 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. Moving to 988 will not replace the Lifeline, rather it will be an easier way for all Americans to access a strengthened and expanded network of crisis call centers.

When will 988 go live nationally?

The **988 dialing code** will be available nationally for call, text, or chat on July 16, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number, **800-273-8255**. SAMHSA recommends not promoting 988 widely until it is available nationwide.

How is this different than 911?

Like **911**, there will need to be a system of entities working in lock step to support the establishment and growth of 988 in a way that meets our country's growing suicide prevention and mental health crisis care needs. SAMHSA is actively engaged with 911 counterparts at the federal, state and local levels to plan for smooth coordination.

How is 988 being funded?

Congress has provided the **Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the 988 workforce.** Also, the President's Fiscal Year 2022 budget request provides additional funding for the Lifeline itself and for other existing federal crisis funding sources. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

Is 988 available for substance use crisis?

SAMHSA views 988 as an opportunity to transform our country's behavioral health crisis system to respond to anyone in need. The Lifeline accepts calls from anyone who is suicidal or in emotional distress, including substance use crisis. This transformation will take time and requires resources from federal, state and local levels to prepare the crisis system to better meet these needs.

Urgent realities.



Too many Americans are experiencing suicide and mental health crises without the support and care they need. In 2019 alone, the US had one death by suicide about every 11 minutes — and for people aged 10 – 34 years, suicide is the second leading cause of death.

Easier access.



Moving to an easy-to-remember, 3-digit dialing code will provide greater access to life-saving services.

There is hope.



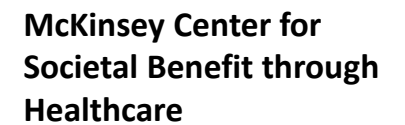
Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:
**988Team@
samhsa.hhs.gov**

<https://www.samhsa.gov/sites/default/files/988-factsheet.pdf>

SAMHSA/NASMHPD 988 Co-sponsorship Group

1. **Assess the readiness** across relevant audiences to inform a roadmap and equip audiences with the information, data, and guidance to prepare for 988 in the near and long-term
2. Refine an **integrated roadmap for 988 implementation** and plan to incorporate stakeholders through the convening
3. Ensure **coordination among stakeholders** and secure commitment to 988 milestones across organizations
4. Align ways to **measure progress and success** across each horizon of 988 launch
5. **Harness the collective energy and engage diverse voices** at the national convening to inform effective 988 implementation
6. Ensure 988 is **designed from the perspective of end users** and reflects their needs and preferences.



HHS Resources that Support 988 and Crisis Services

SAMHSA:

- *988 State and Territory Cooperative Agreement (12/22)*
- *Community Mental Health Services Block Grant – 5% Crisis Services set-aside*
- Certified Community Behavioral Health Center (CCBHC) grant
- Zero Suicide Grant
- Garrett Lee Smith Youth Suicide Prevention (GLS) Grant
- Rural Emergency Medical Services Grant
- State Opioid Response (SOR) Grant & Tribal Opioid Response (TOR) Grant
- Tribal Behavioral Health Grant (Native Connections)
- State Transformational Technology Initiative Grants (TTI-NASMHPD)
- Governors Challenges to Prevent Suicide Among Service Members, Veterans, and their Families

CMS:

- Medicaid/CHIP Waivers – 1915 and 1115
- Medicaid/CHIP State Plan Amendments
- CMS State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services (\$15M for 20 states)

SAMHSA Technical Assistance:

- Suicide Prevention Resource Center
- Center of Excellence for Integrated Health Solutions
- National and Regional Mental Health Technology Transfer Centers
- GAINS Center for Behavioral Health and Justice Transformation
- National Child Traumatic Stress Network

Additional SAMHSA 988 Resources and Supports

- SAMHSA 988 Press Release: <https://www.samhsa.gov/newsroom/press-announcements/202112201100>
- 988 webpage: www.samhsa.gov/988
- 988 Fact Sheet: <https://www.samhsa.gov/sites/default/files/988-factsheet.pdf>
- 988 NOFO: <https://www.samhsa.gov/grants/grant-announcements/sm-22-015>

988 Resource Mailbox: 988Team@samhsa.hhs.gov

Questions?

James Wright, LPC

Chief, Crisis Center Operations, Office of the Assistant Secretary
Substance Abuse and Mental Health Services Administration
(240) 276-1615

james.wright@samhsa.hhs.gov

CRIS UPDATES

Objective: Share updates relevant to CRIS Committee

- *Legislative Updates*
- *State Agency Implementation Activities*
- *HMA/BHI Project Team*

- The Steering Committee approved the CRIS High-Level Workplan, which will provide an organizing framework for our work ahead to ensure the full continuum of crisis response.
 - **Objective 1:** A place to contact – NSPL call centers
 - **Objective 2:** Someone to come – Mobile crisis rapid response teams
 - **Objective 3:** A place to go – Broad range of crisis stabilization services
 - **Objective 4:** Pre- and Post-Crisis Care – Immediately upstream and downstream of crisis events
 - **Objective 5:** Crisis system infrastructure and oversight
- State agencies are responsible for implementation of this work, and the Steering Committee, CRIS and Subcommittees will be providing recommendations.
 - State agency partners will be providing regular and timely updates regarding implementation planning across the crisis response continuum to engage meaningful committee feedback.

Upcoming Subcommittee Meetings

Date	Subcommittee
3/16	Tribal 988 Subcommittee (Tribal Centric Behavioral Health Advisory Board)
3/17	Cross System Collaboration Subcommittee – 1 st meeting
3/21	Technology Subcommittee
3/21	Lived Experience Subcommittee
3/29	Cross System Collaboration Subcommittee – 2 nd meeting
Date Pending	Rural & Agricultural Subcommittee
Date Pending	Confidential Information Subcommittee
Date Pending	Credentialing and Training

BREAK

UPDATE: DEVELOPING A VISION

*Objective: Update CRIS on
progress on developing a vision.*

Ad Hoc Workgroup on Vision – Members

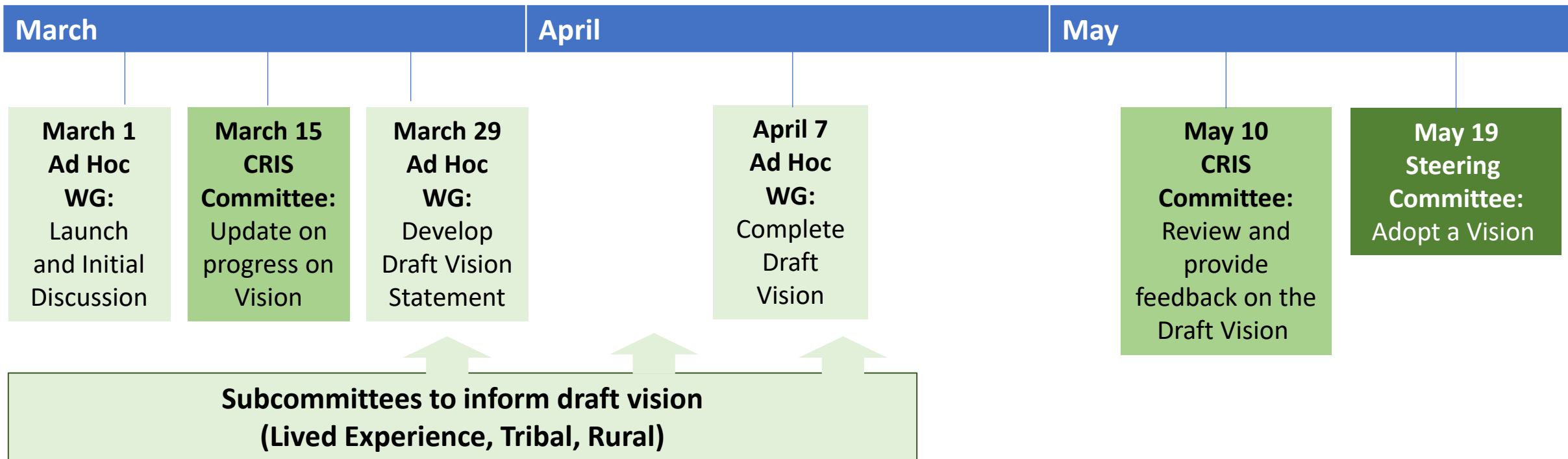
1. Caitlin Safford – MCOs
2. Darcy Jaffe – Hospitals
3. Jan Tokumoto – 988 Call Centers
4. Jenn Stuber – University of Washington Suicide Prevention Center of Excellence
5. Jolene Kron – BH-ASO (Salish)
6. Joan Miller – WA Council
7. Kashi Arora – Youth
8. Melissa Hurt-Moran – Tribes
9. Michael Reading –BH-ASO (King County)
10. Michael Robertson – Peer organization and person with lived experience

Washington Crisis System SMEs for consultation to the Ad Hoc Workgroup

1. Laura Van Tosh – advocate and person with lived experience
2. Michele Roberts or delegate – DOH
3. Keri Waterland or delegate - HCA
4. Amber Leaders – Governor’s office
5. Representative Orwall – State Representative
6. Melanie Estes – legislative intern to Representative Orwall and person with lived experience

Ad Hoc Workgroup on Vision – Charge and Process to Develop Draft Vision

➤ **Ad Hoc Workgroup on Vision Charge:** Develop a *draft* vision for Washington's behavioral health crisis response and suicide prevention system for consideration by the broader CRIS Committee.



**DISCUSSION:
CENTERING
EQUITY IN OUR
WORK**



- The CRIS Committee is charged with advising the Steering Committee in developing recommendations for an integrated behavioral health crisis response and suicide prevention system, including:
 - *“Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.”*

- Your approved charter also includes this statement:
 - *“The CRIS Committee will center equity - racial equity, gender equity, equity for people with disabilities, geographic equity, and other forms of equity - in its work.”*

- At the last CRIS committee, you all reviewed a High-Level Workplan with 5 key objectives for redesigning the behavioral health crisis response and suicide prevention system.
- One of the pieces of feedback we heard was a desire to infuse equity into the Workplan further to ensure we achieve our goals of centering equity in this redesign.
- Today we want you to review the Workplan and identify tangible ways we can infuse equity into it.

- CRIS members will be grouped into 5 breakout rooms.
- Each room will be assigned one workplan objective.
- Breakout rooms will have 15 minutes to review their objective and identify ways to infuse equity into the plan.
- CRIS members will return to the Main Room to share highlights (25 minutes)
 - Note: we will synthesize and share the notes after the meeting so that CRIS members can review and weigh in on the other objectives as well.

Public Observers

- Remain in main meeting room for discussion and chat on the same topics and listening of large group report out.

"The CRIS Committee will center equity - racial equity, gender equity, equity for people with disabilities, geographic equity, and other forms of equity - in its work."

Discussion Question:

Revisiting the workplan, each group should review their objective and sub-objectives and identify ways to embed equity into the work. Ask yourselves:

"If our goal is to ensure our redesigned behavioral health crisis response and suicide prevention system promotes equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities, what must we do in this objective?"

HB 1477 Initial Assessment – CRIS Member Breakout Groups

Room 1	Room 2	Room 3	Room 4	Room 5
Michael Anderson-Nathe	Nicola Pinson	Suzanne Rabideau	Laura Collins	Mark Podrazik
Manka Dhingra	Tom Dent	Tina Orwall	Judy Warnick	Jan Tokumoto
Michelle McDaniel	Amber Leaders	Levi Van Dyke	Adam Wasserman	Bipasha Mukherjee
Jenn Stuber	Melissa Hurt-Moran	Michele Roberts	Keri Waterland	Justin Johnson
Jane Beyer	Cathy Callahan-Clem	Summer Hammons	Michael Reading	Heather Sanchez
Michael Robertson	Dillon Nishimoto	Puck Kalve Franta	Kashi Arora	Ron Harding
Robert Small	Kimberly Hendrickson	Caitlin Safford	Joan Miller	Jessica Shook
Danie Eagleton	Katherine Seibel	Darya Farivar	Linda Grant	Claudia D'Allegrì

ACTION ITEMS & NEXT STEPS

The Substance Abuse and Mental Health Services Administration (SAMHSA) has rolled out a new 988 website today – available at [samhsa.gov/988](https://www.samhsa.gov/988). The 988 website is designed to serve as your one-stop-shop for 988 resources from SAMHSA.

Notably, we want to make sure you're aware that the site contains a **988 partner toolkit**. The partner toolkit is intended for SAMHSA's 988 implementation partners (crisis call centers, state mental health programs, substance use treatment providers, behavioral health systems and others) to provide [key messages](#), [FAQs](#) and more information about what 988 is and how it will work.

Although the transition to 988 happens on July 16th, SAMHSA is making these materials available now to facilitate partner efforts for collaborative and aligned 988 communication planning. These materials are designed to cover the basics of 988 and provide a strong foundation from which partners can build for their audience-specific needs. SAMHSA welcomes partner efforts in building off of these, testing with specific audiences, and sharing those learnings with each other.

In the weeks and months to come, SAMHSA will be adding more tools and resources to the 988 website, so please bookmark it and come back often.

	First Name	Last Name	Registration Time
1.	Lisa	Striedinger	3/9/2022 16:46
2.	Marcie	Dillard	3/9/2022 16:49
3.	Niria	Lucatero	3/9/2022 16:54
4.	stacey	okihara	3/9/2022 17:22
5.	Elizabeth	Ross	3/9/2022 17:47
6.	Patricia	Goodwin	3/9/2022 17:47
7.	Jacobi	A GROOMER	3/9/2022 17:51
8.	Charlisse	Hammon	3/9/2022 18:00
9.	Estrella	Watkins	3/9/2022 21:24
10.	Sharon	McKellery	3/9/2022 23:14

	First Name	Last Name	Registration Time
11.	cody	cohan	3/10/2022 7:27
12.	Mandy	Wes	3/10/2022 8:13
13.	Patricia	Horne-Brine	3/10/2022 21:44
14.	Carmen	Pacheco Jones	3/12/2022 21:01
15.	Pamela	Dalan	3/13/2022 16:41
16.	Elizabeth	Myers	3/14/2022 11:37
17.	Jamie	Estrada	3/14/2022 11:39
18.	Nichole	Smith	3/14/2022 11:46
19.	Connie	Kruse	3/14/2022 11:56
20.	Laura	Van Tosh	3/14/2022 11:59

	First Name	Last Name	Registration Time
21.	Vivian	Korneliussen	3/14/2022 12:29
22.	Austine	LeBlanc	3/14/2022 12:46
23.	Nolita	Reynolds	3/14/2022 13:39
24.	Elyce	Leach-Jones	3/14/2022 17:20
25.	Leah	Gant	3/14/2022 18:22
26.	Roxanne	Slayton	3/14/2022 18:24
27.	Tyauna	Simington	3/15/2022 8:19