HB 1477 Crisis Response Improvement Strategy Committee

March 15, 2022
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.
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 pm</td>
<td>Technology Review</td>
</tr>
<tr>
<td>1:05 pm</td>
<td>Welcome, Introductions, Review Meeting Agenda</td>
</tr>
<tr>
<td>1:20 pm</td>
<td>Personal Story</td>
</tr>
<tr>
<td>1:35 pm</td>
<td>SAMHSA 988 Line Update</td>
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<tr>
<td>2:05 pm</td>
<td>CRIS Updates</td>
</tr>
<tr>
<td>2:25 pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:35 pm</td>
<td>Update: Developing a vision</td>
</tr>
<tr>
<td>2:45 pm</td>
<td>Discussion: Centering Equity in our Work</td>
</tr>
<tr>
<td>3:35 pm</td>
<td>Action Items and Next Steps</td>
</tr>
<tr>
<td>3:38 pm</td>
<td>Public Comment Period</td>
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</table>
Objective: Set the context for why we are engaged in this work.
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
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)

Source: CDC and SAMHSA data
Components of a Behavioral Health Crisis Response System

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facilities → Post-Crisis Wraparound

Easy access for law enforcement = connection to treatment instead of arrest

LEAST Restrictive = LEAST Costly

Decreased Use of jail, ED, inpatient
“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
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)

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

2013: Lifeline began incorporating chat service capability in select centers

2015: Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2015: Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020: Lifeline began incorporating texting 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: SAMHSA/VA/FCC are responsible for submitting multiple 988 reports to Congress

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

2022: 988 fully operational for phone and text in July 2022
### 988 Vision & Near-Term Pillars

<table>
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<tr>
<th>SAMHSA goals</th>
<th>Pillars defined by SAMHSA</th>
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</thead>
<tbody>
<tr>
<td>Strengthen and enhance Lifeline</td>
<td><strong>1A</strong> Federal planning and convening: putting robust federal funding, leadership, and policy direction in place to strengthen the Lifeline network and the broader crisis continuum</td>
</tr>
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<td><strong>1B</strong> Operational readiness of the Lifeline network: ensuring the Lifeline network is equipped to respond to projected FY22 contacts</td>
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<td><strong>1C</strong> Messaging and public communication: educating key stakeholders about 988 messaging and the broader public about how and when to use 988</td>
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<td><strong>1D</strong> 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</td>
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<tr>
<td>Transform and strengthen broader crisis care continuum</td>
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</table>
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**
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

First Call for Help of Itasca County
Grand Rapids, MN, 55744
Website

Not displayed: Alaska, Guam, Hawaii

https://suicidepreventionlifeline.org/our-network/#section-4
Snapshot of the Lifeline Network (FY2022)
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.

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<tr>
<td>~15%</td>
<td>unanswered calls</td>
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<tr>
<td>~44%</td>
<td>unanswered texts</td>
</tr>
<tr>
<td>~70%</td>
<td>unanswered chats</td>
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</table>
• 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
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

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

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<th>Texts</th>
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<td>2,025*</td>
<td>199</td>
<td>6,592</td>
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*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

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
Sustaining 988: Status of State 988 Legislation

- **BLUE**: 4 states enacted 988 infrastructure bill with a fee
- **TEAL**: 4 states enacted 988 infrastructure bill without a fee
- **GREEN**: 4 states enacted 988 legislation to create 988 study and/or commission
- **MAGENTA**: 13 states have pending 988 legislation
- **DARK GREY**: 2 states considered 988 legislation that did not pass

https://www.quorum.us/dashboard/external/mgWzdPqJLWHohzOhdRWE/
Additional SAMHSA 988 Resources and Supports

- 988 webpage: [www.samhsa.gov/988](http://www.samhsa.gov/988)
- 988 Fact Sheet: [https://www.samhsa.gov/sites/default/files/988-factsheet.pdf](https://www.samhsa.gov/sites/default/files/988-factsheet.pdf)
- 988 NOFO: [https://www.samhsa.gov/grants/grant-announcements/sm-22-015](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
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.
<table>
<thead>
<tr>
<th>Date</th>
<th>Subcommittee</th>
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<tbody>
<tr>
<td>3/16</td>
<td>Tribal 988 Subcommittee (Tribal Centric Behavioral Health Advisory Board)</td>
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<tr>
<td>3/17</td>
<td>Cross System Collaboration Subcommittee – 1&lt;sup&gt;st&lt;/sup&gt; meeting</td>
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<td>3/21</td>
<td>Technology Subcommittee</td>
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<td>3/21</td>
<td>Lived Experience Subcommittee</td>
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<td>3/29</td>
<td>Cross System Collaboration Subcommittee – 2&lt;sup&gt;nd&lt;/sup&gt; meeting</td>
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<td>Confidential Information Subcommittee</td>
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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:** Develop a *draft* vision for Washington's behavioral health crisis response and suicide prevention system for consideration by the broader CRIS Committee.

### Schedule

**March**
- **March 1**
  - **Ad Hoc WG:** Launch and Initial Discussion

**March 15**
- **CRIS Committee:** Update on progress on Vision

**March 29**
- **Ad Hoc WG:** Develop Draft Vision Statement

**March 15**
- **Subcommittees to inform draft vision** (Lived Experience, Tribal, Rural)

**April**
- **April 7**
  - **Ad Hoc WG:** Complete Draft Vision

**May**
- **May 10**
  - **CRIS Committee:** Review and provide feedback on the Draft Vision

- **May 19**
  - **Steering Committee:** Adopt a Vision
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

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<th>Room 2</th>
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<td>Nicola Pinson</td>
<td>Suzanne Rabideau</td>
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<td>Manka Dhingra</td>
<td>Tom Dent</td>
<td>Tina Orwell</td>
<td>Judy Warnick</td>
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<td>Michelle McDaniel</td>
<td>Amber Leaders</td>
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<td>Danie Eagleton</td>
<td>Katherine Seibel</td>
<td>Darya Farivar</td>
<td>Linda Grant</td>
<td>Claudia D'Allegri</td>
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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. 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.
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<th></th>
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