

**NAMI Virtual Townhall:
What's Happening With 988? Insights on Government, Advocate and Public Action
and Awareness After Two Years**

Featuring Director Monica Johnson, Mallory Newall, and Hannah Wesolowski
July 17th, 2024

Hannah Wesolowski (00:00:00):

Thank you to all the folks who are joining us today. This is an exciting week marking two years of 988, and how far we've come together as a community. I really hope everyone looks at this as a celebration of 988, and a call to action to continue the momentum we have around this lifesaving resource. We are so honored to welcome our speakers today.

First, before I jump into that, a reminder that I'm going to just make sure that everyone, this can be triggering information. I want to make sure everyone feels supported. So if you need any support during today's presentation, you are not alone. We are here for you. You can reach out to NAMI's helpline at 1-800-950-6264, also available at info@nami.org or at [NAMI.org/help](https://www.nami.org/help) to access our chat options. And as always, if you are in crisis, you know someone who's in crisis, please do not hesitate to reach out to the 988 Suicide and Crisis Lifeline available via call, text, or chat at [988Lifeline.org](https://988lifeline.org). And with that, I will jump into introducing our fabulous speakers that we have today.

Monica Johnson is the director of the 988 & Behavioral Health Crisis Coordinating Office at SAMHSA, the Substance Abuse and Mental Health Services Administration. She leads the team that is implementing the cross governmental efforts around 988 and crisis response. So we are so grateful for her making the time during this very busy week to talk to our NAMI field. She comes to SAMHSA with a wealth of experience from her time in Georgia, and she'll talk a little bit more about that. But thank you so much, we're honored to have you here, Director Johnson.

We're also thrilled to welcome Mallory Newall, who is Vice President at Ipsos. It has been an amazing partnership to work with Ipsos over the last few years to do polling around 988 and crisis response. What do people know, what do they expect and what do they demand for crisis care in their communities? So thankfully we have Mallory here to break it all down for us. We just released some new polling and she'll give us some insight there.

I want to thank the speakers again for their time today. And I want to thank Director Johnson, the 988 & Behavioral Health Crisis Coordinating Office and everyone at SAMHSA, because they have truly pushed a boulder up a mountain, and we have come so far in the last two years. 988 promised a lot to so many of us who have that need and have experienced traumatic responses to crisis in the past. And because of the leadership of SAMHSA, we are fulfilling that promise. So without further ado, I will turn it over to Director Johnson to tell us what's happening.

Director Monica Johnson (00:02:42):

Thank you so much Hannah for that introduction. First, just thank you for the invitation and having me be here today. I'm looking forward to it. I have my paraphernalia. I am in spirit mode. And so really appreciate the partnership with NAMI, as well as all of the other advocacy organizations. But NAMI has been such a critical partner with us, and we could not do this work without your partnership and true collaboration. So just thank you for that there. Just before I get started, today, I'm going to tell you all the things about 988, but I want to tell you a little bit about myself and how I got to be and it's where I am today.

So I joined SAMHSA a year and a half ago to lead the 988 office. And at that time, it was a brand new office. And so we are a mighty team of about 24 people that are leading this work.

We obviously work very closely with Vibrant Emotional Health who has the cooperative agreement to be the network administrator for this work. But prior to coming to SAMHSA, I worked in state government for 12 years. I worked for the Georgia Department of Behavioral Health and Developmental Disabilities. I left there as the interim commissioner, but prior to that, I spent eight years as the Director for the Division of Behavioral Health and a couple other positions. But most notably, and I'll come back to that director role because it's so important and ties to here, I started this work a long time ago.

So I am in year 27 working in behavioral health. I started out in child and adolescent mental health, working as a paraprofessional in a residential psychiatric treatment facility. I probably was 21 at that time, not too older than some of the adolescents that were there at the time. And so I've done a plethora of things. I've worked at the community level before going into state government and then of course, spending the bulk of my time there. When I left the department in Georgia, I was a part of the leadership team that was implementing 988.

So the first six months of 988 being live, I had the viewpoint of what it was like working on the ground at a local level, trying to implement this just within one state. I moved in into this role and now have the opportunity to lead the implementation work in partnership with so many entities, but in particular with states, territories and Tribal nations as they begin to look at the implementation of 988. So my perspective has been very unique in that I have the lens of what it was like to be implementing this and go live at the ground level. And then now, to be in this seat at the two-year anniversary has just been a whirlwind. So this has been an exciting week for us and I can't wait to tell you what's happening. So with that, next slide please. We can go ahead to the next slide.

So we'll start with a little bit of background and overview about fundamentals around 988. And so what is 988? 988 Suicide & Crisis Lifeline helps thousands of people overcome crisis situations every day. 988 connects people needing emotional and/or substance use help. So throughout this conversation, you may hear me reference behavioral health a lot. And for the sake of definitions, when I say behavioral health, I'm always talking about both mental health and substance misuse disorders.

So it's about anyone who is needing to connect because they are experiencing some type of a crisis. It allows for the individual to be connected to a crisis counselor that is there to be empathetic, to listen, to help and to connect to resources if that is what is required, or make those connections to make sure the person gets the type of help that they are seeking. We will talk a little bit more about what that whole continuum looks like.

So people all across this country can access 988 via three ways. You can call 988, you can text 988 or you can chat. 988 is free to use and it is available to anyone in the United States, and it is available 24/7, 365 days of the year. There are specialty services available through 988 for veterans. We have a partnership with the Veterans Administration, so we work very closely. If you call 988, please don't do it to practice, but if you were to call 988 now, you would hear a Press 1 option, that would allow you to be connected to the VCL if you are a veteran and want to be connected to the Veterans Crisis Line. So that partnership is really central to a part of this work.

We also have options for Spanish speakers. We have options for individuals wanting to be connected that are LGBTQI+ youth and young adults. And then most recently, we have a connection for individuals that are deaf or hard of hearing, and for whom ASL is their preferred mode of communication. Video phone is now available for that to happen, and that makes me very happy. Additional language services are available for more than 240 languages beyond Spanish in different mechanisms. Next slide please.

So the need for 988 seems pretty obvious to me, but I'll still take the time to walk through some statistics that drove some of this in the beginning. 988 prior to this, and there's a slide that'll talk

about this and give a timeline, but 988 while we're two years old was the product of a former suicide prevention lifeline that was a 10-digit number. The most important thing to me about the need for 988, and I'll get into some of the data here, is just the simplicity of moving from a 10-digit number to a three-digit number that anybody can remember.

So in this country, if you are having a medical emergency and you live in the State of Illinois, but you took a trip and you are in California and you had symptoms of a stroke, you would know what to do. You would call 911. There is no confusion about what would happen if you were experiencing a type of medical crisis. So why would that be different for behavioral health? And so behavioral health now has a way for if you are having a crisis and it is related to behavioral health, that you are contacting not necessarily 911, because the response that may come is not the response that we often want to have for when you call 911 for behavioral health intervention. And so the need for this is so clear to me, but then there's also data that supports this work.

So what we know is there is one death by suicide every 11 minutes. In 2022, over 950,000 youth ages 12 to 17 and 1.6 million adults attempted suicide. Suicide rates increased from 2021 to 2022 for nearly all populations. 15.2% of multiracial youth, 12.3% of Asian youth, 12.6% of Latino youth, and 12.2% of Black youth had serious thoughts of suicide. Multiracial American Indian/Native American, and Black adults were most likely to have serious thoughts of suicide.

So in 2023, about 108,000 people died from drug overdoses. Remember the whole opioid pandemic? That is still a thing that exists. So around this time, even without the data, you can just think about what was happening when we implemented 988. So COVID was happening, the world was going through a pandemic. And I think that something interesting happened during that time when it came to these conversations about behavioral health, is the pandemic made people realize that when we're talking about crises and we're talking about mental health wellness or behavioral health wellness, that this is not a conversation that is just about some people over in a corner that we want to put to the edges of society.

No, this is a conversation about everyone. It is a conversation about all of us. Because what we did learn and the conversation began to turn during the pandemic was that things such as being isolated, things such as missing pivotal moments, life moments, graduations, the way you celebrated birthdays, weddings, all of the above, those milestones were all impacted. I don't know anybody during that time that would not have said they felt stressed, they had anxiety, feelings of uncertainty, some sadness, depression, grief, loss. I could keep going. So we were clear that we were in a place where something needed to give. And at that same time, here came 988. Too many people across this country experienced suicidal mental health or substance misuse, crises without the support and care that they need. And that is just not the way this should work. We have to do better and this is the way we get there. Next slide please.

So what happens when you contact 988? 988 is a safe space, again open 24/7 to talk about whatever is bothering you or someone that you care about. If you contact 988, you will be connected to a trained counselor. That trained counselor is expected to listen, to work to understand how the problem that's being presented, or the problem of a loved one, depending of your calling on behalf of someone else is affecting you or them. To provide support, to work on safety planning, and share other resources that can offer additional support.

The primary goal here is to provide support for people in suicidal crisis or any other behavioral health crisis as stated above. I could give you a definition of crisis, but what crisis is for me is, do you feel distressed? Is there something that is not allowing you to function the way you normally would? If it's a crisis for you, it's a crisis for you. It doesn't have to match the next person's crises. It doesn't have to be, "I don't know if my crisis is as important and maybe I shouldn't use this line." If it's important to you, if it feels disruptive for you, if it feels like a crisis for you, then it is. Don't worry about what it may be for the next person. If it feels like that way for you, then 988 is for you. Next slide please.

So the vision of having someone to talk to. It is proven to work, lifelines work. Our research has shown that after speaking with a skilled compassionate counselor from 988, most callers are reporting that they significantly are more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful, which is what we want. Next slide.

So here's the history of how we evolved. I am not going to read this whole slide, but you can see where around 2005, where the 10-digit National Suicide Prevention Lifeline launched. A lot of work happened since then. You can see where the VCL then was launched. You can see where the Disaster Distress Helpline was launched. You can see coming to 2020, where the FCC designated 988 as the new three digit number to replace the 10-digit suicide prevention number. You can see that funding then became a part of this, because before 988, we weren't giving out a lot of money to make this work. And a lot of the work that was done was by volunteers, and there was no federal law that the 10-digit number needed to be the way that it is for 988.

So it's a whole new ball game now. So you can see to where we are and where we ended up by 2023. So it's just a nice history of understanding how this started, what was before 988, where we were and where we plan to go moving forward, is what I'll continue to talk about. Next slide please.

So what have we done so far at two years old? Accomplishments and milestones. Next slide please. I am very excited to say that over the last two years to date, we have now been able to answer over 10 million calls, chats, and texts. That is a phenomenal number. There's a lot of people in this country, and we'll talk about all the work that we need to do. But 10 million people knowing that the number exists and taking the opportunity to trust it, those are a lot of contacts. And us being able to be responsive to that, collectively working with states, making sure the capacity was there, all of these things, that's a proud moment and I don't want to speed by that.

Nearly six million calls were answered, nearly 1.7 texts answered and a little over 1.3 million chats have been answered. We expanded, like I said earlier, access to care through those specialty services. So here it is by the numbers. Nearly 110,000 Spanish language calls, texts and chats have been answered. Over 475,000 LGBTQI+ youth and young adults contacts have been answered. 20,000 video phone contacts answered in ASL. That is phenomenal work. Nearly \$1.5 billion has been invested from the Biden-Harris Administration, and it has helped to strengthen and expand existing capacity for 988 as well as services along the crisis continuum, which I'll talk about today as well. Next slide please.

So two years of 988 growth, we have continued to enhance local crisis continuums. We work with states, territories and Tribal nations to continue this effort. About 50% of states have passed appropriations funding related to 988-related services. So rather that's related to fees, related to other types of commissions, and I'll talk a little bit about that, but we know that at least 50% of states have passed legislation or some type of appropriation.

I'd said earlier that this has been one of the, well, maybe I hadn't said it yet. This has been one of the most transformational things that I've seen take place in behavioral health. And I don't have a close second to even say this is close to X, Y, Z. This is so transformational. You don't have to just take my word for it. There is the evidence. When else do you see this much activity, especially at local, state, legislative level activity related to the same thing? Because what happens is you cannot have a conversation about just 988 by itself. Like, what is 988? What is the call center? Contact center? What happens in that moment?

If you are in a position of being a policymaker or even an individual trying to get access to services, this is a catalyst, because it makes you have to have a conversation about what does our crisis continuum look like? You can't have a conversation about just crisis continuum for behavioral health without talking about the whole collective of behavioral health services.

Building a system on crisis alone will not be sustainable. That will be a fractured system. So it requires then everybody to lift their heads up and say, "What about this prevention work that matters, right?" We don't want people to only reach out to non-aid aid because they're in a crisis. That's not what we want. We want you if that is what you need, but if there are things to prevent that from happening, we would want that, right? We don't tell people in physical healthcare to wait till you are in a crisis to seek out care, right? So we want to make sure that we're thinking about the whole system along the way.

When the crisis is over, what happens? What happens for the individuals that need stable housing? What happens to individuals who need help for employment? What happens to individuals that are having relationship challenges and are separated from their family because of previous incidents? There's so many things, food insecurity. So you have to make sure you're thinking about the whole continuum, and that is what we are encouraging and that's what we see happening in these states and territories. They're thinking about all of it.

We've improved technology, impending the rollout planning and testing for georouting. I'll talk a little bit more about georouting in a little bit. We've done updates to the phone system to try to reduce hang-up time. So overall, just quality improvements. Bolstered cybersecurity, this is an ongoing work and progress for us. And then we launched a new learning management system for crisis counselors via Vibrant.

Expanded the partner network. Our agency awards grants, that's primarily what we do. And we have awarded 62 cooperative grants for Innovative Community Crisis Response Partnerships, accounting for more than \$45 million. And Tribal communities as a part of SAMHSA grant-making are included in this as well. So we are doing everything that we can from the federal lens, 'cause this is a partnership with local entities such as states, territories, Tribal nations, to make sure that this is collaborative, that there are federal things that can happen to help support this thing, such as funding, things such as training, technical assistance. But also states are stepping up because they're ultimately going to have to design the systems that work best for their communities as it should be. Next slide please.

Spanish texts and chat services, where Spanish speakers in crisis can reach trained, culturally competent crisis counselors was expanded in the past year. Specialized call, text and chat support for LGBTQI youth and young adults. And again, ASL and then devoted culturally competent services for American Indians and Alaska Natives in dedicated states have continued to be a part of our expansion efforts. Next slide.

I referenced this earlier, but I wanted to wait till I got to this slide. We talked about legislation happening across the state. I am here to tell you, and I know this from experience, that states don't move this fast with legislation and appropriations, unless there is a lawsuit. That's just typically the way it works. Those are facts. That's not my opinion, those are just facts. And so the fact that this is happening within a two-year launch is incredible. This is incredible momentum.

So you'll see the of states that have instituted a 988 fee, how many have created a 988 advisory board, established a 988 trust fund, strengthen crisis care insurance coverage, studying 988 financing gaps or passed some type of appropriation for at least some portion of the crisis care continuum. Those are the facts. And so when I say this is transformational, I mean every word of that. 988 is a catalyst for change that will take place for decades to come. We are at the beginning stages of that, but this level of momentum and work is incredible to see at two years. Next slide please. Next slide.

So when I see this slide, and I think it is key goals that we're looking at for '24 to '25. This is not an all-inclusive slide. If I gave you all the goals and all the things that we want to do, we will be here for three hours. So for the sake of time today, we have abbreviated this list. We do want to

improve the ways that we route calls. So right now, if you call 988, if you contact 988, you are routed to the crisis contact center based on your area code.

There are 200 crisis contact centers across the country. The goal and the idea is that you would be routed to the crisis center that is closest to you for obvious reasons. We want you to be able to have connections to resources that are in your community. We all know that resources vary from community to community. We want there to be able to be the appropriate response in the event the crisis requires someone to respond. Those are the three pillars of what 988 is. A place to contact, so contacting 988. To be able to receive a response, if that is what is required. And that often looks like mobile crisis dispatch by the appropriate trained people. And then a safe place for help, if ongoing treatment and support is what is needed.

So right now routing calls based on an area code is not the most efficient way to make sure that you're getting to the local connection. It may be in some cases my cell phone area code does match where I actually live. But what if I'm out of state and I need that same, that example I gave earlier about if I'm somewhere and I'm having a stroke and I was in Illinois, then I'm in California. So if I'm leaving where I live and I go to another state and I dial 988, it's going to route me back to my home state's contact center. If I needed a mobile response, then the coordination would have to happen for that. We don't want that. We want there to be a better way to make sure that contacts are being routed locally. We are very, very close to implementing georouting in this year. We expect to do that. We are working closely with the major carriers, phone carriers and the FCC has been a great partner in this work.

Continued improvement of operational response. Oh, I'm sorry, let me go back to georouting for a second. So what would be different in terms of we would move away from area code, and think about cellular pings, and so that we have a better idea of where the call is coming from. It is not the same as geo-location, which is what the police use for precise location, but it gets us closer than what we have now.

All right, so then again, we're continuing to improve our operational responses, improve transparency of 988 outcomes. Standardization of data, we're working on data visualization. We want our information to be transparent. Our information is posted publicly now, so that people can see how things are evolving. We will continue expansion of local chat and text. That is an area that still needs to be strengthened. It is a little bit different than calls, where we have full capacity there. We need to strengthen local chat and text a little bit more. Improving data collection, so we're looking at specific data points that will help us make improvements. And then of course, continuing to raise awareness and building trust in 988.

We know that, I do this test all the time wherever I am. If somebody comes to my house, I've told this story before because it's happened, the Spectrum people had to come to my house to look at my internet. He's looking at my internet. I'm asking him has he heard of 988? And when he says, no, I'm passing out things, the magnets for refrigerator. So we know a lot of people still don't know, but it's two years. And so it is going to take time and we are working very hard to continue to raise awareness about what 988 is and what it is not. Next slide please.

We can skip through this one, because I am monitoring my time and I talked about georouting already. So thinking about other things that we've done, we refreshed the logo related to 988. You can see it there. You can see it I think behind me, to just make it just be visually stronger. And so that's something that we've done that we are personally excited about. May not be exciting for others, but we are. Next slide please.

988 national paid marketing. So we engaged in formative research a couple of several months back, which really helped give us really good data and information about who we should be targeting around, when we do have an opportunity to do national paid marketing. We do not have a huge gigantic bucket of money to do this. And so we do need to be very strategic and use data to inform how we roll out.

So we did begin our first significant national paid marketing campaign this month, starting in June. It was very focused on selected audiences based on data of who we are trying to reach, and you can see that listed here. This is an initial step forward. We hope to get to a much more comprehensive campaign. We work very closely with Vibrant, again, the network administrator as they also have media campaigns strategies as well. So just continue to follow us for updates related to that. These are just some examples of some of the marketing materials that we have out posted and running now. Next slide please.

All right, next slide. So I'm going to talk a little bit more about the actual continuum of care. I've hit on it a couple of times, so I'll try to keep up with the time and go through this at a pretty good space. But again, 988 was catalyst, important step. But again, we need to really be building out a robust system for crisis care, so that no matter where you are in this country, you have something that looks the same. You know what to expect if you go into an urgent care facility across the country, and you're not shocked when you walk into one, you shouldn't be. You have some framework of what that looks like. You know what it looks like to go into an ER. You know what a lot of things look like, and so we do want to start to build out what we know are some commonalities around what these systems should look like to yield the best results. Next slide.

This just basically says it's an ecosystem. It's going to take all of us. This is not just a group of behavioral health providers trying to figure this out. It really requires the work of all. I say this all the time because it is true. It is a huge group project. It's the biggest one I've been involved in, but it takes the full strength of everybody. Private payers, public payers, peers, family, community support, policy, government, emergency services, working with local PSAPs, 988, I mean 911, and service organizations and advocacy groups. So it takes all of us to work together to make this happen. We cannot transform without each other. And if we're going to do this and be up to the task, we have to bring the collective brain trust of the entire ecosystem to make this work. Next slide please.

We can skip through this one, 'cause you all will have these slides. That slide just really talked about all the things on a continuum that is needed in order to really build a robust crisis continuum of care. So when you do get these slides, do look at that. And make sure that when you have a seat at a table to advocate and inform, that you're asking about these type of services, that you're asking about what are we doing about prevention and how are we incorporating peers? And what does recovery really mean? So you really need to really be understanding what are all the things on the menu that can be built as a part of the system. Okay, sorry, go ahead. Next slide.

So there are obviously challenges. Nothing this great comes without challenges. So workforce was a challenge before. It is a challenge still now. We see shortages, especially when you're talking about 24/7, 365. So some workforce challenges there at night. These are high stress positions. Crisis counselors are silent heroes, but they're very stressful roles. And so we do see turnover there. Geographic challenges, when you think about the difference between rural and urban areas and frontier areas, and all the things like how do you take into consideration when you're building out a crisis system what mobile crisis response would look like? How do you actually get to people? When you talk about the implementation of telehealth. Since COVID, telehealth is a thing and it's still around, but if I don't have broadband internet, I can't use telehealth effectively. So how do you then work with all of these stakeholders to really, really build and address these challenges.

Financial resources, provider training needs, connecting to crisis care. All of these things are things that are big buckets that have a whole bunch of little bullets under them. Not even just the ones that are presented here that are challenges, but challenges mean to me opportunity. And if this was easy, it would already be figured out. And so challenges, we welcome that. Next slide.

All right, so how you can help, and I'll speed through this because I know my time is up. We do need your help. So apply the 988 Lifeline into your toolkit. Everyone experiencing a crisis should have someone to talk to, someone to respond in a safe place for help. Use our partner toolkits. I'll put up a UR call in a minute where you can get information about how to access this information. And think about maybe joining the 988 workforce. There are more than 200 crisis contact centers, like I said. They're constantly looking for trained crisis counselors to come help. You will be trained, can be trained. So we welcome the call for that. If you're interested, there in the slide, there is a link where you can go to search for careers to work within the workforce. Next slide, and I should be wrapping up.

You'll be able to see this around messaging, coordinated communication. This is in the toolkit that I'm going to drive you to. Next slide. This is for your reading purposes. I've referenced the formative research and what messages came out of Phase 1 and now Phase 2. This is important, 'cause it just really talks about if you're talking about this work, how you can do that. And if you're really interested in reading the full report, there is a QR code, you can read that as well when you get the slides. Next slide.

Then 988 messaging is happening all over. And so here's some really cool fun examples of where we've seen 988 pop up and show it is happening. The message is getting out there. It is real in the world, and we want to show a couple of these because they're just really exciting for us. Next slide. Again, other materials that will be in the toolkit that you can access. These are downloadable things that you can use and share. Next slide.

There are two websites for 988. The first one is where you will get the promotional materials that I talked about, get access to our toolkit. There is a wonderful FAQ about 988, and you can get that by going to samhsa.gov/988. But then there is 977lifeline.org, and this is how you make direct access to 988 Lifeline counselors. So make sure you get those important websites. Next slide.

Then this is how you can sign up for our partner newsletter if you have not already done so. Again, you will get these slides, but this is how you can do that. Please do that so you can stay connected to what is happening in our work. Next slide.

I think this is finally wrapping it up. So do have a 988 Training and Technical Assistance Center, where we are offering all types of support related to implementation of these crisis continuance, the 988 work, all the things. Understanding how to have interoperability between 911 and 988, for example. How to build equity into these conversations, into this work. So lots of stuff has already been done. If you're interested to see any of those previous webinars or interested in getting connected to the mailing list for that, there's a QR code for that. And I think that ... Yep. So that felt like a little bit of speed dating. I hope that gave you a good foundation of what we're doing, and I will be around for the Q&A. Thank you, Hannah.

Hannah Wesolowski (00:39:31):

Thank you so much for that incredible overview. Just the amount of things your team is doing and working with state leaders to do is incredible. I wanted to take a little bit of a different topic in this space since Monica covered so many great things about where we are today, and talk about NAMI's Advocacy Voice because that's an important role that we can play to continue the momentum around 988. If you go to the next slide please.

So I really wanted to start with level setting. I'm not going to read through all of these stats, but I think it shows that the need is huge. We know that far too many people historically have gone without the help that they needed, and to tragic outcomes for individuals, their families and their communities. We know that two million times each year, people with mental illness are booked into our nation's jails. We know that too many people are dying by suicide or contemplating

suicide. Our overdose death rate has decreased slightly from what I have up here. I just saw for the last 12 months, it went down to 102,000, but still far too many lives. And we know that one in five people shot and killed by police are in a mental health crisis. There's a lot of work to do. If we go to the next slide.

NAMI's really approached it as, if not us, who? And if not now, when? Our community is the one that's impacted when our crisis system isn't what it needs. So we very early took it up to advocate for the 988 number, but also to advocate for the resources that SAMHSA, that state governments, that everyone needs to implement a crisis system of care, because our lived experience can really have a powerful impact. But our work isn't done. Just because 988 exists and there's been so much positive momentum, as Director Johnson just said, there's still a lot more work to do, opportunities to build our crisis response system and make sure that every single individual gets the help that they and deserve in a mental health crisis. So let's talk a little bit about what NAMI has done. Next slide.

So our goal is that aligned with SAMHSA and with all of our partners that 988 is the entry point to a crisis continuum of care. It's one point of support and service. And you've already heard that this is about making sure everyone has someone to contact, someone to respond in a safe place for help. And we heard a lot specifically about 988, which has been the focal point, but it has been a jumping off point to build out these other legs of the stool, to implement mobile crisis response and crisis receiving and stabilization options, to make sure that there are safe, helpful alternatives for people who are in crisis to meet a far range of needs. To do that, NAMI knew the advocacy voice couldn't just be us. We really needed to bring all the stakeholders to the table. Next slide please.

So we created the Reimagine Crisis Response Campaign back in 2021, and we kicked it off with a week of action. In that week of action, we had about 50,000 letters we sent to Capitol Hill in that one week. And over time, we've been able to recruit 54 partners that represent a variety of stakeholders, from emergency physicians to major county sheriffs to Children's Hospital Association, to the League of United Latin American Citizens and so many others. Because we know that every organization on here has a stake in getting this right, and we can do a lot more when we work together. So together, we have worked on our advocacy with the Hill and with the Administration, but we've also come together on principles, but what a Reimagine Crisis Response system would look like. We share info. We help each other promote resources and information. And it's been a very collaborative partnership that we continue to grow. Next slide please.

Some of that advocacy I talked about. NAMI has worked with our partners to make sure that the resources are there. Because SAMHSA and state governments have been tasked with building an infrastructure and a system at an incredible pace where there were few resources previously. I think that the funding for the National Suicide Prevention Lifeline and 988 over the last 10 years has grown exponentially. And in fact, in 2023, we were able to advocate for a five-time funding increase for the Lifeline, from a 100 million a year to 500 million a year. And those are resources that are helping with this important awareness campaign that are going out in grants to the states. And we continue to advocate for other resources, like mobile crisis team pilot program to help advance those other legs of the stool, requiring insurance to cover all crisis services. There's lots of other pieces that we continue to advocate for, to make sure this full crisis continuum can be built out. Next slide please.

You heard Director Johnson talk about georouting, and that's been a big focal point for us. We know that people are mobile. I live in the Washington DC area. My cell phone area code does not match where I live. And while every single person who calls will be connected to the care that they need, we know that the local response is the best option. So people can be connected to those local resources that help them not just get well in the moment, but stay well over time.

So we organized a group of organizations to come together to push the Federal Communications Commission to move on this. We knew that SAMHSA and HHS were doing a lot of work on this as well. We were thrilled to be at a press conference earlier this year, where you see this picture that had Senate and House champions as well as Chairwoman Rosenworcel and Secretary Becerra. Chairwoman Rosenworcel is from the Federal Communications Commission and Secretary Becerra is the Head of the Department of Health and Human Services, of which SAMHSA is a part. And we were thrilled to be there to hear that georouting is advancing.

One of NAMI's priorities is that we protect the privacy of individuals who are in crisis and who have a mental illness. We know that concern over what that response looks like and will police be sent? Will there be hospitalization, comes from real trauma the community has experienced in the past. And as you already heard, georouting is not about knowing any specific location data. That data is protected. It's about routing you to the closest call center to get the best help. Next slide please.

Just last month, the Federal Communications Commission had a comment period asking about whether georouting made sense, what would it take? What are concerns for the telecommunications industry to implement this? And of the 2,700 comments that the Federal Communications Commission or FCC received, NAMI's advocates submitted over half of them, urging them to advance this and issue a final rule that would require phone companies to route 988 calls, based on that general location information, while protecting a person's privacy.

So we are very excited and very hopeful that that will continue to move forward. But we know in the meantime, SAMHSA has been doing a lot of work for telecommunications companies to voluntarily implement this. So we're really excited about the progress that's happening, because we know that this has been a real pain point for a lot of states. They've invested so much in their crisis system infrastructure, and they want to help the people in their states. And yet they may not be able to capture everyone because area codes may differ. So this is one of the top issues we're hearing from state advocates and state policymakers about this routing. So we're eager to see that progress and excited for where we are on that issue. Next slide please.

We've also recognized there have been a lot of members of Congress who have worked really hard. Here you see our CEO, Dan Gillison and AFSP CEO, Bob Gebbia presenting a crisis champion award to Representative Lisa Blunt Rochester. And this was among a series of awards for those bipartisan members of Congress who have really pushed for the funding for the resources to make 988 possible, and that helped make 988 possible in the first place. We've been working in lockstep with the American Foundation for Suicide Prevention or AFSP, and incredibly grateful for the work that is happening. Next slide, please.

I want to speak a little bit about our incredible NAMI state organizations and affiliates, because they're the ones that are on the ground doing this incredible work and advocating, and working on advisory groups and working with different policymakers and agencies to implement 988 and crisis services. As you heard, we now have 10 states that have passed a phone fee for 988. And I wanted to pause on that, because I saw a question come in of can you talk more about the fee? What is this fee? And I want to be clear, it's not a fee to use 988. You don't have to pay to use it. 988 is a free service.

911 is currently funded by small surcharges that appear on your phone bill. The average for those is about \$1 a month nationwide. When Congress created 988, they also created the option for states to implement a small surcharge or a fee on monthly phone bills. So that's all phone bills to help funds the infrastructure needed for a 988 and crisis response system. So we now have 10 states that have implemented it. This highlights NAMI Oregon one state that recently did it. You can learn more about all of the states that are doing this and some of the other work at our reimaginedcrisis.org/map. Great resource to see what's moving in your state,

what your state has done, and what your state is proposing to do around 988 and crisis response implementation. Next slide, please.

As I already noted, the 10 states, we just hit the 10 state mark last month. It was in June, and we issued a joint statement with several of our partner organizations celebrating the fact that now, 20% of states have taken this step that'll generate, and I want to thank Samira on my team, but that estimates it'll generate \$218 million a year for those 10 states to ramp up and build the capacity for their crisis infrastructure. I mean, that's significant money and that has not always been available in the mental health space. And so that opportunity is important, and most importantly, it's sustainable. It's not money you have to keep going back and seek out. It's money that you can depend on and build infrastructure around. Next slide, please.

Earlier this week, we released a new report. It's a state legislative brief. It's part of our larger series, and this one's focusing on 988 and Reimagining Crisis Response. You can find information about those state fees that I just mentioned, including a breakdown of what each state fee is estimated to bring in, but also learn about other legislation that states are focused on around both 988 implementation and expanding mobile crisis teams, crisis stabilization, all of those great things. We also hold a monthly call for advocates working at the state level. You can find that on our reimaginedcrisis.org/map page to sign up for that call. And then finally, we have an advocate training program, and we added a module on Reimagining Crisis Response for advocates to help them truly be effective and advocating for 988 in crisis response in their communities and at the state level. And so many advocates have taken that call. Next slide, please.

I would be remiss if I didn't mention our Community Health Equity Alliance or CHEA. This is a major initiative of NAMI and we are proud to be leading the CHEA initiative. It's really focused on creating community level solutions to improve access to care for Black African ancestry communities, particularly those experiencing serious mental health conditions. It's focused on improving care navigation, so people know where to turn to for care, and really raising awareness and engaging Black and African ancestry communities. So this really goes to the heart of 988 and who it serves and how it can be helpful.

If we go to the next slide, you'll see Crisis Can't Wait was an initiative that we rolled out under CHEA earlier this year, and it's focused on three key areas. Know the Signs, know 988 and Pass It On and Know Your Care Journey. So 988 is one of the pillars of this Crisis Can't Wait Campaign. We encourage you to go to chea.nami.org or scan this QR code to learn more. But again, this is just another way that we are trying to get the word out and make sure that everyone knows about this life-saving resource.

Then finally, I'll just close on talking about elevating advocate voices. We've been collecting lots and lots of stories and these are just two, just two that I will pull out and there are so many more. But we know 988 is reaching people and helping people, and that's what this is all about. All we want is for people to get the care that they need and deserve. And hearing, "I called the 988 line twice. Both times, I believe saved my life. 988 is extremely important." And, "988 saved my child from a suicide attempt and provided me, as a parent, with concrete guidance to support in the situation. It is a vital service that should be a priority for any representative of our communities and lives." And I think both of those quotes sum up the importance of this resource.

Then finally, I'll just note that we continue to talk to the media, but our state organizations and advocates talk to the media again, just to try to keep the momentum going, because we know that we need more resources, want more focus, we can't give up now. There's so much potential and so much progress being made. Finally, we've released some public opinion polling. Without further ado, I'm going to turn it over to the fabulous Mallory Newall to talk about that public opinion polling, what we're finding, what we need and what we know. So Mallory.

Mallory Newall (00:54:45):

Great. Thank you so much, Hannah. It's my pleasure to be here today with all of you and with Director Johnson as well. I'm Mallory Newall. I'm the Vice President at Ipsos, which is a global market research and polling firm. We have had the distinct pleasure of working with NAMI since 2021 to understand public opinion around mental health care and mental health crisis response in this country, awareness of 988, and also support for federal and state funding of a lifeline. So I'd like to talk a little bit about our latest research findings today, and I think build upon some of what Hannah and Director Johnson have already talked about in their presentations as well. Next slide please.

Okay, so this is one of our key measures and I know some folks in the chat have asked about it, of how many people have heard about 988. As Director Johnson mentioned, this is really incredible kind of a build over time. From the time that 988 has become available, we've seen familiarity of the lifeline increase from 4% in May of 2022, before it became available, to 23% now. We know that we have room to grow here in terms of educating the public on what 988 is and how they can contact the lifeline. We have seen some growth compared to one year ago. Familiarity has increased, and there's two lines on your screen here.

The bottom line, what I'm focusing on is people who say that they are very or somewhat familiar of 988. But that top line shows general awareness, so people that are familiar or at least have heard of the lifeline, and you can see that two and three Americans are aware. What I think is a more important takeaway here though is, and I'll get to some of this in the data, but essentially, one's familiarity of the lifeline shows really strong and positive correlation with comfort of reaching out to the lifeline if you needed it, of stated likelihood to reach out to 988 or if you or a loved one needed it. And also folks who are aware or familiar with 988 are more likely to support these funding measures that are critical in expanding access to the lifeline across the country.

So if you're familiar with 988, you're more likely to support federal funding for it, to support state funding for it, as well as to support that fee structure on your phone bill like Hannah was talking about. So I think that's really important. We know that we have a ways to go in terms of increasing awareness among the general public on this, but there's already some really positive momentum that people that have heard of it, see the value and understand the value and why we need to support 988. Next slide please.

So one of the things that we ask in our research is really what's important to the public when it comes to, if they needed to contact 988 for you or another person in crisis. And what we've seen both one year ago and now is far and away, the most important thing is receiving immediate support, being able to speak with a crisis counselor immediately. That's followed up by that healthcare professionals would arrive to the scene first, and that you wouldn't receive a bill for contacting 988. What's more is roughly eight in 10 Americans say that they would be more likely to contact 988, if they were able to speak with a crisis counselor immediately. We know that time is of the essence when someone reaches out to the lifeline, and the American public is telling us that they agree as well. Next slide.

We also take a look at levels of trust that the public have not only in 988, but also in 911. How much would you trust that if you contacted these resources, you would receive the help that you needed from each number? And roughly eight in 10 Americans now say that they trust both 988 and 911. What's interesting is that compared to one year ago, we've seen this gap in trust between 911 and 988 close, as trust in 911 has softened a little bit compared to last year. This is something that we'll continue to track in our research, just to see if this kind of develops into a trend, if trust in 988 might start to increase over time or if this is just a moment in time. But there's high levels of trust that if you contacted 988, that you would receive the help that you need. Next slide.

Also here, and I think this is really critical, going back to what people expect when they contact 988. The vast majority of Americans feel that when someone is in a mental health crisis, they should receive a mental health response, not a police response. This is something that we've asked over the past few years, and the sentiment has remained consistent. More than eight in 10 Americans, consistently over the past three years, have felt that when someone is in a mental health crisis, they should receive a mental health response. Just essentially the response needs to match the crisis, and we need to have those trained professionals being the ones to respond. Next slide please.

72%. Again, a very strong number of strong majority of Americans. I don't see that a lot in my research these days, widespread agreement like this, but more than seven in 10 Americans say that they would be comfortable contacting 988 if they or a loved one needed support. Next slide please.

So let's unpack that a little bit. Here we take a look at both the American public overall, as well as how this breaks down by various racial and ethnic groups. If you look at the bars all the way on the left, you can see that comfort level in contacting 988 is consistent and high across all racial and ethnic groups in our server. Also, I want to focus on the gray bars for just a moment and say that compared to comfort calling a 911 operator or a law enforcement officer, comfort with 988 is significantly higher. 72% are comfortable contacting 988 for assistance, compared to 56% who say the same for 911, and 40% who say the same for law enforcement. And you'll notice that that's where we start to see some discrepancies here with Black Americans and Asian American or Pacific Islander Americans being significantly less comfortable contacting law enforcement if they need support. Next slide.

In addition to assessing one's comfort level with contacting 988, if they needed support during a mental health crisis, we also asked perceived likelihood. And here, I just want to show you how that breaks down by age, because I do think there are some interesting trends to note. Overall again, likelihood to contact 988 is high among the American public, writ large, 70%. So comfort and likelihood overall, pretty consistently tied close together. Again, for folks who are familiar with 988 already, that number is even higher, into the 80% range.

What's interesting though, and I think is important to understand is that younger Americans, specifically Americans under 30, 18 to 29, they're less likely than Americans over age 50 to say that they would be likely to reach out to really any of these resources that's not either someone in their close circle, a close friend or family member. It's not to say that they wouldn't. Two thirds of under 30 year olds still say it's likely that they would reach out to 988 if they needed the help they needed, but they are less likely than older Americans. Next slide please.

Okay, so I want to go back to something that Director Johnson talked about in her talk, which is that we need to make sure that people understand that they can contact 988 whenever they feel it is important to them. A bare majority of Americans, 51%, aren't sure when a situation is serious enough to contact 988. And so I think that as we work to increase familiarity or awareness of the lifeline, as we work to sort of spread awareness of what the lifeline can offer to people, we really need to underscore and be aware of the fact that half of Americans don't know when they can or should contact the lifeline. That's particularly true for older Americans, folks that have not seen a mental health provider, white Americans and Asian Americans. And so there's work to be done across the board to encourage people that 988 is always a resource for them whenever they feel like they need it. Next slide.

I want to conclude just by highlighting some policies regarding mental health response in this country. And these are something that we've asked about since late 2021, even before the lifeline came into effect two years ago. Again, there is really strong widespread support for many of these policies on this page, which I think in and of itself in this current time that we're in is remarkable. For example, take the top three charts here. Nine in 10 Americans support creating

a 24/7 mental health crisis call center that can respond effectively to callers and follow up with them. That's something that we were testing before 988 became in existence, and support has remained consistently high for just the existence of a 24/7 crisis response to help people.

Similarly, 88% of Americans support requiring health insurers to cover mental health crisis services. That notion that mental healthcare is healthcare, and should be treated like physical healthcare as well. 60% of Americans strongly support that notion. And same thing, federal and state funding support for that to fund 988 remains high and has remained consistently high over time. Finally, on the bottom here, currently about half of Americans support adding monthly fees on phone bills to fund 988 call centers and crisis response services. That is something that when compared to where we were in fall of 2021, we've seen support soften over time. While we haven't actually asked people why that might be, I think the period of economic uncertainty and the impact of inflation is one potential explanation for that. So that's something that we want to keep an eye on. Next slide.

So thank you all for having me. Again, it's a pleasure for us to be able to partner with NAMI and to be here today to showcase the need and the American public's awareness and support for continued 988 funding. So thank you.

Hannah Wesolowski (01:07:04):

Thanks so much Mallory, and thank you for all you and the team in Ipsos have done to keep us learning and helping track the incredible growth and awareness that's around the 988 Lifeline and Crisis services. Before we get to questions, we have a lot of great questions, I just want to speak to how to get involved. So if we could go to the next slide, please.

First of all, we need your stories. You can go to the QR code here, but your stories help to inform where we advocate, and it also helps to know what's working, what isn't working, and mobilize our advocates. So we share those stories with advocates, we share them with policymakers. They're so important. So please, please, please share your experience with the 988 Lifeline. You can advocate. You can go to our website nami.org/crisisadvocacy to advocate on several issues related to 988 crisis response, and we need those voices to continue that momentum. As I mentioned before, we have a monthly learning call with state advocates, where folks share updates, strategies. And when you get these slides or we can also drop it in, you can join those calls and learn from other great advocates out there.

Then finally, if you are very interested in this, there is a fantastic 988 Crisis Jam every single Wednesday at noon. It's led by some of our wonderful colleagues at RHA International, the National Association of State Mental Health Program directors, Vibrant and others where it's just such a collaborative, wonderful learning community. We encourage you to reach out. And one other thing I'll note is that your stories are even sometimes elevated in new and different ways. You'll see the Sacramento Bee article that's over here on the right side of the screen, and we were able to connect one of our NAMI advocates who had shared their story with that reporter to share their experience. And earlier this week, NPR did a story and we were also able to connect one of our advocates, who had reported that the 988 Lifeline had saved their life with NPR. So those stories really do matter and thank you so much for sharing them.

So with that, I'd love to get to the Q&A. And I will say, first up Monica, everyone wants to know, everyone wants to know, can they get that T-shirt?

Director Monica Johnson (01:09:39):

Hannah, I will send you the link where ... It's through Vibrant.

Hannah Wesolowski (01:09:45):

Amazing.

Director Monica Johnson (01:09:47):

So I'll send you the link and you can feel free to share it, but it's through Vibrant.

Hannah Wesolowski (01:09:51):

Wonderful, wonderful.

Director Monica Johnson (01:09:52):

It is an amazing T-shirt. I don't know if you could see it, but it is amazing and I have a hoodie. [inaudible 01:09:58].

Hannah Wesolowski (01:09:59):

It is fantastic, and I can't wait to order my own. All right, so folks, you heard it. We will get you that information in our follow-up, to make sure you can get that T-shirt and be a walking promotion for 988 and Spark conversations about why people should access that resource. All right, we have a lot of questions. I don't think we'll get to all of them, but we're going to hit as many as we can. We had a few questions about under 18. One, can people under 18 contact 988? And what about kids who are being bullied in school? Could 988 be a resource for them?

Director Monica Johnson (01:10:32):

So yes, someone under 18 can dial 988 or text or contact 988. Bullying, so I'll separate the two issues. So if we're talking about a person is being bullied and they feel distressed and this is a cause of concern for them, then of course. We talked about what is a crisis earlier, that is a crisis for that person, so they could use the line for that. Yeah.

Hannah Wesolowski (01:11:03):

Great. And we had a few questions about the georouting versus geolocation, and I feel like this always comes up. Somebody asked why can't 988 use geolocation like 911? I'm wondering if you could speak to some of the concerns. I'm happy to add them in from the NAMI perspective as well, but I think from my understanding, it takes different technology for georouting and geolocation, but would love to hear a little bit more from you.

Director Monica Johnson (01:11:29):

So it takes different technology, and so georouting is the in-between space, so between ... So 988 is 2 years old, and so we'd come out the gate with what we could come out with. So area code first, georouting is a significant improvement. Geolocation is not something on the immediate radar. Geolocation is what police use for immediate need to get to someone and needing to know the location. We all know that. And so 988, it's not meant to replace 911. It is not meant to be the same level of emergency. So there are still instances where a 911 response is the appropriate response. And so I don't want to make it seem like 988 has the same ... It's meant to do away with 911. It is meant to deter from unnecessary context to 911.

So when I've talked to dispatchers to police, I've talked to first responders across the country, the story is typically the same. They're not raising their hands saying, "I would love to answer these behavioral health crisis calls." That's not necessarily they feel like what they're trained to do. CIT training is wonderful. I'm a big huge advocate of CIT training, but there are instances where there is an immediate threat to safety, public safety concern, and so we're not equipped.

People that are responding to an individual in crisis because they're on a mobile crisis team for example, they're not in a car with a siren on. They don't have the same ability to run through the red lights and do the things that a police response would do.

So I do want to make sure that people understand that while we do want to deter from unnecessary. People call 911 for lots of things that they would say, "Yeah, this is not the appropriate. Someone else could have probably handled this." So I just want to say that part, because it's not meant to replace 911.

Hannah Wesolowski (01:13:51):

Yeah, I think that's so important. And something else that I found resonates with a lot of folks, for many of the callers, 988 is the intervention.

Director Monica Johnson (01:14:00):

Definitely.

Hannah Wesolowski (01:14:01):

So it reduces the need for an in-person response.

Director Monica Johnson (01:14:03):

Exactly.

Hannah Wesolowski (01:14:04):

I've heard the folks at Vibrant say that, and I think that's so important to reiterate that this isn't about necessarily dispatching someone. And on the geolocation versus georouting, I will note as NAMI, we've heard lots of concerns about will police come? 988, the core of it is it's confidential. People can feel safe calling. And so it's figuring out how to protect information and how to save lives. And there's a lot more work to be done until we get into that granular place, if we get to that granular place. But being able to connect to local resources via georouting is so important.

Director Monica Johnson (01:14:44):

Yeah. I obviously absolutely agree 100% with that, and thank you for underscoring that. Our data shows overwhelmingly that the call itself or the contact itself is often the intervention. It's a very small percentage from there that require mobile crisis response, because they contacted 988.

Hannah Wesolowski (01:15:08):

And relatedly, we've got a few questions in around this, that are there SAMHSA expectations about local communities and states building up that mobile crisis or non-law enforcement response? I know that SAMHSA has done a lot of work to create benchmarks for states on 988 and to the other crisis services. So could you speak to that?

Director Monica Johnson (01:15:30):

Yeah. So we are definitely supporting states, territories, Tribal nations, and thinking about this work and prioritizing it. We do it in several different ways. One way that is happening right now that I think is worth lifting up, so we published a guidelines for basically your crisis guidelines document. It is been used by states to build their crisis continuum. It's like your playbook on

what is necessary, what is needed. It talks about the services, it talks about workforce, it talks about financing, all of those things, but the version is 2020. And so we are currently right now revising that document to bring it forward, because two big things happened since the publication of that document, which was COVID and then 988 had not been implemented. And so that is being revised and will be coming forward later.

So that type of guidance, we provide training and technical support while these states are trying to think through what their systems could look like. We provide funding support for this to make these connections, working with local PSAPs for example, making connections to mobile crisis. And then a part of our mental health block grant set aside, there's a set aside for crisis, a percentage that all states have to use for crisis continuum work. And so we are helping to support that by the funding that we're putting out, the type of guidance and the type of training and technical assistance that is in this space.

Hannah Wesolowski (01:17:20):

Well, training and technical assistance is something that actually came up a little bit in the questions and was definitely a trend. So can you speak to a little bit, what training do counselors yet?

Director Monica Johnson (01:17:33):

So backing up to counselor. So Vibrant has a learning ... I'm probably going to miss the acronym. They have a learning portal where they're able to ... So many acronyms. They have a learning portal as the Lifeline Administrator. This is a part of their role is to make sure that we have consistency in standards and some training and some other things related to quality across the network of crisis centers. So there are some trainings that are offered through that, through the learning portal through Vibrant. But these centers are also accredited, and so they also have mandatory trainings that they have to do. And a center also has the right to add additional trainings that may not come from either of those places. But there are some standard trainings that we, through Vibrant, do require for the centers to use. Some are voluntary, some are recommended, and some are required to be done.

Hannah Wesolowski (01:18:38):

Excellent. That's helpful, because people also want to know, how do you become a crisis counselor? And you talked about that earlier, that there's a link on the SAMHSA website. People said, "Is there difficulty recruiting? Is this a need across the country?" And I'm guessing the answer is yes, we constantly need more folks. I often say, this is a real hard job. It's so important and these are amazing people, but my gosh, it's a hard job and we need lots of amazing compassionate folks to do it. So could you speak to what the need is and remind people where they can go?

Director Monica Johnson (01:19:13):

Yes. So in the deck that you all will get, I'm not looking at it anymore, there is a website that is just for careers. And so you can go to that to find out information about what career opportunities are available. So behavioral healthcare in general, we're always looking for a pipeline to come in. But specifically for the contact center, yes, we're looking for people all the time. Some centers use volunteers that they train to do this. Some are trained, some are licensed, some are paraprofessionals. So it's a broad spectrum of backgrounds in terms of people's maybe clinical training. Some centers use peers. There's a plethora of ways in which people can be connected. You get trained and boom, you can be a part of this wonderful work that we are lifting up today.

Hannah Wesolowski (01:20:15):

Amazing, and strongly encourage folks to do that and get engaged with 988. More of a technical question. You talked about georouting. Is that something that will only apply to phone calls? Or is that something that will also apply to texts and even chats?

Director Monica Johnson (01:20:35):

So eventually all. Right now, we're focused on calls. And so this will be a staged implementation. And like I said earlier, we're working with the three major carriers, which will be the majority of the population. But then there are a second tier of carriers that we would then work with after we get through the Phase 1. Right now, phone calls is what we're focused on. The other pieces will come as we continue to evolve.

Hannah Wesolowski (01:21:08):

And I learned from your team recently, the huge technological differences that are needed for all of those different efforts. So thank you to your team for continuing to work towards that, because that's a big undertaking. A question that came in, how does somebody access 988 services in other languages? So outside of the Spanish-speaking option, how can you get translated services?

Director Monica Johnson (01:21:33):

So I'll forward you, Hannah, a link to this because we use translation services for that. So we don't have what we have for Spanish-speaking, but we have translation services available that we partner and use for that.

Hannah Wesolowski (01:21:54):

And I just want to commend SAMHSA because Spanish-speaking services used to just be available via phone, and now we're also available via text and chat. So it's great to have those available across the board. We're coming up on time, so I just want to give everyone a chance for a final word. Any final thoughts? Mallory, I'll turn to you first.

Mallory Newall (01:22:20):

Great, thanks. I would just echo what you both have shared, which as the person responsible for measuring the American public's familiarity of the lifeline and why it's so important, just spread the word. Share the magnets, get the T-shirt. Tell people in your community and your life about this critical resource and how they can contact it, call, text, chat. Yeah, that's it for me. Thank you for having me.

Hannah Wesolowski (01:22:51):

Thank you, Mallory. So appreciate your insights. And Monica?

Director Monica Johnson (01:22:56):

Yeah, I just would say that again, thank you. Thank you for the advocacy. Continue to help get the word out. I mean, that's what we want. We need more awareness and trust. And I just will say, it would be such a shame on behavioral healthcare if we did not take advantage, full advantage of the moment that we are in. I'm not sure that everyone recognizes how transformative what is happening right now is. And so shame on us if we do not capitalize and

really transform the way we respond to, the way we react to, the way we treat each other when we are experiencing any type of behavioral health crisis.

This is a part of a big stigma reduction effort as well, because again, this is no longer a conversation about people over there. People now understand that we all have mental health wellness, and we're one situation away from maybe not being so well. And so I think that it's important to remember to not only get the word out, but just remember how important this moment is, and do everything that you can to hope do your part to make this be the vision that I think we all desire.

Hannah Wesolowski (01:24:17):

Beautifully said. Thank you both so much for being here. Thank you everyone for joining us today. I want to share some additional resources. Again, we'll be sharing this slide deck with you all, but NAMI has a lot of resources and don't forget to check out that SAMHSA partner toolkit as well. We continue to need your advocacy, your voice, your stories to move this forward. As Monica just said, shame on us. This is a once in a lifetime opportunity, and I am fairly certain that there has never been such momentum in the mental health space. And we need to make sure that we fulfill the promise of 988 and continue this forward movement.

So I want to thank everyone today and hope you will stay engaged with 988. Thank you. Reach out to us if you have additional questions and we will follow up on the questions we didn't get to. Have a great day, everyone.