

**NAMI Virtual Town Hall: Three Years of 988 and Reimagining Crisis**  
***July 16, 2025 3-4:30pm ET***

Hannah Wesolowski: So great to be with you all, especially on today, the third anniversary of the 988 Suicide and Crisis Lifeline. As I think about all that's happened in the last few years to build up crisis services across this country, it is truly humbling to have been part of the advocacy around it and work with so many in the NAMI Alliance to build up these services. And you get to hear from some of the fantastic leaders who have done that in a few states across the country on today's webinar. I am going to start things out by giving us a little bit of an overview of what 988 is, where we are in some recent developments in the path forward. So if we could go to the next slide, please.

Oh, yep. Here are my wonderful colleagues and I'm so happy that we have with us today. I'm going to try to keep it short so you can hear from Anna and Holly who are really doing the work on the ground. Next slide. And we can get into the first content one. Thank you. So happy birthday, 988. The 988 Suicide and Crisis Lifeline, if you hit next, there might be some animation there, I didn't realize that, was created in 2020 from the National Suicide Hotline Designation Act.

And it was actually created with unanimous support from both the House and the Senate and sign into law by then President Trump. This number, if you hit next, sorry. I don't know why that's not popping up. The number went live on July 16th, 2022. So again, today is the third birthday, if you will, of 988, and it's helped so many people. But it really started from that legislation in 2020 and the work done in the years preceding that to make this possible. And then it was a really quick 18 or so month turnaround until it went live in 2022.

So what is 988? If we go to the next slide, we'll share a little information on this resource. So it's a three digit universal dialing code. So just like 911 that we can all dial in a physical emergency, a car accident, health concern, whatever it might be, everyone can also dial 988 and they can text it and chat as well. And it's really there for suicide prevention and mental health and substance use crises. And the question that I get so often from people, what's serious enough to contact 988? That's the thing. If it's serious for you, it's serious enough for 988. If you are struggling, don't hesitate to reach out. There is no level of crisis you need to reach to use 988 as a resource.

When you contact 988, it is trained crisis counselors who offer a compassionate response. It's free to use, it's confidential and it's available around the clock everywhere in the country. There are over 200 local call centers across the country who are answering those calls and texts and chats. And those crisis counselors are really incredible doing that work day in and day out. And what many people don't realize is when you contact 911, 911 dispatches emergency services, whether it's police, whether it's fire, whether it's EMS.

For 988, most people who contact 988, that service is the intervention because you talk to a trained crisis counselor, they help understand your situation. They help you formulate a plan for what resources you might be able to get, what you're going to do next, and make sure that they deescalate the situation with you. You can contact 988 for yourself, but you can also contact it for someone else.

And that's what a lot of people don't realize. If you have a loved one, a friend, a coworker, or somebody that you just come across in your day-to-day life that you're concerned about, you can contact 988. And again, they will work with you to assess the situation and formulate a plan of what can happen in next steps. So it's really important that people know the basic facts of what 988 is and what it does.

So let's talk about help seekers and who's reaching out to 988. So in the last three years, nearly 16.5 million people have reached out to this incredible resource, and I'm going to get to it in a minute, but people find that this resource is giving them the help that they need. We just had new polling re-released today and I'll dig into some of those details in a minute. The great thing is people are getting the help they need overwhelmingly.

The Substance Abuse and Mental Health Services Administration or SAMHSA, which oversees 988, estimates that 9 million people will contact it in fiscal year 2026. So that period will start October 1st, 2025 and go through September 30th, 2026. So we see demand for this resource continue to grow as people become aware of it. 988 also has specialized resources available. So if you contact 988, you can press one for the veterans crisis line, you can press two for Spanish language services, which are also available via chat and text and you could also press three to reach the LGBTQ plus youth and young adult specialized services line.

I'll get to that in a minute because unfortunately that service is ending as of tomorrow. The resource also has translation services in over 240 languages, which is incredible, and offers video phone services. Those were added I think last year. So if anyone is deaf or hard of hearing, they can use video phone services as well. So this is a resource that continues to grow, continues to offer new services and more and more people are reaching out to.

So let's get to specialized services, particularly the LGBTQ plus youth and young adult line. So this is a line that became available in September 2022. Naomi's advocated for the specialized services line since the beginning because we know that our LGBTQ plus young people are really hurting and unfortunately the rate of suicide attempts among LGBTQ plus youth is four times that of their peers. And these specialized services research shows, talking to somebody who has a shared experience or has specific training comes from the same community or background makes a huge difference in outcomes.

So we know that this resource has been vital for people. In fact, nearly 10% of all contacts to 988 have been for this specialized services line. So more than 1.3 million young people have reached out to this line. Now that brings us to where we are right now. On June 17th, SAMHSA announced that they are ending that service and that's effective tomorrow July 17th. NAMI has been very vocal about ending this service. We were fearful that this might be coming and we continue to work closely with partners to try to reverse this decision.

So while this service is ending tomorrow, there are a few things I want to share. One, we have bipartisan members of Congress who are urging the administration

to reverse the decision. We hope that will be successful. We are also considering are there ways to get these services written into legislation so they have to be available. We also are working very closely with our partners at The Trevor Project to make sure that anyone who is struggling knows that, one, 988 is a great resource for everyone and there is specialized training for helping different communities that 988 crisis counselors receive.

And also if you need specialized services and you don't feel like 988 is the place for you, still reach out for help. We're working closely with The Trevor Project. They are one of the seven call centers for the specialized services line. They run a 24/7 crisis line and we are encouraging people if they don't want to call 988, but they still want help to reach out to The Trevor Project 24/7 crisis line. So again, we want to encourage people to continue to use 988 and also if they need additional services, The Trevor Project is available as well as the Trans Life Line.

So something we're very concerned about, we have been vocal, we have been working closely with partners and we are still hopeful that this is something that we can reverse. That being said, anytime something goes away, you lose trust. And so even if we do have it reversed, if we are successful in that effort, we know we have an uphill battle to an uphill climb ahead of us because we will have to reinstate that trust and make sure that people come back to 988. That's always the struggle when you end a service, it's going to be hard to put that toothpaste back in the tube. So we are cognizant of that and are working very closely to try to make sure that these resources that are absolutely critical are available to our young people. So next slide please.

988 is always and will always be a work in progress. And 988 is part of a larger crisis continuum of care. From the very beginning before 2020 when this law was signed by then President Trump and to this day, we try to make sure that every community has a full continuum of crisis response services. And that includes someone to contact. So that's 988. Someone to respond. As the NAMI community well knows far too often, we have a law enforcement response when somebody is in crisis. And we want to change that dynamic and make sure that when people are in a mental health crisis, they get a mental health response.

So working closely at both the national level and across the country to make sure mobile crisis response options, which are staffed by healthcare and mental healthcare professionals are what are dispatched when somebody needs an in-person response. And if somebody needs more help after that, we want them to have a safe place for help.

We know emergency departments aren't always that safe place. People have to wait hours, sometimes days, sometimes weeks to see a psychiatric professional and it's certainly not a great situation to be in when you're in a crisis. So working towards crisis stabilization options across the country, well, we are making progress on someone to respond. A safe place for help is a little bit slower going. We always knew that this was going to be a long effort and that's why NAMI remains committed to re-imagining crisis response.

We started our re-imagine crisis response partnership in 2021 to bring together all kinds of different stakeholders that are committed to this issue and to make sure that we had a lot of people working to build this whole continuum of crisis care. We have everyone from The Trevor Project and the American Foundation for Suicide Prevention, to the emergency physicians, to Major County Sheriffs of America, to the League of United Latin American Citizens of the National PTA. Basically, everyone who has a stake in getting this right and NAMI is going to remain committed to this to make sure every community has these three pillars in place. But I'm not going to lie. There's still a lot of work to be done and we continue to put that work in across the country.

Next slide please. So digging in a little bit deeper, what does this look like? You have your 24/7 local crisis call centers, the someone to call. And that should be available by call, text, or chat, and 988 is. Ideally we want these call centers to be able to dispatch the mobile crisis teams. These mobile crisis teams should be able to deescalate situations, transport individuals if needed to the right, a follow-up care or crisis stabilization options.

And what we find across the country, 80 to 90% of crises can be deescalated via the call, text or chat. Again, that is the intervention for most people. And then for mobile crisis teams, anywhere from 60 to 70% of those crises can be deescalated on the scene, connecting people to follow-up care, but no one has to go anywhere. They can be deescalated on the scene. But if somebody does need additional help, we want those crisis stabilization options. And those can take a lot of different forms.

Psychiatric urgent care in some communities to the living room model in other communities, to peer respite centers in some communities as well. Ideally those locations should have the ability to diagnose and provide initial stabilization and if somebody needs additional care, provide that warm handoff. So that's really the vision that we're working for across the country. Next slide please.

So as I mentioned, NAMI did some polling and that came out today in connection with the 988 anniversary. And NAMI is actually the only entity that has tracked awareness and familiarity with 988 since before it was even available. So starting all the way back in October 2021, but only 4% of people were familiar with 988. Familiarity is actually know what it is and have a good idea of what to use it for.

Then jump forward to today, 28% are familiar with it. That means 28% really know what to do if there's a crisis and who to call. And at least three and four Americans have heard of it. So that's progress. But this shows that we have a lot more progress to make sure that 988 is as ubiquitous and has the same level of trust and knowledge as 911. So every school kid across the country knows this, every family knows this, every community group and first responder knows about 988.

So we have a lot of work to do, but we have made tremendous progress as a country in building this resource. And frankly, three years is a pretty fast timeline to get to this level of awareness. Next slide please. So some of the other things

that we found. About roughly one in 10 people that we surveyed, and this was a representative group of several thousand Americans, roughly one in 10 had contacted 988 for themselves or their loved one, and 71% indicated they got some or all of the help they needed.

This is a really big jump from even two years ago and it was about 55% got some or all of the help they needed. So for most people, 988 is giving them the care and support that they need in a crisis. More than half of people indicate that speaking to someone immediately is the most important factor. So knowing that if they call, that call is going to be answered immediately is the most important thing that they think about if they're going to reach out to 988.

And that really speaks to the advocacy work that NAMI and our partners need to continue to do to make sure this is a well-resourced lifeline for people across the country. As I mentioned, a lot of people don't know when to call 988. And if you remember anything, I want to reiterate, if you are struggling, contact 988. Do not hesitate. It is a resource for you. What we are seeing is that people really want to see action on 988. Three in five Americans support funding for that 988 specialized services line for LGBTQ plus youth and young adults that I mentioned.

So you can bet that we're going to continue to push that number out there. So policymakers know that there is broad support for this resource. 86% of Americans believe that funding 988 should be a priority for Congress. And a similar number think state funding for 988 and crisis response services should be available as well. And so it's really important that we continue to talk about it and continue to raise awareness about this resource. Next slide please.

So what are we doing? We've had great success on getting funding for 988. We were able to secure five times funding for 988 back in fiscal year 2023, I believe. And so now we have \$520 million annually for this resource. And the really important thing to know is that this is bipartisan. It has bipartisan support and the Trump administration has proposed to maintain that funding into the next fiscal year, which we think is a great success and really important right now given the tough fiscal environment in DC with a big concern on cutting the national debt and national spending.

So the fact that there is bipartisan support to continue that funding is really important and we continue to highlight stories of people using this resource to ensure policy makers know it's a good investment. We also have worked closely with the Substance Abuse Mental Health Services Administration, SAMHSA to make sure specialized services are available as needed.

Again, things have been added over time. Originally there was only Spanish language services were only available via call. Now, they're available via text and chat. Video phone was not there previously and now it is. And as I mentioned already, we're fighting for LGBTQ plus youth and young adult services. So we continue to push for this to meet the needs of the community and push for the full crisis continuum of care to be available and really working with SAMHSA to assist communities in implementing those services. Also, this year, earlier this

year, SAMHSA released a new national guidelines for a behavioral health coordinated system of crisis care.

These are updated guidelines from 2020 that talk about what should be available in every community and also definitions of what those services look like. And that's really important so that we can push health insurers to pay for these crisis services now that they are well-defined so we know consistently what we're getting across the country.

NAMI's also led advocacy efforts around georouting for context to 988. And I know there's often a lot of confusion around georouting. So I want to clarify that. georouting is the process of directing your 988 call to the closest call center. It does not share any personally identifiable or exact location information. Basically, what georouting does is, and I don't get all of the technology, I will admit that, but pings office cell towers to make sure wherever you are, you get to the closest call center so you can get connected to local resources. But again, no personal information or exact location information is shared.

So really want to clarify that because people often confuse it with geolocation, which is knowing the exact location that is not available in 988. We pushed for this to happen with calls until late last year. All calls to 988 were routed by area code. So whatever area code you were calling from. Now most carriers route those calls based on that georouting framework and a few smaller carriers are still working on implementing that. And that will be within the next year.

There's a rule pending with the Federal Communications Commission to do something similar for text. So texting to 988 that you would again be connected to the nearest call center so you can get connected to local resources. We know that local response is always the best response. So those are some of the things that we continue to work on and that we've been really proud of some of the advances in recent years, but know that there's more work to be done. Next slide please.

And actually, yeah, there you go. Today, we also released a new 988 state legislative report and really want to commend my colleagues, Steph Pasternak and Samira Schreiber and Katherine Gilley for their work on this. This report looks at what states did across the country last year in advancing 988 funding and crisis services and really building up their systems to help people in a mental health crisis. So it goes through all of the ways that states have implemented good policy including a 911 fee on phone bills.

Now, this is a small fee that a state can choose to charge on all [inaudible 00:20:47] bills monthly. 12 states have opted to do this so far. And if we go to the next slide, you can see what those states are. NAMI tracks these in real time at [reimaginecrisis.org](https://reimaginecrisis.org), our coalition website. And the highest fee is 60 cents a month per phone line.

But what this does is creates hundreds of millions of dollars in revenue for states to fund not only their 988 call centers, but also those other crisis services we talked about. So we talk about that in the report. We talk about some of the other

state appropriations that states are making and some of the good policy that they've implemented for helping people in a crisis. So I encourage you to check out that resource. Again, we just released it earlier today.

And then finally looking ahead the last slide and then I'll turn it over to Anna. We will continue our advocacy around the specialized services line. Might hear that referred to as Press 3 because up until tomorrow when you call 988, you can reach that line by pressing three. We will continue to advocate to make sure that that's available in the future and we'll do everything we can to continue that service.

We obviously will also advocate for continued federal appropriations. I talked about how states fund 988. The federal government puts in some money as well. The unique thing about 988 is it's a national network, but states largely have to implement it. But because of that funding that we've secured, a lot of grants have gone out to states to help offset the costs and make sure that the service is available and can meet demand.

So we will continue to advocate for that work. And we won't be done until every community has all three pillars of that crisis continuum of care available. And as I said, we've made great progress, but we know that it's not enough in some communities and that there's a lot of work to do. We want 988 to get better, but we also want these crisis services to get better. We anticipate the demand for 988 will continue to grow as more people become aware of it.

And so it's going to need more resources as that demand grows. And as I mentioned before, we'll continue to push for georouting for text messages, again, because we know every person gets the best response when they get a local response and can be connected to follow-up care in their community, whether that's an appointment with a psychiatric professional, whether it's other things that may factor into their crisis like food support or other issues that they might be dealing with.

So we want to make sure people can be connected locally to those resources. So that's 988 at a high level and I'm going to turn it over to my colleague Anna from NAMI Washington to talk about the amazing work that's happening in Washington State as an example of where real local leadership can step in and make a difference. So, Anna, I'll turn it over to you.

Anna Nepomuceno: Hi, everyone. My name is Anna Nepomuceno. I am the director of public policy and advocacy for NAMI Washington. And I'm going to present on the legislation that we have been working on. So Washington State has been passing legislation around 988 since 2021. So a little over a year before 988 was actually implemented and that legislation really set the stage for when 988 was introduced. And we have been passing legislation every single year since then to address issues that come up and to continue to improve our system.

So in 2021, we passed House Bill 1477, which did several things. It established the infrastructure to implement the 988 crisis call center hubs. It directed our healthcare authority and Department of Health to develop technology and

platforms needed to manage and operate behavioral health crisis response systems. And a key part of the legislation is that it established the CRIS Committee. So that means the Crisis Response Improvement Strategy Committee. And I'm going to go on a little bit more on what CRIS does because it's been so integral in really developing legislation and developing our crisis system.

And the CRIS Committee met from 2021 and just ended in 2025. There's a small group that still continues to meet, but we've been sending a report to the legislature every year and we submitted our last report for 2025. And another key component to 1477 was setting up that funding mechanism. It's super important to really set up a sustainable funding mechanism for the crisis services because state funding, federal funding, it can be precarious, but if you have a reliable continual source of funding for that crisis system, then you're going to have those supports and those resources to continue to improve your system.

So the 1477 established a 988 behavioral healthcare crisis prevention line tax. It's a telecom tax for voice over internet services, radio access lines and switched access lines. It's set up a 988 account in the straight state treasury. So the money goes there and all the money that's there is used just for 988. Next slide.

So I mentioned earlier about the crisis response improvement strategic committee and fortunately I had the privilege of being a part of this committee. So the committee had a bunch of representation from stakeholders from around the state, state agency folks, behavioral health providers, behavioral health organizations such as NAMI, the tribes, the call center providers, first responders. We had state legislators and most importantly we had people with lived experience that were part of the committee.

And actually NAMI was named specifically in that legislation to ensure that there'd be NAMI representation on that committee at all times. And over the course of time there were some... So the legislation also directed for different subcommittees to be created. But one of the committees that came from crisis response... I mean from CRIS is our lived experience subcommittee. And the lived experience subcommittee allowed for lived experience voices to be elevated and prioritized every step of the way.

So we would get together with these meetings, every one of us that have lived experience talk about our experiences before trying to access care in crisis mode, our concerns. We had people from state agencies that were there also sharing their stories. We had legislators that just wanted to listen and it was really a great place for everybody to share their concerns and their experiences at every step of the way as we created this system. We had a lot of robust discussion around accessibility, co-response between first responders and behavioral health providers, rural mental health, youth crisis response.

We had a lot of robust conversation around law enforcement response and whether or not what role they should play in crisis response. And of course CRIS has been providing recommendations for the governor and our state legislature we provided in 2022, 2023, 2024 and then again our final one in 2025. Now for



the lived experience subcommittee I had mentioned that CRIS in general has ended, but there was so much interest in continuing the lived experience subcommittee that it's actually being continued, so we have a place to continue to voice our concerns as we develop our system. Next slide.

So over the years there was more legislation passed. So in 2023, we had House Bill 1134. And so this was after 988 was already established. And at that point we had the call system set up, but we needed to implement all the other aspects. So we had taken care of someone to call. We still had the issue of someone to respond and somewhere to go. So part of the House Bill 1134 set up a 988 public awareness campaign because initially nobody knew or very few people knew about 988. They'd still call 911 quite a bit for behavioral health crisis.

And so we really wanted to make sure that people in Washington State knew about this new number and that the supports that they'll be able to get with 988. House Bill 1134 also set up parity and liability protection for 988 call centers. Same parity as for 911 workers. And so beforehand the 988 workers didn't have that liability protection that the 911 workers did and now they do. And then it's established an endorsement program for the 988 rapid response crisis scheme.

So this was an endorsement program for providers that wanted to provide those mobile response units. They had to meet certain standards to be able to be considered an endorsed rapid response crisis team. And in 2023, we also passed Senate Bill 5120 to address somewhere to go. So what it did is it set up our state to be able to establish 23-hour crisis release centers and it listed some expectations and it also helped figure out some of the funding mechanism for that as well.

And so 5120 was legislation to make sure that we can have those 23-hour crisis relief centers opened. And then in 2024, since the legislation prior to that really only related to adult services, we wanted to make sure that our youth were covered too and that they had a 23-hour crisis relief center to go as well. And so in 2024, we passed legislation to address and make it possible for the state to open 23-hour crisis centers for youth.

And then of course coordination between everything and everyone that's involved in the 988 system is very integral. And so we've passed multiple legislation and taken multiple actions to make sure that we've got that coordination between our regional behavior response and suicide prevention services. It improved the coordination between regional behavioral health administrations with the local crisis response system and it ensured that the 988 contacts hubs were able to data share and making the system work more efficiently.

And then of course in 2024, we passed House Bill 2088, which extended liability protections mobile rapid response crisis teams to make sure that our workers working mobile response also have that liability protection. Next slide. And just quick time, I just want to make sure that I can... How much time I have left?

Hannah Wesolowski: I think you have about 10 more minutes

Anna Nepomuceno: Okay, great. Thank you. All right. So in 2025, so basically what has happened is over the course of the three years we had our first 23-hour crisis response center that was opened in the Seattle King County area and then other crisis centers attempted to open and what we found that there were some kinks. And there were some problems with that. Some of it was funding when it came to funding for Medicaid and there was a gap in funding. So basically people that were underinsured or not insured and not covered by Medicaid, there was this big question mark of how are we going to pay for that?

And then there was also... There's been a lot of snags. And so basically what we've done is we have... Our legislators created legislation to address these issues. And so when we passed house bill 1813 this year and it concerns procurements of medical assistance services. So it makes sure... Let's see. And then we also pass House Bill 1811, which enhances our crisis services through co-response integration into support. And again, improving our co-response integration and making sure that the system... Because beforehand, a lot of our systems were siloed and people weren't talking to each other and we weren't really sure what services were offered where. And we really want to make sure that we integrate all of our services so people can get the best care that they can get. Next slide.

So in addition to state legislation, there have been local efforts within the county and the city level for crisis care facilities. So King County, which is where Seattle resides passed a King County behavioral health tax levy. So it was a 0.1% sales tax increase and that money would be used to create five crisis centers throughout the county. And one of the crisis centers had to be a youth facility. And then even before that we had a series of cities that work together to bring our first 23-hour crisis response center to Washington State.

So I don't know if any of you have heard of the Arizona model. I believe it's very similar to the living room model. Our legislators went to Arizona to go and see what these connections and the type of services that they offer for their crisis response. And they're very much interested in establishing those centers in Washington state. And so we have opened our first connections crisis response center and it's no wrong doors. And when they say no wrong doors, it really means no wrong doors. People go in and get the care they need despite their financial situation and their ability to pay.

And so one of the challenges though that I really wanted to acknowledge and make people aware of that as you expand crisis centers throughout your state, you might experience a lot of NIMBY pushback. So not in my backyard people. And unfortunately that's something that we have been seeing a lot on the local level whether it comes to a crisis center or any behavioral health center in general is there's been this massive pushback because of the stigma around mental health that there's people that fight to not have those facilities in their communities.

What we found really useful is first of all, the desigmatization go to those communities, talk to people. Some of them have town halls. At NAMI Washington, we drive to those town halls to talk to them, to basically answer their questions about these facilities and to assure them that these are places

where people are going to get care and their communities are going to remain safe and actually safer because it means their community members are going to be able to get the care that they need instead of people going to jail. And just again a heads-up, the NIMBY-ism has had a history of shutting down plans for future facilities. And so NAMI Washington and our affiliates are working hard to prevent that for future facilities. Next slide.

I just wanted to talk a little bit about how we've advocated for our 988 crisis system. And so like Hannah had mentioned, this is a bipartisan issue and fortunately in Washington State we have received bipartisan support for 988. And one thing to really emphasize is to focus on all of the communities in your state, not just this big cities or not just the rural areas, focus on all of the communities. So for us, a lot of the rural communities were feeling ignored, so we really wanted to make sure that rural mental health was integrated in that and that those rural areas are also on track to receive the crisis care that they need for their communities.

We also included tribes and youth, and marginalized communities, and in fact we have an extra option for our 988 when people call. So Hannah talked about the... Unfortunately the LGBTQ youth one that's unfortunately ending, but then there's also the one for veterans, but we also have something called native and strong. And so it is a separate option for Native Americans to press when they call 988. And I believe we are the first state to establish a native exclusive line for people to call when they call 988.

And again, the lived experience voices, I cannot emphasize just how important that was and how central that was in advocating for our 988 system and really leaning in on those lived experience voices and making sure that they're elevated through the entire process. You find out all the kinks as things are being implemented. You find out all the problems. You see where improvements need to be made, but then you also get the positive feedback.

What is working? What's not working? What can we do to fix things? There's a focus on diversion from jails and emergency rooms so we can clear up those, so we can make sure that keep people out of the criminal justice system and to make sure that our emergency rooms aren't inundated with people in behavioral health crisis because a lot of times those emergency rooms don't really know what to do with people in behavioral health crisis.

And so now instead they're taken to these 23-hour facilities and there's a lot of focus on cost savings and especially in this day and age, with the economy being as precarious as it is, you really want to focus on how is this going to save the state money? Having an established 988 crisis system that's robust and inclusive is going to save your state money. And the simple messaging that NAMI has provided someone to call, someone to come, somewhere to go has been so effective in delivering our message. Next slide.

And our work is continuing. So again, as I had mentioned we had... As CRIS, we submitted our last set of recommendations. Our focus has now shifted towards working on the technology platforms and the cross-system collaboration and also

a metric system, so to provide accountability. So again, find out what's not working and making sure that those issues are addressed and that there's accountability if there are bad apples out there.

We are continuing to try to address the behavioral health worker shortage because that's one of the things that's preventing us from having more crisis services in our state is the lack of behavioral healthcare workers. We have really worked hard on integrating peers into our 988 system, including having peers in our mobile response. And we are in the works of developing a youth centered crisis system as well ,and we continue to amplify the voice of lived experience.

In fact, the lived experience committee that is still is getting together is working on a 988 Callers Bill of Rights that we want to take to our state leaders to let them know this is what we should get. This is what a caller should expect when they call 988. And so again, our ultimate goal, and that's the thing, is that we have a morning star. Our state has had a morning star since 2021 for a robust and equitable 988 behavioral healthcare system that's available across state mitigating law enforcement involvement and ensuring services are culturally sensitive and language appropriate. Thank you.

Hannah Wesolowski: Great. Holly, take it away. Thank you, Anna.

Holly Stevens: Thank you, Hannah. My name is Holly Stevens and I am the director of public policy at NAMI New Hampshire. And so New Hampshire has two crisis call centers that serve the entire state, taking all calls, texts, and chats. Our mobile crisis teams are housed within our 10 mental health centers with each having at least one team on the clock 24/7. The mobile crisis teams back each other up to help cover the busier times and the more rural parts of the state.

We also just recently launched two crisis stabilization centers, also operated by the community mental health centers. The goal around the crisis stabilization centers now is to assess our state's needs and open war centers to cover the need rather than simply having each mental health center open one. The state wants to be more strategic about the placement of the centers going forward.

In 2024, New Hampshire's two 988 crisis call centers fielded over 46,000 calls. We are a much smaller state than Washington is. Additionally, since 988 went live, our 911 director instituted a protocol whereby 911 calls are more appropriately served by 988. They would be warm transferred to one of our two crisis call centers. The entire system is currently funded through a patchwork of berated federal and state funds and certain services do receive reimbursement from Medicaid and commercial insurers. However, we know that this funding mechanism that's currently serving our crisis system is not sustainable. Next slide please.

On January 1st, 2022, six months prior to 988 going live and pursuant to legislation, New Hampshire launched its crisis system consisting of a rapid response access point and the 10 mobile crisis teams. We also had another call center answering calls that were then going through the National Suicide Prevention Lifeline. However, access to the mobile crisis teams could only be

acquired through the access point and then due to issues with the lack of georouting that you heard about earlier for cellphone numbers, at that time, New Hampshire chose to keep the access point phone number even after the active launch of 988 so that individuals seeking either a local New Hampshire phone response or a mobile crisis response would receive them.

Additionally, in New Hampshire, individuals seeking substance use disorder services are directed to call 211 to reach the doorways, which is New Hampshire's SUD services access system. Three years later, this is still the case. New Hampshire maintains two crisis phone numbers and directs individuals to call 211 for SUD services. This past spring, New Hampshire had the opportunity to participate in the crisis system designed policy academy. One of our state's goals coming out of the academy is to move to using only 988 to access all components of our crisis system, including mental health and SUD services. This is an ongoing project that New Hampshire continues to work on.

So going back to the timeline. Around the date that 988 was launched in July of 2022, the state of New Hampshire gathered a group of stakeholders including mental health and substance use providers, advocates, and state agencies. We also included the director of 911. NAMI New Hampshire was and still is a current member of the 988 commission that continues to meet every other month. The commission had several subcommittees including one on communications and one regarding policy matters, both of which NAMI New Hampshire participated in.

The communications subcommittee was focused on ways to spread the word about 988. This included a marketing campaign named Strong as Granite with ads targeted its specific populations along with posters and wallet cards describing the services. NAMI New Hampshire also put together a foldable wallet card of its own with 988 information on it. And to date, we have distributed nearly 50,000 our regular cards and over 27,000 youth specific cards.

At the same time, the policy subcommittee was focused primarily on ways to sustain funding for 988. Despite there being an appetite to try and seek legislation for a telecom surcharge right away, and the first year, the policy committee instead recommended legislation to create a legislative study committee made up of a wide array of stakeholders generally mirroring the makeup of the state's 988 commission.

This decision was made because the stakeholders and advocates knew that a telecom surcharge likely wouldn't pass as it would be seen by legislators as a new tax and therefore we decided to slow things down and gather the data we needed to show the importance of 988 in the entire crisis system. Since New Hampshire has no income or sales tax legislators highly scrutinize any tax or fee that is advanced.

In 2023, Senate Bill 85 went forward seeking to establish a commission on behavioral health services. Through the work of many advocates, it was passed and signed into law in 2023 because it's something that New Hampshire also doesn't like is commissions and committees as well as not liking taxes and fees.

NAMI New Hampshire was named a member of the Legislative Study Commission. The commission's main task as directed by the legislation was to explore ways to make recommendations for a sustainable funding mechanism for our crisis system, including the 988 call centers.

The commission held several meetings over the next year and issued a final report in November of 2024. One recommendation in this report was to establish a telecom surcharge much like the 911 surcharge already established in our state. The commission did a calculation based on the number of phone lines in New Hampshire and the current cost of the call centers and determined that it would take about 44 cents per phone line per month to generate the funding needed, which is half of New Hampshire's current 911 surcharge.

A second recommendation was to create an assessment on all entities providing health insurance in our state to fund any services that qualified for insurance reimbursement but couldn't be reimbursed due to factors like not being able to collect the complete insurance information or the individual having high cost sharing for crisis services. Due to the controversial nature of this second recommendation, it has not been advanced at this time. However, this past session, New Hampshire advanced two pieces of legislation to support 988. Next slide please.

The first, House Bill 597 is a rather simple bill but is absolutely crucial. The bill essentially enables the New Hampshire Department of Safety to transfer 911 calls from individuals experiencing non-emergent behavioral health crisis to 988 instead. Now as I mentioned, this was already a current practice in New Hampshire as we have historically had great collaboration between 911 and 988 since the inception of 988.

But codifying this practice into law, we ensure that this practice will continue beyond any changes in leadership. This bill passed both the House and the Senate, was signed into law by the governor on May 14th and came effective three days ago on July 13th. Next slide please.

New Hampshire legislators also advanced legislation aiming to secure a sustainable funding source for 988 call centers following up on the work of the commission that I mentioned earlier. That bill was Senate Bill 255 establishing a sustainable funding mechanism for the system by establishing a small telecommunications surcharge on every phone line. The bill also established a 988 trust fund for this money and other monies to go to support the entire system and creates an oversight board for the trust fund with membership from state agencies, providers, people with lived experience and community stakeholders.

This bill saw strong bipartisan support in the New Hampshire Senate passing unanimously out of both the Senate Health and Human Services Committee and the Senate Finance Committee. However, of note, at one point the prime sponsor got cold feet due to opponents of the bill accusing him of bringing forward a bill that created a new tax. Much advocacy was targeted at the prime sponsor at this time to maintain support for the bill. And then after passing both the policy and the finance committees, the New Hampshire Senate used a strategy that it uses

every budget cycle by tabling the bill so that it could be included in their version of the budget.

Part of what helped make this bill so successful in the New Hampshire Senate was the work and the study that was done in the Legislative Study Commission. Coming out of that work, we already had a strong coalition ready to go to support the bill as it progressed through the legislature. The wide range of community knowledge and support was integral to passing it with voices across the state, speaking up for 988, including veterans, first responders, providers, and so many more in addition to mental health and substance use advocates.

On top of that, having studied what other states had done, what worked and what didn't, we had a blueprint of what to do. We didn't need to recreate the wheel. Education was essential throughout the process. We held multiple legislative events to talk to policymakers about the importance of the system and the qualities of the model. Speaking to how the system serves specific populations such as veterans was also very impactful.

We also think this bill was successful because the model simply makes sense. Not only is it how we funded 911 for years, but it's also the most transparent way to get funding for the service. People can see on their bill and understand exactly where their money is going and why. And the cost per person is small. For New Hampshire, the estimate is less than \$6 per phone line per year.

It's a small price to pay to have access to prices services 24/7. This isn't all to say that getting this legislation through the Senate was easy, not unlike other states, we received significant pushback from telecom service providers and in retrospect, we could have taken more initiative in reaching out to the service providers and approaching the model as a partnership to avoid the pushback that we received.

Additionally, and unfortunately, we underestimated the reaction the House would have to the Senate incorporating this bill and other policies into the budget without giving them the benefit of a house hearing. And again, this is a strategy that the New Hampshire Senate has used many times in the past, especially when they believe the house may have a negative reaction to a bill. In order to ensure that the house never takes a position on the policy so that they don't have an established position going into negotiations, the Senate will table it, which stops it from advancing, and then they'll add it into the budget when the budget gets to them.

This year, the house looked very unfavorably on the Senate strategy and made the case that per one of their rules, no new tax or fee could be added to a bill in the committee a conference phase. We believe that the rule was misconstrued since the new fee was not being added during the committee, a conference phase, but during the Senate phase. Unfortunately the Senate lost that fight and in the end, the language that would have established New Hampshire's 988 surcharge was removed from our budget.

However, when the committee of conference was meeting and negotiating, we did have the chance to talk with Key House members and leadership regarding the policy and the funding mechanism. They stated they were willing to take a look at the issue over the summer and into the fall and be ready for new legislation to be introduced for the 2026 session allowing the house to have a hearing and do work on the policy. Next slide please.

Our crisis services are funded through the next biennium and had the surcharge passed. It would've freed up 5.5 million in general funds to be used elsewhere during the second year of the biennium. Therefore, if we are able to get the policy passed in the 2026 session, we will be able to continue funding the services without any interruption. Next slide.

We learned many lessons throughout the process. First, it is extremely important to build a strong bipartisan and bicameral coalition during the early process and bring all players to the table including key legislators from both bodies and both sides of the funding aisle. Stakeholders and even the opposition. We made the mistake of not involving the telecom providers early on in the process and unfortunately as a result they have continued to refuse to come to the table.

Piggybacking on that, we were also able to leverage key community partnerships including law enforcement, veterans, hospitals, state agencies, and service providers. When we started the campaign, we concentrated on the importance of the services. However, we had buy-in for the services. We simply had disagreement on how to pay for them. Therefore, for us it was important to pivot and emphasize strengths of the fee model including the cost transparency, that it is a proven model and one that we use for 911 in our state, that it strengthens the oversight by using a commission to see the trust account.

This process also reinforces the importance of elevating the voices of people with lived experience. And lastly, we learned that we need to pay close attention to the other political dynamics in play well beyond the 988 legislation itself. By taking for granted that the New Hampshire Senate was only doing what it had always done in the past, we failed to have necessary key conversations with New Hampshire House leadership to discern how unhappy they were with not being involved in the process. And had we involved them early on in the process, we may have seen a different result. Next slide please.

Lastly, beyond legislation, NAMI New Hampshire has invested a lot of time and energy in building crisis partnerships and systems awareness. We have trained 159 state police officers, 49 Sheriffs, 651 local law enforcement officers, 70 fire and EMS responders, and 147 corrections officers in crisis intervention training or CIT, informing them of the crisis system as an alternative to emergency rooms and jails, letting them know that they can call and request mobile crisis to assist in the crisis assessment and planning.

Our State Suicide Prevention Council has developed wallet cards for first responders that not only provide the necessary phone numbers, but also provide instructions for how to reach out and get the crisis system involved so that they don't even need to think about it in the middle of a crisis situation. We have also



provided education on crisis stabilization centers to law enforcement officers so that they know if they encounter a person in crisis, they can bring them to a crisis stabilization center instead of an emergency room if it is safe to do so.

We have worked to educate the hospitals about 988 and the crisis system, and provided educational materials that they can hand out to their patients in an effort to reduce ED boarding. Through a grant, we provide support to parents who have a child boarding in an ER and provide them information about community-based wraparound crisis services that may be appropriate. At our legislative breakfast and other 988 educational events, we bring extra resources to hand out to legislators so that they have them provide to their constituents needing crisis support.

And lastly, a couple of years ago, we had legislation that added 988 to the backs of student ID cards for grades six through 12. So although, New Hampshire still has a long way to go regarding 988 and our crisis system, we have built a strong foundation that we are continuing to work on. We are hopeful that New Hampshire will be added to the states with a 988 telecoms fee in the next session. But until then, we'll continue building partnerships around 988 and spreading the word about our crisis system in general. Thank you.

Hannah Wesolowski: Thank you so much Holly and Anna. Such amazing overviews and you two have been relentless in your advocacy in your states and really helping to build up services and continue to push even though sometimes it takes a few tries. So very grateful for all you're doing and I think this is indicative of a lot of the work happening across the country. We have a lot of questions that are coming in, so I want to dig into some of them.

First and foremost and I did want to clarify a little bit of information on the LGBTQ plus line and resources and federal funding cuts and how they're going to impact 980. First, I want to assure everyone, and we've heard questions come in over the last few months, people have heard that 988 funding has cut or that 988 is going away. Or they heard about the specialized services line ending and thought that impacted all of 988.

988 is continuing to be funded. As I mentioned, federal funding continues at the current level. The administration has prioritized it and it is available. So no cuts to 988 grants from the federal government have occurred. We have, as I mentioned, lost this LGBTQ plus specialized services line effective tomorrow, although we continue our advocacy around that. So I want to make sure we just clarify that funding for 988 continues to be a priority at the federal level.

And as you heard from Anna and Holly, a lot of work at the state level because it takes both of those funding streams, federal and state to make 988 possible. And again, I want to reiterate LGBTQ plus specialized services. Is there a way to get this back? As I mentioned, we are continuing our advocacy. We have not lost hope that we can get this service back. In the meantime, so we said 988 does offer a compassionate response and does provide training on the unique needs of different communities for crisis counselors. And also people can reach out to The

Trevor Project crisis line, and I'm hoping one of my colleagues can drop that in the webinar chat. So everyone has information on The Trevor Project line.

We are encouraging folks to share information on both 988 and The Trevor Project while we continue our advocacy at the federal level. So questions for Holly and Anna, we've gotten a few questions about how this reduced police involvement in mental health crisis response, or what is law enforcement's role in your state's crisis response system?

So we know law enforcement has traditionally been the first responder for many mental health crisis calls. I'd love to hear how has law enforcement played a role in these conversations in your state, and how is that moving forward? I think it'll give people a good indication of how it differs state to state and what's happening across the country.

Anna, if I can go to you first to talk a little bit about what law enforcement's role has been in these conversations and what you see up ahead and that collaboration with the law enforcement community.

Anna Nepomuceno: So, yes. I mean, obviously our ultimate goal is to really mitigate law enforcement response because we want to make sure that law enforcement aren't inundated with other things and they can concentrate on keeping our streets safe. And so that is our ultimate goal, really, is to mitigate. But then the reality is, especially in some smaller communities and communities that don't have a mobile rapid response set up yet, the police still are the people that answer.

And so what we've done is definitely emphasized on our CIT training, ensuring that our law enforcement are trained in dealing with people with crisis. And again, that collaboration between the agencies, between law enforcement and first responders and our behavioral health specialists, just increasing that and sharing that knowledge. One of the things that we've done, and I know it's not necessarily law enforcement related, but 911, 988, we've actually had people that are 988 call takers fit in with nine one one people and vice versa.

And so just kind of getting to know each other's work. And so as far as law enforcement goes, it really does depend on county to county and what you have available in the county. So Seattle King County, you're more likely going to get that mobile rapid response with less police response with that. But again, some communities don't. And so I think for us there was a lot... One of the things that we discussed in the CRIS committee is there are some providers that really wanted to make sure that the police can still respond because they felt that there was that level of safety if law enforcement could respond.

And so part of that really is trying to rebuild that trust with law enforcement. And it's definitely, there's a long way to go, but again, with increased crisis intervention training, increased collaboration, and again, that morning star of a behavioral health medical response for a behavioral health crisis, and that's really what our morning star is.

Hannah Wesolowski: Thanks, Anna. I appreciate that. And Holly, how about New Hampshire?

Holly Stevens: Yeah, I think New Hampshire has come a long way. When the mobile team first came on board, there was talk about the mobile teams going out to people's homes and the law enforcement community blew up. They were like, "What do you mean? We can't have people just going out to people's homes without police, without a police escort?" And we're now seeing three years later that mobile teams routinely go out in the community alone, which is nice.

We do have coverage throughout entire state with mobile teams. It may take a little bit longer to get to them, but we do have that service available throughout the entire state. We're a little bit smaller geographically than Washington. We do have a lot of CIT training going on, which is critically important to have the first responders trained in that. And they have been overly excited about being able to get those wallet cards that tell them exactly step-by-step how to call to get a mobile response or to get a hold of crisis services when they're out in the field.

So we've seen probably about almost a 180 turn from three years ago to today with the law enforcement community really starting to embrace crisis services where initially they were very resistant.

Hannah Wesolowski: Yeah. I couldn't agree more. I feel like we have come such a long way, and my colleague, Shannon Scully here at NAMI National has done so much work. She's our director of justice policy and initiatives to really work to educate law enforcement organizations. And I'll say in many areas they're one of the biggest champions of these services because they know, one, that's not what the job they signed up for. It's not the job they're trained for and it takes a lot of their capacity and time to respond to people in mental health crises and they want people to get the best help. And so we continue to try to build those relationships and get that buy-in so that they can always hand off to the crisis system, right?

We want law enforcement to be able to hand off to the mental health crisis system and really pushing back on the narrative that a person with mental illness is violent and that a situation will escalate. I think you both spoke to the fact that law enforcement does not need to go out to mobile crisis teams, and that's certainly the ideal. A lot of communities have done co-responder models as hopefully a first step of building that trust, but hopefully we will move towards more of that mental health focused response because we know with the right interventions with peers involved in mobile crisis response, many mobile crisis response teams have peer support as part of that.

It makes a huge difference and the results and effectiveness and the ability to build rapport with an individual. So I really appreciate the work that you all have done and want to reiterate that we are here to help other communities build those relationships when they're not there. I think the 911 and 988 intersect is also something that's really important and has been very much a localized effort to build that relationships and those handoff standard operating procedures.

Again, to make sure 911 is always handing off to 988 when possible. And that takes a lot of training and a lot of trust building to do that. And it's happening in a

lot of communities, but does take a highly localized approach to do that, and as part of this long-term effort to build these services. As we talk about mobile crisis response, we did get some calls, how many calls require mobile crisis response? So we know that about 2% of all contacts to 988 meet that imminent risk threshold that crisis counselors go through where they're concerned about the individual safety or the safety of someone else.

With about half of those occurrences, an individual voluntarily provides their information and get life-saving care, 988 does not have the location information for that other 1%. They always try to get them to accept support voluntarily, and if they don't have that information, go through a very lengthy process to try to get whatever information they can to save a life. But that's a very small percentage of overall communications. I did say 80 to 90% of contacts are resolved over the phone.

That doesn't mean that 20% get a dispatch, it's that 20% would be probably benefited by having a mobile crisis response dispatch. In communities that have mobile crisis teams, they tend to dispatch in about 10 to 20% of calls. But that doesn't mean that that happens in every community. Communities without mobile crisis teams are not dispatching at that rate. But communities that do have that well-built crisis continuum of care do find that they find their situations where an individual would benefit from those in-person peer and mental health resources to help deescalate the situation.

So I did want to clarify that those numbers are a little bit different, and it's because some communities have more services that they can offer and they can offer that to an individual, and they find that 10 to 20% would benefit from having a mobile crisis response. So we did want to clarify that point. I would love to ask you both a lot of questions about kids and kids in crisis. So I'm wondering if you could each share a little bit about what happens in your state.

I want to reiterate 988 is a resource for all over 18 and younger than 18 that there is no age cut off or starting point for contacting. 988 is an anonymous resource, but wanted to hear if there are any special services that your state provides or any issues popping up around youth crisis services that you could speak to. Holly, I'll go to you first on this one.

Holly Stevens:

Yeah. I mean, when in that time period before 988 went live, the legislation actually was specifically targeted at mobile crisis teams for kids in New Hampshire that we had to establish. They weren't even looking at the adults, but they see the adults too. So the mobile teams go out for kids. We know that 988 takes calls from kids and texts from kids as well as chats. And we know that they don't... When somebody underage is calling or texting 988, they do not need parental consent. They can just do that on their own, which is nice.

Mobile teams, they need parental consent in order to see, obviously. We do not have right now the crisis stabilization centers for kids, which is something we would like to see. But we do have high fidelity wraparound crisis services in the community for kids to help keep them in their homes. And that's a program that

kids can become involved in if there are nearing hospital level of care. So those are some of the services we have.

Hannah Wesolowski: Yeah, thank you for clarifying who can call and that some of these services are still in progress. Anna, what's it like in Washington State?

Anna Nepomuceno: We are working on being able to serve our young people. And so as I mentioned, we passed legislation to allow for 23-hour youth facilities. And I think the challenges in that is finding organizations that are willing to open those up and the workers. We really have a behavioral health worker shortage here in our state, and so we can build, and the state can pay for all of these buildings, but if you don't have staff, then it can't open. And so that's one of the challenges that we're finding. Another challenge we're finding when it comes to youth is, yes, youth call 988.

But because they don't ask how old people are, someone could very clearly sound like they're a minor, but you're not always going to know. And so that's kind of one of the challenges that some of our call takers have expressed. And there have been talk about how do we deal with young people that call, there's efforts towards having a line for young people or being able to direct them to peers because ultimately that's who young people would benefit talking to are peers, people their own age that have similar experiences and that have recovered.

And so we're continuing our work on that. We do have some crisis youth that have opened up in our state, which is very exciting, but we are finding those challenges and staffing those facilities and some of the billing mechanisms and stuff.

Hannah Wesolowski: Yeah, there are a lot of challenges. It's a whole different system of care when you're thinking about how we best serve our young people. I will note that there are states are also doing a lot of great work. So Oregon Lines for Life is their 988 operator. They have some specialized services lines, including their youth line, which is a young adult led peer to peer resource that is accessible directly as well as through their 988 operators can direct people to it as well.

So they've done work there to have a more youth and young adult specific line. I know that the state of Connecticut has done mobile crisis response specifically for youth as well. New Jersey has done some great work. Florida is doing some great work on getting resources for youth. So there's a lot happening across the country to provide specialized services for youth. And it just does take time to figure out how to navigate the system and the constraints between the adult serving and the youth serving systems and really making sure that we're creating resources that meet young people's needs because what benefits them looks a little bit different than it does for adults in many cases.

And so that is ongoing work, but encourage people to reach out to their 988 operator in their state to understand if there's any services they can direct people to. I will note that great question we got is I keep hearing that crisis responders can be routed to support the user of 988, and I talked about that before that based

on your general location, you're routed to a call center. Are these responders available throughout the 50 states? And if not, who has access to this?

It's a really important point that I want to clarify. So I think the person who asked this. So, yes, there are crisis centers across the country available. So everyone is connected to the call center that it's closest to them. So even in some places that might be further away, states have set this up differently. Some have only one or two call centers to service the whole state. Some have more regional ones depending on what works. But also if a local call center doesn't have capacity, the call is picked up by national backup centers that the federal government pays for out of that 988 funding.

It's to make sure everyone gets a quick and compassionate response. These are trained crisis counselors at another call center likely across the country who will pick up some of those excess calls if a local call center is overburdened. So people always have access no matter where they live to 988. And I'm going to share a link with resources to those state and local call centers. But it's a really important question. Everyone has access to this and it'll route you to the closest one.

In some cases that might not be super close. Everyone receives trained crisis counselors answering the call or text or chat. So thanks for asking that question. I'm going to drop that link here as well. And just a good one for wrapping up because I see we're coming up on time here. I know we have a lot of questions. We'll try to do follow up, but I think between the pre-questions before this webinar and the ones that have come in, we have probably gotten about 250 questions. So we're doing our best to answer as many that we can or common trends. So we thank everyone for the patience.

What do you think is the greatest opportunity that you have in your state around 988 crisis services, at this critical anniversary, three years? What's the biggest opportunity facing your state or maybe the biggest threat facing your state around 988 and crisis services as we celebrate this important milestone? Anna, I'll go to you first. What's the thing you are most worried about or the biggest opportunity in Washington state as you look at crisis?

Anna Nepomuceno: I think the biggest opportunity is really it takes mental health to the forefront of the conversation when it comes to legislation. Whereas before, there was a lack of that discussion. And so with 988 being implemented, the legislature really had to step up and talk about mental health. COVID also contributed to that with the mental health crisis because of COVID. But discussing 988 and developing this crisis system in our state has really... It's an opportunity for us to inform our elected officials about the importance of a robust mental health system even beyond the crisis system.

And one of the things I've seen is over the last few years, we've emphasized a lot of our legislation and funding on 988, but what that's led to is now it's like, "Okay, great. We have this going. We'll continue this." But what else do we need to fix? Prevention and early intervention. And so now we've moved on to that topic. And so again, biggest opportunity that I've seen is that mental health and

mental health, the need for a better mental health system has really risen to the top of conversations with our local leaders.

Hannah Wesolowski: So well said, Anna. I always try to tell people that 988 in the crisis system is the safety net, and we want to help people before they get in the point of crisis. And the success of 988 is giving us the jumping off point to address those other things that are farther upstream, particularly prevention and early intervention. But we know we have that safety net to catch people. We want to continue to build that, but we also want to continue to build the services so people never get to the point of crisis. So thanks for the great work that you do.

And Holly, when you're thinking about where you are in New Hampshire, what do you think is the biggest opportunity or the biggest threat that you're looking at down the road?

Holly Stevens: I mean, I think our biggest opportunity is to decriminalize mental illness. We've always said that mental health deserves care and compassion and not handcuffs. And in New Hampshire, it's been a long standing practice that even when someone's transported from an ER to a psychiatric facility, they're put in shackles and in the back of a police car, and transported that way instead of the ambulance. And where else would you ever transport somebody from one health facility to another health facility in shackles?

And I think that it's really given us the opportunity to have these conversations about the intersection of law enforcement and mental illness, and mental health, and that it doesn't always need to be that strong police interaction that comes in, that we've got other ways that we can care for people and show compassion.

Hannah Wesolowski: If we can leave us on one point, help not handcuffs and giving people that compassion and a healthcare response to what is a healthcare crisis. And so I am deeply grateful for the leadership of both of you and so many NAMI leaders across the country. If I can just put this up, if you have more questions, you can email us at [mhpolicy@nami.org](mailto:mhpolicy@nami.org). We'll be happy to answer them. And we will be following up the slides. Thank you to everyone joining us today. If you could take a minute and share 988 with five friends or family or colleagues or neighbors, make sure people know about this resource and continue to do the great work that you're all doing across the country. Thank you, everyone.