

Supporting 988 Post-Launch Through Federal & State Advocacy

Part Two of AFSP's Webinar Series, "The State of 988"
September 14, 2022



Today's Speakers

- **Megan Cole**, Kentucky Area Director, AFSP
- **Nicole Gibson**, Senior Director of State Policy & Advocacy, AFSP
- **Taylor Kleffel**, Senior Manager of State Policy, AFSP
- **Jordan Pantalone**, Manager of State Policy, Vibrant Emotional Health
- **Stephanie Pasternak**, State Affairs Director, NAMI
- **Joanna Rosen**, Manager of Federal Policy, AFSP



Today We Will Cover

- **Brief history** of the Lifeline & 988
- **What 988 is**, and isn't
- **Federal** progress & current advocacy efforts
- **State** progress & current advocacy efforts
- **State “case study”**: Kentucky's HB 373
- **Privacy** and imminent risk protocol
- **Next steps** for advocates



The 988 Suicide & Crisis Lifeline

- Formerly the National Suicide Prevention Lifeline (1-800-273-8255)
- A national network of over 200 state and local crisis centers linked through a 24/7, 3-digit dialing code, 988
- Connects callers throughout the U.S. to immediate crisis care; can also text 988 (English only) or chat with a Lifeline counselor (English only) at 988lifeline.org



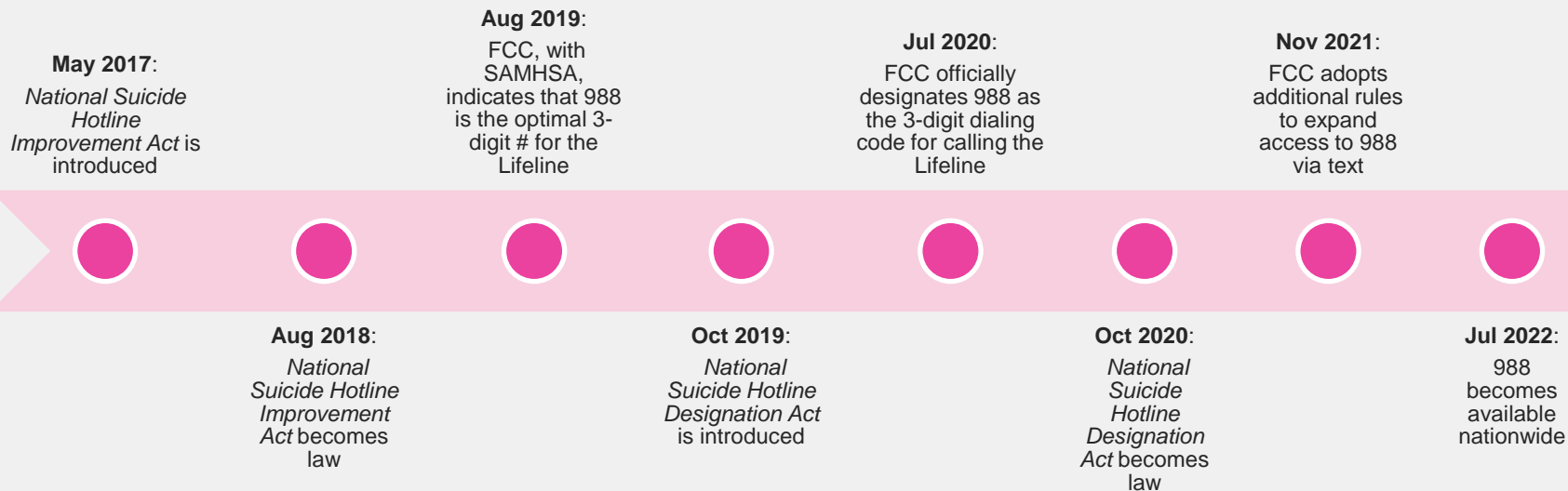
The Lifeline's Transition to 988

In 2020, Congress and the FCC officially designated 988 as the 3-digit phone number for the Lifeline, to be accessible nationwide by **July 16, 2022**.

It took **several years of advocacy**, even before 2020, to get here.



The Lifeline's Transition to 988



988 is...

- Still the Lifeline, but with **a new, easier-to-remember number**.
- Still for suicide prevention and emotional distress, but has now been **expanded** to officially include mental health and substance use crises.
- Still a national network, but **states can now levy fees** to offset state budget costs.



988 is...

*Three digits. Easy to remember. **BUT MORE THAN A NUMBER. 988 is a MESSAGE.** When you hear “911” you think emergency and rescue. [Now] when you hear 988, think crisis and rescue. If you're about to fall, reach out! We will catch you.*

*...The Lifeline's ultimate success will hinge on the governors of our states, territories, and tribal governments **OWNING** 988. 988 is not a federal program, it is **run by the states** through their crisis centers...we are committed at the federal level to support and sustain your efforts. -- U.S. HHS Secretary Xavier Becerra*



	988	911	Warm Lines	211
Call for:	Suicidal, mental health, substance use crises or any other kind of acute emotional distress	Life-threatening health and public safety emergencies	Someone to talk to for emotional support and/or peer support when NOT in crisis	Information, resources, and referrals
Staffed by:	Trained crisis counselors who provide support and attempt to de-escalate the crisis – the call IS the intervention in most cases	Emergency dispatchers who collect info and then send EMS, fire, and police as needed to provide needed interventions	Trained mental health advocates/peers with lived experience/family members of individuals with lived experience	Community resource specialists who refer to local organizations that help with meeting basic needs



988 is...

- Distinct from, but **must collaborate with, 911**
- An opportunity to build out the **full continuum** of crisis care:
 - *Someone to talk to* (24/7 crisis call centers)
 - *Someone to respond* (mobile crisis response teams)
 - *Somewhere to go* (crisis respite and stabilization centers)
 - Referral and follow-up
- An opportunity to **change how we serve individuals in crisis**, particularly those from underserved and historically marginalized communities



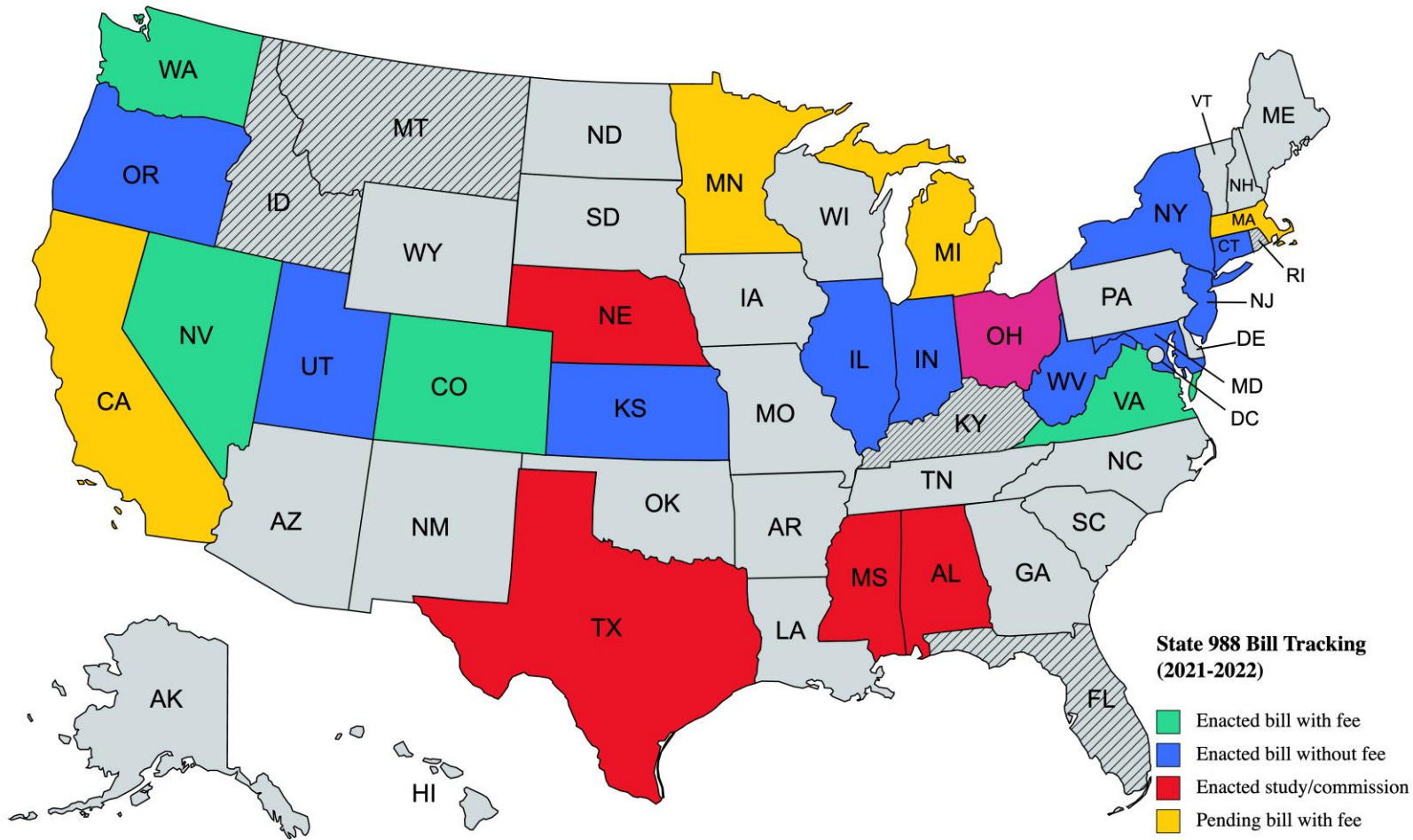
988 is...

- **A process that will take time** – significant structural and societal changes do not happen overnight. It took decades for 911 to turn into the service we know it as today.
- **Going to remain a top priority** for AFSP and our partners well into the future. We must stay active, keep up the momentum, and continue to educate others.



State Progress & Current Advocacy Efforts





**State 988 Bill Tracking
(2021-2022)**

- Enacted bill with fee
- Enacted bill without fee
- Enacted study/commission
- Pending bill with fee
- Pending bill without fee
- Bill did not pass



State Advocacy Efforts

AFSP has endorsed the **model 988 implementation bill** put forward by the National Association of State Mental Health Program Directors (NASMHPD).

Model bill calls for:

- Full continuum of crisis care
- Real-time info sharing & communication between and across crisis and emergency response systems
- **Funding mechanism (telecom customer service fee)**
- Data collection/reporting



Federal Progress & Current Advocacy Efforts



Funding and Other Wins

We advocate for various funding streams to support 988 at the federal level:

- **The annual budget process**
 - FY22 budget allocated \$102M for Lifeline operations
 - FY21 budget allocated \$24M for Lifeline operations
- **Legislation to authorize funding for programming**
 - *The Bipartisan Safer Communities Act* allocated an additional \$150M
 - *The American Rescue Plan Act* included \$180M

Funding goes to local crisis call centers, as well as to the national and backup networks.



Current Federal Advocacy Efforts – Legislation

Suicide Prevention Lifeline Improvement Act (S. 2425)

- Sets standards for call centers, funds the Lifeline through FY27, calls for an awareness campaign, and improved data collection/analysis of Lifeline usage

988 Implementation Act (H.R. 7116)

- Invests in the infrastructure of 24/7 call centers, mobile crisis response teams, and crisis stabilization facilities in addition to funding the Behavioral Health Crisis Coordinating Office, expanding Medicaid coverage for crisis services, and supporting the behavioral health workforce

Visit afsp.org/actioncenter to contact your members of Congress & to submit a Letter to the Editor.



Current Federal Advocacy Efforts – Legislation

Other bills we support:

- S.1902/H.R. 5611 *The Behavioral Health Crisis Services Expansion Act*
- H.R. 2862 *The Campaign to Prevent Suicide Act*



Current Federal Advocacy Efforts – Budget

AFSP continues to seek federal funding through the annual budget process for 988 and crisis services.

- This year, AFSP is advocating for \$697M in FY23 funding, matching the President's budget request for this year.
- The Senate budget draft includes \$697M, while the House version includes \$747M.

We await a final budget for FY23 and look to FY24 to continue advocating for increased funding to match the high demand on 988 and crisis services.



Case Study – 988 in Kentucky



Where we started

- Kentucky received federal funding in 2020 to create implementation coalition and plan for 988 rollout
- Coalition was formed of 60+ different stakeholder throughout the state to have fully informed implementation plan
- At the time, the National Suicide Prevention Lifeline was answered by 10 of our Community Mental Health Centers on a regional basis, now 13 of 14 centers are fully onboarded



Where we've been

- Early on with the implementation coalition, we realized we would need a separate coalition to focus on advocacy
- Coalition co-led by AFSP – KY and MHAKY
 - **Invited stakeholders who were able to participate in advocacy**
 - **Continued being advised by implementation coalition**



Where we've been

- Introduced bill to establish fee late in 2021 session
 - **We knew the bill wouldn't go anywhere that late in the session**
 - **Used this to build relationships and get an early start for 2022 session**
- Introduced bill early in 2022 session – picked up more momentum



Advocacy wins for 2022

H.B. 373 - Bill to fund 988 via mobile phone line fee was stuck in the appropriations & revenue committee

- **Fund 988 Kentucky Advocacy Coalition put in place to lead charge**
- **14 bipartisan co-sponsors**
- **Hosted many meetings with Representatives and Senators to discuss their concerns with the bill and plant the seed for next session**
- Funding for 988 included in the state budget. This gives the Community Mental Health Centers initial funding to help with building capacity in the next 2 years
- Raised awareness and strengthened legislative relationships



Key Messaging Points



What are we asking for?

- \$0.70 fee per mobile line assessed in Kentucky
- More calls with greater severity mean we need more people to answer the calls from Kentucky
- Establish oversight board for distribution of those funds

Additional information

- Less than 4% of NSPL calls require ambulance, fire or police response. Most callers need to talk with crisis counselors and receive next-day or non-emergency services in their area
- 80% of calls in Kentucky are answered in Kentucky by call centers in Community Mental Health Centers.
- Local answers mean faster and seamless connection to local resources.



Fee vs. Tax



Fee

- Tightly defined
- Funds designated for specific function



Tax

- General usage
- Funds can be used elsewhere



Key Messaging Points



Focus on Parity with 9-1-1

- 911 is funded through fee on ALL phone lines
- It's important we treat mental health with the same importance as physical health



It's a fee, not a tax

- Fee per federal guidance
- Specific to 9-8-8 services, the same as 9-1-1 fee
- Other states have already passed fees, including Virginia, Colorado, Nevada, & Washington



Fee is federal guidance from Trump Admin

- Passed congress UNANIMOUSLY in 2020
- Widespread support - including from the Telecom industry



Funding is URGENT

- We MUST have our CMHC call centers fully funded and staffed to answer influx of calls
- Staff already at risk of burnout due to pandemic



Tools we use

- Fund 988 Kentucky Coalition – consistent meetings and communication
- Fund 988 Kentucky landing page
 - **Keep updated with SAMHSA resources, legislative moves, and ways to get involved**
- Existing partnerships – motivating previous sponsors is key



Plans for 2023 legislation

Legislation and funding must also address crisis services beyond answering calls. Goal is to provide funding for continuum of care with:

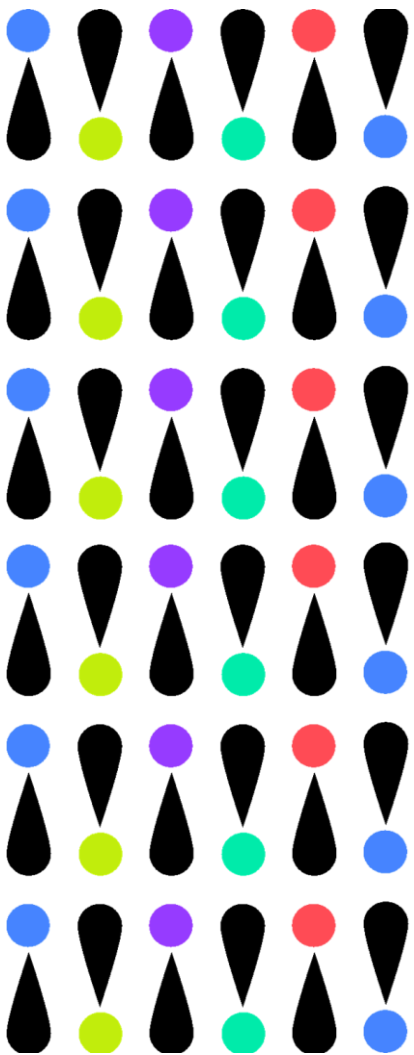
- **24/7 call centers that are adequately staffed by mental health professionals who are specially trained to respond to crises.**
- **Mobile response teams that are equipped for differing scenarios**
- **Crisis stabilization services that also connect people to follow-up care**

~ someone to call ~ someone to respond ~ someplace to go ~



The Lifeline's Privacy & Imminent Risk Protocol



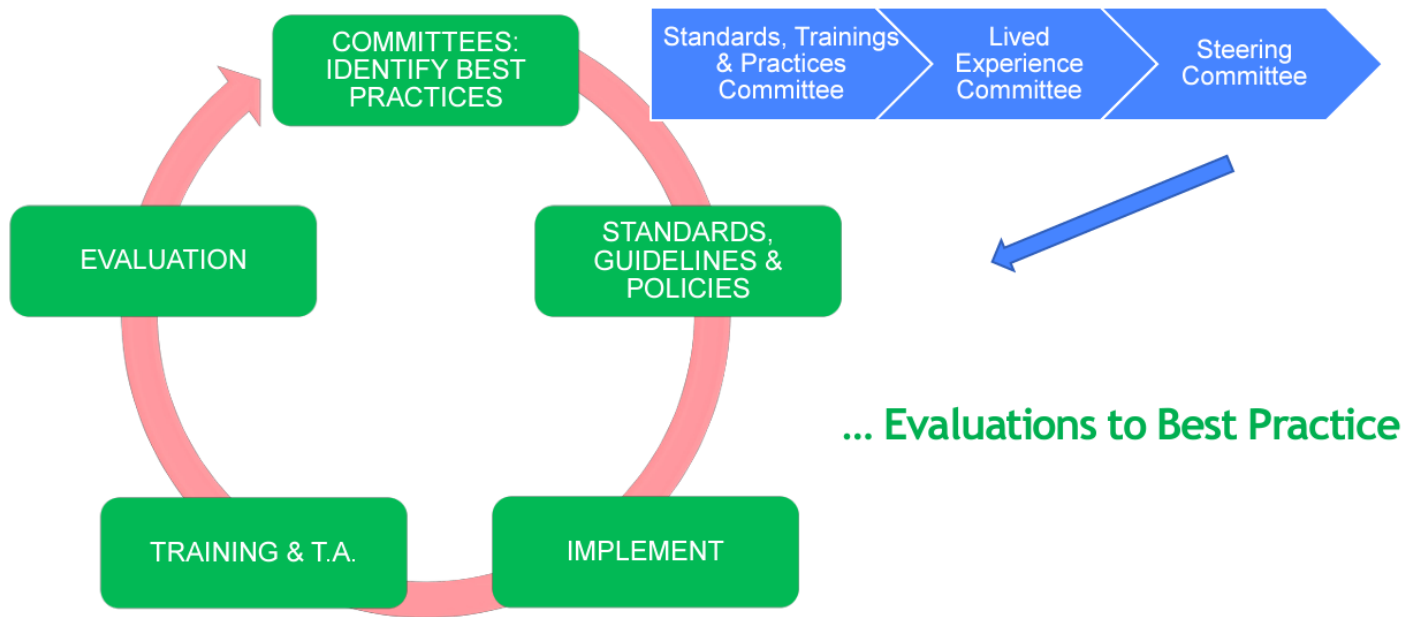
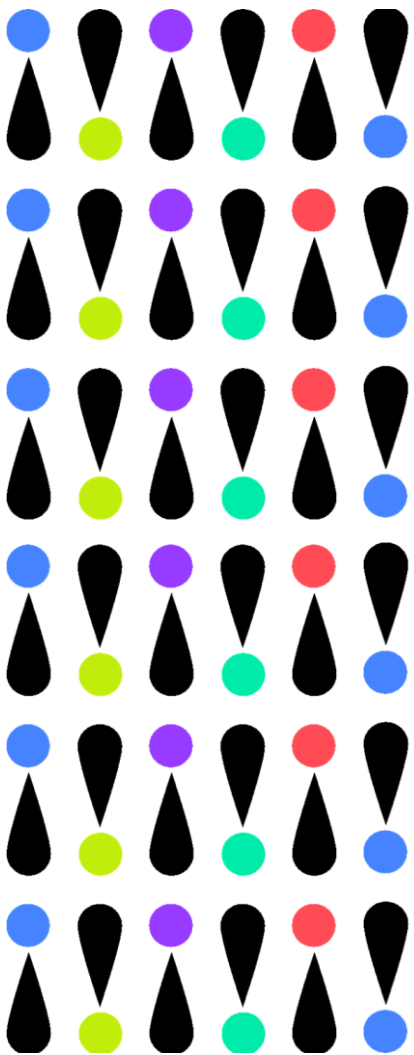


Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.

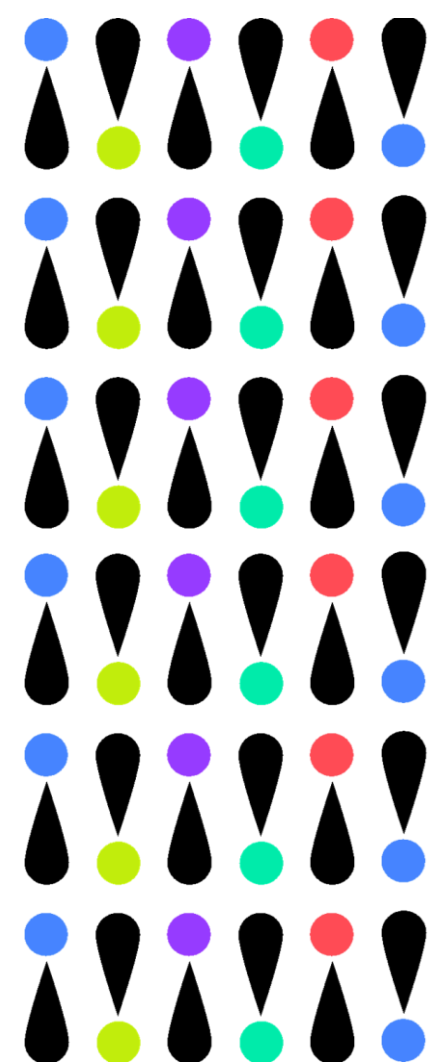
Lifeline Principles

- The Lifeline is committed to promoting emotional well-being for everyone, ensuring we can offer support to anyone who is struggling.
- The Lifeline works 24/7 to help save lives and assist those in need. We are unwavering in our belief to do everything we can so save a life to those in crisis.
- The primary mission of the Lifeline is to prevent the suicide of callers to its service, all crisis center staff must undertake necessary actions intended to secure the safety of callers determined to be attempting suicide or at imminent risk of suicide.



By the Numbers

- The Lifeline is extremely effective at helping callers in emotional distress, with the vast majority of calls being resolved without any in person intervention required.
- Less than 2% of Lifeline contacts involve emergency services.
- In the rare instance where emergency services are required, more than half of these occur with the caller's consent.



Lifeline Policies on Involuntary Emergency Intervention

- Crisis counselors actively engage the individual at risk in a discussion of their thoughts of suicide, establishing a caring alliance with thorough listening and understanding.
- Current policy requires crisis counselors to include the caller's wishes, plans, needs, and capacities towards acting on their own behalf to reduce their risk of suicide.
- The Lifeline recommends crisis counselors contact emergency services for assistance only in cases where risk of harm to self or others is imminent or in progress, and less invasive plans for the caller's safety cannot be collaborated with the individual.

Lifeline Policies on Involuntary Emergency Intervention

- When identifying risk, crisis counselors consider the following: suicidal desire, suicidal intent, suicidal capability, and buffers.
- The Lifeline believes in using the least invasive method possible for handling a caller in emotional distress that may require an involuntary emergency intervention.
- Still, there are individuals and communities that are more likely to have a traumatic or potentially dangerous experience when emergency services are involved, particularly law enforcement.

Lifeline Policies on Involuntary Emergency Intervention

- Whenever possible, the Lifeline recommends alternate options to emergency services, like mobile crisis teams or similar resources. The deployment of emergency services is seen as a last resort.
- This further demonstrates the need for a robust crisis continuum. Having fully funded mobile crisis teams available around the country can help ensure those in distress get the appropriate care they deserve.

Why Involuntary Emergency Intervention?

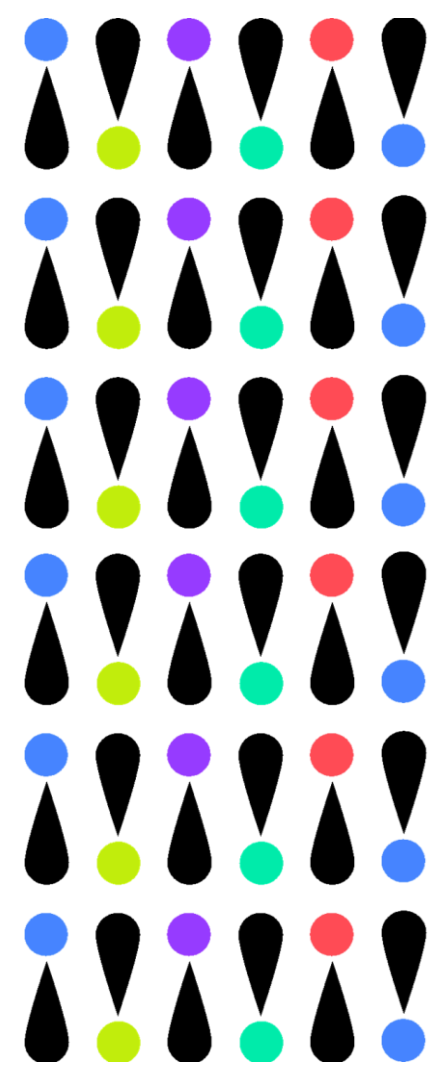
- Involves counselor actions on behalf of individuals who, in spite of the counselor's attempts to actively engage, are unwilling or unable to take actions to secure their own safety, and the counselor believes that—without this intervention—the individual is likely to sustain a life-threatening injury.
- Research has indicated that ambivalence about dying by suicide is typically present until a suicide is avoided or a death occurs.

Why Involuntary Emergency Intervention?

- Research also shows that distress associated with thoughts of suicide can impact cognitive functioning, potentially preventing an individual from considering actions that would reduce their psychological pain.
- Crisis counselors are trained to ask evidence-based questions, based around this research.
- This policy is in alignment with the practices of other suicide prevention organizations, including the American Association of Suicidology.

Looking Ahead

- The Lifeline is constantly seeking to improve its operations, including our active rescue protocol. We will be releasing some of those changes to our involuntary emergency intervention policy in 2022. Some highlights include:
 - Requiring crisis centers to investigate and prioritize alternative interventions to a 911 call.
 - Encouraging local crisis centers to collaborate with community stakeholders, including social justice, and behavioral health organizations.
 - Updating crisis counselor training to include training on the physical dangers associated with law enforcement responding to those experiencing mental health emergencies, the emotional impact on involuntary intervention, and the financial impact hospitalization can have on a caller when they are charged for an ambulance, ER visit, or inpatient services.



Additional Resources

- **988 FAQ:** 988lifeline.org/faq/
- **SAMHSA 988 FAQ:** samhsa.gov/find-help/988/faqs#about-988-basics
- **AAS Crisis Center Accreditation:** suicidology.org/training-accreditation/crisis-center-accreditation/
- **Lifeline Standards, Training and Practices Committee:** 988lifeline.org/standards-training-and-practices-committee/?_ga=2.76132309.1149721274.1658415508-1168790933.1636392885
- **NENA Suicide Prevention Standard:** nena.org/page/SuicideCrisisLineInterop
- onlinelibrary.wiley.com/doi/epdf/10.1111/sltb.12128

Next Steps for Advocates



988: #ReimagineCrisis

REIMAGINE
Crisis Response

 **nami**
National Alliance on Mental Illness



REIMAGINE

Crisis Response

Reimagining our crisis response is about more than NAMI, our members or our partners – it will take *all of us*.

#ReimagineCrisis is an initiative that brings together a diverse group of leading organizations to reimagine our national response to people experiencing a mental health, suicide, or substance use crisis. NAMI launched the #Reimagine Crisis campaign in fall 2021.



REIMAGINE

Crisis Response

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



A M E R I C A N
ASSOCIATION OF SUICIDOLOGY



American College of
Emergency Physicians
ADVANCING EMERGENCY CARE



American
Foundation
for Suicide
Prevention

AMERICAN
PSYCHIATRIC
ASSOCIATION



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

The Arc



Behavioral
Health Link



BEHAVIORAL
HEALTH
FOUNDATION

CLASP
The Center for Law and Social Policy



CHILDREN'S
HOSPITAL
ASSOCIATION



Crisis Residential Association

CRISIS TEXT LINE |



Depression and Bipolar
Support Alliance

FOUNTAIN
HOUSE

inseparable



The Jed Foundation



LAC LEGAL
ACTION
CENTER



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



National Association for
Rural Mental Health



NASP
NATIONAL ASSOCIATION OF
School Psychologists



NATIONAL COUNCIL
for Mental Wellbeing

HEALTHY MINDS • STRONG COMMUNITIES



ADVANCING
BRAIN HEALTH
POLICY &
INSPIRING
LEADERSHIP



July 16, 2022 Washington Post Ad

988 IS NOW AVAILABLE NATIONWIDE

Starting today, this new three-digit phone number – staffed by trained crisis counselors – is just a call or text away during a mental health, substance use or suicide crisis.

This is a tremendous step toward providing life-saving support that will help countless people in crisis. But the work is just beginning.

Everyone, everywhere in the U.S. should have access to a mental health crisis response when they need it. That is why we are working tirelessly to **#ReimagineCrisis**.

Together, we must:



Expand Lifeline capacity and capability in every community to meet increasing demand for 988



Ensure mobile crisis teams are available in every community to provide people in crisis with a mental health response



Establish crisis stabilization options to provide somewhere to go in crisis



Invest in a mental health crisis workforce to bolster the help available in every community, including leveraging peer support



We need federal, state and local policymakers to continue to act on this important issue. Everyone deserves a compassionate, equitable, effective mental health response in a crisis.

Learn more and act now at ReimagineCrisis.org.

Daniel H. Gillson, Jr.
CDC, National Alliance
on Mental Illness
Leader, #ReimagineCrisis
Campaign

Robert Ceblin
CDC American Foundation
for Suicide Prevention

Saul Levin, M.D.
CDC and Medical Director,
American Psychiatric Association

Arthur C. Evans Jr., PhD
CDC American
Psychological Association

Bill Smith
Former, House

Former U.S. Rep.
Patrick J. Kennedy
Founder, The Kennedy Forum

Andy Kaller, PhD
President and CEO,
Meadows Mental Health
Policy Institute

Schroeder Stribling
CEO, Mental Health America

Charles Ingoglia, MSW
CEO, National Council
for Mental Wellbeing

Amit Paley
CEO and Executive Director,
The Trevor Project

Tyler Norris, MD
CEO, Well Being Trust



REIMAGINE
Crisis Response

OUR PARTNERS:

American Academy of Pediatrics
American Association of Suicidology
ACLU Campaign for Smart Justice
American College of Emergency Physicians
American Foundation for Suicide Prevention
American Psychiatric Association
American Psychological Association
The Arc of the US
Behavioral Health Foundation
Behavioral Health Link
The Center for Law and Social Policy
Centers for Disease Control and Prevention
Children's Hospital Association
CIT International

Connections Health Solutions
Crisis Residential Association
Crisis Text Line
Depression and Bipolar Support Alliance
Rountain House
Inseparable
The Jed Foundation
The Kennedy Forum
League of United Latin American Citizens (LULAC)
Legal Action Center
Major County Sheriffs of America
Meadows Mental Health Policy Institute
Mental Health America
The Mental Health Coalition
National Alliance on Mental Illness
National Association for Rural Mental Health

National Association of County Behavioral Health and
Developmental Disability Directors
National Association of Peer Supporters
National Association of School Psychologists
National Association of Social Workers
National Association of State Mental Health
Program Directors
National Council for Mental Wellbeing
Police, Treatment, and Community Collaborative (PTACC)
i3 International
Steinberg Institute
The State Fund
Treatment Advocacy Center
The Trevor Project
Well Being Trust

Public Opinion on 988

NAMI-Ipsos Research *(Released 6/16/22)*

Leading up to the nationwide availability, **77% had never heard of 988** and only **4%** of Americans were at least somewhat familiar with the number

The survey was conducted by Ipsos using their online, probability-based KnowledgePanel®, among the American general population (ages 18+). Interview dates: May 20-22, 2022. Number of interviews: 2,045. Margin of error: +/-2.3 percentage points at the 95% confidence level.

<https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Topline.pdf>

People Overwhelmingly Support Action

86%

believe that when someone is in a mental health or suicide crisis, they should receive a mental health response — not a police response

91%

of Americans support the creation of 24/7 mental health, alcohol/drug, and suicide crisis call centers

Over 4 in 5

people support state funding (85%) and federal funding (83%) for 988 call center operations and related crisis response services

Nearly 3 in 4

are willing to pay some amount on their monthly phone bills to sustainably fund their state's crisis system, similar to how 911 is funded today

The survey was conducted by Ipsos using their online, probability-based KnowledgePanel®, among the American general population (ages 18+). Interview dates: May 20-22, 2022. Number of interviews: 2,045. Margin of error: +/- 2.3 percentage points at the 95% confidence level.

<https://www.nami.org/NAMI/media/NAMI-Media/Public%20Policy/NAMI-988-Crisis-Response-Topline.pdf>



REIMAGINE

Crisis Response

REIMAGINECRISIS.ORG

Visit www.reimaginecrisis.org for resources on 988 and our efforts to **REIMAGINE** crisis response

REIMAGINECRISIS.ORG

Resources for Advocates

On This Page

- 💡 [Our Current Response](#)
- 💡 [The Promise of 988](#)
- 💡 [We Can #ReimagineCrisis](#)
- 💡 [Policymakers Must Act Now](#)
- 💡 [Public Opinion on 988 & Crisis Response](#)
- 💡 [Watch to Learn More](#)

UNDERSTAND 988

Find background on 988:
[https://reimaginecrisis.org/
crisis-response/](https://reimaginecrisis.org/crisis-response/)

Videos



Watch to Learn More

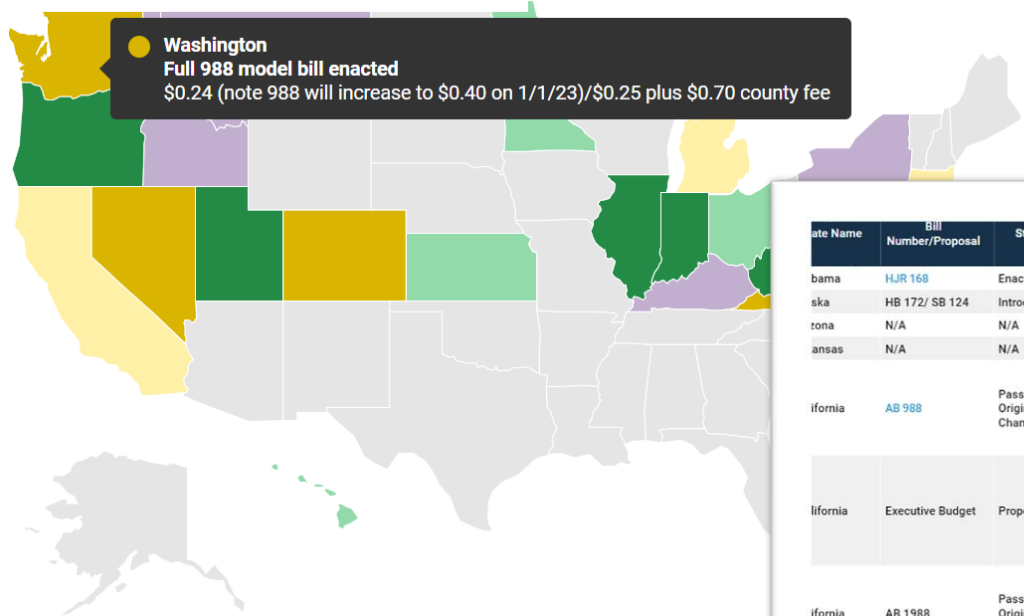


https://www.youtube.com/watch?v=gXEvzH_iF8U



<https://www.youtube.com/watch?v=RDZ4MsmOF4U>

ReimagineCrisis Comprehensive State Bill Tracker



● **Washington**
 Full 988 model bill enacted
 \$0.24 (note 988 will increase to \$0.40 on 1/1/23)/\$0.25 plus \$0.70 county fee

[Reimaginecrisis.org/
map](https://reimaginecrisis.org/map)

State Name	Bill Number/Proposal	Status	988 Fee/911 Fee	Trust Fund	Appropriations (Other than fee)	Advisory Body Created	Additional Notes
Alabama	HJR 168	Enacted	N/A	No	N/A	No	Alabama's 988 Study Bill passed.
Alaska	HB 172/ SB 124	Introduced	N/A	No	N/A	No	Creates crisis stabilization facilities
Arizona	N/A	N/A	N/A	No	N/A	No	
Arkansas	N/A	N/A	N/A	No	N/A	No	
California	AB 988	Passed Original Chamber	\$0.80/\$0.30-\$0.80	Yes	N/A	Yes	This 988 bill includes a fee that is capped at 80 cents, creates a 988 State Mental Health and Crisis Services Special Fund, a State 988 Technical Advisory Board, reporting requirements, among other changes.
California	Executive Budget	Proposed	N/A	No	The Governor's Budget proposes a one time funding of \$7.5 million and \$6 million ongoing funding for the Office of Emergency Services and the 988 line. There is also a \$1.4 billion for mobile crisis teams to serve people with Medi-Cal health coverage.	No	
California	AB 1988	Passed Original Chamber	N/A	No	N/A	No	This bill ensures that the 988 hotline be named the Miles Hall Mental Health and Suicide Prevention Lifeline. It provides that the Office of Emergency Services administer the system components of the 988 system.
Colorado	SB 211-154	Enacted	\$0.30/\$3.00	Yes	N/A	No	This 988 bill includes a fee that is capped at 30 cents, includes a 988 Crisis Hotline Cash fund, report requirements, among other 988 provisions.
Connecticut	HB 5001	Introduced	\$0.75/\$0.57	Yes	N/A	No	This 988 bill is part of a larger bipartisan children's mental health omnibus bill, contains several provisions addressing 988. This includes a 988 fee that is capped at

Spread the Word

Find Social Media Shareables: <https://reimaginecrisis.org/988lifeline/>

Every community needs the resources
to ensure every mental health crisis
receives a mental health response.

Policymakers must act quickly.

REIMAGINE
Crisis Response

988 IS:

- ✓ The first step to ensuring mental health, substance use and suicide crises receive the response they deserve
- ✓ A life-saving resource for people in crisis
- ✓ Answered by mental health professionals, not police

988 IS NOT:

- ✗ A complete mental health crisis response system

988 is now available nationwide
But there's more work ahead.

 **nami**
National Alliance on Mental Illness

Share Your Story

Submit your Story: <https://reimaginecrisis.org/stories/>

Crisis Response Stories

A mental health crisis can affect anyone at any time. You, your loved one, your friends, your neighbors. Hear from people across the country that experienced our current response to mental health and suicidal crises.



"I called the police who found him and put him in jail. **He doesn't deserve jail. He needs mental health help.** [...] My son deserves the help, we deserve the help that we need to get him back to a productive person in society. **He needs mental health care not a jail cell.**"

– Sonia from Georgia



"The entire community benefits from crisis response in terms of lowered costs down the road by avoiding unnecessary interaction with the court system and improved individual outcomes that help limit the financial drain on taxpayers."

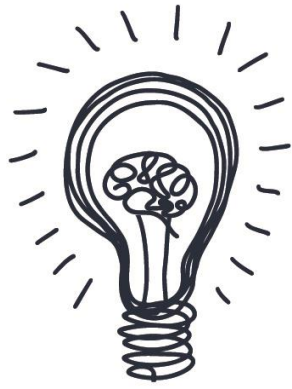
– Nancy from New Hampshire

Other Resources for Advocates

- Collection of available resources and guidance for federal, state and local policymakers
- Link to [Take Action](#) Opportunities
- 988 News Clips
- Reimagine Crisis [Principles](#)
- 988 Week of Action and Day of Visibility Event Recordings

Early Impact

- 1113% increase in web traffic to reimaginecrisis.org
- 500,000 impressions with *Washington Post* homepage takeover
- Dozens of national and state/local media hits



REIMAGINE

Crisis Response

REIMAGINECRISIS.ORG

Questions? Email reimaginecrisis@nami.org

Sustaining 988

- **Visit** AFSP's updated 988 webpage (afsp.org/988) to find resources and background information.
- You can also visit AFSP's Action Center (afsp.org/actioncenter) to **participate** in our Suicide Prevention Awareness Month actions throughout September.
- **Connect** with your local AFSP chapter or NAMI state organization.
- **Thank you** for your continued advocacy. Together, we can save lives!





@afspnational

