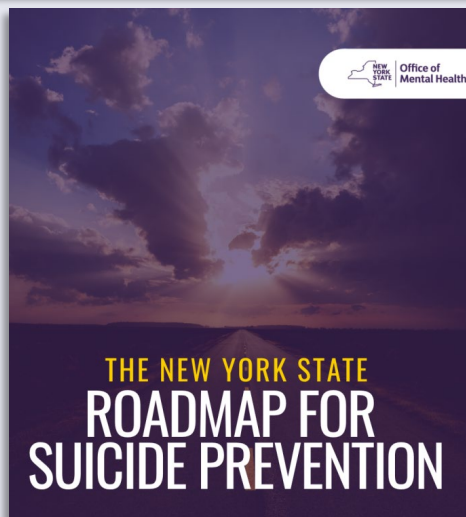


STATEWIDE STRATEGY FOR WORKING TOGETHER, PROMOTING HOPE

Preventing suicide is not the responsibility of one single person or organization. It takes all of us to create communities where people feel connected, know where to turn for help, and have access to support.

As New York State observes September as [Suicide Prevention Month](#), it's laying out a '[Roadmap](#)' to offer direction so that healthcare providers, first responders, schools, workplaces, neighborhood organizations, government agencies, families, and individuals can identify the actions that make the most sense for the greatest support. The Roadmap consists of three documents: a Suicide Prevention Strategy, a Task Force Report, and an Action Plan.

Strategy for Suicide Prevention

The Strategy offers a shared framework for working together to prevent suicide and promoting hope, connection, and well-being – building on the work already happening throughout the state. It addresses gaps in suicide prevention and creates a more-coordinated approach to saving lives. It's grounded in the experiences of people who have faced loss from suicide, attempts of suicide, or suicidal thoughts, as well as those who or have supported a loved one who is having suicidal thoughts or is in crisis.

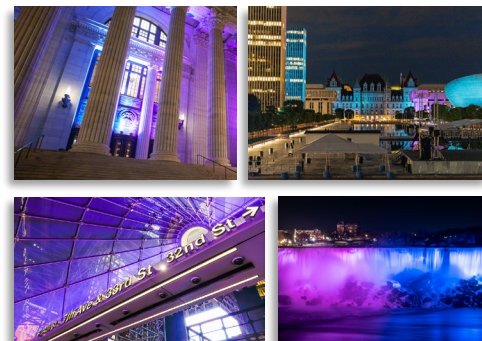
Task Force recommendations

The Suicide Prevention Task Force, which OMH reconvened in 2024 and 2025, brought together individuals with lived experience, advocates, subject matter experts, and professionals serving at-risk populations with a charge of examining disparities related to suicide risk, prevention, and outcomes.

This Task Force built upon the work of its 2017 predecessor, presenting recommendations to provide the state with a framework for strengthening suicide prevention infrastructure, improving access to culturally and linguistically responsive care and support, increasing workforce capacity, advancing community-based prevention, addressing root causes of suicide risk, and improving quality and use of data to guide action.

Action Plan

The Action Plan translates the goals and recommendations into specific, measurable actions that will be implemented by OMH during the next four years. OMH's [Suicide Prevention Center of New York](#) will lead, coordinate, and track progress.



State landmarks lit in purple and teal in observance of Suicide Prevention Month.

Strengthening connections

**Through collective action,
we can save lives**

Suicidal thoughts can affect anyone regardless of age and identity.

Conversations around suicide are difficult. However, too frequently these conversations can be met with silence, stigma, or shame.

This year's theme for Suicide Prevention Month is: '[Stronger Together: Connect. Support. Prevent.](#)' Accordingly, OMH encourages everyone to review the trusted resources provided in this newsletter to build their skills.

The resources offer information on how to break the silence and connect to professionals who can help. This can prepare you to meet concerns with action, empathy and support instead of silence when difficult conversations around suicide arise with family, friends, colleagues, neighbors, and community members.

These resources can help you check in with people about their mental health, especially when you haven't heard from them in a while.

These actions are aimed at strengthening data, supporting communities, improving clinical and crisis care, and reducing barriers to care. Success will depend on strong partnerships among state agencies, local governments, community-based organizations, the Suicide Prevention Council, and people with lived experience of suicide.

Commitment to suicide prevention

As New York State's lead for suicide prevention, SPCNY's mission is to promote, coordinate, and strategically advance suicide prevention throughout the state with the aim of reducing attempts and deaths.

SPCNY combines a clinical and public health approach in its work to ensure suicide prevention efforts are coordinated, effective, and impactful. The center provides training, tools, technical assistance, and supports statewide communications, including promotion of the 988 Suicide & Crisis Lifeline, to identify and address suicide risk, improve connection and care, and ensure support is available whenever it's needed.

Suicide prevention in rural counties

During the past few years, OMH has turned its attention specifically to the needs of [rural communities](#), to address the disproportionately higher suicide rates reported in those counties due to inequities in access to critical services.

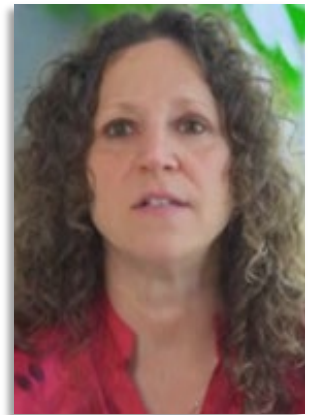
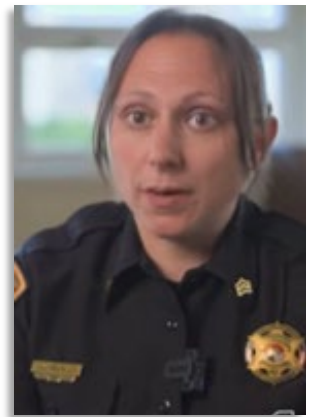
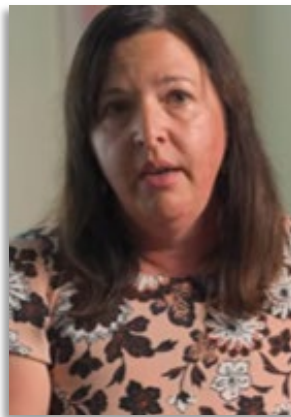
Recent work includes expanding Certified Community Behavioral Health Clinics and Crisis Stabilization Centers, bringing the successful Safe Options Support program to rural areas to address homelessness, and building out Assertive Community Treatment and Critical Time Intervention teams to address gaps in care.

In August, New York State, through SPCNY, [awarded \\$660,000](#) to Cayuga, Chautauqua, Madison, Putnam, and Tioga counties to help strengthen their suicide prevention efforts.

Each county will receive \$36,000 to perform a needs assessment, engage with community partners and attend the upcoming [New York State Suicide Prevention Conference](#) on September 29 and 30 in Ithaca to receive technical assistance from subject matter experts to finalize their action plans. Recipients will then get \$48,000 annually over two years to help implement their plans. County initiatives can include clinical, community-based, and school-based programs, such as:

- safety and injury prevention with local gun shops and ranges.
- providing integrated behavioral health services within primary care.
- training clinicians in suicide safety plan intervention.
- addressing social isolation and loneliness in men.
- partnering with faith-based organizations to enhance community support and resilience.
- implementing suicide safety programming within schools.

OMH also provided funding to help Putnam and Tioga counties develop mobile crisis programs, which provide urgent voluntary short-term intervention to anyone experiencing or at risk of experiencing a mental health or substance use crisis. The growth of this program is part of a statewide move to improve the [comprehensive crisis response system](#), ensuring that care and support is available 24/7.



Stories of healing and recovery

During Suicide Prevention Awareness Month, OMH highlights programs that are helping to save lives and foster recovery. The [Local Outreach to Suicide Survivors](#) program – also known as 'LOSS' – now operates in eight upstate counties, connecting survivors with critical support during their time of need.

OMH also celebrates the stories of everyday New Yorkers who prove that recovery from mental health challenges is possible with a series of videos online called 'Recovery Stories.'

We hope that you find both these features to be a source of hope and inspiration. Look for links on our social media accounts or visit our [YouTube page](#).

Crisis response

Focusing on behavioral health-led response to mental health emergencies

OMH has consolidated its various crisis initiatives into one organizational unit, a new **Division of Crisis Services**, that will have responsibility for coordinating the agency's crisis-response programs.

The goal of this new division is to ensure that OMH-licensed, funded, and designated crisis, as well as other response systems, work cohesively toward developing behavioral health-led, non-police responses to mental health and substance use emergencies.

Providing technical help

Directing the new division is **Sarah Kuriakose**, PhD, BCBA, who also serves as the Director of the **Behavioral Health Crisis Technical Assistance Center**. The Center is operated by OMH and the Office of Addiction Services and Supports.

The center has two full-time staff with lived experience, one a family peer advocate. Crisis Division staff toured the state to meet with county leadership and crisis providers to learn about their local needs. The Center develops training and technical assistance, shares best practices, and helps communities to develop protocols for health-led crisis response.

An **Advisory Council** to the Technical Assistance Center has already met five times this year. It includes individuals and families with lived experience, service providers, law enforcement, fire and EMS workers, advocates, and county leadership.

The Center is also establishing a **988-ambassador program** to ensure that strong messages are sent to communities about the coordinated crisis response system, particularly among communities of color.

OMH is updating and digitizing forms used for emergency and involuntary commitment and is developing person-centered, trauma-informed training programs to help hospitals, first responders, and others understand recent changes to the state Mental Hygiene Law.

At the community level

Three pilot programs that the division is overseeing are helping to increase health-led responses to New Yorkers in crisis. The three received funding through the 2025-26 State Budget:

- The **City of Rochester** will use the funding to expand its Person In Crisis team, which operates around-the-clock, is dispatched through 211, 911, and 988, and responds to calls without law enforcement.
- **Children's Home of Jefferson County** in Watertown will address service gaps and reduce reliance on law enforcement as primary responders in Jefferson and Lewis counties.
- **Central Nassau Guidance & Counseling Services** in collaboration with **Family Service League** will conduct a Suffolk County-based pilot to build upon current mobile crisis teams to include clinicians and peers responding together to crisis needs.

Making an impact

Help at the moment people need it most



The OMH Division of Crisis Services visited with crisis services staff throughout the state this past spring to hear their success stories and discuss their needs. From the top: Upstate Caring Partners Crisis Stabilization Center, Utica; South Shore Guidance Center, Freeport; East House, Rochester; Seneca County Community Counseling Center, Waterloo; Kings County CPEP; Rochester Regional; and Family Service League of Long Island.

Building on success

Crisis-response resources in use New York State have proven vital in saving lives. These include:

- **Someone to contact** – In 2025, the 14 New York State **988 Suicide & Crisis Lifeline centers** received 664,776 contacts, this includes 508,825 calls, 83,897 texts; and 72,054 chats. This is the second highest call volume after California, with only half the population. New York's in-state answer rate is 90 percent, a factor in solidifying it as one of the top states for the reduction of youth suicide after the implementation of 988.
 - **Someone to respond** – In 2025, New York State's **Mobile Crisis Teams** reported 47,188 in-person responses statewide. Nearly 98 percent of the state's population lives in counties with OMH-designated mobile crisis coverage. Data shows that only a small percentage of individuals seen by mobile teams were taken to hospitals, CPEPs, or interacted with law enforcement, and most crises were resolved in the community.
- In addition, in 2025, 2,328 individuals were admitted to **Home-Based Crisis Intervention Programs**. In three years, OMH has increased the number from 26 teams serving 24 counties to 66 teams in 60 counties. HBCI programs have a good track record. At 30 days post-discharge from HBCI, 91 percent of participants had not needed an ER/CPEP visit, 93 percent had not needed hospitalization, and 90 percent had not needed any crisis services.
- **Safe places to go** – In three years, OMH and OASAS have licensed nine **Crisis Stabilization Centers** that welcome clients at any hour of the day, with five opening in the last five months. In 2025, CSCs reported working with individuals with 8,171 admissions.

In addition to the above, the state currently has 32 licensed **Adult Crisis Residences** with a total of 193 beds and 20 licensed **Children's Crisis Residences** with 126 beds. In 2025, 1,546 adults and 733 children were served, a 22 percent increase from 2024.

The state has 21 licensed **Comprehensive Psychiatric Emergency Programs**, which reported 112,606 presentations in 2025, 86 percent adult. Twelve more are in development.

'A shining example of what peer support is all about.'



During visits with crisis response centers throughout the state, OMH heard reports from people whose lives were saved by their local programs.

"You saved a life. You're an angel. I wanna let you know I appreciate you so much."

"A mom called, worried about the suicidal thoughts of her adolescent son. The family had been unable to get off therapy waiting lists. The 988 counselor found referral options. Upon follow-up, the mom said they had gotten an immediate appointment. The son said that it had already **helped him so much to talk to someone."**

"My anxiety almost immediately **released the moment I walked in the door."**

"I didn't think this conversation would last more than five minutes. But something told me that, just like last time, to give it a shot. Before, there was no doubt in my mind I was jumping today. Now, I just wanna hug my mom and my friends. And **take it day-by-day... again."**

"I didn't think I'd be back on track, **but I am. And I wouldn't be there if it wasn't for the help I got at the Center."**

"Our Peer Specialist was outside on a break when he just happened to strike up a conversation with an individual on the street. He told him about the services available at the Crisis Center. The individual was hesitant. But with some encouragement, **he agreed to come in. He ended up going to detox, successfully completing it, then making the transition to an inpatient rehab level of care."**

"Thank you for being a **true advocate, a steady hand, and a shining example of what peer support is all about."**

988 Lifeline

Study reports that youth suicides declined after start of the hotline

Preliminary research has indicated that the nationwide rollout of the **988 Suicide & Crisis Lifeline** may be associated with a significant reduction in suicide deaths among adolescents and young adults.

A report in the [Journal of the American Medical Association](#) found that observed suicide mortality among individuals aged 15 to 34 years between July 2022 and December 2024 was 11 percent lower than historical trends. It added that decreases were sharpest an average of more than 18 percent in the 10 states with a higher volume of answered calls – one of which is New York. Authors of the study have said this offers evidence of the benefit of the program and makes a case for continued funding for it.



Online and display advertising have been a part of the '988: We Hear You' public awareness campaign.

New York's Contact Centers handling high volume

Administered by OMH, 988 provides a coordinated connection to other components of the state's crisis response system, including Mobile Crisis Services, Home-based Crisis Intervention, Crisis Residential Programs, and Comprehensive Psychiatric Emergency Programs.

The 14 New York State 988 Contact Centers received more than **1.6 million** routed contacts between July 2022 – when the lifeline was launched – to April 2026. Reasons New Yorkers cite for contacting 988 have evolved since 2022, highlighting that this critical service can help with a **broad array** of issues, not only suicide-related concerns. Callers have asked for help with family and relationship issues, anxiety, depression, and loneliness.

In 2025 alone, there were roughly **664,000 contacts** – 508,000 calls, 72,000 chats, and 83,000 texts. More than 59,000 calls originated from New York State that routed directly to the specialized **Veterans Crisis Line**.

New York State has significantly expanded the capacity of 988 Crisis Contact Centers, increasing funding from \$35 million in for the 2023 fiscal year to **\$60 million annually** today. New York's Contact Centers are operating around-the-clock, continuing to meet the growing monthly demand from callers in all 62 counties. Contact Centers have successfully been able to hire, train, and retain crisis counselors to meet the demand of New Yorkers seeking crisis support.

Public awareness

In September 2024, Governor Hochul launched the statewide '[988: We Hear You](#)' Awareness Campaign. Certain communities that are historically at an increased risk of suicide were identified – including Black and Latinx youth, LGBTQIA+ young adults, first responders, healthcare professionals, and older rural men – so that messaging could be tailored to them.

Campaign advertisements have been featured on billboards, convenience stores, television, and social media, as well as music streaming and sporting platforms designed to reach a large target audience. Throughout the evolution of 988 over the years, public awareness of this resource has gained traction in communities. From July 2023 to June 2025, a **33 percent growth** aligns with the increased awareness from campaign.

A vital connection

The 988 Lifeline is more than a suicide hotline – it provides an immediate connection to local crisis counselors specifically trained to assess and provide support for people experiencing emotional distress, mental health or substance use crises, or suicidal ideation.

Best practice

Supporting use of Stanley-Brown Safety Planning Intervention

The most common intervention to reduce suicide risk is safety planning, because it can be used in any healthcare setting.

The [Stanley-Brown Safety Planning Intervention](#) is a collaborative intervention between a clinician and an individual that aims to mitigate acute risk of suicide. Its purpose is to provide people who have experienced a suicidal crisis with a specific set of coping strategies and resources to use in order to decrease the risk of suicidal behavior.



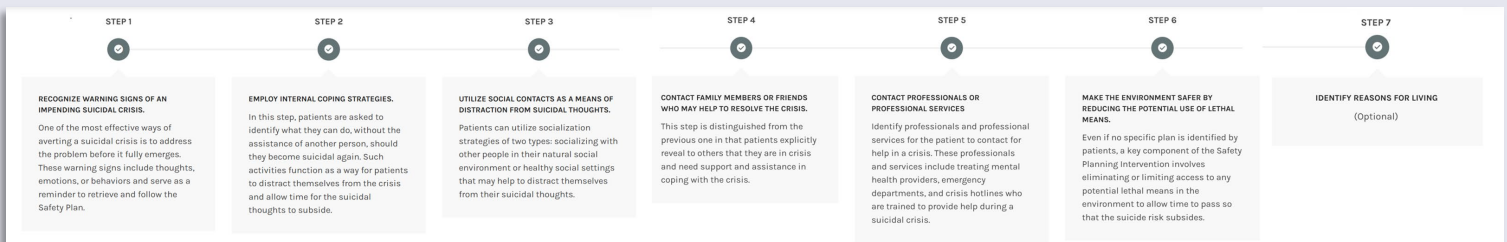
Barbara Stanley, PhD



Gregory K. Brown, PhD

The plan was developed by the late **Barbara Stanley, PhD**, and **Gregory K. Brown, PhD**. Dr. Stanley was a Professor of Medical Psychology in the Department of Psychiatry at Columbia University and Director of the Suicide Prevention Training, Implementation and Evaluation program in the Center for Practice Innovations at New York State Center for Practice Innovations at the New York State Psychiatric Institute. Dr. Brown is a clinical psychologist, Research Professor of Psychiatry at the Perelman School of Medicine of the University of Pennsylvania, and the Director of the Penn Center for the Prevention of Suicide.

SPCNY has supported use of the Stanley Brown Safety Plan Intervention throughout the state because it is brief, it is accessible to clinicians, and its use can reduce hospitalizations, suicide attempts, and improve the rate of outpatient follow-up.



Elements of Stanley-Brown Safety Planning Intervention.

Training available

SPCNY is offering guidance on best practices when using the Stanley-Brown Safety Plan Intervention for suicidal individuals. The PDF attached to this newsletter includes tips for getting the most out of this brief, evidence-based intervention.

To learn more about the Stanley-Brown Safety Plan Intervention, OMH encourages providers to use the free training program available through the [Center for Practice Innovation's Learning Management System](#). The Suicide Prevention Training Implementation and Evaluation has developed high-quality suicide-safer-care training available to any OMH or OMH-licensed provider.

Coursework includes an introductory Safety Plan Intervention online module, an advanced live webinar, and training specifically for addressing lethal means. Visit the Suicide Prevention Training Implementation and Evaluation website for details.

Providers can also visit [SPCNY's website](#) for more information on safety planning, lethal means reduction, and other suicide prevention topics.

Tracking transformation

Following the progress of investment in the state's system of mental health care

OMH has established a comprehensive [webpage](#) to help evaluate the impact of investments during the past three years in programs that were established or expanded through Governor **Kathy Hochul's** landmark \$1 billion mental health initiative.

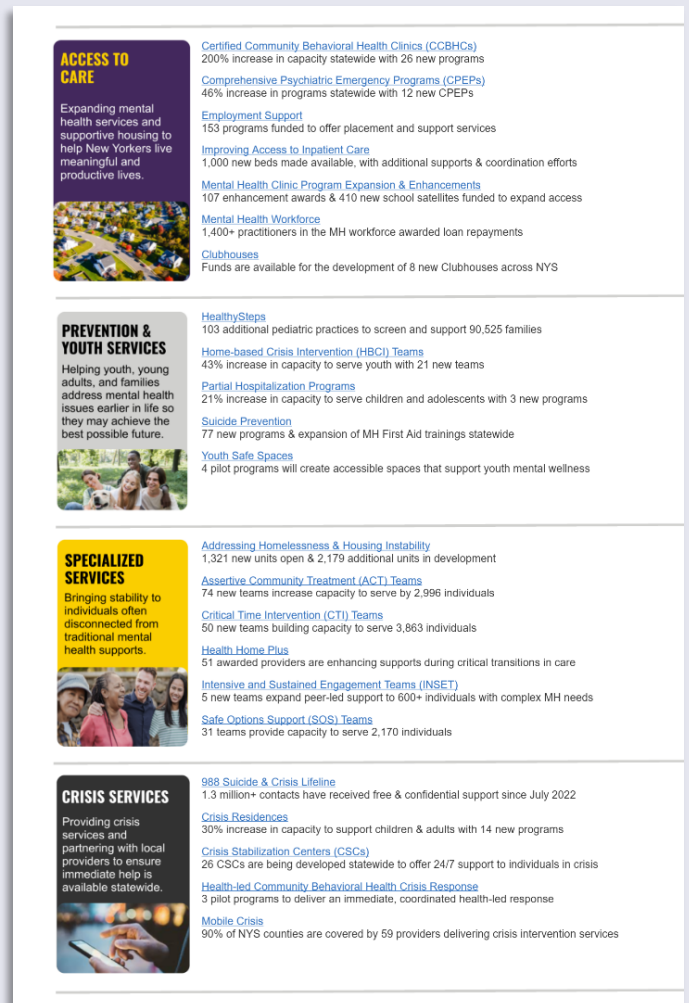
OMH compiled data on 23 distinct areas of the continuum of care and then highlighted key metrics in plain-language infographics posted to the website. The data is grouped into four distinct categories:

- **Access to care** includes programs that have expanded mental health services and supportive housing to help New Yorkers live meaningful and productive lives in the community. This category includes Certified Community Behavioral Health Clinics, inpatient care, clinic program expansion, and the mental health workforce.
- **Prevention and youth services** looks at initiatives that help young people and families address mental health issues earlier in life. These programs include HealthySteps, Youth Safe Spaces, suicide prevention, partial hospitalization programs, and Home-Based Crisis Intervention teams.
- **Specialized services** incorporates those programs aimed at bringing stability to individuals who are often disconnected from traditional mental health support. This includes Critical Time Intervention, Assertive Community Treatment, Safe Options Supports, and Intensive and Sustained Engagement teams, along with efforts to address housing instability.
- **Crisis services** shows programs that partner with local providers to ensure immediate help is available statewide. These programs include the 988 Suicide and Crisis Lifeline, Crisis Stabilization Centers, behavioral health-led crisis response, crisis residences, and mobile crisis teams.

Starting with her [historic \\$1 billion initiative](#) in 2023 and continuing with investments made in subsequent budgets, Governor Hochul has taken bold measures under her leadership to ensure all New Yorkers have access to critical mental health services. These investments have increased inpatient capacity, dramatically expanded outpatient programs, created thousands of new units of specialized housing, and more.

In September 2025, Mental Health America ranked New York [first nationally](#) in the organization's report, *The State of Mental Health in America*, based on 17 indicators measuring the prevalence of mental illness and access to care. The organization also presented Governor Hochul with its [2026 Governor's Leadership Award](#), recognizing the 'significant and sustained investments' that have strengthened mental health systems across the state's continuum of care.

This information is aimed at supporting outreach, education, and engagement with communities and agency partners, in addition to the public. OMH will conduct periodic updates to each infographic throughout the year, based on changes to data.



In memoriam

Remembering James L. Stone, OMH Commissioner from 1995 to 2003

OMH was saddened to learn of the passing in August of former Commissioner **James L. Stone**, CSW.

Stone dedicated his career to public service and improving the mental health of New Yorkers and was a strong and tireless advocate for community-based services.

“Many of us knew Jim as a valued colleague and friend,” said OMH Commissioner **Dr. Ann Sullivan**. “OMH is sincerely grateful for all of Jim’s contributions to the wellbeing and mental health of New Yorkers, and for his many contributions to our agency.”

Stone grew up in Onondaga County and graduated from Syracuse University with Bachelor of Arts and Master of Social Work degrees.

Leading OMH

He began a career of more than 40 years in public service with the New York State Division for Youth, then as Chief of Service at two OMH psychiatric centers.

After serving as Director of Community services for Monroe and Livingston counties, Stone was nominated by Governor **George Pataki** to be OMH Commissioner in 1995, a position that he held until his retirement from the state in 2003.

As Commissioner, Stone led OMH's design and implementation of Project Liberty, New York's immediate and sustained response to the mental health crisis after the September 11, 2001, terror attacks. Through Project Liberty, OMH, along with New York City, surrounding county governments, and more than 200 non-governmental mental health provider organizations, provided crisis counseling services to 750,000 affected individuals in the largest mental health disaster response in history.

While leading OMH, Stone focused on implementing the Community Mental Health Reinvestment Act, which invested millions into much needed mental health services in communities throughout the state and created a roadmap for future investments.

Making a difference locally, nationally

During his time as Commissioner, Stone founded the Legislative Policy Day, now named in his honor, at Syracuse University's School of Social Work, where he served on the board of visitors for more than 30 years. The symposia held at that annual meeting reflect his lifelong commitment to the practice of social work, and to the development of effective policy to serve the needs of people living with mental illness.

“Jim was committed to attending the event annually and to ensuring that students would continue to have this opportunity for policy-practice education outside of the classroom,” said **Joseph Smith**, Associate Teaching Professor of Social Work and Director of Continuing Education and Professional Development, in a Syracuse University publication, adding: “His presence will be missed, but his legacy will not be forgotten.”

After finishing his career in federal government with SAMHSA and with the Indian Affairs Bureau, Stone retired in 2009, but he continued to serve on various boards of organizations dedicated to improving mental health care. He chaired the New York State Conference of Local Mental Hygiene Directors and in recent years served as a board member of the Mental Health Association in New York State.



James L. Stone with Commissioner Sullivan in 2017.

On the road

Meeting the public at the New York State Fair

OMH was at the Great New York State Fair this summer, staffing a booth in the Science and Industry Building. The fair is an important part of OMH's education and outreach, providing vital information to thousands of fairgoers each year about mental health and wellness.

Each year, the booth is staffed by volunteers from OMH offices and facilities throughout the state and various community mental health partners. Available at the booth this year was a coloring book from the [Be Well](#) program (center right).



Speaking with The Capitol Pressroom

OMH Chief Medical Officer **Miriam Teppar, MD**, spoke in August with journalist **David Lombardo** on WCNY-FM's [The Capitol Pressroom](#) program about how Assisted Outpatient Treatment improves housing stability and life skills while reducing hospitalizations. "Looking at the quantitative data," she said, "we really feel like the Assisted Outpatient Treatment program is having just the kind of impact it was designed to, which was to reduce hospitalizations and improve community safety."

Discussing the Clubhouse program

OMH Chief Advocacy Officer **Liz Breier**, MAHAP, CPRP (right), recently spoke with **Evan Dawson**, host of [Connections](#) on WXXI-FM, about the state's investment in expanding the Clubhouse program. She was joined by **Jamie Comenale**, Chief Program Officer of East House; Alex Baldassare, Senior Director of Strategic Growth at Fountain House; and the Rev. Dr. **Phillip Fleming**, a board member of Fountain House.



Suicide prevention for first responders

Garra Lloyd-Lester, Community and Coalition Initiatives Coordinator for OMH's Suicide Prevention Center of New York, and **Nadine Mancini-Zesky**, Implementation Specialist for CARES UP, gave a presentation on the 'Link to Hope' at the 2026 New York State Probation Officers Association Conference. Link to Hope is a suicide prevention program developed specifically for first responders, supporting efforts to encourage open dialogue around mental health, suicide prevention, and help-seeking behavior.

The two also joined **Tim Ellis**, a CARES UP lead contact with the Onondaga 911 Center, in a panel discussion after a screening of *PTSD 911*, highlighting the impact of trauma exposure, the realities of PTSD, and the importance of accessible support for those serving in public safety.

Resources

How YOU can make a difference

The [International Association for Suicide Prevention](#) provides some tips individuals can take to change the narrative:

- **Check in with loved ones** – Take time to reach out to someone in your community, a family member, friend, colleague or even a stranger. It could change the course of another's life. Check out [How to Start a Conversation About Mental Health](#) to get the conversation started. Here are some tips on ways you can respond [If Someone Tells You They're Thinking About Suicide](#).
- **Keep informed** – Consider accessing training opportunities in suicide prevention and awareness.
- **Share your story** – People who have survived a suicide attempt or experienced the loss of a loved one to suicide are invaluable in understanding the importance of words and actions and letting people know they aren't alone.
- **Advocate for, and promote, mental health awareness** – within your community, and on social media, attend local events or even talk about it in casual conversations.

Reaching out to someone in crisis

- If you or someone you know is in crisis, call, text, or chat 988 (chat available at www.988Lifeline.org).
- To reach LGBTQ+ specialized resources, you can also contact The Trevor Project's 24/7 crisis line via chat, text 'START' to 678-678, or phone at 1-866-488-7386 – learn more at thetrevorproject.org.
- [Suicide Prevention Center of New York State | Specific Populations](#) – New York State resources for specific populations such as veterans, LGBTQIA+ community, middle-aged men, seniors, Native Americans, postpartum parents, rural communities, youth, justice system involved individuals, and other multicultural considerations.
- [The Trevor Project | Preventing Suicide Among LGBTQ+ Young People](#)
- [American Foundation for Suicide Prevention | Elevating Voices for Long-Lasting Change](#) – A voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death. This livestream series is dedicated to elevating the voices and understanding of the needs of underrepresented communities.
- [National Alliance on Mental Illness | Community & Culture](#) – Mental health resources for specific populations such as Asian American Hawaiian Pacific Islander, Black/African American, Hispanic/Latinx, Indigenous, LGBTQIA+, People with Disabilities, and various faiths.

Spreading the word

- [National Institute of Mental Health | Digital Shareables on Suicide Prevention](#) – Digital shareables to help spread awareness about suicide prevention.
- [National Alliance on Mental Illness | Suicide Prevention Month](#)

And take care of yourself!

Bring **Be Well** to your phone screen with these free backgrounds. Scan the QR code at right to download different image options to bring a colorful dose of inspiration to your phone's lockscreen.

