

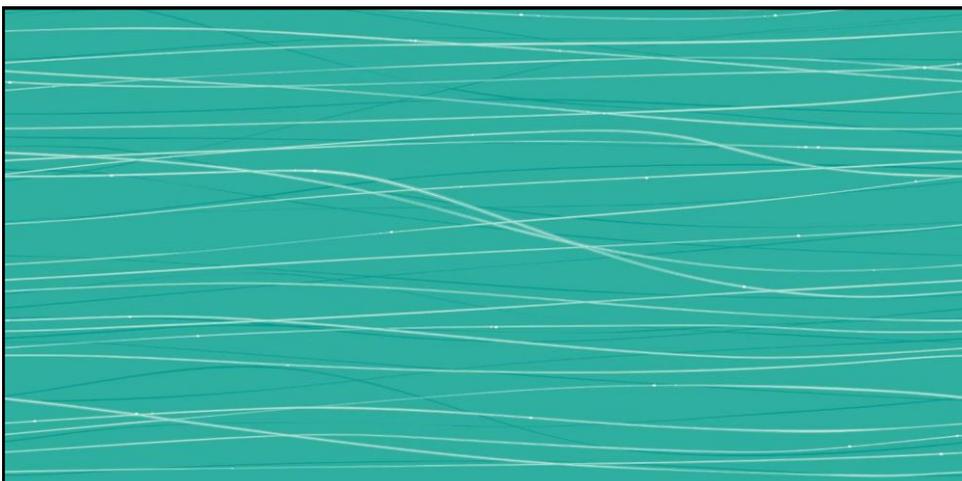


**We all
make us
all strong.**



988 State Planning Grant
Implementation Coalition
July 30, 2021

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Welcome &
Introductions

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Partner Updates &
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988 State Planning Grant:
Implementation Plan

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**988 Implementation Plan for Select a State/Territory
988 Planning Grants**

[Click Here to Add Date of this Version](#)

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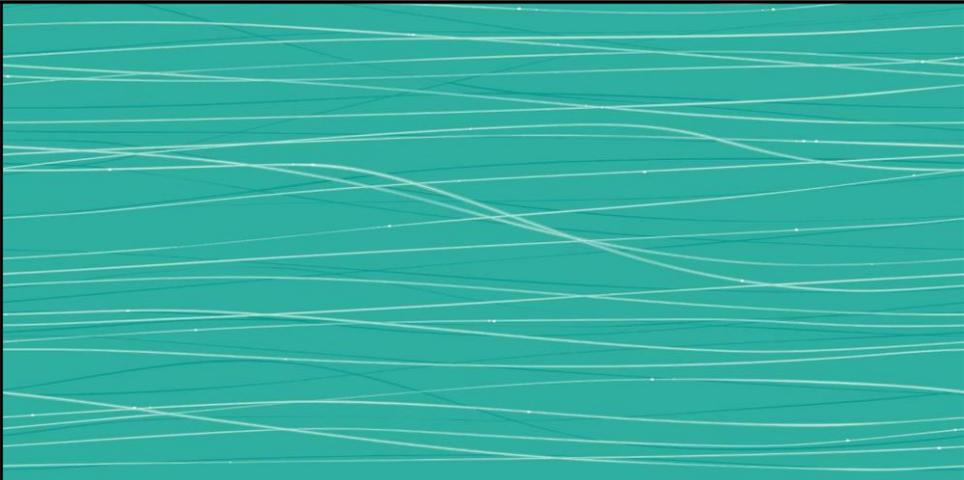
Grantee Agency, Contacts, and Lifeline Centers

Overall Background and Context

Core Areas

- Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts
- Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers
- Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume
- Core Area 4: Support Crisis Centers in Meeting Lifeline's Operational Standards, Requirements, and Performance Metrics
- Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation
- Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services
- Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters
- Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory
- Appendix A

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**WASHINGTON INDIAN
BEHAVIORAL HEALTH HUB**

Lucilla Mendoza, Vicki Lowe
& Becky George

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Washington Indian Behavioral Health Hub

Goal - Assist individuals in navigating the statewide behavioral health system and to provide support to individuals before they need to access the crisis system. As well as coordinating care after discharge from a facility.



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Background

- This concept was developed through the work of the Tribal Centric Behavioral Health Advisory Board (Tribal Evaluation and Treatment Workgroup) to address needs to support Indian Health Care Providers and Tribal Governments and Urban Indian Health Programs in navigating the complex BH and Crisis systems.
- The HUB was developed in partnership with:
 - TCBHAB
 - American Indian Health Commission
 - Volunteers of America
 - Health Care Authority and the Department of Health

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Current Crisis System

- Administrative Services Organizations (ASOs) are responsible for the crisis system for the regions that they serve.
- ASOs are required to provide services for the tribes' lands if there are tribes within the region.
- ASOs were responsible to establish Tribal Crisis Coordination Plans (Protocols) to establish protocols for how non-Tribal Designated Crisis Responders (DCRs) may access Tribal reservations/lands to deliver crisis services and conduct ITA evaluations.
- Tribes' experiences with the current crisis system vary depending on the region.

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System Developments

- Passage of SSB 6259 in 2020 – Indian Behavioral Health Act
 - HCA given legal authority to designate Tribal DCRs in consultation with tribes and confer with non-Tribal Indian Health Care Providers.
 - American Indian Health Commission (AIHC) is developing template codes to support Tribes in the development of their own Tribal Crisis Codes. Tribes are also working in partnership with AIHC or developing their own codes.
 - Requires notification to Tribes of ITA proceedings for a Tribal member/citizen.
 - Joel's Law is amended to recognize tribe's ability to petition in the state courts for an ITA.
 - Requires notification of (IHCP) of ITA proceeds for Tribal member/citizen.
 - HCA is working with the AIHC to develop a statewide Indian Behavioral Health Hub.

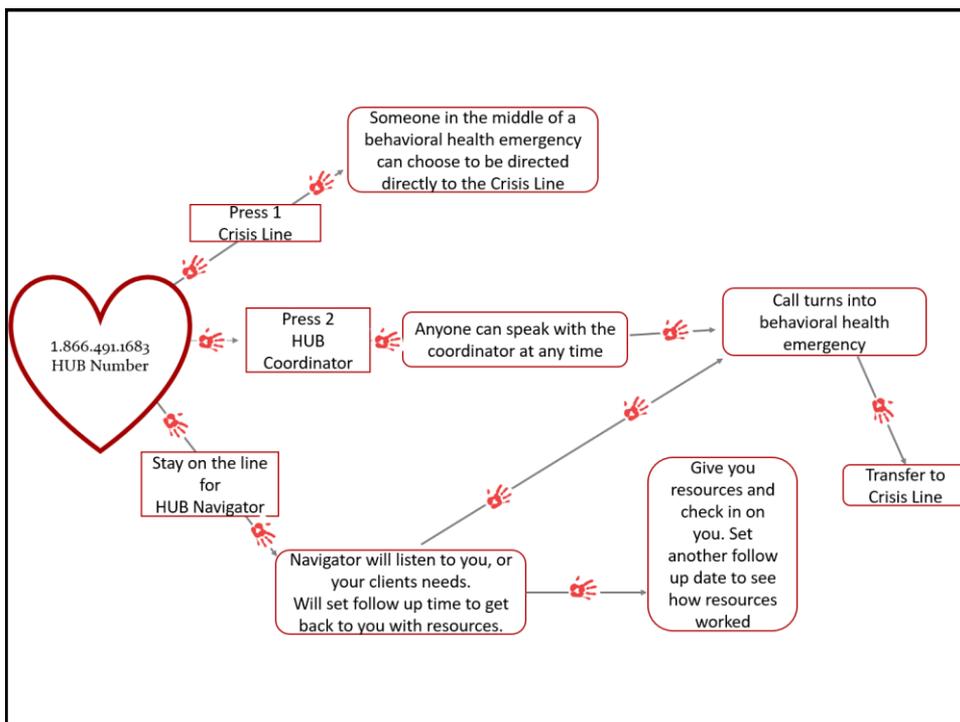
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HUB Supports

- Coordinate care for individuals experiencing behavioral health concerns prior to a crisis.
- Assistance with accessing crisis beds (voluntary or involuntary).
- Follow-up on crisis Lifeline referrals.
- Coordinate care after client has been discharged from a facility (psychiatric hospital, emergency room visit, outpatient crisis treatment services).
- Provide culturally appropriate crisis resources and assist with overcoming barriers.
- Assist Tribal and non-Tribal Designated Crisis Responders to connect with Tribal and non-Tribal behavioral health service resources and access and follow Tribal crisis coordination protocols.
- Provide light case management (follow-up for two weeks).
- Collect individual feedback on cultural sensitivity of crisis facilities and programs.
- Support navigation of Joel's Law petition process.

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- **Tribal 988**
- Phones manned by Tribal Affiliated members
- Give referrals to HUB for follow up
- Dispatch Tribal and Non-Tribal DCR's



- **WA Indian Behavioral Health HUB**
- Track bed capacity
- Follow up on Lifeline referrals from VOA and Tribal 988
- Coordinate care after a person has been discharged from a facility (hospital, ER, treatment)
- Provide culturally appropriate resources
- Assist in looking past barriers
- Give DCR's a Tribal contact for the Reservation they are going onto
- Follow up with person/family for 2 weeks

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**WASHINGTON INDIAN BEHAVIORAL HEALTH
HUB**

*RESOURCES *SUPPORT
*CULTURALLY SENSITIVE OPTIONS
*ASSISTANCE W/ DISCHARGE PLANNING



**SERVING AMERICAN INDIAN &
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1.866.491.1683



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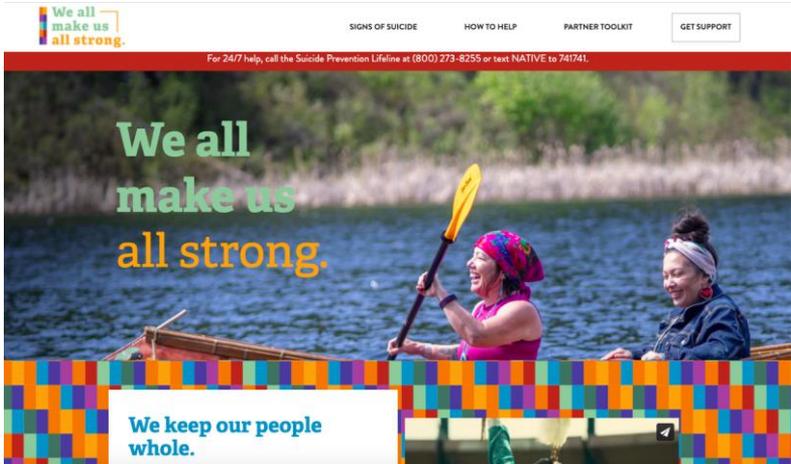


 **Health**

Native & Strong: Planning for
988 Public Messaging

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Native & Strong



The screenshot shows the website's header with navigation links: SIGNS OF SUICIDE, HOW TO HELP, PARTNER TOOLKIT, and GET SUPPORT. A red banner below the header contains the text: "For 24/7 help, call the Suicide Prevention Lifeline at (800) 273-8255 or text NATIVE to 74741." The main content area features a photograph of two women kayaking on a lake. Overlaid on the image is the text "We all make us all strong." in green and orange. At the bottom of the image is a colorful mosaic border and a white box with the text "We keep our people whole." and a small play button icon.

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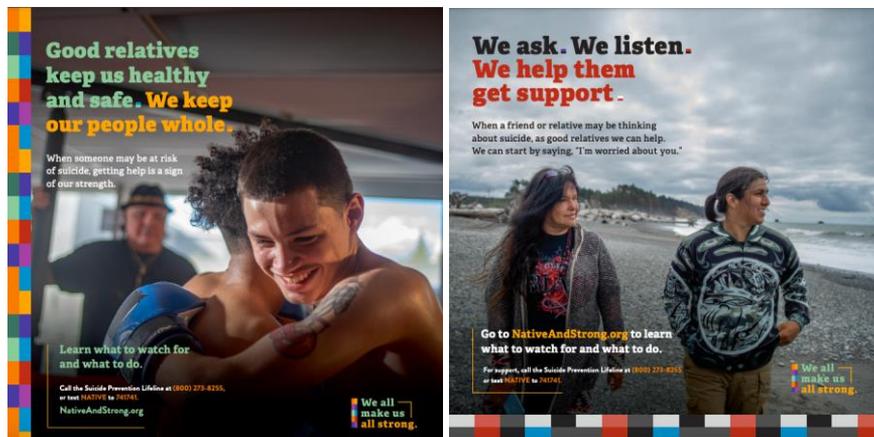
Collaboration with HCA Opioid Campaign



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Year 1 Asset Development



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State Planning Grant Core Consideration #8:

Align Washington State public messaging for 988 with national initiatives and guidance

- Alignment to ensure all 988 public messaging is consistent with national and federal messaging
 - Range of services 988 is intended to provide (and how this system is different from 911)
 - Messages of hope, help and healing
 - Promotion of voices of persons with lived experiences with mental illness and suicide
 - Include specific strategies for reaching LGBTQ+ youth and other populations considered high risk for suicide
 - Must adhere to all standards for Safe and Effective suicide prevention communication

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Native & Strong Video Asset Examples

30-second PSA: “Resilience” (live action)

<https://vimeo.com/553436564>

60-second PSA: “Good Relatives” (live action)

<https://player.vimeo.com/video/556253908/>

30-second PSA: “How to Help” (animated)

<https://vimeo.com/showcase/8513561/video/554903817>

10-second PSA: “How to Help” (selfie-style)

<https://vimeo.com/showcase/8513561/video/553436763>

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NSPL / 988 Breakout
Discussion Rooms

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Breakout Room Follow-Up
Questions & Conversation

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Additional
Resources

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National
Suicide
Hotline
Designation
Act of 2020

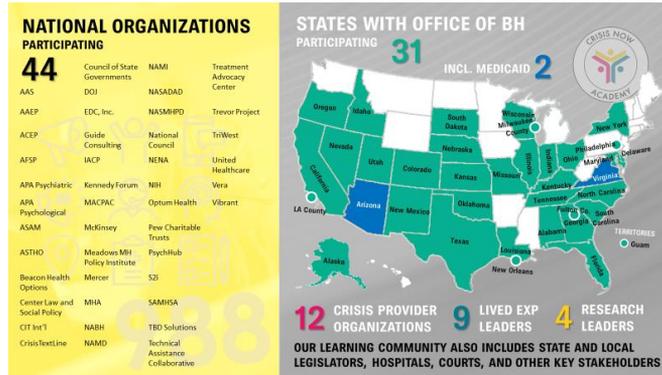
To amend the Communications Act of 1934 to designate 9-8-8 as the universal telephone number for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline and through the Veterans Crisis Line, and for other purposes.

Public Law 116-172; 116th Congress
October 17, 2020 [S. 2661]

[S.2661 - National Suicide Hotline Designation Act of 2020](#)

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Crisis Now



<https://talk.crisisnow.com/learningcommunity/>

Weekly dynamic and inspiring meetings every Wednesday at 9:00am.
 To join: email David Covington (David.Covington@riinternational.com)

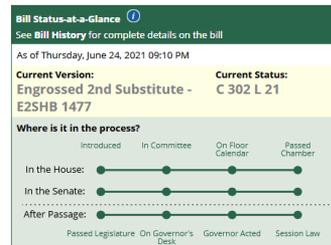
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Next steps:

- Establishment of the HB 1477 Steering Committee
- Establishment of the HB 1477 Crisis Response Improvement Strategy (CRIS) Committee
 - Establishment of designated subcommittees
- DOH & HCA agency coordination and collaboration in the implementation of HB 1477
 - Implementation of national 988 requirements (S.2661) for the National Suicide Prevention Lifeline, in partnership with Vibrant Emotional Health

HB 1477 – Implementing the national 988 system to enhance and expand behavioral health crisis response and suicide prevention services.



[HB 1477 – 2021-22](#)

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988 State Planning Grant: Eight Core Planning and Implementation Considerations

1. Ensuring statewide coverage for 988 calls, chats, and texts.
2. Consideration of a sustainable funding structure for Lifeline Contact Centers.
3. Capacity building for current and projected 988 volume for calls, texts, chats, and follow-up services.
4. Washington State support of Lifeline's operational, clinical and performance standards for centers answering 988 calls.
5. Identification of and engagement with partners, stakeholders, and tribes for 988 roll out.
6. Ensure Washington Lifeline member centers have systems in place to maintain and utilize local resource and referral listings.
7. Ensure Washington Lifeline member centers are able to provide follow-up services to 988 users according to Lifeline best practices.
8. Align Washington State public messaging for 988 with national initiatives and guidance.

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Vibrant 988 State Planning Grant Site

The 988 Planning Grant Site is for grantees to have a place to access all the materials for the planning grant.

- Intended for grantees and those who are a part of the grantee implementation coalition work.
- Regular webinars that are recorded are important topics of interest.
- Additional resources, information, training support, and connections to other planning grant teams can be accessed through this resource.

[Vibrant 988 State Planning Grant CoP Site](#)

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988 State Planning Grant: Washington Team Contact Information

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