



988 Planning Grant
Planning Coalition Meeting
July 27, 2021

Members Present:

Katie Storr, DMH Chief of Staff
April McNair, DMH Special Projects Officer
Suzanne Rabideau, Health Management Associates
Cami McIntire, Health Management Associates
Veronica Vaughn, DMH Director of Branch of Coordinated Care
Falisha Stewart, DMH Program Coordinator of Office of Consumer Support
Kristi Kindrex, DMH Special Projects Officer of Consumer Support
Ann Rodio, Region 8 Director of Alcohol and Drug Services
Brenda Patterson, Executive Director of Contact Crisis Line
Teresa Mosley, Psychometrist/Adjunct Instructor of Mississippi College
Amy Mosley, Region 10 Director of Crisis Services
Andrew Day, Mississippi Division of Medicaid
Ja'Quila Newsome, DMH Director of Suicide Prevention
Jonathan Grantham, Region 6 Clinical Director of LifeHelp
Adam Moore, DMH Director of Planning and Communications
Melody Madaris, Region 2 Assistant Director of Communicare

I. Welcome

- Katie Storr, Chief of Staff with the Department of Mental Health, welcomed team members to the 988 Planning Coalition meeting and thanked everyone for attending the meeting.

II. Approval of Minutes from July 13, 2021

- Planning Coalition meeting minutes from July 13, 2021, were postponed until the next Planning Coalition meeting on August 10, 2021.

III. Coalition Discussion Items

- Laquisha Grant, Health Management Associates, discussed the alignment with national initiatives around public messaging for 988.
 - 1. Alignment with National Initiatives Around Public Messaging for 988
 - a. Agencies funded through these grants must lay out a framework for how 988 will be marketed within their state or territory. Agencies should ensure messaging is consistent with national / federal messaging about the range of services 988 is intended to provide. Marketing should convey messages of help, hope and healing; should promote the voices of persons with lived experiences with mental illness and suicide, and should include specific strategies for reaching LGBTQ youth and other populations considered high risk for suicide. All messaging should adhere to all standards for Safe and Effective suicide prevention communication.

- Laquisha Grant, Health Management Associates, reviewed the presentation on “Why Messaging Matters”.
 - 1. Marketing and Communications strategy is necessary when communicating with the following and should navigate complex situations, discuss sensitive topics, and effectively and confidently represent organizations positions:
 - a. Journalists
 - b. Stakeholders and Funders
 - c. Partners or Potential Partners
 - d. The General Public
 - e. Crisis Centers
 - f. Industry Colleagues
 - g. Personal/Professional Social Media

 - 2. How we talk about the Lifeline:
 - a. The Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States.
 - b. All calls to the Lifeline are answered by trained crisis workers at over 180 local crisis centers around the country.
 - c. Crisis centers are the heroes of the Lifeline network.
 - d. The Lifeline’s united network enables the Lifeline to assure that centers are accredited, provide training for counselors, disseminate best practices.
 - e. Local counselors at crisis centers are familiar with community mental health resources and can therefore provide referrals to local services.
 - f. The National Suicide Prevention Lifeline is an effective, life-saving safety net for those experiencing mental health crisis, especially those with nowhere else to turn.

3. How we talk about 988:

- a. 988 is designated as the universal telephone number within the United States for the purpose of the National Suicide Prevention and Mental Health Crisis Hotline System operating through the National Suicide Prevention Lifeline.
 - b. Vibrant recommends states and territories advertise as a crisis line. Vibrant does not recommend advertising this line for services that are not crisis related.
 - c. Lifeline centers, including the backup centers that may receive overflow calls, chats, and text from your state or territory, may not all have specialized expertise across a broader range of topics. For this reason, consistency in public messaging about 988 's scope of services, including its distinction from 911, is important.
 - d. Marketing 988 as something other than a crisis line may misrepresent the line's services and be problematic for people in distress.
 - e. If your state or territory has specific questions about how to advertise the range of services 988 providers, please contact SAMHSA.
 - f. While some national and local telecom providers have been able to activate 988 locally, this service will not be available nationally until July 1, 2022.
 - g. We encourage state and U.S. territory public and mental health agencies, 988 planning grant partners/coalitions, as well as people in crisis, to continue to call 1-800-273-TALK (8255) up until July 16, 2022.
 - h. 988 as opportunity to improve the crisis care continuum according to our key themes.
 - i. Crisis centers are key to the success of 988 and key for integration into the continuum.
 - j. Talking points about the grants and about the Lifeline are available.
 - k. Questions about call volume and other matters can be fielded to the Vibrant communications team.
 - l. We are still in the process of determining messaging for the public rollout of the service.
- o Laquisha Grant, Health Management Associates, discussed questions for the public messaging for 988 below:
1. What are the special populations/groups we need to target for promotion, awareness, and education?
 - a. General public
 - b. Potential users
 - c. First Responders
 - d. Providers (i.e., Primary Care, ER, BH, Community Based Providers)
 - e. Schools and Colleges
 - f. LGBTQ population
 - e. Senior Citizens

2. What challenges and opportunities come with promoting 988?
 - a. Funding
3. What resources are needed/available for promotion and education?
 - a. Billboards
 - b. Newspaper Ads
 - c. Brochures
 - d. TV Commercial
 - e. Radio Stations
 - f. Health Fairs

IV. Crisis Call Flow and Connection to other Services

- Suzanne Rabideau, Health Management Associates, reviewed the current crisis call flow process for the Lifeline, Community Mental Health Centers, and the Department of Mental Health.
- Suzanne Rabideau, Health Management Associates, discussed the crisis system for alignment of services toward a common goal that included:
 1. Person in Crisis
 2. Crisis Line
 3. Mobile Crisis Teams
 4. Crisis Facilities
 5. Post crisis wrap-around services

V. Next Meeting Discussion

- Suzanne Rabideau, Health Management Associates, reviewed topics that will be discussed at the next 988 Coalition meeting.
 1. Review outline of the Mississippi 988 Plan that must include the following:
 - a. Funding structure for Lifeline Contact Centers
 - b. Legislative
 - c. Ensuring statewide coverage for 988 calls, chats, and texts
 - d. Capacity building for current and projected 988 volumes for calls, texts, chats, and follow-up services
 - e. State/Territory support of Lifeline's operational, clinical and performance standards for centers answering 988
 - f. Technology considerations
 - g. State and territory agencies shall ensure all centers in their region are able to provide follow-up services to 988 users according to Lifeline best practices
 - h. In partnership with the Lifeline, State and territory agencies shall ensure Lifeline member centers in their region have systems in place to maintain local resource and referral listings
 - i. Alignment with national initiatives around public messaging for 988
 2. Recap on prior discussions and recommendations to support the development of the Mississippi 988 Plan

VI. Next Steps

- Suzanne Rabideau, Health Management Associates, announced that the next steps will be:
 1. Review Mississippi 988 Plan-Outline
 2. Review Mississippi 988 Plan-Draft

VI. Date and Time of Next Meeting

- THE NEXT MEETING WILL BE HELD ON TUESDAY AUGUST 10, 2021, at 10:00AM.