

Suicide Prevention Subcommittee: Marketing and Dissemination Workgroup Notes

Possible recommendation: Any ongoing funding should include line item for statewide marketing. Statewide marketing, including local or regional implementation, should have consistency in messaging and design. Content changes that impact local providers should be funded at the regional or state level.

Additional issues/thoughts/ideas

Conducting an overview of the current infrastructure of the 988 and Crisis Lifeline system

- Important for each stakeholder to understand what 988 is because there has been a shift in focus.
- Multiple funders are promoting 988 in local communities. Needs to be collaborative.
- There is lack of communication about 988 within the system of care in some areas of the state.
- It's important that operational infrastructure be in place so that call volume can be handled.
- Marketing activities have varied based on the community. Some areas have had very little 988 marketing.
- Call routing (currently by area code) has been an operational challenge and has impacted the reputation of 988. Some people are calling other lines instead.
- Messaging to the general public needs to be simple. Also need to address concerns about law enforcement involvement.
- Tricky to communicate what to expect when someone calls 988 in part because can't promise in-person rescue won't be utilized.
- Up to this point, marketing has been happening in silos.
- People need to know when to call 988 vs. other lines they may know about.
- There is confusion between the old (800-273-TALK) number and 988. Need to continue to educate.
- Three-digit number is great, but there is "number soup". Need to reinforce that 988 is crisis number.
- Needs to be consistency in messaging.
- Needs to be clear alignment in what SAMSHA/Vibrant/State/Local are marketing.
- Currently, local marketing can be a challenge because of regional/state approval process, limited local creative resources, and no template to work from.
- Pool marketing funds together and use a single state vendor.
- Some localization/personalization is needed in marketing.
- SAMHSA tool kit is helpful but not ideal.
- Still building out 988 infrastructure, so good to initially focus on awareness vs. "call now".
- Should provide clear talking points to stakeholders.
- Statewide marketing should target different audiences (example youth vs. adult).
- Statewide marketing in regards to 988 should address concern/misunderstanding of public on things like cost, and in-person rescue.

Providing recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity and work with community stakeholders throughout this state in furtherance of supporting the 988 Suicide and Crisis Lifeline system and other crisis response services.

- Managing Entities should be the hub of information and pass along to providers. They can help bridge 988 to crisis services. They can also help distribute information about resources to providers.
- Multiple funders of crisis response system in a local area can make things complicated. Funding is not just through a Managing Entity. Takes some strategizing before marketing can be implemented.
- Managing Entities can help facilitate meetings of local providers in the system of care and help build alliances.
- Managing Entities can help in the education of direct service staff within the system of care.
- Marketing of 988 needs to be collaborative between state, local and private sector
- There should be a point of contact at each Managing Entity in regards to marketing/communications for suicide prevention.

Evaluating and making recommendations to improve linkages between the 988 Suicide and Crisis Lifeline infrastructure and crisis response services within this state.

- Helpful for those in local system of care to meet. Creates opportunity to educate and communicate what to expect by providers. Helps to clear up any misconceptions.
- Local collaboration between 988 and crisis response providers varies. In some locations, it has not happened yet.
- It's not just promotion of the 988 number but of the system of crisis care. 988 is an entry point.
- Provider staff need to be educated that they are part of the system of care so all can work better together.
- Idea of standard training/template for suicide prevention providers similar to HIPAA training or FCASV sexual assault training
- In regards to "improve linkages between the 988 Suicide and Crisis Lifeline infrastructure and crisis response services": Have 3-5 consistent things people should expect.
- Make certain 988 contact center and mobile response are communicating with each other.
- Providers can help advocate for the right number for someone's situation, including 988.