Health Home Herald



988 Lifeline

By Silke Kramer, HCA

In 2020, the Federal Communications Commission (FCC) adopted the *National Suicide Hotline Designation Act* to improve access to crisis services in a way that meets our country's growing suicide and mental health-related crisis care needs.

The National Suicide Hotline
Designation Act added <u>988 Life-line</u> to existing phone services.
The Washington State Legislature passed <u>House Bill 1477</u>
(E2SHB 1477) (PDF) to support the <u>988 Suicide & Crisis Life-line</u>. The new number went live nationwide on July 16, 2022.
988 is an easy to remember 3-digit dialing, texting, chat and voice over internet number
(Source: <u>988 Suicide and Crisis</u> Lifeline | Washington State De-

partment of Health).

Who Can use the 988 Lifeline?

988 Lifeline can be used by anyone experiencing a suicidal or mental health-related crisis. Once dialed, people in crisis or emotional distress are connected to suicide prevention and mental health crisis counselors. The 988 Lifeline can also be used by people who are worried about a loved one who may need crisis support. 988 Lifeline services are available in Spanish, along with interpretation services in over 250 languages. (Source: 971056-988LifelinePartnerToolkit.pdf (wa.gov).

Will 988 Lifeline Replace existing services?

988 is not replacing existing

crisis centers in Washington
State but is the newest addition
to the state's network of crisis
center providers. Phone calls to
988 will redirect to the National
suicide prevention lifeline
(NSPL) crisis centers. The current NSPL number 1-800-273TALK (8255). will remain active.

Washington has three NSPL crisis centers: Volunteers of America of Western Washington,
Frontier Behavioral Health and
Crisis Connections. You can
learn more on the Department of
Health website.

Access to the NSPL is available through every landline, cell phone, and voice-over internet device in the US.

What About Privacy?

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Washington State Parks

Washington Department of Fish & Wildlife (WDFW), and Department of Natural Resources (DNR) offer several "free days" for entry to State Parks each year. Free days in 2023 include April 22, June 10, June 1, June 19, Sept. 23, Oct. 10, Nov. 11 & Nov. 25. For more information Click Here.

Washington State Parks also offers passes that reduce or waive camping, moorage, watercraft launch fees, and day use for limited income senior citizens, disabled veterans, foster parents, and persons with disabilities. Qualified individuals may apply for more than one type of pass, although only one pass may be used at a time. These passes are valid only at Washington State Parks. For more information <u>Click Here</u>.

The contents of this article were gleaned from the Washington State Parks and Recreation Commission | Official Website

Motivational Interviewing Skill Building Sessions:

Building on the information from the Motivational Interviewing Overview training, these skill-building sessions will discuss various concepts of MI and attendees will be able to participate in practicing MI. All sessions are 1 hour from 1:00pm-2:00pm._Skill building sessions are presented by Megin Most, Anthony Foster, and Brendy Visintainer

Skill Building #3

Thursday, April 6

Skill Building #4

Thursday, May 1

No need to register, just click on the link to join Zoom at the scheduled time. https://dshs-telehealth.zoom.us/j/85734172786? pwd=TVIoUUZDY1pKbnRQSEp 4bW9YTGt5UT09

988 Lifeline (cont.)

People contacting the 988 Lifeline are not required to provide any personal data to receive services. The network system has several safeguards to address concerns about privacy.

Related Resources:

Resources can be located at the Department of Health website by clicking on the links provided below:

- 988 Suicide and Crisis Lifeline | Washington State Department of Health
 - Spanish: Línea de prevención del suicidio y situaciones de crisis 988 Washington State Department of Health Ayuda En Español: Lifeline (988lifeline.org)
- 971-053-988- OnePagerFastfacts.pdf (wa.gov)
- 971-053-988SuicideAndCrisisLifelineWhatYouNeedToKnow.pdf

Webinar Trainings

Join us for free monthly webinar trainings designed for Health Home Care Coordinators and allied staff. Webinars are typically held from 9:00 a.m. to 10:30 a.m. the second Thursday of each month.

For invitations including registration information please visit the DSHS Health Home website at

Washington Health Home
Program – Training

Invitations | DSHS

April 3	Client Consent & Capacity
May	Mandatory
11	Reporting
June	TBD
8	טסו



Spotlight on Resources



DSHS Workforce Development and Health Home Care Coordination

by Adam Summers, Communications Consult 4/Office of Communications and Kerri Hummel, QA Specialist/Health Homes

Many of our Heath Home clients prefer to remain in their home with a friend or family caregiver. These direct caregivers are an important part of our clients' Care Team. Health Home Care Coordinators and their clients are seeing a statewide direct caregiver shortage, which was exacerbated during the pandemic.

DSHS is aware that Washington state has been and continues to face an ongoing caregiver staffing crisis. A large aging population, low Medicaid provider wages, barriers to testing and certifications, and a lack of awareness in the community (of the role caregivers serve) are factors contributing to the di-

rect care workforce shortages. DSHS is continually working with the Legislature, the Governor's Office, and community partners to address these concerns.

DSHS' Workforce Development program is committed to expanding the staffing pool of Washingtonians caring for older adults and people with disabilities, and retaining the current caregivers already employed in these direct services. ALTSA and DDA support these dedicated workers through policies ensuring workers receive competitive pay and benefits, worker protections, and by providing ongoing relevant training. These achievements are the result of partnerships between advocates, labor, workers, and the authorizing environment to change laws that support individuals to receive services in their setting of choice.

ALTSA is committed to increasing awareness of caregiving as an important career choice in Washington state. If the Governor's 2023-2025 proposed budget is implemented, it would be a good step forward in improving wages and work for providers and direct care workers. DSHS would also like to address barriers to testing and certification, creating career pathways for direct care workers and providing better data on workforce needs.

DSHS is participating in multiple outreach events this spring to recruit new caregivers. These events include training opportunities in local high schools, presentations at WorkSource Washington Offices and supporting monthly Brown Bag Hiring Events at JBLM in the Hawk Career Center, See below for events in western Washington: www.wacarecareers.org. The Workforce Development Team is looking to expand training opportunities to Eastern Washington and virtually for rural populations. For more information, please contact Unit Manager Stacy Graff at stacy.graff@dshs.wa.gov. To arrange an outreach event or presentation, please contact Outreach Coordinator Jovana Netelenbos at jo-

vana.netelenbos@dshs.wa.gov

If you, your client's friend or family, or anyone you know is interested in an opportunity to become a direct caregiver and get a leg up into the health care field, please go to

www.wacarecareers.org.

Fun Fact:

On July 1st 2023

Health Homes

will be celebrating

10 years!

Care Coordinator Corner—The Story of Hope

By Shanne Montague, Care Coordinator with Molina Healthcare

"Hope" is a young woman who has a long history of battling paranoid schizophrenia and psychosis. She nearly lost her life to it on April 2, 2022 when she set herself on fire during what she describes as an out of body experience. Hope suffered 3rd degree burns to her head, chest, back, and body. She was hospitalized and treated at Harborview for over six months. During her hospitalization, Hope was treated for anemia, acute kidney failure, concussion, skin grafting, vomiting, pancreatitis and tachycardia. She worked hard in therapy and was finally discharged with in-home nursing and caregiving support. She needed help with all her daily living skills, transportation, and walking.

Hope was discharged with several areas of concern. The first concern was getting caregivers. She has family but they were only able to provide limited assistance. Locating skilled caregivers for Hope was very challenging due to the shortage of caregivers and the transfer between jurisdictions of Home and Community Services (HCS). She required intense wound care for her burns, had trouble walking,

showering, making meals, and she required a pharmacist to provide prescriptions in a medication lock kit that would need to be unlocked daily by her caregiver. She also required transportation and coordination for appointments. It was extremely important to help prevent Hope from suffering again from her hallucinations and harming herself. Upon discharge it was discovered that Hope also had a perforated ulcer that needed immediate treatment and she spent Thanksgiving in the hospital.

Prior to discharge, I arranged several meetings with the treating providers at Harborview, the mental health housing support case manager, staff with HCS, her previous caregiver, family, and Hope to ensure all her needs were addressed. The team arranged for Hope to have a pharmacist provide her medications in a lock box, coordinated with family and existing caregiver to prepare the new apartment in mental health housing for discharge, ensured that a telephone was provided, scheduled all medical and mental health appointments and transportation through paratransit, and arranged for a peer advocate to support Hope upon discharge.

Hope was discharged to a safe environment, surrounded by her family and caregivers due to the team's intense efforts. Hope used a walker to get around her apartment and required assistance from a caregiver to shower, make meals, take medication, attend appointments, and provide wound care. Hope has the following specialists: physical therapy, occupational therapy, speech therapy, cardiologist, gastrointestinal, psychiatrist, mental health therapist, peer advocate, burn specialist, neurologist, primary care physician and mental health housing case manager (GOSH). I continued to coordinate and work with all the specialists and transportation to ensure that Hope's needs were met. After Hope went home, I visited her to ensure that she had the needed supports in place.

Four months after Hope discharged from the hospital she has improved significantly. Hope is now walking, dressing, using the bathroom and showering by herself. She is also making her own meals, doing laundry and dishes herself. Hope has learned how to arrange for her own appointments and transportation through paratransit.

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Care Coordinator Corner—The story of Tina



By Dawn Mason, Care Coordina- School at the end December tor with Coordinated Care

"Tina" first opted into the Health Home Program in 2017. She had just gone through colon surgery due to cancer and was in active addiction. She was using meth, heroin intravenously and hard alcohol daily. I worked with Tina to help find housing, but she decided to move to a different part of the state, and we lost contact. In 2019 Tina moved back to the area and reached out to participate in the program again. At that time, she was still using, the cancer had returned, and she was homeless. I provided Tina with information for the suboxone/methadone program with Merit Treatment in Yakima County and she enrolled in the program. She got connected to housing resources and was on a waiting list for housing.

In 2020, Tina was facing jail time for a DUI, 2 Drug possessions and 2 Domestic violence charges and had one pending at that time. We discussed Drug Court, and I encouraged her to apply for it. A few weeks later she was charged and facing a year in prison. She asked her Attorney about Drug Court and wanted to opt-into the program. Tina was in jail for six months and they awarded her 24 months of Drug Court. I encouraged and supported her on her goal to get her High School Diploma. She graduated from High

2021! She also got her driver's license and started working.

Tina had been placed in the Patient Review and Coordination (PRC) Lock-in Program to help her with consistency in her health care goals in 2019. PRC is a Washington State mandatory medical service monitoring program for members who utilize medical services inappropriately (e.g., overuse of the ER and "doctor-hopping"). It is also known as the "lock-in" Program - restricting members to one PCP and one pharmacy for consistency of care. She was released from PRC Lock-in in December 2021 as she was successful and no longer met the criteria for the program!

Tina had been homeless off and on for years. She lived in an allwomen's Oxford house for over 10 months and then moved back in with her husband. She connected with Valley Alcohol Council and Central WA Comprehensive for her addiction and mental health. I had encouraged and supported her over the years to stay in contact with myself and her providers, even when using.

In September of 2022 Tina completed and graduated Drug Court successfully. At her request, I attended her graduation. She was awarded with expunged charges - they were shredded by the Drug Court

Judge! She shared at her graduation how much she had achieved through participation in the Drug Court and way her life had transformed due to her participation in the Health Home Program i.e., her high school diploma, driver's license, rekindled her marriage and damaged relationships, and most importantly was working daily on her health.

She is now focused on her health and making sure she stays clean and sober. She attends Celebrate Recovery meetings and wants to be a sponsor. She has built a clean and sober network for herself and will utilize it as her recovery moves forward.



Submit your story, resource, or ideas to the Care Coordinator Corner via our newsletter inbox:

> healthhomenewsletter@dshs.wa.gov

Participant Portrait

By Mari Prieto, Care Coordinator with SE WA Aging & Long Term Care

When I first heard about the "Furry Friend" program I immediately thought of my client Randy. Randy suffers from anxiety. The Furry Friend presentation spoke of the benefits that a Furry Friend could have for a person with anxiety. Randy had desperately wanted an animal of her own but had a long-term goal of decluttering her apartment before she was willing to take on the responsibility. I made a special visit to see Randy just to talk about the Furry Friend program. We watched a video that showed a Furry Friend, Randy became excited and agreed to participate. Randy chose a dog Furry Friend, which she immediately declared would be named Bella!

When Bella arrived at her home, I visited to help Randy get Bella up and running. Randy immediately understood how she would utilize Bella in her life. She imagined taking her places with her and letting her sit on the seat of her walker when she went to pick up the mail. Or taking her

with her when she went to doctor appointments out of town. At tack, I will hold her and talk to the next home visit, we discussed her. I took her to my doctor apthe clean up of her apartment for pointment, which is a long ways



which she was getting pressure from her landlord. When she began to get upset, I suggested that she hold and pet Bella. Randy did just that and immediately settled down so we could continue the conversation.

Randy lights up when she talks about Bella. She shared, "I like it when Bella keeps me company. And when I feel depressed, like at night when no one is here, I try to turn her on. When I get stressed at times, I have a tendency to overeat, I try to turn her on. Or if I get anxious or have a panic at-

away, and she helped because I can get really nervous. My doctor really liked her! I think she is fun to be with, and she is a good companion to me."

Recently, Randy benefited from a hoarding clean up of her apartment. This was an extremely stressful time for Randy. During the cleanup I visited Randy's apartment frequently, I would often see Randy with Bella on her lap. These types of clean ups are often very difficult on clients, and it seemed that the presence of Bella helped Randy calm down when her emotions

I am happy to report that Randy is now living in a very tidy apartment with her Furry Friend Bella. She loves sharing Bella with other tenants in the building and often asks, with a twinkle in her eye, if I think people know that Bella isn't real? Randy is now considering whether she might be able to adopt a real dog. Either way, she will keep Bella as she has really enjoyed having her around.

took over.

Apple Health and the Public Health Emergency

The Department of Health and Human Services (HHS), a federal agency, determined COVID-19 to be a public health emergency (PHE) starting in January 2020. HHS indicated the PHE will end May 11, 2023.

Health Care Authority (HCA) worked closely with the Washington Health Benefit Exchange (HBE), which operates Washington Healthplanfinder, and Department of Social and Health Services (DSHS) to develop post-PHE plans to rede-

ments and following the recom-

She recently completed occupa-

tional therapy and is scheduled

for surgery to help increase her

range of motion. She has gained

mendations of the providers.

termine clients' eligibility for Apple Health. They are calling this "unwinding" from all the changes that occurred during the PHE.

HCA and DSHS will be reaching out to clients via automated phone calls, text messages, postcards, and letters. Their goal is to ensure clients respond to renewals and eligibility reviews to see if they're eligible for continued Apple Health coverage or other insurance through Washington Healthplanfinder.

We expect this may be confusing to our Health Home clients and ask that Care Coordinators assist clients with updating addresses and phone numbers along with helping them complete their Eligibility Reviews as needed.

For more information please visit Apple Health and the public health emergency | Washington State Health Care Authority



The story of Hope (cont.)

She is attending all her appoint- and strength and her hair is growing back.

> Shortly after being discharged, Hope's peer advocate asked her why she was so different now than when she worked with her previously. Hope simply said, "I

want to live."

I know that everyone who has met Hope will do everything to help her to live and grow stronger. I am grateful that I was able to be a small part of her journey.

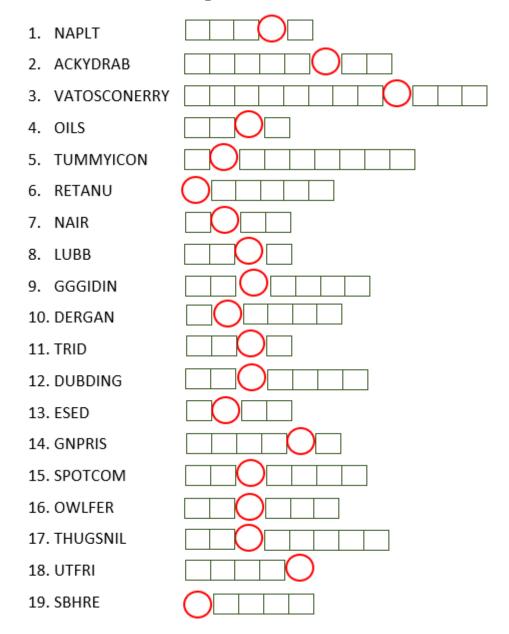




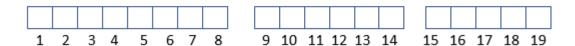


Word Jumble

Unscramble the following words related to GARDENS...



...now take the letters from each of the red circles and complete the three words below to review the theme!



Answers can be found at