| BUCKET #1.  Conduct an overview of the current infrastructure of the 988 Suicide and Crisis Lifeline system. | | |
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| **988 Services Work Group Recommendations** | **MRT Work Group Recommendations** | **CSU Work Group Recommendations** |
| Create a state system of checks and balances when comparing center data to Vibrant data.<br><br>Identify and report measures that provide a true and full picture of 988 services in the State of Florida.<br><br>Include explanations, disclaimers, and context when publishing data. | Address disparities in MRT distribution throughout larger/rural counties that lead to delays in responses. | Create a map that includes:<br><br>1) FL Lifeline Centers overlaid with 2) Locations of CSUs, CRCs and CCBHCs, also shaded with 3) the MRTs coverage areas). Review the Map of drop-off points for CRCs and CSUs. 4) ME service area and 5) Medicaid HMOs in the region. |
| Measure multiple data elements in order to gauge the true quality and quantity of 988 services; don't overemphasize Vibrant's answer rates. | | Review the statutorily required Transportation Plans to ensure they appropriately highlight the relationships between 988 providers, Mobile Crisis and CSU/CRCs. |
| Need to capture additional performance measures and data elements and provide context, such as:<br>• How one measure impacts another<br>• Speed to answer<br>• Data related to follow-up calls<br>• State level data excluding short abandons<br>• Capture crisis call data from 211 and other center lines to gain a truer picture of crisis needs and funding requirements.<br>• Standardize data across centers. | | Review **gaps in levels of care and service delivery** available (either due to non-existence or due payer restrictions):<br><br>• Identify youth-specific needs and gaps in the available resources. Utilize CRCs (or similar facilities to assess, stabilize and link those under 18yo.<br>• Review unique needs of pregnant women and parents of young children, as participating in inpatient crisis services necessitates childcare options (minimize separation from children and appropriate |

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| | | childcare supports to minimize trauma to all parties.) <br> • Identify unique challenges with crisis response for homeless individuals and expand resources. <br> • <mark>Connect with housing providers and advocacy groups i.e. Florida Supportive Housing Coalition.</mark> |
| | | Review Marchman Act pathway (i.e., facilities and resources) now that 988 is for behavioral health crisis and not just suicide prevention. |

**BUCKET #2. Provide recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity and work with community stakeholders throughout the state in furtherance of supporting the 988 Suicide and Crisis Lifeline system and other crisis response services.**

| 988 Services Work Group Recommendations | MRT Work Group Recommendations | CSU Work Group Recommendations |
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| Encourage providers to sign MOU's and require providers to acknowledge warm hand-offs, provide outcome information, and confirm access to services.<br><br>ME's should help 988 Centers develop partnerships and MOUs with providers in their areas that allow for referrals, follow-ups and information sharing, including establishing among their provider network the understanding that 988 is a part of the system of care in the same manner as MRTs or care coordination. | Communication and partnership building between providers on the full continuum of crisis care.<br>• Support for the development of MOUs between crisis care programs (988, CSUs, etc.)<br>• Standardize expectations across the state for when 988 calls will be referred to MRT (under development through the Department and the 988 Implementation grant)<br>• Develop consistency in language and best practices among MRT programs - 988 Centers having clarity on when and how best to utilize MRT services.<br>• Clarify the roles of each level of care<br>• Improved communication for bidirectional referrals between 988 and MRT<br>• Consistent guidance on warm handoffs between 988 line and MRTs; i.e., finding alternatives to 988 calls ending and relying on caller to contact MRT | Create a template for building out relationships between 988 providers, MRTs, and CSUs/CRS (best practices, meeting quarterly expectations, etc.)<br><br>Enhance communication of expectations (e.g., via Fact Sheets, standardized training materials) about what to expect at a CSU and/or CRC and/or CCBHC. Also, what to expect when you refer someone to call 988. Need this information from both perspectives. |

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| | Regular updates between MRT and 988 | |
| | | Review the statutorily required **Transportation Plans** to ensure they appropriately highlight the relationships between 988 providers, Mobile Crisis and CSU/CRCs. |
| | Provide clarity for community mental health agencies/organizations and clients on expectations of MRTs. | Ensure that 988 and MRTs (along with CSU/CRC providers) are adequately represented, attending and contributing to meaningful conversations at already-established formal meetings such as Regional Council meetings and local "Acute Care" meetings. |
| | Build knowledge base for MRT providers and clients about resources and programs available (e.g., First Episode Psychosis programs, FACT Teams) | Ensure all CRCs and CSUs have access to the knowledge base of available community resources similar to the resources that 211/988 have.<br><br>Expand network of appropriate Aftercare/Stepdown or sub-acute options for folks either instead of CSU or as discharge disposition. (E.g., IOPs, PHPs/Day Treatment, Drop-in Centers, Clubhouses, Peer Respite.) |
| | Expand role of peer specialists in the full continuum of care. Can EMTs/ paramedics be involved? | Engage/formalize and enhance the participation/role of peers/advocates throughout the crisis care continuum—even 24/7 at CRCs to help engage individuals who present voluntarily (and help avoid involuntary Baker Act) and to support families navigating the crisis care system. |

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| | | Develop an assessment/template to assess how CSUs/CRCs are performing based on national best practices for crisis care/psychiatric hospitalization and provide consultation and technical assistance. Incentivize improvements. Envision a process similar to the statewide ROSC initiative, to provide guidance on how providers can "step up" the quality of care provided in CSUs and CRCs, and enhance consistency and standards so that there is consistent experience across the state. Includes self-assessment tools and then ME assistance in assessing as well. |
| | | Develop best practices for CSUs/CRCs to address language and cultural competency standards, e.g.: <br>• Review for needed best practices for addressing immigration/legal status concerns. <br>• Develop best practices for CSUs/CRC to address LGBTQI competency standards (i.e., training, templates, and guidance documents), especially as these impacts: 1) Kids/parents communication of preferences, 2) Room assignments, 3) Safety checks, etc. to ensure protocols for contraband checks to be least invasive/ intrusive/stigmatizing/traumatizing. |
| | | Develop a "Caring Contacts" program to coordinate between CSUs/CRCs and 988 |

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| | | centers for providing 48-hour post-discharge f/u calls to individuals who have been discharged from CSUs. |
| | | Ensure these workgroups and subcommittees continue to consider multiple perspectives: i.e., CSU/CRC providers (especially those who are not 988 call centers), individuals and families with lived experience of accessing crisis continuum services, law enforcement, managing entities, NAMI representatives. |

**BUCKET #3. Evaluate and make recommendations to improve linkages between the 988 Suicide and Crisis Lifeline infrastructure and crisis response services within this state.**

| 988 Services Work Group Recommendations | MRT Work Group Recommendations | CSU Work Group Recommendations |
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| State should provide clarity regarding care coordination and HIPAA.<br><br>Make policy changes that acknowledge that 988 is part of the behavioral health system and should fall under the same guidelines for sharing client information. | Address possible barriers (e.g., HIPAA concerns) to communication between MRTs and 988 centers regarding referrals and care coordination | Provide better guidance and technical assistance/consultation to remove barriers in communication between entities due to privacy concerns (HIPAA/42 CFR Part 2). Better understanding and dissemination of allowable activities under "care coordination" and "emergency communications." |
| Assess and determine the most efficient and effective method for back-up call routing. | Workforce development - addressing promotion and long-term support of crisis work as a career within the mental health field in the community | |
| | Explore means of transporting clients that do not involve law enforcement (such as medical transport where possible). | Review the statutorily required Transportation Plans to ensure they appropriately highlight the relationships between 988 providers, Mobile Crisis and CSU/CRCs.<br><br>Facilitate humane crisis/Baker/Marchman Act transportation (i.e., how can we avoid police cars and handcuffs) throughout the state. |
| | | Create a template for building out relationships between 988 providers, MRTs, and CSUs/CRS (best practices, meeting quarterly expectations, etc.) |

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| | | • Enhance communication of expectations (e.g., via Fact Sheets, standardized training materials) about what to expect at a CSU and/or CRC and/or CCBHC. Also, what to expect when you refer someone to call 988. Need this information from both perspectives. |
| | | Clarify role of hospital emergency departments and enhance protocols for responding to behavioral health emergencies in general medical hospital EDs. When folks are delivered to the hospital ED from a crisis call, how are they managing these situations. |
| | Clarify how 988 and MRT teams collaborate with other mobile response programs (e.g., co-responder teams) | Clarify role of EMTs/paramedics/community paramedicine programs (at the CRC/CSU in order to avoid hospital ED presentation). |
| | | Increase access to telepsychiatry/APRN/MD, 24/7 to help avoid Baker Act and/or release Baker Act prior to inpatient admission. |
| | Ensure that MRT is a trusted resource in the community; i.e., educate public on how MRT is connected with resources and systems community members already use. | Review other state systems that are doing crisis response/care well. E.g., look at Arizona crisis care system for ideas. |