SUICIDE PREVENTION SUBCOMMITTEE AND SYSTEM OF CARE
October 2023

DEFINE:

- Create a map that includes 1) FL Lifeline Centers overlaid with 2) Locations of CSUs, CRCs and CCBHCs, also shaded with 3) the MRTs coverage areas, 4) ME service area and 5) Medicaid HMOs in the region. Review the map of drop-off points for CRCs and CSUs.

- Define the crisis continuum of care in Florida: i.e., having a consistent definition and shared language across the state and across programs; use this definition to allow for better identification of system gaps (postvention; follow up after CSU hospitalization) and the role of other service/mental health partners to address those gaps.

- 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.

ANALYZE GAPS:

- Review **gaps in levels of care and service delivery** available (either due to non-existence or due payer restrictions):
  • Review gaps in MRT service coverage for adults.
  • Identify youth-specific needs and gaps in the available resources. Utilize CRCs (or similar facilities to assess, stabilize and link those under 18yo.
  • 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 childcare supports to minimize trauma to all parties.)
  • Identify unique challenges with crisis response for homeless individuals and expand resources. Connect with housing providers and advocacy groups (i.e., Florida Supportive Housing Coalition).

GATHER DATA AND ADDRESS GAPS:

- Address disparities in MRT distribution throughout larger/rural counties and related impact on response times.

- 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.)

- Develop measurement process for elements of the 988 and MRT relationship: Data elements that report on the use and collaboration between each part of the continuum of care (i.e. Baker Act forms inclusion information about 988/MRT involvement)
  • How many calls to 988 go to MRT and/ CSU; • Tracking of referral sources; • MRT use by geographic region; • Diversion rates (from CSU, hospital, or police involvement); •Referrals to/from and impact of other mobile response services (co-responders, EMTS. Etc.)

- Ensure 988 call centers have adequate staffing and infrastructure to ensure meeting or exceeding goal of 90% answer rate.

- Increase access to telepsychiatry/APRN/MD, 24/7 to help avoid Baker Act and/or release Baker Act prior to inpatient admission.

COORDINATE:

- Provide guidance and technical assistance/consultation to remove barriers in communication between entities due to privacy concerns (HIPAA/42 CFR Part 2). Enhance understanding and dissemination of allowable activities under “care coordination” and “emergency communications.”

- Standardize expectations across the state for when 988 calls will be referred to MRT (under development through the Department and the 988 Implementation grant).

- ME's should help 988 Centers providers develop partnerships and MOUs with providers in their areas which: clarify roles of each level of care; require providers to acknowledge warm handoffs; provide outcome information; confirm access to services; 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 and care coordination. Create a template for building out relationships between 988 providers, MRTs, and CSUs/CRS (best practices, quarterly meeting expectations, etc.). Enhance communication and partnership building between providers along the full continuum of crisis care. Support the development of MOUs between crisis care programs (988, CSUs, etc.). Develop consistency in language and best practices among MRT programs - 988 Centers having clarity on when and how best to utilize MRT services. Provide guidance on the creation and maintenance of ongoing provider crisis continuum of care meetings. 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. Improve communication for bidirectional referrals between 988 and MRT. Ensure regular updates occur between MRT and 988. Provide guidance on the triage and transition processes from 988 to MRT and MRT to CSU.

- Provide guidance on the partnership/role/involvement of other mobile response services. Clarify how 988 and MRT teams collaborate with other mobile response programs (e.g., co-responder teams).

- Provide guidance on and support for building partnerships with children's services organizations and agencies, VAs, homeless shelters/programs, and other organizations working with high-risk populations.

- Review the statutorily required Transportation Plans to ensure they appropriately highlight the relationships between 988 providers, Mobile Crisis and CSU/CRCs.

- Facilitate humane crisis/Baker/Marchman Act transportation (i.e., how can we avoid police cars and handcuffs) throughout the state. Explore means of transporting clients that do not involve law enforcement (such as medical transport where possible).

COMMUNICATE:

- Enhance communication of expectations (e.g., via Fact Sheets, standardized training materials) about what to expect from 988, MRTs, CSUs and/or CRC and/or CCBHC. Need this information for both staff/provider and public/client perspectives.

- Build knowledge base for MRT providers and clients about resources and programs available (e.g., First Episode Psychosis programs, FACT Teams).

- Review Marchman Act referral pathway (i.e., facilities and resources) now that 988 is for behavioral health crisis and not just suicide prevention.