
Guidance 43

988 Florida Lifeline (988 FL)

Purpose: To ensure the implementation and administration of 988 Florida Lifeline services, the Managing Entity shall require that 988 Network Service Providers adhere to the service delivery and reporting requirements herein. Best practice considerations and resources are provided to support continuous improvement of the 988 program.

A. Authority

The Communications Act of 1934, 47 U.S.C. 609 and 47 U.S.C. 251

Program Goals

The goals of the 988 Florida Lifeline are to lessen trauma, conduct independent screenings to determine if an individual may be safely de-escalated and diverted from a higher-level intervention, prevent unnecessary psychiatric hospitalizations, and divert from unnecessary criminal justice settings.

988 provides a universal entry point to link individuals experiencing emotional distress to trained crisis counselors who can de-escalate and, if needed, connect them to community-based providers who can deliver a full range of crisis care services through three essential elements:

1. Someone to talk to (988 Florida Lifeline call centers)
2. Someone to respond (Mobile Response Teams)
3. Somewhere to go (Crisis Stabilization Units)

The framework for a modernized crisis continuum of care begins when an individual experiencing emotional distress contacts 988 and is connected to a trained crisis counselor (someone to talk to). In cases where a caller cannot be de-escalated over the phone, an in-person or telehealth response is initiated via a warm hand-off to a local Mobile Response Team (MRT). In situations where an individual is in need of short-term stabilization, the MRT will facilitate the transition to a designated receiving facility or a Crisis Stabilization Unit (CSU).¹

Supporting the “no wrong door” model, 988 crisis counselors provide warm hand-offs and referrals to other non-acute services in the community to meet the ongoing needs of the individual and will offer follow-up to determine that the appropriate linkage is made.

B. Managing Entity Responsibilities

The Managing Entity shall:

1. Ensure statewide access to 988 services 24 hours a day, 7 days a week.

¹ [Guidance 34 MRT 2021 08 01.pdf \(myflfamilies.com\)](#)

2. Ensure that providers are making appropriate progress toward recruiting, hiring, and training staff. This includes working with providers to establish quarterly staffing and training goals that are reasonable for their respective call volume.
3. Ensure their local 2-1-1, MRT and CSU providers have information on 988 and how to refer individuals in need. A partner toolkit can be found at 988floridalifeline.com on the “Resources” page.
4. Collaborate with local crisis service providers to formally establish the Lifeline as part of the behavioral health system of care.
5. Collaborate with Public Safety Answering Points (PSAPs), MRTs, and CSUs in the providers’ 988 catchment area to facilitate the development and execution of formal written agreements that define roles and responsibilities when responding to individuals in need of services.
6. Post the 988 Florida Lifeline on the start page of the Managing Entity’s website.
7. Monitor the provider’s response processes, contact satisfaction, community collaboration, follow-up services, and warm hand-offs to other community service providers.
8. Ensure that providers complete and submit a monthly report to the Department, via the reporting template provided by the Department.

C. 988 Provider Responsibilities

988 Providers shall:

1. Display “988 Florida Lifeline” on the start page of their website. A partner toolkit can be found at 988floridalifeline.com on the “Resources” page.
2. Provide in-state service to individuals contacting the 988 Florida Lifeline and practice active engagement with all contacts, specifically those determined to be at risk of suicide, attempting suicide, or at imminent risk of suicide.
3. Have a written policy that addresses actions to be undertaken by crisis counselors when working with individuals at risk of suicide that is consistent with the Lifeline Suicide Safety Policy provided by the Lifeline Administrator.
4. Have a written policy that that addresses the handling of frequent contacts, abusive contacts, follow-up services, warm hand-offs, and referrals to other services.
5. Ensure all crisis counselors have completed the required 988 Lifeline Core Trainings, training on the use of involuntary emergency services, and any additional trainings required by the Department.
6. Establish formal written agreements with PSAPs, MRTs, and CSUs in their 988 catchment area that identify roles and responsibilities when responding to individuals in need of services.
7. Provide a monthly report to the Department and their Managing Entity on the performance outputs listed in Section F, via the reporting template provided by the Department. This report is due by the third Wednesday of each month, as listed on the reporting template provided by the Department.

D. 988 Service Components

988 services encompass an array of crisis intervention components including:

1. Assessment and evaluation,

2. Follow-up contact services,
3. Development of safety or crisis plans,
4. Supportive crisis counseling,
5. Education and community engagement,
6. Development of coping skills,
7. Providing alternatives to emergency service interventions,
8. Linkage to appropriate resources, and
9. Connecting individuals who need more intensive or on-going mental health and substance use services to the needed level of care.

E. Performance Outputs

The Network Service Provider shall report on the following performance metrics on a monthly basis, via a template provided by the Department:

1. **Calls Received** – Number of incoming 988 calls to the reporting call center.
2. **Calls Answered** – Number of incoming 988 calls answered by the reporting call center.
3. **Abandoned Calls** – Number of “calls received” that disconnected prior to being engaged by a counselor at the reporting call center. The call center will also provide the number of “short abandoned calls” or calls that disconnected within 15 seconds of reaching the reporting call center.
4. **Reasons for Contacting 988** – The reporting call center will provide a breakdown of reasons an individual contacted 988 including number of calls that included a suicide attempt in progress, suicidal ideation, substance use/addiction, other mental health related calls, a third party caller, and misdials.
5. **Contact Resolution** – The reporting call center will provide a breakdown of how each answered call was resolved including the scheduling of a follow-up call, referral to MRT, referral to other mental health services, or if a call was disconnected while on the phone with a call counselor.
6. **Follow-up Services** – The reporting call center will provide a breakdown of follow-up services including the number of outgoing follow-up calls, how many outgoing follow-up calls were completed, and the number of individuals currently receiving mental health services following a referral from the center.
7. **Workforce Development** – The reporting center will provide a breakdown of the progress made toward building their workforce capacity to answer 90% of 988 in-state calls including the number of 988 staff hired and trained, the current number of 988 call counselors, and the number of call counselors needed to answer 90% of their incoming calls.
8. **Partnerships** – The reporting center will provide a breakdown of the progress made toward establishing formal written agreements with PSAPs, MRTs, CSUs, and other service providers in their catchment area.
9. **Marketing** – The reporting center will provide an overview of their marketing efforts in relation to 988 including the campaign/message type, the estimated number of individuals exposed to the campaign/message, and a brief description of the campaign/message. All marketing should be in line with the official 988 Florida Lifeline logo and Branding Guide accessible at [Resources - 988 Florida Lifeline](#).

F. Additional Resources

There are many resources available online related to mental health services. This is not meant to be an all-inclusive list, but rather a starting point for additional resources.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has multiple iterations of a 988 Convening Playbook, developed as a guide to implementation:

- [988 Convening Playbook: Lifeline Contact Centers \(nasmhpd.org\)](https://www.nasmhpd.org/988-Convening-Playbook-Lifeline-Contact-Centers)
- [988 Convening Playbook: Mental Health and Substance Use Disorder Providers \(nasmhpd.org\)](https://www.nasmhpd.org/988-Convening-Playbook-Mental-Health-and-Substance-Use-Disorder-Providers)
- [988 Convening Playbook: Public Safety Answering Points \(PSAPs\) \(nasmhpd.org\)](https://www.nasmhpd.org/988-Convening-Playbook-Public-Safety-Answering-Points-PSAPs)
- [988 Convening Playbook: States, Territories, and Tribes \(nasmhpd.org\)](https://www.nasmhpd.org/988-Convening-Playbook-States-Territories-and-Tribes)

G. Key Terms

- **Active engagement:** Intentional behaviors undertaken by crisis counselors to effectively establish a connection with the individual seeking support from the Lifeline. “Engagement” refers to the building of an alliance that facilitates connection and makes it possible to collaborate with, and empower, the individual to secure their own safety, or the safety of the person they are reaching out about. The word “active” reinforces the need to focus on engagement in phone- or text-based crisis counseling, consciously and intentionally. Active engagement is necessary for both a comprehensive accurate assessment of an individual’s suicide risk/safety and for collaborating on a plan to maintain their safety.
- **Imminent risk:** An individual is determined to be at imminent risk of suicide (“imminent risk”) if the crisis center staff responding to the contact believe, based on information gathered, that there is a close temporal connection (very short time frame) between the person’s current risk status and actions that could lead to their suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on center staff to take urgent actions to reduce the individual’s risk; that is, if no actions are taken, the individual is likely to seriously harm or kill themselves in the very near future. Imminent risk may be determined if an individual states (or is reported to have stated by a third party) both a desire and intent to die and has the capability of carrying through on this intent.