

988 Implementation

Purpose:

- To ensure the implementation and administration of 988 services, the Managing Entity shall require that the Suicide Prevention Lifeline Crisis Centers adhere to the service delivery and reporting requirements herein. Best practice considerations and resources are provided to support continuous improvement of Florida's 13 Suicide Prevention Lifeline Crisis Centers, as required by SAMHSA.
- The goal of 988 is to serve as the newly designated 3-digit code that will route callers to the in-state Suicide and Mental Health Crisis Lifeline Network.
- 988 Lifeline Centers provide support for people in suicidal crisis and mental health/substance use related distress in the moment that they most need it and in a way that is person-centered.

Authority:

- In 2019, the Federal Communications Commission (FCC) proposed 988 as the three-digit number for suicide prevention & mental health crisis. The following year (2020), the National Hotline Designation Act (Public Law 116-172) was signed into law incorporating 988 as the New Lifeline for Suicide and Mental Health Crisis, (Bipartisan Bill). This bill also transferred responsibility for implementation of 988 to the states, with Vibrant Emotional Health remaining as the administrator of Lifeline call routing and accreditation.
- The State of Florida was awarded \$5,284,388 on April 15, 2022, from the SAMHSA 988 State & Territory Cooperative Agreement Building Capacity Grant to fund 13 accredited 988 Lifeline Crisis Centers.
- Additionally, \$16,923,666 in supplemental Community Mental Health Block Grant American Rescue Plan funding was planned for 988 to be expended over a two-year period.
- SFY 2022-23 ME Allocations
 - 988 STCA Grant (OCA MH98G) - \$2,805,776
 - CMHS Block Grant Supplemental 988 (OCA MH988) - \$8,061,833

Program Goals:

1. Build capacity to accept at least 90% of 988 calls in-state 24 hours a day, 7 days a week by the end of year two.
2. Establish MOU's between the 988 Lifeline Centers and local Mobile Response Teams for utilization when an individual needs someone to physically respond.
3. Establish formal agreements with local CSUs and behavioral health service providers to offer referrals for services to callers as needed and appropriate.
4. Establish relationships with local 911 Public Safety Answering Points (PSAPs) to develop protocols and work in collaboration when a caller is in imminent danger of harming themselves or others, in order to properly dispatch law enforcement or emergency medical services. Or alternatively, when 911 receives a call that would be best handled by 988.
5. Provide appropriate behavioral health referrals, resources, and follow-up services to 988 callers.
6. Work towards text and chat capabilities where applicable and in coordination with Vibrant Emotional Health.

Eligibility:

1. Only 988 Suicide and Mental Health Crisis Lifeline Centers officially accredited through Vibrant Emotional Health are eligible to accept 988 calls or receive funding for 988 services.
2. Only staff who have completed training to be a 988-specific crisis counselor are allowed to answer 988 calls.
3. Eligible 988 activities include:
 - a. Workforce capacity development including recruiting, hiring, and training 988-specific staff.
 - b. Improvement of infrastructure including phone systems and other technology needed to build answering capacity.
 - c. Develop capacity to answer calls in languages appropriate to the state's population.
 - d. Develop statewide policies and practices for follow-up of individuals needing emergent and urgent behavioral health services.
 - e. Develop partnerships to create streamlined access to mobile crisis and crisis response teams for all 988 crisis centers.
 - f. Develop data collection mechanisms to track and trend referral outcomes to ensure individuals have connected to post-contact care.
 - g. Enhance coordination and collaboration between 988 Lifelines and 911 PSAPs.
 - h. Enhance evaluation of follow-up services, including outreach for those identified at imminent risk of suicide and referred to emergency intervention.
4. Marketing and Promotion is an eligible expenditure.
 - a. Development of communications and marketing must adhere to SAMHSA's 988 communication and marketing toolkit found at <https://988lifeline.org/media-resources/>.
 - b. 988 marketing and messaging must be submitted to the Department for review and approval by the Department of Children and Families (DCF) Office of Communications. Where possible, the Department will provide pre-approved messaging for use in marketing and promotion to reduce wait times for Communications approval in an effort to mitigate effects on marketing procurement.

Network Service Provider Responsibilities

Network Service Providers are responsible for:

1. Make appropriate progress towards recruiting, hiring, and training staff. This includes working with Centers to establish quarterly staffing and training goals that are reasonable for each center's call volume.
2. Partner with local behavioral health providers, including CSUs and MRTs.
3. Partner with local 911 PSAPs, law enforcement and emergency medical services as needed.
4. Offer follow-up services and appropriate referral services to callers. In the case that the Lifeline refers a caller to SAMH-funded mobile response teams and those teams have a requirement to provide follow-up to 100% of clients served, the 988 Lifeline may report these referrals as having had a follow-up even if the follow-up was done by the MRT instead of the Lifeline. All other instances of follow-up services must be provided by the Lifeline.
5. Ensure all expenditures are eligible and in accordance with the goals established for 988.
6. Work with the Managing Entity, Department and the Lifelines to address challenges as they arise.
7. Ensure communications to Managing Entities concerning marketing and promotion in order to submit for the Department's review and approval.

8. Ensure the Lifeline's capacity to handle any increase in call volume that would result from aggressive marketing and promotion. If a center is struggling with staffing capacity or has a low in-state answer rate as a primary center, they may not be ready for aggressive marketing. The Managing Entity will work with the Lifeline to set goals that increase marketing only as performance increases.

Required Reports:

1. **988 Monthly Report:** A report detailing all call metrics and admin reporting during the reported month using DCF's template shall be submitted monthly directly to DCF, and a copy sent to the Network Manager at the Managing Entity.
2. **Monthly center-specific metrics Report:** This report is to be submitted monthly to the Network Manager when received from Vibrant each month. These reports provide center-level details that Vibrant does not currently provide in the state-level metrics and may be helpful to the Managing Entity and Department when troubleshooting challenges.
3. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

Additional Guidance:

State Fiscal Year 2022-2023 is the first year of 988 implementation. Funding for 988 that would have allowed Lifeline's to build capacity prior to rollout was not available until after the rollout began. The primary focus of this fiscal year is capacity building; troubleshooting and resolving challenges; building a strong framework for 988 within the behavioral health system of care; formalizing partnerships within the community; and enhancing referrals, follow-up services and infrastructure systems.