

BUCKET #1. Conduct an overview of the current infrastructure of the 988 Suicide and Crisis Lifeline system.		
	MRT Work Group Recommendations	
	<p>Address disparities in MRT distribution throughout larger/rural counties that lead to delays in responses.</p> <p>(Reworded- Investigate disparities in MRT distribution throughout larger rural counties and related impact on response time)</p>	
	Review gaps in service coverage for adults	
	Review of safety standards/measures taken by MRTs teams that impact ability to respond to requests from 988	
	<p>Measurement of 988 &amp; MRT relationship:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• How many calls to 988 go to MRT and/ CSU</li> <li>• Tracking of referral sources</li> <li>• MRT use by geographic region</li> <li>• Diversion rates (from CSU, hospital, or police involvement)</li> </ul>	

	<ul style="list-style-type: none"><li>• Referrals to/from and impact of other mobile response services (co-responders, EMTS. Etc.)</li></ul>	
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**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**

	<b>MRT Work Group Recommendations</b>	
	<p>Communication and partnership building between providers on the full continuum of crisis care.</p> <ul style="list-style-type: none"><li>• Support for the development of MOUs between crisis care programs (988, CSUs, etc.)</li><li>• Standardize expectations across the state for when 988 calls will be referred to MRT (under development through the Department and the 988 Implementation grant)</li><li>• Develop consistency in language and best practices among MRT programs - 988 Centers having clarity on when and how best to utilize MRT services.</li><li>• Clarify the roles of each level of care</li><li>• Improved communication for bidirectional referrals between 988 and MRT</li><li>• 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</li><li>• Regular updates between MRT and 988</li></ul>	

	Provide clarity for community mental health agencies/organizations and clients on expectations of MRTs.	
	Build knowledge base for MRT providers and clients about resources and programs available (e.g., First Episode Psychosis programs, FACT Teams)	
	Expand role of peer specialists, EMTs, and paramedics in the full continuum of care.	
	Engage, enhance, and formalize the participation and role of peers and advocates throughout the crisis care continuum (and help avoid involuntary Baker Act) and to support families navigating the crisis care system	
	Development of best practices/guidance from MEs on coordinated care and information sharing (HIPAA)	
	<p>Develop best practices for MRTs to address language and cultural competency standards, e.g.:</p> <ul style="list-style-type: none"> <li>• Review for needed best practices for addressing immigration/legal status concerns.</li> <li>• Develop best practices for MRTs to address LGBTQI and other cultural competency standards (i.e., training, templates, and guidance documents)</li> </ul>	

	Development of safety standards/assessment of risk/decisions trees for MRTs (when safe to go and when not to) – and sharing of this guidance across the continuum of care	
	Guidance on the partnership/role/involvement of other mobile response services	
	Guidance on creation and maintenance of ongoing provider crisis continuum of care meetings	
	Guidance and support on building partnerships with children’s services organizations and agencies, VAs, homeless shelters/programs, and other organizations working with high-risk populations	

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

	<b>MRT Work Group Recommendations</b>	
	Address possible barriers (e.g., HIPAA concerns) to communication between MRTs and 988 centers regarding referrals and care coordination	
	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).	
	Clarify how 988 and MRT teams collaborate with other mobile response programs (e.g., co-responder teams)	
	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.	
	Development of best practices/guidance from State and MEs on coordinated care and information sharing	

	<p>Defining the crisis continuum of care in Florida:</p> <ul style="list-style-type: none"><li>• Having a consistent definition and shared language across the state and across programs</li><li>• Allows for better identification of system gaps (postvention; follow up after CSU hospitalization) and the role of other social service/mental health partners to address those gaps</li><li>• Guidance on triage and transition process from 988 to MRT and MRT to CSU</li></ul>	
	<p>Enhance communication of expectations (e.g., via Fact Sheets, standardized training materials) about what to expect from MRTs</p>	