Guidance 43

988 Florida Lifeline (988 FL)

Contract Reference: *A.1.1 and C.1.2.2.2.8*

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. In 2025, s.394.4753 and 394.9088, F.S. were amended to identify 988 as a crisis service alongside Mobile Response Teams and Crisis Stabilization Units and authorized the Department to provide oversight and develop rules for the program.. Department rule 65E-5.604 went into effect February 18, 2026, listing the requirements for the 988 Florida Lifeline, including definitions, standards for accreditation, policies, and training.

Program Goals

The goals of the 988 Florida Lifeline are to provide access to a 988 crisis counselor in their immediate area, lessen trauma, conduct independent screenings to determine if an individual may be safely de-escalated and diverted from a higher-level intervention, provide suicide prevention and intervention services, prevent unnecessary psychiatric hospitalizations, and divert mental health workload from law enforcement and emergency response.

The 988 Florida Lifeline is a free behavioral health support service, available 24/7, that connects Floridians experiencing suicidal thoughts, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. It provides a universal entry point to a modernized crisis response system that begins when an individual dials 988 and has their call answered by a 988 crisis counselor. Crisis counselors are required to complete an extensive training program and are equipped with specialized skills and knowledge to de-escalate and, if needed, link callers to community-based providers who can deliver a full range of crisis care services.

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).

Supporting the “no wrong door” model, 988 crisis counselors will, when necessary, 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.
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 expected call volume.

3. Ensure their local Public Safety Answering Points (PSAPs), MRT and community behavioral health 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. Ensure collaboration with PSAPs, MRTs, and Community behavioral health providers to facilitate the development of partnerships with defined roles and responsibilities when responding to individuals in need of services.
5. Post the 988 Florida Lifeline on the start page of the Managing Entity's website.
6. Monitor the provider's response processes, contact outcomes, community collaboration, follow-up services, and warm hand-offs to other community service providers.
7. The Managing Entity will submit their provider's monthly report to the Department, by the due date listed on 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. Maintain a regularly updated database of behavioral health resources and service providers, while prioritizing partnerships with community behavioral health providers, to ensure individuals have access to warm hand-offs and referrals, as needed.
3. Provide 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.
4. 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.
5. Have a written policy that addresses the handling of frequent contacts, abusive contacts, follow-up services, warm hand-offs, and referrals to other services.
6. 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.
7. Ensure that 988 funds are used exclusively for 988-related staff and activities, with no more than 5% of 988 funds allocated for other duties, as needed. The percentage of a personnel's Full-time Equivalent (FTE) salary paid with 988 funds should align with the percentage of time they have spent answering 988 calls.
8. Ensure staff can access free, confidential counseling services for work-related and personal concerns.
9. Supervisors must conduct confidential wellness check-ins with staff at least once per quarter to assess emotional well-being and provide necessary support.
10. Ensure collaboration and, to the extent possible, establish partnerships with PSAPs and MRTs that identify roles and responsibilities when responding to individuals in need of services.
11. Ensure any and all critical incidents are reported via the Department's Incident Reporting and Analysis System (IRAS).This does not include suicide attempts in progress, which are reported to the Department monthly in the provider's 988 report.
12. The provider will submit a monthly report to their Managing Entity on the performance

outputs listed in Section F, via the reporting template provided by the Department. This report will be submitted to the Department by the Managing Entity by the due date 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 incoming 988 contacts, including the number of 988 staff hired and trained, the center's current number of 988 call counselors, and the number of call counselors needed to answer 90% of their expected call volume.
8. **Partnerships** – The reporting center will provide a breakdown of the progress made toward

establishing partnerships with PSAPs, MRTs, and other service providers in their 988 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. The following is not meant to be an all-inclusive list, but rather a starting point for additional resources.

988 Florida Lifeline | Caring support, anytime you need it

National Suicide Prevention Lifeline (Now 988 Suicide and Crisis Lifeline): Evaluation of Crisis Call Outcomes for Suicidal Callers - Gould - 2025 - Suicide and Life-Threatening Behavior - Wiley Online Library

988 & 911: Strengthening Crisis Response While Managing Risk and Liability | SAMHSA Library

- NENA Standards for 911-988 Interactions
- Incident Reporting and Analysis System (IRAS) | Florida DCF

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.
- **Suicide Attempt in progress:** Any action that an individual has already taken with the purpose of killing themselves or that has the potential effect of causing lethal self-harm. In many circumstances, an attempt in progress is clear (e.g., an individual discloses they have already taken pills that they believe could kill them); in other circumstances it may be more complex and judgement on the part of crisis center staff is necessary before any emergency service intervention is initiated, particularly if that intervention is involuntary. An individual may be at imminent risk or have taken action towards suicide, but an opportunity exists to reduce that risk. Crisis center staff must actively engage in increasing immediate safety before any emergency service intervention is initiated.
- **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.

- **Public Safety Answering Points (PSAPs):** A physical or virtual entity where 9-1-1 calls are delivered by the 9-1-1 Service Provider.[1]

[1] PSAP (Public Safety Answering Point) - NENA Knowledge Base