Central Receiving Systems (CRS)

Requirement: S. 394.4573, F.S.

Specific Line Items in the General Appropriations Act

Frequency: *Ongoing*

Due Date: *Not Applicable*

Discussion

This document provides policy guidance on the negotiation and implementation of subcontracts for Central Receiving Systems (CRS) pursuant to both budget category and line item member project appropriations within each year's General Appropriations Act.

The Managing Entity shall negotiate and execute subcontracts with recipients of CRS funding in accordance with the Managing Entity's established operating procedures. The Managing Entity may negotiate with any appropriately designated Network Service Provider for funds in the CRS budget category funding but must subcontract with the member project recipients specified in **Exhibit C2** for the approved level of funding detailed therein.

Program Administration

A. Objectives

The primary objectives of CRS projects are to:

1. Provide a CRS, as defined in s. 394.4573(2)(b), F.S. serving, at a minimum, the target populations; in section B.
2. Provide the array of services; specified in Section D.
3. Provide opportunities for jail diversion, offering a more suitable and less costly alternative to incarceration.
4. Reduce the utilization of emergency rooms for individuals in a behavioral health crisis.
5. Increase the quality and quantity of services through care coordination and recovery support services.
6. Implement standardization assessment tools and procedures for services.
7. Improve access to services and reduce processing time for law enforcement officials transporting individuals needing behavioral health services.
8. Either facilitate a telehealth evaluation or timely transfers from hospital emergency departments for medically cleared individuals to conduct an initial screening to determine if the criteria for an involuntary examination is met regardless of bed capacity. When the CRS lacks capacity or the capability to service the person, the CRS shall facilitate a transfer to another facility.

Subcontracts must include the goals, objectives, timelines, tasks and outcomes pertaining to each CRS, based on the specifics of the grantee's program description and CRS model.

B. Target Population

Minimum target populations for CRS projects are:

1. Individuals needing evaluations or stabilization under s. 394.463, F.S., the Baker Act;
2. Individuals needing evaluation or stabilization under s. 397.675, F.S., the Marchman Act; and
3. Individuals needing crisis services as defined in ss. 394.67(18)(19), F.S.

The Managing Entity may include additional target populations based on identified local needs and provider capacity.

C. Licensure, Credentialing, or Designation

Prior to the delivery of client services, all CRS providers are required to possess or obtain appropriate licensure, credentialing, or designations required for the delivery of services to be provided**.**

D. Scope of Services

Network Service Providers must include, at a minimum, the following activities:

1. Client Services,
   a) Assessment Services and Intake Protocol
   b) Crisis Stabilization
   c) Substance Abuse Inpatient Detoxification
   d) Crisis Support/Emergency Services
   e) Case Management
   f) Care Coordination
   g) Recovery Support
   h) Information and Referral
2. Non-Client Services, per Section 2.2 of the RFA
   a) Community Collaboration
   b) Data Submission
   c) Sustainability

E. Performance Measures

Network Service Providers must adopt performance measures to evaluate the impact of the CRS project within the community. Performance measures and methodologies must be related to the specific CRS project and must include, at a minimum, measures to address the following outcomes:

1. Reduce drop-off processing time by law enforcement officers for admission to crisis services; until they are maintained at less than 10 minutes,
2. Increase participant access to community-based behavioral health services after referral,
3. Annually *fewer than 25 percent of all individuals served* will be re-admitted to a Baker Act Receiving Facility or Inpatient Detoxification Unit within the Central Receiving System,

4. Annually *fewer than 5 percent of all individuals enrolled* will be admitted to a State Mental Health Treatment Facility,

5. Additional output, process, or outcome measures, at the Managing Entity's discretion tailored to the specific CRS project.

F. Reporting and Data Submission

The Network Service Provider shall submit the following reports:

1. **CRS Performance Measures Report**: A detailed report of the services and activities performed monthly, and the progress of the CRS project in meeting the performance measures, goals, objectives, and tasks described. The report is due monthly to the Managing Entity (LSFHS) by the 8th. The template for this report is incorporated herein.

2. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

The Network Service Provider is required to enter actual services provided, using the covered services available in the LSF Health Systems Contract System and as specified in the most recent version of *Pamphlet 155-2*, https://www.myflfamilies.com/service-programs/samh/fasams/index.shtml, into the LSF Health Systems Data System as required by the contract. When billing for incidental expenses, the Network Service Provider shall follow F.A.C. 65E-14.021(4)(k)4.b.(V).

G. Financial Report

Network Service Providers must submit a detailed cumulative report of program expenses which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. Pursuant to *Rule 65E-14, F.A.C*, this report must be submitted at least annually using the Department's form CF-MH 1037.

H. Financial Consequences

Network Service Providers shall return to the Managing Entity any unused CRS funds and unmatched grant funds, as documented in the Final Financial Report, no later than 60 days following the ending date of the contract.

I. Funding and Local Match Requirements

Providers must submit a proposed budget and budget narrative, including match commitment, for reasonableness, allowability and necessity to the Managing Entity for review and approval. The Network Service Providers shall ensure they maintain at least 50% match required by Specific Appropriation 386 of the FY 2016-2017 General Appropriations Act, notwithstanding the match requirements detailed in *Rule 65E-14.005, F.A.C.*

J. Resources

The Substance Abuse and Mental health Services Administration has published 2025 National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit as part of their Crisis Services Meeting Needs, Saving Lives book.

The Substance Abuse and Mental Health Services Administration has published Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services

The Florida Alcohol and Drug Abuse Association Learning Management System for behavioral health offers free Baker Act Online Training Courses at www.FloridaLearner.org

The Department publishes the Baker Act Training | Florida DCF annually.

The Department publishes Baker Act Forms | Florida DCF.

The Central Receiving Systems Grant will be administered according to DCF Guidance Document 27 which can be found at following link using the applicable fiscal year: https://www.myflfamilies.com/services/samh/samh-providers/managing-entities