

## Guidance 27 Centralized Receiving Systems (CRS)

**Authorities:** *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.

Subcontracts must contain the following minimum requirements:

### 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 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 standardized 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. 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 program description and CRS model.

### B. Target Population

Minimum target populations for CRS projects are:

1. Individuals needing evaluation 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**

Subcontracts 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
  - a) Community Collaboration
  - b) Data Submission
  - c) Sustainability

### **E. Performance Measures**

The Managing Entity subcontracts 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 15 minutes,
2. Increase participant access to community-based behavioral health services after referral,
3. Reduce number of individuals admitted to a state mental health treatment facility, and
4. Additional output, process, or outcome measures at the Managing Entity's discretion tailored to the specific CRS project.

### **F. Reporting and Data Submission**

Subcontracts shall require the Network Service Provider to enter all data as specified in the most recent version of *Pamphlet 155-2*, <https://www.myflfamilies.com/service-programs/samh/fasams/index.shtml>.

### **G. Financial Report**

Subcontracts shall require the Network Service Provider to submit a detailed cumulative report of program expenses which are used to track all expenses associated with the CRS and reconcile these expenditures with the payments made. 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**

Subcontracts must include terms specifying the financial consequences that the Managing Entity must apply if the CRS fails to perform in accordance with the subcontract. The Managing Entity shall establish financial consequences applicable to the frequency of the subcontract payment methodology.

#### **I. Funding and Local Match Requirements**

The Managing Entity must conduct a cost analysis of the CRS provider's proposed budget and budget narrative, including match commitments pursuant to Rule 65E-14.005, F.A.C.

#### **J. Resources**

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