

Central Receiving Systems (CRS) Grant

Requirement: FY 15-16 General Appropriations Act, Line 377K
As amended by FY 16-17 General Appropriations Act, Line 386
Chapter No. 2016-66 Laws of Florida
Request For Applications #RFA10H141

Frequency: *Ongoing*

Due Date: *Not Applicable*

Discussion

This document provides policy guidance on the negotiation and implementation of subcontracts awarded as a result of the Department's Request for Applications (RFA) #RFA10H141 for the Centralized Receiving System (CRS) Grant Program, conducted pursuant to the FY15-16 General Appropriations Act, Line 377K. Effective July 1, 2016, Chapter No. 2016-66 Laws of Florida retroactively amends the FY15-16 appropriation and requires revisions to the following terms and conditions of the awards resulting from the RFA:

- The grant program originally required a Central Receiving Facility as a single point of entry. This has been revised to allow either a single point or a coordinated system of entry, hereinafter referred to as a Central Receiving System (CRS).
- The grant program was originally designed for three-year awards. This has been revised to allow grant awards for up to five years.
- **The grant program originally required local matching funds equal to 100% of award. This has been revised to require a minimum of 50% match.**

Definitions

1. Certified Recovery Peer Specialist or Certified Recovery Support Specialists: As defined at: <http://flcertificationboard.org/certification/available-certifications/>
2. Evidence-Based Practice (EBP): As defined in Incorporated Document #: Evidence-Based Guidelines
3. Jail Diversion: A program to divert individuals with serious mental illness, substance use disorders or co-occurring disorders away from jail and provide linkages to community-based treatment and support services.
4. Single Point of Entry: A centralized intake and referral system that prioritizes access to services based on level of need.
5. Coordinated Point of Entry: A centralized intake and referral system that prioritizes access to services based on level of need and includes coordination of care amongst stakeholders.

Program Administration

Program Objectives

Per Section 1.2 of the RFA, the major goal of the CRS Grant is to provide start up or ongoing operational funds to local agencies implementing CRS projects in their communities. The primary objectives of CRS projects are to:

1. Provide a CRS serving the target populations;
2. Provide initial assessments, triage, case management and related services;
3. Provide initial assessments, triage, case management and related services;
4. Provide opportunities for jail diversion, offering a more suitable and less costly alternative to incarceration;
5. Reduce the inappropriate utilization of emergency rooms;
6. Increase the quality and quantity of services through coordination of care and recovery support services;
7. Implement standardization assessment tools and procedures for services; and
8. Improve access and reduce processing time for law enforcement officials transporting individuals needing behavioral health services.
9. CRS facilities must include, at a minimum, the following activities:
 - a. Assessment Services and Intake Protocol;
 - b. Inpatient and Residential Services;
 - c. Outpatient Services;
 - d. Community Collaboration;
 - e. Data Submission; and
 - f. Sustainability

Program Goals

1. Evaluate and stabilize individuals in crisis due to mental illness and/or substance use disorder, 24 hours a day, seven days a week;
2. Recruit and retain appropriately skilled and trained, linguistically and culturally competent staff that are capable of serving the target population;
3. Serve as a community resource for crisis response, stabilization, and referral of individuals who are in crisis;
4. Provide appropriate linkages and arrangements that alleviate the use of law enforcement as the primary responder to individuals in crisis, thus, minimizing the criminalization of persons in mental illness or substance use disorder crisis;
5. Provide quality services that are adequate for individuals with multiple service needs, specifically individuals with co-occurring disorders and/or accompanying medical conditions, including recovery support services;
6. Provide a range of crisis services that divert people from inpatient psychiatric hospitalization (local or state) and/or improper utilization of emergency rooms to less costly service alternatives;
7. Directly transport and/or arrange for transport of individuals in crisis for treatment;

8. Strengthen links with healthcare resources to provide and/or arrange for medical clearance, toxicology screens, and lab work, as well as medical and non-medical detoxification services;
9. Coordinate with the consumer's primary behavioral health provider for follow-up and post-crisis care; and
10. Provide care coordination to ensure that individuals follow up with necessary services to increase the quality of their life;
11. Create capacity for individuals who need addiction receiving facility services; and
12. Create capacity for additional personal services for individuals in crisis.

Target Population

Per section 1.6 of the RFA, the target populations for CRS projects are:

1. Individuals needing evaluations or stabilization under section 394.463, F.S., the Baker Act;
2. Individuals needing evaluation or stabilization under section 397.675, F.S., the Marchman Act; and
3. Individuals needing crisis services as defined in subsections 394.67(17)-(18), F.S.

Licensure, Credentialing, or Designation

Per Section 1.3 of the RFA, and prior to the delivery of client services, grantees are required to possess or obtain appropriate licensure, credentialing, or designations required for the delivery of services to be provided under the CRS project

Scope of Grant Activities

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

1. Client Services, per Section 2.1 of the RFA
 - a) Assessment Services and Intake Protocol
 - b) Crisis Stabilization
 - c) Substance Abuse Inpatient Detoxification
 - d) Crisis Support/Emergency Services
 - e) Case Management
 - f) Recovery Support
 - g) Information and Referral
2. Non-Client Services, per Section 2.2 of the RFA
 - a) Community Collaboration
 - b) Data Submission
 - c) Sustainability

Outcomes and Performance Measures

Network Service Providers must adopt, at a minimum, performance measures to evaluate the impact of the CRS project within the community. Per Section 2.4 of the RFA, and as detailed in Tab 4 of the grantee's application, performance measures and methodologies must be related to the grantee's specific CRS project and must include, at a minimum, measures to address the following outcomes:

- a. Reduce drop-off processing time by law enforcement officers for admission to crisis services;
 - b. Increase participant access to community-based behavioral health services after referral; and
 - c. Reduce number of individuals admitted to a forensic state mental health treatment facility, and
 - d. Two additional output, process, or outcome measures tailored to the specific CRS project.
2. Reduce the utilization of emergency rooms and hospitals for evaluation and stabilization of behavioral health crisis;
 3. Divert people in crisis because of mental illness or inappropriate/harmful substance use from costlier services such as jail or detention into treatment;
 4. Provide secure transfers for law enforcement and other first responders, allowing them to quickly return to the street;
 5. Encourage individuals to receive appropriate treatment and other services in an effort to reduce recidivism and increase the quality of life through coordination of care and recovery support services.

Required Reporting

Per Section 2.5 of the RFA, all activities under the CRS Grant shall be documented in accordance with the terms and conditions of the Network Service Providers. The Network Service Provider shall submit the following reports:

1. Project Status Report: A detailed quarterly report of the services and activities performed in the previous three months and the progress of the CRS project in meeting the performance measures, goals, objectives, and tasks described. The report is due quarterly to the Managing Entity (LSFHS) by the 10th.
2. 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 10th. The template for this report is incorporated herein.
3. Budget: The Network Service Provider shall submit a detailed, line-item budget to LSF Health Systems within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request, identifying for each line the allowable items for the program, the projected or budgeted amount for each line item and narrative supporting the reasonableness and necessity of any unusual items.
4. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

Data Submission

The Network Service Provider is required to enter actual services provided, using the covered services available in the LSF Health Systems Contract System and specified in the most recent version of *the DCF Data System Guidelines*, 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).

Return of Funds

Per Section 2.8 of the RFA, Network Service Providers shall return to the Managing Entity any unused CRS Grant funds and unmatched grant funds, as documented in the Final Financial Report, no later than 60 days following the ending date of the contract.

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.*

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: <http://www.myflfamilies.com/service-programs/samh/managing-entities/>.