

REVISED EXHIBIT AQ**Miami-Dade County
Centralized Receiving Facility****I. Overview**

Banyan Community Health Center, Inc. ("Network Provider") is the designated centralized receiving facility ("CRF") that serves as the coordinated system of entry in the central region of Miami Dade County for individuals with mental health or substance use disorders, or co-occurring disorders. The designation as the CRF and the services to be provided are established in accordance with Florida Statute 394, Florida Mental Health Act, Florida Statute 397, Hal S. Marchman Alcohol and Other Drug Services Act, in the Department of Children and Families, Guidance 27, Central Receiving Systems, and in accordance with the Miami-Dade County Designated Receiving System Plan, 2023-2026, (MDC- Plan), or latest revision thereof, herein incorporated by reference.

II. Provisions of the Prime Contracts

The CRF is funded with Department of Children and Families and Miami-Dade County funding. All provisions, terms and conditions, or amendments, addendum, changes or revisions applicable to the Network Provider made subsequent to the initial execution of the Prime Contracts, (the Contract entered into between Miami Dade County and ME, and the contract between the Department of Children and Families and the ME, not in conflict with this Contract, must be binding upon the Network Provider and the Network Provider agrees to comply with same). The Prime Contracts are incorporated by reference in this Contract.

III. Coordinated System of Care

The CRF must function as a no-wrong-door model for the entire county that responds to individual needs and integrates services among various providers. The ME expects the CRF to serve all individuals, regardless of voluntary or involuntary status, seeking services from the CRF notwithstanding the Catchment Area from where they are transported from, or the Catchment Area that the individual resides in.

The CRF agrees to participate and assist in the development of the Miami Dade County Designated Receiving System Plan and to adhere to said plan as approved.

The CRF ability to accept individuals under the CRF system is to be executed according to its capabilities and limitations as described in the e Miami-Dade County Transportation Plan for Involuntary Examinations (Baker Act) and Involuntary Admissions (Marchman Act), herein incorporated by reference.

The CRF agrees to, with support from the ME, to develop referral agreements and processes to electronically share evaluation and records to maximize continuity of care, prevent duplication and promote warm handoff.

The CRF plays a crucial role in the mental health system by providing timely and comprehensive care for individuals with subacute needs and in crisis, helping to prevent unnecessary hospitalizations, and facilitating access to appropriate treatment and support services. The CRF shall provide:

- **24/7 Availability:** with sufficient staff available to operate around the clock to ensure access to care at any time of day or night.
- **Immediate Evaluation:** Provide prompt assessment by mental health professionals to determine the nature and severity of their crisis.
- **Stabilization:** Provide short-term stabilization services to address acute symptoms and ensure the safety of individuals in crisis. This may involve medication management, counseling, and other interventions aimed at reducing distress and risk. The CRF aims to stabilize and refer within 23 hours of admission into the center.
- **Referral and Disposition:** After stabilization, individuals shall be referred to appropriate levels of care based on their needs. This could include residential treatment, intensive outpatient programs, community-based services, or follow-up care with outpatient providers.
- **Collaboration with Community Resources:** Work closely with community mental health agencies, law enforcement, emergency medical services, and other stakeholders to ensure coordinated care and appropriate follow-up for individuals after discharge. The CRF shall, with the support of the ME, seek to develop electronic records sharing to promote continuity of care and warm handoff.
- **Crisis Intervention Services:** For individuals requiring crisis intervention services, the CRF will admit to their BA designated unit or arrange for the transfer to another BA designated facility.
- **Inpatient Detoxification:** For individuals requiring inpatient detoxification, the CRF will admit to their Addiction Receiving Facility (ARF) designated unit or arrange for the transfer to another ARF designated facility.
- **Case Management/Care Coordination Services:** Make referrals to appropriate community resources and services, provide coordination and facilitate the follow up care for each individual served at the CRF no later than within 72 hours of discharge and up-to-29 days to ensure that appropriate linkages have been placed. Make referrals to long-term case management or care coordination services based on the most appropriate eligibility.
- **Crisis Planning:** Engage the individual in a crisis planning process, resulting in the creation or update of a range of planning tools, including a safety plan. Provide every person information on how to access Mobile Response Team services (800-HELP YOU) and 988 Suicide and Crisis Lifeline.

IV. Objectives

The primary service objectives of the CRF are to:

1. Provide a central receiving system, as defined in 394.4573 (2)(b), F.S. serving individuals in need of behavioral health services.
2. Provide the array of services specified in Section VII, Scope of the Activities and Services.
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 criterion for an involuntary examination is met regardless of bed capacity. When the CRF lacks capacity or the capability to service the person, the CRF shall facilitate a transfer to another facility.
9. Provide assessments, triage, care coordination, referral and linkage to appropriate level of care and related services.
10. Increase the quality and quantity of services through coordination of care and recovery support services.

V. Target Population

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.
4. Individuals needing screening and assessment for non-acute mental health and/or substance abuse treatment services.

VI. Client Services

1. The Network Provider must have sufficient staff available to provide services to all individuals presenting to the CRF twenty-four hours, seven days per week, 365 days per year.
2. The Network Provider must provide the following array of services:

a) Client Services

- i. Assessment,
- ii. Medical Services
- iii. Crisis stabilization
- iv. Substance Abuse Intake Detoxification services
- v. Crisis/ Support Emergency Services
- vi. Case Management
- vii. Care Coordination for clients referred to other providers.

viii. Recovery Support**ix. Information and Referral****b) Non-Client Services****i. Community Collaboration****ii. Data Submission****iii. Sustainability****VII. CRF Specific Performance Measures**

1. **100%** of persons who walk into the CRF requesting services must be assessed on the same day.
2. **100%** of persons brought in involuntarily by law enforcement under Baker Act will be admitted for evaluation. Appropriate transfer to other CSU's/Inpatient will be secured by the Network Provider staff in the CRF upon evaluation and determination that continued admission is medically required. Transportation to the referral facility will be arranged by the Network Provider.
3. **100%** of persons brought in involuntarily by law enforcement under Marchman Act will be admitted for evaluation. Appropriate transfer to other Detoxification Unit's will be secured by the Network Provider staff in the CRF upon evaluation and determination that continued admission is medically required. Transportation to the referral facility will be arranged by the Network Provider.
4. **100%** of persons determined by the assessment process to need outpatient services must be secured an appointment to an appropriate treatment provider within ten (10) business days of the assessment.
5. **100%** of persons referred to outpatient services will receive a follow-up call by CRF staff within seventy-two (72) hours after scheduled appointment to determine if the person(s) made it to the scheduled appointment.
6. **85%** of the persons contacted for follow-up who did not make their initial appointment will have an alternate appointment secured for outpatient services within ten (10) business days of the follow-up call from the CRF staff.
7. Reduce drop-off processing time by law enforcement officers for admission to crisis services; until they are maintained at less than 10 minutes
8. Increase participant access to community-based behavioral health services after referral
9. 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.
10. Reduce Number of Individuals Admitted to a State Mental Health Treatment Facility. First quarter numbers will be used to determine baseline.

11. No more than **14.5%** CSU readmissions within thirty (30) calendar days for individuals referred internally for post-CSU discharge services.
12. No more than **15.0%** Detoxification readmissions within thirty (30) calendar days for individuals referred internally for post-detoxification discharge services.

VIII. Reporting Requirements

1. **Service Data:** The Network Provider will submit data for CRF services in a hybrid format, comprising of both client-specific and non-client specific data as outlined in FASAMS Pamphlet 155-2, Version 14, or the latest revision thereof. For CRF services funded with Department funds, the Network Provider must utilize project code "A3" when entering data in the designated data system. For CRF services funded with Miami-Dade County funds, the Network Provider must utilize funding source "K" when entering data into the designated data system.

- a) **Client-specific data:** Client-specific data will be submitted when a direct service provision is provided to an identified individual. This includes but is not limited to assessments, case management, care coordination, recovery support, medical services. At the Network Provider's discretion, based on the specific case, and in accordance with FASAMS 155-2 version 14, or the latest revision thereof, an immediate discharge record must be submitted.
- b) **Non-client specific data:** The CRF shall follow the requirements for the submission of non-client specific data as described in FASAMS Pamphlet 155-2, Version 14.

Service Data into the data system designated by the ME must be submitted per the requirements described in Attachment I, Section B. Deliverables, and in Attachment I, Section D. Acute Care Service Utilization Reporting for Public Receiving Facilities, Detoxification and Addiction Receiving Facilities, as applicable.

2. CRF Specific Reports

- a) **Intake Protocol:** No later than thirty (30) days of execution of this agreement and by August 3rd of each year the Network Provider will submit its intake protocol for the CRF to ME.
- b) **CRF Performance Measures Report:** By the 10th of every month following the reporting month for the measures listed above in Section VII. CRF Specific Performance Measures.
- c) **Monthly Master Log of Individuals Presenting at the CRF:** No later than fifteen (15) days after the close of the month of services, the Network Provider must submit a log, in a format provided to the Network Provider by the ME, of all individuals presenting at the CRF. The log will include: individual's name; the time of arrival; the referral source (walk-in, MRT, family, outpatient department); if an assessment was completed; assessor name; time of assessment; reason for

assessment not being completed; ; if a screening was received; if a full assessment was completed; and the disposition of the case, including specific referral and/or linkages made.

- d) **Staff Vacancy Report:** The Network Provider shall submit a monthly staff vacancy report due by the fifteenth (15) of each month until the CRF is fully staffed per the ME-approved personnel detail of the budget. Once fully staffed, the Network Provider will submit this report on a quarterly basis. Should the CRF experience an increase in staff shortages, the reporting will revert to monthly submissions. This report must include a listing of all vacant positions, the date the position became vacant, the date of expected hire, and any engagement efforts that have taken place to hire staff for the vacant position (tabling at job/recruitment fairs, utilization of job seeking websites, etc.).
- e) **Return on Investment on CRF Special Proviso Funding Allocation:** The Network Provider is awarded special funding by the Florida legislature in the amount found in Exhibit H, Funding Detail under OCA MHSCR and described in Exhibit AM, Return on Investment for Special Projects. For these funds, the Network Provider will submit a quarterly report on Template 30, Proviso Project Return on Investment Report, as directed in Exhibit AM.
- f) **Ad Hoc Reports:** The Network Provider agrees to submit any ad-hoc and/or additional reports as determined necessary by the ME, Department of Children and Families and/or Miami-Dade County.
- g) **Central Receiving Facility Social and Cost Avoidance Impact Report:** The Network Provider shall submit the year-end Central Receiving Facility Social and Cost Avoidance Impact Report, outlining how the county funds were utilized and a full analysis of the social impact of the funds. The report is due annually no later than October 5th.

IX. Service Site Address and Telephone Numbers

3800 W. Flagler Street, Miami, Florida 33134
Reception: (305) 774-3600

X. Funding: The Network Provider's allocation to operate the CRF is found in Exhibit H, Funding Detail as follows:

1. Department funded OCAs: MHSCR, MS011, MS021
2. Miami-Dade County OCA: MDCFR

XI. Method of Payment: The CRF shall be paid on a fee-for-service rate (Unit Rate) method of payment, in accordance with the payment methodology provided for in Rule 65E-14.019 (2), F.A.C. for the covered services listed in Exhibit G, Covered Service by OCA.

XII. Staffing Changes: Any changes in staffing plan greater than 25% of either the total FTE or total salary costs, as per the ME-approved budget, must be submitted to the ME Contract Manager in writing and approval is subject to ME written approval.

- XIII.** Special Insurance Provisions: In addition to the Special Insurance Provisions requirements in Attachment I (a), the Network Provider and its subcontractors at all tiers, funded with Miami Dade County funds for the CRF services specified in this Exhibit must adhere to the following insurance coverage requirements, as applicable:

Applicability of this section of the Agreement affects Providers whose combined total award for all Services funded under this Agreement exceed a \$25,000 threshold, as well as Providers whose total dollar value of all County contracts exceeds \$25,000. If the Provider's original total combined award is less than \$25,000, but the Provider receives additional funding from the County during the contract period which makes the total combined award exceed \$25,000, then the requirements of this section shall apply automatically at that time.

- A. If the Provider is a Government Entity. If the Provider is the State of Florida or an agency or political subdivision of the State as defined by section 768.28, Florida Statutes, the Provider shall furnish the County, upon request, written verification of liability protection in accordance with section 768.28, Florida Statutes. Nothing herein shall be construed to extend any party's liability beyond that provided in section 768.28, Florida Statutes. The Provider shall also furnish the County, upon request, written verification of Worker's Compensation protection in accordance with Florida Statutes, Chapter 440.

- B. All Other Providers.

Minimum Insurance Requirements: Certificates of Insurance. The Network Provider shall submit to Miami-Dade County, c/o Office of Management and Budget (OMB), 111 N.W. 1st Street, 22nd Floor, Miami, Florida 33128-1994, original Certificate(s) of Insurance indicating that, upon execution of this contract or on the date commencing the effective term of this contract, whichever is earlier, insurance coverage has been obtained which meets the requirements as outlined below:

1. All insurance certificates must list the COUNTY as "Certificate Holder" in the following manner:

Miami-Dade County
111 N.W. 1st Street, Suite 2340
Miami, Florida 33128

2. Worker's Compensation Insurance for all employees of the Network Provider as required by Florida Statutes, Chapter 440.
3. Commercial General Liability Insurance in an amount not less than \$300,000 per occurrence, and \$600,000 in the aggregate. Miami-Dade County must be shown as an additional insured with respect to this coverage.

***NOTE:** For Human and Social Service organizations providing care and other services to vulnerable clients, such as children, elderly adults and those with intellectual and developmental difficulties the above listed number three insurance requirement is to be replaced with the following:

1. Commercial General Liability Insurance in an amount not less than \$300,000 per occurrence, and \$600,000 in the aggregate. Policy must be endorsed to include Abuse and Molestation coverage. Miami-Dade County must be shown as an additional insured with respect to this coverage.

4. Automobile Liability Insurance covering all owned, non-owned, and hired vehicles used in connection with the Work provided under this Agreement, in an amount not less than \$300,000* combined single limit per occurrence for bodily injury and property damage.

***NOTE: For Network Providers supplying vans or mini-buses with seating capacities of fifteen (15) passengers or more, the combined single limit per occurrence for a bodily injury and property damage required for the Auto Liability is \$1, 000,000.**

***NOTE:** For Network Providers offering professional services directly to customers and regularly giving advice, Professional Liability Insurance is required as listed below.

5. Professional Liability Insurance in the name of the Provider, in an amount not less than \$250,000.

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

- a. The company must be rated no less than "A-" as to management, and no less than "Class VII" as to financial strength, according to the latest edition of Best's Insurance Guide published by A.M. Best Company, Oldwick, New Jersey, or its equivalent, subject to the approval of the COUNTY's Risk Management Division, Internal Services Department, or successor departments or agencies.

OR

- b. The company must hold a valid Florida Certificate of Authority as shown in the latest "List of All Insurance Companies Authorized or Approved to Do Business in Florida," issued by the State of Florida Department of Financial Services.