REVISED EXHIBIT AS
Monroe County
Centralized Receiving Facility

I. OVERVIEW

Guidance/Care Center, Inc. ("Network Provider") is the designated centralized receiving facility ("CRF") that serves as the coordinated system of entry in the central region of Monroe 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, Guidance Document 27, Central Receiving Systems (CRS) and in accordance with the Monroe County Designated Receiving System Plan, dated 2023-2026, (MC-Plan, or latest revision thereof), herein incorporated by reference.

The CRF is responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage and/or stabilization of persons with mental health or substance use disorder, or co-occurring disorders. The CRF must function as a no-wrong-door model that responds to individual needs and integrates services among various providers.

The Network Provider must participate in a coordinated system that is linked by a method to share data, formal referral agreements, and cooperative arrangements for care coordination. The Network Provider must provide or arrange for necessary services following an initial assessment or screening and evaluation.

II. PROVISION OF THE PRIME CONTRACTS

The CRF is funded with Department of Children and Families and Monroe 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 Contract, (the contract entered into 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 Contract is incorporated by reference in this Contract.

III. MONROE COUNTY DESIGNATED RECEIVING SYSTEM PLAN

The Network Provider agrees to adhere to and implement the CRF in Monroe County as described in the Monroe County Designated Receiving System Plan, dated 2023-2026, or the latest revision thereof, herein incorporated by reference.

IV. OBJECTIVES

The primary objectives of the CRF are to:

1. Provide a central receiving system serving the target populations;
2. Provide initial screenings, assessments for consumers that meet criteria for acute care services, triage, care coordination, and related services and linkage to appropriate level of care;

3. Provide opportunities for jail diversion, offering a more suitable and less costly alternative to incarceration;
4. Reduce the inappropriate utilization of emergency rooms;
5. Increase the quality and quantity of services through coordination of care and recovery support services;
6. Implement standardized screening tools and procedures for services; and,
7. Improve access and reduce processing time for law enforcement officials transporting individuals needing behavioral health services.

V. SCOPE OF THE ACTIVITIES AND SERVICES

A. 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(17)-(18), F.S.
4. Individuals needing screening for non-acute mental health and/or substance abuse treatment services and that meet the target population descriptions contained in s. 394.674, F.S. and described in the DCF Pamphlet 155-2.

B. Client Services

1. The Network Provider must provide crisis stabilization, substance abuse detoxification services, crisis support emergency services, screenings, assessments for consumers that meet criteria for acute care services, and Medication Assisted Treatment, and care coordination for clients referred to other providers.

2. Screening services for individuals needing acute and non-acute mental health and/or substance abuse treatment services must be available through the CRF twenty-four hours seven days per week, 365 days per year.

3. **Screening Tools**: The Network Provider must utilize screening tool(s) agreed to between the ME and the Network Provider. The Network Provider must screen all individuals presenting at the CRF. Those individuals with positive screenings must result in a full biopsychosocial assessment to be completed at the CRF to generate referral and linkage to the appropriate level of care.

4. The Network Provider must have a protocol to screen and triage all individuals to determine an individual's immediacy of needs and establish a plan for further assessment and treatment. The screening must at a minimum include:

   - Reason for referral
   - Medical needs

- Current medications
- Current substance use, and
- Risk of harm to self and others

5. **Mobile Response Team:** The Network Provider must provide all individuals with information on how to access Mobile Response Team services.

C. The Network Provider's ability to accept consumers under the CRF system is to be executed according to its capabilities and limitations as described in the table below and as described in the Monroe County Transportation Plan for Involuntary Examinations (Baker Act) and Involuntary Admissions (Marchman Act), herein incorporated by reference.

CRF Service	Capabilities/Limitations
Voluntary Assessment and Evaluation	Crisis Stabilization Unit (Adults Only), Detoxification (Adults Only), Screening and Assessment
Involuntary Assessment and Evaluation	Crisis Stabilization Unit (Adults Only), Detoxification (Adults Only), Screening and Assessment
Triage for Mental Health Services	Crisis Stabilization Unit (Adults Only), Screening and Assessment
Triage for Substance Use Disorder Services	Detoxification (Adults Only), Screening and Assessment
Involuntary Treatment for Mental Health Disorders	Crisis Stabilization Unit (Adults Only)
Involuntary Treatment for Substance Use Disorders	Detoxification (Adults Only)

D. PERFORMANCE MEASURES

1. **100%** of persons who walk into the CRF requesting screening (non-acute) services must be screened 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 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 determined by the screening process to need outpatient services must be linked to an appropriate provider. The CRF will secure an outpatient appointment within ten (10) business days of the date of the initial screening.
4. **85%** of persons referred to outpatient services will receive a follow-up within seventy-two (72) hours of scheduled appointment to determine linkage.
5. **85%** of persons determined not to have a successful linkage will receive an alternate referral for outpatient services within ten (10) business days.
6. Reduce drop-off processing time by law enforcement officers for admission to crisis services; until they are maintained at less than 10 minutes.
7. Increase participant access to community-based behavioral health services after referral.
8. 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.
9. Reduce Number of Individuals Admitted to a State Mental Health Treatment Facility. First quarter numbers will be used to determine baseline.
10. No more than **14.81%** CSU readmissions within thirty (30) calendar days for consumers referred internally for post-CSU discharge services.
11. No more than **15.0%** Detoxification readmissions within thirty (30) calendar days for consumers referred internally for post-detoxification discharge services.

E. SERVICE SITE ADDRESS AND TELEPHONE NUMBER

3000 41st Street Ocean Marathon, FL 33050
(305) 434-7660

F. FUNDING: The Network Provider's allocation to operate the CRF is found in **Exhibit H, Funding Detail**.

G. METHOD OF PAYMENT: The CRF must be paid on a fee-for-service (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**.

H. COLLABORATIONS AND PARTNERSHIPS

1. **ME's Care Coordination Department**: The Network Provider must work with the ME's Care Coordination Department if an individual entering the CRF is identified as needing care

coordination services. Refer to Attachment I, Section B. 1. a. (25), Care Coordination and Reporting Requirements, for a more detailed description of Care Coordination services.

2. The Network Provider, in collaboration with the ME and Monroe County, must review and update, as necessary, the designated receiving system at least once every three (3) years, or earlier if deemed necessary.

3. The Network Provider is expected to develop partnerships and agreements with community partners (i.e., other Thriving Mind South Florida contracted Network Providers, managed care organizations, criminal and juvenile justice systems, community-based care organizations, housing providers, federally qualified health centers, etc.) for the coordination of care to individuals referred from the CRF, to leverage resources and share data as allowed by federal and state laws.

I. REPORTING REQUIRMENTS

1. **Service Data**: Service Data into Carisk or any data system designated by the ME and must be submitted per the requirements described in Attachment I, Section B. 4. Deliverables, and in Attachment I, Section D. 3., Acute Care Service Utilization Reporting for Public Receiving Facilities, Detoxification and Addiction Receiving Facilities.

2. **Performance Measures Report**: By the 10th of every month following the reporting month for the measures listed above in Section VI., paragraph D., Performance Measures.

3. **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.

J. STAFFING: Any changes in staffing plan greater than 25% of either the total FTE or total salary costs, as per the approved budget, is subject to ME approval.

K. MEETINGS/TRAININGS

1. The Network Provider will ensure that its staff is properly trained on CRF model, goals and objectives, evidence-based practices and Screening and Level of Care Placement Tools.

2. The Network Provider must meet with the ME's staff at regularly scheduled or specially called meetings and/or trainings when notified by the ME.