



Agenda Item Summary

File #: 24-01092

Agenda Date: 12/10/2024

Agenda Item Name:

First Amendment to the Subrecipient Agreement with Meridian for the Central Receiving System (CRS)

Presenter:

Claudia Tuck, 352-231-0058

Description:

First Amendment to extend payment for costs incurred from September 30, 2024 to September 30, 2025. It also revises the date for the final payment request from January 31, 2025 to October 15, 2025.

Recommended Action:

Approve the First Amendment and Authorize the Chair to execute it.

Prior Board Motions:

At its September 13, 2022 meeting, the Board approved the American Rescue Plan: State and Local Fiscal Recovery Funds for the Alachua County Central Receiving System for the operation of the CRS and appropriated \$1,750,000.00 of Revenue Recovery funding.

On December 13, 2022 the Board approved the original subrecipient agreement with Meridian to provide \$1,750,000.00 of Revenue Recovery funding.

Fiscal Note:

This amendment extends the final payment date to October 15, 2025. There are no additional fiscal impacts to this agreement. 052.00.0064.569.82.20 ARP2021x011

Strategic Guide:

Social and Economic Opportunity

Background:

The CRS serves as a single point of entry into the behavioral health system for assessment, evaluation and placement of adults experiencing a crisis as defined by the Baker and/or Marchman Acts. It became operational on November 19, 2024, and offers immediate, short-term assessment, stabilization, and identification of the most appropriate placement with the goal of completing a care plan within 23 hours of entry. The Alachua County CRS serves adults and children, providing them and their families with the same array of services.

This program is recognized as an evidence-based practice by the Substance Abuse and Mental Health Service Administration (SAMHSA). In Florida, this same approach is used to address the behavioral health needs of citizens who reside in over 23 of the State's 67 counties.

There are significant advantages of the CRS model including greater coordination and quality of care, significantly reduced processing time for law enforcement, and a valuable mechanism for pre-arrest diversion as an alternative to hospitalization or incarceration, thereby reducing the use of costly hospital and jail beds.