

High Utilization of Crisis Stabilization Services: Children and Adolescents

SECOND YEAR

Fourth Quarter Report: April-June 2022



Department of Children and Families
AND
Agency for Health Care Administration

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Introduction

The Office of Substance Abuse and Mental Health within the Florida Department of Children and Families (Department) is Florida's single legislatively designated mental health authority. The office is governed by Chapter 394 of the Florida Statutes and has responsibility for the oversight of statewide prevention, treatment, and recovery services for children and adults with mental illness, and for the designation of Baker Act receiving facilities. The Agency for Health Care Administration (Agency) directs the state's health policy and planning. The Agency is responsible for the licensure of health care facilities, including crisis stabilization units and inpatient psychiatric hospitals, and administration of the Medicaid program.

On June 27, 2020, Governor Ron DeSantis signed House Bill 945 to revise section 394.493, Florida Statutes, requiring the identification of children and adolescents who are the highest utilizers of crisis stabilization services. High utilization is defined as children and adolescents under 18 years of age with three or more admissions into a crisis stabilization unit or an inpatient psychiatric hospital within 180 days. Through Fiscal Year 2021-2022, the Department and the Agency are required to jointly submit to the Florida Legislature quarterly reports that outline the actions taken to meet these children's behavioral health needs. This report is the final of the quarterly reports.

The initial data for the project identified approximately 2,300 high utilizers in 2019. This number decreased in 2020 to 1,156 and it remained very close in 2021 with 1,219 high utilizers. The efforts in Florida communities to decrease the number of high utilizers will continue although the requirement to submit this report ended June 30, 2022.

During this quarter, the Department and Agency focused on reducing high utilization through various efforts in Florida communities, including using best practices, expansion of pilot programs, implementing Managing Entity children's behavioral health system of care plans, providing information regarding the Mental Health America training, modifying the Residential Psychiatric Treatment Report to require the managed care plan to provide post-discharge follow-up services within seven days of discharge, and making recommendations to modify the Statewide Medicaid Managed Care procurement criteria to include various requirements specific to the high utilizer population. The 2021-2022 High Utilizer Goals and Strategies in Appendix A of this report are close to complete.

GOAL

The Department of Children and Families and the Agency for Health Care Administration will focus on decreasing the number of children and adolescents who are high utilizers of crisis stabilization services.

Reducing High Utilization through Various Efforts in Florida Communities

Children's Care Coordination

The Department will continue to enhance goals and measurable outcomes for regional care coordinators to work towards increasing access to services and general understanding of how to navigate the behavioral health system of care. Data collection regarding children's care coordination started in October 2021. The Department's regional care coordinators provide Tier 1 system level coordination between other state agencies and through system partners such as Managing Entities and behavioral health providers. Managing Entity care coordinators engage in Tier 2, locally focused care coordination to connect children and families with a service provider. The families served by Managing Entity and regional care coordinators may overlap as the Region and the Managing Entity work together to leverage all available resources for the most complex cases. Data analysis shows that from October 2021 to June 2022, 1,050 monthly unduplicated children and their families received Tier 1 care coordination. From July 2021 to June 2022, 560 monthly unduplicated children and their families received Tier 2 care coordination.

Best Practices

A "Best Practices" presentation has been developed for Medicaid health plans to highlight and promote identified best practices used within Florida and nationally. Beginning in the fall of 2022, the Agency will offer live webinars of this presentation for managed care plans. In addition, the Agency plans to collaborate with the Department to allow the children's care coordinators the opportunity to attend, as well.

Health Plan Resource Pages

The Agency updated its public facing Health Plan Resource page to include behavioral and mental health general resources. The purpose is to promote additional programs both statewide and nationally that specifically serve our most vulnerable population. An overview was presented on the Department's monthly children's care coordination meeting. That page can be found here:

https://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/health_plan_resources.shtml.

All health plans submitted the first set of quarterly updates to their resource pages that are included on the Agency's website. The pages were created to provide consistent information for hospitals and providers looking for information specific to each health plan, including a listing of the behavioral health supports provided, after-hours contacts, along with an escalation contact, and care coordination and discharge planning. Similar information is also required for case management and transportation. The information is available within two clicks of the health plan's landing page and is updated quarterly.

Interagency Calls Regarding High Utilizers

The Agency and the Department participate in monthly collaboration calls to focus on areas of concern relating to required staffing's associated with some of the highest and most vulnerable utilizers. These meetings were established to continue these discussions beyond the conclusion of the House Bill 945 mandated project.

Pilot Updates

Statewide Medicaid Managed Care

The Agency's Event Notification Services (ENS) provides subscribers, including more than 300 hospitals and other providers, with timely notifications about their patients' health care encounters, such as admissions, discharges, and transfers. When one of the listed patients receives care at a participating health care facility, subscribers receive an alert containing details about that patient's hospital encounter. Crisis stabilization units are not required to subscribe to ENS while Medicaid health plans are required. The Agency has an ENS pilot with a health plan to test adding data elements that the facilities share with the health plan and vice versa, such as updated contact information from the facilities and service data from the health plans. If all goes well, health plans and facilities will be able to share the most up-to-date contact information and facilitate discharge planning for all parties. The Agency's ENS team is also actively recruiting crisis stabilization units and inpatient hospitals to subscribe to this notification service. Currently, three CSUs/psychiatric hospitals are contributing data to ENS. Five more are close to completing enrollment.

Additionally, Sunshine Health's Child Welfare Specialty Plan continues its efforts to partner with ChildNet Broward CBC (Medicaid Region 10) on a pilot to develop and maximize the use of three behavioral health In-Lieu of Services (ILOS): Mobile Crisis Assessment and Intervention, High Fidelity Community Based Wraparound, and Peer Support. We are still in the process of getting the pilot set up.

Volusia County Pilot

The Volusia County pilot is a teaming and care coordination model, in partnership with the Volusia County Sheriff's Office. Teaming is a process that involves identifying essential collaborators and working efficiently together to give families access to trauma informed services in a streamlined, collaborative approach and continue to ensure that necessary services are provided over an extended period. The Volusia pilot started on September 27th, 2021, and as of June 2022 the pilot has engaged 73 families and referred 43 families to community resources and services. The data illustrates the most common ages served are children to 16 years old. These outcomes demonstrate the need for earlier engagement and prevention services at a younger age than previous practices.

This pilot program has expanded to the SunCoast Region where it is in the initial phase of the teaming prototype. A sequential intercept mapping was completed in April. The SunCoast Region pilot program will start in Hillsborough County, followed by Pasco and Pinellas Counties, then expand to the rest of the region, including Manatee, Sarasota, DeSoto, Charlotte, Glades, Lee, Hendry, and Collier Counties.

In July 2022, the Hillsborough County Pilot started accepting referrals from Hillsborough County Sheriff's Behavioral Health Unit and the Hillsborough County School System to partner with them for upstream prevention efforts for families with youth 6-12 years old. This model through a teaming process infuses clinical knowledge, care coordination, and community partners to holistically work with the family to ensure services and follow up are in place to support. In using the system of care principles in a trauma informed manner, this pilot is looking to prevent deeper end services such as: abuse hotline calls, law enforcement calls, school concerns, and high utilization of behavioral health services.

As the pilot expands to the other counties within the SunCoast Region, sequential intercept mapping projects are scheduled, collaborative in lieu of are taking place with partners, and efforts are under way to grow the pilot to the other three circuits.

Family Crisis Coordination Pilot

One of the Department's managing entities, Lutheran Services Florida, began the Family Crisis Coordination Pilot in 2018 in Duval County, and has expanded to serve five circuits in the Northeast Region, including Circuits 3, 4, 5, 7, and 8. The focus is on non-traditional services, such as wrap-around, peer support, and in-home services for families that have struggled to navigate the behavioral health system. Children and youth ages five to 17 who have met the following criteria are enrolled in the Family Crisis Coordination pilot:

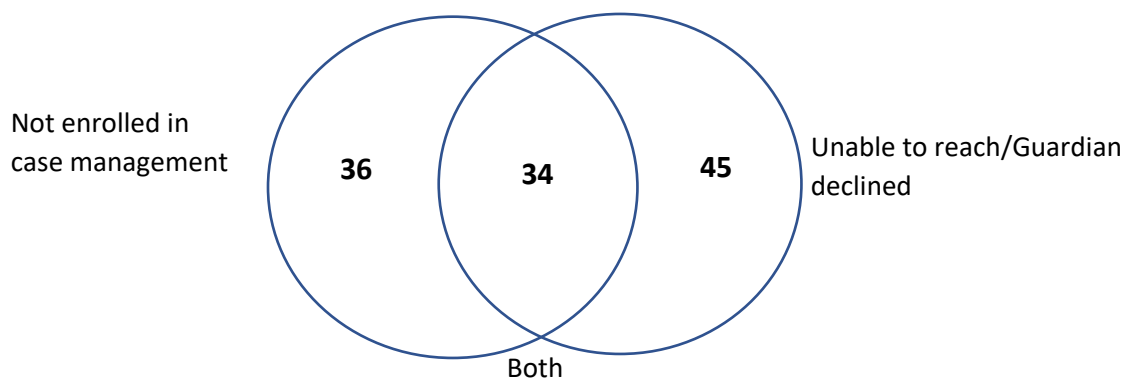
- Those who have not responded to traditional clinical services; and
- Those who are rapidly cycling into crisis stabilization units.

Family Crisis Coordination is expanding six teams throughout the state utilizing the 126-dollar million budget allocated to DCF this new fiscal year serving youth under 13 years old to prevent high utilizers of crisis stabilization units.

Health Plan Child-Specific Survey

In December 2021, the Agency sent each health plan a list of their children/adolescent members identified as high utilizers based on claims and encounter data. A review of the initial responses led the Agency to send a second survey on 115 unique children/adolescents where (1) the plan previously reported a case manager had not been assigned to the member or (2) the plan previously reported they were unable to reach the member/guardian, or the member/guardian had declined services. 36 recipients were in the first category. 45 were in the second category. 34 were in both categories.

In the follow-up survey sent to plans in March 2022, the Agency made two requests. For those members reported as not having a case manager assigned, the plan was asked to call again and document the results. For those members reported as unable to reach or member/guardian refused services, the plan was asked to document the dates and outcomes of the last three contact attempts.



The plan’s efforts to complete the second survey resulted in 20 additional members enrolling in case management. In 16 cases, successful outreach was made, and the member/guardian declined case management and reported that needed services were in place. The most utilized services reported were individual and family therapy, psychiatric services, and targeted case management. Unfortunately, more than one-third of the members/guardians could not be reached by phone or did not respond to follow-up mail, despite diligent efforts by the plans.

Managing Entity Plans

The table below provides an update to the children’s behavioral health system of care plans developed by managing entities.

Managing Entity	Children’s Behavioral Health System of Care Plan Implementation Status
NWF Health Network	<p>Efforts to increase collaboration for early intervention as well as those high utilizers of services include:</p> <ul style="list-style-type: none"> • Provide training on teaming processes to stakeholders. • Participate in level two family team staffing’s to provide guidance and assure coordination of services. • Ongoing outreach regarding youth care coordination provided to schools, community partners, Baker Act coordination and Crisis Intervention Team meetings. • Discussion with emergency rooms and acute care facilities to coordinate with school behavioral health providers regarding Baker Acts and inpatient hospitalization. • Expand school and community collaboration meetings to assure coordination of behavioral health services between schools and community. • Add Family Crisis Care Coordination programs to partner with local acute inpatient settings.
Broward Behavioral Health Coalition (BBHC)	<p>Workgroups are established to ensure coordinated management of the implementation of the plan to include systems, data, and case management coordination. Other steps that have occurred include:</p> <ul style="list-style-type: none"> • Established a monthly meeting to address the product of the workgroups and system implementation. • Began to integrate services across systems that work with children. For example, BBHC began to implement an integrated grant project with the Department of Juvenile Justice; another integrated project was rolled out with the Community Based Care Organization. • Focused on trainings with the Early Learning Coalition and integrated services with Healthy Start Coalition. <p>Care coordination services continue to staff cases involving multiple systems, agencies, and funders, including Medicaid health plans to deliver coordinated services. Additionally, BBHC is involved in effort to improve integration of child welfare and behavioral health in the County with multi-system stakeholders. BBHC expanded funding to increase access to children’s care coordination.</p>

<p>Central Florida Behavioral Health Network, Inc.</p>	<p>The Managing Entity has been educating the community on HB 945, Coordinated Children’s System of Care Plans, through multiple stakeholder meetings in the SunCoast Region and Circuit 10 incorporating discussions on children’s behavioral health services, coordinated efforts to access services, and opportunities for capacity building. Some examples on how the ME has enhanced the system of care correlating to HB 945 include:</p> <ul style="list-style-type: none"> • Expanding Mobile Response teams. • Adding 5 Child Care Coordinators at the network service provider level throughout the SunCoast Region. • Working with a community provider in Circuit 13 for a Therapeutic Group Home to support youth including those within the child welfare system • The Managing Entity has partnerships within the school system for coordinated behavioral health services in Circuit 6 and Circuit 13. • Developing teaming models for integrated approach for families. • Expanding CAT teams to assist with capacity building.
<p>Central Florida Cares Health System</p>	<p>Prevention/School-based Services:</p> <ul style="list-style-type: none"> • Eckerd Connects has finalized their agreement with Osceola Schools to provide prevention services at 3 elementary schools. All 3 staff positions have been hired and currently participating in trainings. The Program Manager is working on obtaining the school badges. Services will begin in August. • Park Place Behavioral Health Care will work with Osceola Schools to implement the Back on Track program beginning in August. The Back on Track program is an intervention program to avoid expulsion for students. <p>In-home/Child Welfare Integration/Family Services:</p> <ul style="list-style-type: none"> • Working with Children’s Home Society to discuss expanding Wraparound services into two additional counties
<p>Lutheran Services Florida Health System</p>	<p>The Managing Entity is finalizing plans to increase access to teaming models such as MRT, CAT, and FIT services based on utilization, data, and HB 945 initiatives. Expansion of teaming models includes a focus on increased workforce development and rate increases for providers. Recruiting and retaining qualified behavioral health professionals is essential to increasing access to behavioral health services and is crucial to improving outcomes. The rate increase is intended to allow service providers the opportunity to recruit staff for the services these children and families need. Further, the Managing Entity continues to focus on training peer specialists to place in provider organizations to provide needed supports, posts job openings for provider organizations on their website, and supplies providers with telehealth equipment as an effective means to expand service capacity.</p>
<p>Southeast Florida Behavioral Health Network</p>	<p>The Managing Entity funded an additional child psychiatrist at Housing Partnership dba Community Partners of South FL for Palm Beach County to increase access to services for indigent families. A meeting was facilitated between Community Partners and the Health Care District in Belle Glade to assist with a medical/psychiatric collaboration for children, families, and adults to receive medical screening services along with their behavioral health services. The Managing Entity is working on updating the Baker Act Transportation Plans with the respective Counties within their catchment area to include contractual assurances for a timely response and safety mechanisms for the</p>

	<p>transportation of youth. The Managing Entity met with Martin and Palm Beach Sheriff's Offices regarding the utilization of MRT.</p> <ul style="list-style-type: none"> • Implemented a federal System of Care grant in Martin and St. Lucie Counties where they are working on adding a peer support and advocacy group. • Analyzed data to determine behavioral health impact for youth involved with child welfare and juvenile justice to identify appropriate services in St Lucie County. • Expanded funding for access to children's care coordination. • Drafted agreements for Memoranda of Understanding to formalize verbal agreements to provide care coordination with Baker Act Receiving Facilities. • Mobile Response Teams are reviewing and revising current policies and procedures for collaboration with the school districts. Written information is shared weekly from MRT to these school districts. • Participated in the update of the Child Welfare Charter to allow for children's data integration efforts. • For integration with Juvenile Justice, Georgetown University will conduct an evaluation inclusive of how mental health and substance use impact youth involved with (child welfare) and juvenile justice. For youth served in multiple systems, Memorandums of Understanding have been drafted.
<p>South Florida Behavioral Health Network, Inc. dba Thriving Mind South Florida</p>	<p>During this quarter, the Managing Entity focused efforts on expanding access to crisis, outpatient, and residential services. Due to Miami-Dade county's expansive territory an additional four Mobile Response Teams (MRT) and two additional CAT teams are starting. Short-term Residential Treatment (SRT) beds for children is in the planning stages. The Children's Care Coordination team has been convening bi-weekly with the crisis units to continue their efforts in decreasing the number of high utilizers and re-admissions into crisis.</p>

Statewide Medicaid Managed Care

The Agency will evaluate potential elements to include in the upcoming Statewide Medicaid Managed Care reprocurement, such as:

- Enhanced care coordination, including the assignment of a case manager to each high utilizer.
- Case managers will communicate and coordinate with Department children's care coordinators.
- Routine reporting for each enrollee.

Expanding Capacity

- A new Statewide Inpatient Psychiatric Program (SIPP) was opened on June 15 in Hernando County. The program provides services to adolescent males 13-17 years old. Youth may have a history of involvement with the Juvenile Justice or State Custody Systems, prior episodes of hospitalization (case-by-case basis) and/or a history of Brooksville Youth Academy behaviors, including but not limited to, aggression, emotional dysregulation, or conduct, oppositional or defiant behaviors. The program provides care, recreation, education, physical and mental health treatment services, living skills, and establishment of aftercare services prior to discharge.
 - The Agency expedited the provider enrollment into Medicaid. When the enrollment was complete, the Agency also communicated with a health plan that had children

awaiting services from this provider. The SIPP has a current census of 28 children. There is a ribbon cutting event scheduled on August 18, 2022, to celebrate the opening of the facility.


- The Managing Entity in Broward County is contracting with a group home provider to add four overnight respite beds for children ages 12 and over, totaling 60 children to be served for the Fiscal Year 2022-2023.
- Short-term Residential Treatment (SRT) for children is being planned in the Southern Region to add an additional level of care for children. The SRT is currently under construction and the provider anticipates capacity for 16 residential children's beds. In collaboration with Broward Behavioral Health Coalition, eight of the beds will be made available for Broward County residents.
- A provider in Hillsborough County is planning to use underutilized beds to increase resources for families in the community, including those served in child welfare. They are working through the licensure process with the Agency.

Collaboration Efforts

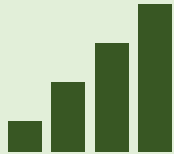
On June 24, 2022, the Agency presented at the Florida Association of Managing Entities (FAME) annual network service provider workshop. The Agency provided an overview of behavioral health services covered by Medicaid, as well as the expanded benefits and ILOS offered by Medicaid health plans. FAME presented on the role of MEs. Each Medicaid health plan sent one participant to the workshop. The Agency will identify Medicaid high utilizers using calendar year 2021 claims and encounter data and follow up with health plans to ensure they are aware of the children and are actively coordinating their care.

Appendix A: 2021-2022 High Utilizer Goals and Strategies

Short-term Goals (1-6 months)

Goal	Strategies	Steps	Progress/ Outcomes
<p>1. Provide educational materials/ trainings</p> 	<p>1.A. Provide information to applicable Department of Juvenile Justice (DJJ) and law enforcement staff about the Baker Act statute requirements and the county's transportation plan.</p>	<p>1.A.1. By September 2021, the Department will share the link to the law enforcement and the Baker Act refresher and law enforcement and the Baker Act course. Available at https://fcbonline.remote-learner.net/course/index.php?categoryid=17.</p> <p>1.A.2. By September 2021, the Department will share the Introduction to Baker Act and Minors and the Baker Act to DJJ leadership available at https://fcbonline.remote-learner.net/course/index.php?categoryid=17.</p>	<p>1.A.1. This step was completed.</p> <p>1. A.2. This step was completed.</p>
	<p>1.B. Educate and train MMA health plans about care coordination and other best practices, including but not limited, to the High-Fidelity Wraparound Model and Peer Support.</p>	<p>1.B.1. By September 2021, the Agency will share materials with plans about the High-Fidelity Wraparound Model. The Agency's Quality Bureau will perform outreach to the plan's contacts in November 2021 to assess progress and determine next steps.</p> <p>1.B.2. By September 2022, the Agency will develop best practices training for MMA health plans. This training will be a web-based training conducted by Agency staff.</p>	<p>1.B.1. This step was completed.</p> <p>1.B.2. The training has been developed and is under review.</p>
	<p>1.C. Educate and train receiving facilities about integrated practice team staffing's.</p>	<p>1.C.1. Starting December 2021, the Department will report the progress on the ways the Managing Entities coordinate with the children's receiving facilities and health plans to ensure the youth are linked to services to reduce readmissions.</p>	<p>1.C.1. This step has been completed, and the work will continue.</p>
	<p>1.D. Improve the Notice of Release or Discharge form available at https://www.myflfamilies.com/service-programs/samh/crisis-services/baker-act-forms.shtml.</p>	<p>1.D.1. Starting September 2021, the Department will review the current discharge form and recommend changes to be made based on current research.</p> <p>1.D.2. By October 2022, the Department will update the current discharge form.</p>	<p>1.D.1. The proposed rule is currently under review by the Department.</p> <p>1.D.2. This step is on track.</p>

2. Strengthen MMA Health Plans Care Coordination Requirements



2.A. Improve performance related to the 7-Day follow-up requirement.

2.A.1. By October 1 of each year, each MMA health plan will submit Performance Improvement Project (PIP) documentation focused on their efforts to increase the number of members who attend a follow-up visit within seven days after a hospitalization for mental health, or an emergency department visit for mental health conditions and/or alcohol and other drug abuse or dependence.

2.A.1. This step was completed.

2.A.2. This step has been completed for the October 1, 2021, submissions. The External Quality Review Aggregate PIP Validation Report was submitted to the Agency, reviewed, and finalized during the fourth quarter.

2.A.2. Each PIP will be validated each year in the fall/early winter by the Agency’s contracted External Quality Review (EQR) vendor. Progress will be monitored.

2.A.3. The Agency will include additional requirements in upcoming contract procurement.

2.A.3. Add additional language to the SMMC contract to strengthen requirements for assigning care coordinators and case management services.

2.B. Require MMA health plans to update their resource pages to include further information related to care coordination and discharge planning.

2.B.1. By September 1, plans will submit draft updated resource pages for Agency review.

2.B.1. This step was completed.

2.B.2. By January 2022, plans’ updated resource pages will be live.

2.B.2. This step was completed.

2.C.3. By February 2022, promote the updated resource pages to providers and the Florida Hospital Association.

2.C.3. This step was completed.

2.D. Make the Agency resource page more visible to providers.

2.D.1. By September 2021, the Agency will update its Medicaid landing page to make the link to the MMA health plan resource page available in less than two clicks.

2.D.1. This step was completed.

2.D.2 By March 2022, promote the new visibility of the Agency resource page.

2.D.2. This step was completed. The Agency will continue to promote this information.


2.E. Enhance the Agency resource page to make it more valuable to providers and MMA health plans

2.E.1. By March 2022, add links to other state agencies and stakeholders with a role in behavioral health care, such as the Department and the Managing Entities.

2.E.1. This step was completed.

		2.E.2 By January 2022, add links to resources such as the High-Fidelity Wraparound white paper and the “Mental Health First Aid Training” offered by the Managing Entities.	2.E.2. This step was completed.
3. Provide recommendations	3.A. The October-December 2021-2022 Quarterly Report will include recommendations.	3.A.1. By August 2021, the Department and the Agency will review the issues and barriers plot, as well as the opportunities for improvement identified by the Workgroup. 3.A.2. By January 2022, the Department and the Agency will include the recommendations of the Workgroup, the Agency, and the Department in the Second Quarterly Report.	3.A.1. This step was completed. 3.A.2. This step was completed.

Long-term Goals (Ongoing)

Goal	Strategies	Steps	Progress/ Outcomes
1.Increase communication	1.A. Facilitate a process for MMA health plans to coordinate care with the Department’s children’s care coordinators for high utilizer children and adolescents. 	1.A.1. By April 2022, the Agency will advise the MMA health plans of this expectation. 1.A.2. The Department will amend the Managing Entity contracts. 1.A.3. By August 2021, the Agency will obtain a list of the Department’s children’s care coordinators. 1.A.4. Starting July 2021, the Department will develop a monthly tracking tool that will capture the receiving facilities the children’s care coordinator will communicate with in each region that treat children and adolescents to establish a relationship.	1.A.1. This step was completed. 1.A.2. This step was completed. 1.A.3. This step was completed. 1.A.4 This step was completed.

		<p>1.A.5. Starting August 2021, the Department will coordinate virtual networking introductions between MMA health plans and children’s care coordinators.</p> <p>1.A.6. Starting December 2021, the Department’s subject matter experts will host in-service educational opportunities for the children’s care coordinators and the MMA health plans regarding access to specialty services to leverage community resources including Community Action Treatment (CAT) teams, High Fidelity Wrap Around, Coordinated Specialty Care, and Mobile Response Teams (MRT). The Department will create an action plan for implementation.</p>	<p>1.A.5. This step was completed.</p> <p>1.A.6. This step was completed.</p>
	<p>1.B. Implement the use of Mobile Response Teams in DJJ facilities to assist with Baker Act situations.</p>	<p>1.B.1. Starting September 2021, the Department will work with DJJ.</p>	<p>1.B.1. This step was completed, but work will continue.</p>
	<p>1.C. Survey MMA health plans to determine who is assigned from their plan to participate in the local Managing Entity coalition meetings. The meetings are required under HB945 to develop a local children’s behavioral health system of care plan.</p>	<p>1.C.1. Starting August 2021, the Agency will distribute the survey.</p>	<p>1.C.1. This step was completed.</p>
<p>3. Leverage technology</p> 	<p>3.A. Include language in rule 65E-5, clarifying that telehealth can be used to conduct an assessment for Baker Act and/or conduct the initial formal assessment, including the emergency department.</p>	<p>3.A.1. The Department drafted language to specify that telehealth may be used.</p>	<p>3.A.1 This step is on track. In addition to the proposed telehealth language in rule 65E-5 that is under review by the Department, during this 2022 legislative session, the Florida Legislature revised telehealth law through SB 1262. This bill provides a definition for “telehealth,” specifically that telehealth has the same meaning as defined in section 456.47, F.S., and it permits receiving facilities holding individuals for an involuntary examination under the Baker Act to authorize the release of a patient via telehealth.</p>

	<p>3.B. Expand the Event Notification Service (ENS), used by the MMA plans, to include children’s psychiatric units.</p>	<p>3.B.1. Starting August 2021, the Agency will perform outreach to encourage psychiatric hospitals, crisis stabilization units, and other behavioral health facilities to connect with and submit data to ENS.</p> <p>3.B.2. Starting August 2021, the Agency will track the number of these entities that connect with ENS.</p>	<p>3.B.1. This step is on track. Agency staff in the Florida Center and the ENS vendor, Audacious Inquiry (AI), have engaged in multiple outreach activities to psychiatric hospitals and crisis stabilization units. During this quarter, staff attended the Behavioral Health Conference to connect directly with psychiatric hospitals and other behavioral health facilities. Staff conducted a webinar focused on ENS and behavioral health opportunities. The Health IT Matters in September focused on behavioral health as well, briefly highlighting ENS. Additional outreach is ongoing.</p> <p>3.B.2. As of the end of quarter one calendar year 2022, 15 outpatient behavior health facilities were live subscribers with ENS, of those, 3 were CSU’s. There were 4 others in progress.</p>
<p>4. Improve discharge planning</p>	<p>4.A. Add language to the FAC 65E-5: Mental Health Act Regulation about discharge plan expectations.</p> <p>4.B. Revise the Residential Psychiatric Treatment Report to include the requirement to report on the 7-day follow-up.</p>	<p>4.A.1. The Department will draft language to strengthen discharge planning requirements.</p> <p>4.A.2. By October 2022, Rule 65.E-5 will reflect the discharge planning expectations.</p> <p>4.B.1. Starting July 2021, the Agency will continue revising the Report which began in Fiscal Year 2020.</p>	<p>4.A.1. This step is on track. During this 2022 legislative session, the Florida Legislature passed Senate Bill 1262 which revises Baker Act discharge criteria and considerations. The Department will incorporate these new statutory provisions through rulemaking.</p> <p>4.A.2. In progress.</p> <p>4.B.1. This step was completed.</p>