
High Utilization of Crisis Stabilization Services: Children and Adolescents

Fourth Quarter Report: April - June 2021

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 the state's legislatively designated mental health authority. The office is governed by Chapter 394 of the Florida Statutes (F.S.), 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 s. 394.493, F.S., requiring the identification of children and adolescents who are the highest utilizers of crisis stabilization services (CSU). The agencies define high utilization 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. Until Fiscal Year 2022, the agencies are required to jointly submit quarterly reports to the Legislature that list the actions taken to meet the behavioral health needs of these children.

During the quarter, the Department and Agency continued bi-weekly internal agency meetings and joint agency workgroup meetings and held six HB945 CSU High Utilizer Workgroup meetings with stakeholders, including two Managing Entities, five Medicaid Managed Medical Assistance Plans, representatives from the Department of Juvenile Justice, Agency for Persons with Disabilities, Department of Education, Florida Hospital Association, SEDNET, Guardian Ad Litem State Office, Governor's Office, and Memorial Regional Hospital. The purpose for these meetings is to identify and address issues and barriers by mapping current processes to develop plans of action for process improvement. Table One of this report lists the strategies and progress and the corresponding actions taken during the quarter. These strategies also work toward the overall recommendations of previous reports, addressed in Appendix B.

Project Strategies and Status

Table One: Project Strategies and Status

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.		
Objective: Identify children and adolescents who meet the high utilizer definition and work with the health plan or the Managing Entity to coordinate care and reduce future utilization of crisis stabilization services.		
Strategies:	Status:	Target Date
1. Process Review		
A. Identify current review processes used at the local, regional, and state level.	Complete	NA
B. Leverage the existing multidisciplinary staffing processes to further the goal of the project.	In progress	December 2021
C. Address barriers identified by health plans.	In progress	December 2021
2. Data		
A. Identify children who meet the high utilizer definition by obtaining 2020 data.	Complete	NA
B. Analyze initial data.	Complete	NA
C. Develop single database to house Department and Agency data.	Complete	June 2021
D. Continue to analyze the combined data to identify gaps in services and other opportunities for improvement	In progress	August 2021
3. Collaborate with Stakeholders		
A. Arrange meetings with the Managing Entities, additional state agencies and health plans.	Complete	NA
B. Convene HB945 CSU High Utilizer workgroup to identify issues and barriers, improve and standardize processes, and implement plans of action.	Complete	NA
C. Identify areas of improvement to current processes.	In progress	August 2021
D. Map inter-related agency processes.	In progress	July 2021
E. Evaluate inter-related agency processes and map proposed new processes	In progress	August 2021
F. Assist and support implementation of the Managing Entities Organization Framework	Complete	February 2021
G. Assist and support development of a children's behavioral health system of care.	In progress	January 2022
H. Identify ways to leverage current community resources.	In progress	September 2021
I. Identify ways to increase interagency collaboration for children who fall within the high utilizer definition.	In progress	September 2021
J. Develop actions steps to improve care coordination and outcomes.	In progress	September 2021
K. Begin implementing 2021-2022 strategies.	Not started	September 2021

Actions

This section includes the actions taken this quarter towards completing the project strategies from Table One.

Strategy 1: Process Review

Activity A: By January 21, 2021, identify current review processes used at the local, regional, and state level.
Completed during Quarter 3.

Activity B: Leverage the existing multidisciplinary (MDT) staffing processes to further the goal of the project.

- The HB945 CSU High Utilizer Workgroup reviewed the list of MDT meetings this quarter and identified the staffing meetings that intersect with or may lead to a Baker Act.
- The Department and the Agency continued to identify staffing processes where there are opportunities to mitigate the utilization of CSU services in instances deemed appropriate for an alternate service and plan of action.
- The Department engaged child welfare staff for expertise on staffings related to children in foster care.

Activity C: Address barriers identified by health plans.

- Many of the barriers identified by the health plans were also identified by other workgroup stakeholders. The Workgroup, which was convened as part of Strategy 3, Activity B, will continue to explore the barriers and develop potential solutions.
- The Agency distributed a survey to solicit specific information from the Statewide Medicaid Managed Care Plans about Baker Act admissions and discharge processes, as well as other items related to high utilizers. Responses will be reviewed next quarter.

Strategy 2: Data

Activity A: By February 11, 2021, identify children who meet the high utilizer definition by obtaining 2020 data.
Completed during Quarter 3.

Activity B: Analyze Initial data.

Completed during Quarter 3. In addition to the initial data related specifically to admissions, the Agency has added children/adolescents to the database based on admission data for dates of service 07/01/2020 – 09/30/2020. The Agency has also been adding non-admissions claims data so we can see the services received before and after each admission, as well as additional diagnoses, along a continuum of time. One pattern of note is that more than half of the children have diagnoses related to depression. This analysis will help inform the interventions recommended for this population.

Activity C: Develop single database to house Department and Agency data.

A single database has been completed. The Agency has started to analyze the combined data and strategize how it can be utilized and shared with the Department.

Strategy 3: Collaborate with Stakeholders

Activity A: By February 28, 2021, arrange meetings with the Managing Entities, additional state agencies and health plans. Completed during Quarter 3.

Activity B: *Convene HB945 CSU High Utilizer Workgroup.*
Completed during Quarter 3.

Activity C: *Identify areas of improvement to current processes.*

- The HB945 CSU High Utilizer Workgroup created maps of current processes and identified opportunities for improvement related to what occurs prior to a child Baker Act, during a child Baker Act, and after discharge from a receiving facility. In the coming month, the workgroup will complete mapping current processes and will continue to focus on the issues and barriers within these processes as well as potential solutions, including leveraging existing community resources, staffings, and best practices to improve the processes.
- The Department continued rule development work for Rule 65E-5 to strengthen discharge planning language.
- The HB945 CSU High Utilizer Workgroup discussed barriers resulting from the requirement for a court hearing prior to voluntary admission of minors to Baker Act receiving facilities under s. 394.4625, F.S.

Activity D: *Map inter-related agency processes.*

- The HB945 CSU High Utilizer Workgroup and its sub-workgroups have completed mapping what occurs prior to a child Baker Act in schools, the home, and the community, what happens when a child is Baker Acted from admission to discharge, and what occurs after a child is discharged. A sub-workgroup is now in the process of mapping what occurs with a child in the custody of the Department of Juvenile Justice, prior to a Baker Act admission.

Activity E. *Evaluate inter-related agency processes and map proposed new processes.*

- The HB945 CSU High Utilizer Workgroup and its sub-workgroups have begun developing proposed enhancements to the processes for what occurs prior to a child Baker Act in schools, the home, and the community. Proposed enhancements to processes will be developed for the other processes after the workgroup and sub-workgroups complete identifying issues and barriers and potential solutions for those processes.

Activity F. *Assist and support implementation of the Managing Entities Organization Framework.*

The organizational framework is complete and the work to develop the children's behavioral health system of care is ongoing as described in Activity G below.

Activity G. *Assist and support the Managing Entities process to develop a children's behavioral health system of care.*

- All Managing Entities are conducting community meetings with stakeholders including Baker Act facilities for minors, the Department, county officials, Managing Entity board of directors, local government officials, CBC's, SEDNET representatives, APD, early learning coalition, behavioral health providers, continuum of care steering committees, behavioral health workgroups, providers, and the recently created children's care coordination team to discuss the care coordination criteria, discuss implementation, and referral process. These meetings will also educate, advance, and implement strategies around the development of a coordinated children's system of care plan. The Managing Entities are gathering information and feedback through needs assessments, surveys, and lists of available resources to determine resources currently available and where additional assets are needed. Their focus has been on laws and standards around system-wide communication including formal agreements such as memorandums of understanding across systems. Another focus has been on shared policies and practices starting with children's care coordination and improving best practices across multi-systems.

Activity H: Identify ways to leverage current community resources.

- The HB945 CSU High Utilizer Workgroup continued to identify issues and barriers and potential solutions. Potential solutions will include leveraging existing community resources, staffings, and best practices to improve the processes.
- A Department representative provided a presentation to discuss ways Mobile Response Teams can be used in Emergency Departments during a webinar on May 18, 2021, hosted by the Florida Hospital Association. At least one hospital has reached out as a result of the webinar to engage in further discussion with the Department and the Mobile Response Team in their area. The Department facilitated the meeting and the hospital expressed they will move forward to establish a working relationship with the MRT.

Activity I: Identify ways to increase interagency collaboration on the children that fall within the high utilizer definition.

- The HB945 CSU High Utilizer Workgroup increased interagency collaboration around this strategy.
- The HB945 CSU High Utilizer Workgroup created sub-workgroups to work on what occurs prior to a child Baker Act in schools, the home, the community, and the Department of Juvenile Justice, what happens when a child is Baker Acted from admission to discharge, and what occurs after a child is discharged.

Activity J: Develop actions steps to improve care coordination and outcomes.

1. The Department's Care Coordination guidance document 4 was updated effective April 21, 2021 to reflect changes from HB945 to expand the priority populations to include:
 - a. Children and parents or caretakers in the child welfare system with behavioral health needs, including adolescents, as defined in s. 394.492, who require assistance in transitioning to services provided in the adult system of care.
 - b. Children and adolescents with a mental health diagnosis, Substance Use Disorder, or co-occurring disorders who demonstrate high utilization. For the purposes of this document, high utilization is defined as: children and adolescents under 18 years of age with three (3) or more admissions into a crisis stabilization unit or an inpatient psychiatric hospital within 180 days, including:
 - a. Children being discharged from Baker Act Receiving Facilities, Emergency Rooms, jails, or juvenile justice facilities at least one time, who are at risk of re-entry into these institutions or of high utilization for crisis stabilization.
 - b. Children and adolescents who have recently resided in, or are currently awaiting admission to or discharge from, a treatment facility for children and adolescents as defined in s. 394.455, which includes facilities (hospital, community facility, public or private facility, or receiving or treatment facility) and residential facilities for mental health, or co-occurring disorders.
 - c. Children not currently receiving services by a Community Action Treatment Team.
 - d. Families with infants experiencing or are at risk for Neonatal Abstinence Syndrome or Substance Exposed Newborn.
2. The Department's Care Coordination reporting template 21 to track data is revised and published effective July 1, 2021
Dedicated children's care coordinator positions were developed and as they come on-line, they will be connected to the population served by this project. Children's care coordinators are in a good position to work directly with children and their families to connect to needed services and supports.
 - a. Of the Child Care Coordination Positions in the SAMH regionals and headquarters offices: 6 have been filled, and 3 are being advertised.
 - b. Of the Child Care Coordination positions at the Managing Entity level: 6 are filled 3 are vacant, and 5 are contracted to network service providers.

Appendix C: Department’s progress toward the recommendations from the 2019 [Report on Involuntary Evaluation of Minors](#) and the November 2020 report on [Standards of Care in Facilities Providing Crisis Stabilization Services for Children and Adolescents](#)

Recommendation	Action This Quarter	Next Steps	Percent Complete
<p>Increase care coordination for minors with multiple involuntary examination or crisis stabilization admissions.</p>	<ul style="list-style-type: none"> – Implement funding to provide children’s care coordination and expansion of CAT services. – Plan for sustainability through Legislative Budget Requests and utilization of Community Mental Health Block Grant. 	<ul style="list-style-type: none"> – About half of the CAT teams funded with CARES Act dollars are now officially serving youth. As of April 2021, there have been a total of 59 additional young individuals being served. 	<p>90%</p>
<p>Rule Development to Amend Administrative Rule 65E-5.</p>	<ul style="list-style-type: none"> – The Department held a rule workshop on 2/24/21, public comments have been reviewed and changes drafted. – In addition to language regarding discharge planning processes, the department drafted language to revise administrative rule 65E-5 requiring crisis stabilization unit providers to implement policies and procedures that comprehensively address the needs of children and adolescents who are high utilizers to avoid or reduce their future use of crisis stabilization services. The policies and procedures will include a warm hand-off for intensive service delivery through a care coordinator or mental health targeted case manager. 	<ul style="list-style-type: none"> – Once proposed language is approved, a rule hearing will be scheduled. – Regional SAMH designation staff to work with designated receiving facilities on implementing enhanced discharge planning. – Review opportunities for improvement identified by the High Utilizer CSU Stakeholder workgroup and draft additional rule language if appropriate. 	<p>70%</p>