# High Utilization of Crisis Stabilization Services: Children and Adolescents

SECOND YEAR

## Second Quarter Report: October-December 2021

## Department of Children and Families

AND

## Agency for Health Care Administration

January 31, 2022

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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AGENCY FOR HEALTH CARE ADMINISTRATION
STATE OF FLORIDA

# 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 Statute, 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.

During this quarter, the Department and Agency convened weekly to work on the 2021-2022 High Utilizer Goals and Strategies in Appendix A of this report with the goal of addressing the issues and barriers identified around child Baker Act processes in schools, the home, the community, within the receiving facilities, and after discharge from a receiving facility.

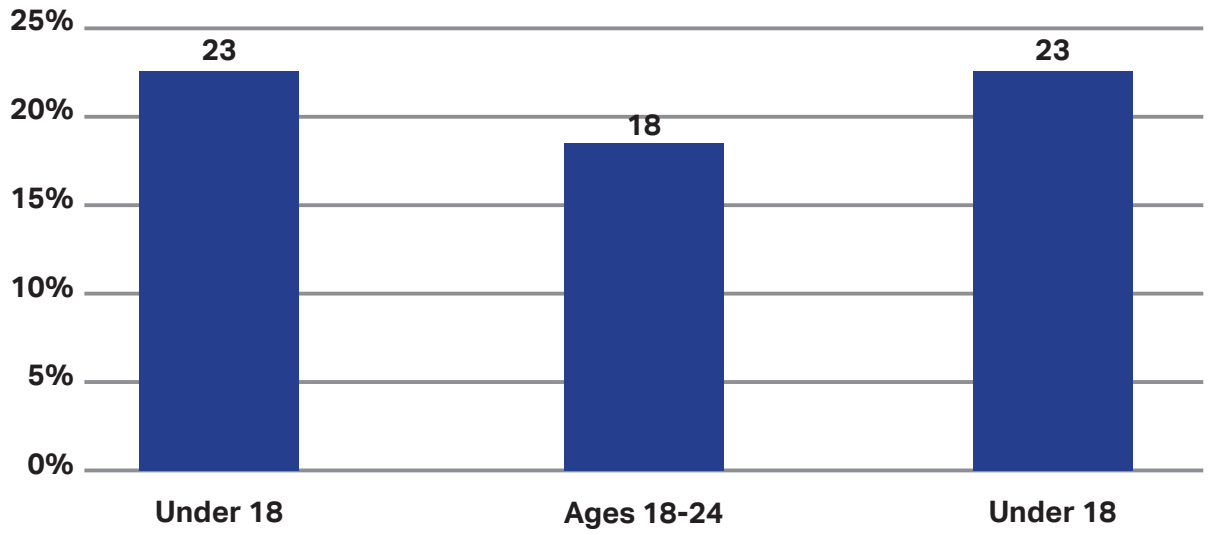
## GOAL

**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.**

# Repeated Baker Act Data

Data on repeated Baker Acts during 2020 shows that approximately one forth of individuals experienced more than one exam during the year.

## Percent of Individuals with Repeated Backer Acts in 2020




# High Utilization Data

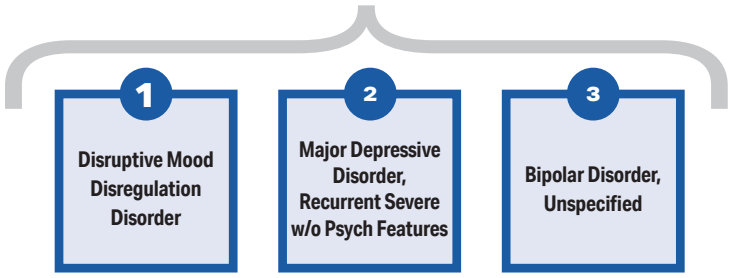
The Agency and the Department began working to gather data for high utilization by signing a data use agreement. The result is a single repository for service data. The combined results provide insight into the continuum of care children and adolescents are receiving. The combined data shows a total of 1,156 high utilizers identified for calendar year 2020. A full analysis of the combined data is in progress. However, preliminary data for the Agency and the Department was analyzed to identify trends for high utilizers.

# Medicaid High Utilization Data

The Medicaid data presented in this report reflect the 1,077 Medicaid high utilizers, whether the child is in managed care or in fee-for-service.

**Diagram One** shows that disruptive mood dysregulation disorder; major depressive disorder, recurrent, severe, without psychotic features; and bipolar disorder, unspecified were the top three primary diagnoses for children and youth with Medicaid in 2020.

### Diagram One: Top Three Primary Diagnosis for 2020



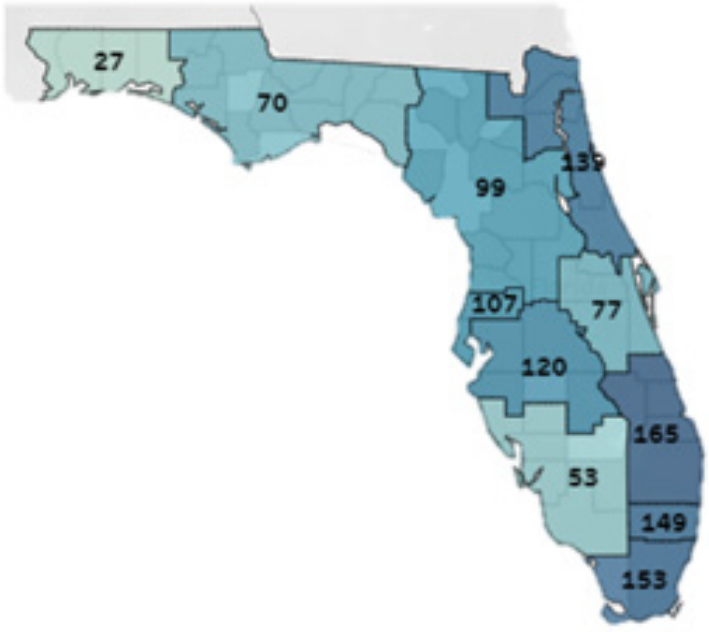
| Table One: High Utilizer Counts and Managed Medical Assistance Enrollment Region in 2020 | | | |
|---|---|---|---|
| **Statewide Medicaid Managed Care Region** | **Count of Children Identified as High Utilizers** | **Total Managed Medical Assistance Enrollment** | **High Utilizers Per 1,000 Enrollees** |
| 1 | 27 | 85,992 | 0.31 |
| 2 | 70 | 87,614 | 0.80 |
| 3 | 99 | 215,532 | 0.46 |
| 4 | 139 | 262,348 | 0.53 |
| 5 | 107 | 140,875 | 0.76 |
| 6 | 120 | 367,889 | 0.33 |
| 7 | 77 | 342,265 | 0.22 |
| 8 | 53 | 179,874 | 0.29 |
| 9 | 165 | 235,555 | 0.70 |
| 10 | 149 | 219,502 | 0.68 |
| 11 | 153 | 351,803 | 0.43 |
| Grand Total | 1,077 | 2,489,249 | 0.43 |

**Table One** normalizes the regional counts to show high utilizers per 1,000 members to account for population size variances. The first column identifies the managed care region. The second column identifies the number of children identified as high utilizers in each region. The third column identifies the total number of Managed Medical Assistance enrollees in each region. The fourth and final column normalizes the regional numbers to see the number of children per 1,000 who meet the definition. The far right of the bottom row shows the statewide average of 0.43 high utilizers per 1,000 enrollees.

**Map One** shows the number of Medicaid children who are high utilizers per region. These numbers include all 1,077 Medicaid children identified as high utilizers, whether the child is in managed care or in fee-for-service.

**Diagram two** shows more than half (57.6 percent) of those identified as Medicaid high utilizers were females, compared to 42.4 percent for males.

### Map One: Number of Medicaid High Utilizers by Region in 2020




### Diagram Two: Number of Medicaid High Utilizer by Gender in 2020

| Female | Male |
|---|---|
| 620 | 457 |
| 57.6% | 42.4% |

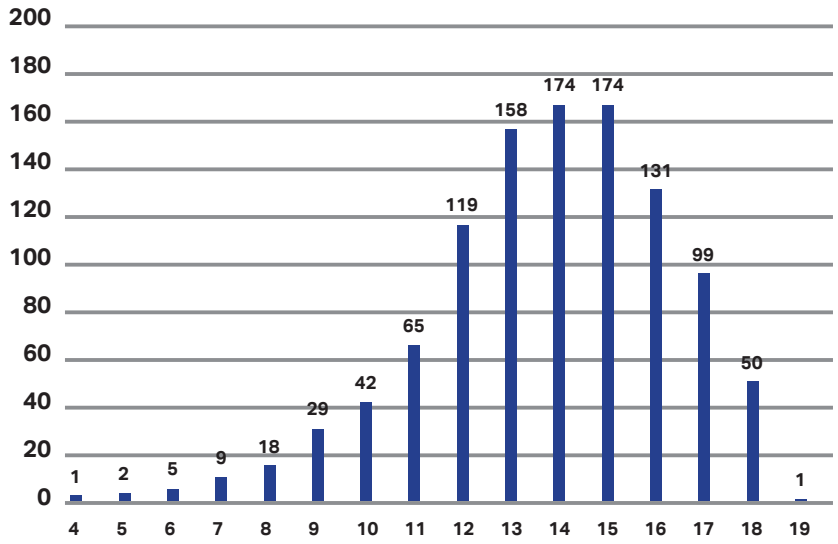
**Table Two** shows the race of identified Medicaid high utilizers. The table shows that 389 high utilizers identify as white, 286 as not determined, 189 as black, 148 as Hispanic, 91 as other, nine as Asian, and one as American Indian/ Alaska Native.

**Table Two: Medicaid High Utilizers by Race**

| Race | Number | % of Total Children |
|---|---|---|
| White | 389 | 36.1% |
| Not Determined | 286 | 26.6% |
| Black | 189 | 17.5% |
| Hispanic | 148 | 13.7% |
| Other | 91 | 8.4% |
| Asian | 9 | 0.8% |
| American Indian/ Alaskan Native | 1 | 0.1% |
| Total | 1,077 | 100% |

**Graph Two** shows the number of Medicaid high utilizers by age. The graph shows that the majority of high utilizes range between ages 13 to 15.

**Graph Two: Medicaid High Utilizers by Age**



# Department High Utilizer Data

The Department identified 89 high utilizers who met the criteria of under 18 years of age with three or more adminssions into a crisis stabilization unit or an inpatient psychiatric hospital within 180 days. **Diagram Three** shows a little over 50 percent of high utilizers were females compared to 37 percent of males which is similar to Agency findings.

**Diagram Three: Number of Department High Utilizer by Gender in 2020**

| Female | Male |
|---|---|
| 52 | 37 |
| 58.4% | 41.6% |

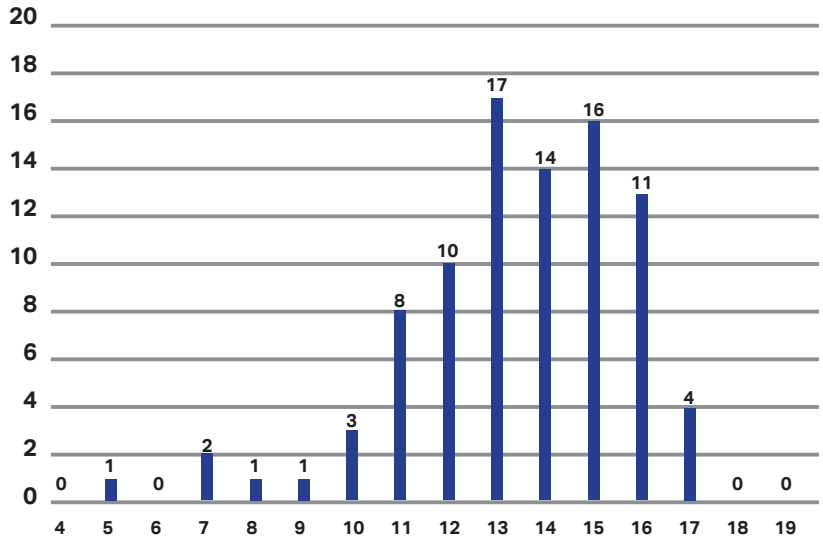
**Table Three** shows the race of identified by the Department as high utilizers. The table shows that 39 high utilizers identify as white, 13 as multiracial, 35 as black, and two as other.

**Table 3: Medicaid High Utilizers by Race**

| Race | Number | % of Total Children |
|---|---|---|
| White | 39 | 43.8% |
| Multi-Racial | 13 | 14.6% |
| Black | 35 | 39.3% |
| Other | 2 | 2.2% |
| Total | 89 | 100% |

**Graph Three** shows the number of Department identified high utilizers by age. The graph shows that the majority of high utilizes range between ages 13 to 15 which is similar to Agency findings.

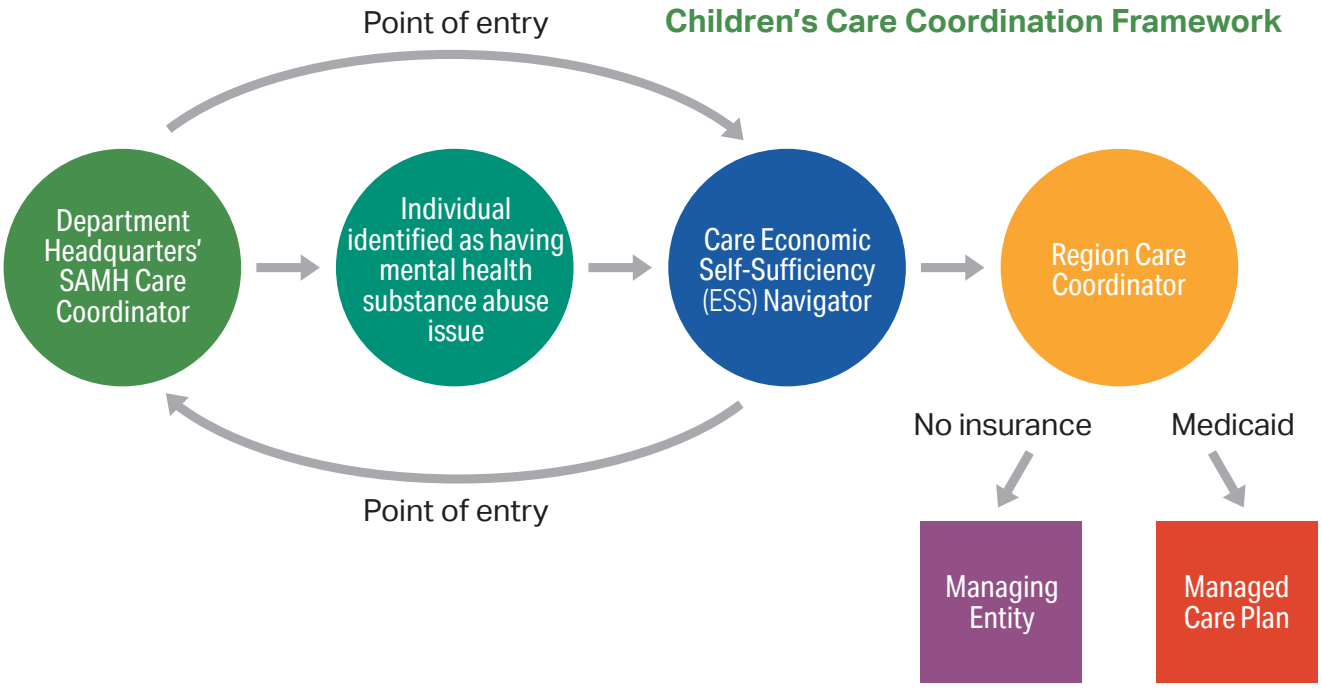
**Graph Three: Department High Utilizers by Age**



# Reducing High Utilization through Various Efforts in Florida Communities

## Children's Care Coordination

The children's care coordination process includes initial and ongoing case reviews; ensures coordination of services and collaboration with system partners; and sets prioritized goals to aid in reducing admissions into crisis units. Interventions may include face-to-face visits for communication with the family/caregiver/legal guardian, the treating physician, and other providers as needed to collaboratively address identified behavioral health needs. Department care coordinators differ from health plan care coordinators in that they can offer specific suggestions for services that may not be in the health plan network. Examples from staffing calls include connecting families to the South Florida Wellness Network for youth peer recovery support services; coordinated specialty care teams for youth with early onset psychosis or early serious mental illness; and More Too Life, a provider for Human Trafficking and prevention services.




The Department conducted individual meetings between children's care coordinators and the health plans to increase communication and collaboration to best serve children and youth. Through care coordination, care coordinators are ensuring services are provided to high utilizers identified by the Agency and the Department.

The Department's regional care coordinators provide tier-one 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-two, 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. Preliminary data analysis shows that October until December 2021, 288 unduplicated child high utilizers and their families received tier-one care coordination from regional care coordinators. From July to December 2021, 288 unduplicated child high utilizers and their families received tier-two care coordination from a managing entity.

Preliminary review of the services provided by care coordinators include:

- Communicated with parents of high utilizers and provided information related to services;
- Contacted therapeutic group on behalf of families;
- Contacted Mobile Response Teams to increase access to care;
- Assisted with Statewide Inpatient Psychiatric Program applications; and
- Assisted with providing clothing.

## Community Pilot Programs

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 of time. The pilot has:

- Created a quick resource guide for deputies to increase law enforcement knowledge of available resources for families.
- Created a direct path for law enforcement to refer families facing behavioral health challenges.
- Shared information about the mobile response team with every family with a high utilizer.
    - » The child care coordinator contacts families with repeated interactions to provide resources and a link to services depending on their insurance or financial needs. The care coordinator follows up within two weeks to ensure they are engaged in services.

The Department's Managing Entity, Lutheran Services Florida, began the Family Crisis Coordination pilot in 2018 in Duval County expanding to serve five circuits in the Northeast Region including Circuits three, four, five, seven, and eight. The focus is on non-traditional services, such as wrap-around, peer support, and in-home services, for families that have navigated the behavioral health system with minimal success. 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.

The goals of the project include reducing recidivism in crisis stabilization units, increasing family engagement, and reducing trauma.

The Family Crisis Coordination pilot provides care coordination by:

- Using a wraparound approach ensuring the family is met where they are, across all family needs rather than in silos.
- Assessing all strengths and needs of the family, not just the youth.

- Seeking non-traditional approaches or alternatives to treatment by:
  - » Filling service gaps.
  - » Providing alternatives to traditional education.
  - » Teaching stress relieving activities.
  - » Promoting socialization through different channels.
  - » Flexible service hours available outside traditional business hours.
  - » Involvement in all aspects of the family's life to have a complete picture of needs, even if the need is not apparent at first glance.

### Health Plan Engagement

Information received from health plans for each child identified as a high utilizer show that:

- Of the high utilizers identified, 82 percent have been assigned a specialized case manager to assist with coordination of their care.
- Statewide Inpatient Psychiatric Program or therapeutic group home placement were provided to approximately 40 percent of high utilizers.
- Plans often have trouble contacting/engaging with the enrollee and/or the enrollee's parents or guardians in coordination of care.

### Agency Event Notification Services

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 contractually required. The Agency is currently working to increase the use of ENS by encouraging the current 59 crisis stabilization units throughout Florida to subscribe. This would provide immediate notification to the health plans about crisis stabilization unit admissions. Currently 12 crisis stabilization units are subscribed and 13 are in the process of subscribing to ENS.

## Next Steps

### Best Practices

Develop and share "Best Practices" information for Medicaid health plans to highlight and promote identified best practices used within Florida and nationally. Monitor and evaluate current pilots:

- 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.
- Health plan pilot to develop and maximize the use of three behavioral health "in-lieu of" services to reduce admissions: Mobile Crisis Assessment and Intervention, High Fidelity Community Based Wraparound, and Peer Support.

### Expand Pilot Programs
Explore other communities that would benefit from expanding pilot projects to other areas by identifying the scalable components that can be replicated.

### Children's Care Coordination
Data collection regarding children's care coordination started in July 2021, the Department will continue to analyze the results to determine if this initiative increases access to services and general understanding of how to navigate the behavioral health system of care.

### Managing Entity Plans
Examine children's behavioral health system of care plans developed by managing entities to identify service gaps, innovative strategies and recommendations that resonate across the state. Specifically, the Department is exploring mechanisms to build capacity in community-based services such as expanding Community Action Treatment (CAT) team — light and Florida Assertive Community Treatment team (FACT)— light services.

### Statewide Medicaid Managed Care
The Agency will evaluate potential elements to include in the upcoming Statewide Medicaid Managed Care re- procurement such as:

- Require high utilizers be assigned to case management.
    - » Develop enhanced care coordination ratios that allow for closed loop referrals, developing a rapport and earning trust with the family.
    - » Case management communication with family to develop a crisis plan.
    - » Interaction with DCF child care coordinators.
    - » Require health plan intervention with Primary Care Physicians (PCPs) who have high utilizers.
    - » Specific reporting related directly to Crisis Stabilization Units.

# APPENDIX A: 2021-2022 HIGH UTILIZER GOALS AND STRATEGIES

| **Short-term Goals** (1-6 months) | | | |
|---|---|---|---|
| Goal | Strategies | Steps | Progress/Outcomes |
| 1. Provide educational materials/ trainings | 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. | 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. | 1.A.1.This step was completed during quarter one. |
| | | 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. | 1. A.2. This step was completed during quarter one. |
| | 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. | 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. | 1.B.1. This step was completed during quarter one. |
| | | 1.B.2. By February 2022, the Agency will develop best practices training for MMA health plans. This training will be a web-based training conducted by Agency staff. | 1.B.2. The training is under development, and on track. |
| | 1.C. Educate and train receiving facilities about integrated practice team staffings. | 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. | 1.C.1. This step is in progress and on track. |

| **Short-term Goals** (1-6 months) | | | |
|---|---|---|---|
| | 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 | 1.D.1. By September 2021, the Department will review the current discharge form and recommend changes to be made based on current research.<br><br>1.D.2. By August 2022, the Department will update the current discharge form. | 1.D.1. On November 30, 2021, the Department conducted a rule workshop on proposed revisions to the mental health rule text and forms regarding discharges for minors. Next steps include publishing a proposed rule and conducting a rule hearing.<br><br>1.D.2. This step is in process and on track. |
| | 1.E. Create guides for children's care coordinators and for families to help them navigate the system. | 1.E.1. Starting August 2021, the Department will draft a resource guide. | 1.E.1. This step was completed this quarter. The Department created a resource pamphlet in partnership with the Agency describing the role of the child care coordinators, linkages to MMA health plans, and the managing entities in October 2021. Additionally, the Department worked with our contracted managing entities to develop a children's mental health resource guide to provide an overview of children's mental health services from the lowest level of care outpatient counseling to the highest level of care, the Baker Act. This resource guide is published on the managing entities websites and describes the crisis stabilization unit providers, community mental health partners, and the statewide inpatient psychiatric programs. This electronic tool provides families, consumers, and system of care partners with the most up to date community-based resources, points of contact and services. |

| **Short-term Goals** (1-6 months) | | | |
|---|---|---|---|
| 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 this quarter. Health plans submitted their PIP plans in January 2021 and are in the first year of implementing interventions. Health plans submitted PIP documentation October 1. Each plan has received feedback regarding content from the Agency and have resubmitted if requested. |
| | | 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.2. Not started.2.A.2. This step is in progress and on track. The External Quality Review first draft of Aggregate PIP Validation Report is due to the Agency 04/29/22. This report is scheduled to be finalized by 06/17/22. |
| | 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 2021, plans will submit draft updated resource pages for Agency review. | 2.B.1. This step was completed this quarter. Plans revised their resource pages based on Agency feedback. |
| | | 2.B.2. By January 2022, plans' updated resource pages will be live. | 2.B.2. This step is in progress and on track. |
| | | 2.C.3. By February 2022, promote the updated resource pages to providers and the Florida Hospital Association. | 2.C.3. Resource pages are in the testing phase and will be promoted once complete. |
| | 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 during quarter one. |
| | | 2.D.2 By March 2022, promote the new visibility of the Agency resource page | 2.D.2. In progress and on track. |

| **Short-term Goals** (1-6 months) | | | |
|---|---|---|---|
| | 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.<br><br>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.1. In progress and on track.<br><br>2.E.2. This objective was completed in October 2021. The Department facilitated three trainings with experts from SAMHSA, provided the webinar training to the Agency and other state agency partners. The Department provided the points of contact who are trained experts and certified in High Fidelity Wrap Around and worked with MMA health plan partners to develop a billing code for certified providers to bill the health plan. |
| 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.<br><br>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 during quarter one.<br><br>3.A.2. This step is complete. The Department and the Agency added recommendations to the first quarterly report in October and followed-up on the recommendations in this report. |

| **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.1. Not started. |
| | | 1.A.2. The Department will amend the Managing Entity contracts. | 1.A.2. This step is complete. Care Coordination Guidance Document 4, which is part of the Managing Entity contracts, was revised on January 1, 2022. The Document clarified that care coordination can be provided to individuals with Medicaid or other health insurance. |
| | | 1.A.3. By August 2021, the Agency will obtain a list of the Department's children's care coordinators. | 1.A.3. This step was completed during quarter one. |
| | | 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.4 This step was completed during quarter one. |
| | | 1.A.5. Starting August 2021, the Department will coordinate virtual networking introductions between MMA health plans and children's care coordinators. | 1.A.5. This step was completed during quarter one and finalized during quarter two. All children's care coordinators and MMA health plans attended virtual networking introductions. |
| | | 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. | 1.A.6. This step is on track. During this quarter Statewide Children's Mental Health monthly meeting provided a general overview of the following services: CAT team, MRT, Office of Interstate Compact, Medicaid, and Agency for Persons with Disabilities as they relate to high utilizers and their roles in the larger system of care. Representation at the meeting includes Managing Entities, MMA health plans, Regional Department staff, and children's care coordinators. |
| | 1.B. Implement the use of Mobile Response Teams in DJJ facilities to assist with Baker Act situations. | 1.B.1. Starting September 2021, the Department will work with DJJ. | 1.B.1. This step was completed during quarter one, but work will continue. |
| | 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. | 1.C.1. Starting August 2021, the Agency will distribute the survey. | 1.C.1. This step was completed during quarter one. |

| **Long-term Goals** (Ongoing) | | | |
|---|---|---|---|
| 3. Leverage technology | 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. | 3.A.1. The Department drafted language to specify that telehealth may be used. | 3.A.1 This step is on track. A workshop was conducted on November 30, 2021. |
| | 3.B. Expand the Event Notification Service (ENS), used by the MMA plans, to include children's psychiatric units. | 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.<br><br>3.B.2. Starting August 2021, the Agency will track the number of these entities that connect with ENS. | 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.<br><br>3.B.2. As of early December 2021, 12 Baker Act facilities were live with ENS and 13 others were in progress. |
| | 3.C. Ensure MMA health plans are using ENS effectively. | 3.C.1. By January 2022, the Agency will poll plans to evaluate current processes..<br><br>3.C.2.Starting April 2022, the Agency will provide guidance if gaps are identified. | 3.C.1. In progress and on track.<br><br>3.C.2. Not started. |
| 4. Improve discharge planning | 4.A. Add language to the FAC 65E-5: Mental Health Act Regulation about discharge plan expectations. | 4.A.1. The Department will draft language to strengthen discharge planning requirements.<br><br>4.A.2. By August 2022, Rule 65E-5 will reflect the discharge planning expectations. | 4.A.1. This step is on track. A workshop was conducted on November 30, 2021.<br><br>4.A.2. In progress. |
| | 4.B. Revise the Residential Psychiatric Treatment Report to include the requirement to report on the 7-day follow-up. | 4.B.1. Starting July 2021, the Agency will continue revising the Report which began in Fiscal Year 2020. | 4.B.1. In progress. |