# High Utilization of Crisis Stabilization Services: Children and Adolescents

SECOND YEAR

## Third Quarter Report: January-March 2022



## Department of Children and Families

AND

## Agency for Health Care Administration

June 15, 2022

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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 administration of the Medicaid program and the licensure of health care facilities, including Crisis Stabilization Units and inpatient psychiatric hospitals.

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.

During the quarter, January 2022 - March 2022, the Department and Agency focused on reducing high utilization through various efforts in Florida communities, including using best practices, expansion of pilot programs, examining Managing Entity plans, and evaluation of Statewide Medicaid Managed Care reprocurement. The two agencies also convened bi-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.**

# Data Analysis and Findings

## High Utilization

The Agency and the Department signed a data use agreement that allowed the agencies to jointly gather data for high utilization. The most recent data available to identify these individuals is from 2020

Medicaid claims for services; this is due to claims submission timeframes and data verification processes. The combined data shows a total of 974 high utilizers identified for calendar year 2020. Of this total count, 934 (95.89 percent) high utilizer children were enrolled in Medicaid. Results of this detailed analysis provide insight into the continuum of care children are receiving.

## Diagnoses of High Utilizer Children

Table One shows that disruptive mood dysregulation disorder, major depressive disorder (recurrent, severe, and without psychotic features), and bipolar disorder (unspecified) were the top three primary diagnoses for high utilizing children in 2020. Disruptive mood dysregulation disorder was far more common than any other diagnosis.

*Table One: Primary Diagnoses High Utilizer Children in 2020*

| Diagnosis | Count of Children Identified as High Utilizers |
|---|---|
| Disruptive mood dysregulation disorder | 544 |
| Bipolar disorder, unspecified | 130 |
| Major depressive disorder, single episode, severe without psychotic features | 54 |

**This table captures only the most common diagnoses; therefore, the total sum of this table (728) doesn't reflect all cases (974).*

## High Utilizer Children by Demographic Characteristics

Figure One displays sex and race breakdowns of all high utilizer children in 2020. More than half of high utilizers under 18 years old are female. Among female high utilizing children, the largest percentage are white, followed by black and Hispanic. Among male high utilizers, the highest proportion are white, followed by black and Hispanic.

Overall, of the largest proportion of high utilizing children are white, black, or Hispanic. A large proportion of high utilizing children do not have a racial category on file.

Figure Two displays the age at admission of high utilizing children in 2020. Higher proportions of pre-teenage and teenage children are admitted than other age groups. The largest proportions of high utilizing children were admitted at 14 years old, 15 years old, or 13 years old.

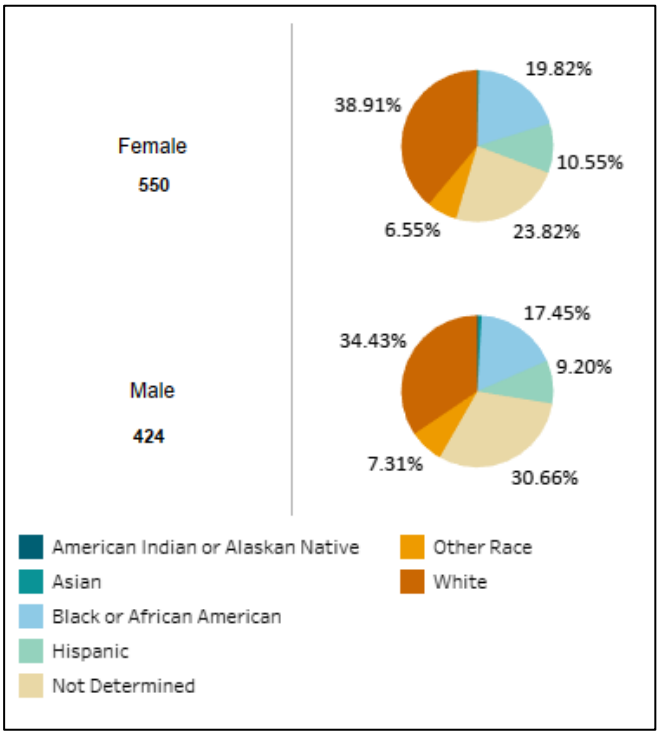



*Figure One: Sex and Race Characteristics of High Utilizer Children*

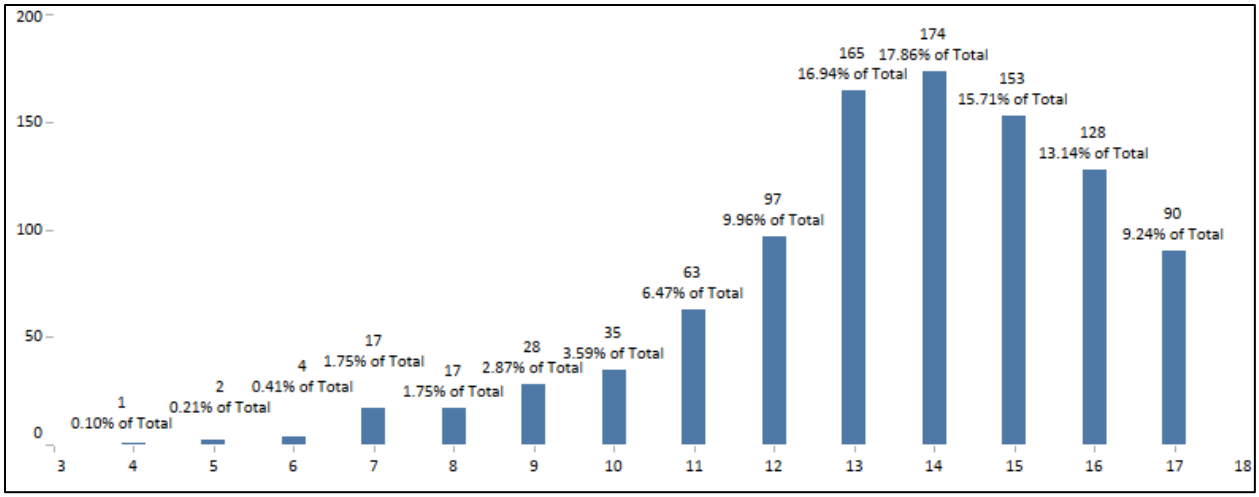



*Figure Two: Age at Admission of High Utilizer Children*

## Medicaid-Enrolled High Utilizer Children

This section reflects data from Medicaid high-utilizer children exclusively. It provides rates and frequencies of admission by quarter, which are metrics specific to Medicaid health plans. Thus, the data for these two sections is specific to Medicaid enrollees.

Table Two illustrates high utilizer rates per 1,000 Medicaid enrollees to account for regional variance in population size. This allows for the contextualization of the count of high utilizers under age 18 by region. The first column identifies the managed care region. The second column displays the total count of children identified as high utilizers in each region, and the third column identifies the total number of Medicaid Managed Assistance (MMA) enrollees in each region. The fourth column displays the rate of high utilizing children per 1,000 MMA enrollees.

*Table Two: High Utilizer Medicaid-Enrolled Children AHCA Region*

| Statewide Medicaid Managed Care Region | Count of Children Identified as High Utilizers | Total MMA Enrollment | High Utilizers Per 1,000 Enrollees |
|---|---|---|---|
| Region 1 | 18 | 86,912 | 0.21 |
| Region 2 | 36 | 87,554 | 0.41 |
| Region 3 | 55 | 215,475 | 0.26 |
| Region 4 | 191 | 260,560 | 0.73 |
| Region 5 | 73 | 143,703 | 0.51 |
| Region 6 | 96 | 366,688 | 0.26 |
| Region 7 | 75 | 343,757 | 0.22 |
| Region 8 | 74 | 179,960 | 0.41 |
| Region 9 | 105 | 234,068 | 0.45 |
| Region 10 | 97 | 222,905 | 0.44 |
| Region 11 | 112 | 347,874 | 0.32 |
| Unassigned | 2 | * | * |
| Grand Total | 934 | 2,489,456 | 0.37 |

**The number is too small to calculate.*

The most prevalent rates of high utilization children are in AHCA Regions 4, 5, and 9.

## Admissions by Quarter

Frequency of admissions also varies by time of year. Over the course of 2020, the highest number of admissions among Medicaid high-utilizer children occurred in Quarter 1 - January through March, while a much lower number of admissions occurred in Quarter 4 - October through December. Admission frequencies in Quarter 2 - April through June and Quarter 3 - July through September are similar. Figure Three displays the number of admissions for each month and quarter in 2020.

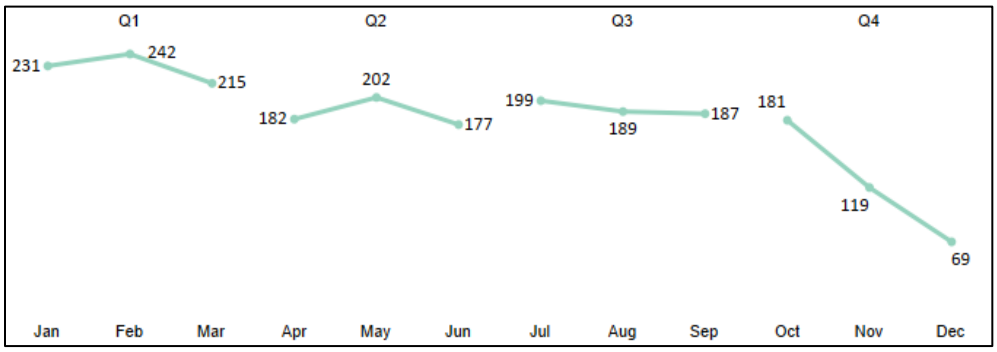



*Figure Three: High Utilizer Admissions by Quarter*

# Reducing High Utilization through Various Efforts in Florida Communities

## Children's Care Coordination

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 March 2022, 631 monthly unduplicated children and their families received Tier 1 care coordination. From July 2021 to February 2022, 382 monthly unduplicated children and their families received Tier 2 care coordination.

**Highlight**

Communication between the health plans and the Department's Care Coordinators continue to have a positive impact around the state. The Department reported there have been 23 critical child care staffings requested by the health plans since the collaborative introduction meetings concluded. A staffing is a multidisciplinary staff meeting to determine next steps in complex cases.

## 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. 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.

## Health Plan Resource Pages

As of February 28, 2022, 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 populations. An overview was

presented on the Department's monthly children's care coordination meeting. The resource page can be found at:
https://ahca.myflorida.com/Medicaid/Policy_and_Quality/Policy/health_plan_resources.shtml.

In addition, the Agency requested the first set of quarterly updates to the Health Plan Resource pages. 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, an escalation contact, and care coordination and discharge planning. Similar information is also required for case management and transportation. Information must be available within two clicks of the landing page and must be updated quarterly.

## Interagency Calls Regarding High Utilizers

The Agency began monthly collaboration calls with the Department to focus on areas of concerns relating to required staffings associated with some of the highest and most vulnerable utilizers. These meetings were established to create and 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, but Medicaid health plans are required to subscribe. 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, including updated contact information from the facilities and service data from the health plans. The goal is for health plans and facilities to be able to share the most up-to-date contact information and facilitate discharge planning for all parties. The Agency's ENS team is actively recruiting Crisis Stabilization Units and inpatient hospitals to subscribe to this notification service. To increase awareness of system capabilities, the Agency and the ENS vendor conducted webinars in January and March for behavioral health providers.

On another front, Sunshine Health's Child Welfare Specialty Plan will partner with ChildNet Broward CBC (AHCA Medicaid Region 10) on a pilot to develop and maximize the use of three (3) behavioral health In-Lieu of Services (ILOS): Mobile Crisis Assessment and Intervention, High Fidelity Community Based Wraparound, and Peer Support. Sunshine will also conduct targeted provider training as an intervention to impact child welfare professionals' knowledge and skill sets. The goal is to utilize Behavioral Health ILOS and targeted trauma informed training with child welfare providers and professionals to reduce the number of behavioral health inpatient admissions and readmissions in high utilizing regions.

**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 of time. The Volusia County pilot program has seen a total of 33 youth. Figure Four shows the behaviors the youth exhibited while Figure Five shows the number of referrals made to services. Of the 33 youth were referred to services, 70 percent are engaged in services. There are 15 youth currently receiving mental health counseling and 8 youth are receiving medication management.

*Figure Four: Behaviors Exhibited*

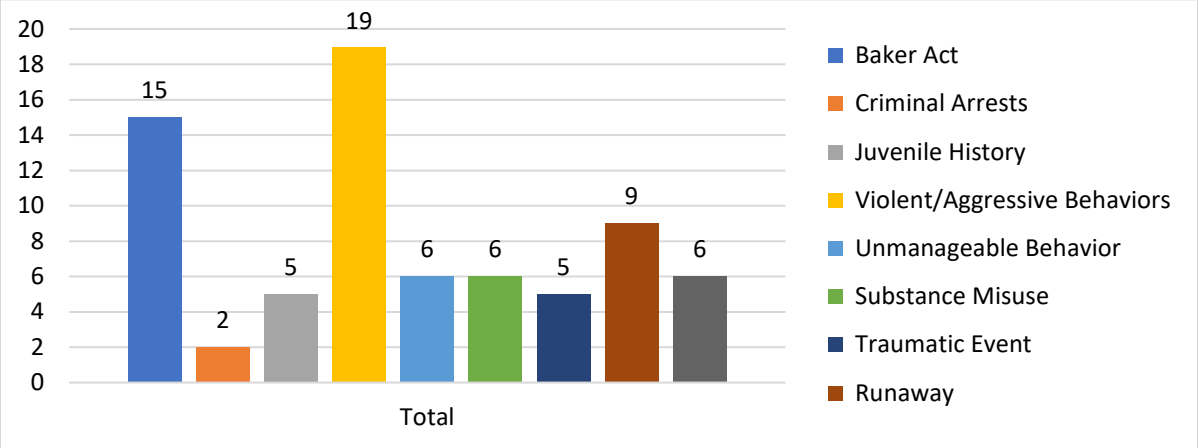
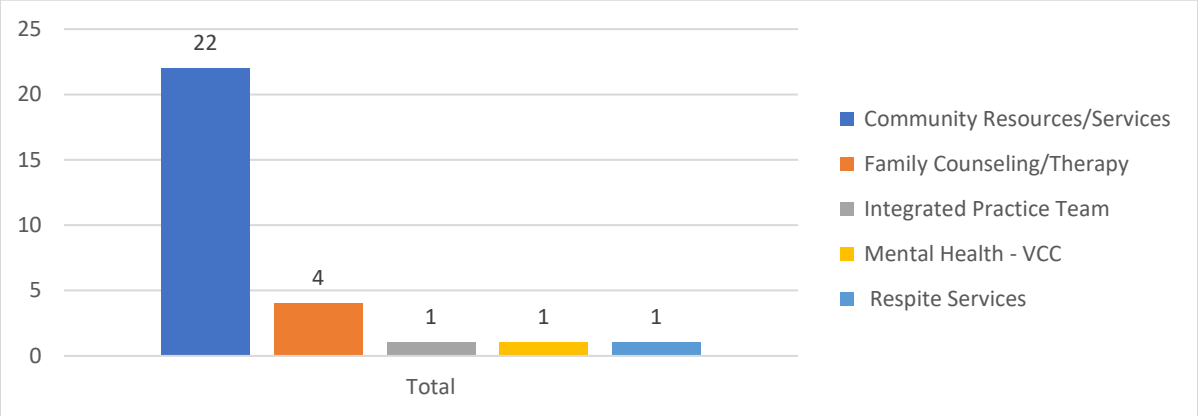



*Figure Five: Number of Referrals*




This pilot program has expanded to the SunCoast Region, where it is in the initial phase of the teaming prototype. A sequential intercept mapping occurred on April 19-20, 2022. 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.

**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 to Circuit 7 by adding an additional Care Coordinator and Peer Recovery Specialist to serve youth under 13 years old to prevent high utilizers of Crisis Stabilization Units. It will also be replicated within the Northwest Region in Franklin County.

## Health Plan Child-Specific Survey

The Agency sent each Medicaid health plan a list of their high utilizers and asked for answers to some pertinent questions. Findings include:

- The plans were already aware of 96 percent of the children.
- Approximately 82 percent were already assigned a health plan case manager. It is worth noting that in nine percent of the cases, case management or specific services were declined by the member or the parent.
- Except for a small percentage of patients unable to be reached, the plans reported a wide variety of interventions the children have used, as well as the supports that were offered to the families.
- Forty percent had utilized the Statewide Inpatient Psychiatric Program or Therapeutic Group Home placement. Fourteen percent were currently utilizing one of these alternate treatments.

A follow-up survey was sent to the plans for those children who did not already have an assigned health plan case manager and those children noted to have been unable to reach or noted as refusing services. For the first group of children, plans were asked to assign a health plan case manager within 30 days and to document the status of case management and the reason for refusal, if applicable. For the second group of children, the plans were asked to document the dates and outcomes of the last three contact efforts. Results will be available next quarter.

## Managing Entity Plans

The Department examined the children's behavioral health system of care plans developed by Managing Entities. A result of the examination is the identification of services and supports that have limited access including:

1. Respite services.
2. Children's care coordination.
3. Statewide Inpatient Psychiatric Program and step down into Therapeutic Group Care and Short-term Residential Treatment.
4. Partial Hospital Program.
5. Certified recovery youth peer support specialists.

6. Transportation to services, especially in rural areas.
7. Transportation of youth under the Baker Act.
8. Family Intensive Treatment, Community Action Treatment team, Case management.
9. Suicide prevention.
10. Education for parents.
11. High Fidelity Wraparound services.
12. Coordinated Specialty Care.

### Statewide Medicaid Managed Care

The Agency will evaluate potential elements to include in the upcoming Statewide Medicaid Managed Care reprocurement, 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 the Department's children's care coordinators.
- Require health plan intervention with Primary Care Physicians (PCPs) who have high utilizers.
- Specific reporting related directly to Crisis Stabilization Units.

## Moment of Impact

"Jane" is a child diagnosed with Disruptive Mood Dysregulation Disorder, Autism Spectrum Disorder, and Attention Deficit Disorder. The youth exhibited verbally and physically aggressive behavior toward her father, disruptive behavior in school, resistance to leaving the home, self-harming, poor hygiene, and was charged with petty theft. She was hospitalized several times when her father began to lose faith in the system and considered the option of group home placement.

The Care Coordination team with Community Health of South Florida assisted her father with obtaining the necessary documents for an application to the Agency for Persons with Disabilities (APD). To further collaborate, partners came together. These included the Department, Humana, Thriving Mind South Florida, APD, Citrus Family Care Network, Miami-Dade Public School SEDNET, Department of Juvenile Justice, and Community Health of South Florida.

These efforts resulted in the approval of the APD application, provision of individual therapy, improved behavior in school and at home, improved self-care skills, and significant improvement in her relationship with her father. Her father wants to keep her at home with services in the community. She has been referred to Transition to Independence Process for services. An aide will be assigned to her to assist with her self-care needs. The number of hospitalizations has decreased and she remains stable.

# Next Steps

### Address Gaps

The Department will address some of the gaps identified in the Managing Entities children's behavioral health system of care plans through the following steps:

**Expand Capacity**

A new Statewide Inpatient Psychiatric Program (SIPP) is scheduled to open in Hernando County this spring. The program will focus on providing services to adolescent males ages 13 to17 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 behaviors, including but not limited to, aggression, emotional dysregulation or conduct, oppositional or defiant behaviors. The program will provide care, recreation, education, physical and mental health treatment services, living skills, and establishment of aftercare services prior to discharge.

Another new SIPP is being planned in the Southeast Region through Citrus Health Network.

Short-term Residential Treatment (SRT) is only available for adults in Florida. This was identified as a needed level of care for children. The first SRT facility for children in Florida is being planned in the Southeast Region.

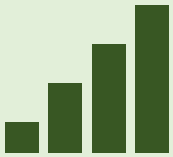
A provider in Hillsborough County is planning to use underutilized beds to increase resources for families in the community, including those served in child welfare. They are working through the licensure process with the Agency.

## Children's Care Coordination Goals

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.

# 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.<br><br>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.1. This step was completed.<br><br>1. A.2. This step was completed. |
| | 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.<br><br>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. | 1.B.1. This step was completed.<br><br>1.B.2. The training has been developed and is under review. |
| | 1.C. Educate and train receiving facilities about integrated practice team staffings. | 1.C.1. Starting in 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 has been completed, and the work will continue. |
| | 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. Starting in 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. The proposed rule is currently under review by the Department.<br><br>1.D.2. This step is on track. |
| | 1.E. Create guide for children's care coordinators and for families to help them navigate the system. | 1.E.1. Starting in August 2021, the Department will draft a resource guide. | 1.E.1 This step was completed. |

| | | | |
|---|---|---|---|
| **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. 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. This step is in progress and on track. The External Quality Review Aggregate PIP Validation Report is scheduled to be finalized in June 2022.** |
| | | **2.A.3. Add additional language to the SMMC contract to strengthen requirements for assigning care coordinators and case management services.** | **2.A.3. The Agency will include additional requirements in upcoming contract procurement.** |
| | **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.** |
| | | **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.<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.<br><br>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.<br><br><br><br> | 1.A.1. By April 2022, the Agency will advise the MMA health plans of this expectation.<br><br>1.A.2. The Department will amend the Managing Entity contracts.<br><br>1.A.3. By August 2021, the Agency will obtain a list of the Department's children's care coordinators.<br><br>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.<br><br>1.A.5. Starting August 2021, the Department will coordinate virtual networking introductions between MMA health plans and children's care coordinators.<br><br>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 | 1.A.1. This step was completed.<br><br>1.A.2. This step was completed.<br><br>1.A.3. This step was completed.<br><br>1.A.4 This step was completed.<br><br>1.A.5. This step was completed.<br><br>1.A.6. This step was completed. |

| | | | |
|---|---|---|---|
| | | 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). | |
| | 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, 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. |
| 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. The Department will modify rules to ensure consistency with the new statute. |
| | 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 2021 focused on behavioral health, as well, briefly highlighting ENS. Additional outreach is ongoing.<br><br>3.B.2. As of the end of Quarter 1, 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. |

| | | | |
|---|---|---|---|
| **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, Florida Administrative Code (F.A.C) will reflect the discharge planning expectations.** | **4.A.1. This step is on track. During the 2022 legislative session, the Florida Legislature passed Senate Bill 1262, which revises Baker Act discharge criteria and considerations. The Department will modify rules to insure consistency with these new statutory provisions.**<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. This step was completed.** |