
High Utilization of Crisis Stabilization Services: Children and Adolescents

First Quarter Report: July - September 2020

Department of Children and Families
and
Agency for Health Care Administration

October 30, 2020



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. In that capacity, the office is governed by Chapter 394 of the Florida Statutes (F.S.) and is responsible for the oversight of statewide prevention, treatment, and recovery services for children and adults with mental illness. 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. The Department and Agency are required to jointly submit quarterly reports to the Legislature that lists the actions taken to meet the behavioral health needs of these children until Fiscal Year 2022.

The Department and Agency began this effort by collaborating on several activities during this quarter in order to establish the framework needed to identify children and adolescents who are considered as high utilizers. High utilization is not defined in statute, therefore, one of the first actions was to create a definition. 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. The Department and the Agency collaborated to improve our understanding of the type of the data collected by each agency and strategized how to identify occurrences of high utilization. This includes identifying opportunities for the Department and Agency to address service gaps and redirect children and adolescents with behavioral health needs to the least-restrictive community-based setting.

First quarter actions also included reviewing the requirements for data sharing agreements and sharing background and educational resources on the target population. The actions of the Department and the Agency for the first quarter of the 2020-2021 fiscal year are listed below.

First Quarter Actions

- Participated in weekly workgroup meetings.
- Analyzed preliminary data using the high utilizer definition to determine the parameters needed to identify children and adolescents who utilize crisis stabilization. Preliminary data queries to identify children with 3 or more admissions to a CSU suggest there were approximately 200 Medicaid-enrolled children during fiscal year 18/19 and 117 Department-funded children from February through August 2020. The possibility that some of the children listed in the preliminary data queries for both the Agency and the Department may

overlap across both agencies will be resolved by the execution of the Data Use Agreement. Additional data queries will be run with more recent data as the project progresses.

- Identified the need for a data sharing agreement between the Department and the Agency and drafted a Data Use Agreement so that results can be shared across agencies and analyzed.
- The Department shared background resources with the Agency regarding the issue including:
 - [Report on Involuntary Examination of Minors](#)
 - [Task Force on Involuntary Examination of Minors Report](#)
- Developed and administered a survey for all designated Baker Act receiving facilities servicing children and adolescents that will help the team further develop effective strategies. The survey addressed questions on their:
 - Assessment process
 - Treatment planning
 - Care coordination
 - Discharge planning
 - Barriers and challenges to collecting adequate information and follow-up care
- The Department offers free on-line Baker Act training courses to providers, stakeholders, law enforcement officers, and interested individuals, however, in person training is frequently requested. This was not possible due to the COVID-19 pandemic, therefore the Department finalized publicly accessible free Baker Act webinars available via the Florida Certification Board [website](#) and shared this resource with the Agency.
- The Department continued ongoing work on recommended actions contained in the Report on Involuntary Examination of Minors, including:
 - Drafting language to revise Administrative rule 65E-5 to include the provision of additional resource information at discharge such as the National Suicide Prevention Lifeline, local support groups, and Mobile Response Team (MRT) services.
 - Developing the Baker Act User Reference Guide resource tool for providers.
 - Developing Frequently Asked Questions on the topics of Discharge Planning and Minors.
- The Department's Managing Entity contracts were amended to require:
 - All provider subcontracts include a requirement to provide contact information for the MRT in the service area to parents and caregivers of children and adolescents who receive behavioral health services.
 - A community behavioral health care needs assessment be conducted every three years and submitted to the Department. The assessment must include a description of any gaps in the array of services for children or adolescents identified pursuant to s. 394.4955, F.S., and recommendations for addressing gaps.
- The Department engaged the Department of Education for preliminary discussion on requirements for schools regarding utilization of MRT services.

- The Department's Office of Substance Abuse and Mental Health met with the Office of Child Welfare regarding the requirement for information about local MRT services to be included in foster parent training.

Quarterly Summary

Pursuant to Section 394. 493 (4), F.S., the Department and Agency's first quarter actions included establishing the definition for high utilization, drafting a Data Use Agreement, and developing a survey for all designated receiving facilities serving children and adolescents. The agencies plan to continue developing additional short and long-term goals, finalizing the drafted Data Use Agreement, and exploring strategies to reduce high utilization cases in the second quarter.