
High Utilization of Crisis Stabilization Services: Children and Adolescents

Third Quarter Report: January - March 2021

Department of Children and Families

and

Agency for Health Care Administration

April 30, 2021



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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.

The Department and Agency continued bi-weekly internal agency meetings and joint agency workgroup meetings. The Department and Agency held a HB945 CSU High Utilizer Workgroup Kickoff meeting on February 26, 2021 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. 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 who are high utilizers of crisis stabilization services.		
Objective: Identify children 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. Streamline existing multidisciplinary staffing processes.	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.	In progress	May 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*	May 2021
D. Assist and support implementation of the Managing Entities Organization Framework to develop a children's behavioral health system of care.	In progress	July 2021
E. Identify ways to leverage current community resources.	In progress *	May 2021
F. Identify ways to increase interagency collaboration on the children that fall within the high utilizer definition.	In progress*	May 2021
G. Map and evaluate inter-related agency current processes.	In progress*	May 2021
H. Develop actions steps to improve care coordination and outcomes.	In progress*	May 2021
I. Begin implementing 2021-2022 strategies.	Not started	July 2021

*The actions of the HB945 CSU High Utilizer Workgroup will impact this strategy.

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.

The Department shared the 2020 data with Managing Entities and held 5 individual meetings to discuss the findings. The meetings revealed that one Managing Entity utilizes a care coordination process and others are willing to create a process. Following the meetings, the Managing Entities provided additional information about the individuals identified in the data, such as if the child has Medicaid or commercial insurance benefits, is involved with child welfare services, or has been involved in a local staffing review process.

Activity B: Streamline existing multidisciplinary staffing processes. No actions taken this quarter.

Activity C: Address barriers identified by health plans.

Many of the barriers identified by the health plans were also identified by other stakeholders and the HB945 CSU High Utilizer Workgroup. The Workgroup -convened as part of Strategy 3, Activity B- will continue to explore the barriers and develop potential solutions.

Strategy 2: Data

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

- The Department and the Agency ran mock data queries ensuring both agencies capture the same elements so that the data can be successfully combined and compared.
- Using Quarter 1 and Quarter 2 of calendar year 2020¹, we identified 788 children/adolescents as high utilizers. Most of these children/adolescents are receiving services through the Florida Medicaid program.

Activity B: Analyze Initial data.

Appendices A and B detail Department and Agency Quarter 1 and Quarter 2 calendar year 2020 data.

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

The Department shared data from calendar year 2020 with the Agency.

Strategy 3: Collaborate with Stakeholders

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

The Agency met with select health plans to learn about strategies they have implemented to ensure all behavioral health needs are met. The following strategies were identified as a result of meeting with the health plans:

- Assigning members to “complex case management.”
- Coordination between health plan case management team and utilization management team to identify admissions, outreach to the facility and parent/guardian to begin discharge planning, assure all

¹ Using data out of the Financial and Services Accountability Management System, also known as FASAMS and Medicaid fee-for-service claims and managed care encounter data.

wraparound services are in place, and schedule aftercare appointments, and arrange transportation to those appointments as needed.

- Utilization management requests a peer-to-peer while the enrollee is inpatient to determine and address concerns on treatment, placement, or ongoing needs.
- For complex cases, utilization management team and case management team conduct enrollee-specific rounds with physical and behavioral health medical directors to discuss discharge cases.
- Inpatient facility discharge planners are offered direct contact information for case managers.
- Plan-specific website with discharge planning resources.
- Post-discharge, case management supports member and parent/guardian to close any care gaps by confirming follow-up appointments, coordinating transportation if needed, ordering post-discharge meals, and referral and linkage to community resources. Members are also educated about mobile crisis services.
- Outreach to primary care physicians to collaborate regarding recent hospitalizations.
- One plan is piloting with a hospital to have a health plan utilization management licensed clinician on site. The clinician participates in hospital rounds and meets members to obtain admission information. Daily meetings are conducted to determine discharge plans. As a result, the health plan is seeing a reduction in rapid readmissions.

Activity B: Convene HB945 CSU High Utilizer Workgroup.

- The Department and the Agency held a kickoff meeting with the workgroup on February 26, 2021. Stakeholders comprising the workgroup include the Governor's Office of Adoption and Child Protection, Department of Juvenile Justice, Department of Education, Agency for Persons with Disabilities, Florida Hospital Association, SEDNET Statewide Admin Project, Lutheran Services of Florida Health Systems, Guardian Ad Litem for Children, South East Florida Behavioral Health Network, CMS Health Plan, Magellan Health Plan, Molina Health Plan, Staywell Health Plan, Sunshine Health Plan, and Memorial Regional Hospital. The agencies presented an overview of the project and findings of data analysis.
- Additional meetings were held March 12 and March 26 to discuss barriers and possible solutions. Mapping of the existing staffing processes being used in the state began on March 26, 2021.
- The workgroup's meetings will continue bi-weekly.
- By June 30, 2022, the workgroup will:
 - Identify issues and barriers
 - Document and map current processes
 - Develop and map improved, standardized processes
 - Develop plans of action to address identified issues and barriers
 - Implement improved processes and plans of action

Activity C: Identify areas of improvement to current processes.

Issues and barriers as well as potential solutions have been identified during the biweekly meetings with the collaborating stakeholders.

Activity D: Assist and support implementation of the Managing Entities Organization Framework to develop a children's behavioral health system of care.

The Managing Entities continue to meet regularly to develop their organizational framework. Several members of the Department's Substance Abuse and Mental Health Office staff attend these meetings. Managing Entities are preparing to conduct required stakeholder meetings and identify partners including health plan representatives.

Activity E: Identify ways to leverage current community resources.

Children that are high utilizers of crisis stabilization or inpatient psychiatric hospital services may need enhanced discharge planning efforts and possibly a more intense and unique array of services upon discharge. A combination of approaches -such as the examples below- may be necessary to meet complex needs of children and families:

- Implement early identification efforts to target schools to inform and connect them with the prevention-based community resources available in their area.
- Community Action Treatment (CAT) – For children enrolled in a CAT team, services may be provided while the child is receiving CSU services to ensure continuity and to support the child and their family during the admission.
- Mobile Response Team – The team can assist by being the link for services between CSUs, community providers, and schools and referring to services such as Coordinated Specialty Care programs, peer support services, NAMI for the families, 2-1-1 for suicide prevention, text to talk, and others. They can also intervene during subsequent crisis and potentially deter re-admission.
- Coordinated specialty care services – Is a recovery-oriented treatment program for young people experiencing a first episode of psychosis. This program is available in seven areas of the state.
- Peer support services – Peers are trained to support individuals’ engagement in community treatment and recovery programs and connect them to other resources.
- Wraparound services- Wraparound is a process of working with children and adolescents with serious mental health challenges and their families. Community based services and supports “wrap around” the individual and their families to help meet their needs.
- National Alliance for Mental Illness- Is a grass root advocacy organization that provides free support to family members of individuals with a mental illness.
- 2-1-1 is a telephone crisis counseling and referral services available to anyone who calls. Trained counselors can talk to people about issues and stressors they are experiencing, including suicidal thoughts and behaviors as well as link families with mental health and substance abuse services, health care needs, tangible goods, housing, employment, and economic assistance.
- Handle with Care Initiative – A partnership between law enforcement and school districts agreed that any time law enforcement recognizes a child that has been exposed to trauma, they will notify the school the next day. The initiative could expand to child welfare, behavioral health, etc. The purpose is to enable schools to anticipate that there may be a problem with the child, communicate that a child has experienced trauma, and deter from issuing consequences. With this initiative, the counselor or social worker refers the caregiver/child for follow-up services. They also assess the child’s needs and determine if counseling or services are needed and make a recommendation.

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

- Monthly Reviews – Initiate a meeting to review the highest utilizers from the previous month. The content of the review would include the following:
 - Status – Current situation, identification of issues at school, at home, legal problems, medical conditions.
 - Service Needs – Discuss needs and barriers to accessing services.
 - Next Steps – Review and discuss the next steps to deter re-admission.
- Universal Consent Form – Develop an electronic universal consent form template for guardians to give consent for the providers and systems to share information about the child/adolescent. This universal consent would increase communication and coordination across systems such as educational, behavioral health and medical to ensure continuity of care and consistent information sharing. Improved

coordination can reduce readmissions by allowing for better discharge and transition planning and engaging all systems in the treatment options available.

- Children and Youth Cabinet – The Cabinet has been working on building adolescent mental health connections, which will be a useful resource.
- Representatives from the Agency’s Bureau of Medicaid Policy and Bureau of Medicaid Quality are attending and supporting ongoing county and regional meetings hosted by local Behavioral Health Consortiums to identify ways to improve coordination of available behavioral health services and to improve access to care.

Appendix A: 2020 High Utilizers Data Findings for the Department

The Department used the Financial and Services Accountability Management System, also known as FASAMS, to identify children and adolescents under the age of 18 with three or more admissions into crisis stabilization units or inpatient psychiatric hospitals. During Quarter 1 and Quarter 2 of calendar year 2020, 41 children and adolescents met the high utilizer criteria.

Key Findings

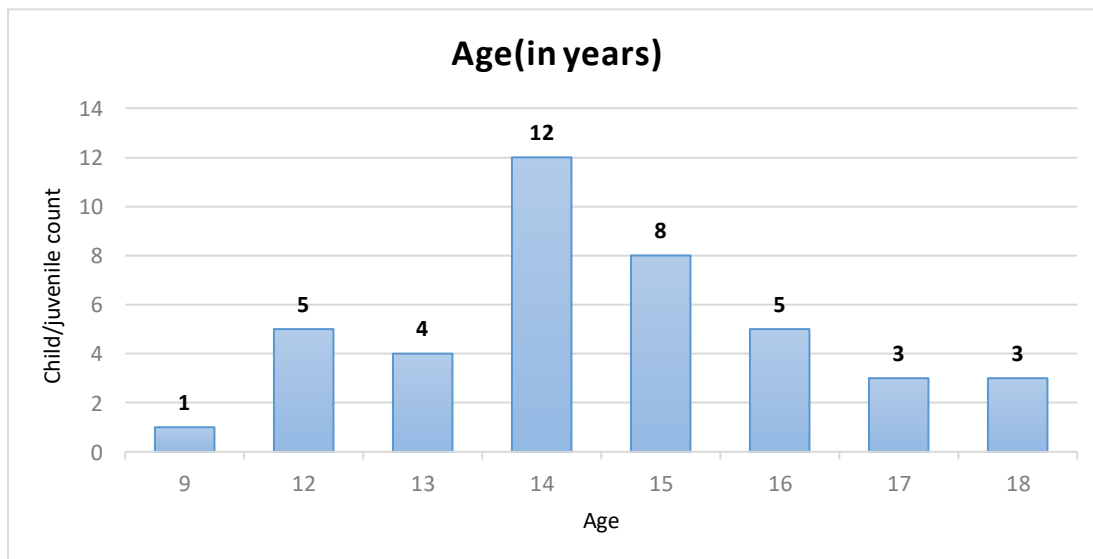
- 41 children/adolescents were identified as high utilizers
 - 24% females; 17% males
- 39 children/adolescents (95%) had a behavioral health diagnosis.

Top 3 Diagnosis	
Males	Females
Disruptive mood dysregulation disorder (29%)	Major depressive disorder (46%)
Conduct disorder (12%)	Disruptive mood dysregulation disorder (21%)
Major Depressive disorders (12%)	Conduct disorder (8%)

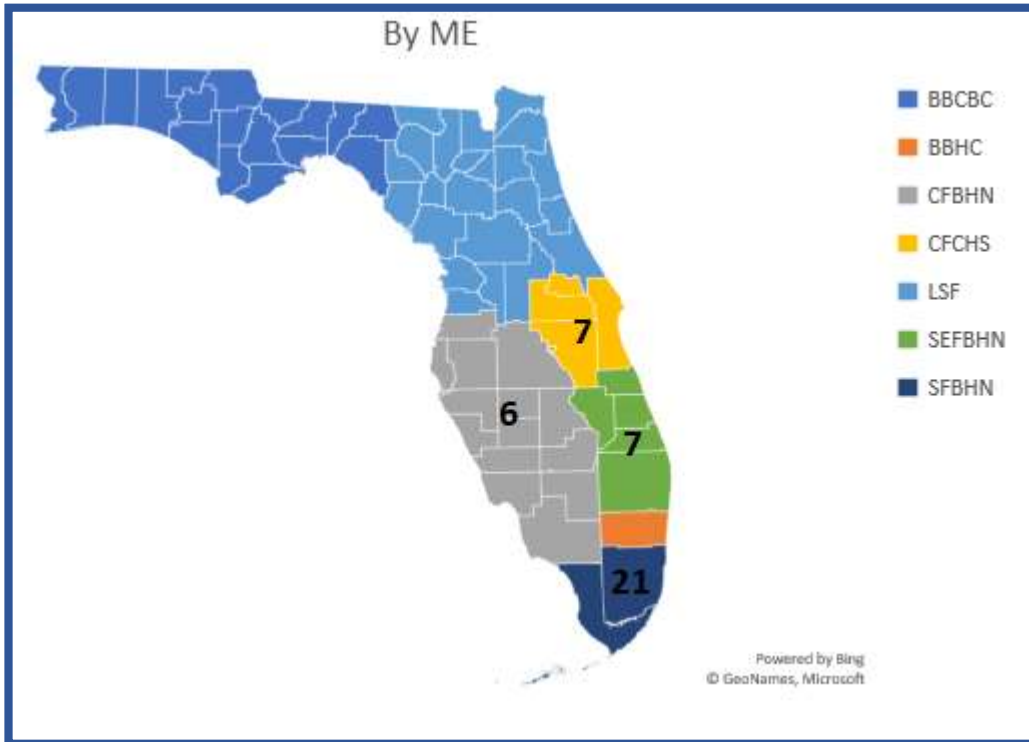
Additional Data

Race	Child/Adolescent	% of Total
White	16	39%
Black	16	39%
Multi-Racial	8	20%
Other	1	6%
Total	41	

Age (in years) in 2020



Children/Youth by Managing Entity (ME)



Appendix B: 2020 High Utilizers Data Findings for the Agency

The Agency used Medicaid fee-for-service claims and managed care encounter data to identify children and adolescents under the age of 18 with three or more behavioral health related admissions to a crisis stabilization unit (CSU) or inpatient hospital within the six months of utilization data analyzed (Quarter 1 and Quarter 2 of calendar year 2020). Of the 2.4 million children and adolescents whose data was reviewed, 747 met these criteria.

Key Findings

- 747 children and adolescents were identified as high utilizers
 - 55% females; 45% males
 - The percentage varied with the age of the child/adolescent. For example, more females than males had an inpatient hospital admission in the age category of 11-16.

- 642 children (86%) were classified were classified with a serious emotional disturbance. More girls than boys were classified with a serious emotional disturbance.
 - 91% females
 - 79% males

Top 3 Hospital DRGs by Gender	
Males	Females
Bipolar Disorders (75%)	Bipolar Disorders (69%)
Childhood Behavioral Disorders (34%)	Major Depressive Disorders & Other/Unspecified Psychoses (50%)
Major Depressive Disorders & Other/Unspecified Psychoses (31%)	Depression Except Major Depressive Disorder (16%)

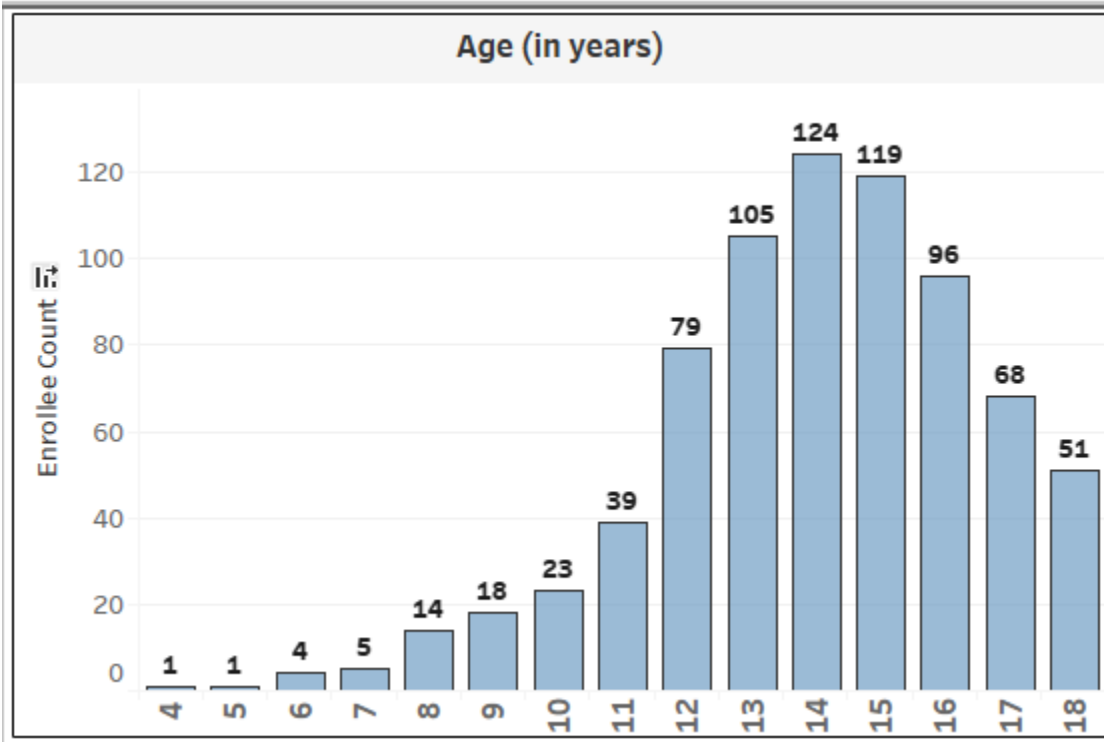
- Top 3 Primary Diagnoses:
 - Disruptive mood dysregulation disorder
 - Major depressive disorder, recurrent severe without psychotic features
 - Bipolar disorder, unspecified

- Top 3 health plans per 1,000 child/adolescent enrollees were:
 - Staywell SMI specialty plan
 - Sunshine Health – Child Welfare specialty plan
 - Magellan SMI specialty plan

Additional Data

Race	Enrollees	% of Total
White	270	36.1%
Not Determined	206	27.6%
Black	121	16.2%
Hispanic	93	12.4%
Other	59	7.9%
Asian	4	0.5%
Total	747	

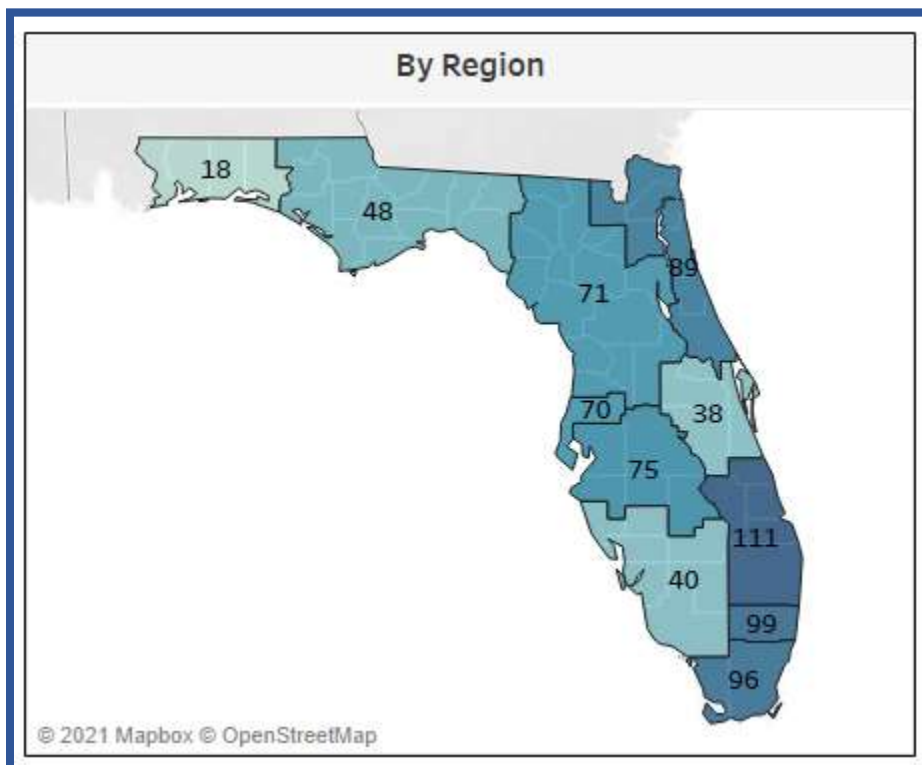
Age (in years) at the time of first Inpatient admission



Health Plan

Health Plan	Enrollee Count	% of Total	Per 1,000 Enrollees
Sunshine Health - Child Welfare	183	24.5%	4.89
Staywell - SMI	131	17.5%	5.72
Staywell	110	14.7%	0.18
Sunshine Health	101	13.5%	0.27
Children's Medical Services Network	83	11.1%	1.27
Humana	49	6.6%	0.15
Simply	48	6.4%	0.14
United	44	5.9%	0.26
Fee-for-Service	40	5.4%	
Aetna Better Health	16	2.1%	0.21
Magellan	15	2.0%	3.30
Prestige	10	1.3%	0.15
Molina	9	1.2%	0.13
Lighthouse Health Plan	6	0.8%	0.22
Miami Children's Health Plan	4	0.5%	0.23
Community Care Plan/SFCCN	3	0.4%	0.09
Vivida Health	1	0.1%	0.10
Clear Health Alliance - HIV/AIDS	1	0.1%	2.25
TOTAL	747		0.33

Region



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"> – Out of the 15 CAT Teams, most of them are working towards hiring additional staff using the CARES Act funding. Citrus is already utilizing the funding and is serving 19 additional youth. 	<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 – In addition to language regarding discharge planning processes discussed in the First Quarter report, 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"> – Revise rule based upon public feedback – Rule hearing and adoption – Regional SAMH designation staff to work with designated receiving facilities on implementing enhanced discharge planning. 	<p>65%</p>