High Utilization of Crisis Stabilization Services Children and Adolescents

SECOND YEAR

First Quarter Report: July-September 2021

Department of Children and Families

AND

Agency for Health Care Administration

October 31, 2021

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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 (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 (CSU) 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. High utilization is defined as children and adolescents under 18 years of age with three or more admissions into a CSU 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 goals.

During this quarter, the Department and Agency convened weekly to develop the 2021-2022 High Utilizer Goals and Strategies in Appendix A of this report. The purpose of the 2021-2022 High Utilizer Goals and Strategies is to address the issues and barriers identified by the HB945 CSU High Utilizer Workgroup (Workgroup) 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.

QUARTERLY SUMMARY

This quarter, the Department and the Agency achieved the following:

- Created plans of action (see Appendix A - 2021-2022 High Utilizer Goals and Strategies) to address the issues and barriers identified by the Workgroup. The plans of action incorporate Workgroup recommendations and strategies to leverage community resources. Some barriers identified by the Workgroup include:
  - When a child in crisis and a guardian seek admission to a receiving facility voluntarily, they must wait until a court hearing can be conducted, which can take days, delaying treatment for the child;
  - Law enforcement refusing to transport a child to the receiving facility although statute (s. 394.462(1)(b)(1), F.S.) says that they can only refuse if the county is contracted with someone else to transport; and
  - Children without insurance may not receive appropriate follow-up care, which can lead to readmissions. This can either prevent the parent from keeping a follow-up appointment or from making a follow-up appointment at all.

- Completed analysis of barriers and best practices identified by health plans via survey responses received on July 26, 2021. The health plans were surveyed about their processes related to children and adolescents receiving Baker Acts. The Agency asked about health plan's concerns and ideas to reduce Baker Act admissions for children and adolescents and their processes and experiences with admission, discharge, and overall items related to Baker Acts.
  - "Best Practices" training is being developed by the Agency for the health plans to highlight and promote identified best practices from the survey.
    - High Fidelity Wraparound Model (Currently offered by seven health plans)
    - Peer Support (As In Lieu of Service) offered by three plans. Medicaid permits Certified Recovery Peer Specialists to provide Psychosocial Rehabilitation, Behavioral Health Day, and Clubhouse services.
  - Plans of action have been developed by the Agency to address identified issues and barriers from the survey:
    - Improve communication between the receiving facilities and health plans when a member is admitted,
    - Increase coordination between Managing Entities (MEs), the Department, school, and the health plans,
    - Assist parents to understand the processes and services offered by health plans, and
    - Increase CSU participation in the Agency's Event Notification Service (ENS).

- The Agency distributed the list of Department ME contacts to health plans to improve coordination of care for youth. An initial call was placed to each plan's identified HB945 contact. During the outreach campaign, the Agency instructed the health plan to use the forthcoming ME contact list for discharge planning and continuous communication. A follow-up e-mail was sent with the ME contact list attached. A follow-up call campaign will be conducted next quarter to gauge the initial outcome.

- The Department's Community Action Treatment teams served 140 additional individuals as of July 2021 utilizing the Coronavirus Aid, Relief, and Economic Security (CARES) Act dollars.

- The Agency reinstated concurrent review requirements for behavioral health admissions which allowed health plans to have immediate notice of admissions. These notifications enhance admission to ensure coordination of the Agency's goal of continuous communication improvement between the health plan and CSU's. Prior authorization requirements were lifted as part of the Agency's COVID-19 State of Emergency response.

- The Agency required health plans to implement, by January 1, 2021, Performance Improvement Projects (PIPs) focused on increasing the number of members who attend a follow-up visit within seven days after a hospitalization for mental health, as well as an emergency department visit for mental health conditions and/or alcohol and other drug abuse or dependence. This will help concentrate efforts across plans to improve follow-up after hospitalizations and emergency department visits. While all plans are required to use the Encounter Notification Service as part of their interventions, plans are using a variety of interventions including: enhanced discharge planning and care coordination; promoting the availability of behavioral health services; promoting telehealth services/appointments; and providing member incentives for completing follow-up visits.

- Continued rule development work for *65E-5, F.A.C. Mental Health Act Regulation* to add a definition of high utilizer; require implementation of policies and procedures regarding discharge planning for those identified as a high utilizer; and strengthen discharge planning language for designated receiving facilities. Specifically, upon adoption of the rule, receiving facilities will be required to:

    - Provide referrals or appointments, as needed or upon request, to any needed community resource, including peer-based support services, National Suicide Prevention Lifeline, local Mobile Response Team services, substance use treatment, trauma or abuse recovery programs, or self-help programs, as indicated by risk assessment screenings, this includes referrals to the Agency for Persons with Disabilities for children with an intellectual or developmental disorder.
    - Implement policies and procedures to comprehensively meet the needs of high utilizers to avoid or reduce future use of crisis stabilization services through a closed loop referral process to a case manager or care coordinator. This ensures receipt of the support needed to address complex issues.

- Continued to analyze the combined Agency and Department data contained in the single database of children and adolescents identified as high utilizers of receiving facilities.

  - The Agency is analyzing the services received between receiving facility admissions by a sampling of these children to determine if there is a correlation between the quantity, type and quality of services received and the frequency of readmissions. This analysis will help further inform the interventions recommended for this population.

- Conducted individual meetings between children's care coordinators and the following health plans* to increase communication and collaboration to best serve children/youth:

  - Simply Healthcare Plan (Serious Mental Illness)
  - Children's Medical Services Plan
  - Sunshine Health (Child Welfare)
  - Sunshine Health (Serious Mental Illness and Managed Medical Assistance)

*Meetings with United and Molina will occur during the next quarter.

- The Managing Entities are finalizing a children's care coordination plan and meet at least monthly, to finalize the Children's Behavioral Health System of Care plans which are due to the Department on December 31, 2021.

  - Community meetings with stakeholders are occurring. Stakeholders discuss care coordination criteria, implementation, the referral process, barriers to care, and opportunities for improvement.
  - Stakeholders invited to participate include Baker Act receiving facilities for minors, county and local government officials, law enforcement, school districts, Community Based Care agencies, representatives of the multiagency Network for Students with Emotional Behavioral Disabilities (SEDNET), representatives from the Department, the Agency for Persons with Disabilities, the Agency, Medicaid health plans, early learning coalitions, behavioral health providers, Managing Entity board of directors, continuum of care steering committees, wrap-around service providers, and children's care coordination teams.
  - Final Children's Behavioral Health System of Care plans will be vetted through a process to plan, discuss, and review the system during approximately 1,200 community stakeholder meetings across the state.

- Collaborated with the Workgroup and its subgroups to map the process experienced by a child in the custody of the Department of Juvenile Justice (DJJ) prior to and following a Baker Act admission.

- Collaborated with the Workgroup and its subgroups to identify issues, barriers, and potential solutions to current Baker Act processes.

REDUCING HIGH UTILIZATION THROUGH CHILDREN'S CARE COORDINATION

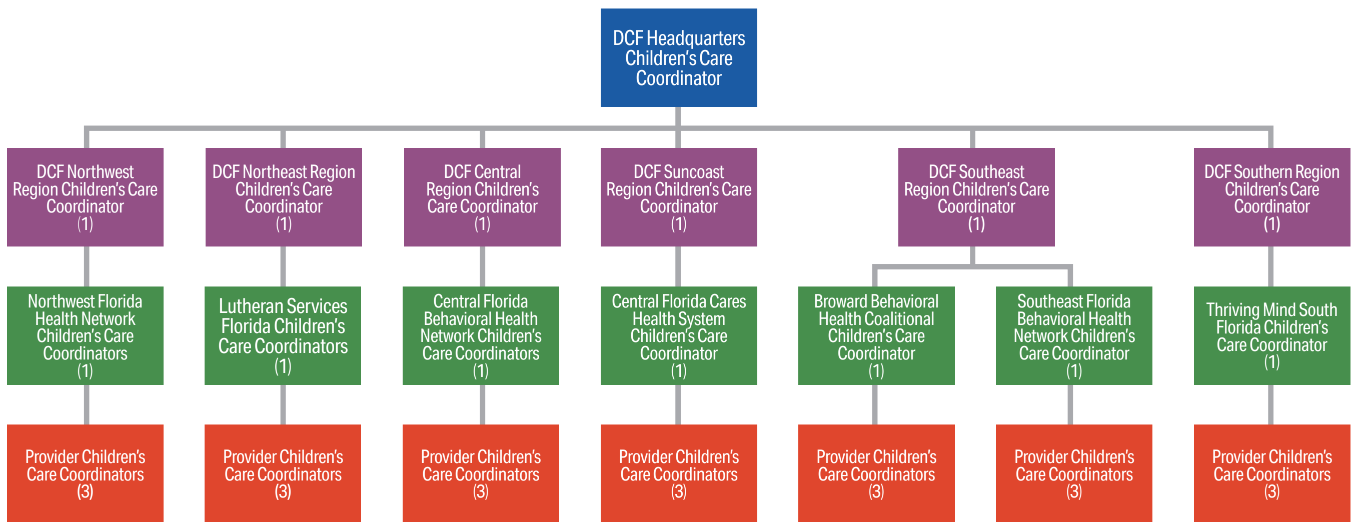
The Department has drafted a children's care coordination framework outlining the roles and responsibilities of regional care coordinators, focused on integrating prevention services while assisting individuals as they navigate the behavioral health system of care, thus reducing high utilization of crisis services. The following is an overview of the framework:

- In April of 2021, new federal funding opportunities such as the CARES Act and non-reoccurring supplemental block grants became available, and the Department saw an opportunity to allocate funds to children's care coordinator positions at Department regional offices, Managing Entity and provider levels. Children's care coordinators participate in local, regional, and state level staffings and carry out care coordination activities in between staffings.

- The Department's regional children's care coordination program embraces a proactive approach to identifying children who have had multiple admissions into a CSU. The regional children's care coordinator is notified of identified children from the receiving facilities, local review teams, Medicaid health plans, DJJ, school systems and community mental health agencies. The goal of the Children's Care Coordination program is to deliver effective, responsive, and high-quality linkages to services while following the child throughout the system of care and helping connect the family to additional resources and services (i.e., the Department's Care Navigators).

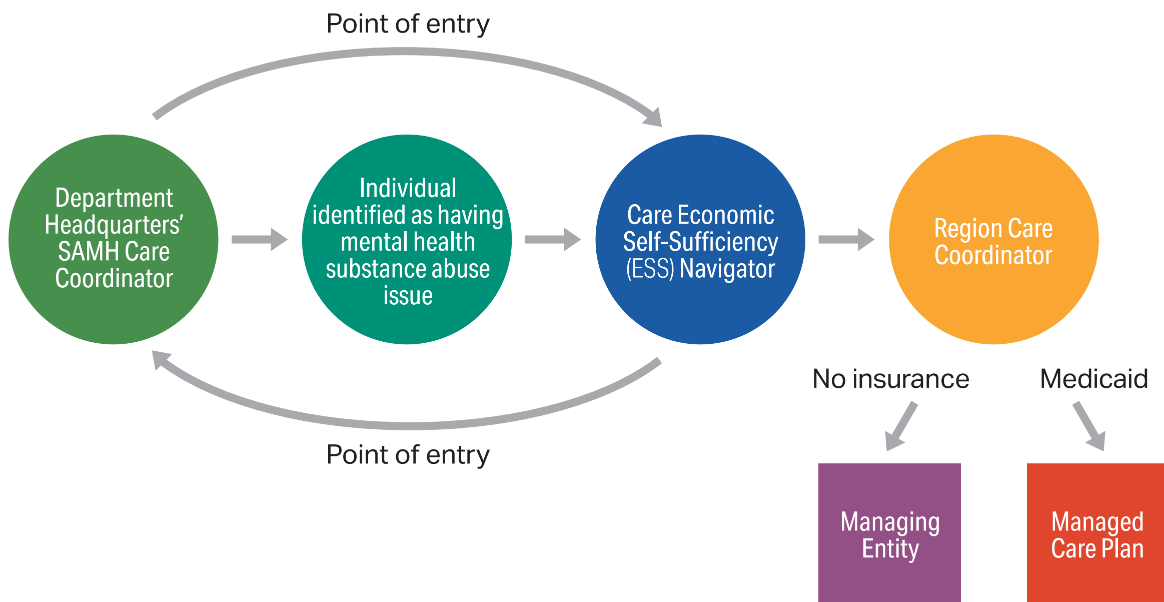
- Furthermore, the Department's regional children's care coordination program supports individuals through a team-based approach, including outreach to providers, community supports, and community agencies. Additionally, the program provides linkages to resources that meet the child's individualized needs, including economic self-sufficiency, peer support, Medicaid health plans, and discharge transitions from CSUs. The children's care coordinators ensure that key stakeholders are engaged with the child to provide ongoing input and support to reduce the need for high utilization of services to include crisis stabilization and residential treatment. The children's care coordinators work directly with children and their families. These coordinators participate in many local staffing meetings, connecting families with services and supports; visit CSUs, Statewide Inpatient Psychiatric Program (SIPP) facilities, Community Action Treatment (CAT) teams, and Mobile Response Teams (MRT) providers; and engage in efforts to reduce high utilization.

- The following graphic displays the structure of the children's care coordinator program staff.



- 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.

CHILDREN'S CARE COORDINATION FRAMEWORK



A Moment of Impact through Children's Care Coordination

A 16-year-old Hispanic male who lives with his mother benefitted from the efforts of a local review team (including his treating providers and the children's care coordinator) to address barriers. His diagnoses are Attention Deficit Hyperactivity Disorder (ADHD), Autism, and Schizophrenia. He has been Baker Acted numerous times since September 2020 due to auditory, visual, tactile hallucinations, and aggressive behaviors toward family, coupled with non-suicidal self-injury and occasional suicidal thoughts. He is enrolled in a Medicaid health plan. The Department's children's care coordinator corresponded with the health plan care coordinator to assist with approval for needed medical services.

Recommendations included applying for services through the Agency for Persons with Disabilities (APD) and working with a Coordinated Specialty Care for First Episode Psychosis program that serves individuals ages 16-34 experiencing their first psychotic episode. They operate from a treatment team model and are an intensive outpatient program that meets with the youth and family. The family began working with South County Mental Health's First Episode Psychosis team and his care was transferred promptly.

His mother reports increased communication skills, tolerance of others, ability to socialize, and less severe, and more redirectable episodes of breakthrough hallucinations.

The youth is on the waitlist for Devereux's SIPP; however, his family is hopeful he will continue to improve and will not need that level of care. He has remained out of inpatient crisis units for close to three months and his application for APD services is being processed. His mother expressed appreciation and gratitude to the regional children's care coordinator and shared how helpful and supportive they have been.

1: PROJECT STRATEGIES AND STATUS

The project strategies that focus on process review, data, and collaboration with stakeholders were created as a guide for the Department and Agency to focus on high utilizers. These lead towards the creation of the 2021-2022 High Utilizer Goals and Strategies included in Appendix A of this report. The Department and the Agency are finalizing process review, data, and collaboration with stakeholders and will transition the focus to the 2021-2022 High Utilizer Goals and Strategies during year two of this project.

☑ Completed this quarter
– In progress until December 2021
▷ In progress until July 2022

Process Review

- Leverage the existing multidisciplinary staffing processes to further the project's goal.
- Address barriers identified by health plans.

Data

- Analyze the combined data to identify gaps in services and other opportunities for improvement.

Collaboration with Stakeholders

☑ Identify areas of improvement to current processes.
☑ Map inter-related agency processes.
☑ Evaluate inter-related agency processes.
☑ Assist and support development of an improved children's behavioral health system of care.
☑ Identify ways to leverage current community resources.
☑ Identify ways to increase interagency collaboration for children who fall within the high utilizer definition.
☑ Develop action steps to improve care coordination and outcomes.
☑ Begin implementing 2021-2022 High Utilizer Goals and Strategies.
▷ Finish implementing 2021-2022 High Utilizer Goals and Strategies.

RECOMMENDATIONS

- The managing entities should explore the opportunity to enroll in Medicaid as a case management agency to become a health plan provider, providing access to information about the child and to be paid for coordinating services. Therefore, enrolling managing entities as case management agencies would create a mechanism for the health plans to refer children and their families with complex behavioral health needs to the managing entities to assist with care coordination and connection to behavioral health services within the managing entity network.
- The Department will create a Children's Behavioral Health Care Coordination protocol to enhance the current behavioral health system of care specific to high utilizers. The protocol will clearly identify the roles and responsibilities of children's care coordinators and establish minimum service targets.

- Build in a mechanism to connect children's care coordinators that are working with families of high utilizers with care navigators through the Hope Florida: A Pathway to Prosperity initiative. The Hope Florida initiative focuses on community collaboration between the private sector, faith-based community, nonprofits and government entities to break down traditional community silos, maximize resources, and uncover opportunities.
- Care navigators can assist families in achieving economic independence and obtaining tangible needs that become barriers to accessing needed health and behavioral health services. The protocol will identify a single point of contact at the Department's Office of Substance Abuse and Mental Health to bridge care navigators with behavioral health care coordinators for individuals with behavioral health needs.

• Increase access to respite services by restructuring the funding of this service through the managing entities and Medicaid. The Department could design a pilot to test the Living Room Model with children in select areas of the state.

  - The Living Room Model is a walk-in respite center for individuals in crisis. These centers offer calm, home-like settings where multidisciplinary professionals can observe and treat individuals in crisis. This has been successfully used in other states, mostly with adult high utilizers.

• Revise language around voluntariness hearings in s. 394.4625, F.S. Prior to a voluntary admission to a Baker Act receiving facility for evaluation and crisis stabilization, s. 394.4625(1)(a), F.S. requires a minor to undergo a judicial hearing to verify the voluntariness of the consent.

  - While intended to protect minors, this requirement has reduced access to emergency services and increased the use of involuntary admissions for minors, depriving minors and their parents of the right to seek treatment voluntarily in the least restrictive manner possible. As the need for an emergency evaluation can occur at any time of the day or night, seven days a week, most communities do not have the capacity to conduct judicial hearings to the degree needed to comply with this law.

• Revise Chapter 394, F.S. to support high utilizer children by adding a definition and specific authority to continue services while safe discharge plans are arranged, including access to residential services when recommended. Develop specific discharge criteria for high utilizer children that must be in place prior to discharge, and address how to support the child if there is not a favorable response to services, to ensure safety and support the family's needs.

• The Agency will evaluate potential elements to include in the upcoming Statewide Medicaid Managed Care re-procurement such as:
  - Require that 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 Child Care Coordinators.
  - Require health plan intervention with Primary Care Physicians (PCP's) 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 is complete. The Department distributed the link to the training via email to law enforcement members of the First Responder Suicide Deterrence Task Force. The trainings were also mentioned during a meeting of the First Responder Suicide Deterrence Task Force.
		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 is complete. The Department distributed the link to the training via email to DJJ representatives to the Suicide Prevention Coordinating Council.
	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 is complete. The Agency distributed a list of ME contacts to the MMA health plan lead contacts for HB945. On September 24, the High Fidelity Wraparound Model brochure and the list of ME contacts were distributed to the primary MMA health plan contacts.
		1.B.2. By December 2021, 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, in progress and on track.

Short-term Goals (1-6 months)

	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.
	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. **1.D.2.** By August 2022, the Department will update the current discharge form.	**1.D.1.** This step is in progress and on track to revise the current discharge form through the rule development process. **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.** First draft completed and currently under review.
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.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.1.** This step is in progress and on track. Health plans submitted their PIP plans in January 2021 and are in the first year of implementing interventions. Health plans submitted PIP documentation in October, which is under review. **2.A.2.** Not started.

Short-term Goals (1-6 months)			
	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.2.** By January 2022, plans' updated resource pages will be live. **2.C.3.** By February 2022, promote the updated resource pages to providers and the Florida Hospital Association.	**2.B.1.** Plans submitted drafts timely. Materials are under Agency review. **2.B.2.** Not started. **2.C.3.** Not started.
	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.2.** By November 2021, promote the new visibility of the Agency resource page.	**2.D.1.** This step is complete. The navigation menu was updated to add a direct link entitled "Health Plan Resources" to the Medicaid landing page. **2.D.2.** In progress and on track.
	2.E. Enhance the Agency resource page to make it more valuable to providers and MMA health plans.	**2.E.1.** By November 2021, 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.2.** By November 2021, add links to resources such as the High Fidelity Wraparound white paper and the "Mental Health First Aid Training" offered by the MEs.	**2.E.1.** In progress and on track. **2.E.2.** In progress and on track.
3. Provide recommendations	**3.A.** The October-November 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. **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 is complete. The Department and the Agency held weekly meetings to review the issues and barriers plot as well as the opportunities for improvement identified by the Workgroup. The results from this review were the creation of the 2021-2022 High Utilizer Goals and Strategies. **3.A.2.** This quarter, the Department and the Agency began identifying additional recommendations that can be included in the Report and added recommendations to 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 November 2021, 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 on track to be completed during the next contract amendment.
		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 is complete. The Department provided a list of children's care coordinators and continues to provide updates.
		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 is complete. A tracking tool was created and distributed. Work will continue to amend ME contract to require ME and provider level care coordinators to use the tracking tool.
		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 is complete.
		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's Statewide Children's Mental Health monthly meeting, the general overview of the following services was provided; 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, Medicaid health plans, Regional Department staff, and children's care coordinators. In addition, the Department hosted an MRT training at the Florida Child Protection Summit.

Long-term Goals (Ongoing)			
	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 action item is complete, 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 is complete. 100% of the MMA health plans were assigned to local Managing Entity community meetings. This quarter, all MMA health plans attended the coalition meetings.
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 notice of rule development was published in the Florida Administrative Register. The Department anticipates conducting a workshop in November.
	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.	**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 CSUs. 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.
		3.B.2. Starting August 2021, the Agency will track the number of these entities that connect with ENS.	**3.B.2.** As of early August, two CSUs were live with ENS and two others were in progress.

Long-term Goals (Ongoing)			
	3.C. Ensure MMA health plans are using ENS effectively.	**3.C.1.** By November 15, 2021, the Agency will poll plans to evaluate current processes. **3.C.2.** Starting December 2021, the Agency will provide guidance if gaps are identified.	**3.C.1.** In progress and on track. **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. **4.A.2.** By August 2022, Rule 65E-5 will reflect the discharge planning expectations.	**4.A.1.** This step is on track. A notice of rule development was published in the Florida Administrative Register. The Department anticipates conducting a workshop in November. **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.
5. Make changes to Rule 65E-5	**5.A.** Revise FAC 65E-5 to require receiving facilities to adopt policies and procedures for high-utilizer children and adolescents.	**5.A.1.** The Department drafted language to add a definition for high utilizer and adopt policies and procedures for high-utilizer children and adolescents. **5.A.2.** By August 2022, Rule 65E-5 will reflect this requirement.	**5.A.1.** This step is on track. A notice of rule development was published in the Florida Administrative Register. The Department anticipates conducting a workshop in November. **5.A.2.** In progress.