Overview

- On June 27, 2020, Governor Ron DeSantis signed House Bill 945, which tasked the Agency for Health Care Administration (AHCA) and the Department of Children and Families (DCF) with:

  - Identifying children and adolescents who are the highest users of crisis stabilization services.

  - Collaboratively taking appropriate action within available resources to meet the behavioral health needs of such children and adolescents more effectively.

  - Submitting joint quarterly reports to the Legislature listing the actions taken by both agencies to better serve such children and adolescents.

  - These requirements ended June 30, 2022.

Behavioral Health System of Care

- DCF and AHCA are responsible for operating a system of care for the medical and behavioral health of individuals living with chronic health conditions such as serious mental illness (SMI) or substance use disorder (SUD).

  - DCF serves as the state agency for the provision of mental health and substance abuse services.

  - AHCA serves as the state agency responsible for administering the Florida Medicaid program.

DCF's Roles and Responsibilities for Behavioral Health Services

- DCF is the state agency responsible for Substance Abuse and Mental Health, Substance Abuse licensure, and the State Opioid Treatment Authority. The Department oversees:

  - Safety net services for over 236,000 uninsured and underinsured individuals;

  - Care coordination to improve access to services;

  - Leadership for evidence-based policies and programs; and

  - Contracting with the state's seven Managing Entities.

DCF Behavioral Health System of Care

Department of Children and Families

MANAGING ENTITIES

| Northwest Florida Health Network | Broward Behavioral Health Network | Central Florida Cares Health System | Lutheran Services Florida | South Florida Behavioral Health Network | Southeast Florida Behavioral Health Network | Central Florida Behavioral Health Network |

SERVICE ARRAY

- Crisis Stabilization Units
- Short-Term Residential Facilities
- Statewide Inpatient Psychiatric Program
- Rehabilitation
- Therapeutic Group Care Services
- Outpatient Services
- Community Action Teams
- Primary Prevention
- Recovery Supports
- Intervention Services
- Psychiatric Services
- Case Management
- Therapy

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AHCA's Roles and Responsibilities for Behavioral Health Services

- AHCA is the state agency responsible for administering the Florida Medicaid program which:

  - Provides medical and behavioral health to more than 5 million Floridians enrolled in the Medicaid program;

  - Operates the Statewide Medicaid Managed Care program's Managed Medical Assistance (MMA) component, which covers most medical and acute care services for health plan enrollees, including substance use and mental health treatment services; and

  - Establishes performance benchmarks and measures for health plans to improve health outcomes.

The AHCA Delivery System

Agency for Health Care Administration

Statewide Medicaid Managed Care (SMMC)

Standard SMMC Managed Medical Assistance Plans	Specialty Plans for Serious Mental Illness and Child Welfare	Fee-For-Service Delivery System

S E R V I C E   A R R A Y

| Psychiatric physician services	Individual, group, & family therapy services	Assessment services	Support / rehabilitation services	Mental health targeted case management	MMA: In lieu of Services, including CSU
Psychiatric & Medical detoxification services	Inpatient hospital services	Substance abuse county match services	Therapeutic group care services	Specialized therapeutic foster care service	Recipients under 21 years of age

Where Do these Children Live?
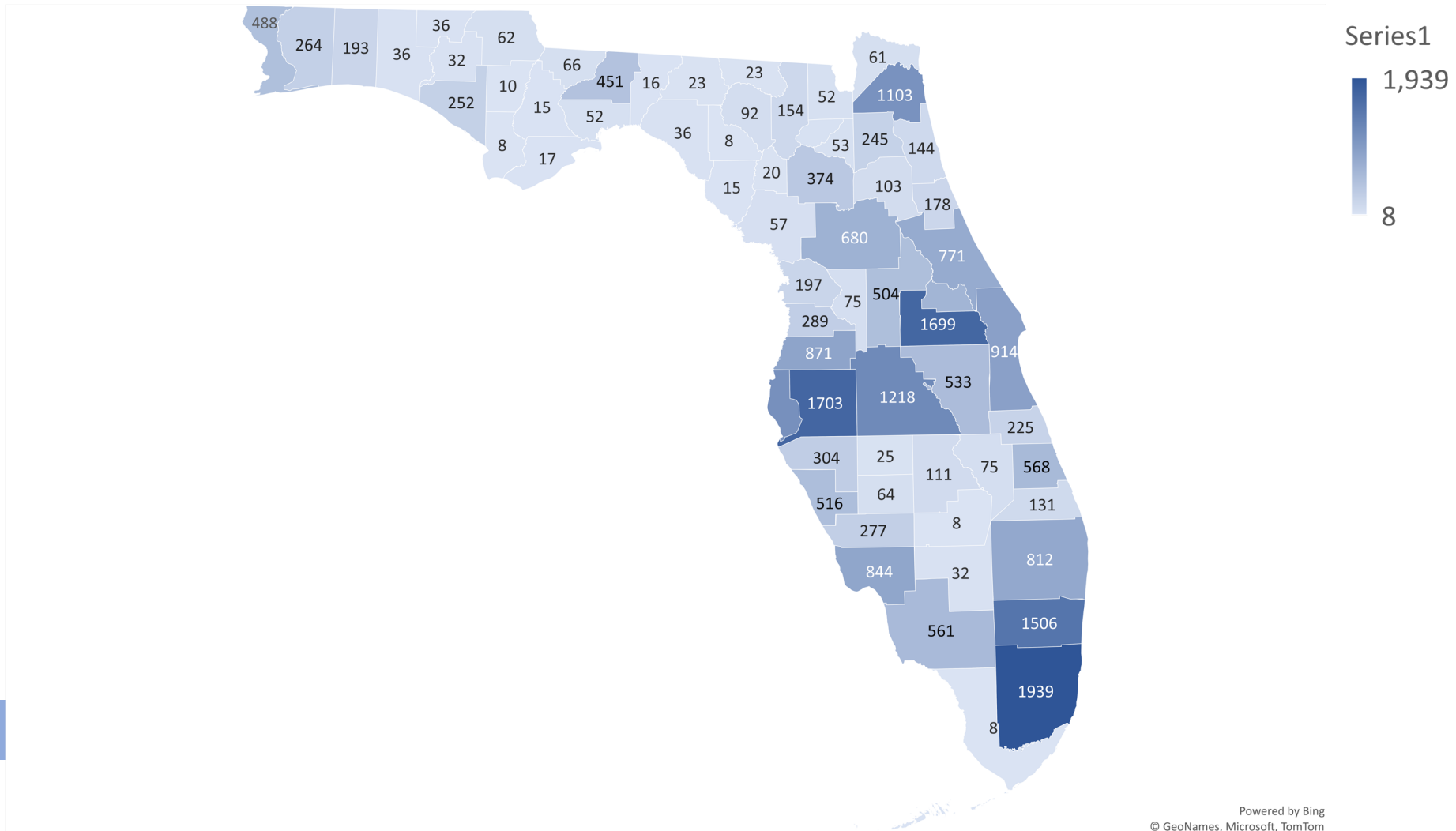
Definition for High Utilization

Child and adolescent "high utilizers":

- Within a given 6 month period, have

- Three or more:

  - Behavioral health-related admissions to a crisis stabilization unit; or

  - Inpatient psychiatric hospitalizations.

Which System is Serving these Children?

| Children Identified as High Utilizers Jan 2022 – Jun 2022		
SOURCE	COUNT	% of TOTAL
Medicaid	550	99%
DCF only (non-Medicaid)	7	1%
TOTAL	**557**	100%

DCF Analysis of High Utilizers

From January 1-June 30, 2022:

- **396** children were served solely by DCF and had at least one Baker Act.

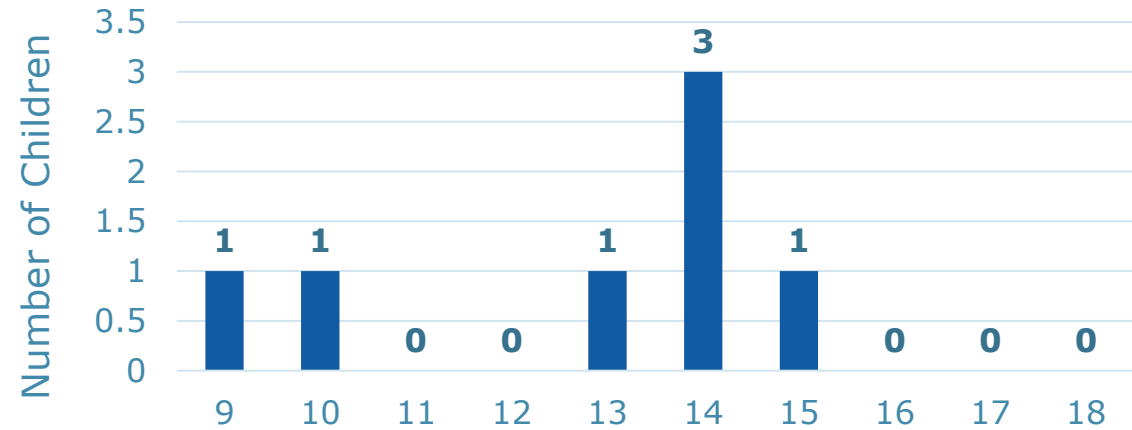 - **7** met the criteria as high utilizers.

DCF High Utilizer Data Demographics

GENDER

- Female
- Male

29%
71%

AGE

Number of Children

	9	10	11	12	13	14	15	16	17	18
	1	1	0	0	1	3	1	0	0	0
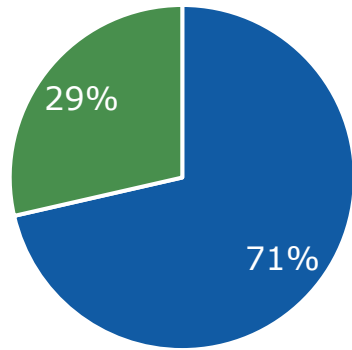
Race	Number of Children	% of Total Children
White	5	71%
Multi-Racial	0	0%
Black	2	29%
Other	0	0%
Total	**7**	**100.0%**

DCF High Utilizer By Diagnosis

Top Three Primary Diagnoses

1 Disruptive Mood Dysregulation Disorder

2 Mild Intellectual Disabilities

3 Obsessive-compulsive disorder, unspecified
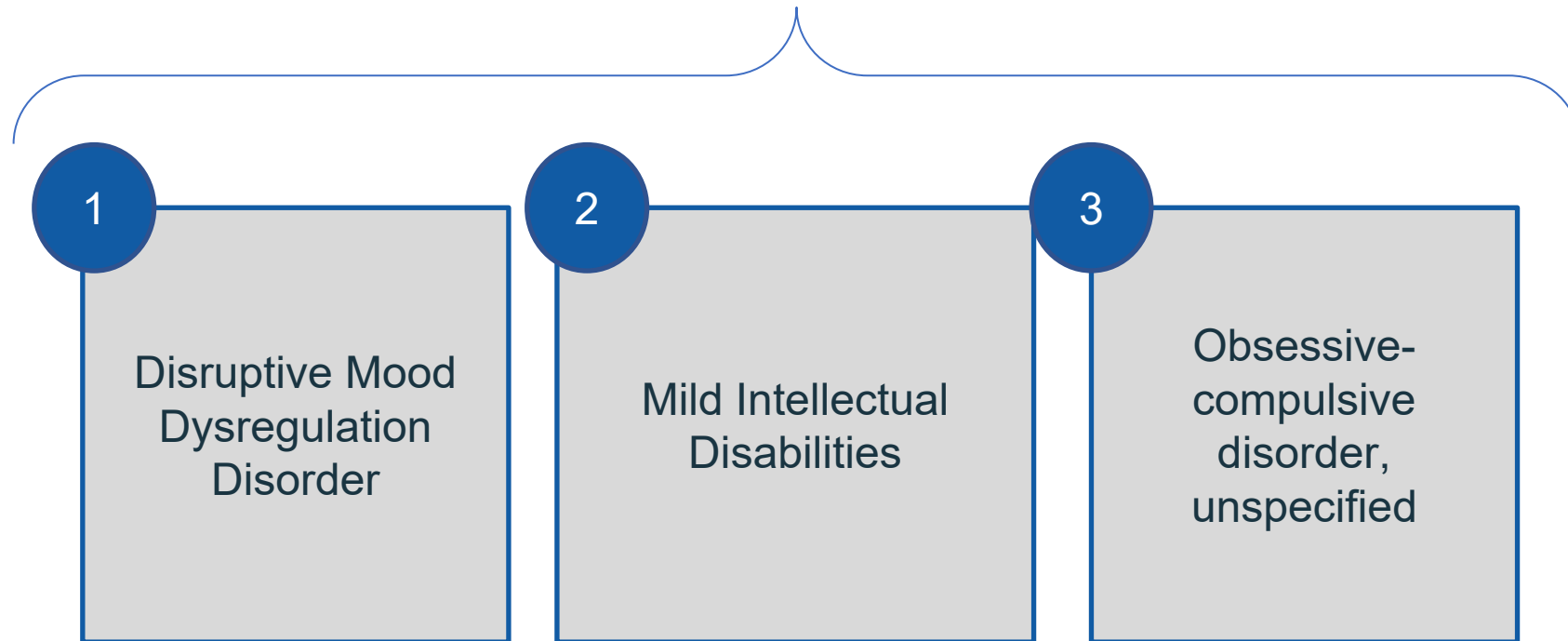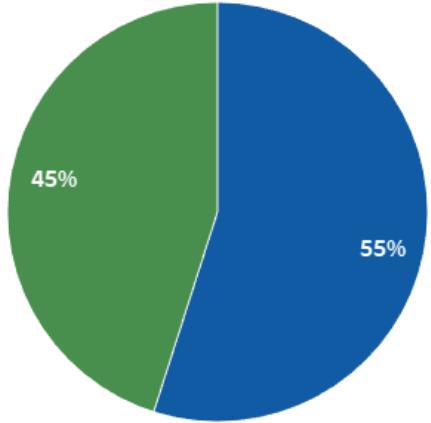
Medicaid Analysis of High Utilizers

From January 1-June 30, 2022:

- **550** children were served by Medicaid met the criteria as high utilizers.

  o 28 enrollees are 18 years of age.

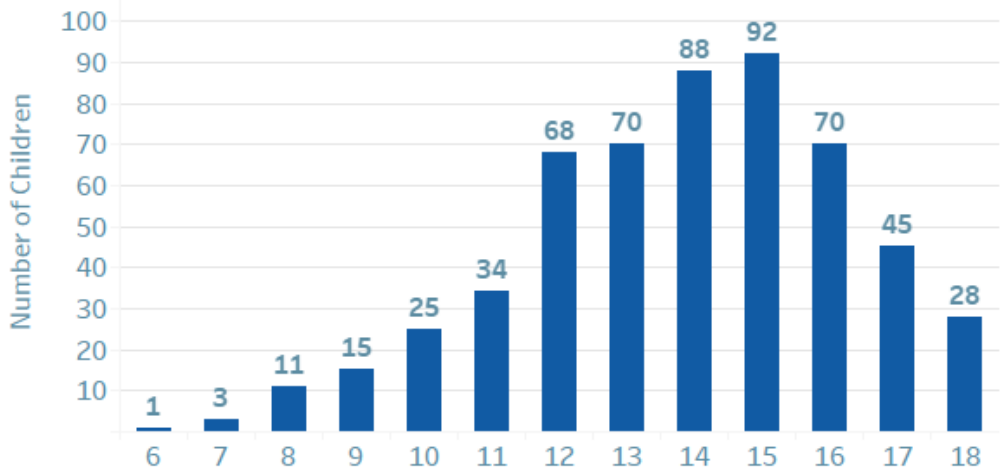 o All but 4 of those children are enrolled in a Medicaid MMA plan.

Medicaid High Utilizer Data by Age, Race and Gender
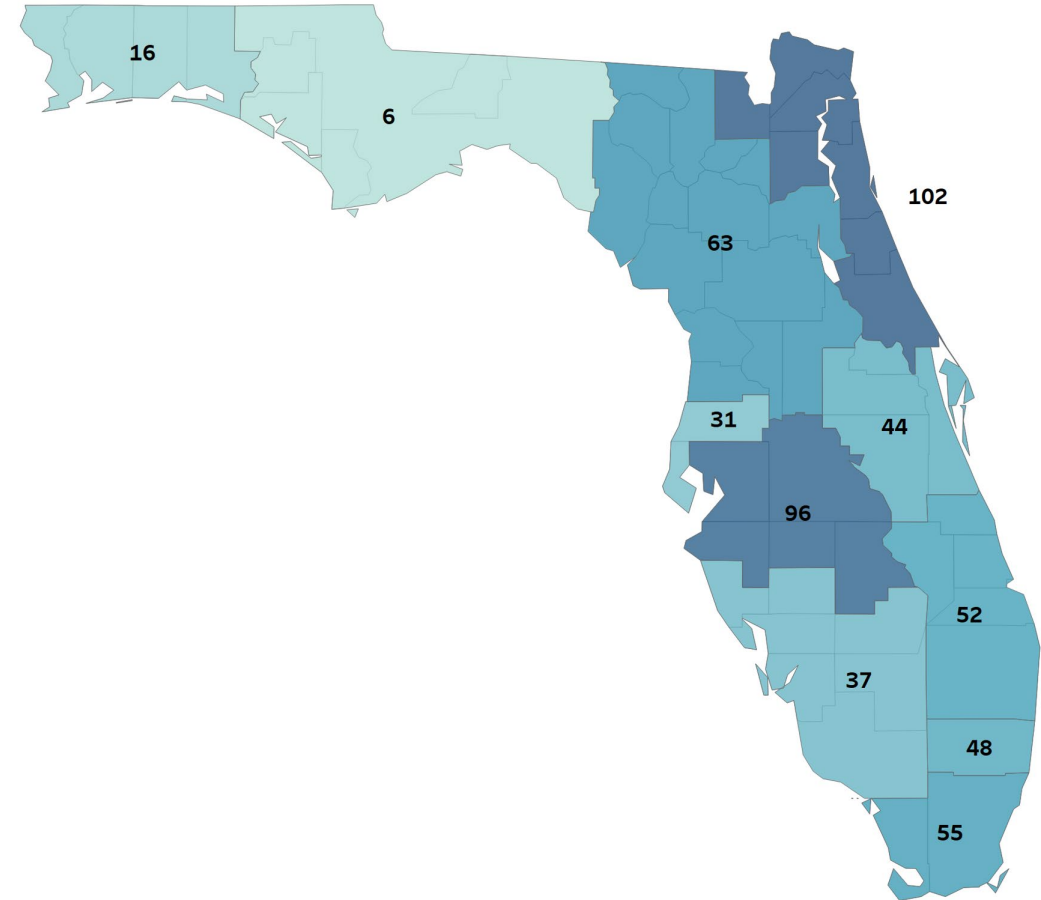
GENDER

Female 45% · Male 55%

AGE

Age	Number of Children
6	1
7	3
8	11
9	15
10	25
11	34
12	68
13	70
14	88
15	92
16	70
17	45
18	28

RACE

Race	Number of Children	% of Total Children
White	203	36.91%
Not Determined	123	22.36%
Black	122	22.18%
Hispanic	52	9.45%
Other	44	8.00%
Asian	6	1.09%
Statewide	**550**	**100.00%**

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Medicaid High Utilizer Data by Region

Children < 19 Yrs. Identified as High Utilizers of CSU/ Inpatient Behavioral Health Servies by Region		
Managed Care Region	**Count of Children**	**High Utilizers Per 1,000 Enrollees**
1	16	0.18
2	6	0.07
3	63	0.28
4	102	0.37
5	31	0.21
6	96	0.25
7	44	0.12
8	37	0.20
9	52	0.21
10	48	0.21
11	55	0.15
Grand Total	**550**	**0.21**

Medicaid High Utilizer Data by Health Plan

Children < 19 Yrs. Identified as High Utilizers of CSU/ Inpatient Behavioral Health Services by Health Plan		
MMA Health Plan as of June 2022	**Count of Children**	**High Utilizers Per 1,000 Enrollees**
Aetna	2	0.02
Amerihealth	5	0.06
CCP	4	0.10
CMS Plan	49	0.57
FFS Provider	4	0.05
Humana	36	0.09
Molina	5	0.07
Molina - Serious Mental Illness*	**15**	**3.42**
Simply	34	0.08
Sunshine	142	0.14
Sunshine - Child Welfare*	**129**	**3.33**
Sunshine - Serious Mental Illness*	**99**	**3.62**
United	25	0.13
Vivida	1	0.06
Grand Total	**550**	**0.21**

* Specialty plan serving specific population.

Medicaid High Utilizer Data by Number of Admissions

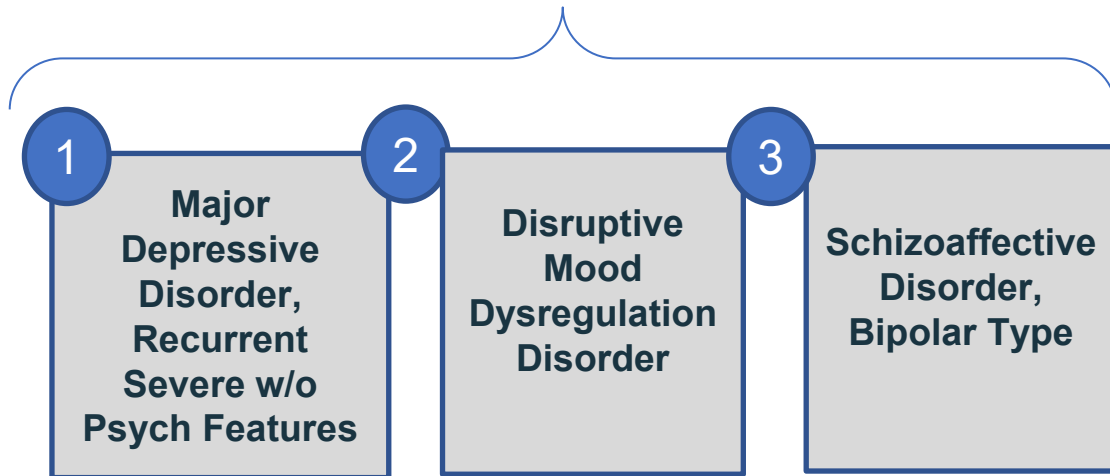| # of Admissions	Number of Children	% of Total
2	3	1%
3	303	55%
4	113	21%
5	67	12%
6	28	5%
7	13	2%
8	7	1%
9	5	1%
10	2	0%
11	3	1%
12	5	1%
17	1	0%
	550	100%

The Majority (77%) had 4 or fewer admissions.

Approximately 21% had between 5 and 9 admissions.

The remaining 2% had 10 or more visits.

Medicaid High Utilizer Data by Diagnoses

TOP THREE PRIMARY DIAGNOSES

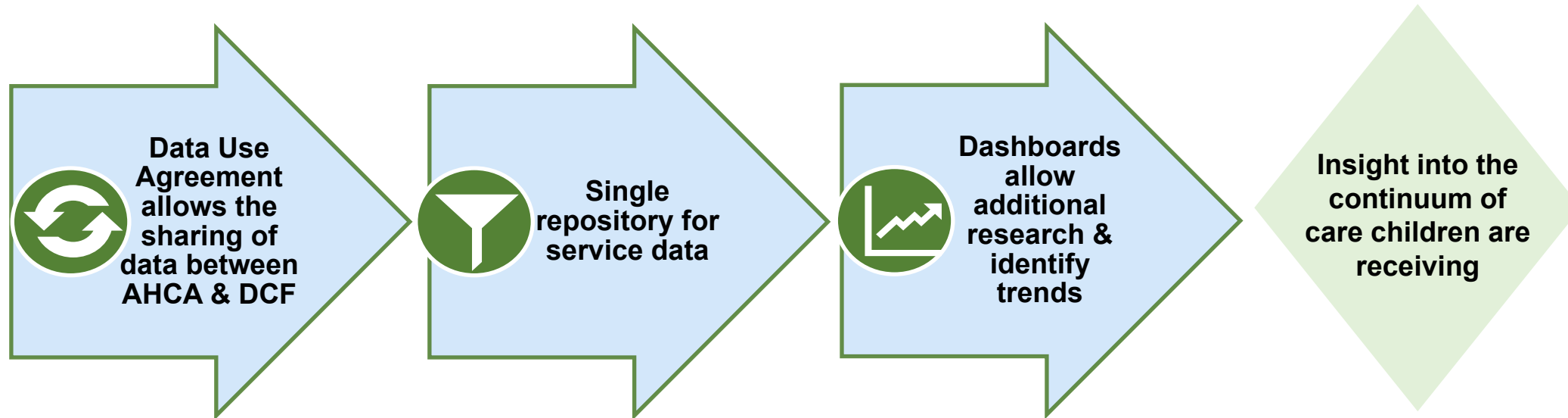**1** Major Depressive Disorder, Recurrent Severe w/o Psych Features

2 Disruptive Mood Dysregulation Disorder

3 Schizoaffective Disorder, Bipolar Type

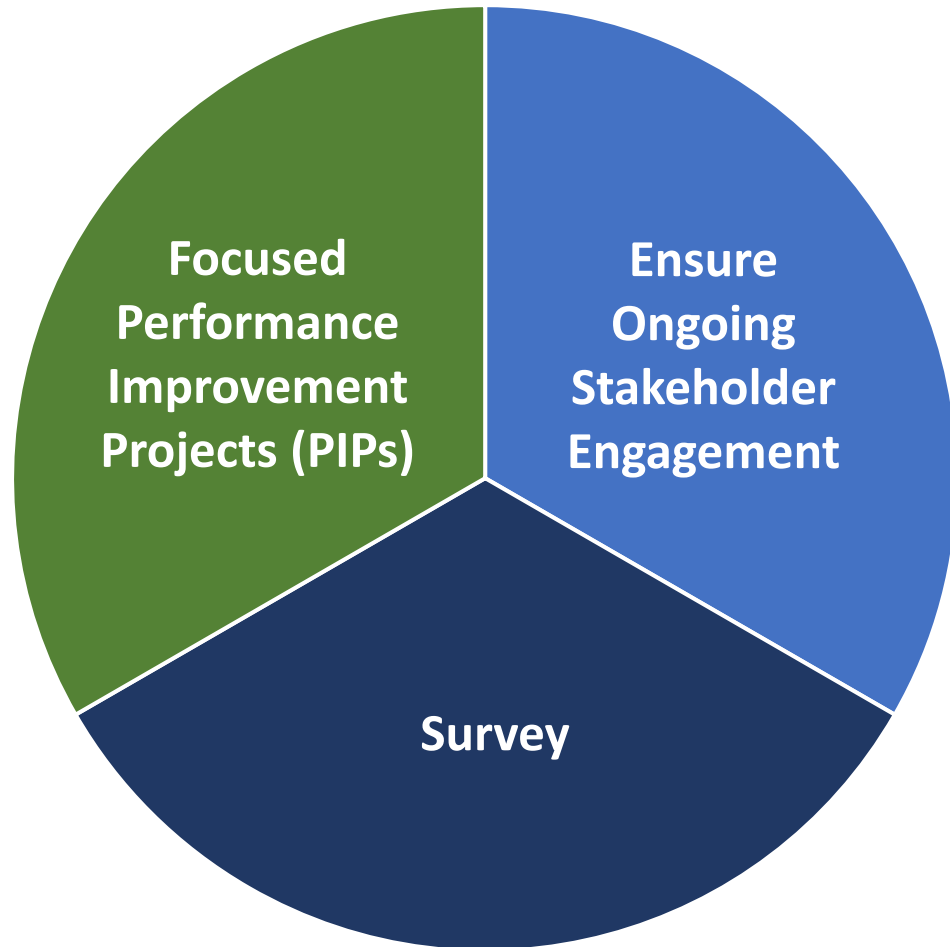| TOP THREE PRIMARY DIAGNOSIS RELATED GROUPS (DRGs) BY GENDER			
FEMALES		MALES	
50.3%	Disruptive mood dysregulation disorder	62.5%	Disruptive mood dysregulation disorder
30.8%	Major depressive disorder, recurrent severe w/o psych features	12.5%	Major depressive disorder, recurrent severe w/o psych features
14.9%	Major depressive disorder, single episode, unspecified	10.5%	Major depressive disorder, single episode, unspecified

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Actions Taken

AHCA/DCF Combined Database

Data Use Agreement allows the sharing of data between AHCA & DCF

Single repository for service data

Dashboards allow additional research & identify trends

Insight into the continuum of care children are receiving

Actions Taken: Health Plans

Ensure Ongoing Stakeholder Engagement

Focused Performance Improvement Projects (PIPs)

Survey

Actions Taken: Health Plans

HEALTH PLAN FOCUSED PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

Focused PIPS

Performance Improvement Plan Submissions

Health plans are required to submit **Performance Improvement Projects (PIPs)** focused on improving rates of members attending a follow-up visit with their primary care physician after hospitalization and emergency department visits.

Health Plan Interventions

Health plans improved rates through Florida's Encounter Notification Service (ENS), Mechanisms to identify high-risk members, Enhanced case management and integrated services, Increased access and utilization of telehealth services.

Agency Review

During Calendar Year (CY) 2020, **more than half** the health plans improved performance in each of the seven-day follow-up measures when compared to CY 2019 data.
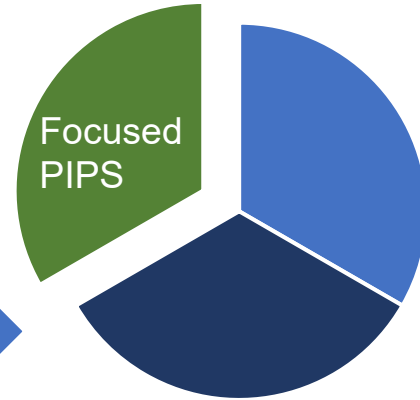
Actions Taken: Health Plans

HEALTH PLAN SURVEY RE: BAKER ACTS

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

The plans were already aware of 96% of the children.

Approximately 82% were already assigned a health plan case manager

40% had utilized the Statewide Inpatient Psychiatric Program or Therapeutic Group Home placement. 14% were currently utilizing one of these alternate treatments

A follow-up survey was sent to plans for children who did not already have an assigned health plan case manager and those children noted as unable to reach or refusing services

In another 16 cases, successful outreach was made, and the member/guardian declined case management and reported that needed services were in place.

Unfortunately, more than one-third of the members/guardians could not be reached by phone or did not respond to follow-up mail, despite diligent efforts by the plans.

Survey
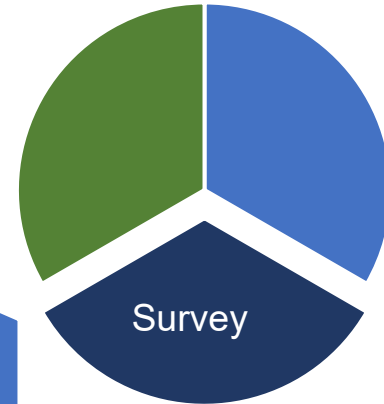
Actions Taken: Health Plans

IMPROVING COMMUNICATION: Ensure Ongoing Stakeholder Engagement

- A primary barrier to care identified as a lack of communication among multiple stakeholders.

  - Solutions:

    - Required health plans to designate a contact to work with local Managing Entity (ME) coalitions.

    - Required health plans to develop electronic resource guides for providers.

Engagement
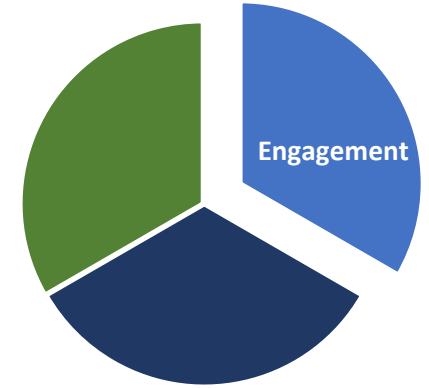
Actions Taken: Health Plans

HEALTH PLAN REPORTING ON HIGH UTLIZERS

- AHCA has collected data from health plans on specific actions taken for each child identified as a high utilizer. Health plans reported strategies in place for high utilizers, such as:
  - Intensive case management;
  - Alternative placement in lieu of inpatient; and
  - Enhanced parental or family support, including peer support.

Actions Taken: Baker Act Facilities

LEVERAGING EVENT NOTIFICATION SERVICES (ENS)

- ENS provides subscribers--more that 300 hospitals and other providers--with timely notifications about their patients' health care encounters such as admit, discharge, and transfer.

When one of the listed patients receives care at a participating health care facility . . .
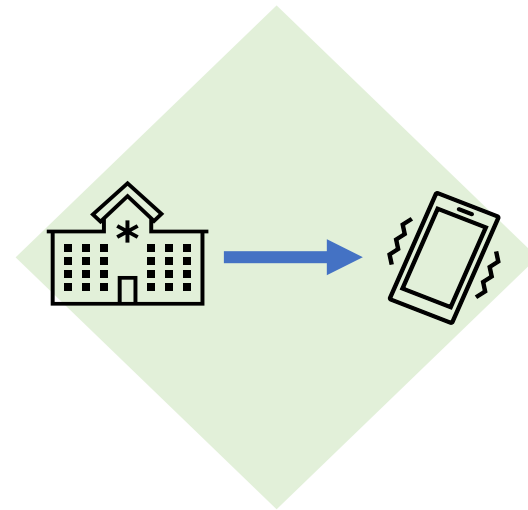
. . . Subscribers receive an alert containing details about that patient's hospital encounter.

- Medicaid health plans are contractually required to subscribe to ENS. *However,* CSUs are not required to subscribe to ENS and so there are few subscribers.

- AHCA and DCF are working to increase use of the ENS by the state's **47** CSUs, which would immediately notify the health plans about CSU admissions. **Nine** Baker Act Facilities are currently signed up for ENS.

- DCF is updating rules to require receiving facilities to participate in the ENS.

Actions Taken: Children's Care Coordination

- Care Coordination delivers effective, responsive, and high-quality services that follow the child throughout the system of care and connect the family to resources and services.

- Children's care coordinators work directly with children and their families; participate in local staffing meetings; connect 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.

- DCF conducts individual meetings between children's care coordinators and health plans to increase communication and collaboration.

Actions Taken: Children's Care Coordination

- **1,199** children and families received Care Coordination services throughout FY 2021-22, including **560** children considered high utilizers and **110** children with multiple arrests.

- Additionally, the Department recently expanded access to behavioral health services throughout the state to support children with complex needs, including **30** Community Action Treatment (CAT) teams and **12** new Mobile Response Team (MRTs).

Volusia Pilot

The Volusia County pilot is a teaming and care coordination model, in partnership with the Volusia County Sheriff's Office, for families facing behavioral health challenges. The pilot has:

- Created a quick resource guide for deputies to increase law enforcement knowledge of available resources for families.
- Created a direct path for law enforcement to refer families.
- Provided knowledge of and connection to the Mobile Response Team to every family.
- The DCF Northeast regional Child Care Coordinator contacts families with repeated interactions to provide resources and a link to services depending on their insurance or financial needs. The Care Coordinator follows up within 2 weeks to ensure they are engaged in services.

Volusia Pilot

- Since implementation in September 2021, **366** families have been referred from the Volusia County Sheriff's Office to the Department of Children and Families Care Coordinator. From September 2021 to May 2022, **53 percent** of families engaged in services.

- In January 2023, the DCF regional team met with the Daytona Beach Police Department to expand this pilot based on the success with the Volusia County Sheriff's Office.

Actions Taken: Family Crisis Coordination Pilot

The pilot provides innovative care coordination by:

- Using a wraparound approach to meet family where they are, across all needs rather than in silos.

- Assessing all strengths and needs of the family, not just the youth.

- Seeking non-traditional approaches or alternatives to treatment by:

  - Filling service gaps

  - Providing alternatives to traditional education

  - Teaching stress relieving activities

  - Promoting socialization through different channels

Actions Taken: Family Crisis Coordination Pilot

The pilot provides innovative care coordination:

- Flexible service hours available outside of the normal 9 to 5

- Team Members: Care Coordinator and Peer Support Specialist

- Involvement in all aspects of the family's life to have a complete picture of needs, even if the need is not apparent at first glance.

Actions Taken: Family Crisis Coordination Pilot

LSF Pilot - Family Crisis Coordination Pilot Locations	Number Served
Circuits 4, 7, & 8 (St. Johns, Putnam, Flagler, Volusia, Duval, Clay, Nassau, Hernando, Marion, and Columbia)	37
Circuit 5 (Lake, Sumter, Marion, Citrus, Hernando)	47
Circuit 3 & 8 (Hamilton, Suwannee, Columbia, Lafayette, Dixie, Union, Bradford, Gilchrist, Alachua, Levy, Baker, Nassau, Putnam, Marion)	65
Total Number Served	149

Expansion of Behavioral Health Services

In FY 22-23, the Department received over $126 million to expand access to behavioral health services throughout the state and reduce waitlists for services that support individuals, children and families with complex needs through treatment teaming approaches, residential services, and recovery supports, including:

- Florida Assertive Community Treatment (FACT)

- Community Action Treatment (CAT)

- Family Intensive Treatment (FIT)

- Respite Care

- Mobile Response Teams

Next Steps

- DCF continues to work with receiving facilities and managing entities to ensure discharge planning and care coordination services specifically address children identified as high utilizers.

- AHCA and DCF continue to collaborate to implement the best ways to streamline the designation and licensing process for facilities, to ensure adequate access and bed capacity statewide.

- Through rulemaking, DCF is working with AHCA to increase crisis stabilization unit participation in ENS to improve data collection regarding patient health care encounters.

- DCF continues to monitor pilots for outcomes and impact.

Next Steps

- Analyze policy changes and service implementations that most contributed to reduction in Baker Acts.

- Improve and automate DCF's process for collecting Baker Act involuntary examination data.

- Determine policy changes to facilitate reduction in admissions.

Next Steps

- Include elements in the upcoming managing entity and SMMC re-procurement, such as:

  - Require high utilizers be assigned to case management.

  - Set case management ratios for high utilizers.

  - Require interaction with the DCF's Child Care Coordinators.

  - Require health plan intervention with Primary Care Physicians (PCPs) who have high utilizers.

  - Specific reporting related directly to Crisis Stabilization Units.

Questions?