



## Central Region Behavioral Health Interagency Collaboration

Friday, February 28<sup>th</sup>, 2025, 10:00 A.M.-12:00 P.M.

Summit Orlando Church, 735 Herndon Ave., Orlando, FL 32803

### MEETING MINUTES

**Attendees:** **Department of Children and Families** – Alicia Parks, Amanda Wilson, Asta Trinh, David Draper, Joelle Aboytes, Kristin Gray, Morgan Schell, Tina Morgan, Traci Klinkbeil; **Agency for Health Care Administration** – Kirk Hall; **Agency for Persons with Disabilities** – Marari Perez; **Central Florida Behavioral Health Network** – Kent Runyon, Luis Rivas; **Central Florida Cares Health System** – Nikaury Munoz, Trinity Schwab; **Lutheran Services Florida** – Christine Cauffield, Shelley Katz; **Children's Home Society of Florida** – Kimberly Stratton; **Family Partnerships of Central Florida** – Amanda Reineck, Valerie Holmes; **Heartland for Children** – Tracy Grey; **Aspire Health Partners** – Babette Hankey, Cubillan Perez, Shannon Robinson; **BayCare** – Lisa Moser, Sonya Bufe; **Devereux** – Emily Garten, Marissa Gore; **Eckerd Connects E-Nini-Hassee** – Carole Gardiner, Deborah Richmond; **Floridians for Recovery** – Susan Nyamora; **IMPOWER** – Laura Higginbotham; **NAMI Hernando** – Tina Kinney, Tracie Eagle; **Recovery Connections of Central Florida** – Stephane Marsan; **STEPS, Inc.** – Cheryl Bello; **Tri-County Human Services** – Heather Kaufmann, Taylor South; **AdventHealth** – Scott Tucker, Tia Llewellyn; **Lakeland Regional Health** – Nicole Sweat; **Mental Health Resource Center** – Alison Boehnke, Mendi, Varnado; **Orlando Health** – Alana Sadhi; **Peace River Center** – Candace Barnes, Larry Williams; **The Vines Hospital** – Clint Hauger; **University Behavioral Center** – Shayni Sloan; **Aetna Better Health of Florida** – Meagan Towner; **Optum** – Lucien LaRoche, Tara Bryant; **Sunshine Health** – Julie Smythe; **Citrus County Schools** – Suzanne Swain; **Hardee County School District** – Mary Ann Duncan; **Lake County Schools** – Monica Killins, Natasha James; **Marion County Public Schools** – Yvette del Nodal; **Polk County Public Schools** – Denisse Santos; **SEDNET** – Hillary Grondin; **Sumter County Schools** – Cookie Norman-Tadlock; **Department of Juvenile Justice** – Alison Fulford; **Apopka Police Department** – Jason Woertman; **Belle Isle Police Department** – Elijah Shabazz, Nick Trendafilov; **Brevard County Sheriff's Office** – Cory Jackson; **Haines City Police Department** – Kedrick Frazier; **Indian Harbour Police Department** – Tiffany Petro; **Kissimmee Police Department** – Brandin Suarez; **Lakeland Police Department** – Caedon Saltis; **Lake County Sheriff's Office** – Jim Findley; **Lake Mary Police Department** – James Riddle; **Ocoee Police Department** – Blake Prince, Jack Davidson; **Orange County Sheriff's Office** – Harry Prochet; **Polk County Sheriff's Department** – Mark Dainty; **Sanford Police Department** – Carie Nelson; **Satellite Beach Police Department** – Anthony Holland; **Windemere Police Department** – Melissa Counts



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### **I. CALL TO ORDER**

Alicia Parks called to order the Regional Behavioral Health Interagency Kick-Off Meeting at 10:03 A.M. on Friday, February 28<sup>th</sup>, 2025.

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### **II. WELCOME AND INTRODUCTIONS**

Morgan Schell, Regional Director, welcomed attendees. The following individuals provided introductions:

Morgan Schell, Regional Director, Department of Children and Families

Asta Trinh, Chief of Regional Operations and Initiatives, Department of Children and Families

Alicia Parks, Regional Collaboration Coordinator, Department of Children and Families

Morgan Schell acknowledged Kirk Hall, Government Analyst, representative from the Agency for Health Care Administration who would also be joining the meeting shortly.

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### **III. OVERVIEW OF REGIONAL COLLABORATION COORDINATOR POSITION/ROLE/ OBJECTIVES**

PowerPoint presentation was provided by Alicia Parks, highlighting the roles, objectives, and vision of the House Bill 7021 which allocated funds for the Regional Collaboratives and the regional coordinator position.

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### **IV. IMPACT OF REGIONAL BEHAVIORAL HEALTH INTERAGENCY COLLABORATIVES**

Morgan Schell reiterated the Commission report: "As a direct result of the Commission's 2024 recommendations, regional interagency behavioral health collaboratives will be established (HB 7021), and a statewide gap analysis will be conducted to assess needs and identify key services for expansion (SB 330)."

Morgan Schell shared the goal of the Collaboratives are to identify and address ongoing challenges within the behavioral health system at the local level to improve the accessibility, availability, and quality of behavioral health services.

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### **V. MANAGING ENTITY NEEDS ASSESSMENT**

Morgan Schell discussed what a Managing Entity (ME) is and their role within the behavioral health system of care. In Central Region there are three managing entities: Central Florida

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Behavioral Health Network, Central Florida Cares Health System, and Lutheran Services Florida.

An explanation of what an ME Annual Enhancement Plan and Children's Coordinated System of Care Plan was provided. Some of the key findings from these 2022 triennial reports include:

- Long Waitlists: Extended wait times hinder individuals from receiving necessary services in a timely manner.
- Cost of Services: High costs create financial barriers that limit access to appropriate care.
- Transportation Challenges: Services may be located far away, or individuals may lack adequate transportation, preventing them from obtaining needed care.

## **VI. REVIEW OF KEY FOCUS AREAS**

Morgan Schell reviewed the 4 key focus areas recommended by the commission with examples.

### **1. Strengthening Community networks and gross agency collaboration.**

- The effort to dismantle the separate, isolated systems within different organizations working on mental health and substance use issues, encouraging collaboration and information sharing between agencies like law enforcement, healthcare providers, social services, and community groups to better serve individuals with mental health needs by coordinating care across various sectors, instead of operating in separate "silos."
- Example: Dismantle 'silos' and promote care coordination across various sectors/agencies.

### **2. Enhancing Crisis Care Continuum.**

- Enhancing the crisis care continuum would be a group tasked with reviewing and improving the system of immediate support available to individuals experiencing mental health or substance use crises, aiming to provide a seamless pathway of care from initial outreach to stabilization and ongoing treatment, addressing potential gaps in access and quality across different levels of crisis response.
- Example: Improve immediate support resources and services for this in a mental health or substance misuse crisis.

### **3. Improving Data Collection and Management Processes.**

- This would aim to streamline the way mental health and substance use data is gathered, stored, and analyzed across different healthcare providers and systems, allowing for better insights into treatment effectiveness, population needs, and areas for improvement by implementing standardized data collection methods,



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integrating electronic health records, and ensuring data privacy while facilitating data sharing for research and policy development purposes.

- Example: Improve how data is gathered, stored, analyzed, and shared across multiple providers and platforms.

#### **4. Optimizing the financial management of the Behavioral Health system of care.**

- Strategically managing the finances of a behavioral health organization to maximize revenue, minimize costs, and ensure long-term financial stability, allowing them to provide high-quality care to patients while effectively utilizing resources and minimizing administrative burdens; essentially, it's about making the most of available funds to support quality behavioral healthcare delivery.
- Example: Providing high-quality care while relieving financial burden.

## **VII. OPEN DISCUSSION**

Morgan Schell began open discussion by inviting the Managing Entity representatives to share any additional insights on the regional gaps and needs within behavioral health service array.

The open discussion focused on the following questions:

- 1. Tell us about your organization's gap analysis process and if it is public facing.**
- 2. What other collaboratives or workgroups are you attending, and what items are being addressed?**
- 3. What are opportunities for improvement?**

Trinity Schwab, Central Florida Cares Health System (CFCBS), stated that their agency is currently working on their 2025 triennial needs assessment. Housing and transportation are common needs. CFCBS is interested in attending informal assessments from community providers to gain a better understanding of community specific resource availability and need. CFCBS is also reviewing their availability of funding and their usage.

Nikaury Munoz, CFCBS, added that they are also collaborating with the Department of Health to identify the top five priorities within the behavioral health system of care.

Dr. Christine Cauffield, Lutheran Services Florida (LSF), stated that their agency is working with WellFlorida to conduct their needs assessment, spanning 23 Florida counties. These counties also hold consortiums and share their needs assessments with LSF. LSF is currently working on both the community and legislative levels to enact change. LSF has identified a need for placement for children who are behaviorally challenged, sexually reactive, and who are in and out placements due to their mental health and/or substance misuse. These children are often denied placements within Florida and are sent out of state.

Shelley Katz, LSF, stated that they also review stakeholder, consumer, and provider surveys to identify gaps in service array and community need. Consistent changes in funding amounts



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and procedures prevents agencies from being able to deliver long-term sustainable services to communities.

Luis Rivas, Central Florida Behavioral Health Network (CFBHN), stated that a recurrent need on the assessments have been housing due to increases in the cost of living – for both the consumer and provider. Improved funding for programs that assist in transitional services for those coming out of hospitals is needed. There is also a large need for providers/staff/licensed clinicians. Due to the impact of COVID-19, there has been a decrease in providers.

Kent Runyon, CFBHN, reiterated the need for additional funding to increase the workforce in the behavioral health system of care. Increased funding would assist in being competitive with other providers when hiring. There are also barriers in obtaining Peers due to the current background check process.

Asta Trinh, DCF, asked attendees if they have ever completed a capacity analysis.

Luis Rivas, CFBHN, stated that running facilities while the cost-of-living continues to rise has become more difficult. Additionally, meeting building requirements and obtaining certain equipment depending on the facility's requirements is also costly.

Dr. Christine Cauffield, LSF, agreed with the costliness of creating and running facilities and lack of available funding. It was recommended to work with housing providers to assist in lowering the cost of this task.

Babette Hankey, Aspire Health Partners, stated that they complete a community health needs assessment while partnering with local hospitals and the Department of Health. Orange County completes their own needs assessment as well. Capacity limits within the facilities have increased as well as the rates, however no additional funding has been allocated. To meet the increased rates, they must lower the capacity within their facilities.

Chronicity in clients is becoming more difficult to treat while keeping everyone safe. Food insecurities and housing costs in the State of Florida continue to rise. Aspire has identified needs for more transitional services as well as permanency placements. Stepdown programs would benefit from an outlined protocol regarding legal status changes; ensuring clients can continue the proper care in short term while entering back into the community safely.

Tina Kinney, NAMI Hernando, stated they face hardship in identifying Peers due to background checks. Depending on if the position is clinical in nature, Peers must go through either an AHCA or a DCF background check. It would be beneficial to combine the two agencies' protocols for background checks for Peers.

Shayni Sloan, University Behavioral Center, stated that their facility has seen the need for diversity in mental health services for adolescents. The process of getting a child into a Statewide Inpatient Psychiatric Program (SIPP) is extremely long. While waiting for placement, recidivism rates increase due to the inability to stabilize the child while in a

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community setting. There is also a need for Youth Peers and their credentialing at a more affordable rate.

David Draper, DCF Refugee Services, stated that their office holds task force meetings region wide. Refugees are often facing mental health crisis due to escaping conflict from their home country. Language barriers and mental health stigma are additional barriers to treating their mental health. The Office of Refugee Services works with Catholic Charities who have been a great support to the community.

Tracy Grey, Heartland for Children, stated that their agency has worked with Polk County School District who conducts their own gap analysis. There has been an identified need for early screenings and intervention in schools. The staff report a lack of knowledge when treating children in crisis. There is also a need for education on identifying proper measurement tools during assessments for children, such as the Autism Diagnostic Observation Schedule (ADOS) for children with suspected Autism.

Asta Trinh, DCF, informed attendees that there will be Behavioral Health Consultants from the Office of Substance Abuse and Mental Health who will specialize in children's behavioral health and will be able to further assist with warm hand offs.

Maryann Duncan, Hardee County School District, stated that it would be beneficial to know if a child is established with case management, have an open investigation with the department, and if so – a heads up for when that investigation is to close and what next steps are. This would help the school better support their children's needs.

Tina Kinney, NAMI Hernando, stated that as a parent of a child with Autism, it can be difficult to obtain the proper physician, diagnosis, and ABA services for this population when the family is within the poverty level. There are also insurance barriers. It would be beneficial to have a special insurance plan that can be utilized for children who do not qualify for Medicaid or CMS but are still considered low-income households.

Asta Trinh, DCF, encouraged attendees invite community members to attend the Collaborative Meetings. Their disclosures and success stories will aid in the recommendations made to the Commission for improvements within the behavioral health system of care.

Statewide findings from the Collaborative Meetings were shared by Asta Trinh. Education for the community, providers, and their staff is highly demanded. AHCA and DCF will present in the future quarterly meetings with respective to their program office's roles and responsibilities.

If attendees would like to present at future quarterly meetings they were encouraged to reach out to Alicia Parks, DCF. These presentations would be announced ahead of the quarterly meeting, encouraging individuals and providers who would benefit from the specific presentation to attend the meeting.

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Presentations that attendees felt would also be helpful include an overview of the Agency for Persons with Disabilities (APD) program office, Substance Abuse and Mental Health Forensics presentation on incompetent to proceed process, and the new Baker Act and Marchman Act changes enacted by Florida HB 7021.

Kirk Hall, Agency for Health Care Administration (AHCA), stated that it would be beneficial to know what specific community needs exist and the different approaches being taken to address them.

Susan Nyamora, Floridians for Recovery, stated that based on the open discussion, funding flexibility and workforce issues appear to be some top recurring needs. These concerns should be escalated. Additional funding is needed to increase the Peer representation in the State of Florida.

Asta Trinh, DCF, stated that a collective report from these regional kick-off meetings will be submitted by her and Kirk Hall, AHCA. This report is submitted to the Secretary and is shared with the Commission to be used for consideration for next steps and legislative approaches to the behavioral health system of care.

Clint Hauger, The Vines Hospital, asked what the rollout process by DCF looks like with respect to the new Baker Act laws initiated by HB 7021.

Other attendees stated they would also like additional information on those new Baker Act laws, including the process on filing petitions for involuntary examination and the requirements for the examinations and treatment.

Asta Trinh, DCF, stated that she will reach out to Heather Allman from the Office of Substance Abuse and Mental Health for further guidance and will follow up with information once obtained.

Jim Findley, Lake County Sheriff's Office (LCSO), asked how exactly law enforcement expected to contribute to the Collaborative Meetings. Crisis Intervention Training (CIT) and resources that can be provided are limited.

Asta Trinh, DCF, stated that the Collaborative can be utilized as a community resource for law enforcement with respect to assisting individuals with mental health or substance abuse issues into receiving appropriate care, diverting them from an arrest and placed in jail where they may not receive the appropriate care needed.

Jim Findley, LCSO, stated that CIT training is not a requirement for law enforcement in the State of Florida. Findley offered attendees to join his trainings.

Tina Morgan, DCF, shared that the Community Development Administrators conduct trainings on Leveraging Systems. These trainings teach providers and organizations how to utilize community supports when working with individuals and families. They can present to law

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enforcement if they feel that they would benefit from learning what additional resources can be referred to for the different individuals they encounter within the community.

Valerie Holmes, Family Partnerships of Central Florida, stated that the City of Melbourne has begun utilizing a co-located model where law enforcement and therapists conduct joint calls. This also allows for appropriate follow up after the call.

Julie Smythe, Sunshine Health, stated that there is also a similar program within Pasco County law enforcement. This ensures repeat offenders are connected with and supported based on their level of need.

Kent Runyon, CFBHN, stated there are Bridge programs that assist with mental health, substance misuse, Medication Assisted Treatment (MAT), and care coordination for those incarcerated who are heading back into the community.

Tina Kinney, NAMI Hernando, stated Recovery Peer Specialists also work with law enforcement as well. They assist with reoffenders which has led to reduced hospitalizations and lowering the stigma with respect to mental health and MAT services.

Tracy Grey, Heartland for Children, stated their agency has worked with Polk County Sheriff's Office and has had great success, specifically in relation to calls for service to group homes. It has assisted case management in navigating potential concerns with placement and reduced calls requiring law enforcement response.

Tiffany Petro, Indian Harbour Police Department, stated their agency has a victim advocacy program. This is possible through grant funding that has no restrictions, allowing her to assist on multiple domestic violence calls for service. Clients also respond more positively to advocates.

Yvette Del Nodal, Marion County Public Schools, stated that the schools could benefit from education regarding new mental health mandates in the school system. There are misconceptions on what staff can and cannot do. Marion County Public Schools facilitate monthly meetings to discuss what services are available, may overlap, and what is beyond their ability but can be assisted with by community providers.

Trinity Schwab, CFCHS, stated collaboration between schools, law enforcement, providers, case management agencies, and insurance may be beneficial. CIT training can be obtained through the ME, allowing individuals to become trainers themselves. CFCHS also creates short educational videos that can be viewed on their website, detailing different mental illness and its presentation and treatment options.

Larry Williams, Peace River Center, stated the Mobile Response Team (MRT) received additional funding with recent legislature. MRT utilization to deescalate in a mental health crisis prevents law enforcement response when applicable. MRT and law enforcement collaboration was recommended.

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Morgan Schell, DCF, thanked attendees for their contributions to the open discussion portion of the meeting.

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### **VIII. MEETING FREQUENCY/NEXT STEPS**

Attendees were briefly informed of quarterly meeting frequency and next meeting date of May 27<sup>th</sup>, 2025, at 10:00 A.M. Location to be announced.

Asta Trinh discussed future quarterly collaborative meetings to include agency specific presentations.

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### **IX. PUBLIC COMMENT**

Melissa Counts, Windermere Police Department, stated that they are a smaller agency and do not receive many calls for individuals facing a mental health crisis. Resources from local providers would be beneficial for her team to be able to share at a call for service when appropriate.

Kedrick Frazier, Haines City Police Department, stated that his agency receives multiple calls for service every day with respect to nursing homes and facilities wanting to have a patient placed under a Baker Act.

Asta Trinh, DCF, stated that she will assist Mr. Frazier in identifying who may be able to assist with that concern.

Shayni Sloan, University Behavioral Center, stated it would also be helpful to have a facilitated discussion with local Assisted Living Facilities (ALF). Their crisis stabilization unit has seen an increase in geriatric admissions, who when discharged, are being turned away from the ALF they resided in prior to their admission to the crisis stabilization unit.

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### **X. MOTION TO ADJOURN**

A survey code was provided to attendees for feedback.

Alicia Parks and Morgan Schell provided closing remarks thanking the group for attending.

Alicia Parks adjourned the Central Region Behavioral Health Interagency Kick-Off meeting at 11:45 A.M. on February 28<sup>th</sup>, 2025.

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