SunCoast Regional Behavioral Health Interagency Collaboration

May 29, 2025, 1:00pm-3:00pm

Goodwill Manasota Job Center, 2705 51ST Ave E, Bradenton, FL 34203

MEETING MINUTES

Attendees:

Department of Children and Families – Asta Trinh, John Cornett, Melissa Leslie, Anika Pierce, Erinn Izykowski, Valoria Thomas, Eric Young, Carolyn Hix, Amanda Sanchez**,** Diana Cardona, **Bureau Chief, AHCA** – Devona Pickle, **School District of Lee County –** Lori Brooks**, Centerstone -** Lisa Williams, **Centerstone -** Roger Johnson, **Children's Network of Southwest Florida -** Michelle Cooper, **NAMI -** Jessica Kushner, Beth Hatch, **USF FCBHW -** Courtney Whitt**, ACTS -** Asha Pergra , **Lightshare -** Stefona Warren , **Children's Network Hills** - Shelby Varela, **BayCare Health System** – Gail Ryder, **BayCare Health System –** Kristy Hust, **Pinellas County Sheriff's Office** – William Heck, **Lakeland Regional Health** – Nicole Sweat, **Eleos** – Dan Chapman, **Lee County Schools –** Wenzel Sherry, **Optum** – Chris Spall, **Lee County Sheriff** – Andrew Clark, **HCA Florida Largo West Hospital** - Brittany Miyawa**, Crisis Center –** Clara Reynolds, **Pinellas County Sheriff's Office** – Amanda Scott Ferrell, **Agency for Persons with Disabilities** – Bryan Clark, **Central Florida Behavioral Health Network** – Alan Davidson, Lizette Tabares, **Sarasota County Schools Police Department**– Mary Thoroman, **Adult DCF Protective Services** – Kelly Kelley, **Optum/UHC** – Tara Bryant, **Florida Department of Education** – Charlene Grecsek, **Department of Juvenile Justice** – Jarrett Ballo, **Sarasota County Sheriff's Office** – Arlene Tracy, **Gracepoint –** David Kuck, Tracy, Smith, **Operation PAR** – Jim Miller**, Florida Department of Health** – Katherine Metscher, **Juvenile Welfare Board –** Katherine Metcher, **Aetna** – Meagan Towner, Jessica Warnick, **Area Agency on Aging** – Christine Didion, **Gulf Coast JFCS** – Tyla Mortimer, **Live Tampa Bay** – Ashley Paquin, Ashley Neal, **Sarasota School Board** – Dawn Clayton, **Hillsborough County Schools** – Michael Kelleher

I. CALL TO ORDER

Valoria Thomas, Southeast Region Regional Collaboration Coordinator (RCC), Substance Abuse and Mental Health (SAMH) Program Office, Florida Department of Children and Families (DCF) called to order the SunCoast Regional Behavioral Health Interagency Collaboration at 1:00 p.m. on May 29th, 2025.

SunCoast Regional Behavioral Health Interagency Collaboration

May 29, 2025, 1:00pm-3:00pm

Goodwill Manasota Job Center, 2705 51ST Ave E, Bradenton, FL 34203

II. WELCOME

Melissa Leslie, SunCoast Regional Director, SAMH Program Office, Florida DCF

- Housekeeping,
- Introductions to SAMH and ACHA personnel:
    - Anika Pierce, Southeast Region Regional Collaboration Coordinator (RCC).
    - Erinn Izykowski, Southeast Region Regional Operations Supervisor with The Department of Children and Families, SAMH.
    - Devona Pickle, Bureau Chief, AHCA
- Survey is available for today's sessions, and more survey's will be in the future to ensure sessions meet the needs of participants

III. PRESENTATION- OVERVIEW OF SAMH

Valoria Thomas, RCC, SAMH presented.

- Overview of DCF mission to promote strong and resilient families through enhanced prevention programs and better integration of support services for a holistic approach.
- Overview of SAMH, SAHM program offices, FL Statue Chapter 394-, 7 Managing Equities (ME) across FL, and focus to improve access to care, promote community continuity, and provided effective services.
- SAMH Office Duties; plans, manages, evaluates, and establish/manages funding programs for treatment/behavioral health services/programs. Advises Governor on federal funding opportunities. Serves those with serious mental illness, experiencing crisis, co-occurring disorders, substance misuse disorders (SUD), child welfare involved, criminal justice involved, and children with serious emotional disturbances, and/or underinsured/uninsured.
- Mental Health (MH) service and SUD service array visuals
- SUD Initiatives:
    - Coordinated Opioid Recovery Network (CORE): Current 30 CORE networks across FL. Goal for FY25/26 is CORE Networks in all 67 counties.
    - Medication-Assisted Treatment (MAT) focus on medication and therapy combined to reduce risk of overdose and enhance continuum of care.
- Baker Act Dashboard: It's live and as effective as the data that is entered. Data demonstrates 20% decrease in involuntary Baker Act (BA) across FL, adults count for most of BA. https://www.myflfamilies.com/BakerActDashboard

- Inquires: FL DCF Inquires to submit questions/concerns, and acts as a switch board to get the inquiry to the appropriate office (850)-487-2920 or https://www.myflfamilies.com/contact-us/dcf-inquiry

QUESTIONS:

1. **Clara Reynolds, CEO, Crisis Center Tampa Bay:** Are any federal funds in jeopardy as of today that relate to our funding.
    a. **Asta Trinh, Director of Regional Operations and Initiative, SAMH:** We have been informed ARPA [American Rescue Plan Act] and COVID funding have sunset; cannot speak to any other funding at this time as it has not been indicated.
    b. **Alan Davidson, CEO, Central Florida Behavioral Health Network (CFBHN-ME):** Working to determine if there will be any gaps related to the above funding streams sunsetting, and how current dollars may be able to support.

2. **Clara Reynolds, CEO, Crisis Center Tampa Bay:** There is not a signed state budge to date, what or how will DCF prioritize?
   Asta Trinh, Director of Regional Operations and Initiative, SAMH: We currently are just maintaining business as usual. If we have any changes, we will make sure that the Managing Entities are aware so they can update any providers.
3. **Clara Reynolds, Crisis Center Tampa Bay:** What is the timeline or rollout, when federal government shuts down, they fund or require essential functions, do we have that?
    a. **Asta Trinh, Director of Regional Operations and Initiative, SAMH:** At this time, we do not have a timeline.

4. **Tracy Smith, Gracepoint:** Was the 20% decrease in Baker Acts child or adult?
    a. **Valoria Thomas, Southeast RCC, SAMH:** Adults.

5. **Jessica Kushner, NAMI Pinellas:** This question is for the group: What can we do when residential wont' accept "trauma" youth or youth who have personality disorders [referenced personal experience with this barrier]? Where does this fall into, where is treatment? We have been told to medicate or jail. We've been referring youth out to other agencies because of this barrier. [Other participants expressed similar barrier]
    a. **Melissa Leslie, SunCoast Regional Director, SAMH:** We will take this for action if we don't have a complete answer now. Suggested that the individual coordinates after the meeting to make sure the needs are met.

6. **Unnamed Participant:** Regarding BA you said there was a 20% decrease in involuntary BA, but that doesn't include voluntary, so where is that tracked? Because for those who voluntarily or are transfer to voluntarily BA, the financial responsibility is huge for them.
    a. **Asta Trinh, Director of Regional Operations and Initiative, SAMH:** Currently there is no tracker for voluntary individuals served. The tracker does only report involuntary individual served. The Department does not have statutory authority to collect information about individuals under voluntary evaluation unless the Department is the funder of the service. So, we can pull that information from FASAMS but it's not comparable to other Baker Act data in the dashboard which includes all individuals under involuntary examination regardless of funding source

7. **Unnamed Participant** (same person for #6)**:** Discussed concerns related to Community Action Teams (CAT) such as teams dropping students if they are recommended for placement as they are not meeting criteria but what should we be doing because while they don't meet criteria at that moment, we want to wrap our arms around the child to decrease more risk.
    a. **Asta Trinh, Director of Regional Operations and Initiative, SAMH:** We can look further into CAT via the MTAA [Monitoring and Training Analyst Assistants] given your concerns. Feel free to get with me after the presentation to discuss specifics.

8. **Jessica Kushner, NAMI Pinellas:** Crossover Team that work or used to work with DCF /DJJ- are there crossover teams anymore? Looking at ways to identify things that may get missed in intervention. It seems they are wanting kids that are going to be more likely a "successes" and dropping kids that pose more challenge or will use more resources.
    a. **Alan Davidson, CEO, CFBHN (ME):** DCF puts out guidance for all providers that run CAT, FACT, etc. We encourage you to review the guidance documents, see if the provider guidance is matching the DCF guidance document, and if not please coordinate.
    b. **Asta Trinh, Director of Regional Operations and Initiative, SAMH:** Guidance documents are all in review at the ME level, send your comments in, and DCF will review for any appropriate updates. New contract year for ME is July 1st, 2025. As time goes on, if you see things tell ME and Regional Directors.

9. **Unnamed Participant:** CORE slide- which year are we on?
    a. **Valoria Thomas, Southeast RCC, SAMH:** We started 2021, year 4 now**.**
    b. **Asta Trinh, Director of Regional Operations and Initiative, SAMH**: The orange section are the newest rolled out; the goal next FY to have all 67 counties active.

IV. PRESENTATION- OVERVIEW OF AHCA

Devona Pickle, Bureau Chief, AHCA, presented.

- Overview of FL Medicaid, federal programs that partners with states for low income, family, children, and those with disabilities. Congress established the laws that govern Medicaid. FL is jointly financed by state and federal funds. Every state has Medicaid. For example, Medicaid covers ½ of births in FL.
- Medicaid: Fees For Service (FFS) is the “traditional”, also Statewide Managing Medicaid Care (SMMC). FFS: outline services covered; follow up established rules/policies for services, tell providers what to do for reimbursement, address what is not covered; states can request waivers from Fed govt to operate differently. Choose from any enrolled provider. 73% of FL Medicaid in SMMC plan.
- SMMC Contract 3.0: 1 Feb 2025 include dental and medical contracts, family focus plan/program. New ways to improve health outcomes/measures (agency established). New SMMC regions went from numbers to letters.
- Enhanced benefit package, SMMC plans offer extra benefits “expand”, i.e. adult preventive services, MHSA Treatment, alternated pain management; dental plans offer restorative; long term care (LTC) caregivers and extra help in transition from nursing home to community/home.
- Alternative benefit plan, SMMC “in lieu of service (ILOS): intensive outpatient vs inpatient; 17 ILOS plans offered; some have broad, some have limited where/who serving. All 17 are BH benefits.
- Process: Those who applied and eligible receive a “you are now eligible for Medicaid” with 120-day window to chose plan. They can choose different plans in that timeline, but the last one elect is the one that “sticks”. There is a text, face to face, helpline numbers to assist when electing. Every year after has an open enrollment. There is disenrollment or change in status that can occur that could allow a change in plan outside the open enrollment time.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT): Children get what children need regardless of if in policy or plan. FFS- contact prior

authorization vender. If you hear or receive "we don't cover that", is not true for children but may need authorizations. Reach out if this happens.

- Medicaid Helpline: For recipients and providers. It has documentation, tracking system for their call/issue; is in English/Spanish; can help eligible/clients pick plan, works with FFS system to enroll/change, and submission of complaints. For providers: complaint submission, policy assistance, verify recipient enrollment status, provider application status, prior authorization assistance. Complaints taken seriously- we review for compliance, track them, what compliance was taken (how much it cost them /what violation/ enrollment freeze/formal sanctions.

QUESTIONS: NONE

V. REVIEW OF SURVEY DATA

Valoria Thomas, Southeast RCC, SAMH

- 89 attended the kickoff meeting, few completed surveys.
- 5 question survey today; paper form and QR code available
- Word map visual of words that were in kickoff session: funding; communication; resources; collaboration; services; system; support; data; flexibility; providers
    - SCR identified needs: waitlists, affordable housing; funding flexibility
    - Areas for collective actions: funding and flexible finances; peer support service/persons served population; training and education needs; start to improve staff retention; identified gaps in behavioral health service array.

VI. GROUP DISCUSSION

Valoria Thomas, Southeast RCC, SAMH

She opened the floor for discussion with a focus on 4 keys areas: strengthening community networks across agency collaboration; enhancing crisis care continuum; improving data collection/management processes; and optimizing financial management of the behavioral health (BH) system of care. Val started the discussion by presenting questions to the group.

1. **Valoria Thomas, Southeast RCC, SAMH: What existing partnership is most impactful in supporting BH?**
    a. **Sherry Wenzel, Lee County Schools**: Mobile crisis response team are very successful, BA from school decreased. We aren't going direct to LEO because we

have skilled individuals that can deescalate, create plans of care, and engage stakeholders.

b. **Jessica Kushner, NAMI Pinellas:** JWB- they are hiring youth for rec centers, they are in the community, and actively engaging and supporting.

2. **Valoria Thomas, Southeast RCC, SAMH: Where are areas that can be improved or enhance area of collab:**
    a. **Lori Brooks, Lee County Schools:** MH allocation has been a game changer. Since 2018, we have 57 behavioral health professionals in schools and the Mobile crisis team is building. Our ongoing collab is strong with SalusCare. Added additional services recognizing that all kids come to school with their "emotional backpack", we work with families, not just children, for services for them. Those conversations must continue to wrap around families.
    b. **Ashley, Live Tampa Bay**: There is often a disconnect between private and nonprofit or community based. Private treatment stays in private treatment world, and if a service doesn't exist in private world, there are barriers. They don't reach out to the nonprofit or community to use our services for their clients. Need better knowledge sharing between private and public for what's out there and how to access.
    c. **Amanda Sanchez, DCF**: I am the Regional Sex Trafficking Specialist for the Suncoast region. We often must triage with youth before getting started. So, need to address mental health, substance misuse, then we can begin to discuss trafficking. CAT team steps out, we are trying to get youth to safe houses but need to address substance abuse which is often ongoing. We struggle with those who don't qualify for where they need to go but need more than Marchman or detox. If they go home, they run. Where should we be looking to place youth or to get full services.
        - **Asta Trinh, Director of Regional Operations and Initiative, SAMH**: Do you have a child SRT? Is there a middle ground between not meeting CAT criteria, but not going to SIPP yet? I know of one SRT in the Miami area. Please feel free to write it in the survey. We will be having training opportunities in the near future to speak on some of the gaps in the system and how other regions have found other opportunities to fill those gaps. We are also going to start making communities aware of the FADAA learning system so they can see what trainings are currently already on-line from the Department.
    d. **Shelby Varela, Child Network Hillsborough County:** Speaking of gaps in care-issue with mitigating BA with stepping kids in our higher level of care as the mental health array prevents admission at certain times or criteria. MST is awesome

intervention but takes forever to get up and running or have has a huge waitlist. Only one IOP North Tampa, and telehealth not helpful for youth. Need to grow and increase CAT Team to address Hillsborough County size/population. We need to grow these pieces to stabilize youth.

e. **Sherry Wenzel, Lee County Schools**: Clinicians want telehealth- parents don't think it works, it doesn't work for all kids. Though it is better than nothing, often private insurance will only pay telehealth.

3. **Valoria Thomas, Southeast RCC, SAMH**: **What support or resources are needed to better align law enforcement and behavioral health service providers/hospitals? This could be during, before, or after crisis**.
    a. **Sgt, Mary Thoroman Sarasota County School PD**: BA ability and knowledge of the entire process. Our officers would benefit from going through process of BA. Training on what happens after; learn the services for example what happens in the 72 hours hold When these children already have IDPs, therapist, parents involved or aware, but then BA needs to occur.
    b. **Asta Trinh, Director of Regional Operations and Initiative, SAMH:** We are hearing this from LEO a lot. When we have these meetings, offering education with only 2 presentations is hard. So, we are looking to conduct lunch and learns sessions in between. Potentially a statewide training on BA- what does it look like, roles of each POC; also, for Marchman Act.
    c. **Jessica Kushner, NAMI Pinellas:** Training is a big conversation. Often LEO thinks they are doing the right thing by BA instead of jail, but is that right or wrong? Are we just keeping out of jail, but BA wasn't the right choice. There is a disconnect.
    d. **Unnamed Participant:** BA follow-up/follow through, some resources during COVID were used to follow up on families to see if they planned or kept appointments. Are they still happening, or have they gone away? Youth BA's specifically, we give info to family, is that still happening that there are appointment and follow up teams. BA is not treatment, it is to ensure they stay alive, to provide resources to move forward.
        - **Asta Trinh, Director of Regional Operations and Initiative, SAMH**: We are getting a lot of the same questions from other regions. Regarding the follow ups, we will see if this is still happening or find where the disconnect is. I will be meeting with sheriffs; some have voiced the same concern. We are getting resource guides from ME and providers to assist in providing resources.
    e. **Clara Reynolds, CEO Crisis Center Tampa Bay**: Our staff is in the LEO 911 dispatch center. This often prevents LEO from having to go out, and we can divert

them into treatment or placement. This is to prevent arrest at times, because we know the person is so upset, can be hard to deescalate, and may wind up in jail when they need crisis support. Also, people are always going to call 911 no matter if we have 988 or HOPE FL, when in crisis people call 911 and this collaboration really supports.

f. **Ashley, Live Tampa Bay**: So many gaps can be filled with peers for youth. Youth, adult, family, veteran, all these crisis stabilization settings.
g. **Pinellas County Sheriff Office:** We have 13 clinicians that ride with deputies, diverting arrests if appropriate, using BA, and helping deputies identify ways to deescalate. We build relationships with health care providers at BayCare. LEO shares reports with CSU/hospitals, so they can better see what the underlying problems are. Great success. Barrier: Kids are coming home from SIPP and going right back into the same environments. Seeing trauma at younger ages. Need more trauma support while children are out of home to help them when they return to the home.
h. **Arlene Tracy, Sarasota Sheriff Office**- Navigators – might not meet BA criteria. They have resources out the door to support.
    - **Asta Trinh, Director of Regional Operations and Initiative, SAMH**: ME/providers are sending resources guides print or QR for LEO to give to provide to families.
    - **Clara Reynolds, CEO Crisis Center Tampa Bay**: Give QR codes as they are easier to keep up with updates.

4. **Valoria Thomas, Southeast RCC, SAMH**: **What data are you collecting? How can we improve sharing data across agency while ensuring privacy and compliance?**
    a. **Tracy Smith, Gracepoint:** Mobile response team (MRT)- Hillsborough County has mentioned on the statewide MRT calls- data appears to be collected different across the state. We are held to a standard of 60-minute response, but we have found out that other areas are counting response time when leaving the building vs when a call comes in. There is inconsistency in data. Some have mobile teams for multiple counties, some counties share mobile teams. Other topics- knowing how many adult/children with autism are BA? Geriatric, Alzheimer, data points for BA. BayCare has been a lifesaver in their robust unit for medical complex BA. Things aren't always disclosed by or known to LEO, or a person is a walk-in. Medically complex person BA need more funding and data; data on rescinded BA would be helpful.
    b. **Unnamed, Collier County**: Training for LEO, especially for children on the spectrum; or incorporate more education on what to do, how to recognize; who in the area can serve most appropriately.

5. **Valoria Thomas, Southeast RCC, SAMH**: Any joint partnerships or initiatives to increase financial flexibility in behavioral health systems? Lots of silos, is there any opportunities to blend funding?
    a. **No responses.**

VII. PUBLIC COMMENT

- **NO PUBLIC COMMENT**

VIII. CLOSING REMARKS

MELISSA LESLIE, SUNCOAST REGIONAL DIRECTOR, SAMH

- AS A GROUP IDENTIFIED TOPICS TO ADDRESS AND RECOMMENDATIONS MOVING FORWARD.
- THE GROUP WILL START TO GET EMAILS FROM NIKKI PIERCE, SUNCOAST RCC, SAMH, WITH THE SUMMARIES AND POWERPOINTS
- NEXT MEETING IS AUGUST 13TH AT 1PM, IT WILL BE VIRTUAL. NIKKI WILL BE SENDING THE INVITE.
- VAL WILL SEND OUT THE SURVEY LINK

VIIII. ADJOURNMENT

Meeting adjourned at 2:58pm EST by Valoria Thomas, Southeast RCC, SAMH