

May 20, 2025, 10:00am-12:00pm 753 West Blvd., Chipley, FL 32428

MEETING MINUTES

Attendees: Department of Children and Families – April Busby, Amber Wookey, Asta Trihn, Lucas French, Alexis Thrasher, Senie Thomas, Laurie Herring, Mylisa Lee, Melissa Sidoti, Adam Hogberg, Travis Alessi, Tim Potter; Agency on Health Care Administration – Devona Pickle; Santa Rosa County School District - Autumn Wright, Northwest Florida Health Network -Christina Bertera, Tracie Moorer, Christa Pate, Sharron Washington, Shannon Massingale, Lexi Harris; Bridgeway Center - Bonnie Barlow; Apalachee Center - Jay Reeve, Heather Lincicome (TMH); Life Management Center – Melanie Spoon, Penny Greene, James Weaver; DISC Village – Jennifer Travieso, Jordan Cowart; PanCare of Florida – Drew Hild; Lakeview Center – Shawn Salamida, Autumn Mcallister; Judicial Circuit Court Administration – Jessica Deneen (2nd), Amanda Tarr (14th), Emerald Coast Behavioral Hospital – Tiffani Evans, HCA Florida Capital Hospital - Candace Burry; HCA Fort Walton Hospital - Jackie Beck; Baptist Health Care - Eric Rutledge; Pensacola Police Department – Eukeisha Lankford, Jackson County Sheriff's Office – Ashley Odom, Santa Rosa County Sheriff's Office - Angela Nandin; Washington County Sheriff's Office – Duran Harrison, Walton County Sheriff's Office – Bridget Crawford; Escambia County Sheriff's Office – Merle Burkart, Okaloosa County Sheriff's Office – Kevin Kirkpatrick; EscaRosa Suicide Prevention Coalition – Rachelle Burns; NAMI Tallahassee – Nancy O'Farrell; NAMI Emerald Coast - Linda Finklestein; Department of Corrections - Alex Thompson, Department of Juvenile Justice - Alison Fulford, Fred Womack; Florida Department of Law Enforcement – James Lee; Gulf Coast Veterans Association – Lauren Anzaldo; Freedom Life Compass – Stephanie Fitzgerald, Kit Tuszynski; Walton County Department of Health – Tracy Leitner; Okaloosa County Department of Health – Petra Maddens; Doorways of NWFL – Daniel Kay, Tracy Peters; Walton County Prevention Coalition – Carolyn Zonia; Oxford House Inc. – Chris Hockman, Lauren Hockman; Community Members – Laurie Gerhard, Bill Brock, Cardinal Consulting - Ken Kniepmann.

I. CALL TO ORDER

Amber Wookey called to order the Northwest Region Behavioral Health Interagency Collaboration meeting at 10:06 am on May 20, 2025.

II. WELCOME AND INTRODUCTIONS

Amber Wookey welcomed attendees. Introductions were provided by Asta Trihn - Chief of Regional Operations & Initiatives SAMH Department of Children and Families, Amber Wookey – Regional Director SAMH Department of Children and Families, April Busby –



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Regional Collaboration Coordinator DCF SAMH, Devona Pickle – Bureau Chief Agency on Health Care Administration.

All attendees introduced themselves and provided agency and title.

III. OVERVIEW OF OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

April Busby provided on overview of the goals, program office, managing entities, who we serve, mental health and substance use service array, substance use initiatives, program office duties, baker act data overview, and department inquiries.

Discussion and Questions from SAMH Overview:

Peer Recovery Support

• Discussion:

A question was raised about why peer recovery is not listed in the mental health pyramid, despite its presence in the substance use disorder (SUD) pyramid.

Response:

Peer recovery services are funded specifically for SUD, which is why they are included in that pyramid. There is no dedicated funding for peer support in mental health, leading to its absence in the mental health structure.

Additional Comment:

Is there a warm handoff to recovery peer specialists in the CORE program as Escambia County reports this is not happening consistently. Drew Hill noted this process should be documented.

Baker Act Dashboard Data Accuracy & Population Growth

Concern:

Question on whether the BA dashboard accounts for population growth, especially in fast-growing regions like Pensacola/Santa Rosa. Suggested digitizing reporting forms to improve data accuracy and reduce paper-based errors.

Response:

The dashboard reflects only what is manually entered. Some regions may not be fully reporting, creating data inconsistencies. Population-adjusted metrics are not currently incorporated, which can obscure trends over time.



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Regional and Systemic Data Gaps

• **Comments:** The statewide visibility of the dashboard would be helpful, especially for families traveling or on vacation. It would also be helpful for foster care youth who are Baker Acted, and it may appear in data for the wrong region, skewing outcomes.

• Comment:

There are limited youth receiving facilities, leading to children being admitted in one location and transferred out of state for care.

Privatized Provider Reporting

 Privatized partners currently do not have access to input into the dashboard, resulting in underreported data. This missing information represents a significant gap.

Integration with FMHI

Question:

Is the BA data submitted to FMHI synced with the dashboard? There was no clear confirmation if integration exists.

Mobile Response Teams and Incarceration Diversion

Comment:

Mobile Response Teams have helped divert individuals from incarceration, though the BA dashboard does not track jail diversions.

Data Point:

There is an 80% diversion rate, which demonstrates the impact of Mobile Response Teams.

Audit & Accountability for Baker Act Data

Question:

What training and monitoring services are provided by SAMH, MEs, and NSPs to ensure accurate auditing?

Response:

An accountability team has recently been formed. Monitoring teams are in place to manage the MEs and NSPs, and a subject matter expert (SME) will support oversight. Teams will also interview individuals served as part of the process.

Homelessness and System Coordination

• Upcoming Presentation:

A Homeless Coalition from each region will present in August. Concern was expressed that representatives may not be well-informed about behavioral health intersections.



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• Funding Concern:

A question was raised regarding whether any funding exists to address the overlap between homelessness and behavioral health.

IV. OVERVIEW OF AGENCY ON HEALTHCARE ADMINISTRATION

Devona Pickle provided an overview Statewide Medicaid Managed Care.

Discussion and Questions from AHCA Overview:

Funding:

SMMC is not funded by grants, but by the Medicaid program, with both federal and state funds.

Audits & Coding:

- Fee-for-service providers are monitored by a Qualified Information Organization (QIO).
- Providers do not need a dedicated medical coder, but must submit clean, properly coded claims.

Rates & Payment:

 Provider fee schedules are updated annually, based on a defined payment methodology.

Long-Term Care:

 A question was raised about a single point of contact for long-term care applications. A follow-up may be needed to clarify.

V. REVIEW OF SURVEY DATA

April Busby provided a review of the Northwest Region's survey data.

Top 3 identified needs gathered from the Northwest Region's surveys.

- Increasing awareness and education on available services across agencies.
- Service accessibility, gaps, and capacity.
- Funding challenges and flexibility.



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VI. GROUP DISCUSSION - REVIEW OF KEY FOCUS AREAS

Amber Wookey provided lead a discussion to determine the group priorities among the four commission-identified categories.

1. Strengthening Community networks and gross agency collaboration.

Enhancement Focus:

- If you could enhance one area...
 - Suggestions included: increased staff education, better data sharing, more peer involvement, and real-time access to resources.
- Creating a dashboard like The SafePath Network dashboard which is a quickaccess resource tool, especially useful for law enforcement and field teams. QR codes allow instant access to contacts and services. Positive feedback received.
- Attendees reinforced the need for real-time updates so field staff don't rely on outdated information.

Mental Health Councils:

- Areas with a mental health council experience stronger coordination and service access. Suggested expanding this model across other circuits. The managing entity confirmed development of a council is in progress and that youth services collaboration is improving; adult services collaboration remains fragmented.
- **Asta:** Working to bridge gaps for individuals who don't qualify for Baker Act receiving facilities but are high utilizers of the system.

Judicial & Forensic System Collaboration:

Concerns:

- Issue of court-ordered medications and promised to provide Asta with the judge's contact and forensic system connections.
- Working on judicial training and collaboration.
 - o Aim is to train all judges in the region.
 - Updating the list of forensic evaluators and ensuring they are aware of available community-based resources.
- Judges are increasingly seeking full prosecution of individuals with misdemeanors who don't meet 916 criteria. Suggested creating a statutory solution to prevent unnecessary admission to State Mental Health Treatment Facilities (SMHTFs).



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2. Enhancing Crisis Care Continuum.

Peer Involvement:

 Strong support for peer specialists to walk with individuals through recovery and crisis. Suggested integrating peers more deeply into diversion programs and detox workflows.

Facility & System Gaps:

- No ARFs in Okaloosa, Walton, or Bay Counties.
 - Florida Springs is launching a detox unit soon; the managing entity is available for adult care coordination.
- Santa Rosa Sheriff's Office: Officers face a dilemma when patients become violent during detox and must be arrested—reluctantly—while still in treatment.
- 3. Improving Data Collection and Management Processes.

Challenges:

- There is abundant data, but limited resources to extract, query, and format it in usable ways.
- Stakeholders need to narrow the focus on what to measure and prioritize regionally.

Suggested Data Areas:

- 1. Baker Acts
- 2. Arrests
- 3. Recidivism
- 4. Service utilization and diversion impact
- Interest shown in creating regional data sets. Referenced the Northwest Data Center, a DCF data repository connected to Baker Act receiving facilities.
- Need for focused, achievable data priorities to guide next steps.
- 4. Optimizing the financial management of the Behavioral Health system of care.

No discussion on this key area.

VII. PUBLIC COMMENT

No comments from the public.



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VIII. CLOSING REMARKS

April Busby provided the next meeting date of Augst 4, 2025, from 10:00 am to 12:00 pm. Meeting will be held virtually.

April Busby requested to be invited to any meetings the attendees were currently holding that may be beneficial to her as the Regional Collaboration Coordinator.

Asta Trinh discussed future quarterly Collaborative Meetings to include Agency specific presentations.

IX. MOTION TO ADJOURN

A Survey link and paper survey was provided to attendees for feedback. April Busby thanked everyone for attending and adjourned the Northwest Regional Behavioral Health Interagency Collaboration 1st quarter meeting at 12:02 PM CST.

Minutes provided by April Busby