



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 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 – Amanda Wilson, Asta Trinh, Carolyn Hix, Diana Cardona, Diveka Anderson, John Cornett, Katelyn Lee, Lance Morgan, Morgan Schell, Rosa Chaves, Dr. Renee Crooks, Tina Morgan; **Agency for Health Care Administration** – Devona Pickle; **Agency for Persons with Disabilities** – Jeannette Estes; **Central Florida Behavioral Health Network** – Kent Runyon; **Central Florida Cares Health System** – Nikaury Munoz; **Lutheran Services Florida** – Christine Cauffield, Shelley Katz; **Catholic Charities** – Marie Pierre; **Children’s Home Society of Florida** – Kimberly Stratton; **Family Partnerships of Central Florida** – Amanda Reineck; **Heartland for Children** – Tracy Grey; **Aspire Health Partners** – Babette Hankey, Shannon Robinson; **BayCare** – Sandra Marrero, Teresa Even; **Circles of Care, Inc.** – Steve Lord; **Devereux** – Emily Garten, Marissa Gore; **Floridians for Recovery** – Joe Dmitrovic; **LifeStream Behavioral Center** – Rick Hankey; **NAMI Hernando** – Tina Kinney, Tracie Eagle; **Marion Senior Services** – Jennifer Martinez; **Mid Florida Homeless Coalition** – Coreen Garrity; **Project EMPATH & Chrysalis Health** – Magge Gonzalez; **Recovery Connections of Central Florida** – George Margoles, Stephanie Marsan; **STEPS, Inc.** – Cheryl Bello; **Tri-County Human Services** – Taylor South; **AdventHealth** – Allison Cummins, Christin Ray, Michele Cooper, Tia Llewellyn; **Aetna** – Angela Gambino; **Central Florida Behavioral Hospital** – Elyse Brandeberry, Marina Daher, Penni Worley; **Lakeland Regional Health** – Nicole Sweat; **Orlando Health Behavioral Health Hospital** – Alana Sadhu; **Peace River Center** – Candace Barnes, Larry Williams; **Aetna Better Health of Florida** – Meagan Towner; **Optum** – Lucien LaRoche, Tara Bryant; **Sunshine Health** – Shivana Gentry; **Citrus County School District** – Holly Citrus, Nichelle Mohre-Cassidy; **Polk County Public Schools** – Denisse Santos; **SEDNET** – Hillary Grondin; **Sumter County School District** – Jacqueline Roe; **Department of Juvenile Justice** – Alison Fulford; **Florida Department of Law Enforcement** – Felipe Williams; **Apopka Police Department** – Jason Woertman; **Clermont Police Department** – Antonio Robinson; Mary Verrier; **Haines City Police Department** – Kedrick Frazier; **Kissimmee Police Department** – Brandin Suarez; **Lakeland Police Department** – Caedon Saltis, Steven Bailey; **Lake County Sheriff’s Office** – Jim Findley; **Lake Mary Police Department** – James Riddle; **Lake Wales Police Department** – Sarah Sittnick; **Ocoee Police Department** – Michelle Norman; **Orange County Sheriff’s Office** – Harry Prochet; **Windemere Police Department** – Melissa Counts



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I. CALL TO ORDER

Valoria Thomas called to order the Regional Behavioral Health Interagency Quarterly Meeting at 10:00 A.M. on Tuesday, May 27th, 2025.

II. WELCOME AND INTRODUCTIONS

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

Morgan Schell, Regional Director, Department of Children and Families (DCF), Substance Abuse & Mental Health (SAMH)

Valoria Thomas, Regional Collaboration Coordinator, Department of Children and Families (DCF), Substance Abuse & Mental Health (SAMH)

Diveka Anderson, Regional Collaboration Coordinator, Department of Children and Families (DCF), Substance Abuse & Mental Health (SAMH)

Morgan Schell acknowledged Asta Trinh, Chief of Regional Operations & Initiatives, Department of Children and Families (DCF), Substance Abuse & Mental Health (SAMH), and

Devona Pickle, Bureau Chief, Medicaid Policy, representative from the Agency for Health Care Administration who would also be presenting at the meeting.

III. PRESENTATION- OVERVIEW OF SAMH

Valoria Thomas, Regional Collaboration Coordinator, DCF, SAMH provided an overview of the Substance Abuse & Mental Health (SAMH) Program. The presentation highlighted the Department of Children and Families' (DCF) mission to support strong and resilient families by promoting economic self-sufficiency, protecting vulnerable populations, and advancing recovery for individuals with mental health and substance use disorders. SAMH serves as the state authority for behavioral health, overseeing a network of Managing Entities (ME) that deliver prevention, treatment, and recovery services across Florida.

The presentation outlined key services offered within the mental health and substance use arrays, including crisis stabilization units, residential treatment, outpatient therapy, and peer support. A major initiative discussed was the Coordinated Opioid Recovery (CORE) Network, which aims to establish a comprehensive statewide system for overdose response and recovery by FY 25/26. Updates on Baker Act data showed a steady decline in involuntary



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examinations over the past five years. Lastly, SAMH's responsibilities and funding sources were reviewed, emphasizing the program's role in planning, evaluating, and improving behavioral health systems statewide.

IV. PRESENTATION- OVERVIEW OF AHCA

Agency for Health Care Administration (AHCA) representative Devona (DD) Pickle, Bureau Chief, Medicaid Policy, presented an overview of the Florida Medicaid Program. The presentation began with an explanation of Medicaid as a federally and state-funded program that provides healthcare coverage for low-income individuals, families, children, and people with disabilities. AHCA, in partnership with the Centers for Medicare and Medicaid Services (CMS), is the single state agency responsible for administering Medicaid in Florida. Key partners in the process include the Department of Children and Families (DCF) and the Social Security Administration (SSA).

The presentation discussed two primary delivery systems under Florida Medicaid: Fee-for-Service (FFS) and Statewide Medicaid Managed Care (SMMC). Fee-for-Service, often referred to as "Traditional Medicaid," allows recipients to access services directly from any enrolled provider. In contrast, the majority of recipients (approximately 73%) are enrolled in SMMC plans, where services are coordinated through contracted health plans. AHCA recently launched SMMC 3.0 in February 2025, which introduced new regional alignments and plan types, and emphasized a more family-focused approach with expanded and alternative benefits, such as enhanced mental health, substance use treatment, and caregiver support.

Information was shared on Medicaid-covered services, including physical health care, behavioral health, long-term care, and services for individuals with intellectual and developmental disabilities. She discussed children's benefits through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which mandates medically necessary care to correct or improve health conditions in recipients under 21 years old. The enhanced and alternative benefit packages under SMMC were also discussed, offering greater flexibility and support to meet members' needs beyond traditional Medicaid services.

Ms. Pickle outlined how recipients can select or change plans, file complaints, and access assistance through the Medicaid Helpline. Both recipient and provider support resources were reviewed, and attendees were encouraged to stay updated through AHCA's official website, webinars, provider alerts, and social media platforms. The presentation was a comprehensive update on Florida's evolving Medicaid system and the state's continued efforts to improve access, quality, and coordination of care.



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 2025, 10:00 A.M.-12:00 P.M.

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V. REVIEW OF SURVEY DATA

Valoria Thomas, Regional Collaboration Coordinator, DCF, SAMH presented the survey results from the recent Regional Behavioral Health Interagency Collaboration kickoff meetings. Key priorities identified by respondents included improving inter-agency coordination and referrals, addressing housing and homelessness, and enhancing communication and data sharing.

The top three needs that were identified for the Central Region are: increased education on available services, solutions for workforce and funding challenges, and improved service accessibility and capacity. Furthermore, the areas for collective action were recognized which include expanding peer support services, addressing training and retention needs, and identifying service gaps across the behavioral health system.

Ms. Thomas emphasized the importance of participants completing the survey, as their feedback is essential for shaping meaningful dialogue, strengthening interagency collaboration, and helping the department identify service gaps and develop effective solutions for addressing substance use and behavioral health needs. Their input plays a vital role in driving improvements across the system.

VI. GROUP DISCUSSION

Valoria Thomas, Regional Collaboration Coordinator, DCF, SAMH led the open discussion portion of the meeting and discussed questions in relation to the four (4) key areas identified by the Statewide Commission's in their 2024 report that were introduced during the Kick-Off in February.

Question 1: What existing partnerships have been the most impactful in supporting behavioral health outcomes in our region?

Marina Daher, Central Florida Behavioral Hospital (CFBH), expressed concern over the recent discontinuation of DCF-facilitated weekly hospital staffing's that were introduced during the pandemic. She explained that these meetings were vital in coordinating care for complex cases, particularly for children abandoned at the hospital or already involved with the Department of Children and Families (DCF). Ms. Daher emphasized that the weekly collaboration with Child Protective Investigators (CPI) and departmental staff allowed for efficient case resolution and helped move discharge planning forward in a timely manner. She stated that reverting to the previous method of working independently with CPIs and lockout specialists feels like a regression and requested clarity on the new process. She asked for guidance on expected timelines once a child is deemed stable for discharge but lacks an appropriate placement, and whether a new model would replace the eliminated meetings.



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 2025, 10:00 A.M.-12:00 P.M.

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Asta Trinh, DCF, SAMH, confirmed that the hospital staffing's had been discontinued due to the elimination of the Children's Care Coordinator role. She explained that while Behavioral Health Consultants (BHCs) have attempted to fill the gap, this function is outside of their designated responsibilities. As a result, the department plans to meet with CPI directors to determine a more sustainable and collaborative solution. Asta acknowledged the disruption this change has caused and indicated that DCF is actively seeking a way to fill the coordination gap.

John Cornett, DCF, SAMH emphasized the importance of proactive and collaborative case management. He spoke about Central Region's success in identifying at-risk youth early and maintaining consistent communication and feedback between hospitals and child welfare agencies to support effective outcomes. He praised the engagement of local facilities, such as Central Florida Hospital and other crisis stabilization units and emphasized that future collaboration should include families and youth, when appropriate, to make staffing efforts more impactful. John suggested evolving the model into more inclusive, multi-disciplinary meetings, similar to Local Review Team (LRT) formats, which can offer earlier intervention planning, rather than relying solely on post-crisis resource coordination. He acknowledged that LRTs have been useful in ongoing follow-up but advocated for a more forward-thinking approach.

Carolyn Hix, DCF, SAMH agreed to support efforts to reconvene meetings that include CPI directors and hospital partners. She affirmed the importance of giving the collaboration another attempt, and stated she would help coordinate another round of stakeholder meetings to develop a revised, functional staffing model that balances service demands with available resources.

Tracy Grey, Heartland for Children, discussed the ongoing challenges with coordinating Baker Act staffing's. She stated that while Crisis Stabilization Units (CSU) like Lakeland Regional Health and Peace River can notify DCF of youth Baker Acts, they lack a mechanism to determine whether the cases are open with DCF, which creates a barrier to engaging the Community Based Care (CBC). She requested involvement from the Managing Entities, but acknowledged they face staffing and funding constraints.

Amanda Reineck, Family Partnerships of Central Florida, stated that while they have strong coordination in place for youth under child welfare supervision, challenges remain for community youth not in care. She proposed using the Department of Juvenile Justice (DJJ) dually served model as a reference and recommended forming a workgroup to address these coordination gaps. This idea was endorsed by Asta Trinh, DCF who asked Amanda and Carolyn Hix, DCF to lead the effort.

Magge Gonzales, Chrysalis Health & Project EMPATH, explained how Targeted Case Management services can fill gaps in the continuum of care for high-needs clients. She stated



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 2025, 10:00 A.M.-12:00 P.M.

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

that Targeted Case Manager's assist with Statewide Inpatient Psychiatric Program (SIPP) applications, maintain continuity during inpatient care, and follow-up with families and outpatient providers after discharge, emphasizing that these services are billable and support whole-family coordination.

Jeanette Estes, Agency for Persons with Disabilities (APD), expressed concern about consumers with developmental disabilities being discharged from facilities with minimal planning, sometimes dropped off with medication and no supervision, leading to unsafe situations. She stressed the need for better discharge coordination with DCF, Crisis Stabilization Units (CSU), and other partners.

Valoria Thomas, DCF, SAMH asked the second question.

How are peers and community stakeholders currently integrated into the crisis care continuum? Are warm handoffs occurring, and if so, how often?

Jeanette Estes, Agency for Persons with Disabilities (APD), shared that she had recently received feedback from a key behavioral health provider in the region regarding discharge coordination challenges. She stated that while such concerns are not widespread, they are becoming more noticeable and present an opportunity for collaborative problem-solving. She suggested that by openly discussing these emerging issues, stakeholders could work together to clarify processes and strengthen communication. She also stated that she is confident that these barriers are navigable with continued dialogue and coordination.

Jennifer Martinez, Marion Senior Services shared her organization's success with a senior-focused mobile response team that includes 20 partners, including the managing entity. She highlighted weekend and overnight gaps when caregivers are incapacitated and praised the local collaborative spirit. Martinez also stated the need for better data collection and sharing practices that comply with HIPAA while streamlining communication.

Lieutenant Brandin Suarez, Kissimmee Police Department (KPD), discussed a recent improvement in collaboration with Park Place Behavioral Health Care. After initial confusion about accepting voluntary Baker Acts, these agencies built relationships resulting in improved training and communication between Park Place and patrol officers, closing a critical service gap during nighttime hours.

Asta Trinh, DCF, SAMH informed participants that a resource guide will be developed for law enforcement from a statewide and regional approach. Providers were tasked to provide information about their programs.

Officer Caedon Saltis, Lakeland Police Department (LPD), discussed an issue with patients being discharged to shelters that aren't equipped to accept individuals with mobility issues or



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 2025, 10:00 A.M.-12:00 P.M.

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daily functioning impairments. He also mentioned that clients are often transported to Lakeland Regional Hospital, but due to limited discharge resources, many of these individuals are later found without stable housing. This is a recurring issue that places strain on law enforcement and hospitals, and he asked for DCF's support in bridging that gap.

Morgan Schell, DCF, SAMH stated that she would follow up with this matter.

Amanda Reineck, Family Partnerships of Central Florida, stated that there is a gap between an individual no longer meeting criteria for acute care. She also discussed the recurring problem of incomplete Baker Act documentation, to include missing addresses, contact information for patients, especially children and vulnerable adults. This delays treatment and complicates discharge planning. She emphasized the need for better training on how to fill out the Baker Act forms.

Sergeant Jim Findley, Lake County Sheriff's Office (LCSO), discussed the importance of strengthening partnerships with local crisis stabilization units (CSU) and enhancing coordination in crisis response. He announced that his agency will be hosting Crisis Intervention Team (CIT) training in September and invited agency representatives to participate as presenters. He emphasized law enforcement's vital role in initial crisis intervention and expressed interest in further collaboration and training to improve outcomes for individuals in crisis.

Asta Trinh, DCF, SAMH tasked Jean Tucker, DCF with assisting with CIT training going forward.

Jennifer Martinez, Marion Senior Services, offered to meet with Lake County Sheriff Department and law enforcement to assist with Baker Act education.

Rick Hankey, LifeStream Behavioral Center, raised concerns about individuals with dementia and autism being inappropriately brought under the Baker Act, despite being legally excluded. He recommended engaging in further discussion to clearly define the roles and responsibilities of all key stakeholders, including law enforcement, service providers, and managing entities (ME's).

Special Agent in Charge (SAC) Felipe Williams, Florida Department of Law Enforcement (FDLE) Orlando, discussed the importance of behavioral threat assessment and management teams. He highlighted training resources, such as those provided by Captain Randy Foley, and encouraged wider use of integrated investigative approaches that balance criminal justice and mental health intervention pathways.



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 2025, 10:00 A.M.-12:00 P.M.

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

Valoria Thomas, DCF, SAMH asked the third question.

How can we improve the way data is shared across agencies while maintaining confidentiality and compliance?

Jennifer Martinez, Marion Senior Services, stated that HIPAA compliance is an issue in data sharing. One effective strategy has been implemented by Marion County Fire, is when first responders are aware that an individual at a specific residence has a dementia-related condition, that household is flagged. Responders are alerted in advance for both the safety of the individual and the responders.

John Cornett, DCF, SAMH emphasized the importance of family navigation services, he noted that HCA's Healthcare, Inc. partnerships as helpful in reducing high utilizers in the system. He advocated for resource allocation that supports navigation and collaboration to maximize impact.

Valoria Thomas, DCF, SAMH asked the fourth question.

What challenges do providers face in accessing or managing behavioral health funds?

Tia Llewellyn, AdventHealth, discussed her facility's experience managing Baker Act and Marchman Act patients across nine hospitals and 14 freestanding Emergency Departments (ED's). She spoke to the complexity of managing high-acuity patients and the role of CORE funding and collaboration in reducing emergency department burdens. She stressed the need for systemic education and coordination, particularly with managing entities, APD, and CSUs.

Tina Kinney, NAMI Hernando, raised concerns about the inflexibility of funding streams, particularly the separation between mental health and substance use dollars. She encouraged a more blended approach to support individuals with co-occurring conditions.

Alana Christianson, Orlando Health Behavioral Health Hospital, named Peer Support Space as a valuable nonprofit that offers respite beds in Orlando, at no cost. She also offered her services as a licensed mental health counselor specializing in Baker Act and Marchman Act education for families.

Steve Lord, Circles of Care, suggested DCF/SAMH consider streamlining its technical Other Cost Accumulator (OCA) structure, reducing the number of specific budget lines and allowing more flexibility for providers to allocate staff and resources without burdensome administrative overhead.



Central Region Behavioral Health Interagency Collaboration

Tuesday, May 27th, 2025, 10:00 A.M.-12:00 P.M.

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Shivana Gentry, Sunshine Health, echoed these concerns, noting that rigid funding structures create barriers to funding evidence-based programs. She called for simplifying federal requirements to allow more efficient use of funds across systems.

Asta Trinh, DCF, SAMH informed participants that the ME's have been made aware of OCA's and flexibility.

Shelly Katz, Lutheran Services Florida (LSF Health Systems), explained in detail how the OCA system constrains managing entities from moving funds efficiently, even when providers have over- or under-earned. She called for simplifying the system to allow MEs to meet local needs more effectively and fulfill the role they were created for.

Valoria Thomas, DCF, SAMH concluded the discussion by thanking attendees for their participation and engagement.

VII. MEETING FREQUENCY/NEXT STEPS

Attendees were informed that the next quarterly meeting would be August 08th, 2025, from 10:00 A.M to 12:00 PM. This meeting will be virtual (via TEAMS).

Asta Trinh, DCF, SAMH encouraged attendees to complete the survey and submit agency brochures or materials for inclusion in regional QR code resource guides.

VIII. PUBLIC COMMENT

Valoria Thomas DCF, SAMH opened the floor for public comment; no attendees offered remarks.

IX. MOTION TO ADJOURN

A survey code was provided to attendees for feedback.

Valoria Thomas, DCF, SAMH thanked the attendees for their attendance and adjourned the Central Region Behavioral Health Interagency Quarterly meeting at 11:54 A.M. on May 27th, 2025.

Minutes submitted by: Diveka Anderson