



Northwest Regional Behavioral Health Interagency Collaboration

August 4, 2025, 10:00am-12:00pm CST

Virtual via Teams

MEETING MINUTES

Attendance: Total 75

Hosts/Facilitators:

Department of Children and Families – April Busby, Regional Collaboration Coordinator; Lucas French, Regional Operations Supervisor; Asta Trinh, Director of Regional Operations and Initiatives

Presenter: Leeanne Sacino, Executive Director of Florida Coalition to End Homelessness

Full Attendee List is Provided in Appendix A

I. CALL TO ORDER

April Busby called to order the 2nd Quarter Northwest Region Behavioral Health Interagency Collaboration meeting at 10:00 am.

II. WELCOME AND INTRODUCTIONS

Lucas French welcomed the attendees and introduced the presenter.

III. PRESENTATION – FLORIDA COALITION TO END HOMELESSNESS

Leeanne Sacino provided an overview of the coalition.

Question and Answer:

Data Collection - Homeless Management Information System (HMIS)

- **Question – Autumn McAllister – How is data collected?**

- **Response – Leeanne Sacino**

The requirement is for every Continuum of Care (COC) to have a coordinated entry system within their HMIS. HUD's requirement for coordinated entry tracking within HMIS was temporarily retracted but is expected to be reinstated with the next data update in 2026. The COCs continue to work on its coordinated entry system to reduce the length of time people experience homelessness.



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Relocation - Domestic Violence, SNAP, and Medicaid

- **Question – Amy Hersey – What is the procedure for families moving out of state due to domestic violence regarding SNAP and Medicaid benefits?**
- **Response: Tim Potter** clarified that families must reapply for SNAP and Medicaid in the new state to continue receiving benefits, as Medicaid is not cross-state.

Difference between Continuum of Care (COC) and Lead Agency

- **Question – Tracie Moorer**
In the Northwest Region, all of our lead agencies are also the COC, except for in Circuit 2 where Family Promise of Big Bend is the lead and Big Bend Homeless Coalition is the COC. What is the difference in the COC and Lead Agency?
- **Response – Leeanne Sacino**
The *continuum of care* (COC) is the entire community working together to address needs. The *COC lead agency* is the organization that applies for federal and state funding on behalf of the COC, but funding decisions are made by the COC.

Provider Participation in COC and Accessing Support

- **Question – Time Buehner**
What is the best way for providers to access support for individuals they are treating who may be homeless or at risk of homelessness?
- **Response – Leeanne Sacino**
COC membership is open to the public, and interested individuals are encouraged to join as it serves as a valuable community resource. Providers, as stakeholders and partners within the COC, can access support for homeless or at-risk clients by understanding the coordinated entry system. If not already a partner, providers can reach out to the COC lead agency for resources and contact information. This can involve direct outreach and linking clients to the coordinated entry system. Link to find local COC contact information was provided in the chat.

Clarification of Data Sources

- **Question – Shawn Salmida**
What is the source of the data represented on the slide?
- **Response – Leeanne Sacino**
The system performance measures data is posted on the HUD website, with specific Florida data used to calculate averages. The figure, along with



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demographic breakdowns (e.g., age, severe mental illness), is derived from the point-in-time count collected by partners. Link to HUD provided in the chat.

IV. PROVIDER SUCCESS STORIES

April Busby shared success stories from Bridgeway Center and CDAC Behavioral Health, Inc.

V. FOCUS TOPIC AND OPEN DISCUSSION

April Busby lead discussion of Strengthening Community Networks and Cross Agency Collaboration

Question 1: How can this collaboration assist with bridging the gaps with providers and agencies?

- **Response: Byron Wade**
Suggested continuing county level meetings that include all providers and agencies that serve that county. Hearing what every provider and agency can do in certain scenarios is helpful.
- **Response: Jay Reeve**
Discussed connecting communities with available resources is an important component in bridging gaps. However, moving forward strengthening communication between community networks, supporting cross-agency collaboration, addressing community-specific needs (small rural counties vs. median population counties vs. larger areas like Escambia), and ensuring issues are surfaced to the department and to the agency so conversations can take place at the statewide level.
- **Response: Shawn Salamida**
Discussed aligning initiatives by exploration of incorporating topics into existing mental health councils, coalitions and task forces, specifically mentioning the active Mental Health Task Force in Escambia and Santa Rosa County (initiated by Representative Salzman and organized by Rachel Burns). The idea includes inviting guest speakers (e.g., Leanne, who gave an earlier presentation) and sharing local initiatives to cascade ideas upward. Jay Reeve added that the Mental Health Councils would be another great way to align and feed ideas upward in these groups.



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Question 2: Where are we seeing the strongest examples of cross agency collaboration and what has made that work?

- **Response: Shannon Massingale**

Collaborations for children in dependency with significant mental health, addiction needs, or DJJ involvement, identified as the most consistent area of cross-agency collaboration. This involves written "dual action plans" across circuits 1, 2, and 14, which clearly delineate responsibilities and facilitate much earlier engagement, including inviting teams to initial family team staffing's. Emphasized the need for regular updates and a shared contact log among agencies due to high turnover rate. Kelly Faircloth expanded on the dually involved action plans and their success.

- **Response: Jay Reeve**

Examples provided of long-term collaborations between large receiving facilities and hospitals, highlighting "outstanding examples" in Circuit 1 and Circuit 2. This includes the 8-year partnership between Apalachee Center and Tallahassee Memorial Health, where Apalachee Center manages all behavioral health. Notation of the Central Receiving Facility (CRF) operating for 7-8 years, and the Lakeview Center in Pensacola, all of which required overcoming historical competitive barriers between entities.

- **Response: Tracie Moorer**

Managing Entity discussed interagency collaboration in the adult behavioral health arena. This includes the Central Receiving Facility (CRF) and Baker Act receiving system of care, coordinating with jails, courts, law enforcement, EMS, county officials, and provider networks. Core networks are strengthening partnerships with Federally Qualified Health Centers (FQACs) and contractor providers like Lakeview, Apalachee, DISC, and Pancare. Identified opportunities for more collaboration with APD and AHCA (especially for long-term care, ALS, nursing homes, and benefits for those leaving state hospitals), and with the Social Security Administration (SSA) through the SOAR initiative, to improve access to applications, follow-up, medical care, housing, and treatment.

- **Response: Kelly Faircloth**

Managing Entity announced that efforts are underway to establish the Circuit 14 Mental Health Council. This initiative draws on insights from Dr. Reeves, whose Circuit 2 model has been active for 10 years, providing valuable lessons learned. They met last week and are in the process of kicking off their first meeting, aiming to funnel and clarify information at the community level and further strengthen collaborative efforts.



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Question 3: If you could enhance one aspect of cross-agency collaboration, what would it be?

- **Response: Tracie Moorer**

Desire to increase collaboration with AHCA, APD, and SSA.

- **Response: Drew Hild**

Need for a centralized database or a standardized data system to integrate case management data and patient records. This would allow providers to track patient journeys within the entire system of care, reducing redundant effort during hand-offs.

- **Response: Jay Reeve**

Provided an update on the statewide database, which has been signed off since the previous BHIC meeting. He anticipates initial data insights within a year from September, primarily with de-identified data, allowing for understanding community needs at a granular level (down to set of codes). The repository will be managed by FSU at the Northeast Florida Data Center. A steering committee, developed from the current commission, will oversee data governance. Initially, data will be collected from DCF and AHCA, with the long-term goal of integrating data from "literally every state agency that does anything with behavioral health."

- **Response: Rochelle Reed**

Suggested creating a structured organizational chain for community collaborations. This model, similar to existing mental health task forces in Escambia and Santa Rosa, would ensure every community has a smaller collaborative. It would facilitate both grassroots input and top-down communication, potentially with organizational assistance from DCF and Managing Entities (MEs) to build effective networks statewide.

Question 4: How does everyone feel about the progress we are making so far as a collaborative? Do you feel it is helpful? Are we going in the right direction?

- Participants provided positive feedback on the effectiveness of the meetings with valuable content, organization, and clear communication.



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VI. FUTURE COLLABORATIVES

April Busby presented information on the future of the collaborative to include:

- Attendance metrics.
- Survey outcomes - statewide priorities, regional priorities, need for additional resources and supports.
- Lunch and Learns – previous presenter and schedule of future meetings.
- Upcoming meeting dates with November meeting being held virtually and 2026 location to be determined.

VII. PUBLIC COMMENT

Shawn Salamida shared the benefit of joining the Commission on Mental Health and Substance Use Disorder meetings as they are informative and open to the public. Participants can gain insight into things being discussed across the state and get translated to legislative initiatives.

Dr. Reeve shared information on the in-person Commission meeting being held during the DCF Summit on September 2, 2025.

Asta Trinh requested the providers and managing entity share success stories with us so we can highlight them in future meetings.

VIII. CLOSING REMARKS

Lucas French provided the next meeting date of November 18, 2025, from 10:00 am to 12:00 pm. Meeting will be held virtually.

Lucas requested to be invited to any meetings the attendees were currently holding that may be beneficial to the Regional Collaboration Coordinator.

Asta Trinh discussed future quarterly Collaborative Meetings to include agency specific presentations and thanked everyone for attending.

IX. ADJOURN

Meeting adjourned at 11:39 am CST.



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Appendix A

Alison	Fulford	Department of Juvenile Justice
Allison	Hill	Lakeview Center
Alma	Pugh	Florida Department of Health
Amy	Hersey	FDOH- Healthy Families Franklin, Wakulla, Gulf
Angella	New	Florida Department of Corrections
Ashley	Hudson	Wakulla County Sheriff's Office
Ashley	Hudson	Wakulla County Sheriff's Office
Ashley	Odom	Jackson County Sheriff's Office
Autumn	McAllister	Lakeview Center
Brittany	Harris	Pensacola Police Department
Brittany	Wallace	Twin Oaks- Wraparound Bay
Byron	Wade	Florida Department of Children and Families
Carlos	Poveda	Niceville Police Department
Casite	Ramos	Calhoun County Sheriff's Office
Charron Wells	Wells	Early Learning Coalition of Northwest Florida
Chase	Savary	Wakulla County Sheriff's Office
Chelsey	McCoy	Florida Department of Health
Christa	Pate	NWF Health Network
Cynthia	Henderson	Cynergy Consulting
Dianne	McManus	Homelessness and Housing Alliance
Diveka	Anderson	DCF, SAMH
Drew	Hild	PanCare of Florida
Emily	Kohler	Big Bend AHEC
Fred	Womack	Dept of Juvenile Justice
Heather	Miller	Jackson County School Board
Idris	Gaines	DCF
Janice	George	NWFHealth
Jawid	Sultany	Department of Children and Family Services
Jay	Reeve	Apalachee Center
Johnna	Coleman	Big Bend CoC
Kara	Price-Williams	CDAC Behavioral Healthcare, Inc.
Kayla	Williams	Department of children and families
Kelli	Hernandez	Homelessness & Housing Alliance
Kelly	Faircloth	Northwest Florida Health Network



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Kesandra	Brown	Gadsden County School District
Kevin	Kirkpatrick	Okaloosa County Sheriff's Office
Kit	Tuszynski	Freedom Life Compass Inc
LaKeisha	Randolph	Department of Children and Families
Larry	McFarland	Bridgeway Center, Inc.
Lexi	Harris	NWF Health Network
Lexi	Harris	NWF Health Network
Mackenna	Davis	Cynergy Consulting
Marcia	Croom	Gulf Coast Sexual Assault Program
Marie	Rigdon	Jefferson County Sheriff's Office
Mary	Magner	Hope Florida
Matt	Standish	Bay County Vet Center
Melanie	Spoon	Life Management Center
Melissa	Sidoti	Florida Department of Children and Families
Nancy	O'Farrell	NAMI Tallahassee
Necia	Little	DCF – OCFW
Patti	Hyde	Lakeview Center
Rachelle	Burns	EscaRosa Suicide Prevention Coalition
Richard	Taylor	eTransX
Ryan	Mims	Florida Department of Health in Walton County
Samone	Franklin	Florida Department of Children and Families
Sandra	Eddington	Twin Oaks Juvenile Development
Shannon	Massingale	NWF Health
Sharron	Washington	NWF Health Network
Shawn	Salamida	Lakeview Center
Sherry	Bolden	North Florida Child Development
Stacy	Winter	Emerald Coast Behavioral Hospital
Tia	Guidry	Lakeview
Tim	Buehner	AHCA
Tim	Potter	DCF-ESS
Tina	Cain	DCF-OCFW
Tracie	Moorer	NWF Health Network
Tracy	Adams	Simply Health Care
ValJeanne	Caster	Purple Moon Service Center, LLC
Xiomara	Soto Ortiz	CDAC Behavioral Healthcare, Inc.