Central Regional Behavioral Health Interagency Collaborative

October 22, 2026, 10:00am-12:00pm EST
Virtual via Teams

MEETING MINUTES

Attendance: Total 100

Full Attendee List is Provided in Appendix A

Hosts/Facilitators: Department of Children and Families Office of Substance Abuse and Mental Health (SAMH): Diveka Anderson, Regional Collaboration Coordinator; Morgan Schell, Central Region SAMH Director

Meeting Focus: Florida Medicaid behavioral health updates, Statewide trends, Managing Entity performance and initiatives, Regional success stories, and Workgroup progress.

I. CALL TO ORDER

Diveka Anderson, Regional Collaboration Coordinator, called to order the Regional Behavioral Health Interagency Collaborative Meeting at 10:00 A.M. on Thursday, October 22nd, 2026.

II. WELCOME AND INTRODUCTIONS

Morgan Schell welcomed attendees and introduced herself as the Central Region SAMH Director.

Housekeeping reminders were provided for virtual participants. Attendees were asked to remain muted except during question-and-answer periods and public comment, use the raise-hand feature when requesting to speak, and state their name, title, and agency when speaking or participating in the chat.

Morgan introduced Kirk Hall with the Agency for Health Care Administration (AHCA), who provided an overview of the 2026 Florida legislative and budget impacts affecting Medicaid behavioral health services.

III. PRESENTATION – 2026 LEGISLATIVE ACTIONS REGARDING FLORIDA MEDICAID BEHAVIORAL HEALTH SERVICES

Presenter: Kirk Hall, Government Analyst II, Bureau of Medicaid Policy, Agency for Health Care Administration (AHCA)

Kirk Hall provided an overview of several behavioral health initiatives being implemented or pursued by Florida Medicaid.

- AHCA is developing a four-tier reimbursement structure for the Statewide Inpatient Psychiatric Program (SIPP) based on the clinical needs of children and adolescents under age 21. The structure is intended to better align reimbursement with staffing and treatment intensity, reduce placement denials, and reduce the need for out-of-state placements. Implementation is anticipated in January 2027.

- AHCA is pursuing Supportive and Intensive Behavioral Health Services to continue services previously provided through the Medicaid housing pilot, which ended June 30, 2025. Proposed services include transitional housing supports, tenancy-sustaining services, and peer support for adults with serious mental illness, substance use disorders, or co-occurring conditions who are homeless or at risk of homelessness.

- The proposed services would operate statewide through Medicaid managed care plans following necessary federal approvals.

- AHCA is also seeking an Institutions for Mental Diseases (IMD) waiver that would expand Medicaid coverage for certain inpatient and residential behavioral health services for stays of up to 90 days. The proposal includes psychiatric services for adults and substance use treatment services for youth. Funding was not provided during the most recent legislative session, and AHCA continues to explore implementation options.

- AHCA continues work related to the Certified Community Behavioral Health Clinic (CCBHC) model. Although the initiative was not funded during the most recent legislative session, AHCA continues discussions with the Legislature and the Centers for Medicare & Medicaid Services (CMS).

- AHCA and DCF are also working with CMS regarding administrative claiming for Mobile Response Team services. The approach may allow reimbursement for

qualifying administrative activities that support crisis response, including triage, documentation, community outreach, and staff training.

Question and Answer Discussion

- Stephen Lord, Circles of Care, asked whether the proposed IMD waiver would apply only to children. Kirk clarified that the waiver would apply to both adults and youth, although psychiatric inpatient services for individuals under age 21 are already available through SIPP.
- Angela Gambino, Aetna Better Health of Florida, asked about the anticipated implementation timeline for the supportive housing-related Medicaid services. Kirk advised that the proposal is currently undergoing CMS review and implementation will depend on federal approval.

IV. STATEWIDE TRENDS AND GAPS

Morgan Schell presented an overview of behavioral health trends and gaps identified through Regional Behavioral Health Interagency Collaboratives across Florida.

- Crisis care coordination continues to be a statewide priority. Regions are strengthening coordination among CORE Networks, Mobile Response Teams, Crisis Intervention Teams, hospitals, law enforcement, overdose-response partners, and community providers to improve warm handoffs and continuity of care.
- Housing, homelessness, and placement stability remain significant challenges across all six regions. Rising housing costs, limited affordable and supportive housing, placement instability, and discharge barriers continue to affect behavioral health access and system capacity.
- Central Region stakeholder feedback previously identified housing as a significant unmet need. In response, the Housing and Residential Services Workgroup was established to further examine regional barriers and opportunities for collaboration.

- Behavioral health workforce and peer-support capacity remain concerns statewide, including recruitment, retention, certification, training, background screening, supervision, and appropriate integration of peer specialists.
- Children, youth, and prevention continue to receive increased attention, particularly early intervention, family support, Baker Act diversion, youth substance use and vaping, and stronger cross-system coordination.
- As of the October meeting, SAMH Regional Collaboratives had established 15 workgroups involving 324 participants statewide in response to identified stakeholder needs.

Morgan emphasized that continuity of care connects each of these priorities and that effective behavioral health systems require coordination across crisis services, housing, workforce, peer support, treatment, and community-based resources.

V. MANAGING ENTITY UPDATES

Morgan Schell introduced representatives from the three Managing Entities serving the Central Region. Questions were reserved until public comment to allow each Managing Entity sufficient presentation time.

Central Florida Behavioral Health Network (CFBHN)
Presenter: Luis G. Rivas, LCSW, Vice President of Behavioral Health Services

Luis Rivas provided an overview of service delivery, performance outcomes, and current challenges affecting the CFBHN network, including Circuit 10.

Key updates included:

- Despite an overall funding reduction within the broader service area, the network maintained service capacity and reported increased utilization of mental health and crisis services.
- CFBHN reported 296 forensic diversions and 122 civil state hospital diversions, reflecting continued emphasis on community-based alternatives to institutional placement.

- PATH teams engaged more than 1,500 individuals experiencing homelessness, connecting participants with services intended to reduce reliance on higher-acuity care.
- Tri-County Human Services continued expansion of its Hospital Bridge Program, serving nearly 1,000 individuals and strengthening transitions from hospitals to ongoing treatment and recovery supports.
- CFBHN exceeded the established 70% benchmark across several timely-access measures, including urgent-service access and rapid intervention.
- Multidisciplinary and family-focused programs continued to expand, including Family Intensive Treatment (FIT) services and other evidence-based and wraparound models.
- Hospital Bridge services also expanded access to Medication-Assisted Treatment for more than 100 individuals.
- A collaborative supportive-housing development resulted in 68 apartment units, including 15 units designated for individuals with high-acuity or high-utilization needs. The project involved collaboration among behavioral health, housing, Continuum of Care, and community partners.
- Recovery-oriented workforce efforts included peer certification training, Recovery Capital training, peer-supervisor training, and support for individuals navigating background-screening exemption processes.
- Persistent challenges include affordable and accessible housing, workforce vacancies, particularly among licensed professionals, and continued demand for Community Action Treatment (CAT) services.

Central Florida Cares Health System (CFCHS)
Presenter: Nikaury Muñoz, LMHC, Chief Integration Officer

Nikaury Muñoz provided an overview of services across Orange, Osceola, Seminole, and Brevard Counties.

Key updates included:

- CFC managed a network of 49 providers and reported serving more than 34,000 individuals, representing more than 700,000 services during the reporting period.
- The provider network increased by approximately 3%, exceeding the contractual growth target.
- CFC exceeded its provider-monitoring target and participated in approximately 97% of Local Review Team meetings.

- Central Receiving Facilities continued efforts to minimize law-enforcement drop-off times, with more than 90% of applicable drop-offs occurring within the established timeframe.
- Mobile Response Teams handled more than 2,000 calls, with approximately 94% of individuals diverted from hospitalization or arrest.
- Care coordination served more than 200 individuals, many of whom entered services while experiencing homelessness. Approximately 81% achieved stable housing by discharge, with stronger housing and/or income outcomes among participants who completed the program.
- The forensic multidisciplinary program served individuals with serious mental illness involved in the criminal justice system. Participants completing the program were successfully diverted from state hospital placement and achieved stable housing.
- Child and family programs continued to demonstrate positive outcomes through CAT, Family Intensive Treatment, and family-stabilization services.
- CFC expanded peer recovery support and partnerships associated with the CORE Network, including peer engagement in emergency departments and other high-risk transition points.
- Housing partnerships were expanded through agreements with affordable and supportive-housing organizations and behavioral health providers.
- CFC and Orange County continued jointly supporting a transitional living initiative with approximately 84 beds for individuals experiencing homelessness who may also have serious mental illness or histories of overdose. Participants receive case management, navigation, and assistance transitioning to permanent housing.

LSF Health Systems
Presenters: Dr. Christine Cauffield, Chief Executive Officer; Shelley Katz, MSW, MBA, Chief Operating Officer

Dr. Christine Cauffield and Shelley Katz provided an overview of LSF Health Systems, which serves a 23-county network, including Circuit 5 within the Central Region.

Key updates included:

- LSF organized its system priorities around performance, accountability, and innovation.
- The network processed payment for more than 1.6 million services during the previous fiscal year.

- LSF reported that 92% of performance measures exceeded target levels, with strong data-quality and administrative-compliance outcomes.
- Timely-access measures exceeded the initial 70% benchmarks.
- Housing outcomes remain an area requiring continued attention, particularly for adults experiencing mental health crises and adults with substance use disorders.
- Provider monitoring, technical assistance, and corrective-action processes continue to be used to strengthen network accountability and service quality.
- CORE Networks have been implemented across all 23 LSF counties. More than 18,000 individuals received treatment through CORE receiving facilities, and more than 5,000 individuals engaged with peer specialists during the previous fiscal year. Hernando County, located within Circuit 5, was among the CORE Networks receiving performance incentives.
- LSF's Training Institute trained more than 3,000 individuals during the previous fiscal year and continues to support peer certification, internships, supervision, and workforce development.
- LSF described its Project ECHO virtual training model, which provides multi-session learning opportunities on topics including peer supervision, nutritional psychology, and crisis-continuum navigation.
- Community initiatives include Zero Suicide efforts, rural faith-based behavioral health outreach, rural mental health and substance-misuse summits, human-trafficking education, and workforce-development partnerships with universities.
- LSF reported securing more than $23 million in grant funding to support initiatives including peer education and support, Zero Suicide activities, and student-focused programs.

VI. IMPACTFUL MOMENTS: SUCCESS STORIES

Diveka Anderson presented success stories highlighting positive outcomes achieved through Managing Entity, provider, and community collaboration.

- **Peace River Center – Children's Community Action Treatment Team:** A young person with a history of severe bullying, suicidal thoughts, suicide attempts, repeated crises, and hospitalizations received intensive family-centered services through Peace River Center's CAT Team. Services included therapy, case management, family support, and assistance strengthening coping and communication skills. The youth demonstrated significant progress, including improved school performance, healthier coping strategies, stronger

relationships, increased community involvement, and nearly five months without a mental-health-related hospitalization. She was preparing to transition to a less intensive level of outpatient care.

- **C.A.M.P. Orange – Transitional Stability and Independence:** Two individuals were recognized for progress achieved while participating in C.A.M.P. Orange. One participant maintained employment, remained engaged in outpatient treatment, fulfilled probation requirements, and successfully transitioned into independent housing. Another participant remained engaged in services, resolved outstanding fines, met probation requirements, restored his driver's license, saved money, purchased a vehicle, and reported significant improvement in his mental health. The stories highlighted the value of structured transitional support following treatment and collaboration among Central Florida Cares, C.A.M.P. Orange, DCF, Orange County, and community partners.

- **LSF Health Systems – Recovery, Peer Leadership, and Advocacy:** Jermaine J. Williams' recovery journey was highlighted as an example of long-term recovery and peer leadership. After years of substance use and reaching a crisis point, he was connected with Florida's Self-Directed Care program supported by LSF Health Systems. With therapy, life coaching, and recovery supports, he became a Certified Peer Specialist and later used his lived experience to assist others, including responding to more than 1,000 suicide-crisis calls. His work expanded into filmmaking, mental-health advocacy, community education, and stigma reduction. He was recognized as the National Council for Mental Wellbeing's 2026 Peer Specialist of the Year.

VII. WORKGROUP UPDATES AND ACTION ITEMS

Peer Supports Workgroup
Presenter: Tina Kinney, Executive Director, NAMI Hernando, Inc.; Certified Recovery Peer Specialist

The Peer Supports Workgroup reported continued progress in three priority areas:
- Education and role clarity.
- Professional development and training.
- Workforce access, certification, and background-screening barriers.

Key updates included:
- The workgroup has shifted from broad discussion toward measurable goals, assigned action items, responsible owners, and expected report-backs.

- Earlier meetings with DCF background-screening subject-matter experts helped clarify Level 2 screening, exemption requirements, documentation issues, and differences between DCF and AHCA processes.
- The DCF exemption portal and clearer guidance have improved portions of the screening and onboarding process, although members continue to monitor certification and documentation requirements that may create additional barriers.
- Provider and supervisor education remains important to prevent role drift and ensure peer specialists are used appropriately and understand the voluntary nature of peer support.
- Professional-development priorities include Florida Learning Management System resources, WRAP, Recovery Capital, facilitator and Train-the-Trainer opportunities, peer supervision, and career-development pathways.
- A Peer Supervisor Certification pathway is being developed, including proposed training, experience, and supervision requirements.
- Regional partnerships have strengthened peer integration, including collaboration between STEPS and Recovery Connections of Central Florida and planning related to peer-support integration at Heartland for Children.
- The workgroup will continue documenting recurring barriers, engaging appropriate subject-matter experts, expanding training access, and formalizing measurable goals.

Accessibility/Expansion of Child & Youth Services Workgroup
Presenter: Stanley Brizz, MS, Executive Director, UPLIFT Drug-Free Coalitions

Stanley Brizz reported that the workgroup has moved from broad priority-setting toward data-informed regional measurement and action.

The workgroup continues to focus on four interconnected priorities:

- Dually served and at-risk youth.
- Early intervention and family support.
- Youth in crisis and Baker Act diversion.
- Youth substance use and vaping prevention.

Key updates included:

- Partners continue to identify needs related to early identification, clearer service navigation, warm handoffs, crisis diversion, cross-system coordination, and improved access to usable regional data.
- Concerns related to youth vaping and substance misuse have been reported across behavioral health, schools, child welfare, juvenile justice, and crisis systems.

- FY 2025–26 Central Region Baker Act data identified 9,364 admissions involving 6,824 individual youth ages 0–17, indicating repeat admissions among some youth.
- Available Central Florida Cares/Devereux Mobile Response Team data reflected 2,718 calls, with approximately 94% diverted from hospitalization or arrest.
- The workgroup reviewed Florida Youth Substance Abuse Survey data across Central Region counties. Nicotine vaping declined in each county with comparable 2022 and 2024 data, while THC/marijuana vaping trends were more mixed.
- The workgroup established a draft regional prevention goal of reaching approximately 7,500 youth ages 5–17 with substance-misuse prevention education during FY 2026–27 through UPLIFT and partner programs across Circuits 5, 9, 10, and 18.
- Additional measures are being developed for Mobile Response Team/crisis diversion, juvenile justice, and child-welfare prevention efforts.
- The workgroup will continue collecting comparable data, standardizing measurement methods, identifying effective models, and determining which practices may be replicated across counties.

Diveka thanked both workgroups for their continued participation and encouraged interested stakeholders to become involved.

The newly established Housing and Residential Services Workgroup was also recognized. The workgroup is in the early stages of establishing priorities and developing strategies to address regional housing barriers and will provide an update at the next quarterly Collaborative meeting.

VIII. PUBLIC COMMENT

Diveka Anderson opened the floor for public comment and questions for the Managing Entities and workgroups.

Question: Claudia Swonger, Brave Health, asked for additional information about the Hospital Bridge Program, including where the program operates.

Response: Luis Rivas explained that the Hospital Bridge model places individuals with lived experience or recovery-support expertise in or near hospital emergency departments to engage individuals following opioid-related events, overdose, or other behavioral health needs. The program provides additional engagement, follow-up, and

support beyond a standard appointment or referral to help individuals connect with treatment and other recovery services. Luis also offered to provide additional program-specific information and assist with connecting interested stakeholders to the appropriate provider.

No additional public comments were received, and the public-comment period was closed.

IX. CLOSING REMARKS

Diveka Anderson thanked attendees, presenters, Managing Entities, workgroup representatives, and community partners for their participation and continued collaboration.

She advised that a recap email would be distributed following the meeting and would include presentation materials and other information shared during the meeting. Attendees interested in participating in the Peer Supports, Accessibility/Expansion of Child & Youth Services, or Housing and Residential Services Workgroups were encouraged to contact Diveka.

Diveka announced the following upcoming meetings:

- Statewide Virtual Lunch & Learn: Thursday, December 3, 2026.
- Central Region Collaborative Quarterly Meeting: Thursday, January 14, 2027, at 10:00 a.m.

Additional details and registration information will be distributed closer to each meeting. Attendees were also encouraged to complete the October Post-Meeting Survey using the QR code or survey link provided in the Microsoft Teams chat. Feedback will be used to guide future meeting topics, presentations, activities, and overall Collaborative planning.

X. ADJOURN

Diveka Anderson thanked attendees for their participation and officially adjourned the Central Regional Behavioral Health Interagency Collaborative meeting at 11:45 a.m. EST.

Central Regional Behavioral Health Interagency Collaborative

October 22, 2026, 10:00am-12:00pm EST

Virtual via Teams

Appendix A

Alice	Fletcher	Department of Children and Families
Amber	Proctor	Pace Center for Girls
Angela	Gambino	Aetna Better Health of Florida
Anne	Soule	Orlando Health, The Howard Phillips Center for Children & Families
Bonnie	Jellison	South Florida Wellness Network
Brandin	Suarez	Kissimmee Police Department
Brandy	Fedewa	Central Florida Treatment Centers
Brenda	Correasoto	Department of Children and Families
Brett	D'Aoust	Central Florida Treatment Centers
Caedon	Saltis	Lakeland Police Department
Candace	Barnes	Peace River Center
Carlos	Ortiz	Department of Children and Families
Chana	Speir	Brevard County Public Schools
Chantel	Reed	Seminole County Community Health Division
Chasity	Russell	IMPOWER
Christian	Slater	Department of Elder Affairs
Christine	Krolikowski	BAYS
Christine	Wolfe	Department of Children and Families
Christopher	Austin	Department of Children and Families
Claudia	Swonger	Brave Health
Coreen	Garrity	Mid Florida Homeless Coalition
Cory	Fisher	Center for Addiction and Mental Health Programs (C.A.M.P. Orange)
Courtney	Whitt	Florida Center for Behavioral Health Workforce
Cristina	Cruz	Department of Children and Families
Deanna	Faggard	Seminole County Sheriff's Office/S.C.O.R.E. Non-Fatal Overdose Unit
Deanna	Obregon	Ibis Healthcare, Inc.
Deb	White	Metro Treatment of Florida, L.P.
Denise	Diaz	Senior Connection Center
Diveka	Anderson	Department of Children and Families
Donna	Evanecky	Polk County Sheriff's Office
Dr. Christine	Cauffield	LSF Health Systems
Earl	Hunt	Department of Children and Families
Edward	Diehl	Kissimmee Police Department
Ellen	Coomer	Sumter County Schools

Central Regional Behavioral Health Interagency Collaborative

October 22, 2026, 10:00am-12:00pm EST

Virtual via Teams

Fawn	Moore	Heartland for Children
Fredline	Dasque	LifeStream Behavioral Center
Glenn	East	Department of Health
Harlee	James	Department of Children and Families
Hilary	Hartman	Department of Children and Families
Hillary	Grondin	Florida Department of Education
Jacqueline	Roe	Sumter County School District
James	Witherspoon	Seminole County Community Health Division
Janelle	Adorno	North Tampa Behavioral Health
Janet	Stringfellow	Volunteers of America-Florida
Jean	Tucker	Department of Children and Families
Jessica	Bone	Episcopal Children's Services, Inc. (ECS4Kids)
Jessica	Cougler	Department of Children and Families
Jodi	Hawthorne	Tenth Judicial Circuit of Florida
Joe	Dmitrovic	Floridians for Recovery
Jonathan	Rockstraw	Department of Children and Families
Kayla	Stone	South Florida Wellness Network
Kelly	Welch	Seminole County Government
Kent	Runyon	Central Florida Behavioral Health Network
Kerri	Stephen	Healthy Start Coalition of Osceola County
Kimberly	Comer	South Florida Wellness Network
Kirk	Hall	Agency for Healthcare Administration
Larry	Davis	Polk County Sheriff's Office
Laura	Higginbotham	IMPOWER
Lauren	Smith	Department of Children and Families
Laurinda	Andujar	Department of Children and Families
Lidia	Galeas	Seminole County Community Health Division
Lisa	Jardines	Children's Home Society
LisaAnn	Marra	South Florida Wellness Network
Luis	Rivas	Central Florida Behavioral Health Network
Marissa	Maus	LifeStream Behavioral Center
Mark	Sherrod	Department of Children and Families
Mary	Johnson	Aspire Health Partners
Marybeth	Moore	Polk County Board of County Commissioners
Maya	Namnum	Lotus Behavioral Health
Michele	Cooper	AdventHealth

Central Regional Behavioral Health Interagency Collaborative

October 22, 2026, 10:00am-12:00pm EST

Virtual via Teams

Michelle	Norman	Ocoee Police Department
Morgan	Schell	Department of Children and Families
Nicole	Guincho	Gulf Coast Jewish Family and Community Services
Nicole	Pontrelli	Agency for Healthcare Administration
Nidia	Medina	Hispanic Family Counseling
Nikaury	Munoz	Central Florida Cares Health System
Patricia	Sierra	Department of Juvenile Justice
Patrick	Heidemann	Disability Rights Florida
Paul	Johns	LifeStream Behavioral Center
Penny	Smith	Department of Health
Raegan	Waugh	Charlie Health, Inc.
Rosa	Chaves	Department of Children and Families
Sandra	Marrero	BayCare Behavioral Health
Shaina	Joseph	Agency for Health Care Administration
Shelandra	Battle	Department of Children and Families
Shelley	Katz	LSF Health Systems
Sonya	Bufe	BayCare Behavioral Health
Stacie	Jacobs	Department of Elder Affairs
Stanley	Brizz	UPLIFT Drug-Free Coalitions
Stephanie	Boyd	Department of Children and Families
Stephen	Lord	Circles of Care
Steven	Bailey	Lakeland Police Department
Tanika	Clayton-Henry	LifeStream Behavioral Center
Tara	Bryant	Optum
Taylor	South	Tri County Human Services
Tina	Beaulieu	Elevance Health
Tina	Kinney	NAMI Hernando
Tonya	Harrison	Department of Children and Families
Wendi	Devine	Central Florida Treatment Centers
Zoha	Khan	Department of Children and Families