Northeast Regional Behavioral Health Interagency Collaborative

October 21, 2026, 10:00am
Virtual via Teams

MEETING MINUTES

Attendance:
Virtual: 106
Full Attendee List is Provided in *Appendix A*

Host/Facilitator:
Department of Children and Families Office of Substance Abuse and Mental Health (SAMH) – **Christine Wolfe**, Regional Collaboration Coordinator; **Cara Thomas-Bryant**, Regional Operations Supervisor; **Idris Gaines**, Regional SAMH Director

Presenter(s):
Timothy Buehner, Bureau of Medicaid Policy at the Florida Agency for Health Care Administration
Shelley Katz, Chief Operating Officer at LSF Health Systems

Workgroup Presenters:
Systems and Policy Concerns- **Shelley Katz,** COO at LSF Health Systems
Coordination of Services- **Kathleen Roberts**, CEO at Community Coalition Alliance, Inc.
Housing, Transportation and Capacity- **Victoria Hapner**, Community Engagement Supervisor at UF Health St. Johns

I. CALL TO ORDER AND WELCOME

Christine Wolfe called to order the Northeast Region Behavioral Health Interagency Collaborative meeting at 10:00 AM.

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

Tim presented an overview of the ongoing and proposed Florida Medicaid initiatives designed to address gaps in behavioral health coverage, particularly for individuals with complex needs requiring intensive treatment and support.

- **Statewide Inpatient Psychiatric Program (SIPP):** The agency is working to implement a 4-tier reimbursement structure for SIPP. The proposed structure will align reimbursement rates with each child's clinical needs, staffing requirements, and treatment intensity. The initiative is intended to reduce placement denials and the need for out-of-state placements, with implementation anticipated in January 2027.

- **Supportive Behavioral Health Services:** The agency plans to continue services previously offered through a housing pilot that ended June 30, 2025. The initiative builds on the pilot's reported positive outcomes in helping individuals with serious mental illness, substance use disorder, or co-occurring conditions to maintain stable housing and avoid preventable emergency department visits and hospitalizations. Proposed services include transitional housing support, tenancy-sustaining services, and peer support. The agency intends to pursue statewide implementation through Medicaid state plan and waiver authorities, allowing services to be delivered through Medicaid management care plans.

- **Institution for Mental Diseases (IMD) waiver:** The agency is exploring an IMD waiver to expand Medicaid coverage for qualifying inpatient and psychiatric and residential treatment states of up to 90 days. The proposed initiative would support psychiatric and residential services for adults, as well as substance use treatment for youth. Currently, there are similar services available through Medicaid managed care plans "in lieu of services" programs, but the coverage is limited to stays of up to 15 days per month. The goal is to reduce repeated cycles of crisis, discharge, and hospital readmission. As the initiative did not receive funding during the most recent legislative session, the agency is working with legislature to explore potential implementation options.

- **Certified Community Behavioral Health Clinics (CCBHCs):** The agency continues to explore the implementation of CCBHC model, which is designed to provide comprehensive, coordinated services for individuals with complex behavioral health needs. Proposed services include:

    - 24/7 crisis response
    - Comprehensive assessments and person-centered treatment planning
    - Outpatient mental health and substance use treatment
    - Primary care screening and monitoring
    - Intensive case management and psychiatric rehabilitation
    - Peer and family support
    - Veteran-specific mental health services.

  The initiative did not receive funding during the most recent legislative session, but the agency continues to work with legislature and the Centers for Medicare and Medicaid Services to explore potential options.

- **Medicaid Administrative Claiming for Mobile Response Teams:** Mobile crisis response services are available through DCF and, as an additional service, through most Medicaid managed care plans. DCF and AHCA are working to secure Medicaid reimbursement for eligible administrative costs associated with mobile crisis services. Examples included: triage, documentation, community outreach, and staff training. The initiative is intended to help stabilize funding, support staffing, and strengthen service capacity. Agencies would submit quarterly invoices to the federal government for eligible costs. Individual mobile crisis providers would not need to submit separate Medicaid claims, as DCF and AHCA headquarters would coordinate the reimbursement process. The goal would be to strengthen funding stability, staffing and mobile crisis program capacity.

III. SUCCESS STORIES

Christine Wolfe presented 2 success stories.

- **Sunset Program at Dayspring Village-** The care coordination team that is funded by DCF was successful in linking a client to the Office of the North Florida Guardian to allow the clients complex mental health and medical needs to be met.
- **Human Trafficking Advocacy Training Program through LSF Health Systems-** the program equips survivors with knowledge, tools and certification needed to provide survivor-centered peer support to others impacted by human trafficking.

IV. STATEWIDE TRENDS AND GAPS

Idris Gaines presented on the direction of Florida's behavioral health system. The presentation emphasized improved crisis coordination among CORE, Mobile Response Teams, Crisis Intervention Teams, hospitals, law enforcement and community partners. A key priority discussed was that it is crucial to ensure warm handoffs to ensure individuals can transition between services without experiencing gaps in care. Idris highlighted additional state challenges including housing availability and workforce capacity. He also spoke about the need to expand supportive and traditional housing and address barriers related to recruitment, retention, training, certification and screening. He also highlighted that peer support and regional collaboration are crucial to advancing these efforts. Idris reported that continued engagement with peer specialists and regional work groups will help translate shared challenges into practical solutions and strengthening a more responsive, coordinated behavioral health system.

The statewide trends and gaps slide is provided in ***Appendix B.***

V. MANAGING ENTITY UPDATES

Shelley Katz presented an overview of the managing entity's performance, accountability and innovation priorities, highlighting efforts to strengthen service delivery, improve access to care, monitor provider performance and support workforce development across the behavioral health system.

- **Performance and Access to Care:** The ME identified performance measures, including service outputs, client outcomes, consumer satisfaction, network growth, access to care, housing stability, and family outcomes as key indicators of system effectiveness. During the reporting period, more than $16 million in services were paid. 92% of performance measures also exceeded established targets. In addition, data quality reached 99% and compliance with administrative requirements was 100%. Of the 24 contractual performance measures, 22 exceeded their targets, while 2 met minimum requirements, but fell short of the established targets. Housing remained a significant statewide challenge and additional work is needed to improve outcomes for adults experiencing mental health crises and adults with substance use disorder. The ME reported strong performance in newly established access-to-care measures, exceeding the initial 70% target.

- **Consumer Satisfaction and Access Support:** Consumer satisfaction surveys were highlighted as an important component of performance monitoring, with more than 14000 surveys submitted during the reporting period. Satisfaction results were generally positive, with the lowest reported satisfaction rate, approximately 85% for children's substance use services. The ME also operates a 24-hour Access to Care line that is staffed by clinicians to help connect individuals, providers, and community stakeholders to services. The line received 474 calls during the year.

- **Accountability and Provider Oversight:** The ME submits approximately 440 reports to DCF annually and reviews more than 1200 provider reports to compile required information. These reports support accountability and inform ongoing quality improvement efforts. A monthly provider performance collaborative provides opportunities to review performance gaps, share best practices, and support providers in meeting established targets. Provider monitoring is supplemented by technical assistance, formal technical assistance plans and corrective action plans when necessary. New providers also receive ongoing support to help them understand network operations and identify appropriate contacts and resources. Shelley also reported that following the Ernst and Young audit, no findings of fraud, waste, or abuse were reported.

- **Crisis Services and Peer Support:** The ME reported that CORE networks have been implemented across all 23 counties within its service area. During the previous

fiscal year, 18552 unique individuals received treatment at CORE network receiving facilities and more than 5000 individuals engaged with peer specialists. Three CORE networks received performance incentives during the first year of the incentive program. These efforts reflect continued investment in crisis response, treatment access, and peer-supported recovery.

- **Workforce Development and Training:** Shelley reported that this remains a key component of the ME's efforts to strengthen the behavioral health system. Thouh its training institute, more than 3000 individuals received training during the previous fiscal year. Initiatives include peer training, certification support, and internship opportunities designed to strengthen the peer workforce. The ME reported having trained more than 350 peer specialists since the program began.

- **Community-Based Prevention and Outreach:** Several initiatives were highlighted as examples of efforts to expand community engagement and strengthen local behavioral health resources. The Zero Suicide Communities began in Duval County and have since expanded to St. Johns and Marion County. There is a vision to grow this initiative in more counties. The initiative engages community members in suicide prevention efforts and includes Question, Persuade, Refer (QPR) training to help participants recognize warning signs and connect individuals with support. The ME also has a faith-based initiative that focuses primarily on rural communities, where access to behavioral health services may be limited. This initiative brings clergy, community resource partners, and other stakeholders together to increase awareness of available services and help faith leaders identify appropriate referral options.

- **Workforce Recruitment and Grant Funding:** Shelley also described efforts the ME makes to address workforce shortages through collaboration with the University of North Florida. A talent summit was held to connect behavioral health providers with students nearing completion of human services-related degrees. Providers were able to share information about their organizations, discuss employment opportunities, and engage with potential candidates. Shelley also reported that the ME secured more than $23 million in grant funding to support initiatives such as peer education and support, suicide prevention and student-focused programs.

There was time for questions after Shelley's presentation for the ME. Below are questions asked:

Question and Answer:
Dr. Takahiro Soda asked in the Teams chat: For individuals with developmental delays or mental health conditions who present to the medical setting in acute crisis but whose crisis has resolved, does ongoing stay in an inpatient setting despite discharge (medical or

otherwise) get counted as stable housing?

Shelley's response: No, a medical setting does not get counted as stable housing.

VI. SYSTEMS AND POLICY WORKGROUP UPDATE

Shelley Katz presented on behalf of the workgroup and provided an overview of what the group has been working on. This workgroup is focused on identifying barriers within the youth behavioral health system. The specific focus had been on barriers that affect access to care, provider capacity, funding, reimbursement and service availability. The group has identified questions for a survey on barriers to access to youth behavioral health services and will be finalizing the survey and determining how to best distribute the survey to providers. Once feedback is collected, the group will review the findings to identify common challenges and opportunities to inform future policy discussions, regional planning and potential improvements to youth behavioral health services.

VII. COORDINATION OF SERVICES WORKGROUP UPDATE

Kathleen Roberts presented on behalf of the workgroup and provided an overview of the group's goals and upcoming initiatives. The workgroups 2 primary goals are strengthening local interagency coordination and improving access to resources and identifying service gaps and developing practical recommendations for improvement. The group is identifying existing county-level meetings, workgroups, partnerships and resource networks to build on current resources, improve communication, and reduce duplication of efforts. Discussions have also highlighted barriers related to provider capacity, service availability, and referral pathways. Moving forward, the group will focus on documenting gaps, assessing whether referrals successfully connect individuals to needed services, and identifying opportunities for accountability and follow-up to improve service coordination and access throughout the region.

VII. HOUSING, TRANSPORTATION AND CAPACITY WORKGROUP UPDATE

Victoria Hapner provided an overview of the Housing, Transportation, and Capacity Workgroup. This group has recently narrowed down its focus to the elderly adult population who are at risk of homelessness or are currently experiencing homelessness. Several

barriers have been identified that contribute to housing instability among older adults, including limited availability of affordable housing, fixed incomes, and long waitlists for housing assistance. Additional challenges can also arise when older adults have medical or supportive care needs or transportation limitations. Moving forward, the group will work to identify existing housing resources for older adults across the region. They will work to identify practical recommendations that can strengthen housing stability for older adults and improve coordination among the organizations serving them.

VIII. PUBLIC COMMENT

Cara Thomas-Bryant opened the public comment portion of the meeting and invited attendees to share any questions, comments, or concerns.

There were no questions, comments or concerns.

Cara Thomas-Bryant then concluded the Public Comment portion of the meeting.

IX. ADJOURN

Idris Gaines thanked all the partners who joined.

Christine Wolfe provided contact information for her position, as well as the regional operations supervisor and director.

Christine Wolfe adjourned the meeting at 10:49 AM.

Minutes Submitted by: Christine Wolfe

Appendix A

Agency:	Name:
Baker County School District	Staci Webb
Carelon Behavioral Health	Karen Hinson
CDS Family & Behavioral Health Services	Joy Cullinan
Changing Homelessness Inc.	Julian Stone
Changing Homelessness Inc.	Vera Brown-Floyd
Charlie Health	Raegan Waugh
Child Guidance Center	Theresa Rulien
Chrysalis Health	Kala Cousar
Chrysalis Health	Montia Morris
Community Coalition Alliance, Inc	Kathleen Roberts
Community Partnership for Children	David Perry
Community Partnership for Children	Rochelle Cure
Department of Children and Families	Diveka Anderson
Department of Children and Families	Christopher Austin
Department of Children and Families	Jessica Boylston
Department of Children and Families	Ricardia Cooper
Department of Children and Families	Donna Johnson
Department of Children and Families	Tyshera Eggleston
Department of Children and Families	Dawne Frain
Department of Children and Families	Idris Gaines
Department of Children and Families	Diera Godfrey
Department of Children and Families	Stephanie Groth
Department of Children and Families	Tonya Harrison
Department of Children and Families	Courtney Horton
Department of Children and Families	Harlee James
Department of Children and Families	Jesse Kemper
Department of Children and Families	Zoha Khan
Department of Children and Families	Emme Ledbetter
Department of Children and Families	Ladina Mondesir
Department of Children and Families	Cristina Perez
Department of Children and Families	Mark Sherrod
Department of Children and Families	Faith Thomas

Department of Children and Families	Cara Thomas-Bryant
Department of Children and Families	Christine Wolfe
Department of Health	Nikayla Bagmon
Department of Juvenile Justice	Christina Ash
ElderSource	Cassandra Jackson
Empowered To Change International, Inc	Michele Snyder
Family Integrity Program	Jessica Gossett
Family Support Services	Kasia Ford
Flagler County Sheriff's Office	Victoria Blass
Flagler County Sheriff's Office	Teresa Shaw
Flagler County Sheriff's Office	Deanna Uhl
Flagler OARS	Hope Walton
Flagler OARS	Justin Sweat
Flagler OARS	Pam Birtolo
Flagler OARS	Robin Hollander
Florida Agency for Health Care Administration (ACHA)	Mike Licciardiello
Florida Agency for Health Care Administration (ACHA)	Timothy Buehner
Florida Agency for Health Care Administration (ACHA)	Kirk Hall
Florida Blue	Marie Norman
Fresh Ministries	Rachel Powellson
Gateway Community Services, Inc.	Taylor Riffey
Gulf Coast JFCS	Melanie Brady
Hope & Healing JAX	Libby Curran
Inspire to Rise Inc.	Marcus Hill
LifeStream Behavioral Center	Alise Morris
LifeStream Behavioral Center	Rick Hankey
LifeStream Behavioral Center	Marissa Maus
Living Hope	Natalie Moore
Living Stone Outreach Services	Anna Corsi
LSF Health Systems	Christine Cauffield
LSF Health Systems	Erin Whitaker-Houck
LSF Health Systems	Meghan Riley-Reynolds
LSF Health Systems	Shelley Katz
LSF Health Systems	Brittany Flora

LSF Health Systems	Nancy Baez
Mental Health Resource Center	Robert Sommers
Mental Health Resource Center	Tamara Land
Meridian Healthcare	Ashley Brooks
Meridian Healthcare	Gade Duerksen
Meridian Healthcare	Lauren Cohn
Meridian Healthcare	Michelle Lisk
Metro Treatment of Florida, L.P.	Deb White
NAMI Jacksonville	Marsha McKay
NAMI Jacksonville	Suzanne Mailloux
NAMI Jacksonville Florida, Inc.	Cheryl Virta
Nassau County Sheriff's Office	Madrina Addison
New Season	Kelly Moehling
NFHIDTA/CDCF	Deborah Babin
Northwest Florida Health Network	Charles McDonald
Optum	Tara Bryant
Orange Park Police Dept.	Joel Grant
Partnership for Child Health	Jocelyn Turner
Partnership for Strong Families	Leah VailCompton
Psi-FL	Shamella Joy
Putnam County School District	Michael Stevens
SEDENT	Sarah Ashman
SFWN	Kimberly Comer
Simply Health Medicaid	Tracy Adams
SMA Healthcare	Sandra Jackson
South Florida Wellness Network	Kayla Stone
St. Johns County School District	Jan Caban
St. Augustine Youth Services	Dennis Maneja
Starting Point Behavioral Healthcare	Laureen Pagel
Starting Point Behavioral Healthcare	Semikah Yisrael-Johnson
Sunshine Health	Trina Kucera
The Nehemiah Project, Inc	Melissa Rea
UF Health	Victoria Hapner
UF Health St. Johns- BRAVE	Lindsay Gamboa-Thompson

University of Florida	Takahiro Soda
University of Florida College of Medicine, Jacksonville	Steven Cuffe
Volusia Recovery Alliance, Inc.	Ryan Foster
Volusia Recovery Alliance, Inc.	Karen Chrapek
Wolfson Children's Hospital	Michael De La Hunt
Zero-Hour Life Center	Robert Coope

APPENDIX B

