

**Compliance/Quality Improvement
Committee Agenda
Thursday, April 16, 2026
Central Florida Cares Health System, Inc.
Board Room**



I. Welcome/Introductions	Sherry Gonzales	2 minutes
II. Approve Minutes	Sherry Gonzales	2 minutes
III. Risk Management <ul style="list-style-type: none">• Incident Report Data & Trends	Geovanna Gonzalez	10 minutes
IV. Quality Improvement <ul style="list-style-type: none">• CPSSS	Jerry Foster	20 minutes
V. Compliance <ul style="list-style-type: none">a) CFCHS Compliance Line Reportsb) FWA/Complaints & Grievances/Investigationsc) HIPAA Privacy/Securityd) Traininge) Network Monitoring-Schedule, Findings, Issuesf) Public Records Requestsg) Whistleblower Reportsh) CARF	Geovanna Gonzalez	20 minutes
VI. Other/Public Input	Group	3 minutes/person
VII. Next Meetings		

**Compliance/Quality Improvement
Committee Meeting Minutes
Thursday, February 19, 2026
Board Room**



ATTENDANCE

Central Florida Cares Health System Board of Directors

Wayne Holmes, Acting as Chair
Dr. Garrett Griffin, Park Place Behavioral Health Care
James Mangan, UCF Police Dept.
Celestia McCloud, Osceola County Government

Central Florida Cares Health System, Inc. Staff

Maria Bledsoe, Chief Executive Officer
Trinity Schwab, Chief Operating Officer
Geovanna Gonzalez, Compliance Director
Jerrymar Foster, Quality Improvement Specialist
Miralys Martinez, Risk Management Specialist (via Zoom)
Karla Pease, Executive Assistant

Guests

Steve Lord, Circles of Care

Meeting Called to Order

The Central Florida Cares (CFC) Compliance/Quality Improvement Committee meeting was held on Thursday, February 19, 2026, at 1:30 p.m. at 707 Mendham Blvd., Suite 201, Orlando, FL 32825. Wayne Holmes, acting as Chair, called the meeting to order at 1:30 p.m.

Minutes

A motion to approve the October 16, 2025, minutes was made by Celestia McCloud, Dr. Garrett Griffin seconded; motion passed.

Risk Management – Incident Report Data & Trends

- **The number of Incident reports** submitted during Q2 (October to December) of FY25-26 were compared to those submitted during Q2 of the prior fiscal year.
- **Incident types** were also compared between Q2 of FY24/25 and Q2 of FY25/26. CFC presented details of the incident report categories that showed an increase during Q2. This included Employee Arrest, Employee Misconduct, Deaths, Suicide Attempts, and Elopements from residential voluntary substance use programs.

Quality Improvement

- **Person Served Satisfaction Surveys**
The Quality Improvement Specialist shared the FY survey Submissions by Programs, Domain Satisfaction, and Program Area Satisfaction and compared Q2 FY24-25 to FY25-26 survey results as a point of reference.

Compliance - Complaints and Grievances

- Three complaints were received on the compliance line for Qt 2. Two complaints were for non-funded CFC clients. One was unknown due to no information provided on the call with the hotline operator.
- Network Performance Measures- All performance measures were met in Qt 2.
- CFC's internal training was presented for FY2025-26 Qt2.
- Network Monitoring Schedule – thus far, 46% of the network service providers have been monitored.
- No FWA complaints.
- No HIPAA privacy violations were reported.
- No Public Records Requests.
- No Whistleblower reported.
- CARF recommendation included that all Chiefs complete a Succession Plan. This task is in progress.
- EY audit –CFC is implementing suggestions that do not have financial implications. For suggestions that have financial implications the MEs are waiting for direction from DCF.

Other/Public Input – None

Next Meeting

The next meeting will be on April 16, 2026, at 1:30 pm.

A motion to adjourn was made by Dr. Garrett Griffin, Celestia McCloud seconded; motion passed.

The meeting adjourned at 2:05 pm.

Sherri Gonzales, Chair

Karla Pease, Recording Secretary