



Central Regional Behavioral Health Interagency Collaboration

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

Hybrid

MEETING MINUTES

Attendance: In-Person - 45
Virtual - 60
Total – 105

Full Attendee List is Provided in Appendix A

Location: Summit Church Orlando, 735 Herndon Ave, Orlando, FL 32803

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

Presenters: Department of Children and Families, Office of Substance Abuse and Mental Health
Amber Williams, Senior Management Analyst Supervisor
Stephen Teal, Government Operations Consultant III

I. CALL TO ORDER

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

II. WELCOME AND INTRODUCTIONS

Morgan Schell, Regional Operations Manager, welcomed attendees and introduced the following:

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

Diveka Anderson, Regional Collaboration Coordinator, DCF, SAMH

Amber Williams, Senior Management Analyst Supervisor, Special Programs Manager, DCF, SAMH

Stephen Teal, Government Operations Consultant III, Subject Matter Expert (CORE Network MAT, MOUD), DCF, SAMH



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Housekeeping reminders were provided for both virtual and in-person attendees, including muting microphones except during Q&A and public comment, stating name and agency when speaking, and using the chat to record attendance. In-person participants were reminded to silence cell phones, take calls outside, were provided facility and restroom directions, and asked to sign in at the back table for attendance tracking.

III. **PRESENTATION – COORDINATED OPIOID RECOVERY (CORE) NETWORK DEPARTMENT OF CHILDREN AND FAMILIES, OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH:**

Amber Williams, Senior Management Analyst Supervisor
Stephen Teal, Government Operations Consultant III

Amber and Stephen provided an overview of Florida’s Coordinated Opioid Recovery (CORE) Network, emphasizing:

- Recovery as a long-term, individualized process supported through integrated medical, behavioral health, peer, and social services.
- CORE’s focus on collaboration among EMS, law enforcement, hospitals, long-term Medication-Assisted Treatment (MAT) providers, peers, and community supports.
- The importance of 24/7 access to Medication for Opioid Use Disorder (MOUD) and rapid response during windows of readiness.
- All 67 Florida counties are onboarded or in final onboarding phases, including rural counties using cross-county and mobile strategies.

Data highlights (Central Region):

- Overdose deaths decreased from 917 (2021) to 528 (2024), a 42% reduction.
- EMS data showed extensive Narcan use with continued efforts to improve post-reversal engagement and linkage to care.

IV. **CORE NETWORK PANEL**

Introductions

- **John Kinzie** – Hernando County Fire Rescue, Community Paramedicine Program
- **Jesse Blaire** – EMS Captain, Ocala Fire Rescue



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- **Kelly Welch** – Community Health Division Manager, Seminole County
- **Nikaury Muñoz** – LMHC, Chief Integration Officer, Central Florida Cares Health Systems
- **Shelley Katz** – Chief Operating Officer, LSF Health Systems
- **Dr. Thomas (Tom) Hall** – Orange County Government, Health Services Department
- **Sgt. Michelle Lord** – Seminole County Sheriff's Office, Sergeant (fatal/non-fatal overdose response)
- **Dr. Mark Stavros** – ER & Addiction Medicine Physician; faculty at Florida State University; works with DCF/partners
- **Jillian Audit** – Recovery Connections; Certified Peer Specialist; Programs Manager
- **Cory Fisher** – Recovery Connections; Chief Operating Officer; Certified Peer Recovery Specialist

Panel Discussion – Facilitated by Amber Williams and Stephen Teal

Question 1: How does the CORE model differ from traditional treatment approaches, particularly in terms of access, engagement, and continuity of care?

- Kelly: CORE strengthened collaboration, data sharing, and coordinated problem-solving across agencies serving the same individuals.
- Dr. Hall: CORE provided a central structure to align multiple county contracts/providers and reduce siloed operations.

Question 2: How is the “warm handoff” between EMS, emergency departments, peers, and receiving clinics operationalized, and what best practices have proven most effective?

- Jesse emphasized relationship-building, trust, and direct transport/linkage to appropriate services.
- John noted lack of a formal hospital agreement but built practical coordination through longstanding provider relationships and proactive outreach.
- Cory highlighted innovation in Osceola County: transport of certain non-medically emergent overdose-related incidents to a “Living Room” model (23-hour supportive setting with nursing + 24/7 peer support), reducing fear of punitive systems and supporting engagement.
- Dr. Hall: warm handoffs hinge on trust and rapid linkage when readiness is present.

Question 3: What strategies have been most successful in engaging communities and organizations to adopt CORE-aligned practices and increase awareness of available



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services?

- Nikaury and Shelley both expressed:
 - Bringing the right partners to the table (local government, EMS, hospitals).
 - Listening to each community's gaps and building solutions accordingly.
- Examples of implementation:
 - Hospital ED navigators
 - Data-driven follow-up workflows
 - Peer + clinical team models

Question 4: What are innovative or impactful ways counties are utilizing CORE funds to meet local needs and strengthen recovery-oriented systems of care?

- Kelly discussed the media campaign with "one pill can kill" in collaboration with Orange County call center fund. Kelly continued to discuss developing single point of entry ("407 Recovery" number) with Recovery Connections so clients have a place to go.
- Shelly discussed the use of CORE funding to improve access in rural areas, noting that many rural communities lack general health care and services for people with opioid use disorder and substance use disorder. She explained that, through CORE, more people in rural areas now have access to care than ever before. Shelly also shared that a mobile Recovery Community Organization (RCO) model has been developed, which travels across multiple counties on designated days to provide recovery support services.
- Cory reported that wraparound services to include housing, access to communication, transportations, keep clients stabilized.

Question 5: What role does the Managing Entity play in using data and regional feedback to guide improvements across CORE, SCORE, and POST implementation?

- Nikaury and Shelley both expressed:
 - Oversight and coordination of subcontracted services.
 - Monthly review of service utilization with timely adjustments to resource allocation as needed.
 - Blending/braiding funds across systems to sustain programs (county + managing entity + state resources).

Question 6: How does the SCORE program complement CORE services, and what opportunities exist to better align SCORE activities with EMS, hospitals, and community providers?



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Michelle discussed non-fatal overdose response unit (initiated in 2019):

- Co-responds with EMS/fire to overdoses.
- Plainclothes approach; motivational interviewing post-stabilization.
- Prioritizes warm handoffs to treatment/peers/MAT.
- Accepts referrals beyond overdoses (law enforcement referrals, community referrals).
- Works 24/7/365 to re-engage individuals who disengage.
- Fatal overdose response unit:
 - Responds to fatal overdoses; treats as homicide scenes.
 - Partners with prosecutors; focuses on supplier accountability.
- Barriers noted include basic needs and wraparound supports (housing, transportation) remain primary barriers to engagement.

Question 7: Medication-assisted treatment is often misunderstood as “trading one drug for another.” How do you address this stigma, and what messaging has been most effective in improving understanding of MAT?

- Dr. Stavros described physician-to-physician education as critical for adopting MOUD as the standard of care and reducing stigma in hospitals/administration.
 - MOUD is evidence-based, lifesaving, and supports stability and functionality.
 - Stigma persists even within recovery communities; education is essential.
 - Peer lived experience reinforced “recovery is manageability” and emphasized medication as a tool, not a moral failing.
- Cory referenced that there is still stigma in Recovery people around MOUD.
- Jillian spoke about her experience stating that if it was reframed into a chronic brain issue, changing the language and not scaring people then there would be more engagement. Jillian spoke on her experience around shame when picking up her White Tag and being on MAT and how that impacts those seeking recovery.

Question 8: Kratom is frequently viewed as a natural or non-addictive substance. What are you seeing in practice regarding kratom use, and how should providers and community partners approach education and engagement?



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- Dr Stavros discussed risks of potent kratom extracts (e.g., “7-OH,” pseudo indoxyl) and concerns about adulteration/lacing trends referenced by law enforcement.

Question 9: From a peer perspective, how does lived experience help reduce stigma and build trust with individuals who may be hesitant to engage in CORE or POST services?

- Jillian emphasized the importance of building trust and sharing personal stories. She noted that participants often hesitate when they are told what they need, rather than being met where they are. Understanding an individual’s current situation and priorities is essential; while treatment is the goal, it should occur when the individual is ready to engage.
- Cory highlighted the value of spending time in conversation, noting that engagement varies, some individuals may be ready after a brief discussion, while others may require extended dialogue. He shared an example of an individual who needed arrangements made for the care of his two dogs before entering treatment, emphasizing that pushing treatment before someone is ready may result in disengagement.
- Dr. Hall shared that he works as part of a team with a Licensed Clinical Social Worker (LCSW) and a peer support specialist at Advent Health. He noted that the complexity of the populations served can cause provider hesitation, and that a multidisciplinary team helps mitigate this concern. He also emphasized the importance of assigning more experienced clinicians to higher-acuity clients, rather than placing newly graduated staff with the most challenging cases.
- Shelley shared a personal story about her son and how his dogs played a critical role in saving his life. She noted that flexibility in the use of funding allows programs to address individuals’ basic needs, which can be essential for supporting engagement in treatment.

After the panel concluded, the question-and-answer portion began. Microphones were unmuted for virtual attendees, allowing for open discussion with the panel.

- Shelly noted variation across counties, particularly in resource availability. The original six counties have stepped up to support newer counties. Long-term sustainability remains a key concern, as significant funding is being used to stand up new initiatives while maintaining existing programs.
- Discussion on data highlighted that data collection and reporting efforts are fragmented. Participants emphasized the need to reduce duplication and



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streamline requests, as Managing Entities and providers are responding to multiple, uncoordinated data demands.

- Nikaury emphasized sustainability challenges, noting that settlement dollars have been helpful, but many programs operate on a year-to-year basis, creating uncertainty for long-term planning.
- Amber reinforced that this work requires statewide collaboration. She encouraged participants to identify barriers while also proposing solutions, noting that meaningful change occurs when challenges are paired with actionable recommendations. HQ continues to listen to and value feedback from the field.

V. MPACTFUL MOMENTS: CORE SUCCESS STORIES

Diveka Anderson presented CORE success stories (full narrative contained on slides and to be shared in recap materials):

1. Real-time collaboration preventing disengagement; linkage to MAT, stabilization, outpatient/community supports; positive consumer/family feedback.
2. Post-inpatient stability through employment, sober living, consistent recovery supports and milestones.
3. Persistent relationship-based outreach overcoming barriers; engagement into court program; stabilization and progression toward recovery housing and long-term stability.

VI. NEXT STEPS

Morgan Schell presented Next Steps for the Central Region Behavioral Health Interagency Collaboration.

- Meetings evolving to include targeted workgroups focused on region-specific priorities.
- Survey results (23 responses received):
 - Funding (65%), Homelessness (61%), Workforce (43%) highest priorities.
 - Training/education (43%), accessibility/expansion of child/youth services (39%), peer support (39%) also noted.
- Preferred quarterly meeting time: midday (11:00 AM – 1:00 PM)



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- Stakeholders encouraged to submit ideas/challenges/recommendations to: cnr.samh.support@myflfamilies.com.

Workgroup meetings scheduled

- Peer Support Workgroup Leads Meeting: February 18, 2026, at 2:00 PM
- Accessibility/Expansion of Child & Youth Services Workgroup Leads Meeting: February 19, 2026, at 11:00 AM

DCF Regional Collaboration Coordinators' role

- Facilitation support: scheduling, materials distribution, documenting activities.
- Workgroup leads/members drive solutions, deliverables, and recommendations.

VII. PUBLIC COMMENT

Diveka Anderson opened the floor for public comment.

- Cheryl Bello, STEPS, Inc., asked Stephen Teal a question regarding collaboration with the Board of Pharmacy/DCF and permitting related to Mobile MAT. Stephen to follow up with a response.
- Sergeant James Findley, Lake County Sheriff's Office, shared personal impact and asked for resources for families supporting loved one with addiction.
- Jillian Audit, Recovery Connections, offered support, parent-focused resources, and offered direct contact.
- Alana Christianson, Orlando Health/Acadia, announced Orlando Health South Seminole Hospital expansion from 80 to 144 beds and a grand opening on March 26; invited attendees to connect. Alana also described parent coaching supports for families navigating mental illness/addiction systems.
- Magge Gonzalez, Project Impact/Impact Care Partners, described supportive housing with wraparound behavioral health/medical services and immediate housing availability in multiple locations; also shared kiosk initiative concept (Walgreens-based access points) to help individuals apply for services/Medicaid.
- Sarah Mulhall, DCF, SME for recovery housing and hospital bridge programs referenced:



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- Statutory framework (Chapter 397) and requirement that referrals by DCF contracted providers go to certified recovery residences (Florida Association of Recovery Residences certification).
- Language and expectations around acceptance of MAT and concerns about discrimination; ADA protections referenced for protected populations.
- Proposed legislation noted that could make certification mandatory (discussion framed as proposed/not yet enacted).

Chat/Q&A note

Diana Snyder, Florida Behavioral Health Association, commented that FBHA can assist with education of jail leadership/staff on MOUD.

CLOSING REMARKS

Diveka Anderson shared regional contact information and thanked the collaborative for coming and for their continued partnership. She noted that the next Central Regional Behavioral Health Interagency Collaboration Meeting will be held on April 23, 2026, at 10:00 a.m., with details to follow.

Both Diveka and Morgan expressed appreciation for the ongoing partnership and collaboration, emphasizing excitement for continued progress in 2026.

VIII.

ADJOURN

Diveka Anderson adjourned the meeting at 11:56 AM EST.



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Appendix A

Alana	Sadhu	Orlando Health/Acadia
Alejandro	Rojas	Orange County Government
Amanda	Jones	Florida Department of Elder Affairs
Amanda	Reineck	Family Partnerships of Central Florida
Amber	Williams	Department of Children and Families
Ana	Vargas	Department of Elder Affairs
Angela	Gambino	Aetna Better Health of Florida
Anicia	Vicente	Project Empath
Anna	Kesic	IMPOWER
Annie-Grace	Funderburg	Orange County Drug Free Coalition
Anny	Cruz-Salcedo	Aspire Health Partners
April	Busby	Department of Children and Families
Asta	Trinh	Department of Children and Families
Asta	Trinh	Department of Children and Families
Babette	Hankey	Aspire Health
Barbette	Barnes	Department of Children and Families
Bobby	Russell	Polk County Sheriff's Office
Carlos	Ortiz	Department of Children and Families
Chadd	Garrett	Howey in the Hills Police Department
Chana	Speir	Brevard Public Schools
Cheryl	Bello	STEPS, Inc.
Christin	Ray	Advent Health
Claudia	Hash	Lake Mary Police Department
Coreen	Garrity	Mid Florida Homeless Coalition
Cory	Fisher	Recovery Connections
Crystal	Lilly	Department of Children and Families
Dasheen	White	Bridges Community Support Services
Diana	Cardona	Department of Children and Families
Diana	Snyder	Florida Behavioral Health Association
Diveka	Anderson	Department of Children and Families
Donna	Evanecky	Polk County Sheriff's Office
Earl	Hunt	Department of Children and Families
Erin	Branchaw	Central Florida Behavioral Health Network
Erin	Whitaker-Houck	LSF Health Systems



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George	Margoles	Recovery Connections
Harlee	James	Department of Children and Families
Heather	Kaufmann	Tri-County Human Services
Hillary	Grondin	Polk County Public Schools - SEDNET
Ivy	Severance	Howey in the Hills Police Department
James	Riddle	Lake Mary Police Department
James	Witherspoon	Seminole County Government
Jason	Woertman	Apopka Police Department
Jean	Tucker	Department of Children and Families
Jeannine	Cassidy	Department of Elder Affairs
Jennifer	Martinez	Marion Senior Services
Jesse	Blaire	Ocala Fire Rescue
Jillian	Audit	Recovery Connections
Jim	Findley	Lake County Sheriff's Office
Jodi	Hawthorne	Tenth Judicial Circuit of Florida
John	Cornett	Department of Children and Families
John	Kinzie	Hernando County Fire Rescue
Kelly	Welch	Seminole County Government
Kent	Runyon	Central Florida Behavioral Health Network Inc.
Kimberly	Snoeblen	UCF Center for Autism and Related Disabilities
Laurinda	Andujar	Department of Children and Families
Lisa	Munyon	Ninth Judicial Circuit of Florida
Lisa	(unknown)	Children's Home Society of Florida
Lucien	LaRoche	Optum
Luis	Rivas	Central Florida Behavioral Health Network, Inc.
Magge	Gonzalez	Orlando Chamber of Commerce/Project Empath
Marina	Daher	Central Florida Behavioral Hospital
Mark	Stavros	FADAA
MaryBeth	Moore	Polk County Government
Michelle	Norman	Ocoee Police Department
Michelle	Lord	Seminole County Sheriff's Office
Morgan	Schell	Department of Children and Families
Nidia	Medina	Hispanic Family Counseling
Nikaury	Munoz	Central Florida Cares
Olivier	Williams	Kindbridge Behavioral Health



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Panya	Campbell	Simply Healthcare Plans
Patrick	Heidemann	Disability Rights Florida
Raegan	Waugh	Charlie Health, Inc.
Ramona	Taylor	Bridges Community Support Services
Rosa	Rodriguez	Orange County Sheriff's Office
Sabrina	Elkazaz	Polk County Board of County Commissioners
Samantha	Breslin	Devereux
Sandra	Marrero	BayCare Behavioral Health
Sarah	Mulhall	Department of Children and Families
Sarah	Gold	Orange County Government
Sharika	Collins	Seminole County Sheriff's Office/SCORE
Shelley	Katz	LSF Health Systems
Sherley	Campos	House of Freedom
Stanley	Brizz	Brevard Prevention Coalition
Stephanie	Boyd	Department of Children and Families
Stephen	Teal	Department of Children and Families
Steven	Bailey	Lakeland Police Department
Tammy	Lipkins	Seminole County Sheriff's Office
Tara	Bryant	Optum
Taylor	Coakley	Department of Children and Families
Taylor	South	Tri-County Human Services
Teresa	Even	BayCare
Thomas	Hall	Orange County Government
Tia	Llewellyn	Advent Health
Timothy	MacSuga	UHS INC
Tina	Beaulieu	Simply Health
Tina	Morgan	Department of Children and Families
Tonya	Harrison	Department of Children and Families
Tracy	Grey	Heartland for Children, Inc.
Ute	Gazioch	Florida Behavioral Health Association
Vicki	Teal	FADAA
William	Cannaday	Seminole County Sheriff Office
Yaberci	Perez-Cubillan	Aspire Health Partners
Yamira	Ayala Pujols	Hispanic Family Counseling
Yuleisis	Mendez	Banyan Community Health