



## Northwest Regional Behavioral Health Interagency Collaboration

January 13, 2026, 10:00am-12:00pm CST

Hybrid

### MEETING MINUTES

**Attendance:** In-Person - 34  
Virtual - 77  
Total - 111

**Full Attendee List is Provided in Appendix A**

**Hosts/Facilitators: Department of Children and Families Office of Substance Abuse and Mental Health (SAMH)** – April Busby, Regional Collaboration Coordinator; Shaleeah Marshall, Regional Operations Manager; Lucas French, Regional Operations Supervisor

**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**

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

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#### II. **WELCOME AND INTRODUCTIONS**

Shaleeah Marshall welcomed the attendees.

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#### 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

- What is recovery and why is it important?
  - What is a CORE Network?
  - Who makes up a CORE Network?
  - Points of Access
  - Participating Counties
  - Opioid overdose deaths Northwest Region, 2019-2024
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- Emergency Medical Services response to suspected all drug overdoses Northwest Region, 2019-2024
- Emergency Medical Services responses to suspected opioid overdoses Northwest Region, 2019-2024
- CORE Highlights, Northwest Region
- Why improved access to SUD treatment pays off, ROI

### IV. CORE NETWORK PANEL

#### Introductions

- **Melissa Warren:** Lead Peer Specialist in the Hospital Bridge Program for Florida Springs Wellness and Recovery Center.
- **Drew Hild:** Behavioral Health Director for PanCare, a Federally Qualified Health Center (FQHC) covering six counties.
- **Robert Bage:** Chief of Police for the city of Fort Walton Beach.
- **Jennifer Treviso:** Operations Director at Disc Village, covering an eight-county area.
- **Dr. Mark Stavros:** ER and addiction medicine physician with a clinic in Panama City and works with Florida State University.
- **Joey Kerman:** From Escambia County EMS, overseeing the CORE project and EMS operations.

#### Success Stories and Impactful Moments

- **Drew Hild:** Success story on an elderly individual and pregnant mothers overcoming barriers to Medication Assisted Treatment (MAT) induction.
- **Joey Kerman:** An impactful moment that involves an unhoused individual transitioned from crisis to recovery through coordinated care and is now a Certified Peer Specialist and pursuing a master's degree in social work.
- **Melissa Warren:** A story of how peer support matters which involved an individual initially resistant to services but through continued support a warm hand off to detox and induction into the CORE Network was completed.
- **Jennifer Travieso:** A success story was shared of an individual who entered MAT services, progressed through residential and intensive outpatient treatment while involved in the legal system, obtained an exemption to become a certified peer, and is now employed as a Peer Support Specialist at DISC Village.

**Panel Discussion** – Lead by Amber Williams and Stephen Teal



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- **Question 1:** Give us an example of how the CORE network is being done in your area, and what is different in that concept versus traditional routes.
  - Joey: The program was developed by first using overdose data to identify priority locations, populations, and peak times, then adapting MAT delivery for EMS by staffing nurses with combined pre-hospital, hospital, and MAT experience. Trust was built through patient-to-patient engagement and stigma reduction, allowing individuals to begin MAT and transition to ongoing care with community partners. This approach resulted in significant impact by increasing engagement and reducing demand through sustained recovery.
  - Drew: As an outpatient provider, PanCare integrated into the CORE Network by learning EMS operations, strengthening hospital partnerships, and embedding peers throughout the treatment process. As an FQHC with extensive resources, services were expanded into communities through mobile units, increasing accessibility and accountability via a phased care model. While overdose statistics show improvement, ongoing substance use trends highlight the continued need for sustained, adaptive intervention.
- **Question 2:** To the long-term treatment providers, what operational challenges have emerged and influence implementing a CORE Network standard across the counties with diverse resources?
  - Jennifer: Limited awareness of CORE services in rural counties is an obstacle, despite these communities having the greatest need for resources. A cross-county peer line was implemented to provide a single access point for law enforcement, EMS, and providers to reach certified peers and initiate warm handoffs, strengthening care coordination. Ongoing challenges include addressing misconceptions about MAT through education on medication safety, effectiveness, and the ceiling effect of buprenorphine.
- **Question 3:** Dr. Stavros, would you address the premise of swapping one drug for another?
  - Dr. Stavros: MAT does involve replacing a substance with another, but it does not replace one addiction with another. Instead, it provides a significantly safer, prescribed medication that supports recovery. Participants have shown substantial improvements in quality of life, including reduced overdoses, deaths, and recidivism, as well as restored employment, housing, and family connections. Ongoing education,



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- storytelling, and provider training is essential to reducing stigma and increasing understanding of medications for opioid use disorder.
- Chief Bage: Received initial resistance around MAT from faith-based stakeholders who viewed treatment as substituting one addiction for another. As program outcomes became visible and success stories accumulated, perceptions shifted toward acceptance of MAT as a life-saving tool, particularly when combined with additional supports. This demonstrated how demonstrated impact and community exposure can reduce stigma and build broader buy-in over time.
  - Drew: Confronting stigma is a daily struggle. Going out to the communities, agencies, educators, and clinicians to address language and practices that may be unintentionally harmful. We normalize MAT by comparing it to other medical treatments and pairing it with peer support, case management, and counseling. Respectful, person-centered language is important in reducing stigmatizing terminology and can be lifesaving by keeping individuals engaged in care rather than pushing them away.
  - **Question 4:** Chief Bage, please give us some information about the POST program as it is a very important program that pulls law enforcement directly into the CORE Network.
    - Chief Bage: POST is the Post Overdose Support Team which is a county wide outreach model focused on follow-up within 24-72 hours after an overdose. The program pairs law enforcement, a community paramedic, and a clinician to offer all available county services, resulting in referrals nearly matching overdose responses and a reduction in overdose calls by nearly half in one year. Ongoing challenges, including hospital referrals and fully integrating a peer into not just community events and calls, but into field response as well. Law enforcement was initially a challenge, but we now rotate officers to different areas of the county on different days of the week. The program continues to evolve through hotspot mapping and community outreach.
  - **Question 5:** Panel members, please share with us any information you wish to on the warm handoff and how that works between EMS, hospitals, and MAT providers.
    - Joey: Our custom charting software allows us to receive real-time overdose notifications. This allows us to immediately identify who needs



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services and coordinate with hospitals on induction planning. We closely follow each patient through discharge, induction, and transition to the receiving clinic with constant communication across providers, ensuring medications, pharmacy access, and social needs are addressed in advance. This intentional, coordinated handoff process and proactive planning has resulted in an 88% success rate.

- Drew: Florida Springs and Project Save Lives has peer embedded into the hospital. They text or call us, and we start the process. Melissa can share all the details.
- Melissa: Once we are alerted to an individual in the hospital, peers engage at the bedside to open conversations about services and guide the individual through the entire process from the emergency department or inpatient setting to discharge. We coordinate closely with hospital staff and outpatient providers to schedule appointments, support induction when possible, and ensure continuity of care, noting progress over time in physician participation. Peer-led warm handoffs—walking with the individual, accompanying them to appointments, and providing lived-experience support—are critical to building trust, reducing anxiety, and successfully transitioning individuals into care.
- Jennifer: Our peer line is a critical component for providing CORE services and warm handoffs across our eight-county area, ensuring that no matter the time or location, someone will answer and guide the individual through care. We promote access through QR codes, posters, social media, and our website, highlighting success stories of peers to inspire hope and encourage engagement. While the line currently does not support texting, we are working on that feature to make it even more accessible for those who prefer messaging over calls.
- Drew: I recognized CORE's impact when a stand-alone emergency department we had never worked with reached out for support after hearing about the CORE Network from a patient they had repeatedly seen for overdoses. Warm handoffs come from EMS, hospitals, law enforcement, and correctional facilities. Integrating Narcan distribution boxes, QR codes, and a single phone number, which accepts texts also, has made access simple and effective.
- **Question 6:** How does the CORE Network address social determinants of health for housing, food, security, employment, and recovery?



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- Melissa: Once engaged and enrolled in services, comprehensive support through PanCare offers housing, medical, vision, dental, and recovery supports. A needs assessment is done, and they are given resource guides. We maintain contact for 90 days to make sure they are connected to essential services.
- Chief Bage: The POST team provides door hangers and flyers labeled “Your Community Cares” with QR codes linking to all county social services, including food, housing, childcare, and rental assistance. These materials are left for direct contacts and neighboring homes to reach individuals who may be unaware of available resources.
- Joey: Our CORE offices provide essential items like clothing, toiletries, and food to meet individuals where they are, supporting safety and hygiene. By removing barriers and offering these basic needs without judgment, we create trust and openness, which can be critical for engaging people in recovery.
- Amber explained that the CORE Network is funded through multiple sources, with initial startup funding intended to bring community partners together rather than sustain the networks long-term. The model relies on collaboration and leveraging existing local services and funding streams.
- Joey followed up by sharing that their opioid abatement boards are a key ongoing funding source since CORE is identified as a focal point of the state’s Opioid Settlement Fund. Leveraging these resources to support long-term community stabilization and network sustainability.
- Drew: Every CORE patient receives a recovery care plan documenting social, structural, and physical needs, and that we leverage community resources for case management, housing, employment, and other supports. Financial stability for both patients and the network relies on intentional care planning, collaboration with local providers, and insurance navigation, highlighting that CORE depends on community partnerships to provide comprehensive, sustainable services.
- **Question 7:** Kratom is often viewed as a natural or non-addictive substance, yet it interacts with opioid receptors and can lead to dependence. What are you seeing in practice regarding kratom use, and how should treatment providers and community providers be approaching education and treatment around it?



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- Dr. Stavros: Kratom, a plant also called mitragynine, can act on opioid receptors and become addictive, with withdrawal often more severe than expected. Some products now contain concentrated compounds like 7-OH or pseudoindoxyl, which are far stronger and more dangerous. Patients using these substances can be treated with buprenorphine or methadone, but emerging psychoactive substances, like tianeptine, pose additional challenges as they produce opioid-like withdrawals yet cannot always be treated with standard medications.

### Participant Q&A:

- Senie Thomas asked if the ROI figures shared in the presentation were per person or aggregate. Amber noted that she would get with the epidemiologist team and provide a detailed answer via email.
- Senie Thomas asked about hospital reluctance to partner with CORE. Joey explained that hospitals are overrun, especially during flu season, and old-school thinking contributes to resistance. CORE providers help by demonstrating faster, more effective patient inductions, which shifts hospital perspectives. He also noted the financial impact, highlighting EMS and hospital cost savings, and mentioned plans to equip ambulances with buprenorphine for on-the-spot inductions. Dr. Stavros added that the hospital stigma remains a major barrier, noting that many ER physicians initially lacked Suboxone (buprenorphine) because of outdated training requirements and misconceptions about safety. He emphasized that buprenorphine is the standard of care for opioid withdrawal and lifesaving, and although adoption is gradual, progress is being made with more ER doctors now on board.
- Senie Thomas asked about RCOs and their connection to hospitals. Amber explained that Recovery Community Organizations (RCOs) are peer-run, provide education and support, and can engage with hospitals and communities; the department is planning a statewide RCO network. Stephen added that subject matter experts can support programs like jail bridge, MAT, SOAR, and recovery housing. Stephen emphasized that DCF and FADA are using peer mentor prescribers statewide to train ER doctors, PAs, and other providers on the safety of buprenorphine, aiming to increase hospital adoption and support 24/7 inductions.



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### V. NEXT STEPS

April Busby discussed Next Steps for the Behavioral Health Interagency Collaboration.

- A survey was introduced to gather feedback on future presenters, topics, and training needs.
- Emphasis was placed on cross-agency training opportunities, including planned re-entry simulations in partnership with the Department of Corrections to build understanding and collaboration.
- Exploration is underway for a shared cross-agency contact and collaboration platform; in the short term, a shared spreadsheet will be developed while leadership reviews the concept.
- Future meetings will include brief highlights to share new programs, resources, and funding opportunities, with examples shared from
  - Nonie's Place shared information on their services and their grief toolkits for children that can be delivered across the region at no cost.
  - PanCare shared about new grant funding that allows for autism screening.
  - Better Living Solutions was invited to briefly introduce their programs which includes training for caregivers for eating disorders.

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### VI. PUBLIC COMMENT

April Busby opened the floor for public comment.

No public comments.

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### VII. CLOSING REMARKS

April Busby shared regional contact information and thanked the collaborative for coming and for their continued partnership.

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### VII. ADJOURN

April Busby adjourned the meeting at 12:00 PM CST.

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### Appendix A

Alexis	Bolling	Department of Children and Families - Family Navigation
Alexis	Thrasher	Department of Children and Families – Substance Abuse & Mental Health
Alison	Fulford	Florida Department of Juvenile Justice
Amanda	Jones	Florida Department of Elder Affairs
Amanda	Tarr	Florida Courts
Amber	Oconnell	NAMI TALLAHASSEE
Amber	Williams	Department of Children and Families – Substance Abuse & Mental Health
Angella	New	Florida Department of Corrections
Annette	Christy	Baker Act Reporting Center- University of South Florida
Annette	Scott-Smith	Disability Rights Florida
April	Busby	Department of Children and Families – Substance Abuse & Mental Health
April	Heringer	Eglin Family Advocacy Center
Asta	Trinh	Department of Children and Families – Substance Abuse & Mental Health
Autumn	McAllister	Lakeview Center
Autumn	McLemore	Franklin County School
Autumn	Wright	Santa Rosa County District Schools
Barbara	Marsh	Florida Department of Corrections
Bonnie	Barlow	Bridgeway Center, Inc.
Candace	Burry	HCA Florida Capital Hospital
Cindy	Peaden	Santa Rosa County School District
Cristina	Perez	Department of Children and Families – Substance Abuse & Mental Health
Danielle	Shelton	Better Living Solutions
Debbie	Jones	Florida Department of Corrections
Derius	Whiten	Florida Department of Education
Diana	Snyder	Florida Behavioral Health Association
Diveka	Anderson	Department of Children and Families - Substance Abuse & Mental Health
Drew	Hild	PanCare
Duran	Harrison	Washington County Sheriff's Office
Dustin	Perry	Lakeview Center
Emilie	Ellenberg	FCBHW at USF
Emily	Pickens	Department of Health – Okaloosa County
Emme	Ledbetter	Department of Children and Families – Substance Abuse & Mental Health
Eric	Rutledge	Baptist Healthcare
Fred	Womack	Department of Juvenile Justice
Hailey	Smith	The Freedom Collective



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Haley	Anderson-Linton	Life Management
Hannah	Jordan	NWF Health Network
Harlee	James	Department of Children and Families – Substance Abuse & Mental Health
Heather	Allman	Department of Children and Families – Substance Abuse & Mental Health
Heather	Kirwan	Advantage Aging Solutions
Heather	Miller	Jackson County School Board
Hope	Ealey	Gadsden County School District
Jacob	Gilbertson	Banyan
Jade	Davis	North Florida Child Development
James	Weaver	Life Management Center
Janet	Garrett	Covenant Care Nonie's Place
Janice	George	NWF Health Network
Jarrod	Jarvis	Recovery Opportunity Collective
Jawid	Sultany	Department of Children and Families – Economic Self-Sufficiency
Jenn	Werden	The Florida Center for Early Childhood
Jennifer	Travieso	DISC Village
Jesse	Kemper	Department of Children and Families – Substance Abuse & Mental Health
Jessica	Deneen	2nd Judicial Circuit Office of the Court Administrator
Kala	Glass	Department of Health – Bay County
Kay	Daniel	Doorways of Northwest FL
Kayla	Bradley	Department of Children and Families – Family Navigation
Kelli	Hernandez	Homelessness & Housing Alliance
Kelsey	Davis	NWF Health Network
Kendra	Deveney	The Freedom Collective
Kenneth	Feinberg	Florida National Guard Counterdrug
Kesandra	Brown	Gadsden County School District
Kirk	Hall	Florida Agency for Health Care Administration
Lauren	Anzaldo	Gulf Coast Veterans Health Care System
Laurie	Gerhard	LAB
Laurinda	Andujar	Department of Children and Families – Substance Abuse & Mental Health
Livia	Navon	Department of Children and Families – Substance Abuse & Mental Health
Lucas	French	Department of Children and Families – Substance Abuse & Mental Health
Mark	Miller	Florida DCF
Marquesas	Blimes	FAAST - Florida Alliance for Assistive Services and Technology
Mary	Magner	Hope Florida
Mary Jo	Sellers	Department of Children and Families – Substance Abuse & Mental Health



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Melanie	Spoon	Life Management Center
Melissa	Sidoti	Department of Children and Families – Community Development Admin.
Melissa	Maddox Reeves	DISC Village
Melissa	Warren	Florida Springs Wellness Recovery
Merle	Burkhart	Escambia County Sheriff's Office
Michael	Asarebaah	Department of Children and Families – Substance Abuse & Mental Health
Michael	Licciardiello	Agency for Health Care Administration
Missy	Lee	Department of Children and Families – Community Development Admin.
Nerissa	Feracho	Better Living Solutions
Nicole	Smith	Charlie Health
Olivier	Williams	Kindbridge Behavioral Health
Patrick	Heidemann	Disability Rights Florida
Penny	Greene	Life Management Center of Northwest Florida
Rachelle	Burns	EscaRosa Suicide Prevention Coalition
Robert	Bage	Fort Walton Beach Police Department
Rusty	Holmes	SEDNET 2A
Sabrina	Brown	Department of Children and Families – Substance Abuse & Mental Health
Sandi	Weimorts	Washington County School District
Sara	Lefevers	Baptist Healthcare
Senie	Thomas	Department of Children and Families – Substance Abuse & Mental Health
Shaina	Joseph	Agency for Health Care Administration
Shaleeah	Marshall	Department of Children and Families – Substance Abuse & Mental Health
Shannon	Massingale	NWF Health Network
Sherry	Bolden	North Florida Child Development
Stephanie	Cash	Florida Department of Health
Stephanie	Brunson	Apalachee Center
Stephen	Teal	Department of Children and Families – Substance Abuse & Mental Health
Susan	King	Florida Springs Wellness Recovery
Tim	Potter	Department of Children and Families – Economic Self-Sufficiency
Timothy	Macsuga	Universal Health Services INC
Tonya	Harrison	Department of Children and Families – Office of Chief of Staff
Tori	Woods	Sunshine Health
Tracie	Moorer	NWF Health Network
Travis	Alessi	Department of Children and Families – Adult Protective Services
Ute	Gazioch	Florida Behavioral Health Association
Vikki	Goldstein	Department of Children and Families – Adult Protective Services



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Yari	Mesa	Eglin Family Advocacy Center
Zoha	Khan	All Agencies