



SunCoast Regional Behavioral Health Interagency Collaboration

April 28, 2026, | 1:00 p.m. – 3:00 p.m.

Goodwill Manasota Job Center-2705 51ST Ave E, Bradenton, FL 34203 - Hybrid

MEETING MINUTES

Attendance:

In-person: 23

Online: 85

Total: 108

Full Attendee List is Provided in Appendix A

Hosts/Facilitators

Department of Children and Families (DCF) Office of Substance Abuse and Mental Health (SAMH)

Zoha Khan, Regional Collaboration Coordinator (RCC), SunCoast Region (SCR)

Presenters

DCF SAMH

Amber Williams, Special Programs Manager

Stephen Teal, Government Operations Consultant III

I. CALL TO ORDER

Zoha Khan, RCC, SAMH Program Office, DCF called the SunCoast Regional Behavioral Health Interagency Collaboration (RBHIC) meeting to order at **1:00 p.m. EST on April 28, 2026.**

II. WELCOME AND INTRODUCTIONS

Zoha Khan RCC, SCR SAMH Program Office, DCF

- Welcomed participants
- Reviewed housekeeping items
- Introduced SAMH Regional Director (RD)

Melissa Leslie, RD, SCR SAMH Program Office, DCF

- Welcomed participants
- Introduced the presenters



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III. PRESENTATION

Coordinated Opioid Recovery (CORE) Network

Amber Williams, Special Programs Manager and Stephen Teal, Government Operations Consultant III

The presenters provided a comprehensive overview of Florida's CORE Network:

- CORE Network is not a program, but a statewide system of care/network.
- Focus areas include eliminating service gaps, leveraging existing resources, and providing comprehensive and person-centered care.
- CORE Network Point of Access are hospitals, treatment providers, EMS, law enforcement, and peer/recovery organizations.
- Networks are expected to blend and be raised for funding sources.
- Contact Stephen Teal for guidance on Request for Application (RFA) applications and network participation.

SunCoast Region Data Highlights

- Decrease in EMS overdose related calls (from peak in 2021-2022, decline by 2024).
- Reduction in overdoses incidents.
- Increased naloxone uses and survival outcomes.
- Increased coordination across providers contributing to improved outcomes.

Action Items

- Continue strengthening local CORE Network collaborations.
- Participate in regular network meetings and evaluations.
- Submit data to support program monitoring and funding decisions.

CORE Network Panel

Panelists:

- Brian Goldich - Fire Rescue's Mobile Integrated Health, Pasco County
- Christina Fish - Program Support/Certified Recovery Peer Specialist, WestCare
- Dr. Jason Hunt - Florida Alcohol & Drug Abuse Association (FADAA)
- Sonya Johnson - Adult Peer Programs Manager, NAMI



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- Nathan Cantie - Director of Operations, The Hope Shot
- Joshua Stamps - Program Director for Addiction Receiving Facility, ACTS
- Amanda Benlien - Mobile MAT Service Director at Operation PAR
- Deputy Sinclair Cason – Resource Assistance Program (RAP) Unit Manatee County Sheriff Office

Panel Discussion

Facilitated by, Zoha Khan, RCC

Question 1: Mobile Integrated Health

How does Mobile Integrated Health expand beyond traditional EMS response?

Brian Goldich (Fire Rescue / Mobile Integrated Health)

- Explained that Mobile Integrated Health operates within the gaps of the traditional healthcare system. He noted that while EMS typically responds to emergencies and transports patients, many individuals with substance use disorders are not adequately served due to fragmented systems operating in silos. He stated that his team focuses on bridging the gap between 911 response, emergency departments, and outpatient care. He highlighted strong partnerships within Pasco County and emphasized that their services include referrals for medication-assisted treatment (MAT), not only for opioid use disorders but for other substance use disorders as well. He concluded that the program's primary goal is to ensure individuals do not fall through the cracks by providing continuity of care.

Question 2: Law Enforcement

How does your unit currently respond to behavioral health crises, and what partnerships are critical in those moments?

Deputy Sinclair Cason (Manatee County Sheriff's Office)

- Described the Resource Assistance Program (RAP Unit) as a co-responder model designed to address behavioral health crises. He explained that the unit assesses individuals' needs during calls, particularly in cases involving overdoses or homelessness. He noted that most individuals encountered present with co-occurring substance use and mental health challenges. He acknowledged that traditional law enforcement responses were often punitive but emphasized a shift toward relationship-building and support. He highlighted EMS as a critical partner due to the complex medical needs often



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present, as well as housing partners such as public housing agencies and shelters. He stated that the unit's focus is on connecting individuals to services and building trust to encourage engagement with support systems.

Question 3: Peer Support

From your role as a peer support, how do you engage with individuals entering MAT services?

Christina Fish (WestCare)

- Explained that she utilizes a person-centered approach when engaging individuals entering medication-assisted treatment services. She emphasized the importance of understanding each individual's personal goals, such as securing housing, regaining custody of children, obtaining a driver's license, or achieving overall stability. She noted that assessing where individuals are in their recovery journey is essential, as some may require detoxification services while others are prepared for maintenance treatment. She concluded that her role involves meeting individuals where they are and supporting them in identifying and taking their next steps toward recovery.

Question 4: Peer Prescriber

How does your role as a peer prescriber differ from traditional prescribing models?

Dr. Jason Hunt (FADAA)

- Explained that his approach differs from traditional prescribing models by prioritizing a person-centered framework. He emphasized the importance of understanding each individual's personal goals, such as securing housing, regaining custody of children, obtaining a driver's license, or achieving overall stability rather than imposing provider-driven objectives. He noted that he assesses where individuals are in their recovery journey, recognizing that some may require detoxification services while others are ready for maintenance treatment. He stated that his role focuses on meeting individuals where they are and supporting them in identifying appropriate next steps in their recovery.



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Question 5: Mobile MAT Access

How does mobile MAT improve access to treatment in the community?

Amanda Benlien (Operation PAR)

- Explained that MAT expands access to care by reaching individuals in non-traditional settings who may not otherwise engage in services. She noted these services are provided in locations such as county jails, where individuals can receive both MAT and psychosocial support. She further emphasized the integration of peer support services to address co-occurring needs, including housing, food insecurity, and mental health challenges. She stated that the primary goal of mobile MAT is to facilitate warm handoffs to community-based providers upon release, ensuring continuity of care.

Question 6: System Collaboration

What improvements have you seen through system collaboration?

Joshua Stamps (ACTS)

- Reported significant improvements in the coordination of warm handoffs as a result of system collaboration. He explained that previously, individuals were often given referrals without follow-up, whereas current practices involve active coordination between providers. This includes direct communication with partner organizations, arranging transportation, and confirming that individuals are successfully received by the next provider. He noted that these efforts have reduced the likelihood of individuals falling through the cracks after discharge.

Question 7: Collaboration & Barriers

How do you collaborate with CORE partners, and what barriers have you encountered?

Nathan Cantie (The Hope Shot)

- Emphasized the distinction between treatment and recovery, noting that treatment is only the initial step and that long-term recovery support is critical. He explained that many individuals leave treatment without essential life skills, such as obtaining identification, securing housing, or finding employment, and highlighted the role of recovery community organizations in addressing these gaps. He described collaboration efforts that extend beyond CORE partners to include businesses and community organizations, with the goal of reducing stigma and increasing opportunities for individuals in



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recovery. He identified workforce limitations as a major barrier, particularly background check requirements that restrict individuals with lived experience from working in the field, despite their potential to make meaningful contributions.

Question 8: Jail System

What are the biggest barriers during reentry into the community?

Sonya Johnson (NAMI)

- Identified key barriers to successful reentry as housing, employment, and immediate access to resources upon release. She explained that her organization works within jails to provide classes such as the Wellness Recovery Action Plan (WRAP) and assists individuals in developing transition plans prior to release. She highlighted the importance of peer support in guiding individuals through reentry, including navigating systems, reconnecting with family, and accessing resources. She also noted workforce restrictions as a significant barrier and proposed the implementation of provisional certification or exemption processes to allow individuals to begin working while completing requirements, thereby promoting stability and expanding the workforce.

Participants Question & Answer

Question 9: Peer Support Toolkit

Nathan Scott, Department of Health (DOH)

Sonya can you talk about your peer support toolkit and how it can be shared?

- **Sonya Johnson:** explained that her organization developed a peer support toolkit to assist organizations in effectively integrating peer specialists into their services. She noted that the toolkit includes guidance on hiring practices, supervision, role development, and organizational readiness to support peer staff. She stated that the toolkit is available and can be shared with any interested organizations.



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Question 10: Community Care Court

Lieutenant John Wren, Manatee County Sheriff Office

Can you provide an overview of Community Care Court and its benefits?

- **Deputy Sinclair Cason:** described Community Care Court as a diversion program that offers individuals an alternative to incarceration. He explained instead of traditional prosecution; participants receive a personalized plan and relate to case managers to support their progress. He noted that successful completion of the program may result in charges being dropped. He emphasized that the program provides structure, accountability, and access to services, and has demonstrated strong outcomes.

Question 11: Warm Hand Off After Treatment

Barbara Schnurr, NAMI

What does a warm handoff look like after someone leaves treatment?

- **Deputy Sinclair Cason:** explained that from a law enforcement perspective, warm handoffs involve maintaining contact with individuals, conducting follow-ups, and assisting with connections to essential resources such as identification services and housing.
- **Nathan Cantie:** added that warm handoffs begin early in the process, often at intake. He explained that his organization focuses on building relationships with treatment providers and engaging individuals prior to discharge, so they are familiar with available resources and points of contact. He emphasized that this continuity of care is critical to supporting long-term recovery.

Question 12: Medication for Opioid Use Disorder (MOUD)

Erinn Izykowski, DCF

What barriers are you still seeing in peer prescribing?

- **Dr. Jason Hunt:** identified stigma and limited access as the primary barriers to MOUD. He noted that despite regulatory improvements, some providers remain hesitant to prescribe these medications. He referenced international practices, stating that other countries adopted these treatments earlier and observed significant reductions in overdose deaths. He emphasized the need for continued education to normalize MOUD and expand access to care.



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IV. REGIONAL SUCCESS STORIES

Erinn Izykowski, Regional Supervisor (RS), SCR SAMH Program Office, DCF and Christina Fish, Program Support/Certified Recovery Peer Specialist, WestCare.

- Erinn Izykowski introduced Christina Fish.
- Christina Fish shared her experience as a person in long-term recovery since May 6, 2019, emphasizing that recovery is an ongoing process.
- She reported a 20+ year history of opioid use and entered recovery through the child welfare system after losing custody of her children.
- She described multiple recovery attempts, including outpatient care, 12-step programs, and MAT, noting that relapse was part of her journey.
- She identified peer support and MAT as critical turning points, highlighting that peer connection provided encouragement, trust, and lived experience without judgment.
- She stated that MAT was lifesaving for her, particularly when combined with peer support and continued engagement in recovery services.
- She emphasized the ongoing stigma surrounding MAT as a barrier to treatment.
- She described her transition into the peer workforce, noting the value of lived experience in connecting with individuals, despite not having formal higher education credentials.
- In her current role at WestCare, she uses a person-centered approach, helping individuals identify and work toward their own recovery goals (e.g., housing, employment, stability).
- She highlighted the importance of helping individuals rediscover identity, interests, and community engagement in recovery.
- She emphasized meeting individuals where they are, maintaining patience, and supporting non-linear recovery journeys without judgment.

V. RBHC STRATEGY/SUB-COLLABORATIVES

Zoha Khan, RCC, SAMH Program Office, DCF

Maggie Baldwin, Director of Crossroads Substance Use Recovery and Court-related, David Lawrence Center.

Justin McPadden, Founder & CEO, The Hope Shot.



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Maggie Baldwin provided an overview of the services offered at David Lawrence Center (DLC) in Collier County and highlighted how participation in the CORE Network has strengthened their continuum of care.

- DLC identified gaps in rapid access to MAT and implemented 24/7 Suboxone induction on their detox unit.
- Patients can be assessed and started on MAT immediately, even during overnight hours.
- Peer specialists are embedded in local emergency departments to identify individuals in need of treatment.
- Supports faster stabilization, reducing withdrawal symptoms and increasing readiness for continued treatment.
- Warm handoffs are prioritized, connecting individuals to the next level of care (residential, outpatient, sober living, or community services).
- Peer specialists are embedded across all levels of care, including recovery housing.
- Practices such as nurse-driven MAT induction and hospital bridge programs are scalable and sustainable through collaboration.
- CORE Network participation has enhanced coordination across providers and improved access to care.

Justin McPadden provided an overview of the development of Hope Shot, a recovery community organization in Pasco County. He explained that the organization was created organically from his personal recovery journey and professional background in construction. He shared that Hope Shot originated as a response to stigma, which he chose to address through positive action and community engagement.

- Transitioned into a nonprofit organization and expanded services through grants and partnerships.
- Highlighted that many community resources exist but are not easily accessible to individuals in need.
- Identified the need to place resources directly into the hands of individuals at the time of need.
- Created a mobile application to centralize and improve access to recovery resources.



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- Designed to provide real-time access to services using widely available smartphone technology.
- Features include:
 - Meeting locators and check-ins with location tracking.
 - Recovery tracking (e.g., sobriety milestones).
 - Daily reflections, journaling, and gratitude practices.
 - Access to multiple recovery pathways (e.g., 12-step, SMART Recovery)
 - Communication tools for connecting with recovery coaches and support systems.
- App includes tools to improve accountability, such as digital meeting verification and daily check-ins.
- Highlighted the need for organizations to adopt innovative tools to improve outcomes and collaboration.

Zoha Khan, RCC encouraged participants to connect in person with SunCoast SAMH staff or share contact information via chat for those interested in joining the sub-collaboratives or to share recommendations on other sub-collaborative ideas.

VI. PUBLIC COMMENT

- No public comment
- Participant questions:
 1. **Nathan Cantie, The Hope Shot** (Q&A in-person): Asked about challenges in initiating medication-assisted treatment (MAT), specifically Suboxone, when individuals are entering detox shortly after recent substance use. They noted that individuals are often not yet in sufficient withdrawal, making immediate induction difficult, and asked how providers manage this window while keeping individuals comfortable.
 - **Maggie Baldwin, David Lawrence Center**: Explained that MAT initiation during early withdrawal depends on clinical protocols and provider discretion. They noted that standard practice typically requires individuals to be in withdrawal before starting Suboxone.
 - **Stephen Teal, CORE Network**: Responded some providers utilize alternative approaches, such as micro-dosing or adjusted induction methods, to begin treatment earlier.



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- **Jonathan Essenburg, Operation PAR:** Recommended Opioid Treatment Programs (OTPs) offering methadone may be an option for individuals in active withdrawal, depending on availability and provider practices.

VII. CLOSING REMARKS

Zoha Khan, RCC, SCR SAMH Program Office, DCF

- Next Lunch and Learn is scheduled for June 24th, hosted by Dr. Fields from FADAA.
- An updated version of the Baker Act Manual is now available on the Department's Baker Act webpage.
- A post-meeting survey will be shared to gather feedback on the session and inform future RBHIC topics and improvements.
- Zoha thanked participants for their attendance and engagement.
- Announced that the next RBHIC meeting for the SCR is scheduled for **July 22, 2026, and October 29, 2026, at 1:00 p.m.**

VIII. ADJOURNMENT

Meeting adjourned at **2:54 pm EST on April 28, 2026**, by Zoha Khan.



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APPENDIX A

Adrianna	Gianino	FSS SunCoast
Alan	Davidson*	CFBHN
Alison	Fulford	Florida Department of Juvenile Justice (DJJ)
Amanda	Medina	Pasco County School District
Amanda	Sciarrotta-Farell	Pinellas County Sheriff Office
Amanda	Romeo-Bernier	Eleos
Amanda	Benlien*	Operation PAR
Andrew	Solum	Centene
Angelyn	Coombs	Sunshine Health
Ann	Silva	DCF Adult Protective Services
Arlene	Tracy	Sarasota County Sheriff's Office Correctional Facility
Asha	Pereyra	ACTS
Ashley	Neal	Live Tampa Bay
Ashley	Mitchell	DCF
Asta	Trinh	DCF
Barbara	Schnurr*	NAMI
Beth	Pasek	DCF
Brain	Goldich*	Pasco County
Brena	Slater	Safe Children Coalition
Brianna	Dumas	DOH
Bryan	Clark*	Agency for Persons with Disabilities
Charlene	Grecsek	SEDNET Statewide - USFSP
Cheri	Holzbacher	Homeless Leadership Alliance of Pinellas
Christie	Sparks	DOH
Christina	Fish*	WestCare



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Christine	Didion	Area Agency on Aging- Pasco-Pinellas
Christopher	Austin	Florida Department of Children and Families
Colleen	Abercrombie	NAMI Sarasota and Manatee counties
Darryl	Henderson	Recovery Epicenter Foundation
Derek	Mc Carron	Gracepoint
Diana	Snyder	Florida Behavioral Health Association
Diveka	Anderson	Department of Children and Families, Substance Abuse & Mental Health
Donna	Sicilian	Pinellas County Public Schools
Doris	Nardelli*	CFBHN
Dr. Jason	Hunt*	FADAA
Dr. Jen	Fitzgerald	MCO
Esbeyda	Agustin*	Manatee County Sheriff's Office (MCSO)
Gisella	Stolper*	Centerstone
Greg	George	NAMI
Harlee	James	DCF
Hneyr	Monroe	Sarasota County Health and Human Services
Jarrett	Ballo	DJJ
Jaylon	Barnes	DCF
Jeremy	Watson	Centerstone
Jesse	Kemper	Office of Children's Behavioral Health Ombudsman
Jessica	Warnick	Aetna
Jim	Miller	Operation Par
Joe	Dmitrovic	Floridians for Recovery
John	Cornett	DCF
John	Wren*	MCSO
Joshua	Stamps*	ACTS



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Joy	Jewett	Manatee County Sheriff's Office
Justin	McPadden*	The Hope Shot
Kamiyah	Frazier	Hicoria Pines Homes
Karen	Stull	Sarasota County Schools
Kellie	Rodriguez	Alliance for Healthy Communities
Kelly	Sinn	Sunrise of Pasco County
Kimberly	Feliciano	DCF
Kimberly	Kutch	Sarasota County Health and Human Services
Kirk	Hall	Florida Agency for Health Care Administration
Kristen	Griego	DCF
Kristin	Gallagher	Department of Children and Families
Kristine	Garrison	Pasco County Sheriff Office
Laura	Carson*	DOH
Laurinda	Andujar	SAMH
Leslie	Weidenhammer	Collier County Sheriff Office
Lindsey	Votour	North Port Behavioral Health
Lori	Brooks	School District of Lee County
Louis	Licata	Manatee County Sheriff's Office
Luis	Rivas *	CFBHN
Maggie	Baldwin*	DLC
Maria	Ellis	Collier County Public Schools
Megan	Rhoades	Sunshine Health
Melissa	Irving	Peace River Center
Michael	Overway	SWFL Regional Coalition to End Homelessness
Michelle	Jaromin	Hillsborough County - Health Care Services Department
Michelle	Hudson	Pasco County Schools
Michelli	Anatolio	Oskaloosa County Department of Health



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Nancy	Dauphinais	David Lawrence Centers for Behavioral Health
Nathan	Scott*	DOH
Nathan	Cantie*	The Hope Shot
Nicole	Sweat	Lakeland Regional Health
Nicole	Serafini*	MCSO
Patrick	Heidemann	Disability Rights Florida
Penny	Lerie	Gulf Coast Partnership
Rachel	Driver	Hillsborough County - Health Care Services
Samuel	Picard	BayCare
Shannon	Stafford	Safe Place and Rape Crisis Center
Sheldy	Saint Hubert	Suncoast Center
Sherry	Wenzel	Lee County School District
Sinclair	Cason*	MCSO
Sonya	Johnson*	NAMI
Susan	Wright	BayCare St. Joseph's Hospital
Tara	Martinson	Lee County Human and Veteran Services
Tatjana	Kokanovic	Guld Coast Jewish Family and Community Services
Timothy	Macsuga	Universal Health Services, Inc
Tina	Neff-Legg	Florida Department of Substance Use and Mental Health
Toni	Fixico*	Department of Children and Families
Tonya	Harrison	DCF
Wanda	Alejandre*	Manatee County Sheriff Office (MCSO)
Wesley	Mejia	DJJ
William	Hardin	DCF

* *Attended the meeting in person*