Northeast Regional Behavioral Health Interagency Collaboration

July 16, 2026, 10:00am
Jacksonville DCF Office and Virtual via Teams
5920 Arlington Expressway Jacksonville, FL. 32211

MEETING MINUTES

Attendance:
In-Person: 65
Virtual: 89
Total: 154
Full Attendee List is Provided in Appendix A

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

Presenter(s):
Amber Williams, Senior Management Analyst Supervisor, Department of Children and Families
Stephen Teal, Government Operations Consultant II, Department of Children and Families

CORE Panelists:
Brandy Stone, Director of Community Health Initiatives, City of Gainesville
Desiree Manning, Recovery Oriented Quality Improvement Specialist, Department of Children and Families
Valerie Duquette, Clinical Director, EPIC Behavioral Healthcare
Shelley Katz, Chief Operating Officer, LSF Health Systems
Lori Tanner, Registered Nurse and Certified Case Manager, Baker County Medical Services
Vicki Teal, APRN, FADAA

I. CALL TO ORDER AND WELCOME

Harlee James called to order the Northeast Region Behavioral Health Interagency Collaboration meeting at 10:00 AM

II. PRESENTATION – COORDINATED OPIOID RECOVERY (CORE) NETWORK

Amber and Stephen provided an overview of the Coordinated Opioid Recovery (CORE) Network and shared information on:

- 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 in the Northeast Region
- Emergency Medical Services Response to Suspected (all) Drug Overdoses
- Emergency Medical Services Response to Suspected Opioid Overdoses
- CORE Highlights in the Northeast Region
- Contact Information
- How to Submit for an Application

The floor was then opened for questions.

Question and Answer:

Natalie Moore asked a question in the TEAMS chat, what are some of the challenges you have overcome with peers , particularly with intake and matching including diagnosis?

Lyubov Sribryanets, a peer with Starting Point behavioral answered, that peer specialists do not diagnose individuals. Diagnosis is completed by licensed clinical professionals. She did note that they have had challenges as it pertains to training, and how to approach people at the hospital but have been able to overcome those challenges.

Karen Chrapek with Volusia Recovery Alliance commented that hiring peers still has delays with background checks and exemptions. noted continued barriers related to Level 2 background screening requirements, which can delay hiring qualified peer specialists.

Shelley Katz with LSF Health Systems emphasized that peer specialists provide critical ongoing follow up after an initial encounter rather than simply offering referrals. Peers help maintain engagement by regularly checking in with individuals until they are ready to begin treatment.

Nancy Eisele with LSF Health Systems raised a question regarding housing challenges within the CORE Network.

Amber Williams explained that housing is an essential component of recovery planning. Existing recovery housing, workforce development, recovery community organizations, hospital bridge programs, jail bridge programs, and medication assisted treatment initiatives are coordinated to strengthen local recovery networks.

Kasheen Hickson with Youth Crisis Center asked how someone can become a peer.

Wes Evans shared that managing entities are responsible for making sure there is access to peer support trainings. He shared it is a 40-hour peer specialist training with competency examination. A Level 2 background screening is required if looking to be employed as a peer specialist.

Patrick Stallwood with BAYS asked how to connect individuals with substance use concerns before they experience an overdose or emergency department visit.

Shelley Katz encouraged providers to utilize local CORE Network partners, including Meridian Behavioral Healthcare, Gateway Community Services, and Schulzbacher, depending on the county served.

III. PANEL DISCUSSION

Harlee James briefly introduced the Panelists before starting the panel discussion.

Question 1: How are warm handoffs between EMS, emergency departments, and receiving clinics operationalized, and what best practices have been identified?

Brandy Stone explained that Gainesville's Mobile MAT and Community Resource Paramedic programs conduct proactive follow up after overdose calls by meeting individuals wherever they are located and connecting them to treatment when they are ready. She described close coordination between city and county fire rescue agencies, hospital emergency departments, law enforcement, and Meridian's co responder teams, including a dedicated hospital referral line that allows emergency department staff to connect patients directly to Mobile MAT services.

Valerie Duquette emphasized that effective warm handoffs rely on strong communication among peers, nurses, physicians, EMS personnel, and behavioral health providers. She noted that each discipline contributes valuable information that supports individualized treatment planning and continuity of care.

Shelley Katz discussed the unique challenges of serving rural counties without local emergency departments. She explained that Alachua County Fire Rescue serves as a central point of contact for hospitals, ensuring individuals transported to Gainesville are connected with services in their home counties before discharge.

Lori Tanner shared that Baker County's integrated healthcare system simplifies warm handoffs because hospital, emergency department, outpatient, pharmacy, and pain

management services operate within one organization. She explained that appointments and treatment are coordinated before patients leave the emergency department.

Vicki Teal discussed the importance of identifying substance use concerns regardless of the patient's presenting complaint and utilizing peers and community resources to engage individuals early in treatment.

Question 2: Medication assisted treatment is often misunderstood as simply replacing one medication with another. How can this misconception be addressed in the workplace? What education strategies have been most effective in reducing stigma and helping communities, healthcare providers, emergency departments, and other facilities understand the role of medication assisted treatment as an evidence-based treatment for opioid use disorder?

Vicki Teal explained that substance use disorder should be treated as a chronic medical condition rather than a personal choice. She discussed how Medication Assisted Treatment stabilizes brain chemistry, reduces cravings and withdrawal symptoms, lowers overdose risk, and improves long term recovery outcomes. She encouraged providers to focus conversations on recovery, family reunification, employment, and improved quality of life rather than misconceptions that MAT is simply replacing one drug with another.

Lori Tanner noted that obtaining medication through a pharmacy is significantly safer than obtaining substances illegally. She also acknowledged that stigma surrounding MAT continues to exist within some recovery housing programs and faith-based communities, particularly in rural areas.

Shelley Katz shared that LSF continues to provide stigma reduction training for providers and communities and emphasized that ongoing education remains one of the most effective strategies for changing perceptions about MAT.

Desiree Manning shared her lived experience as a person in long term recovery supported by MAT. She emphasized that recovery is not one size fits all and described MAT as one evidence-based tool used alongside counseling, peer support, and other recovery services. She also encouraged the use of recovery-oriented language to reduce stigma.

Brandy Stone added that the public's trust in fire rescue agencies creates opportunities to educate individuals about MAT while helping address transportation, insurance, peer support, and other barriers during the transition into long term treatment.

Question 3: How do you view Kratom use, and how should treatment providers and community partners approach education, awareness, and treatment related to its use?

Brandy Stone reported that Gainesville is seeing increasing Kratom use and that Mobile MAT participants have also sought support related to Kratom. She acknowledged that providers are continuing to educate themselves as new information becomes available.

Valerie Duquette agreed that Kratom use is becoming more common and emphasized that providers must continue learning as treatment approaches evolve.

Shelley Katz highlighted the importance of sharing information through community partners to increase awareness of emerging substances.

Lori Tanner explained that concentrated Kratom derivatives present significant health risks, including respiratory depression, withdrawal, and psychosis. She shared that Baker County has incorporated Kratom education, screening, and testing into outpatient services while continuing to educate healthcare providers.

Vicki Teal encouraged providers to ask patients directly about Kratom use without judgment in order to better understand their needs and determine appropriate treatment options.

Question 4: How does warmth and compassion improve engagement with individuals experiencing crisis?

Vicki Teal reflected on her experiences working in emergency medicine during periods of high overdose activity and emphasized the importance of sitting with patients, listening without judgment, and building trust before discussing treatment options. She stated that peer specialists are invaluable because their lived experience often creates connections that providers alone cannot establish.

Lori Tanner encouraged providers to introduce peer specialists and community paramedicine staff during the initial encounter, so individuals have familiar contacts when they are ready to seek treatment.

Valerie Duquette emphasized meeting individuals where they are, recognizing that every crisis experience is different, and connecting them with the person best suited to build rapport.

Desiree Manning shared how her lived experience as a peer specialist helps establish trust and explained that even unsuccessful encounters often plant the seed for future recovery.

Brandy Stone described trust as being built through consistent follow up and meeting immediate needs, even when those needs are as simple as food, clothing, or transportation.

Amber Williams concluded by emphasizing that meaningful recovery begins with genuine relationships built on trust, compassion, and consistent support.

Question 5: Can you share how the counties are leveraging resources to help build a sustainable recovery network?

Brandy Stone explained that Gainesville Fire Rescue blends legislative appropriations, city funding, opioid settlement funds, CORE funding, and federal grants to support Mobile MAT, community paramedicine, transportation assistance, reentry services, recovery organizations, and community education initiatives.

Valerie Duquette shared that CORE funding has allowed EPIC Behavioral Healthcare to expand existing services, strengthen partnerships, and develop innovative approaches to reach additional individuals.

Shelley Katz discussed the importance of long-term sustainability beyond CORE funding, describing efforts to secure grants, strengthen county investments, expand reimbursement opportunities for community paramedicine, and advocate for additional resources.

Lori Tanner explained that Baker County began by conducting a SWOT analysis to identify gaps before building partnerships and expanding services through the CORE Network.

Vicki Teal emphasized the importance of teamwork between emergency departments, EMS, and peer specialists in creating sustainable systems of care.

Question 6: If there is one message you would like every provider, first responder, policymaker, and community member to leave with today, what would it be?

Shelley Katz expressed appreciation for the collaboration, commitment, and passion demonstrated by partners across the region, noting that working together to advance recovery initiatives has been one of the most rewarding aspects of the project.

Valerie Duquette emphasized that everyone has an important role in supporting recovery efforts and encouraged attendees to find their place, engage, and speak up.

Desiree shared collaboration and education. Collaborate with your community partners and educate yourself as much as possible.

Brandy Stone highlighted the impact that can be achieved when organizations work toward a common goal despite institutional barriers. She encouraged attendees to apply the collaborative CORE model to other community challenges, including mental health and chronic disease management, to improve overall community well being and save lives.

Vicki Teal emphasized that every interaction matters, explaining that even small positive encounters can plant the seed for recovery. She noted that the goal is not only initiating treatment but helping individuals reconnect with their families, employment, and the lives they want to lead.

Lori Tanner stressed that addressing substance use and homelessness is essential to building healthier families and communities. She encouraged rural communities to begin with the resources they have, emphasizing that progress does not require a perfect system to get started.

Amber Williams concluded the panel by reinforcing the importance of collaboration, resource sharing, and creative problem solving to sustain recovery services throughout the region.

IV. FUTURE OF THE COLLABORATIVE

Harlee James presented on the future direction of the Northeast Region Behavioral Health Interagency Collaborative, with a focus on advancing workgroup initiatives and strengthening regional collaboration.

Key priorities discussed included:

- Advancing Regional Workgroup Action Items: The Collaborative will focus on workgroup implementation and measurable outcomes. Workgroups will serve as the primary mechanism for moving discussions about system barriers and service gaps into actionable solutions.
- Increasing Interagency Collaboration Through Resource Fairs: The Northeast Region will continue hosting resource fairs in conjunction with RBHIC meetings to foster stakeholder engagement, strengthen partnerships, and promote interagency collaboration.

V. SYSTEMS AND POLICY CONCERNS WORKGROUP UPDATE

Heather Peltack reviewed the workgroup's established focus, survey plans, and action items.

- Focus: Youth Services as they relate to Systems and Policy Concerns.
- Plans to Survey: Gather input from Community Based Care (CBC) organizations, providers, Alliance members, and Consortium members.

- Action Items: Compile existing reports to inform the workgroup's efforts and establish goals based on survey results.

Heather also shared that the workgroup is seeking a new co-lead and invited interested attendees to express their interest.

VI. 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

- Goal 1: Facilitate the launch of local interagency monthly System of Care Councils in each county.
- Goal 2: Develop and maintain a provider resource directory for the Northeast Region.

Action Items:

- Attendees were encouraged to provide feedback regarding the implementation of local interagency meetings by contacting Harlee James at Harlee.James@myflfamilies.com.
- Current Alliance and Consortium members were asked to identify and share information about existing local groups that could be coordinated with as part of this effort.

Kathleen also shared that the workgroup is developing a model to assess local provider services and provide feedback to support ongoing system improvement.

VII. HOUSING, TRANSPORTATION AND CAPACITY WORKGROUP UPDATE

Harlee James provided an overview of the Housing, Transportation, and Capacity Workgroup, highlighting the diverse range of organizations and professional sectors represented. The workgroup currently includes 10 members representing housing and homeless services, outreach organizations, the Managing Entity, community-based organizations, and government agencies.

Harlee shared that the workgroup has identified both a lead and co lead. The group has met twice and is currently developing its goals and priorities.

VIII. PUBLIC COMMENT

Idris Gaines opened the public comment portion of the meeting and invited attendees to share any questions, comments, or concerns.

Julie Barrow with SEDNET questioned whether insurance companies benefiting from the success of the CORE model, as well as pharmaceutical companies involved in supplying medications such as naloxone, are engaged in discussions regarding braided funding. She asked how community partners can work together to ensure continued support for this valuable resource and prevent the loss of services being developed through the model.

Shelley Katz responded that, aside from opioid settlement dollars, she was not aware of additional pharmaceutical company funding contributions toward the CORE model. She acknowledged that she did not have specific information regarding the funding sources for naloxone but highlighted the Department's significant support in making Narcan available throughout the network. Shelley shared that the accessibility and availability of Narcan have been key contributors to the reduction of opioid related deaths in Florida and recognized the Department as a strong partner in these efforts.

Amber Williams with DCF added that naloxone is primarily purchased and distributed through the State of Florida using resources such as State Opioid Response Grant funding and opioid settlement dollars. She clarified that these funds are separate from CORE network funding but support broader statewide overdose prevention efforts.

Vicki Teal shared that, particularly within the community paramedicine field, there are ongoing conversations regarding reimbursement opportunities for community paramedicine services. She noted that a state statute was recently passed allowing individuals certified as Community Health Workers to bill Medicaid for certain services. As a result, discussions are underway regarding community paramedicine programs incorporating Community Health Workers (CHW) into their teams or having existing staff obtain Community Health Worker certification to support Medicaid billing opportunities.

Shelley Katz added that there may be additional opportunities to explore, particularly with managed care plans, including mechanisms for payment, shared savings, and other funding approaches that have not yet been fully considered. She also suggested exploring

conversations with manufacturers of Narcan to encourage corporate investment and community support beyond the sale of their products.

Amber Williams clarified that Narcan is a brand name for naloxone and that there are other opioid reversal agents available. Amber also noted that pharmaceutical companies produce these opioid reversal agents and that she believes state procurement processes are in place to ensure competitive pricing when the state purchases these medications.

Kasheen Hickson with Youth Crisis Center asked whether the CORE model, which is largely focused on recovery services, has any current or future initiatives related to early intervention efforts.

Idris Gaines shared that the DCF Prevention Program Office considers various initiatives focused on early intervention efforts. He suggested inviting representatives from the Prevention Program Office to future events so they can provide additional information regarding available prevention and early intervention services.

Shelley Katz shared that funding is available for prevention efforts; however, the activities, delivery methods, and evidence-based program models are highly prescribed. She noted that LSF provides prevention funding to community service providers to support the delivery of prevention services. Shelley also shared that LSF is currently applying for additional grants to expand prevention efforts. She stated that, if successful, community partners will be included in the delivery of these services, as additional funding sources may provide greater flexibility and fewer regulatory limitations.

Harlee James concluded the Open Discussion portion of the meeting.

IX. ADJOURN

Harlee James adjourned the meeting at 11:41 AM

Minutes Submitted by: Harlee James

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Appendix A

Agency:	Name:	Attendance:
Agency for Persons with Disabilities (APD)	Diana Burgos Garcia	Virtual
Agency for Persons with Disabilities (APD)	Casey Polmueller	Virtual
Alachua County Board of County Commissioners	Josh McCumber	Virtual
Alachua County Crisis Center	Ariel Drescher	Virtual
Alachua County OPUS	Meghan J. Hamblet-Moore	Virtual
Angel Kids Pediatrics	Cassandra Hert	In Person
BAYS Kids	Patrick Stallwood	In Person
BAYS Kids	Shanterria Lazarre	In Person
BAYS Kids	Fitzgerald Belgrave	In Person
BAYS Kids	L. Wilson	In Person
Bradford School District	Sabrina Howland	Virtual
CDS Family & Behavioral Health Services, Inc.	PJ Minzie	Virtual
Central Florida Drug Trafficking Area	Brittany Brown	Virtual
Changing Homelessness	Vera Brown-Floyd	In Person
Changing Homelessness	Danika Mitchell	In Person
Child Guidance Center	Theresa T. Rulien	Virtual
Children's Home Society of Florida	Haley Gunther	Virtual
Children's Home Society of Florida	Laterryca Flowers	Virtual
Children's Home Society of Florida	Anais Rodriguez	Virtual
Children's Home Society of Florida	Kiana Feliciano	Virtual
Children's Home Society of Florida	Arica Anderson	Virtual
Children's Home Society of Florida	Jayla Caldwell	Virtual
Children's Home Society of Florida	Nancy Robinson	In Person
City of Gainesville	Brandy Stone	In Person
Clay Behavioral Health Center	Irene Toto	Virtual
Clay Behavioral Health Center	Jordynn Cannon	Virtual
Community Coalition Alliance (CCA)	Dale Shubery	In Person
Community Coalition Alliance (CCA)	Kathleen Roberts	In Person
Community Member	Ophelia Webb	Virtual
Community Member	Ramiesha Bolden	Virtual
Community Partnership for Children	Tara Thompson	Virtual
Cox Behavioral Health Group	Sara Montgomery	Virtual

Dayspring	Mckena Johnson	Virtual
Department of Children and Families	Courtney Horton	Virtual
Department of Children and Families	Zoha Khan	Virtual
Department of Children and Families	Tonya Harrison	Virtual
Department of Children and Families	April M Busby	Virtual
Department of Children and Families	Mark Sherrod	Virtual
Department of Children and Families	Christopher Austin	Virtual
Department of Children and Families	Raven A Reid	Virtual
Department of Children and Families	Deagan Watson	Virtual
Department of Children and Families	Donna M Johnson	Virtual
Department of Children and Families	Janet Romero	Virtual
Department of Children and Families	Laurinda Andujar	Virtual
Department of Children and Families	Chauneva Garlington	Virtual
Department of Children and Families	Paula N. Willacy	Virtual
Department of Children and Families	Stephanie Gorth	In Person
Department of Children and Families	Diveka Anderson	Virtual
Department of Children and Families	Kaylan Samuels	Virtual
Department of Children and Families	Jesse Kemper	Virtual
Department of Children and Families	Lizette Miller	In Person
Department of Children and Families	Stephen Teal	In Person
Department of Children and Families	Desiree Manning	In Person
Department of Children and Families	Amber Williams	In Person
Department of Children and Families	Sean Thomas	In Person
Department of Children and Families	Harlee James	In Person
Department of Children and Families	Idris Gaines	In Person
Department of Children and Families	Cara Thomas-Bryant	In Person
Department of Children and Families	Wes Evans	In Person
Department of Health	Jessica Walroth	In Person
Department of Health Clay	Nikayla Bagmon	In Person
Department of Health Clay	Hannah Graham	In Person
Department of Health in Jefferson & Madison County	Kimberly Allbritton	Virtual
Department of Juvenile Justice	Tracy Shelby	In Person
Department of Juvenile Justice	Sandra Northcutt	In Person
Department of Juvenile Justice	Alison Fulford	Virtual

Disability Rights Florida	Patrick Heidemann	Virtual
Duval County Public Schools	Laconya Conner	In Person
Ed Frasier Hospital	Lori Tanner	In Person
EPIC Behavioral Healthcare	Nangela Pulsfus	Virtual
EPIC Behavioral Healthcare	Valerie Duquette	In Person
EPIC Behavioral Healthcare	Lori Vogel	In Person
EPIC Behavioral Healthcare	Courtney Surrency	In Person
Family Integrity Program	Jessica Gossett	Virtual
Family Support Services	Kasia Ford	Virtual
Family Support Services	Christine Wolfe	Virtual
Family Support Services	Barbara Jones	Virtual
Flagler County Sheriff's Office	Deanna Uhl	Virtual
Flagler Open Arms Recovery Services [OARS]	Justin Sweat	Virtual
Flagler Open Arms Recovery Services [OARS]	Pam Birtolo	Virtual
Flagler Open Arms Recovery Services [OARS]	Brock Birtolo	In Person
Flagler Sheriff's Office	Daniel Engert	Virtual
Florida Agency for Health Care Administration (AHCA)	Michael Licciardiello	Virtual
Florida Agency for Health Care Administration (AHCA)	Kirk Hall	Virtual
Florida Behavioral Health Association	Ute Gazioch	Virtual
Florida Blue	Patsy Garcia	Virtual
Florida Blue	Diana Sandoval	In Person
Florida Blue	Marie Norman	In Person
Gateway Community Services	Joann Telfair	Virtual
Gateway Community Services	Tyra Aldridge	Virtual
Gateway Community Services	Jessica Davis	Virtual
Gateway Community Services	Bruce Perry	In Person
Gulf Coast Jewish Family and Community Services	Natalie Bogusiewicz	Virtual
Halifax Behavioral Services	Patricia L Alexander	Virtual
Health Quality Innovators	Priscilla Smith	Virtual
Hicoria Pines Homes	Kamiyah Frazier	Virtual
Jones Technical Institute	Ivan Thomas	In Person
Lawtey Police Department	Jacob Swaggerty	Virtual
Living Hope Inc	Natalie Moore	Virtual

LSF Health Systems	Meghan Riley-Reynolds	Virtual
LSF Health Systems	Stephen Crenshaw	In Person
LSF Health Systems	Sheri Goodwin	In Person
LSF Health Systems	Christine Cauffield	In Person
LSF Health Systems	Nancy Eisele	In Person
LSF Health Systems	Shelley Katz	In Person
LSF Health Systems	Sherry Carlin	In Person
LSF Health Systems	Randi Bhatti	In Person
LSF Health Systems	Dusty Pye	Virtual
LSF Health Systems	Erin Whitaker-Houck	Virtual
Marion Senior Services	Briana Kelley	In Person
Marion Senior Services	Kathleen Kratz	In Person
Mental Health Resource Center (MHRC)	Tamara Lound	In Person
Mental Health Resource Center (MHRC)	Shayla Flanders	In Person
Mental Health Resource Center (MHRC)	Debbie O'Neal	In Person
Meridian Healthcare	Ashley Brooks	Virtual
Meridian Healthcare	Gade Duerksen	Virtual
Meridian Healthcare	Loreth Graham	Virtual
Meridian Healthcare	Lauren Cohn	In Person
Meridian Healthcare	Michelle Lisk	In Person
Mobile Integrated Healthcare Alachua County	Jodie Lindsey-Benware	Virtual
NAMI Jacksonville	Cheryl Virta	In Person
NAMI Jacksonville	Krystal Swift	In Person
NEFSH	Luis M Rolle	Virtual
New Smyrna Beach Police Department	Kimberly Jensen	Virtual
North Florida High Intensity Drug Trafficking Area	Deborah M. Babin	Virtual
Northwest Behavioral Health Services, Inc.	Terri Glover	Virtual
Orange Park Police Department	Joel Grant	Virtual
Partnership for Strong Families	Justen Ostreicher	Virtual
Partnership for Strong Families	Melinda Sczepanski	Virtual
Saint Johns County Sheriff's Office	Michael Clark	Virtual
SEDNET	Julie Barrow	In Person
Simply Health	Tina Beaulieu	Virtual
SMA Healthcare	Sandra Jackson	In Person
SMA Healthcare	Salvatore Gintoli	In Person

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St. Augustine Youth Services (SAYS)	Dennis Maneja	Virtual
St. Johns County Sheriff's Office	Parrey, Brielle	Virtual
St. Johns County Sheriff's Office	Papovitch, Ralph	Virtual
Starting Point Behavioral Health	Lyubov Sribryanets	In Person
Sunshine Health	Sara E. Pham	Virtual
Sunshine Health	Angie Adams Martin	Virtual
Sunshine Health	Trina G. Kucera	Virtual
The Nehemiah Project	Larry McGee	In Person
The Village of Hope and Healing	Lisa Barton	Virtual
Universal Health Services	Timothy Macsuga	Virtual
Universal Health Services	Timothy Macsuga	Virtual
Veterans Affairs	Jessica R. Bradstreet	Virtual
Volusia Recovery Alliance	Karen Chrapek	In Person
Volusia Recovery Alliance	Brittany Goad	In Person
Volusia Recovery Alliance	Kayla Oakley-Sean	In Person
Wekiva Springs	Audrey Olson	In Person
Wolfson's Children's Hospital / Baptist	Heather Peltack	In Person
Youth Crisis Center (YCC)	Hannah Hampton	In Person
Youth Crisis Center (YCC)	Rosario Dulzaides	In Person
Youth Crisis Center (YCC)	Kasheen Hicksen	In Person