



Southeast Regional Behavioral Health Interagency Collaboration (Hybrid)

Monday, July 13, 2026, 10:30 AM-12:30 PM

African American Research Library and Cultural Center

2650 Sistrunk Blvd. Fort Lauderdale, Florida 33311

MEETING MINUTES

Attendance: Total 145

In-Person 52

Virtual 93

Full Attendee List is Provided in Appendix A

Hosts/Facilitators: Department of Children and Families – Laurinda “Lala” Andujar, Regional Collaboration Coordinator; Jessica Durant, Southeast Region SAMH Director; Idell Gayman, Southeast Region SAMH Supervisor

Presenters: Amber Williams, Special Programs Manager and Subject Matter Expert CORE Network; and Stephen Teal CP-C, Subject Matter Expert on CORE Network, Mobile MAT, MOUD with the Department of Children and Families

I. CALL TO ORDER

Laurinda “Lala” Andujar called to order the Southeastern Regional Behavioral Health Interagency Collaboration Meeting at 10:30 a.m. on Monday July 13, 2026.

II. WELCOME AND INTRODUCTIONS

Jessica Durant, Southeast Region SAMH Director, welcomed attendees. The following individuals were introduced:

Laurinda Andujar, Regional Collaboration Coordinator, Department of Children and Families

Idell Gayman, Southeast Region SAMH Supervisor, Department of Children and Families

Amber Williams, Special Programs Manager and Subject Matter Expert CORE Network, Department of Children and Families

Stephen Teal CP-C, Subject Matter Expert on CORE Network, Mobile MAT, MOUD, Department of Children and Families



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III. PRESENTATION – The Coordinated Opioid Recovery (CORE) Network

PowerPoint presentation was provided by Mrs. Amber Williams and Mr. Stephen Teal with the Department of Children and Families (DCF) Office of Substance Abuse and Mental Health (SAMH)

Presenters provided an overview of recovery principles and the role of Florida's Coordinated Opioid Recovery (CORE) Network in strengthening the state's response to substance use. Mrs. Williams and Mr. Teal shared their lived experience stories as well as introduced the purpose and structure of the CORE Network, key partners involved, operational processes, and recent developments that are expanding access, enhancing collaboration, and supporting a coordinated, recovery-oriented system of care.

Susan Nyamora, South Florida Wellness Network, asked how the CORE Network is different from Recovery Oriented System of Care (ROSC)?

Mrs. Williams responded the CORE Network reflects our fundamental commitment to treating people with compassion, dignity, and care. Rather than being a standalone program, it is a collaborative network that brings partners together to provide coordinated, person-centered support rooted in those shared values.

Ms. Nyamora thanked Mrs. Williams and clarified her understanding that ROSC is a framework and that CORE is a part of ROSC.

Dean Pasquale, Fellowship Recovery Community Organization, inquired if jail systems were incorporated into the CORE model, due to seeing that a large population of overdose inmates were in custody within the last six months of their death.

Mrs. Williams confirmed, yes jail systems are an essential part of the CORE Network model. The network includes initiatives such as Jail Medication Assisted Treatment (MAT), the Hospital Bridge program, Recovery Community Organizations (RCOs), Peer Workforce Development, Mobile MAT, and Court Diversion to support individuals throughout their recovery journey. Rather than focusing on "gaps," the CORE Network emphasizes strengthening connections between systems and continuously expanding partnerships. The team is actively working to increase participation from more jail systems to improve access to coordinated, recovery-oriented care for justice-involved individuals. Mrs. Williams also offered to connect Mr. Pasquale with Sarah Shepherd as a resource.

Leanne Sullivan, South Florida Wellness Network, inquired if Mrs. Amber Williams was receiving information from the Fatality Review Board enabling the Department to determine



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where there are any gaps in the processes that could potentially prevent deaths from happening.

Mrs. Williams answered that the organization has dedicated research and epidemiology teams that analyze data and reports to guide program development and funding decisions. This data-driven approach helps ensure resources are invested where they can have the greatest impact, with the primary goals of saving lives, increasing access to treatment, and improving long-term outcomes for individuals. While this work is managed outside the presenter's unit, they offered to connect stakeholders with the appropriate research team for additional information.

IV. CORE PANEL DISCUSSION

Ms. Andujar introduced the CORE Network panelists and turned the floor over to Mrs. Williams and Mr. Teal to assist in facilitating the CORE Panel Discussion portion of the meeting.

The CORE Network panelists were as follows:

- Matthew Green, Assistant Chief, Fort Lauderdale Fire and Rescue
- Bryan Lee, CORE Lieutenant, West Palm Beach Fire Department
- Susan Nyamora, Chief Executive Officer, South Florida Wellness Network
- Sara Barkley, Chief Executive Officer, Fellowship Recovery Community Organization
- Christina Rodriguez, Chief Operating Officer Rebel Recovery
- Amanda Busbin, Chief of Network Integrity, Southeast Florida Behavioral Health Network
- O'Shaun Sasso, Medicated Assisted Treatment Coordinator, Broward Behavioral Health Coalition
- Tiffany Schillaci, Social Services Counselor, Broward Health Medical Center
- Dr. Stephen Viel, Emergency Department Physician/Peer Mentor Prescriber, Shoreline Medical Addiction Treatment
- Miranda Flatt, Chief Operating Officer, RiteLife Services

Mrs. Williams opened the panel by asking the panelists to discuss how the CORE model differs from the traditional approach to treatment.

Lieutenant Bryan Lee, West Palm Beach Fire Department, explained that the CORE Network model is relationship-centered and patient-driven, emphasizing trust, individualized care, and long-term engagement rather than simply moving individuals into treatment. He noted that the



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model recognizes recovery is not linear, meets individuals where they are, and measures success through meaningful progress, such as increased engagement in services, stable housing, family reunification, and continued participation in recovery supports, all of which contribute to sustainable, long-term recovery outcomes.

Assistant Chief Matthew Green, Fort Lauderdale Fire and Rescue, explained that traditional EMS responses to substance use focused on short-term emergency care without addressing long-term recovery needs. The CORE model has transformed this approach by emphasizing relationship-building, collaboration with community partners, and connecting individuals to ongoing support services, leading to improved outcomes and reductions in repeat encounters.

Tiffany Schillaci, Broward Health Medical Center, described the CORE model as shifting from isolation to connection by taking a holistic, person-centered approach that considers the individual within the context of their family, community, and support systems. Unlike traditional models, CORE emphasizes collaboration and shared responsibility to promote lasting recovery.

Susan Nyamora, South Florida Wellness Network, followed up by expressing appreciation for the CORE model's relationship-centered approach, emphasizing that it surrounds individuals with long-term support rather than transactional interactions. They highlighted the essential role of peer support and lived experience in building trust, strengthening partnerships, and guiding individuals through every stage of recovery from prevention and crisis intervention to treatment and long-term recovery management to create recovery-ready communities.

Lieutenant Bryan Lee, West Palm Beach Fire Department, shared that the greatest advancement of the CORE model is the implementation of warm handoffs and peer specialists in emergency departments. This approach has transformed care from brief, transactional encounters into coordinated, relationship-based support that bridges gaps between organizations and improves continuity of care for individuals in recovery.

Amanda Busbin, Southeast Florida Behavioral Health Network, shared that the CORE Network extends beyond traditional providers, empowering anyone who interacts with individuals in need to become part of the recovery network. By sharing knowledge, connecting people to peers, treatment, medications, and community resources, every community member can support long-term recovery and strengthen a coordinated system of care.

O'Shaun Sasso, Broward Behavioral Health Coalition, highlighted that the strength of the CORE model lies in fostering meaningful relationships through collaboration, education, and trust-building among partners. By creating strong connections before a crisis occurs, providers



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know exactly who to contact, enabling seamless communication, effective warm handoffs, and coordinated support for individuals in recovery.

Christina Rodriguez, Rebel Recovery, emphasized that the success of the CORE model depends on building trusting relationships not only with individuals seeking recovery but also with healthcare providers and community partners. Strong collaboration and organizational buy-in have increased access to peer support services, strengthened partnerships, and improved recovery outcomes for the communities they serve.

Miranda Flatt, RiteLife Services, stated one of the greatest strengths of the CORE Network is the collaborative relationships built among providers, first responders, and community partners. Unlike traditional approaches, the network enables trusted communication, seamless warm handoffs, and around-the-clock support, ensuring individuals receive coordinated, person-centered care. This collaborative approach not only improves participants' chances of achieving recovery but also strengthens the recovery community through shared compassion, trust, and partnership.

Sara Barkley, Fellowship Recovery Community Organization, shared that the CORE model has transformed recovery by creating multiple pathways to care through strong community partnerships. Regardless of where an individual enters the system, EMS, emergency departments, treatment, or even the justice system they can access peer support, medication, and coordinated services, making recovery more accessible and strengthening outcomes across the community.

Lieutenant Bryan Lee, West Palm Beach Fire Department, chimed in and stated that the strength of the CORE Network lies in its collaborative approach, where every partner plays a vital role in supporting recovery. By working together as a connected network, organizations and community members can better meet the needs of individuals, expand access to care, and promote lasting recovery throughout Florida's communities.

Mr. Teal asked the panelists to describe how warm handoffs are facilitated between EMS, emergency departments, and medication-assisted treatment (MAT) providers, and what practices they have found to be most effective.

Ms. Rodriguez, Rebel Recovery, spoke about the importance of direct communication between EMS and peer specialists, noting that dedicated peer response lines enable rapid engagement, timely warm handoffs, and effective outreach in hospitals and the community. While this collaboration has been highly successful, the speaker also acknowledged ongoing challenges with limited treatment bed availability and access to care for uninsured and



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underinsured individuals, emphasizing that these broader systemic barriers remain an area for improvement.

Ms. Barkley, Fellowship Recovery Community Organization, emphasized that timely warm handoffs between EMS and peer specialists are critical to engaging individuals immediately following an overdose or crisis. They also highlighted the value of peer-run respite programs, which provide a safe, supportive environment and ongoing recovery navigation while individuals wait for treatment, helping bridge gaps caused by insurance, bed availability, and other barriers to care.

Ms. Flatt, RiteLife Services, highlighted that the reliability and responsiveness of peer specialists have strengthened trust with emergency responders and hospitals, making warm handoffs more effective. By meeting individuals immediately after medical clearance and remaining alongside them through the process, peers provide reassurance, continuity of care, and support during a vulnerable time, improving engagement in recovery services.

Lieutenant Lee, West Palm Beach Fire Department, explained that a warm handoff is a real-time, person-centered process in which first responders identify individuals in need, build initial trust, and connect them directly with peer specialists wherever they are. By replacing traditional referrals with immediate introductions and ongoing peer engagement, the CORE model reduces barriers, strengthens relationships, and ensures individuals receive continuous support while allowing first responders to effectively serve others in the community.

Ms. Nyamora, South Florida Wellness Network, described the process as a "hot handoff" rather than a warm handoff, emphasizing the rapid, coordinated response among EMS, law enforcement, peer support, and community partners. By addressing social determinants of health and coordinating services from the point of crisis through long-term recovery, the CORE model provides comprehensive support, reduces repeat crises, and helps individuals achieve lasting recovery.

Dr. Stephen Veil, Shoreline Medical Addiction Treatment/Peer Prescribe, discussed successfully integrating peer recovery services into hospitals requires both executive leadership support and frontline staff engagement. Administrative buy-in is essential to address operational issues such as credentialing, hospital access, consent, and information sharing. Equally important is securing the trust and support of nurses and other frontline staff, who are responsible for making referrals. Embedding peers at the bedside not only streamlines connections to recovery services but also provides visible examples of successful recovery, fostering hope among patients and healthcare staff. While individual clinicians can make referrals independently, establishing a formalized peer recovery program creates a more sustainable, efficient, and impactful system.



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Tiffancy Schillaci, Social Services Counselor, Broward Health Medical Center, added building an effective hospital-based recovery program requires time, persistence, and strong relationships. Developing trust with nurses, physicians, and hospital staff can take years, but that investment leads to lasting partnerships and improved outcomes. The speaker emphasized the importance of warm and hot handoffs, ongoing collaboration with EMS and healthcare partners, and identifying opportunities to strengthen care transitions. Having a trusted, reliable point of contact is critical to ensuring seamless coordination, while consistent, face-to-face relationship building fosters the rapport needed to overcome barriers and sustain successful recovery efforts.

Ms. Williams highlighted that one of the greatest breakthroughs came from partnering closely with EMS, whose providers historically never had the opportunity to see patient outcomes after a crisis. Allowing EMS and hospital staff to follow individuals through their recovery journey has demonstrated the impact of their work, fostering hope, pride, and stronger engagement. Seeing successful outcomes reinforces the value of coordinated care and has strengthened the commitment to implementing hot handoffs as a core component of the recovery process.

Mr. Teal directed a question to Dr. Veil, asking how medication-assisted treatment (MAT) providers can address the stigma and common misconception that MAT is simply replacing one substance with another.

Dr. Veil, Emergency Department Physician/Peer Mentor Prescriber, Shoreline Medical Addiction Treatment, emphasized the importance of having honest, respectful conversations about Medication-Assisted Treatment (MAT). While MAT is highly effective at saving lives and supporting stability, it does not, by itself, equate to recovery. Families may still observe ongoing substance use or a lack of recovery identity, raising valid concerns that should be acknowledged rather than dismissed. Open dialogue about what recovery and success truly look like can build understanding, address misconceptions, and reinforce that MAT is one component of a comprehensive recovery journey.

Ms. Schillaci, Broward Health Medical Center, shared that their clinic embraces a harm reduction approach, using medications for opioid use disorder to save lives and significantly reduce fatal overdoses. They emphasized that addressing stigma begins with validating people's concerns while providing education about the effectiveness of harm reduction. Open, informed conversations—both in healthcare settings and within families and communities—are essential to increasing understanding and reducing the stigma surrounding Medication-Assisted Treatment (MAT).

Ms. Nyamora, South Florida Wellness Network, reframed the conversation from stigma to discrimination, emphasizing that people should not be judged for using Medication-Assisted



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Treatment (MAT). Reflecting on their own shift from an abstinence-only perspective, they stressed that recovery should be defined by everyone's path to health and wellness. If medication is an effective, evidence-based tool that saves lives, individuals should have equitable access to it without discrimination.

Ms. Rodriguez, Rebel Recovery, shared that education is one of the most powerful tools for reducing misconceptions about Medication-Assisted Treatment (MAT) and substance use disorders. By combining evidence-based knowledge with lived experience and approaching conversations with empathy rather than judgment, communities can foster greater understanding and acceptance. The CORE Network was recognized for promoting education that supports healthier outcomes and compassionate, recovery-oriented care.

Lieutenant Lee, West Palm Beach Fire Department, highlighted the transformative impact of education in healthcare settings, sharing how providing timely, evidence-based information to physicians led to the adoption of buprenorphine (Suboxone) initiation in the emergency department. By serving as subject matter experts and fostering collaboration with hospital staff, they demonstrated how education can change clinical practice, expand access to treatment, and improve outcomes for individuals with opioid use disorder.

Mr. Teal emphasized that FADA providers play a critical role in educating emergency department clinicians on the use of buprenorphine. By providing specialized training and increasing provider confidence, these experts help hospitals implement medication initiation in the emergency department, expanding timely access to evidence-based treatment for individuals with opioid use disorder.

Mrs. Williams then asked how community partners, including law enforcement agencies and recovery community organizations, are integrated into the CORE model and inquired about the number of community partners involved.

Ms. Sasso, Broward Behavioral Health Coalition, spoke about the importance of collaboration and education among MAT providers in Broward County. Regular coordination meetings have increased awareness of available resources, strengthened partnerships, and ensured that providers understand that services are accessible beyond a single network. The managing entity serves as a central connection, helping providers navigate resources and improve access to care across the community.

Ms. Busbin, Southeast Florida Behavioral Health Network, stated that a recovery-oriented system of care is built around meeting everyone's immediate needs, whether that is withdrawal management, housing, childcare, or family reunification. Through warm handoffs, strong partnerships, and coordinated referrals, providers can connect individuals to the right resources at the right time. Every organization that helps address a person's needs—



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regardless of the services it provides—is an essential part of the CORE Network and contributes to a coordinated, person-centered recovery system.

Mrs. Sasso, Broward Behavioral Health Coalition, emphasized that being present with individuals during a crisis and actively helping them navigate the next steps instills hope and reassurance. This person-centered support helps individuals believe that recovery is possible, creating a meaningful foundation for successful outcomes.

Lieutenant Lee, West Palm Beach Fire Department, described how a HIPAA-compliant electronic referral system enables hospitals to quickly connect patients with substance use disorders to recovery services. By making simple referrals and ensuring rapid response, hospitals become active partners in the CORE Network. This streamlined process demonstrates the value of coordinated care, improves engagement, supports ongoing recovery, and reduces repeat emergency department visits.

Ms. Schillaci, Broward Health Medical Center, followed up saying the criminal justice system is an important community partner in the CORE Network. Through education, collaboration, and advocacy for treatment over incarceration, they have helped individuals access rehabilitation instead of lengthy prison sentences, demonstrating how cross-system partnerships can improve recovery outcomes and expand opportunities for justice-involved individuals.

Ms. Rodriguez, Rebel Recovery, shared that being a CORE community partner is not dependent on receiving CORE funding but on a shared commitment to collaboration and person-centered care. Providers work together, share resources, and leverage trusted relationships to meet participants' needs, demonstrating that the strength of the CORE Network lies in partnership, communication, and a collective commitment to supporting recovery.

Ms. Williams clarified that CORE funding is intended to serve as startup funding rather than long-term operational support. She explained that the CORE Network is designed to be sustained through the blending and braiding of existing funding streams, community resources, and strategic partnerships, creating a resilient infrastructure that supports innovation and long-term recovery services.

Ms. Williams then transitioned the discussion by inviting panelists to reflect on the emotional impact of engaging with individuals in hospital settings. Panelists shared how these interactions have influenced them personally and highlighted the positive changes they have observed in both patients and providers through implementation of the CORE model.

Ms. Rodriguez, Rebel Recovery, reflected on the profound emotional impact of serving as a peer in the emergency department, explaining that seeing someone with lived recovery



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experience brings immediate comfort, trust, and hope to individuals in crisis. Peer support provides authentic representation that recovery is possible, helping patients feel understood during one of the most vulnerable moments of their lives while creating a deeply rewarding experience for the peer as well.

Dr. Viel, Shoreline Medical Addiction Treatment, emphasized that peers complement clinical care by sharing lived experience in a way that builds trust and encourages individuals to consider treatment options, including MOUD. As hospital partnerships have strengthened, peers have become welcomed members of the care team, helping patients understand the full continuum of recovery resources. By offering ongoing support beyond the hospital stay and serving as visible examples of successful recovery, peers provide hope, reassurance, and a lasting connection that reinforces recovery is possible.

Lieutenant Lee, West Palm Beach Fire Department, emphasized that building trust begins with approaching patients with genuine compassion, without judgment or pressure. By empowering individuals to choose the recovery supports that best meet their needs, peers create a safe, person-centered environment where people are more likely to accept help. This authentic approach, combined with the public trust already established by first responders, has led to high engagement and stronger connections to recovery services.

Assistant Chief Matthew Green, Fort Lauderdale Fire and Rescue, explained that the CORE Network helps restore compassion within EMS by reconnecting first responders to the people behind the emergencies they encounter. Through meaningful interactions and partnerships with Mobile Integrated Health (MIH) teams, providers are reminded that every individual is deserving of empathy and support, fostering a more person-centered culture that can positively influence the broader EMS workforce over time.

Ms. Flatt, RiteLife Services, stated recovery is a personal journey, and individuals may not be ready to accept help the first time it is offered. However, treating people with dignity, compassion, and respect leaves a lasting impression, increasing the likelihood that they will seek support when they are ready. Human connection and empathy are essential foundations of recovery-oriented care.

Ms. Schillaci, Broward Health Medical Center, emphasized that overdose encounters can be frightening for both patients and providers. By setting aside bias, titles, and credentials and simply showing up as "people helping people," providers can build trust, reduce fear, and approach individuals with humility and compassion, creating a stronger foundation for recovery.

Ms. Rodriguez, Rebel Recovery, reflected that introducing Medication-Assisted Treatment (MAT) and warm handoffs into the emergency department transformed care by demonstrating



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genuine compassion to individuals after an overdose. Simply showing that someone cares can restore hope for patients, while the presence of peers and positive recovery outcomes also gives healthcare staff confidence that recovery is possible. Compassion and hope were identified as the most powerful tools providers can offer during a crisis.

In closing, Mrs. Williams asked each panelist to share one key message they hoped every provider, first responder, policymaker, and community member would take away from the discussion.

Assistant Chief Matthew Green, Fort Lauderdale Fire and Rescue, emphasized that the CORE Network succeeds because recovery is viewed as a shared community responsibility rather than the burden of any one organization. By working collaboratively, partners create a coordinated system that supports individuals and strengthens recovery outcomes for the entire community.

Lieutenant Lee, West Palm Beach Fire Department, said that successful recovery support requires patience, persistence, and a long-term commitment. Because recovery is not a linear process, providers must remain a consistent source of support through setbacks and successes, meeting individuals where they are and being ready to help whenever they choose to recover.

Ms. Nyamora, South Florida Wellness Network, closed with a powerful reminder that compassionate, person-centered care begins with treating every individual as you would a loved one. They encouraged providers to never lose sight of their purpose, emphasizing that while the work can be challenging, approaching each interaction with intention, empathy, and compassion creates lasting impact. As they reflected, the goal is not to be perfect, but to live and serve purposefully.

Ms. Barkley, Fellowship Recovery Community Organization, emphasized that recovery is a shared community responsibility. The CORE Network demonstrates that when healthcare, behavioral health, EMS, recovery organizations, and community partners collaborate, they can transform lives and create lasting recovery outcomes for individuals and their communities.

Ms. Rodriguez, Rebel Recovery, shared that meaningful participation in our communities is essential to building a healthier, stronger society. The CORE Network exemplifies how collaboration, relationships, and shared responsibility create lasting social capital and ensure future generations have access to the resources and support they need. By investing in one another today, we leave behind a more compassionate and resilient community for tomorrow.

Ms. Busbin, Southeast Florida Behavioral Health Network, encouraged community partners to embrace collaboration by asking for help when they do not have the answer. No one has to



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solve every challenge alone reaching out to trusted partners and leveraging the network's collective knowledge ensures individuals receive the support they need. When barriers arise, "phone a friend," because strong partnerships are the foundation of effective, recovery-oriented care.

Ms. Sasso, Broward Behavioral Health Coalition, reflected on the progress the network has made while emphasizing that continued collaboration and mutual support are essential to advancing recovery efforts. By working together across organizations and honoring everyone's unique recovery journey, providers can create opportunities where today's "no" may become tomorrow's "yes."

Ms. Schillaci, Broward Health Medical Center, encouraged providers to look inward by recognizing both their biases and strengths while practicing trauma-informed care. They emphasized the importance of addressing vicarious trauma, treating every individual with the same compassion and dignity we would want for our own loved ones, and leading with empathy, equity, and love.

Dr. Veil inspired participants to be the catalyst for change in their own organizations, emphasizing that successful programs begin with one passionate champion. With commitment, collaboration, and the support of peers and community partners, barriers can be overcome. Their closing message was a call to action: "Start where you are, use what you have, and do what you can."

Ms. Flatt, RiteLife Services, emphasized that the heart of recovery work is simply helping people. By being fully present, believing in everyone's potential, and leaning on one another through collaboration, providers can overcome challenges and create lasting change.

Ms. Durant thanked the moderators and panelists and closed out the panel session and turned the floor over to Ms. Andujar to introduce the workgroup report out sessions.

VI. WORKGROUP REPORTING

A. PEER SUPPORT AND COMMUNITY CONNECTIONS WORKGROUP

Antionette Gonzalez, Certified Peer Recovery Specialist with South Florida Wellness Network, provided an update on the Peer Support and Community Connections Workgroup, which she co-leads with Barbara Moody, CEO of Right Life Services. The workgroup, which meets on



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the second Thursday of each month from 11:00 a.m. to 12:00 p.m., has experienced a strong launch with participation reaching 29 members, though efforts are underway to increase representation across all six counties in the Southeast Region.

The group collaboratively developed a mission and vision centered on uniting peer specialists, behavioral health professionals, and community partners to strengthen recovery-oriented systems of care through collaboration, mentorship, person-centered solutions, and expanded access to services. To turn this vision into action, the workgroup identified three strategic priorities for the next six months. To support these priorities, the following subcommittees have been established: Peer Connection, led by Brad Sloop; Discharge Playbook, led by Dean Pasquale; and Peer Workforce Education, led by Ashley Harrison.

These initiatives are designed to strengthen partnerships, address service gaps, improve recovery outcomes, and advance the peer support workforce while fostering healthier, more resilient communities.

B. HOUSING ACCESS AND SUPPORT WORKGROUP

Idell Gayman, Department of Children and Families, provided an update on the Housing Access and Support Workgroup, which officially launched on June 11 with 12 members in attendance. The workgroup is actively seeking additional members from across the Southeast Region to strengthen collaboration and address the housing crisis in South Florida. Sandra Reyes, South Florida Wellness Network, and William King, Broward Behavioral Health Coalition, will serve as co-chairs, supported by Gayle Giese and Talika Blackburn as backup chairs. Meetings will be held on the second Thursday of each month.

The workgroup also unveiled its collaboratively developed mission statement, which focuses on advancing access to safe, affordable, trauma-informed, and recovery-oriented housing through partnerships among peer specialists, behavioral health providers, housing organizations, and community stakeholders. The group aims to identify barriers, strengthen coordinated systems of care, and develop sustainable solutions that promote housing stability, recovery, and long-term wellness.

Ms. Gayman concluded by thanking the workgroup leaders and members for their commitment and noted that these initial workgroups will serve as the foundation for additional collaborative workgroups in the future.

C. SURVEY RESULTS, REGIONAL UPDATES, AND NEXT STEPS

Jessica Durant, Department of Children and Families, shared highlights from the April post-event survey, which focused on evaluating the statewide Lunch & Learn series. Survey results



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showed that 76% of respondents rated the sessions as very effective, with most participants preferring quarterly Lunch & Learns. Feedback also demonstrated strong interest in collaborative workgroups, which directly informed the launch of the Peer Support and Community Connections and Housing Access and Support Workgroups.

Ms. Durant also announced ongoing discussions about expanding networking and resource-sharing opportunities, including the potential for a regional resource fair focused on community providers serving uninsured and underinsured individuals. She concluded by thanking participants for their feedback, emphasizing that their input continues to shape future initiatives, and transitioned the meeting to the success stories portion of the agenda.

VIII. SUCCESS STORIES

For the success stories segment, CORE Panelist Lieutenant Bryan Lee with West Palm Beach Fire Department shared a firsthand account recognizing the impactful work of the CORE Network and the dedication of its frontline partners. He highlighted two powerful success stories that demonstrated the positive impact of the CORE model on individuals and communities.

The first involved a man hospitalized for severe alcohol use who, through a bedside connection, was linked to peer support and a faith-based recovery community. Since entering recovery, he has maintained sobriety, returned to work and school, earned a place on the Dean's List, and continues to thrive with ongoing support. For Lieutenant Lee, the experience affirmed the life-changing power of compassionate, person-centered care.

The second story highlighted a "super-utilizer" of emergency services who had generated 144 EMS calls in one year. Through consistent outreach, relationship-building, and weekly follow-up, the individual's emergency calls have dropped dramatically, his alcohol use has decreased, and he has begun rebuilding hope. Although his recovery journey continues, being treated with dignity and reminded of his worth has become the foundation for meaningful change.

Together, these stories demonstrate that recovery is not measured only by immediate outcomes, but by the hope, trust, and lasting relationships that empower individuals to transform their lives.



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VIII. PUBLIC COMMENT AND CLOSING REMARKS

The floor was opened for public comment, and the following questions were submitted via Microsoft Team's chat or by those attending in-person.

Rick Riccardi, Fellowship Recovery Community Organization, asked: How should recovery be defined in relation to mortality rates, and how can the behavioral health field establish meaningful measures of recovery? Should recovery be measured by time, or are there other indicators that more accurately reflect sustained progress and improved outcomes?

Ms. Nyamora, South Florida Wellness Network, answered that recovery is unique to everyone and cannot be measured by a single standard.

She went on to add that as peer, recovery should be defined by the person experiencing it, and that imposing rigid expectations or outcomes is inconsistent with a person-centered, recovery-oriented approach.

Ms. Andujar encouraged attendees to continue networking after the meeting to strengthen relationships and foster ongoing collaboration.

Ms. Durant reminded participants to complete the post-event survey, join and actively engage in workgroups, and continue sharing resources to support collective efforts across the region.

Additionally, Ms. Andujar shared contact information for DCF representatives, including the Regional Operations Manager, and was provided with open lines of communication and continued support.

X. ADJOURN

Laurinda "Lala" Andujar adjourned the meeting at 12:30 p.m. on Monday July 13th, 2026.



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APPENDIX A

Aisha	McDonald	United Way Broward
Alyssa	Deines	Department of Children and Families
Alyssa	Plaske	Evolutions Treatment Center
Amanda	Busbin	Southeast Florida Behavioral Network
Amber	Williams	Department of Children and Families
Andrew	Wilson	Department of Children and Families/SAMH
Angela	Ventura	United Way of Broward
Angel Marie	Vasquez	Rebel Recovery
Antionette	Gonzalez	South Florida Wellness Network
Ann	Posey	Tykes and Teens
April	Busby	Department of Children and Families/SAMH
Ashley	Harrison	RiteLife Services
Barbara	Moody	RiteLife Services
Brandon Ray	Brown	Universal Health Services
Brendan	Casey	South Florida Wellness Network
Bryan	Lee	Core Lieutenant West Palm Beach
Caren	Longsworth	Broward Behavioral Health Coalition
Caroline	Romero	Broward Behavioral Health Coalition
Carolyn	Wilson	South Florida Wellness Network
Cassandra	Evans	Broward County
Chris	Davis-Partridge	City of Fort Lauderdale
Christina	Rodriguez	Rebel Recovery
Christopher	Austin	Department of Children and Families
Cierra	Bynoe	Department of Children and Families
Connie	Tucker Reece	SEDNET - FLDOE IDEA Funded State Project
Courtney	Horton	Department of Children and Families
Cristina	Perez	Department of Children and Families/SAMH
Damenenka	Afrika	Department of Children and Families
Dana	Klein	Gheorg
Danica	Mamby	Broward Behavioral Health Coalition
Deagan	Watson	Department of Children and Families



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Dean	Moreno	Sherriff's Office
Dean	Pasquale	Fellowship Recovery Community Organization
Diana	Boscovich	CR Center
Diane	Sasser	Henderson Behavioral Health
Diveka	Anderson	Department of Children and Families/SAMH
Doreen	Clancy	Wayside House
Ebony	Coney	Citrus Health
Eleanor	Weeks	Broward Behavioral Health Coalition (BBHC)
Elida	Segura	Broward Behavioral Health Coalition (BBHC)
Elijah	Snell	Area Agency on Aging of Broward County
Emilia	Vilaire-Monchery	United Way of Broward
Emily	Kluckowski	Rebel Recovery
Erin	Bigler	Oxford House
Gillian	Stedman	South Florida Wellness Network
Grace	Marquez	Broward Health
Gretchen	Haddad	Memorial Healthcare System
Guillent	Smith	City of Fort Lauderdale
Guillermo	Suarez	Department of Children and Families/SAMH
Harlee	James	Department of Children and Families/SAMH
Heather	Pennington	Henderson Behavioral Health
Idell	Gayman	Department of Children and Families SAMH
Isis	Williams	Department of Children and Families
Jamie	Blackwell	South Florida Wellness Network
Jay	Bumgarner	Port St. Lucie Hospital
Jaylon	Barnes	Department of Children and Families
Jeff	Lefton	Delray Medical Center
Jesse	Kemper	Department of Children and Families
Jessica	Durant	Department of Children and Families/SAMH
Jessica	Vasquez	South Florida Wellness Network
Jessica	Moore	Brent Care Behavioral Health
Jill	Sorenson	Southeast Florida Behavioral Health Network
John	Novy	Adult Protective Services



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Jordyn	Muller	Department of Children and Families/BHC
Jose	Ayala	Patrick's Place
Josie	Kirchner	Communities Connected for Kids
Joy	Zedler	The Pearl Project
Karrah	Sweetman	Sunshine Health
Kay L.	Dodrill	Carisk Partners
Kenya	Gaines	My Sisters Keeper/Daughters of Sarah
Kofoworola	Lawson	Department of Children and Families/SAMH
Kristen	DeSimone	Office of Criminal Conflict
Krystal	Kennison	Childnet
Laurie	Shapero	Child Bereavement
Laurinda	Andujar	Department of Children and Families/SAMH
Leanne	Sullivan	South Florida Wellness Network
Lenin	Euceda	Insight Mental Health Recovery
Lindsey	Shatters	New Horizons
Liz	Daphne-Gonsalves	JAFCO
Lori	Ginsberg	Ambrosia Treatment Center
Mackenna	Davis	Converge Public
Mackenzi	Isom	Coral Shores Behavioral Health
Maria	Baswari	Family Partnerships
Maria P.	Sanchez	Broward Health
Mark	Sherrod	Department of Children and Families/SAMH
Matt	Green	Fort Lauderdale EMS
Melissa	Diaz	Sunshine Health
Melissa	Stenquist	South Florida Wellness Network Inc.
Maxine	Sonnenschein	Health Care District Palm Beach
Megan	Rhoades	Sunshine Health
Melanie	Kranker	Communities Connected for Kids
Melissa	Reesor Martin	Archways/ South Florida Wellness Network Inc.
Mellissa	Stenquist	South Florida Wellness Network Inc.
Michelle	Thomas	Florida Palms Academy
Mikhail	Hutchinson	Department of Children and Families/SAMH
Milory	Senat	Agency for Persons with Disabilities
Miranda	Flatt	RiteLife Services



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Murielle	Cyril	Department of Children and Families/BHC
Myralda	Jerome	Department of Children and Families
Myriam	Augustin	Essential Health
Narendra	Patel	Community Care Plan
Neiko	Shea	ChildNet
Nicole	Pontrelli	Agency for Health Care Administration
Nikki	Karatzas	We Evolve ABA
Ofelia	DeLuca	South Florida Wellness Network
O'Shaun	Sasso	Broward Behavioral Health Coalition
Pamela	Stierwalt	Sunshine Health
Patrick	Heidemann	Disability Rights of Florida
Rachel	Craig-Dunn	South Florida Wellness Network
Raven A.	Reid	Department of children and Families
Rick	Riccardi	Fellowship
Ronald	Voltaire	Department of Children and Families/BHC
Sabrina	Adolphin	Department of Children and Families
Samantha	Lucas	South Florida Wellness Network
Sandra	Reyes	South Florida Wellness Network
Sara	Barkley	Fellowship Recovery
Sebastian	Regalado	Epilepsy Alliance of Florida
Serge	Cadeus	Elite Secured Enterprises
Shaina	Joseph	Agency for Healthcare Administration
Sharon	Hughes	YMCA of South Florida
Sharon	Nachum	JAFCO
Shenekee	Slaughter	Department of Children and Families
Sheria	Slaughter	New Horizons
Sibyl	Jeune	Department of Children and Families
Sidney	Turner	South Florida Wellness Network
Sonya	Higgins	Department of Children and Families
Stephanie	Breedlove	Discovery Behavioral Health
Stephanie	Cairns	South Florida Wellness Network
Stephanie	Thompson	Drug Abuse Foundation of Palm Beach
Stephen	Teal	Department of Children and Families
Stephen	Viel	Shoreline MAT



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Stephen	Zedler	The Pearl Project
Susan	Nyamora	South Florida Wellness Network
Suzette	Fleishmann	Broward Behavioral Health Coalition
Takisha	Dupree	Broward Behavioral Health Coalition
Tammy L.	Tucker	Memorial Healthcare
Taylor	Golfin	Fellowship Recovery
Teresa	Marrero	Fusion academy
Tiarra	Jones	South Florida Wellness Network
Tiffany	Schillaci	Broward Health
Timothy	Macsuga	UHS INC
Tina	Beaulieu	Carelon Simply Health
Tonya	Harrison	Department of Children and Families
Traci	Schwitzer	Department of Children and Families
Zoha	Khan	Department of Children and Families