Commission on Mental Health and Substance Use Disorder
Annual Interim Report

January 1, 2025

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Message from the Chair

Thank you for taking the time to read the 2025 Interim Report by the State of Florida's Commission on Mental Health and Substance Use Disorder. The State of Florida is committed to supporting individuals and families who are dealing with the impacts of mental illness and substance use disorders. These impacts can be severe, life-threatening and, in far too many cases, fatal. However, with timely and proper treatment, recovery is not only possible but seen daily. In the last several years, with the unwavering championship of Florida's Governor and First Lady and with very strong legislative leadership and support, Florida has seen the introduction of multiple new behavioral health solutions, including but not limited to the 988 Florida Lifeline; Community Action Teams (CAT) for children and youth; Central Receiving Facilities for individuals transported under the Baker and Marchman Act; Mobile Response Teams; an expansion of Florida Assertive Community Treatments (FACT) Teams; school-based mental health initiatives; CORE and BRIDGE initiatives aimed at ensuring rapid treatment of opioid overdose; expansion of integrated mental health and primary care treatment programs; Certified Community Behavioral Health Center model programs; opioid treatment programs; integrated response teams and residential programs that weave together law enforcement, judicial involvement and behavioral health, as well as a plethora of local solutions.

As a part of this groundswell of interest in and support for behavioral health services, in 2021, the Florida Legislature created the State of Florida's Commission on Mental Health and Substance Use Disorder to review the mental health and substance use disorder treatment and delivery systems in the State of Florida and make specific recommendations to ensure that Florida is providing the best possible behavioral healthcare for Floridians and their families. The first Commission report, issued in January 2023, presented the initial results of that review, and made recommendations. During the 2023 legislative session, the Florida Legislature extended both the timeframe and scope of the Commission and asked for annual Interim Reports over the course of the next two years, with a final report due on September 1, 2026. This report is the second of those two Interim Reports. Through 2024, the Commission has again heard hundreds of hours of testimony and presentations regarding the variety of mental health and substance use disorder treatment systems, options, and philosophies in use across the State and across the United States. Subject Matter Experts called by the Commission have tirelessly given of their time collecting and presenting data for the Commission's consideration. Family members and individuals living in recovery from mental illness and substance use disorder have been key participants, as appointed Commissioners, Subject Matter Experts, and Commission meeting attendees.

During the 2024 legislative session, the Governor and the Florida Legislature again showed their strong support for behavioral health through the development and passage of multiple pieces of key legislation, including a revision of the Baker/Marchman Act, the Behavioral Health Hospital bill, and the behavioral health provisions of the Live Healthy

Act. It has been particularly notable that several of the findings contained in the Commission's 2024 Interim Report were included in this landmark suite of legislation. The continued support by Florida's legislative and executive leadership for innovation in behavioral health are reasons for pride and excitement. The challenges in this field continue to be enormous and the pain experienced by families and individuals is profound, and Florida's leaders, stakeholders, content experts, funders and providers continue to meet those challenges.

This year, the Commission reviewed in close detail both current practices and promising possibilities for enhancing an already creative and vibrant behavioral health delivery system. Commission discussion and inquiry in 2024 has examined specific options, ranging from broad to granular, for improving behavioral healthcare in Florida. Feedback from the Legislature, legislative staff, and the Executive Office of the Governor has continued to be unanimous in requesting that the Commission provide actionable recommendations that can be implemented to support best practices throughout the system of care. In this report, you will find an even stronger focus on solutions and on maximizing the strengths of the system. Of note is the fact that this year's report contains thirty recommendations for potential system improvements – that's more than double the thirteen contained in last year's report and represents both the never-failing energy and efforts of the Commission and the breadth and scope of this year's inquiries. As you will read, the thirty recommendations made by the Commission this year fall into the four following general areas:

- **Establishing a Comprehensive Data Infrastructure and Utilizing Current Evidence-Based Tools and Methodologies,**
- **Enhancing Behavioral Health Services and Infrastructure,**
- **Bolstering the Behavioral Health Sector through Workforce Development and Retention Efforts, and**
- **Elevating Awareness and Multidisciplinary Collaboration.**

Overall, the Commission's recommendations are intended to respond to specific Legislative requests as outlined in Florida Statute, and to be concrete, detailed, and specific. As was the case in last year's report, some of these recommendations involve substantial revisions to current practice, while some involve relatively small and easy to achieve goals that nonetheless will have significant impacts across the system. All recommendations have been vetted by and approved by the full Commission and are offered to the Florida Legislature and Executive Office of the Governor as options to consider in continuing the improvement of an already strong system of care.

Again, this year, and with the utmost gratitude, I'd like to express my strongest possible appreciation and thanks to the Commission's Sub-Committee Chairs: Secretary Shevaun Harris, Representative Christine Hunschofsky, Professor Kathleen Moore, Clara Reynolds, and Senator Darryl Rouson. As Chairs of the Commission's Sub-Committees, this team of extraordinarily dedicated public servants and content experts have spent

countless hours deeply engaged in leading their committees through a dense, sometimes daunting array of data, testimony and strong opinions to craft recommendations that will support Florida's continued journey towards greater excellence in the delivery of behavioral health services. I am awed by the commitment, dedication, and brilliance of this team of leaders. I'd also like to thank my fellow Commissioners, who are named below. The Commission consists of Floridians from all walks of life – elected officials, Secretaries of state agencies, department heads, family members and persons with lived experience, individuals who lead large managing entities and payor organizations, academic experts, and providers. Each of us brings our own perspective and experience to the table, but we all have one thing in common: an absolute passion and commitment to make the Florida system of behavioral health service delivery the best it can possibly be, and in so doing, improve the lives of millions of Florida citizens and families by ensuring that no one in this state goes without the behavioral health care they need. The brilliance, passion and compassion of my fellow Commissioners has resulted in another year of very hard work and active meetings that have always been inspiring, productive, and highly engaged. Profound thanks also go to the Commission's team of Subject Matter Experts – those individuals who are engaged with behavioral health and in many cases leading behavioral health research and healthcare, who have committed to and volunteered so much of their time to ensuring that the Commission considers the latest information, the most creative solutions, and the best practices. Thanks to the Governor's Deputy Chief of Staff Katie Strickland, who was always available and supportive. Thanks to the staff of the Department of Children and Families who provided Commission support, guidance, and structure, and particularly to DCF Assistant Secretary for Substance Abuse and Mental Health, Erica Floyd Thomas, who was crucial in helping to keep the Commission organized and on track.

Finally, the entire Commission owes an enormous debt to Aaron Platt, Government Operations Consultant in the Substance Abuse and Mental Health Office at the Department of Children and Families. For another year, Mr. Platt has served as our guide, our companion, our timekeeper, and the right hand of the Chair through evenings, weekends, holidays and whenever we needed to make sure that Commission business was kept on track. Thank you, Mr. Platt!

As I noted in my introduction to last year's report, this coming June I will have worked in the field of behavioral health for forty years, in roles ranging from mental health technician to psychologist, from lecturer to advocate, and from line staff to CEO. I am humbled and grateful to serve as Chair of this Commission. I have rarely had the privilege of working with such a committed, brilliant, and engaged group of dedicated people, especially one with the heart and passion to support those dealing with behavioral health issues that this Commission and all those who attend Commission meetings display in every single meeting. I look forward with excitement and anticipation to our continuing work in 2025 and to our continuing journey towards unparalleled behavioral health excellence in Florida.

Jay Reeve, PhD
Chair, State of Florida Commission on Mental Health and Substance Use Disorder

Introduction

The Commission on Mental Health and Substance Use Disorder (Commission) is responsible for examining the current implementation of mental health and substance use disorder services in the state and determining how to improve the effectiveness of existing practices, procedures, programs, and initiatives; identifying any gaps or barriers in the delivery of services; assessing the adequacy of the current infrastructure of the 988 Florida Suicide & Crisis Lifeline system and other components of the state's crisis care continuum; and recommending changes to existing laws, rules, and policies necessary to implement the Commission's recommendations. The Commission meets quarterly or upon the call of the chair via teleconference or in-person.

Each year, beginning on January 1, 2023, the Commission presents an interim report on findings and evidence-based recommendations on how to best provide and facilitate mental health and substance use disorder services in the state. The interim report shall be submitted to the President of the Senate, the Speaker of the House of Representatives, and the Governor annually through January 1, 2025, until the submission of the final report by September 1, 2026.

To achieve the Commission's objectives, the chairperson of the Commission designates subcommittees to evaluate specific aspects of the state's mental health and substance use disorder services and propose recommendations based on findings.

2024 Commission Subcommittees

The Commission subcommittee structure has evolved over time to ensure membership is organized in a manner that supports the statutory purposes of the Commission and creates opportunities for effective engagement. To that end, and upon successful completion of the respective charge for the Suicide Prevention subcommittee, this subcommittee was sunset in 2023.

In 2024, as the Commission embarked on building from the previous recommendations of the Commission, the need for a new subcommittee was identified. The Access to Care subcommittee was added to the existing Commission structure. The Commission worked throughout the year with the five subcommittees dedicated to specific focus areas, and under this structure, the Commission continues to examine and identify opportunities to enhance Florida's behavioral health system.

Description of the Commission's 2024 subcommittees:

System of Care

The System of Care subcommittee is responsible for conducting a review and evaluation of the publicly funded mental health and substance use disorder services within the Department of Children and Families (DCF), the Agency for Health Care Administration (AHCA), and all other departments or agencies that provide mental health and substance use disorder services as directed by section 394.9086(4)(a), Florida Statutes (F.S.).

Children and Youth Behavioral Health

The Children and Youth Behavioral Health subcommittee is responsible for addressing priority population groups (children and youth) for publicly funded mental health and substance use disorder services, identifying the comprehensive mental health and substance use disorder services delivery systems, mental health and substance use disorder abuse needs assessment and planning activities, and local government funding responsibilities for mental health and substance use disorder services for children and youth.

Access to Care

The Access to Care subcommittee was responsible for conducting a review of the infrastructure of the 988 Florida Lifeline system to identify barriers in the delivery of services, determining how the current delivery of behavioral health care might be enhanced by addressing any barriers to service utilization and access created by stigma or public fear of seeking behavioral health, and the uncertainty of community services available to the public. In 2024, the subcommittee examined solutions to those obstacles such as marketing campaigns to promote available behavioral health resources and other options besides law enforcement transport for clients moved under the Baker and Marchman Acts.

Data Analysis

The Data Analysis subcommittee is responsible for reviewing data collection, reporting mechanisms, and other data resources related to behavioral health across all available data sets. The subcommittee is also responsible for making recommendations for the development of a searchable statewide behavioral health data repository to address the quality and effectiveness of the current mental health and substance use disorder service delivery systems, identify gaps in delivery systems, and recommend promising practices and data-based goals for and of current behavioral health systems.

Finance and Workforce

The Finance subcommittee is responsible for conducting a review and evaluation of the financial management of the publicly funded mental health and substance use disorder services within DCF, AHCA, and all other departments which administer mental health and substance use disorder services. Additionally, the Finance and Workforce

subcommittee will review the mission and objectives of state supported mental health and substance use disorder services and the staffing mechanisms, which will best foster the recommended mission. In 2024, this subcommittee also reviewed the current behavioral health workforce in Florida and made recommendations for optimizing that workforce.

Florida Behavioral Health System of Care

DCF and AHCA are integral parts of Florida's behavioral health care system, providing mental health and substance abuse services, supports, and recovery-oriented care for both children and adults. DCF serves as the single state authority on mental health and substance use disorders, the state opioid treatment authority, and is responsible for designating Baker Act receiving facilities. AHCA is the single state authority for Florida's Medicaid program, directing the state's health policy and planning, and overseeing the licensure of health care facilities, including Crisis Stabilization Units and inpatient psychiatric hospitals.

DCF and AHCA collaborate with other state agencies such as the Department of Health (DOH), the Department of Education (DOE), the Agency for Persons with Disabilities (APD), and local governments to deliver mental health and substance use disorder services. These partnerships enhance the provision of prevention, crisis intervention, clinical treatment, and recovery support services for all Floridians.

DCF contracts for behavioral health services through seven regional systems of care known as Managing Entities. These Managing Entities plan, coordinate, and subcontract for the delivery of community mental health and substance use disorder services, improving access to care, promoting service continuity, and supporting efficient and effective service delivery. Behavioral health services coordinated by the Managing Entities include assessments, outpatient services for mental health and substance use disorders, case management, care coordination, residential services, peer specialists, crisis stabilization services, Mobile Response Teams (MRTs), and other social support such as housing and employment. A map of the seven Managing Entities and their coverage areas is provided in Appendix 1.

Florida Medicaid Behavioral Health Services

AHCA is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act. This authority includes establishing and maintaining a Medicaid state plan, and state plan waivers, approved by the federal Centers for Medicare and Medicaid Services. A Medicaid state plan and state plan waiver is an agreement between a state and the federal government describing how the state administers its Medicaid programs; it establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements. One such waiver authorizes the

Florida Statewide Medicaid Managed Care program. This program underwent a re-procurement in 2024, which resulted in eight managed care plans covering Medicaid services through new contracts. Enrollment of eligible individuals into the new Medicaid managed care plans will occur in early 2025.

As of September 2024, the Florida Medicaid program covers over four million low-income individuals, including over two million youth, or 67 percent, of the youth in Florida. Florida Medicaid covers a broad array of inpatient and outpatient behavioral health services for a comprehensive approach to treatment and recovery. These services include assessments and evaluations, behavioral therapies, recovery support, case management services, and crisis management.

AHCA continually works to identify and implement new and innovative approaches to optimize access to and delivery of medically necessary behavioral health services for both mental health and substance abuse needs. In addition to a core set of services defined in the Florida Medicaid State Plan, the Florida Medicaid Statewide Medicaid Managed Care program offers additional services appropriate for individuals suffering from mental illness or substance use disorder, such as short-term residential treatment, inpatient and ambulatory detox, intensive outpatient treatment and partial hospitalization, and crisis management services, such as crisis stabilization and mobile response teams.

In administering the Florida Medicaid Statewide Medicaid Managed Care program, AHCA has worked closely with Medicaid recipients, plans, providers, and other stakeholders to continuously enhance performance and improve the quality of outcomes and recipient satisfaction. The new Medicaid managed care contracts include enhanced care coordination and case management requirements, more extensive provider and plan performance monitoring, increased opportunities for value-based contracting, and new managed care coverage of Florida Medicaid behavior analysis services. AHCA has approved health plans to provide a variety of behavioral health and substance abuse benefits in addition to those covered under the state plan. In addition, AHCA partners with DCF on a regular basis to align policies and service fee coding for Medicaid with existing DCF guidance and rules for improved interagency cooperation.

Florida Behavioral Health Data

DCF supports Floridians facing behavioral health challenges by allocating funds to support behavioral health services. During FY 2023-2024, DCF provided mental health and substance use disorder services to 249,376 individuals with 18.94 percent of those served being under the age of 18.

There were over 1,300 distinct mental health diagnostic codes for the individuals served by DCF during FY 2023-2024. The top three mental health diagnoses were generalized anxiety disorder, major depressive disorder, recurrent, moderate, and post-traumatic stress disorder, unspecified.

Similarly, there were over 800 distinct substance abuse diagnostic codes for individuals served by DCF during FY 2023-2024. The top three substance abuse diagnostic codes were opioid dependence, uncomplicated, alcohol dependence, uncomplicated, and cannabis dependence, uncomplicated.

The tables below display the top ten mental health and substance abuse diagnoses for FY 2023-2024.

Top Ten Mental Health Diagnosis Codes, FY 2023-2024	
Diagnostic Code	**# of Unique Individuals**
Generalized Anxiety Disorder	14,010
Major Depressive Disorder (Recurrent, Moderate)	13,791
Post-traumatic stress disorder, unspecified	10,180
Schizoaffective Disorder (Bipolar Type)	10,034
Schizophrenia (Unspecified)	9,910
Attention-Deficit Hyperactivity Disorder (Combined Type)	7,814
Bipolar Disorder (Unspecified)	7,127
Major Depressive Disorder (Single Episode, Unspecified)	7,002
Major Depressive Disorder (Recurrent Severe without Psychotic Features)	5,752
Other Specified Counseling	5,701

Source: Florida Department of Children and Families

Top Ten Substance Use Diagnosis Codes, FY 2023-2024	
Diagnostic Code	**# of Unique Individuals**
Opioid Dependence (Uncomplicated)	19,789
Alcohol Dependence (Uncomplicated)	12,857
Cannabis Dependence (Uncomplicated)	6,771
Other Stimulant Dependence (Uncomplicated)	5,468
Cocaine Dependence (Uncomplicated)	4,806
Diagnostic Code	**# of Unique Individuals**
Cannabis Abuse (Uncomplicated)	4,073
Illness (Unspecified)	3,738
Alcohol Abuse (Uncomplicated)	3,553
Generalized Anxiety Disorder	2,223
Counseling, (Unspecified)	1,796

Source: Florida Department of Children and Families, Provider Diagnosis Data

Baker Act Data

The Florida Mental Health Act, commonly referenced as the Baker Act, is a Florida law that enables families, the court, law enforcement and certain medical and mental health professionals to provide emergency mental health services for individuals who are impaired due to a mental illness and are unable to determine individual needs for treatment. Individuals with mental illnesses may experience crisis episodes and require an examination by certain licensed behavioral health professionals. During FY 2023-2024, there were 161,576 involuntary Baker Act examinations for 107,560 individuals, marking a two percent increase from the previous fiscal year. Trends in Baker Act data over the past five fiscal years show a 20 percent decrease statewide in involuntary examinations from FY 2019-2020 to FY 2023-2024.

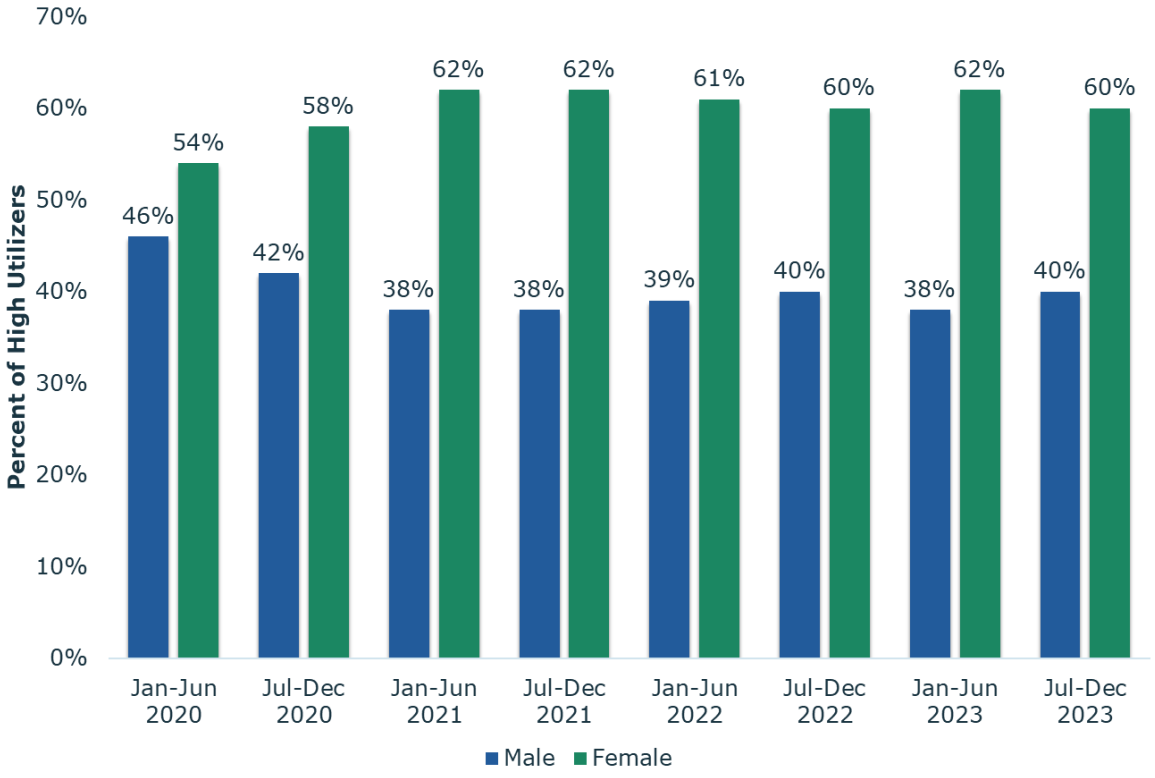
According to the DCF Baker Act Dashboard, other data trends during FY 2022-2023 demonstrate that most involuntary examinations occurred within the 15–17-year-old age group followed by 12–14-year-olds, the majority of those were female. There were 10,341 individuals identified as high utilizers which means an individual with more than three involuntary Baker Act examinations within 180 days. The DCF Southern region consisting of Miami-Dade and Monroe Counties, had the highest rate of high utilizers at 0.72 per 1,000 residents. The DCF Northeast region had the second highest rate of high utilizers at 0.58 per 1,000 residents. The Northwest and Southeast regions had the lowest rates at 0.35 and 0.38 per 1,000 residents, respectively.

The DCF Baker Act dashboard can be viewed at: myflfamilies.com/BakerActDashboard

High Utilizers of Crisis Stabilization Services

House Bill 945 (2020), tasked AHCA and DCF with identifying children and adolescents who are the highest users of crisis stabilization services and collaboratively taking appropriate action within available resources to meet the behavioral health needs of such children and adolescents more effectively.

A high utilizer is defined as someone 18 years of age or younger with three or more Crisis Stabilization Unit (CSU) admissions within 180 days. According to DCF data, which consists of individuals served by both DCF and Medicaid, females have consistently comprised more than half of high utilizer cases since 2020.



Source: Florida Department of Children and Families

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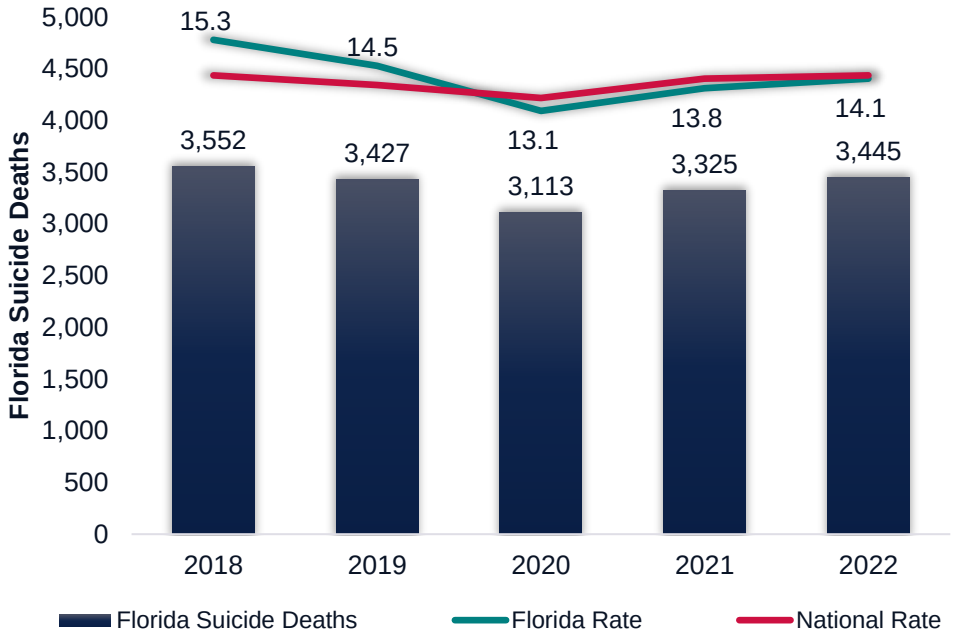
Suicide Data

In 2022, suicide was the 9th leading cause of death in Florida, and 3,445 lives were lost to suicide, conferring a rate of 14.1 per 100,000 individuals which marks a two percent rate increase from 2021.[1]

In Florida, males experience more than three times the rate of suicide deaths compared to females, a trend that has persisted for over 50 years.

While 2022 data shows a slight increase in total suicide deaths, these numbers are a general decrease compared to national suicide data.



Source: Florida Agency for Healthcare Administration

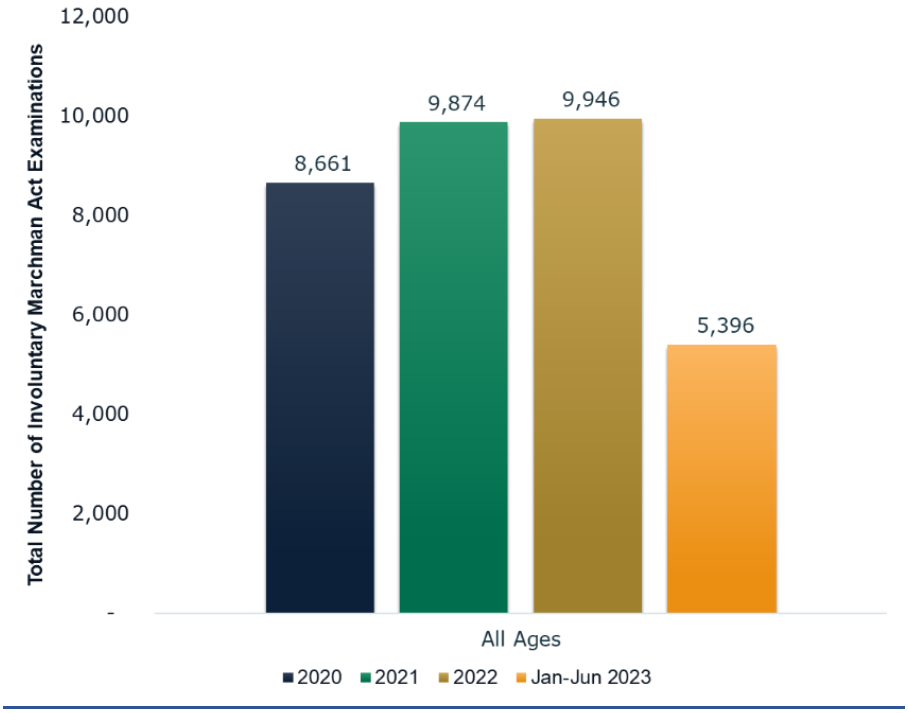
Additional information on Florida's suicide data and initiatives are available on the Suicide Prevention Coordinating Council's Annual Report: myflfamilies.com/services/samh/publications.

Marchman Act Data

The Hal S. Marchman Act allows for voluntary admission and involuntary assessment, stabilization, and treatment of youth and adults who are seriously impaired due to substance use.

[1] Florida Department of Health, Suicide and Intentional Self-Harm Deaths and Hospitalizations | CHARTS (flhealthcharts.gov)

Data from the Office of the State Court Administrator shows a 0.7 percent increase in the number of involuntary Marchman Act examinations from calendar year 2021-2022. Provisional data shows that that nearly 5,400 involuntary Marchman Act cases were filed between January and June 2023.



Source: Office of the State Court Administrator

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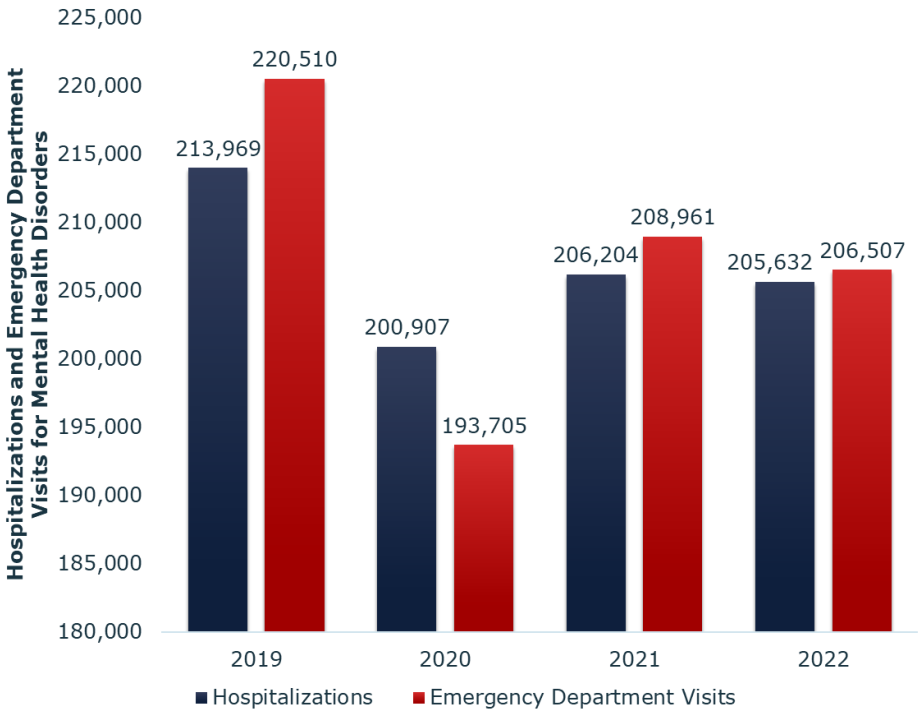
Hospitalizations and Emergency Department Visits for Behavioral Health Disorders

In 2022, there were 205,632 hospitalizations for mental disorders which includes, schizophrenia, mood disorders, intellectual disabilities, and drug and alcohol induced mental disorders. A total of 46 percent of hospitalizations were for mood and depressive disorders.[2] A total of 35 percent of mental health hospitalizations were for adults ages 25 to 44.[3]

There were 206,507 emergency department visits for mental disorders for 2022 which accounted for two percent of all emergency department visits.[4] Additionally, there were 12,427 emergency department visits were due to intentional self-harm injuries in 2022, marking a two percent decrease from the previous year.[5]



Source: Florida Agency for Healthcare Administration

[2] Florida Agency for Healthcare Administration, Hospitalizations From Mental Disorders - FL Health CHARTS
[3] Florida Agency for Healthcare Administration, Hospitalizations for Mental and Behavioral Health Disorders - FL Health CHARTS
[4] Florida Agency for Healthcare Administration, Emergency Department Visits - FL Health CHARTS
[5] Florida Department of Health, Suicide and Intentional Self-Harm Deaths and Hospitalizations - FL Health CHARTS

Florida Behavioral Health Initiatives

Expansion of Behavioral Health Services

DCF has been working steadfastly to bolster the state's system of behavioral health care. Over the previous five years, more than $5.8 billion has been invested in behavioral health services for youth and adults. During FY 2023-2024 that resulted in nearly 88,000 individuals receiving substance abuse disorder services and more than 182,000 individuals receiving mental health services through DCF. That is a 10 percent increase in individuals receiving substance use disorder services and a 1.7 percent increase in those receiving mental health services compared to last fiscal year.

988 Florida Suicide & Crisis Lifeline

On October 17, 2020, the National Suicide Hotline Designation Act amended the Communications Act of 1934 to designate 988 as the new, three-digit dialing code that connects individuals experiencing suicidal, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. 988 Crisis counselors are equipped with specialized skills and knowledge to de-escalate and, if needed, link callers to community-based providers who can deliver a full range of crisis care services.

The 988 Florida Lifeline provides a single-point-of-entry to a robust crisis care continuum that serves individuals with a variety of crisis care needs through three essential elements: someone to talk to, someone to respond, and somewhere to go. The framework for this modernized crisis continuum of care begins when an individual experiencing emotional distress dials 988 and has their call answered by a local crisis counselor at one of Florida's thirteen 988 call centers. In FY 2023-2024, 96 percent of calls to the 988 Florida Lifeline were resolved at this stage without the need for higher-level intervention. In cases where a call cannot be de-escalated over the phone, a warm hand-off is provided to a local Mobile Response Team (MRT). This was the case for 2.8 percent of 988 calls in Florida in FY 2023-2024. The 988 Florida Lifeline centers also work in coordination with local 911 Public Service Answering Points (PSAPs) to dispatch immediate law enforcement or Emergency Medical Services (EMS) response when a caller is at imminent risk of suicide in progress – in FY 2023-2024, this was the case for 1.7 percent of 988 Florida Lifeline calls.

Since the launch of the 988 Florida Lifeline in July 2022, all calls have been routed to the call center associated with a caller's area code rather than their physical location. This means that a caller in Miami-Dade County with a New York area code, for example, would be routed to a call center in New York. Because a cornerstone of 988 is local, community-based care, the 988 network began testing a potential solution in the fall of 2023 to route 988 calls through a method called geo-routing. Geo-routing is a way of directing phone calls locally, without including the precise location information in the transferred call data, by utilizing the nearest cell phone tower to connect callers to the nearest call center. In

September 2024, T-Mobile and Verizon, which combine to represent approximately 50 percent of 988 Florida Lifeline call volume, voluntarily implemented geo-routing of 988 calls for their wireless users. In October 2024, the Federal Communications Commission (FCC) approved rules which will be effective on December 12, 2024. These rules require all U.S. wireless carriers to implement geo-routing for calls to 988 with a timeline of 30 days for nationwide carriers and 24 months for smaller, non-nationwide providers following the effective date of the rules.

In the meantime, calls will continue to be routed to one of Florida's thirteen 988 call centers through a routing algorithm using designated county coverage areas. Each county has a primary call center, and an in-state backup center meant to keep as many calls as possible within the 988 Florida Lifeline network. The primary and backup center have 120 seconds each to answer a call. If neither the primary or backup center can answer the call within that window of time, the call is routed to 988's national backup line where counselors are less likely to be aware of the nuances within the crisis care landscape of a given state or region. In FY 2023-2024, only eight percent of 988 Florida Lifeline calls were routed to the national backup line.

In FY 2023-2024, the 988 Florida Lifeline:

- Answered 120,318 calls from individuals experiencing suicidal, substance use, and/or emotional distress.
- Reported a 96 percent diversion rate, or crisis calls that did not require an in-person response after telephonic support.
- Experienced a call volume increase by 38 percent, rising from 11,215 in July 2023 to 15,491 in June 2024.
- Answered 4,073 calls from individuals experiencing substance use and/or addiction concerns.
- Answered 1,452 calls that included a suicide attempt in progress, with zero resulting in a death by suicide while on the phone with a 988 crisis counselor. Meaning, that every individual that reached out to 988 with an active suicide reached the next phase of care alive.

As required by section 14.2019, F.S., DCF is responsible for increasing health communication around topics related to suicide prevention and acting as a clearinghouse for information and resources related to suicide prevention by disseminating and sharing evidence-based best practices relating to suicide prevention. In June 2024, the DCF began collaborating with Taproot, a creative design agency, to increase public outreach and marketing efforts for Suicide Prevention and the 988 Suicide and Crisis Lifeline.

To build brand awareness for 988, Taproot developed three possible logos for 988. Market research was conducted among behavioral health professionals, 988 call center staff, and other personnel. An orange, yellow, teal, and aqua color scheme was chosen to represent a Florida-like aesthetic, while the logo was developed to display a simplified, abstract

rendition of a sun and talk box combination. The logotype was chosen for function and readability, even when notably reduced in size. The text was changed from 988 Suicide & Crisis Lifeline to the 988 Florida Lifeline (988FL), in keeping with the mission of serving all Floridians experiencing suicidal thoughts, substance use disorder, mental health crises, or any other type of emotional distress. The 988 Suicide and Crisis Lifeline will be referred to as the 988 Florida Lifeline from this point forward.

In October 2024, the 988 Florida Lifeline website became public. Previously, 988 Florida Lifeline information was located on DCF's Suicide Prevention webpages. Creating a stand-alone website will better support clients, behavioral health partners, and individuals engaging in suicide prevention and awareness activities. The website includes information on how to access services, resources, a marketing toolkit, and FAQs. DCF will work in conjunction with behavioral health partners and the Suicide Prevention Coordinating Council, Florida's interagency suicide prevention coalition, to update and inform the public of these changes. Additionally, DCF is developing a public facing data dashboard to allow for greater transparency and access of 988 Florida Lifeline data. Individuals who visit the dashboard will be afforded self-service data access, be able to adjust date ranges, and make informed decisions more swiftly. The dashboard is designed to be intuitive and user-friendly, with data definitions embedded throughout, improving data comprehension. Upon its completion, the dashboard will be housed on the 988 Florida Lifeline website.

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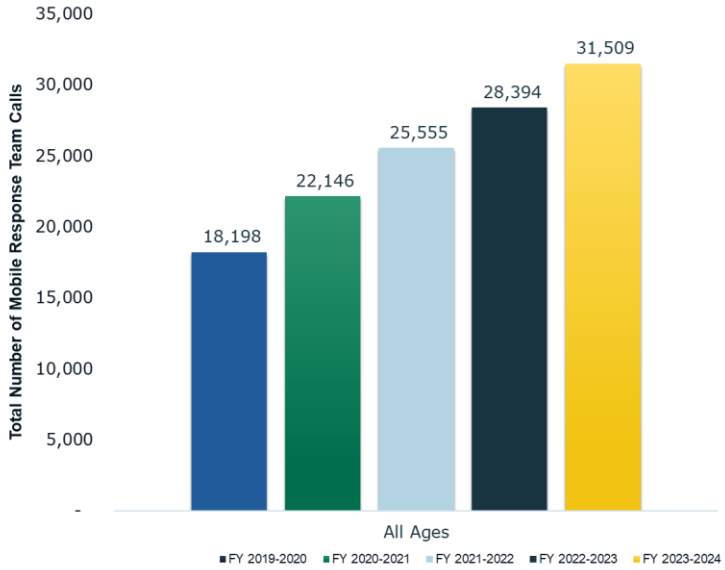
Mobile Response Teams (MRTs)

MRTs are available 24 hours a day, 365 days per year, to help diffuse crises and avoid the need for crisis services such as involuntary Baker Act examinations. Between 2018-

2022, MRTs focused on individuals under 25 years old. During FY 2022-2023, DCF funded additional MRTs and expanded capacity of existing MRTs. With the additional capacity, MRTs expanded focus to serve individuals of all ages. In 2024, the Florida Legislature allocated an additional $11.5 million to MRTs. Managing Entities are in the process of selecting providers to establish additional teams.



Source: Florida Department of Children and Families

The total calls received by MRTs over the last five FYs has steadily increased as there has been a 73 percent increase in the total number of calls received since FY 2019-2020, highlighting the need for expanded mobile crisis services. Even with the increase in the total call volume, the diversion rate from involuntary Baker Act examinations has remained over 80 percent since FY 2019-2020.[6] The implementation of MRTs in Florida has been one element cited as having a direct impact on reducing the number of Baker Acts, which have been trending down dramatically over the past three years.

Naloxone Distribution

Since 2016, DCF's Overdose Prevention Program has been distributing naloxone to individuals at risk of witnessing or experiencing an opioid overdose and saving thousands of lives as a result. There would have been considerably more than 6,157 opioid-caused deaths in 2022 had it not been for the 11,132 reported overdose reversals using DCF's naloxone kits. Information related to the strategies promoted through DCF and the Opioid Abatement Council can be found at the Council's website floridaopioidsettlement.com/.

Opioid Abatement

In 2023, section 397.335, F.S., established the Statewide Council on Opioid Abatement (Council) within the Department of Children and Families to enhance the development

[6] Florida Department of Children and Families

and coordination of state and local efforts to abate the opioid epidemic and to support the victims and families of the opioid epidemic. The Council publishes an annual report which is available for review at: myflfamilies.com/services/samh/publications.

Medicaid Health Plan Performance Improvement Projects

AHCA has contractually required the Medicaid health plans to conduct a Performance Improvement Project focused on improving follow-up visits within seven days after a hospitalization or emergency department visit related to behavioral health.
The three specific measures of focus are:

- Follow-up after hospitalization for a mental health disorder.
- Follow-up after emergency department visit for a mental health disorder.
- Follow-up after emergency department visit for a substance use disorder.

The health plans are implementing a variety of activities to improve performance in this area, including the following:

- Using Florida's Encounter Notification Service to timely identify health plan members with behavioral health-related hospitalizations and emergency department visits and provide outreach to the members to schedule follow-up visits.
- Conducting in-service trainings with discharge planning teams at behavioral health facilities that did not schedule seven-day follow-up appointments.
- Identifying and providing outreach to emergency departments and inpatient providers regarding assistance with scheduling follow-up appointments and the plans' coverage of behavioral health services.
- Offering Healthy Behaviors incentives to enrollees for completing follow-up visits within seven days after discharge.
- Developing Pay-for-Performance programs to offer incentives to providers for meeting specified quality metrics.
- Enhancing discharge planning and care coordination/case management.
- Promoting telehealth utilization for seven-day follow-up appointments.

Under the current Florida Medicaid Statewide Medicaid Managed Care program re-procurement, one of the quality goals is to improve childhood and adolescent mental health for the upcoming new managed care contracts.

Youth Resiliency Initiative

Building resiliency for Florida's students and families is a top priority of the DOE. Thanks to the leadership of Governor Ron DeSantis and First Lady Casey DeSantis, Florida is on the forefront to ensure all students have the necessary skills and resources to see them through life's successes and challenges.

DOE is prioritizing resiliency by developing resources for students and parents/caregivers, educators, and community partners. In October 2022, mental health

instruction was updated to Resiliency Education, Civic and Character Education, and Life Skills Education. This is the five-hour required instruction for students in grades 6 to 12 annually. This is a first-in-the-nation approach so that students learn how to overcome adversity by developing resiliency. These skills can be applied in a variety of school and life situations, whether a student is improving a course grade or recovering from a natural disaster.

An update on the initiative to build resiliency amongst students and the mental health allocation to the Children and Youth Behavioral Health subcommittee was presented by DOE in June. Resiliency is being prioritized by DOE through a toolkit that shares dynamic resources for students and parents/caregivers, educators, and community partners. School districts provide five hours of data-driven instruction related to resiliency, character development, and mental health to students in grades 6 to 12 annually. Additionally, more than 80 percent of school staff receive mental health awareness training, and the mental health assistance allocation and Florida safe schools' assessment tool strengthen school safety and support training, services, and resources.

School-Based Mental Health Care

Florida recognizes the need to address mental health concerns by continually investing resources to increase training for schools and providers. Districts receive two sources of funding: Mental Health Assistance Allocation (MHAA) and Youth Mental Health Awareness Training (YMHAT). The purpose of the MHAA funding is to support school-based mental health care, train staff in detecting and responding to student mental health issues and connect students to appropriate services. Florida has made significant investments in the mental health and well-being of youth. Since the initial 2019 allocation of $75 million, the amount has more than doubled with $160 million allocated in 2023. Additionally, utilizing the YMHAT funding, more than 80 percent of school personnel in every Florida school district receive YMHAT through the FDOE Youth Mental Health First Aid program.

Florida Department of Corrections (FDC)

FDC is the third largest state prison system in the country with an annual budget of almost $3.4 billion. FDC has almost 88,000 inmates in its correctional facilities and supervises over 146,000 offenders as part of its community supervision operation. FDC's mission is to "Provide a continuum of services to meet the needs of those entrusted to our care, creating a safe and professional environment with the outcome of reduced victimization, safer communities, and an emphasis on the premium of life."

Comprehensive Mental Health Services

FDC provides comprehensive mental health services to all inmates starting from the reception process up to a scheduled release. Approximately 24 percent of the active inmate population is diagnosed with a major mental illness (e.g., major depressive disorder, bipolar disorder, schizoaffective disorder) that affects their functioning. Approximately 69 percent of the population access mental health services annually. Across a ten-year period, the percent of inmates diagnosed with a mental illness has

steadily increased (17 percent in June 2014) while the overall prison population has started to increase.

The various levels of mental health care are based upon the seriousness of the inmate's symptoms and associated impairment. Services provided include outpatient care and four levels of inpatient care. Following reception, in which all inmates received comprehensive mental health evaluations and clinical interviews, inmates are assigned an initial mental health grade (S1 - Routine Care to S6 - Court-Ordered Treatment). As FDC has a no-wrong-door approach to service access, inmates may change mental health grades over time as their behavioral health needs change. For example, inmates that experience an acute crisis may have a brief admission for either Self-Harm Observation Status or Mental Health Observation Status. If the nature of the crisis persists the individual may be stepped up to a high level of inpatient care or stepped down to outpatient services.

Mental Health Re-Entry Program

FDC arranges for continuity of post-release care for inmates who are receiving psychiatric care for the disabling symptoms of a mental disorder prior to end-of-sentence. In addition, FDC ensures that inmates with milder forms of mental disorder are counseled in preparation for their re-entry into the community. The Mental Health Re-Entry Program has established agreements with DCF, the Social Security Administration, and the Veteran's Administration to assist in getting mental health patients the follow-up care and financial support they need as soon as possible after release from prison.

Correctional Substance Use Treatment

FDC provides in-prison and community-based substance disorder treatment programs throughout the state. Substance use and dependence among the justice-involved population, as well as the general population, continues to be a pervasive and costly problem. Incarcerated individuals are seven times likelier than individuals in the general population to have a substance use disorder. More than two-thirds of individuals in jails are dependent on or have abused alcohol or drugs. Staggering recidivism rates further compound the issue, as more than half (52.2 percent) of all incarcerated substance-involved individuals have one or more previous incarcerations, compared with 31.2 percent who are not substance-involved.

FDC estimates that at least 58 percent of approximately 88,000 incarcerated individuals meet the screening criteria for substance use treatment. However, only approximately 38 percent of incarcerated individuals and 47 percent of community supervised individuals receive services due to available resources. While approximately 59 percent of individuals on active community supervision have an identified substance use disorder history. Only approximately 47 percent of individuals that require community-based outpatient substance use treatment receive these services.

Department of Corrections' Office of Community Corrections

The Office of Community Corrections (OCC) is responsible for overseeing the supervision of over 146,000 adult offenders across Florida. The scope of supervision includes various

categories such as parole, conditional release, conditional medical release, court-ordered supervision like regular probation, administrative probation, drug offender probation, sex offender probation, and community control. Correctional Probation Officers (CPO) play a crucial role in enforcing standard and court-imposed conditions, conducting field contacts, investigations, and making referrals to assist offenders in successfully completing their terms of supervision.

OCC actively collects and analyzes data related to mental health and substance use disorders within the supervised population. Through comprehensive assessments and ongoing monitoring, FDC gains insights into the prevalence, trends, and specific needs of individuals grappling with these issues within the correctional system. This data-driven approach is pivotal in tailoring targeted interventions and support mechanisms to address the complex challenges associated with mental health and substance use disorders among inmates. In alignment with a commitment to rehabilitation and public safety, OCC has undertaken various initiatives to enhance mental health and substance use disorder interventions. These initiatives often involve collaboration with mental health professionals, addiction specialists, and community partners (e.g., Drug and Mental Health Courts).

FDC recognizes the interconnected nature of mental health and substance use issues and works towards implementing evidence-based practices that promote effective treatment modalities. Additionally, there is a focus on providing comprehensive training for probation staff to better identify, respond to, and support individuals with mental health and substance use disorders throughout their transition back into the community. Furthermore, OCC delivers yearly online training sessions on mental health supervision for probation officers. Additionally, OCC is in close collaboration with the Office of Health Services to develop an in-person training program specifically designed to address the supervision of offenders grappling with mental health issues.

OCC plays a pivotal role in supervising over 146,000 adult offenders through a network of probation officers. With a strong emphasis on data-driven strategies, collaborations, and specialized courts, FDC strives to address mental health and substance use disorders, reduce recidivism, and enhance rehabilitation outcomes. The commitment to evidence-based practices, comprehensive training, and community partnerships reflects a holistic approach to public safety and the successful reintegration of individuals into society.

Department of Juvenile Justice Initiatives (DJJ)

DJJ serves youth who are vulnerable to entering the juvenile justice system or youth who have entered the juvenile justice system. Mental health and substance abuse (MHSA) services are offered throughout DJJ's continuum of care including prevention, detention, probation, and residential services. All youth in the custody of DJJ receive screening, assessment, suicide prevention, crisis intervention, and referral for treatment services. Youth who remain in the custody of DJJ receive individual therapy, group therapy, and

family therapy in accordance with their individualized treatment plan. DJJ prioritizes behavioral health for youth served through the following behavioral health initiatives:

Mobile Response and Community Action Treatment Teams

DJJ's Office of Health Services (OHS) has continued to partner with DCF to ensure Mobile Response Teams are available to detention centers and residential programs when mental health staff are not on site. OHS staff participate in the State Review Team which works with the Community Action Treatment Teams/local review teams to assist with youth placements in care. OHS works with DCF statewide to ensure effective collaboration and care coordination of mental health and substance abuse services.

Juvenile Detention and Residential Commitment Baker Act Data

In keeping with the DJJ's guiding principle to use high-quality data to inform decision-making, OHS completed a six-month study of factors relating to Baker Acts in juvenile detention and residential commitment programs. This data will assist DJJ with allocating resources to target the areas of need to effectively address youth crises and to ultimately decrease off site Baker Act evaluations.

Naloxone Distribution

DJJ has participated in all relevant aspects of Florida's State Health Improvement Plan - (SHIP). One area of emphasis in the past year has been to train and equip all secure juvenile detention facilities, residential commitment programs, and various juvenile probation offices/programs with Naloxone through the Florida Department of Health's Helping Emergency Responders Obtain Support (HEROS) program.

Commission Recommendations

The Commission's efforts are integral to both the current and future behavioral health system of care. During the 2024 legislative session various Commission recommendations were codified into law. As a direct result of the Commission's recommendations, regional interagency behavioral health collaboratives will be established (HB 7021), and a statewide gap analysis will be conducted to assess needs and identify key services for expansion (SB 330).

Throughout the fiscal year, the Commission held bi-monthly meetings and received presentations from behavioral health experts and stakeholders. Based on their input and further research, the Commission developed research-based, data-driven recommendations with measurable impacts. These recommendations aim to create a comprehensive, equitable behavioral health system of care that is interconnected and efficiently provides quality care and resources to the most vulnerable populations.

These recommendations align with statutes addressing the mission and objectives of state-supported mental health and substance use disorder services, as well as the duties of the Commission. They specifically address planning, management, staffing, financing, contracting, coordination, and accountability objectives.

The recommendations brought forth by the subcommittees were sorted into four thematic groups:

- Establishing a Comprehensive Data Infrastructure and Utilizing Current Evidence-Based Tools and Methodologies,
- Enhancing Behavioral Health Services and Infrastructure,
- Bolstering the Behavioral Health Sector through Workforce Development and Retention Efforts, and
- Elevating Awareness and Multidisciplinary Collaboration.

Establishing a Comprehensive Data Infrastructure and Utilizing Current Evidence-Based Tools and Methodologies

Effective behavioral health interventions rely on timely, accurate, and diverse data. Standardized tools are essential for state agencies to monitor progress or setbacks during interventions or episodes of care. When behavioral health data is readily accessible, connected, and easy to understand, it facilitates better outcomes. This group of recommendations aims to improve the quality and effectiveness of current mental health and substance abuse services delivery systems, identify delivery system gaps, and enhance existing behavioral health systems with promising practices and data-driven goals.

Recommendation 1: Develop the Statewide Florida Behavioral Healthcare Data Repository.

To foster data harmonization and improve the quality of specific data sources, the Commission recommends establishing the Florida Behavioral Healthcare Data Repository (FBHDR). The FBHDR will standardize data entry, enhance data organization, improve accessibility and timeliness of data sharing, and support future research as more data becomes available. This centralized repository will provide information on critical questions related to prevalence, cost, access, quality, and outcomes for behavioral health.

The Commission convened a meeting with policymakers and practitioners from across the country, who have expertise in uniting various organizations to develop a statewide behavioral health data repository. The group identified the following essential steps to mobilize this effort with additional details found in Appendix 2.

- Step 1: Create a statewide coalition to determine optimal sources, uses, outcomes of data, and define key stakeholders.
- Step 2: Secure administrative authority and commitment from stakeholders and state agencies.
- Step 3: Determine the structure of the repository, as well as policies and protocols for data standardization, security, access, and resources.
- Step 4: Implement a pilot.
- Step 5: Identify and evaluate areas of necessary improvement.

The FBHDR will facilitate connections with local partners and coalitions, enhancing expertise, expanding networks, and accessing locally available resources. This approach can generate low-cost or no-cost solutions that maximize local resources and activate a diverse range of partners, including cultural artists, peer specialists, co-researchers, and advocates.

The FBHDR will enable:

- Building infrastructure and connectivity for local data use to optimize state resources.
- Local conversations and participatory research about experiences (e.g., dehumanizing, criminalizing, and traumatizing) to generate responsive solutions and prompt changes in practice, narrative, and perspective more quickly within the community.
- Peer specialists, co-researching, and advocacy to foster healing for participants, system professionals, and researchers.
- Understanding the history of behavioral health policy, narratives, research, and corresponding community conditions, and how these conditions interact with policy or impact the effectiveness of service delivery.
- Integrating data science best practices with contextual information to deliver higher quality insights (e.g., lived experiences, qualitative data).

This recommendation will have a fiscal impact due to the technology and manpower required for enhanced data collection. The Commission estimates an annual cost of $1,357,140. Costs include expenses related to the startup, implementation, and sustainability of the platform. Further details can be found in Appendix 2.

Recommendation 2: Develop a comprehensive directory of statewide behavioral health training resources and dissemination plans and conduct an annual review to update the directory with new resources.

As the behavioral health field evolves, it is crucial for professionals to have a centralized location to easily find and access training materials, tools, and recommendations. Recognizing this need, the Commission recommends developing a comprehensive directory available online to ensure all professionals have access to high-quality resources, promoting consistency in training and practice across the state. This directory will also benefit organizations seeking to help individuals, families, and communities by providing resources to develop skills for identifying and assisting those experiencing behavioral health challenges.

Currently, various resources are available but knowing where to start can be challenging. This directory would serve as a roadmap to this rich information. To develop the directory, key state and local behavioral health stakeholders will need to convene to identify training and resources. The directory will provide information on existing skills-based trainings

and other resources to educate individuals on mental health and substance use challenges. Additionally, it will include objectives, lengths, costs, and formats, whether virtual or in person, of trainings and resources.

The goal is for the directory to be accessible, relevant, and easy to navigate, allowing users to find the needed resources. To ensure this, the directory will need to be continually reviewed and updated annually with the latest evidence-based resources and research findings. Likewise, an assessment or survey should be conducted to gather feedback and input from the intended audience to identify opportunities for improvement.

Lastly, developing a dissemination plan will ensure that the directory is widely known and used to its fullest. The plan should consider identifying public and private organizations, and various sectors for targeted outreach efforts, as well as marketing recommendations, and forms of access such as electronic or print.

The fiscal impact remains indeterminate as discussions about the leadership of this recommendation are ongoing at the time of this report.

Recommendation 3: Encourage statewide implementation of the DLA-20 functional assessment tool, include it into all new state contracts, and evaluate the DLA-20 tool and the marketplace every two years.

Efficient planning and delivering of appropriate care and services are a top priority in client treatment. Utilizing a reliable and valid tool for assessing functional abilities is crucial in achieving this goal. After evaluating numerous tools, the Commission agreed on the Daily Living Activities-20 (DLA-20) functional assessment tool due to its applicability across various programs, services, and behavioral health challenges, and recommend the statewide implementation of the DLA-20.

The DLA-20 is already in use across 43 states, with 14 implementing it statewide. Over 500 provider organizations and more than 35,000 trained clinicians have used the tool, serving over a million clients. Developed by the National Council for Behavioral Health and MTM Services, the DLA-20 captures a 30-day snapshot of a patient's daily living through 20 questions that measure activities such as grooming, health practices, housing stability, money management, and social networks.[7]

Designed for ease of use, the DLA-20 features a straightforward scoring system that trained direct-care staff can administer in approximately 12 minutes. By pinpointing specific areas of challenge, it enables behavioral health professionals to develop targeted interventions that enhance functioning and overall well-being. Additionally, it offers objective measures of progress over time, valuable for treatment planning and demonstrating outcomes to insurance companies, accrediting bodies, or funding agencies. Furthermore, the DLA-20 allows funded programs and services to be evaluated, including against each other, better informing contracting and policy decisions

[7] MTM Services. (2024). DLA-20 Outcomes Measurement and Monitoring. Retrieved from https://www.mtmservices.org/dla

while demonstrating program effectiveness. Implementing this tool statewide, would ensure standardized assessments across different settings. Taking all this into consideration, the Commission recommends incorporating the DLA-20 into all new state contracts, specifically with DCF, DJJ, and DOE.

As the behavioral health field is constantly evolving with new research findings and technological advancements, the Commission also recommends regular evaluations of the DLA-20 and the marketplace every two years. New tools may offer more effective ways to assess and treat clients, leading to better outcomes. By staying current with emerging tools and technologies, practitioners can provide the highest quality of care, helping to attract and retain clients by offering the most advanced and effective services. Evaluating current or emerging tools ensures organizations and practitioners are using the most effective, efficient, and latest evidence-based practices to support their clients' behavioral health needs. This proactive approach fosters continuous improvement and innovation in the field.

Although this recommendation may have a fiscal impact, the amount is indeterminate at the time of this report. The Commission noted that the DLA-20 is currently fully integrated in 37 electronic health records that are being used by providers across the state. There is an opportunity to integrate it with any health record for free with the help of the developers of the model. There may be costs for training, tool implementation, and infrastructure.

Recommendation 4: Increase the allowable limit of the number of Functional Assessments annually.

Functional Assessments are crucial for enhancing the quality of care and ensuring individuals receive support tailored to their evolving needs. By conducting more frequent assessments annually, healthcare providers can better monitor changes in a patient's condition, adjust care plans accordingly, and promptly address any emerging issues. This proactive approach not only enhances patient outcomes but also uses resources more efficiently by preventing complications from delayed interventions.

Moreover, increasing the frequency of Functional Assessments leads to more accurate data collection and analysis, essential for continuous quality improvement in healthcare services. Regular assessments provide a comprehensive understanding of patient needs and the effectiveness of current care strategies, enabling providers to make informed decisions and implement best practices. This initiative aligns with the goals of person-centered care, ensuring everyone receives personalized attention and support, ultimately leading to a higher standard of care and improved overall well-being.

This recommendation has no known fiscal impact.

Recommendation 5: Continue to evaluate county and circuit transportation plans for best practices and evaluate emergency medical services and private transportation options.

To ensure fast and reliable transportation for behavioral health issues, it is essential to evaluate all county and circuit transportation plans for best practices. Currently, state laws designate law enforcement as the primary entity responsible for transporting patients in a mental health crisis. The Commission conducted a preliminary assessment to explore all transportation options and identify alternatives that could reduce the burden on law enforcement.

The survey received responses from 42 county law enforcement organizations, with 67 percent reporting that law enforcement was the sole option for transporting Baker Act clients. Many noted that they often had to drive more than an hour to the nearest receiving facility, reducing the number of deputies available for other emergencies. Other options such as utilizing EMS was found to be challenging due to their primary role in responding to medical emergencies, and private ambulatory services were not available in several counties.

Based on these findings, it is recommended that further evaluation and review of different approaches continue to develop more efficient transportation methods. This recommendation is not expected to have a fiscal impact.

Recommendation 6: Review school-based Medicaid payment methodology for direct services delivered in the school setting, provide technical assistance to all districts, and encourage participation in the Medicaid in Schools Program, and continue multi-agency collaboration to efficiently utilize state resources.

The Medicaid in Schools Program, managed by AHCA, reimburses Medicaid-enrolled school districts for providing medically necessary services. These services include therapies, nursing, behavioral and mental health support, specialized transportation, medication administration, and social work, all aimed at promoting students' health and educational growth.

Currently, school districts are not maximizing funds, with only 22 percent allocated to direct services, while 78 percent goes to administrative costs like case management and care coordination. While the Commission recognizes the importance of administrative services, they recommend increasing the portion of funding directed towards direct services, such as therapists, nurses, and behavioral and mental health professionals in schools. To enable the hiring of necessary direct care workers, the Commission suggests exploring alternative billing methods to create a more consistent revenue stream, as the current fee-for-service method makes budget prediction and planning challenging.

Recognizing that most school districts lack professional billers, the Commission has been in constant communication with DOE and all 67 school districts to discuss revisions and

enhancements in technical assistance. These efforts aim to reduce administrative burden on districts and agencies, facilitating a more efficient billing process and encouraging further participation in the Medicaid in Schools Program.

This recommendation has no known fiscal impact.

Recommendation 7: Develop a state-sponsored training program to support a sustainable train-the-trainer model.

Implementing a state-sponsored training program for various essential topics, particularly within managed medical assistance (MMA) plans, can significantly enhance the quality and reach of healthcare services. The MMA Program provides health care services to eligible low-income individuals and families through managed care organizations to improve access, coordination, and cost-efficiency. By adopting a train-the-trainer model, the program can ensure that knowledge and skills are effectively disseminated throughout the healthcare system on topics of interest and need. This model involves training a select group of individuals who then train others, creating a multiplier effect that maximizes resource utilization and ensures consistent training standards. This approach is particularly beneficial in healthcare settings where continuous professional development is crucial.

To ensure sustainability, the program should include a robust evaluation mechanism to monitor the effectiveness of the trainings and make necessary adjustments. Additionally, providing ongoing support and resources to the trainers will help maintain high training standards and address any challenges that arise. By fostering a culture of continuous learning and improvement, the train-the-trainer model can lead to better patient outcomes and more efficient healthcare delivery.

This recommendation may incur fiscal impacts due to training sessions. The associated costs may be influenced by the number of sessions and location and cannot be estimated at the time of this report.

Enhancing Behavioral Health Services and Infrastructure

The demand for behavioral health services has grown significantly over the years. To address this, it is essential to revamp infrastructure by increasing service capacities, facilitating medication access, and expanding the use of telework services. Timely treatment and interventions are crucial for improving health outcomes. Enhancing behavioral health services would reduce the burden on hospitals and lower emergency treatments costs, ultimately contributing to overall community well-being. The following recommendations will outline strategies to enhance behavioral health services and infrastructure.

Recommendation 8: Increase Short-term Residential Treatment facility capacity for adults and children.

Short-term residential treatment (SRT) facilities offer high-level care for individuals experiencing a mental health crisis, providing a longer stay alternative to hospitalization. With a maximum stay of 90 days, SRT facilities serve as a less restrictive option compared to state mental health treatment facilities for adults or statewide inpatient psychiatric programs (SIPP) for children. These facilities provide short-term treatment and coordinate continued community-based care, addressing treatment barriers and preventing rapid readmissions.

In FY 2023-2024, there were over 160,000 Baker Act examinations statewide, with Hillsborough County accounting for over 12,000 and Duval County over 10,000.[8] Currently, only six SRT facilities with 97 funded beds serve adults, leading to long waitlists. To address this, the Commission recommends exploring capacity increases statewide, particularly in Hillsborough and Duval counties. Recently, Citrus Health Network in Miami-Dade County implemented a 16-bed SRT facility for children, the first of its kind in Florida. This facility fills gaps in the deeper end continuum of care, serving as an intermediary or alternative for children awaiting SIPP availability, and represents a step towards early intervention in mental health issues.

This recommendation will have a fiscal impact. AHCA and DCF will need to collaborate with community health providers to assess the needs and costs associated with this recommendation. Costs will depend on the approach taken, such as new facilities, additional beds, and staffing.

Recommendation 9: Increase capacity for adult and children residential treatment facilities.

Residential treatment facilities provide extended, comprehensive care for individuals with substance use disorders or persistent mental health conditions, typically lasting several months to a year or more. These facilities offer 24/7 support in a structured environment, combining medical care, individual and group therapy, and holistic approaches to stabilize symptoms and promote recovery. Additionally, although they have longer stays than state mental health facilities, they cost 90 percent less per year.

Like SRT facilities, residential treatment facilities face long waitlists, preventing timely access to needed care. This has led the Commission to recommend increasing capacity for these facilities. Expanding capacity will enable more individuals to receive treatment, develop coping skills, and reintegrate into the community, ultimately improving their quality of life.

This recommendation will have a fiscal impact. AHCA and DCF will collaborate with community health providers to assess the needs and costs associated with this recommendation. Costs will depend on the approach taken, such as new facilities, additional beds, and staffing.

[8] Florida Department of Children and Families, Baker Act Dashboard | Florida DCF (myflfamilies.com)

Recommendation 10: Increase use of Long Acting Injectables prior to discharge from State Mental Health Treatment Facilities and Community Mental Health Providers.

Long acting injectables (LAIs) are medications used for individuals living with a mental illness that release medication slowly into the bloodstream over an extended period, compared to pills. Research suggests that LAIs may be considered at inpatient discharge when future adherence is uncertain. LAIs provide steady medication release, leading to better symptom control and reducing the likelihood of relapse. Administered every 2-24 weeks, LAIs simplify treatment regimens lessening the daily medication management burden for patients and caregivers. This consistency and simplicity enhance the likelihood of successful transition to aftercare.[9]

Given these benefits, the Commission recommends increasing the use of LAIs prior to discharge from treatment facilities. This recommendation will have a fiscal impact. Coordination between DCF, AHCA, and insurance companies is needed to assess costs to ensure affordable or no-cost access to this medication.

Recommendation 11: Develop new care coordination teams that use the Critical Time Intervention (CTI) model for individuals who meet the high utilization threshold.

Critical Time Intervention (CTI) is a time-limited, evidence-based practice designed to support society's most vulnerable individuals, specifically the geriatric population, during periods of transition. It facilitates community integration and continuity of care by ensuring individuals maintain enduring ties to their community and support systems during these critical periods. CTI has proven effective in reducing psychiatric readmissions and homelessness among patients with serious mental illness.

Currently, two regions in Florida, Southeast and Southern, have implemented the CTI model. For FY 2023-2024, both regions reported fewer readmissions to acute care settings (e.g., CSU, inpatient settings, inpatient detox facilities) and shorter average times from discharge to community-based services. In the Southern region, 85 percent of patients receiving CTI achieved housing stability, 67 percent secured competitive employment, and 61 percent completed substance abuse treatment services.

CTI's extended involvement, typically nine months compared to traditional care coordination, provides individuals with complex needs the continuity of care they require while easing them into community supports. This approach ensures that the benefits of the intervention last long after its conclusion.

[9] NAMI. (2024). Long-Acting Injectables (LAIs). Retrieved from https://www.nami.org/about-mental-illness/treatments/mental-health-medications/long-acting-injectables-lais/

Due to CTIs effectiveness, the Commission recommends expanding CTI models among new care coordination teams to support early interventions, decrease admissions to state mental health facilities, and empower individuals to achieve their goals by equipping them with the necessary support and resources.

Key partners in this initiative include DCF, AHCA, and community behavioral health providers. This recommendation may result in fiscal impacts due to training sessions, materials, and staff onboarding. The associated costs cannot be estimated at this time.

Recommendation 12: Increase the number of Florida Assertive Community Treatment teams and Forensic Multidisciplinary Teams statewide.

Florida Assertive Community Treatment (FACT) teams and Forensic Multidisciplinary Teams (FMTs) employ the evidence-based Assertive Community Treatment (ACT) model to deliver 24/7 comprehensive, community-based treatment, promoting independent and integrated living for individuals with a serious mental illness.

For FY 2023-2024, 98 percent of those served maintained stable housing, 83 percent maintained or improved level of function, 46 percent continued to live independently, and 90 percent remained in the community instead of being admitted to a Baker Act facility. Currently, there are 39 FACT teams and 15 FMTS statewide. An assessment of waitlists revealed that Broward, Charlotte, and Desoto counties need additional FACT teams, while Hardee, Highlands, and Polk counties require more FMTs.

Expanding these teams would enable Florida to divert individuals from state treatment facilities, offering a more integrated and supportive approach to mental health care. This expansion would not only alleviate the burden on state facilities but also provide a critical step-down option for those transitioning from state mental health treatment facilities, ensuring continuity of care and better outcomes for patients. Ultimately, this recommendation aims to improve the quality of life for individuals with serious mental illness and reduce the overall costs associated with repeated hospitalizations and incarcerations.

The Commission anticipates AHCA, DCF, and community behavioral health providers will lead this strategy. By collaborating, these partners can leverage their resources and expertise to create a more robust and responsive mental health care system. Funding will be needed for staffing, operations, and facilities. The amount is indeterminate at the time of this report.

Recommendation 13: Increase crisis response teams focused on seniors to divert older adults from deeper end services and provide follow-up to ensure continued stabilization.

According to DCF, older adults (65+) account for approximately 7 percent of involuntary examinations each year, totaling nearly 12,000 in FY 2023-2024.[10] To address the unique needs of older adults experiencing mental health crises, the Commission recommends increasing the number of crisis response teams specifically trained to work with seniors. These teams can provide immediate, specialized care, helping to divert older adults from more intensive services like emergency rooms and crisis stabilization units to adult learning facilities or residential treatment facilities.

Crisis response teams can coordinate with primary care providers, mental health professionals, and community resources to create a comprehensive plan to ensure continued stabilization through follow up visits and ongoing support. The Commission acknowledges Marion County's senior-focused pilot, which shows promising diversion rates from crisis stabilization units (95.4 percent) and emergency departments (96.68 percent). Evaluations of this pilot, along with other existing senior-focused initiatives, can guide other counties interested in developing their own programs.

This recommendation will have a fiscal impact, with costs depending on the number of staff onboarded and the establishment of any new facilities.

Recommendation 14: Increase funding to expand capacity of the 988 Florida Lifeline System.

The 988 Florida Lifeline offers 24/7 confidential short-term counseling, connecting individuals in crisis with long-term behavioral health services through community referrals. From October 2022 to May 2024, the 988 Lifeline answered a total of 179,325 calls, resolving 171,488 (95.6 percent) without requiring high-level care and referring 72,028 to mental health services. These efforts help prevent involuntary commitments under the Baker Act.

As of May 2024, the average answer rate for 988 Florida Lifeline was 78 percent, compared to the national average of 88 percent.[11] DCF expects the call volume to rise steadily due to increased public awareness and implementation of geo-routing to cell phone towers over the next two years. To ensure a 90 percent answer rate, the Commission recommends securing annual funding to expand capacity of 988 Lifeline centers. They estimate that an additional 164 crisis counselors would be needed to reach their target answer rate.

988 Florida Lifeline has the potential to enhance its services by having direct linkage to community health providers. By establishing this linkage, the 988 Lifeline system could allow real-time bed availability checks and outpatient appointment scheduling, ensuring callers have their next appointment before ending the call. Establishing processes for transitioning clients to mobile response teams or central receiving facilities, as well as

[10] Florida Department of Children and Families, Baker Act Dashboard | Florida DCF (myflfamilies.com)
[11] SAMHSA. (2023). 988 Lifeline Performance Metrics. Retrieved from https://www.samhsa.gov/find-help/988/performance-metrics

warm hand-offs to behavioral providers, would ensure more individuals receive the necessary help.

To measure 988 Florida Lifeline's impact, DCF is developing a public-facing dashboard to identify trends, show outcomes, and highlight service gaps. The accessible outcome data and ongoing partnerships with community providers and stakeholders will help build a more complete continuum of care.

This recommendation will have a fiscal impact primarily for onboarding and training crisis counselors. To support this, DCF applied for SAMHSAs grant to improve local 988 capacity and was awarded $8 million in August 2024.[12] Further efforts are encouraged to ensure capacity meets the expected increase in 988 usage.

Recommendation 15: Increase emergency and respite housing options that will provide enough time for evaluation of longer-term, appropriate services, including permanent housing options.

Unsafe housing conditions prompt agencies to immediately remove individuals and place them in emergency housing while determining alternate placement opportunities. This immediate response is crucial to safeguard the well-being of vulnerable populations. Currently, there is a shortage of emergency and respite housing options. For example, the Northeast region, consisting of 23 counties, has only 13 respite beds for both adults and children. Similar shortages are observed across the state. To address this, a deeper analysis is recommended to identify areas with the greatest potential and need for expanding capacity.

To enhance the effectiveness of these initiatives, it is essential to prioritize the Medicaid waiver waitlist and blend funding sources to maximize resource utilization. By streamlining the waiver process and integrating various funding streams, we can ensure that financial constraints do not hinder access to necessary services. Additionally, promoting client safety through rigorous standards and regular inspections of housing facilities will help maintain high-quality living conditions. These combined efforts will create a more responsive and resilient housing support system, ultimately leading to better outcomes for individuals in need of emergency and respite housing.

This recommendation will incur fiscal impacts, with costs influenced by the number of staff hired and the creation of new facilities.

Recommendation 16: Increase integration of Primary Care and Behavioral Health through the expansion of Florida's existing regional mental health access hubs (FPBHC).

[12] SAMHSA. (2024). Grants Dashboard. Retrieved from https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_state%3AFlorida

Approximately 75 percent of children under the age of 18 present to primary care for mental health needs.[13] However, 67 percent of pediatricians report insufficient training to diagnose and treat these needs.[14] To address this disparity, the Commission recommends increasing the integration between primary care and behavioral health.

One focus is expanding the existing regional mental health access hubs. The Florida Pediatric Mental Health Collaborative (FPMHC) has demonstrated success with its evidence-based Hub model, which supports pediatric primary care providers in identifying and treating children and youth with mild to moderate mental health needs such as ADHD, anxiety, and depression. Additionally, the statewide hotline provided by the Florida Pediatric Behavioral Health Collaborative (FPBHC) is an essential resource for primary care providers not enrolled in a regional Hub, ensuring access to expert consultation and support across the state.

Scaling the FPBHC to encompass the broader Florida Behavioral Health Collaborative, including the Behavioral Health Hubs component, is a strategic move. This expansion will allow for a more comprehensive approach to behavioral health, addressing the needs of both children and adults. By building on the existing infrastructure and success of the pediatric model, the expanded Collaborative can provide a seamless continuum of care, facilitating early identification of behavioral health issues and improving outcomes for individuals across the lifespan.

Furthermore, leveraging telepsychiatry consultations and Certified Community Behavioral Health Clinics (CCBHC), a framework designed to promote coordinated and comprehensive access to behavioral healthcare services, enables Hubs to effectively link children and families to behavioral health providers within their communities, ensuring timely and appropriate care. CCBHCs have the additional benefit of addressing primary care and behavioral health challenges while focusing on community resources to address other needs such as food and housing insecurity.

The integration of primary care and behavioral health through the expansion of Florida's regional mental health access hubs is a forward-thinking initiative. To enhance the financial viability and scalability of these integrated care models, and promote the widespread adoption and sustainability, the Collaborative Care Model (CoCM) codes for Medicaid became effective as of July 1, 2024.

This recommendation will have a fiscal impact. The Commission proposes the following three strategies and their costs:

[13] American Academy of Child and Adolescent Psychiatry. (2010). A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care. Retrieved from https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/guide_to_building_collaborative_mental_health_care_partnerships.pdf

[14] CDC. (2023). Behavioral Health Integration. Retrieved from https://www.cdc.gov/childrensmentalhealth/documents/access-infographic.html

- Marketing: Increase awareness and utilization of the Hubs through continued and expanded marketing efforts. More than half the cost is already in the budget; an additional one-time $500,000 is needed.
- Capacity: Increase capacity to existing Hubs by 50 percent and deliver real-time expert consultation to PCPs. An additional annual budget and authority of $1,743,936 is needed.
- Geographic Expansion: Expand the footprint in the state to add an additional regional Hub in areas of identified need through tertiary care centers. An annual budget and authority of $525,000 is needed.

Recommendation 17: Assess Florida school districts and identify effective models of school-based behavioral health access through telehealth.

Schools are where children spend most of their time outside the family home, making them uniquely positioned to identify those in need of behavioral health services. Educators often recognize children struggling with social or emotional stressors before symptoms are apparent at home or are formally diagnosed.

To address the growing need for behavioral health services among students, the Commission recommends a comprehensive review of Florida school districts to identify needs and evaluate telehealth programs currently in use. Assessing telehealth programs helps identify gaps in service provision and barriers to access, such as technological limitations, lack of awareness, or insufficient training for school staff.

Understanding these challenges will aid in developing targeted strategies such as:

- Expanding telehealth services to more schools, particularly in underserved and rural areas.
- Providing training and ongoing support for school staff to effectively utilize telehealth services.
- Increasing awareness and engagement among families and communities about the availability and benefits of telehealth services.

Additionally, the assessment can identify effective models already in use in Florida districts that can be replicated elsewhere. This can also include evaluating approaches from other states or countries to understand how they have overcome challenges in providing behavioral health services in schools.

School-based behavioral health care can support students who might not otherwise have access to mental health services. Blended funding ensures no cost to families, supports earlier identification and access to behavioral health services, and includes families regardless of geography or insurance coverage. By assessing and expanding the implementation of school-based behavioral health access through telehealth, Florida can

ensure that more students receive the mental health support they need, leading to better academic performance, improved well-being, and healthier school environments.

This recommendation is not expected to have a fiscal impact.

Recommendation 18: Conduct analysis of publicly funded health plan panels for mental health and substance use services.

According to the 2023 National Survey on Drug Use and Health, 60 percent of adults with a mental illness reported not receiving treatment due to thinking that treatment would cost too much, and 40 percent reported that their health insurance would not pay enough of costs for treatment. Similarly, 42 percent of individuals with a substance use disorder reported not seeking treatment due to thinking that treatment would cost too much, and 32 percent reported that they did not have health insurance coverage for alcohol or drug use treatment.[15]

To address this barrier, the Commission recommends conducting an analysis on publicly funded health plan panels such as Medicare Advantage and Medicaid. An analysis will:

- Identify coverage gaps.
- Inform policy decisions.
- Monitor quality of care and cost management.
- Enhance provider networks by identifying areas where additional providers are needed.
- Ensure parity compliance, making sure mental health and substance use services are covered at the same level as physical health services, in line with the Mental Health Parity and Addiction Equity Act.[16]

Overall, conducting an analysis on publicly funded health plan panels for mental health and substance use services is a critical step in ensuring that individuals receive the care they need, improving health outcomes, and creating a more equitable healthcare system.

This recommendation is not anticipated to have any fiscal impact.

Bolstering the Behavioral Health Sector through Workforce Development and Retention Efforts

[15] SAMHSA. (2024). Key Substance Use and Metal Health Indicators in the United States: Results from the 2023 Survey on Drug Use and Health. Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf

[16] Employee Benefits Security Administration. (2024). Fact Sheet: Final Rules under the Mental Health Parity and Addition Equity Act (MHPAEA). Retrieved from https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/fact-sheets/final-rules-under-the-mental-health-parity-and-addiction-equity-act-mhpaea

Access to necessary behavioral health services is critical to the overall wellbeing and resiliency of Florida's families. To address the growing demand for behavioral health professionals, the following recommendations are proposed, focusing on three key areas: attracting new talent, retaining the quality talent available, and developing leadership to sustain and enhance the workforce.

Recommendation 19: Establish college mentors for middle- and high-school students interested in the behavioral health field.

The behavioral health field often remains unknown or obscure, with many students not becoming aware of it until their later years in college. To address this, the Commission recommends attracting new talent at an early age by establishing a mentorship program to allow college students to mentor middle and high school students. This approach can raise awareness of the behavioral health field while providing younger students with valuable insights into various career paths and educational requirements. College mentors can share their experiences, motivations, and guidance on academic and extracurricular activities, helping mentees develop a clearer vision of their future. This connection can also foster a sense of belonging and motivation, encouraging middle and high school students to pursue their interests with greater confidence and determination.

Moreover, such a program can benefit college students by enhancing their leadership and communication skills. Mentoring can provide them with a sense of purpose and fulfillment as they contribute to the growth and development of younger students. It can also strengthen their resumes and professional networks, making them more competitive in the job market. By creating a supportive community focused on behavioral health, this mentorship program can inspire a new generation of professionals dedicated to improving mental health and well-being in society.

This recommendation is not anticipated to have a fiscal impact. Collaboration between universities and secondary schools is encouraged to initiate this effort.

Recommendation 20: Increase the number of students admitted in public and private colleges and universities and increase faculty instructional positions for the behavioral health field.

To address the growing demand for behavioral health professionals, the Commission recommends increasing the number of students admitted to both public and private colleges and universities. Expanding enrollment capacities will ensure a steady pipeline of qualified graduates ready to enter the workforce. This initiative will not only help meet the current and future needs of the behavioral health field but also provide more opportunities for students to pursue careers in this vital sector.

In tandem with increasing student admissions, it is crucial to expand faculty positions in behavioral health programs. By hiring more faculty members, particularly those

specialized in clinical social work, mental health counseling, and psychology, institutions can offer a higher quality education, reduce student-to-teacher ratios, and provide more personalized instruction and mentorship. This dual approach of increasing both student admissions and faculty positions will strengthen the educational infrastructure, ultimately leading to a more robust and effective behavioral health workforce.

The Commission anticipates this recommendation will necessitate a comprehensive strategy, including legislative measures, universities, and cooperation with statewide organizations. The Healthy Living Act, along with these partnerships, could provide potential funding sources.

Recommendation 21: Support professional associations to work with undergraduate programs and create practicums with school districts.

To enhance the practical training and professional readiness of undergraduate students entering the behavioral health field, it is recommended that professional associations collaborate with undergraduate programs to establish practicum opportunities within school districts. This partnership would provide students with hands-on experience in real-world educational settings, allowing them to apply theoretical knowledge and develop essential skills under the guidance of experienced professionals. Such initiatives not only bridge the gap between academic learning and professional practice but also foster a deeper understanding of the challenges and dynamics within school environments.

Moreover, these practicum opportunities can significantly benefit school districts by bringing in fresh perspectives and innovative approaches from enthusiastic undergraduate students. The collaboration can also help address staffing shortages and provide additional support to teachers and administrators. Professional associations can play a crucial role in facilitating these partnerships by leveraging their networks, resources, and expertise to create structured and meaningful practicum programs.

Collaboration between universities and professional organizations is encouraged to initiate this effort. By leveraging their resources, they can build on existing practicums. This recommendation is not expected to have any fiscal impact.

Recommendation 22: Develop undergraduate and graduate-level Behavioral Health Leadership and Management certification programs with input from today's leaders.

Behavioral health is a complex and ever-evolving field that needs individuals equipped to navigate its intricacies effectively. To enhance the skills and knowledge of future behavioral health professionals, the Commission recommends developing undergraduate and graduate-level Behavioral Health Leadership and Management certification programs. By incorporating insights from today's leaders, these programs ensure that the curriculum remains relevant and up-to-date with the latest best practices and innovations, ensuring that students are well-prepared to meet contemporary demands.

These certification programs also promote the implementation of evidence-based practices, improving patient outcomes and the overall quality of care in behavioral health settings. Engaging current leaders in the development process fosters collaboration and networking opportunities, enriching the learning experience for students. Leaders can contribute through guest lectures, mentorship opportunities, and advisory roles, offering students real-world insights and networking opportunities. This approach not only prepares the next generation of leaders but also ensures the long-term sustainability and growth of the behavioral health sector, addressing both current and future challenges.

The Commission anticipates that this recommendation will require a multipronged approach, involving legislative action, private partnerships, and collaboration with local communities and statewide entities. The Healthy Living Act could serve as a potential funding source, alongside the mentioned partnerships.

Recommendation 23: Create Behavioral Health Leadership Academy to develop future leaders and provide mentorship.

The Commission recognizes the importance of developing future leaders in behavioral health and recommends establishing a Behavioral Health Leadership Academy developed by Florida universities, such as USF's Florida Center for Behavioral Health Workforce, University of Florida's Bob Graham Center for Public Service, and Florida State University's Center for Leadership & Service. This academy can serve as a structured platform for mentorship, where experienced professionals guide and inspire students. By leveraging the expertise of these institutions, the program can offer comprehensive training that integrates academic knowledge with practical leadership skills. This approach ensures that students are well-prepared to address the complex challenges in behavioral health and make significant contributions to the field.

The Commission expects this recommendation to necessitate a comprehensive strategy, including legislative measures, universities, and cooperation with statewide organizations. The Healthy Living Act, along with these partnerships, could provide potential funding sources.

Recommendation 24: Stipends, compensation, and/or support for clinical supervisors and/or employers, students, and registered interns.

Providing stipends, compensation, and support for clinical supervisors, employers, students, and registered interns is crucial for fostering a robust and effective behavioral health workforce. Financial incentives can attract and retain skilled supervisors and employers, ensuring that students and interns receive high-quality guidance and training. This support can alleviate the financial burden on supervisors, allowing them to focus more on mentoring and less on financial concerns. Additionally, compensating students and interns can make internships more accessible, especially for those who might otherwise be unable to afford unpaid positions. This inclusivity can lead to a more diverse and well-prepared workforce.

Furthermore, offering financial support can enhance the overall quality of training and professional development in the behavioral health field. When supervisors and employers are adequately compensated, they are more likely to invest time and resources into creating comprehensive training programs. This can lead to better-prepared graduates who are ready to meet the demands of the profession. For students and interns, financial support can reduce stress and allow them to fully engage in their learning experiences. Ultimately, this approach can lead to improved mental health services and outcomes, benefiting both the professionals in the field and the communities they serve.

The Commission encourages the creation of a public-private partnership to implement these incentives and develop a strong support system to address the financial and logistical challenges faced by behavioral healthcare professionals. The fiscal impact remains indeterminate currently.

Recommendation 25: Local community and statewide incentives to attract and recruit behavioral healthcare professionals.

To effectively attract and recruit behavioral healthcare professionals, as well as engage local communities and statewide initiatives, the Commission recommends prioritizing a comprehensive incentive package. Housing incentives tailored for both rural and urban areas can significantly alleviate the financial burden on professionals, making relocation more appealing. Additionally, offering student loan forgiveness and scholarships can attract recent graduates and early-career professionals by reducing their educational debt. Moving expense assistance further eases the transition for professionals considering relocation, ensuring they would feel supported throughout the process.

Implementing these strategies not only helps in recruiting new professionals but also aids in retaining existing ones by providing them with tangible benefits and a sense of stability. By addressing the financial and logistical barriers, these incentives can lead to a more equitable distribution of behavioral healthcare professionals across both rural and urban areas, ultimately improving access to essential services for underserved populations.

The Commission encourages establishing a private-public partnership to deploy these incentives and create a robust support system that addresses the financial and logistical challenges faced by behavioral healthcare professionals. The fiscal impact is indeterminate at the time of this report.

Recommendation 26: Conduct a workforce compensation study (conducted by the Florida Center for Behavioral Health Workforce).

As the need for behavioral health services increases, it is imperative to have a strong and capable workforce. The Florida Center for Behavioral Health Workforce, housed within the USFs College of Behavioral and Community Sciences, is addressing this need by conducting a study to identify factors driving Florida's behavioral health workforce shortage. Through the study, the center aims to identify and develop strategies to recruit

and retain essential professionals, ultimately increasing access to behavioral health care for those in need.

The center is collaborating with community partners statewide and leading behavioral health workforce organizations nationwide to fully understand the workforce needs. This ongoing collaboration and study's findings aim to enhance recruitment and retention efforts and expand pathways to behavioral health professions.

This recommendation is being funded by the Senate Bill 330, in which USF will receive $5 million in recurring funds to create and operate the center. The center was established in July 2024 as a component of Senate Bill 330 sponsored by Sen. Jim Boyd and Rep. Sam Garrison and was signed by Gov. Ron DeSantis as part of the Live Healthy legislation package. The center is nearing the end of its search for an executive director who is expected to start in mid-October. An office administrator and statistician have already been hired and have begun data collection efforts, and the search for a communications and marketing officer is nearly complete.

Elevating Awareness and Multidisciplinary Collaboration

Elevating awareness and fostering multidisciplinary collaboration in the behavioral health field are essential for reducing stigma, promoting early intervention, and providing holistic care. The following recommendations will detail strategies to enhance collaborative efforts and integrate diverse expertise to raise awareness of services and improving accessibility.

Recommendation 27: Leverage mass media, advertising, and awareness campaigns to increase awareness and knowledge of local behavioral health systems.

Awareness of behavioral health has increased significantly, but there remains a need to raise awareness about available services, especially at the local level. The Commission conducted a statewide survey among 372 individuals, including providers and those with behavioral health issues or their family members. The findings revealed that 44 percent delayed seeking care because they did not know where to go, 40 percent of families delayed help due to lack of access knowledge, and 57 percent of providers reported individuals sought care later than ideal because they were unaware of how to access it. To address this, the Commission recommends mass media and advertising campaigns, direct awareness campaigns targeting individuals and families, and raising awareness of behavioral health systems.

In today’s digital age, the internet makes information widely accessible. Promoting the use of social media among providers and organizations to disseminate information on behavioral health and resources can effectively reach diverse demographics. Providers and organizations can utilize ready-made resources from experts such as The National Alliance on Mental Illness (NAMI) and Mental Health America (MHA), which offer resource

guides, a resource finder, screening tools, and video libraries with educational videos, personal stories, social media content, and PSAs to raise awareness and educate the public about mental health issues.[17,18,19] Additionally, providers can leverage local media to address behavioral health topics, by sharing peer testimonials, discussing services, and addressing common fears and stigmas through interviews, op-eds, panel discussions, town halls, and webinars.

Coordinating efforts between managing entities and local partner organizations to develop or enhance resource guides is another effective method to increase awareness. These guides can be in the form of flyers, posters, or pamphlets with QR codes providing further information, such as a regional map of local resources with contact information, services, populations served, and payment types accepted. They can be strategically placed in public libraries, schools, community centers, clinics, hospitals churches, and homeless shelters. Enlisting law enforcement and first responders is also crucial, as they are often the first to encounter individuals in need of these resources.

Equally significant is encouraging organizations to be aware of available resources. Lifeline call centers (i.e., 988 and 211) and county human services are primary sources where individuals inquire about resources. It is crucial for these entities to develop relationships with behavioral health community providers to broaden and deepen the resources and information in their databases and streamline access to services.

This recommendation will have a fiscal impact. The Commission estimates that approximately $500,000.00 will be needed for a geographically targeted mass media campaign. Additional costs include training sessions, materials for training and advertising, and required technology. The Commission is exploring partnerships with community groups and organizations already engaged in similar awareness projects to offset some costs and avoid duplicating efforts.

Recommendation 28: Share best practices on mental health first aid and the use of de-stigmatizing person-first language and trauma-responsive care to improve patient experience and engagement in treatment.

Using person-first language and trauma-responsive care are essential strategies for improving patient experience and engagement in treatment. Person-first language emphasizes the individual before their condition, respecting their identity and dignity, reducing stigma, and fostering a more inclusive and respectful environment. Trauma-responsive care builds on this by considering the whole person, including their past experiences and current needs, and creating a safe and trusting environment.

[17] National Alliance on Mental Illness. (2024). Guides. Retrieved from https://www.nami.org/Support-Education/Publications-Reports/Guides/

[18] National Alliance on Mental Illness. (2023). NAMI HelpLine Resource Finder. Retrieved from https://helpline-resources.nami.org/

[19] Mental Health America. (2024). Where to Start. May is Mental Health Month 2024 Outreach Toolkit. Retrieved from https://www.mhanational.org/sites/default/files/MHM/2024/toolkit/2024-Where-to-Start-Toolkit.pdf

To adopt these approaches, the Commission encourages training for providers, peers, and family members on using person-first language and other de-stigmatizing behaviors. Trainings can include evidence-based curricula such as Mental Health First Aid (MHFA), which helps individuals identify, understand, and respond to signs of mental health and substance use challenges. Local peer organizations and RCOs can collaborate to incorporate resources from NAMI, MHA, and personal stories into their trainings. Additionally, experts from behavioral health teaching hospitals, academic programs, hospital bridge peer specialists can also share the importance of de-stigmatizing language and behaviors, and methods to better understand symptoms and behavior.

Managing Entities direct the provision of DCF-funded regional behavioral health services. Guided by their Recovery-Oriented System of Care (ROSC) committees, they can promote person-first language and other de-stigmatizing behaviors and policies among providers, encouraging them to share best practices. This helps providers engage and retain patients for improved outcomes. Aligning providers' policies, procedures, and physical spaces with best practices, such as person-first language and trauma-informed care, institutionalizes destigmatization throughout the system of care. The Commission acknowledges Broward County's Trauma Responsive Learning Initiative, with over 1,000 staff across 73 providers and believe that they could serve as a model for other initiatives looking to adopt a trauma-responsive framework to improve client care, increase engagement, and reduce staff turnover.

Ultimately, adopting person-first language and trauma-responsive care are pivotal strategies for enhancing patient experience and engagement in treatment. By institutionalizing these destigmatizing practices, the state can build a more compassionate and effective health system that truly meets the needs of all individuals.

This recommendation may result in fiscal impacts due to training sessions and materials. The associated costs, influenced by the number and location of sessions, cannot be estimated at this time.

Recommendation 29: Identify and promote cross-provider learning opportunities that support networking and collaboration across the continuum of care.

Promoting cross-provider learning opportunities is essential for enhancing coordination and communication across the continuum of care. By bringing together healthcare providers from various settings—such as crisis, inpatient, outpatient, community, and institutional environments—these learning sessions facilitate the sharing of knowledge and best practices. This collaborative approach helps in developing integrated care plans that address the comprehensive needs of patients, ensuring a seamless transition through different stages of care and ultimately leading to better health outcomes.

Additionally, these opportunities contribute to the professional development of healthcare providers by keeping them updated with the latest knowledge and skills. Regular interaction among providers improves understanding and reduces misunderstandings, fostering a more cohesive healthcare system. By learning from each other's experiences

and expertise, providers can adopt best practices and enhance the overall quality of care, benefiting both patients and the healthcare system.

This recommendation has no known fiscal impact.

Recommendation 30: Conduct a Circle of Influence and Engagement Campaign through tailored training to empower community involvement.

The Circle of Influence and Engagement Campaign focuses on areas where individuals or organizations can have the most impact. Rather than spreading out the limited behavioral health providers and experts thin to do community outreach, the Commission recommends training and educating the following groups on behavioral health and available resources:

- College, universities, and school districts.
- Faith leaders and first responders, including dispatch and detention staff.
- Local recreational centers, community centers, resource centers, and shelters.
- Primary care and pediatric care providers, with the goal of equipping them with the skills needed to provide behavioral health services.

By educating and training community leaders, individuals in need can approach trusted figures who understand their struggles and can assist them directly or inform them about available resources. This approach facilitates access to help while allowing behavioral health providers to focus on their patients.

Additionally, the Commission encourages behavioral health providers with innovative, proven solutions to share their successes and best practices through professional associations and learning opportunities. This approach allows for:

- Knowledge dissemination and innovation: Enables other providers to learn and implement effective strategies, inspiring creative thinking, and the development of new approaches to behavioral health challenges.
- Improved patient outcomes: Adopting proven methods leads to better patient outcomes on a broader scale, benefiting the entire community.
- Standardization of care: Sharing best practices helps standardize care across different settings, ensuring patients receive high-quality, evidence-based treatment regardless of where they seek help.

This recommendation may incur fiscal impacts due to training sessions. The associated costs may be influenced by the number of sessions and location and cannot be estimated at the time of this report.

Conclusion

The Florida Commission on Mental Health and Substance Use Disorder has identified critical areas for improvement within the state's mental health and substance use systems. By addressing the research-based and data driven recommendations put forth by the Commission it will ensure that all Floridians have access to the necessary support and treatment, fostering a healthier and more resilient community. The recommendations put forth by the Commission aim to address these challenges by establishing a comprehensive data infrastructure and utilizing current evidence-based tools and methodologies, bolstering the behavioral health sector through workforce development and retention efforts, enhancing behavioral services and infrastructure, and elevating awareness and multidisciplinary collaboration.

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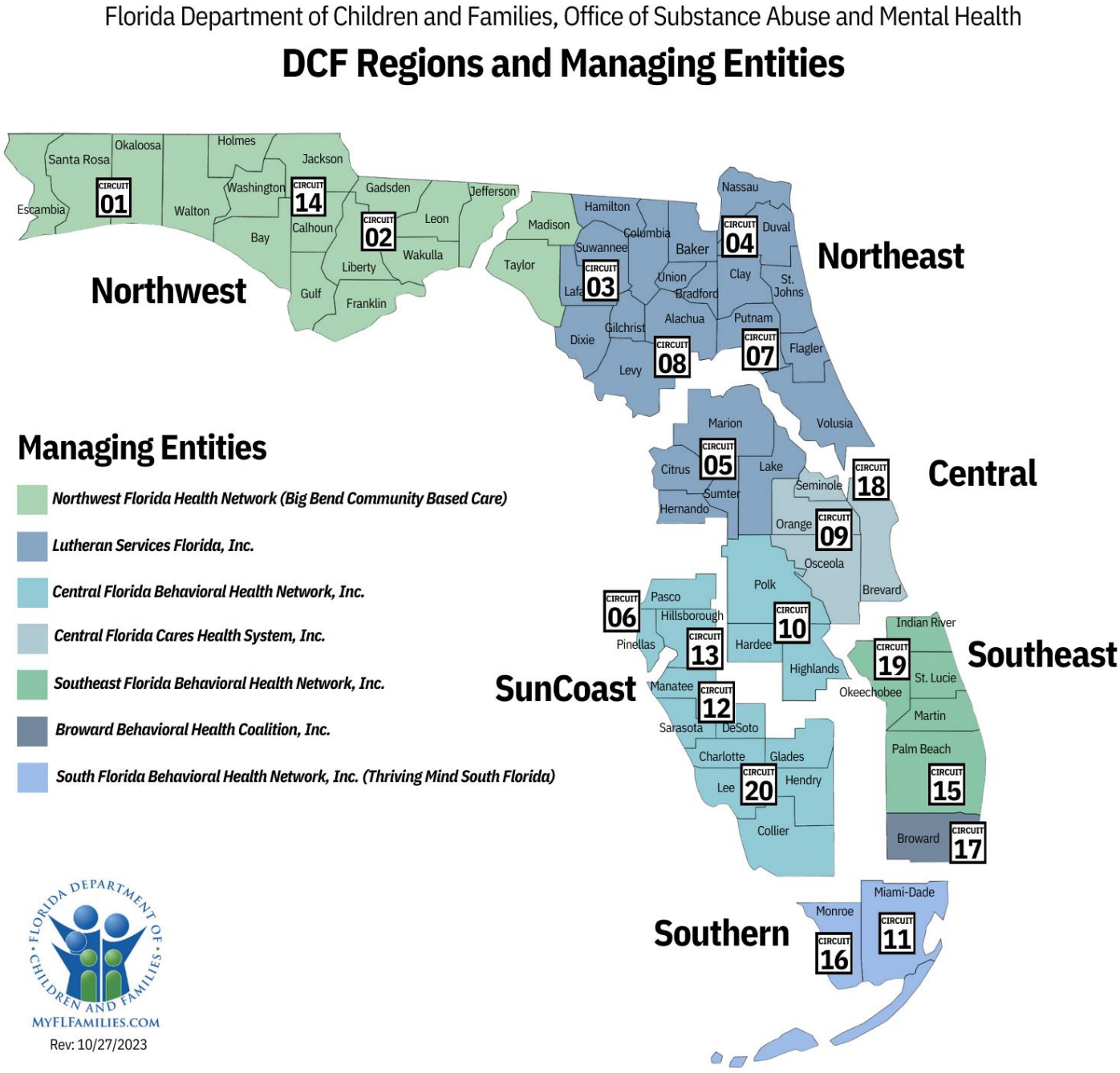
Appendix

Appendix 1. Map of Department Regions and Managing Entities



Appendix 2. FBHDR Action Steps and Proposed Annual Budget

Figure 1: Florida Behavioral Healthcare Data Repository Action Steps

Step 1: Create Statewide Coalition to determine optimal sources, uses and outcomes of data – defining key stakeholders.

Conduct a gap analysis to identify expertise needed when identifying key stakeholders for the statewide coalition.

Step 2: Secure administrative authority and commitment from stakeholders and state agencies (DCF, AHCA, etc.).

Bring data together safely and responsibly. Policymakers and practitioners are better equipped to understand complex needs, allocate resources, measure the impacts policies and programs, engage in shared decision-making about data use, and institutionalize regulatory compliance.

Step 3: Determine the structure of the repository (centralized, federated, etc.), as well as policies and protocols for data standardization, security, access, and resources.

The Commission recommends development and ongoing enhancement of the FBHDR be housed within a university to allow for subject matter experts to have longitudinal opportunities to maintain an effective and evolving system. Secure resources/funding (preferably a commitment of recurring funding).

Step 4: Implement a pilot.

Collect data already aggregated and merged between AHCA and DCF or other relevant datasets to create a roadmap for an analytic plan before expanding statewide.

Step 5: Identify and evaluate areas of necessary improvement.

Provide information on behavioral health data sources in Florida for high-risk individuals and evaluate key questions related to cost, access, quality, and outcomes for behavioral health.

A data integration and expansion initiative such as this has potential impact at the state and local level. Intentionally designing a state and local behavioral health data infrastructure and partnership from inception will allow the following:

- Improvement of behavioral health outcomes.
- Maximization of state resources.
- Acceleration of innovation and incubation.
- Building capacity to leverage and use data grounded in science.

Table 1: Proposed Budget

The Commission has researched costs associated with developing the Florida Behavioral Healthcare Data Repository. The table below provides a breakdown of these costs and their justifications.

Service	Estimated Annual Cost	Description/Justification
Storage	Rate: $23 Cost: $2,760	12 months of storage estimated at 10 Terabytes. The platform supports machine learning, generative AI, data anonymization and Role Based Access Control. Needed for a centralized MH data repository.
Compute	Rate: $4 Cost: $80,000	$4 per credit on a HIPAA certified instance. Queries average less than 10 seconds. Each node size increase doubles compute power and credit consumption. Required for querying, integration, Generative AI, machine learning, and predictive modeling on the same platform as storage.
Data Catalog	Rate: NA Cost: $200,000	Facilitates AI-assisted search, contextual results, auto-enrichment, and data lineage. Users can search for data elements with their definitions and request access. Simplifies finding and using data, saving time on locating data and understanding its context.
Data Integration	Rate: NA Cost: $182,000	Raw data is stored for auditing and tracing, then transformed and aggregated for use. Creates a unified view of a patient's mental health journey across different care settings.
Data Visualization / Querying	Rate: NA Cost: $60,000	Critical steps in the information value chain, essential for data analysts.
Data Engineer	Rate: $75 Cost: $202,800	Focus on enabling data integration.
Data Analysts	Rate: $60 Cost: $162,240	Visualize complex information, build reports, charts, and data model, recognize patterns, and make inferences. Support data engineers, data scientists and statisticians by handling data wrangling, allowing others to focus on higher-value work.
SME Computer Science	Rate: .4 FTE Cost: $64,000	Provides advanced input on data harmonization and integration of machine learning technologies.
SME Biostats/ AI	Rate: .4 FTE Cost: $64,000	Provides advanced biostatistical analyses and advises on methodological approaches to data uses.
SME Behavioral Health	Rate: .4 FTE Cost: $72,000	Provides expertise on behavioral health issues on diagnoses, prevalence, treatment, service use, and evidence-based outcomes.
SME health Economist	Rate: .25FTE Cost: $37,500	Provides expertise on behavioral health costs and approaches to devising return on investment calculations.
Sr. Project Manager	Rate: $85 Cost: $229,840	Project manager with experience with healthcare data projects. Coordinates the team and keeps the project focused on objectives.
Total	**$1,357,140**	