

# Data Analysis Subcommittee

Commission on Mental Health and Substance Use



Data Analysis Subcommittee Updates | April 9, 2026



## Purpose of Data Analysis Subcommittee

Data Analysis Subcommittee is responsible for:

- Reviewing data collection, reporting mechanisms, and other data resources related to behavioral health across all available data sets
- Making recommendations for development of a searchable statewide behavioral health data repository to address:
  - Quality and effectiveness of current mental health and substance use disorder service delivery systems
  - Identify gaps in delivery systems
  - Recommend promising practices and data-based goals for and of current behavioral health systems



# Recommended Data Collaboration Roadmap

The Data Analysis Subcommittee of the Commission on Mental Health and Substance Abuse have designed the following phased approach roadmap for data sharing, collaboration, and analysis in the state of Florida.

**Aim 2:** Create a Florida behavioral health data repository or comparable effective system that includes harmonization and cleaning of identified data sources for analyses.

**Key Steps:**

- Once a statewide data collaborative has been created and information sharing guidelines have been developed, then a behavioral health repository can be formed to include various data from organizations such as (but not limited to) DCF, AHCA, DJJ, and FDLE.
- The overall goal is to provide information on access, quality, costs, and outcomes of the behavioral health system in Florida



**Aim 1:** Formalize a key stakeholder coalition to determine optimal sources, and outcomes of data within the state of Florida

**Key Steps:**

- Bringing data together safely and responsibly, policymakers and practitioners are better equipped to understand complex needs, allocate resources, measure impacts of policies and programs, engage in shared decision-making about data use, and institutionalize regulatory compliance.
- Assess county- and state-level data collaboratives to account for specified approaches related to the creation of Memorandum of Understanding (MOU) documents, linking resources across agencies, and assignment of unique identification numbers.

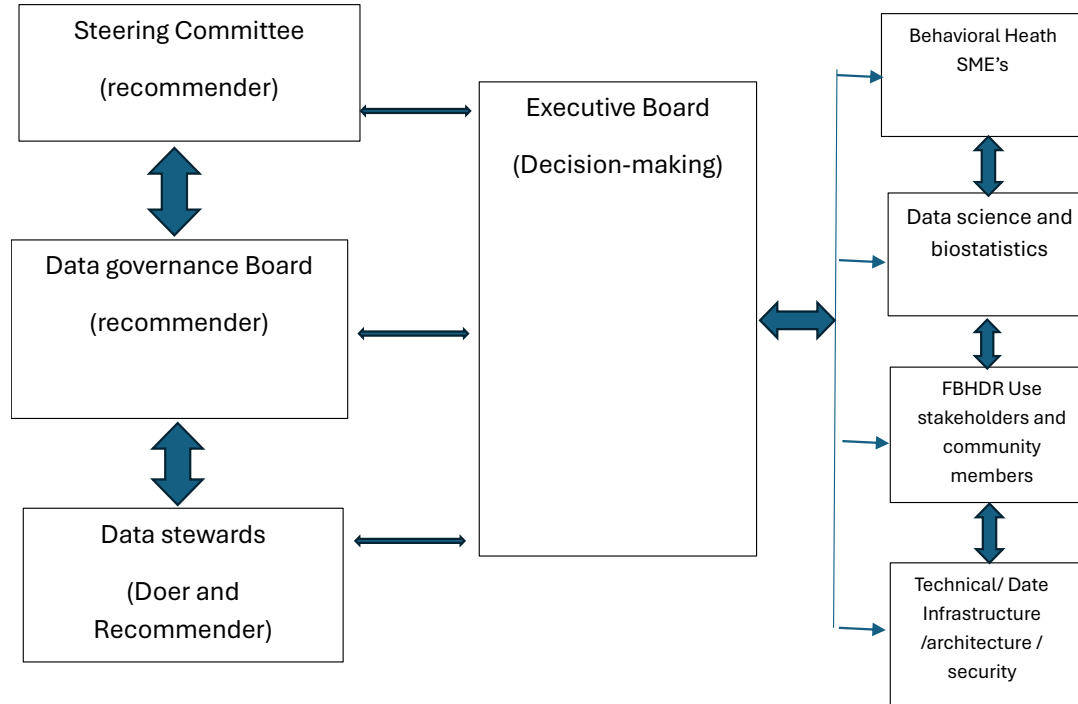
**Aim 3:** Provide information on availability and adequacy of behavioral health sources in Florida for high risk individuals.

**Key Steps:**

- Assess high-risk individuals served either through Medicaid or DCF and evaluate key questions related to cost, access, quality, and outcomes.
- Integration of behavioral health information from multiple sources have significant improvements in accuracy of personal demographics, diagnoses (including co-morbidities), service use types and frequency of use, and personal outcomes and health care quality
- Establishing a Florida Behavioral Health Data Repository (FBHDR) oversight steering committee can identify appropriate data sources and can guide and prioritize analytic direction and initiatives.



# Aim 1: Updates

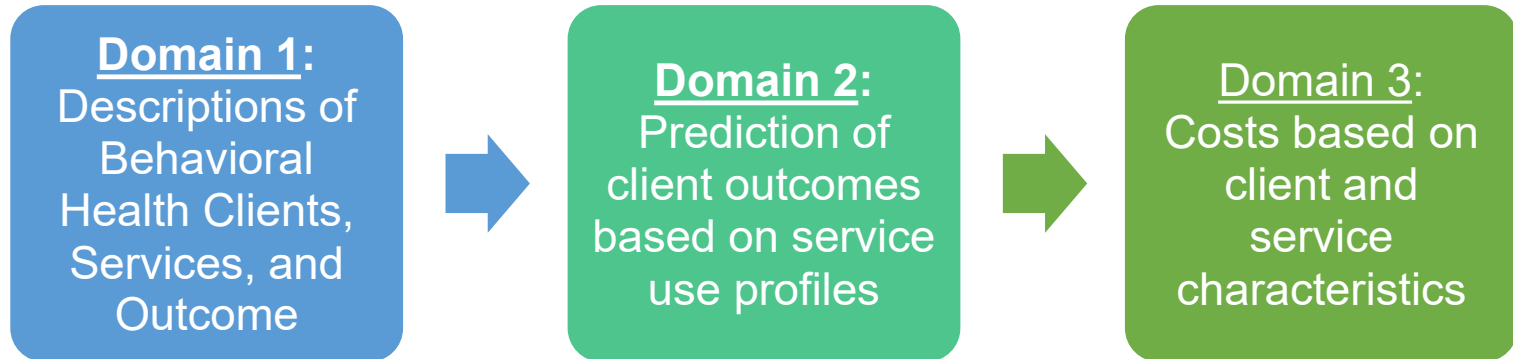




Aim 2

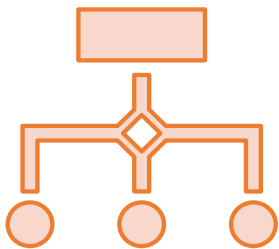
## Florida Behavioral Health Data Repository

- SB 168 established the Florida Behavioral Health Care Data Repository (FBHDR) on 10/1/25 within the Northwest Regional Data Center (NWRDC) to collect and analyze existing statewide data related to behavioral health care in Florida
- FBHDR will focus on three initial data domain areas



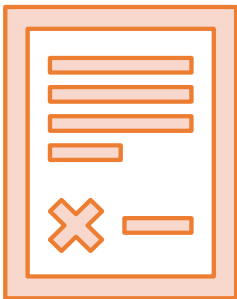
Aim 2

## Aim 2: Updates



Initial governance structure drafted, including roles and decision-making processes:

- Multi-agency governance model with stakeholder representation
- Defined policies for: (a) data sharing and access, (b) privacy and confidentiality protections, and (c) data quality and standardization
- Alignment with statewide data policies and best practices with ongoing refinement based on stakeholder input



Early planning for data use agreements and partner onboarding including:

- Department of Children and Families (DCF)
- Agency for Health Care Administration (AHCA)
- Department of Corrections (DOC)
- Department of Juvenile Justice (DJJ)
- Office of the State Courts Administrator (OSCA)



Aim 2

## Aim 2: Next Steps



Finalize governance structure



Execute data sharing agreements



Onboard priority data sources



Develop dashboards and reporting tools



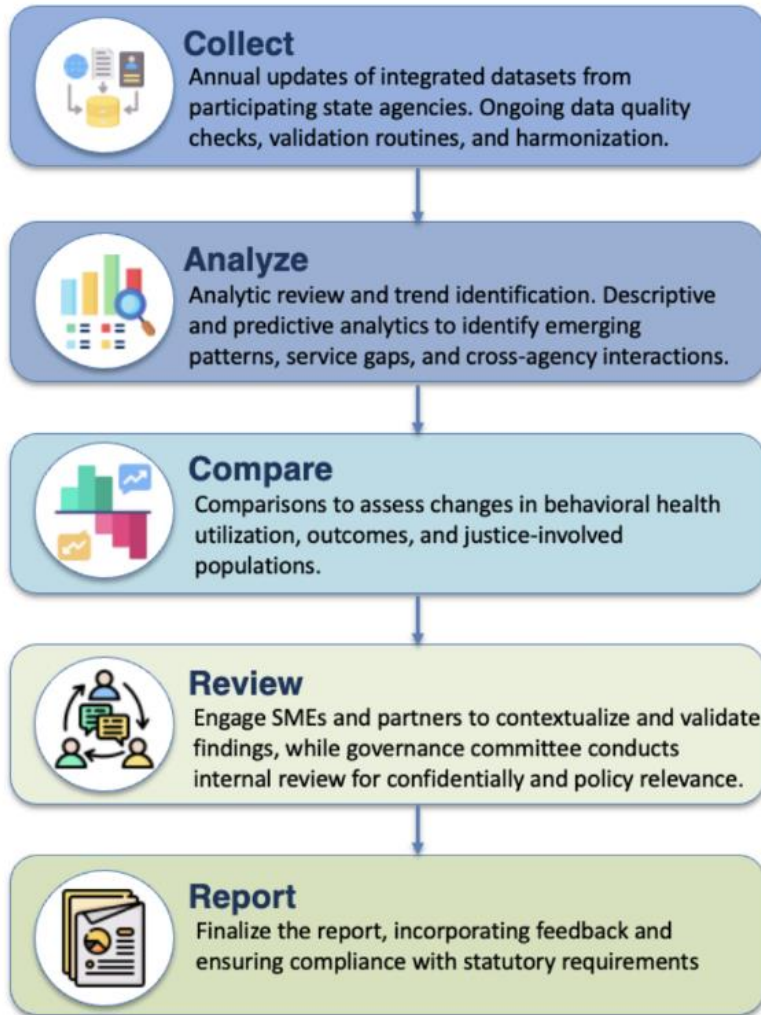
Plan for sustainability

# Aim 3: Activation

Aim 3 will be activated once FBHDR is fully operational and will focus on:

- Establishing statewide behavioral health performance indicators
- Developing standardized metrics for outcomes, service utilization, costs, and disparities
- Conducting cross-agency analyses to identify gaps, inefficiencies, and high-impact needs
- Identifying promising practices and evidence-based service models using integrated data
- Supporting continuous quality improvement across agencies
- Informing policy and funding recommendations based on data-driven insights

## Ongoing Reporting Structure - Following Sunset of Commission



# Looking Ahead

- As of April 2026, key components of the FBHDR, including Phase 1 data sharing, initial data lake development, and ongoing data integration, are actively in progress
- Project team is working to remain aligned with the established timeline and anticipated milestones through the end of 2026



# Prospective Impact of FBHDR

Proposed Florida Behavioral Health Data Repository (FBHDR) will be an ongoing resource and serve various operational, evaluative, and research purposes. Positive outcomes may include:

- Quantifying the effectiveness and cost-effectiveness of mental health care
- Identifying current innovative and best practices in the delivery of mental health services
- Modeling of proposed service changes to improve behavioral health care for all populations
- Describing prevalence and service continuum for mental health and substance use disorders:

What are the prevalence rates of various psychiatric disorders in the state, including comorbidities?

What are the characteristics of individuals with these diagnoses, such as age gender, race/ethnicity geographic location, and rurality?

What are the array of service types that individuals with different psychiatric diagnoses are utilizing?

What is the adequacy of services based on geographic regions with particular prevalence density?

What are the outcomes among individuals who access different service types? What are the costs associated with the service types?

*Questions &  
Discussion*

