MAKING FLORIDA THE NATIONAL LEADER FOR MENTAL HEALTH AND WELL-BEING

25 STRATEGIES TO UNITE LEADERS FOR ACTION AND OUTCOMES

FLORIDA CHAMBER HEALTH COUNCIL

Making Florida the Healthiest State in America

For more than a century, the Florida Chamber of Commerce has served as the leading voice and advocate for Florida's business community. The foundational success of Florida's businesses lies with its workforce, and a flourishing workforce should be top priority.

With an aim to enhance business performance, productivity and employee well-being, the **Florida Chamber Health Council**, part of the Florida Chamber Leadership Cabinet on Safety, Health and Sustainability, is pioneering America's first business-led statewide mental health initiative, grounded in solid research, to help achieve the Florida 2030 Blueprint goal of **making Florida a top 5 state for overall well-being, and ultimately, the healthiest state in America**.

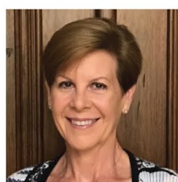
FLORIDA CHAMBER SAFETY COUNCIL | FLORIDA CHAMBER HEALTH COUNCIL | FLORIDA CHAMBER SUSTAINABILITY COUNCIL

Meet Our Advisory Board

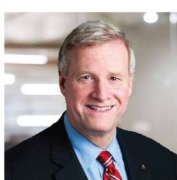
Mark Morgan, Chair

Erin Black

Dr. Josh Chard



Gillian Cummings-Beck



Edwin G. Foulke, Jr.

Greg Hale

Mauryo Jones

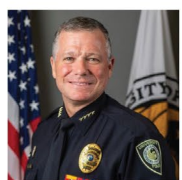
Dr. Jeffrey Kuhlman

Mark Ligon

Jody McClure

Greg Meloon

NAUTIQUE



Chief Carl Metzger

UCF

Brian Sights

PIKE

Holland Thompson

Mosaic

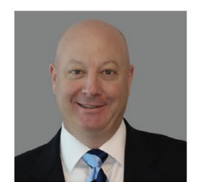
John Trevathan

Florida Blue

Mark Wilson

FLORIDA CHAMBER of Commerce

George Zamora



Sandy Hodes

Matt Fisher

PIKE

We could not achieve our goals without the charter members who believed in the vision and made it possible.

Thank You to Our Research Roundtable Partners

Contents

About the Florida Chamber of Commerce and This Report 1

Florida is on the Front Line of America's Behavioral Health Crisis 2

Methodology........ 5

A Systematic Data-Driven Assessment 5

What Is the Impact on Florida? 6

The Behavioral Health Needs of Floridians........ 6

Current Spending on Behavioral Health in Florida 10

Florida's Behavioral Health Workforce........ 11

Developing Data-Driven Recommendations 13

Policy and Practice Recommendations........ 14

Employer-Facing Recommendations (EFR)........ 15

Outcome-Driven Recommendations (ODR)........ 18

Domain-Specific Recommendations (DSR) 22

Domain 1: Workforce Solutions........ 222

Domain 2: Upstream Solutions for Youth Through Early Detection and Intervention 255

Domain 3: Public-System Modernization 32

Domain 4: Veterans and First Responders 39

Glossary........42

References 488

About the Florida Chamber of Commerce and This Report

The Florida Chamber of Commerce helps secure Florida's future by unifying Florida's business community while working with elected leaders to help position Florida as the national leader in economic growth, opportunity and quality of life. In 2018, the Florida Chamber Foundation released the multimillion-dollar research report known as the Florida 2030 Blueprint, which outlines 39 goals within its Six Pillars Strategic Framework to grow Florida to a top 10 global economy by 2030.

A key pillar of the **Florida 2030 Blueprint**[1] is to ***Champion Florida's Quality of Life***, and a central goal within this pillar is for Florida to be a top five state for overall well-being. As such, the Florida Chamber and the Florida Chamber Foundation researchers are ***developing targeted strategies for improving mental health, reducing substance abuse with emphasis on opioid use disorders, and preventing suicide and violent crimes.***[2] This first-in-the-nation, business-led, statewide report contains 25 actionable recommendations across four domains to make Florida the nation's leader in mental health care and outcomes, a key component to meeting the overall well-being goal. As Mark Wilson, President and CEO of the Florida Chamber of Commerce, notes, *"Florida has some of the best care and health innovation in the world, and we have the opportunity to take America's gap in mental health outcomes and position Florida as the national leader in business-led solutions."*

While it's been 60 years since President Kennedy signed the Community Mental Health Act of 1963,[3] it's only recently that mental health and well-being have become part of the national narrative again. In Florida, perhaps no one has done more to champion mental health and well-being than Florida's own First Lady, Casey DeSantis. While the pandemic may have placed national focus on mental health and while Florida's First Lady has practically single-handedly raised the importance of this in Florida, the Florida Chamber's Board of Directors made an investment to research where Florida stands and to then craft a multi-year strategy and tactics to position Florida as the recognized national leader in mental health practices, smart investments and outcomes.

Growing Florida to the 10th largest global economy by 2030 requires ensuring that its total population of over 23 million people and its daily growth of 750 net new residents[4] have the mental health care they need. Floridians should have access to the same best-in-class care for mental health needs that are available for other conditions like heart disease and cancer: a proactive, outcome-driven, person-centered approach that prioritizes early detection, precision, and evidence-based practices.

The Florida Chamber Leadership Cabinet on Safety, Health and Sustainability tasked the Florida Chamber Health Council with this charge in the summer of 2023, and the Health Council engaged the nationally recognized Meadows Mental Health Policy Institute (the Meadows Institute) to conduct a comprehensive behavioral health needs assessment to help it craft an initiative to advance the mental health and substance use strategies in the Quality of Life pillar of the Florida 2030 Blueprint. In an effort to unite a wide array of mental health leaders and Florida Chamber members, in November 2023, the Florida Chamber Health Council hosted its inaugural Florida Mental Health Innovation Summit in Lake Nona. The Florida Chamber Health Council and the Meadows Institute heard from leaders and behavioral health innovators from across Florida, including health system stakeholders, healthcare providers, philanthropists, and higher education and K–12 leaders, among others from the Florida Chamber's membership.

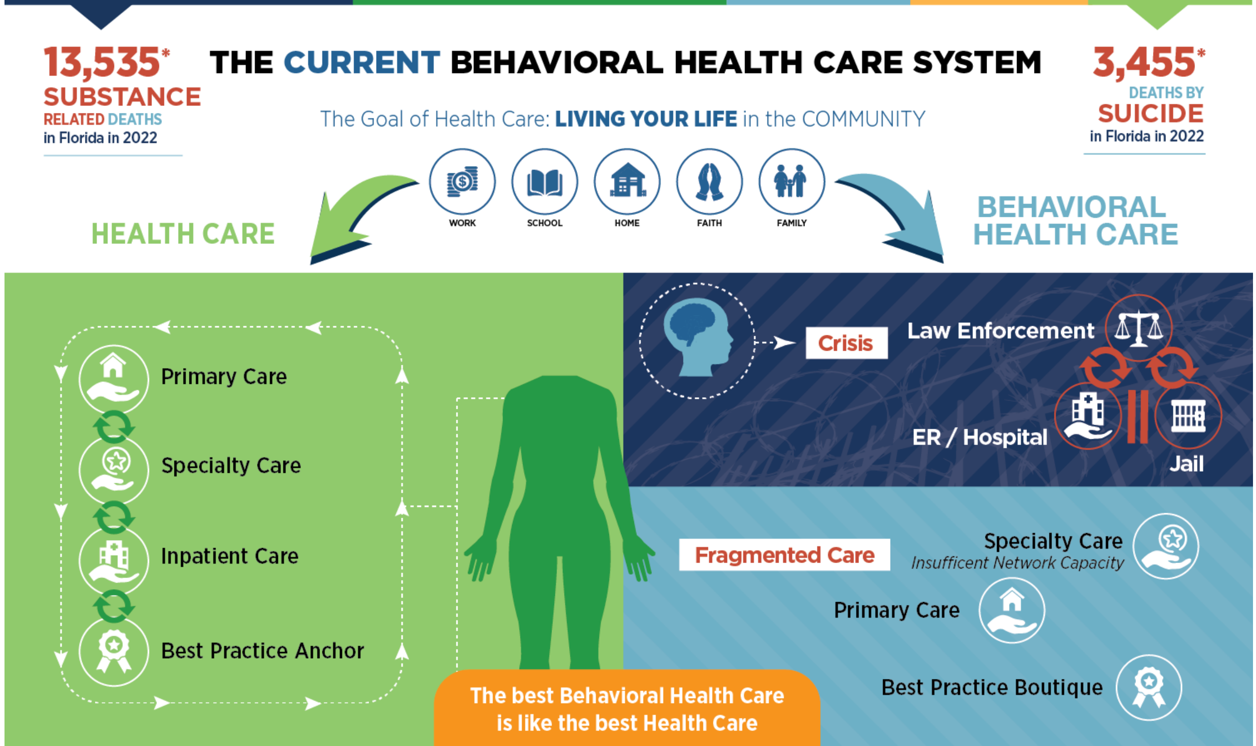
Central to these recommendations is the realization that individuals cannot have great health outcomes without great mental health outcomes. Additionally, the health of Floridians, to a large degree, depends on the leadership of the state's more than 3.5 million businesses that employ over 10.7 million people[5] and provide health insurance to more than half of all non-elderly Floridians and two out of every five children in Florida.[6,7] During this assessment, the Meadows Institute found that 97% of Florida Chamber Board of Governors members see this vision as intrinsic to the vitality and productivity of its mission.

Florida is on the Front Line of America's Behavioral Health Crisis

Florida's mental health crisis today is often part of a bigger crisis engulfing the entire nation. One in four adults in America struggles with a mental illness or substance use disorder every year.[8] While individuals and their families bear the brunt of the suffering, businesses face growing health care costs (not just from behavioral health conditions, but from the co-occurring health conditions like diabetes and heart disease that these conditions help drive)[9] as well as loss of productivity, absenteeism, and disability expenses.[10]

This crisis is not a result of ineffective care: treatment for mental health conditions works 80% of the time.[11] Rather, the crisis is often driven by misdesigned, poorly resourced health systems that too often fail to detect and treat behavioral health conditions until symptoms reach a crisis point, as depicted in the next figure. In most communities across America today, most of the time, mental health care delivery is fragmented and segregated from broader health care systems. Today, in Florida and in the United States more broadly, the health care system does not detect and treat mental illnesses—to the extent the system detects and treats them at all—until a decade after symptoms emerge.[12] Too often, it's not until suffering becomes obvious to the person (or the people around them), sometimes in the form of a crisis that leads to an emergency room, a hospital, or law enforcement before someone receives care. Because of

this, fewer than one in 15 Floridians with depression each year receives the care needed for symptom remission,[13] and over 3,400 people in Florida die annually from suicide,[14] even though available depression treatments have over a 60% efficacy rate.[15,16]



*Final data for 2022 have not yet been released by the Centers for Disease Control and Prevention.[A]

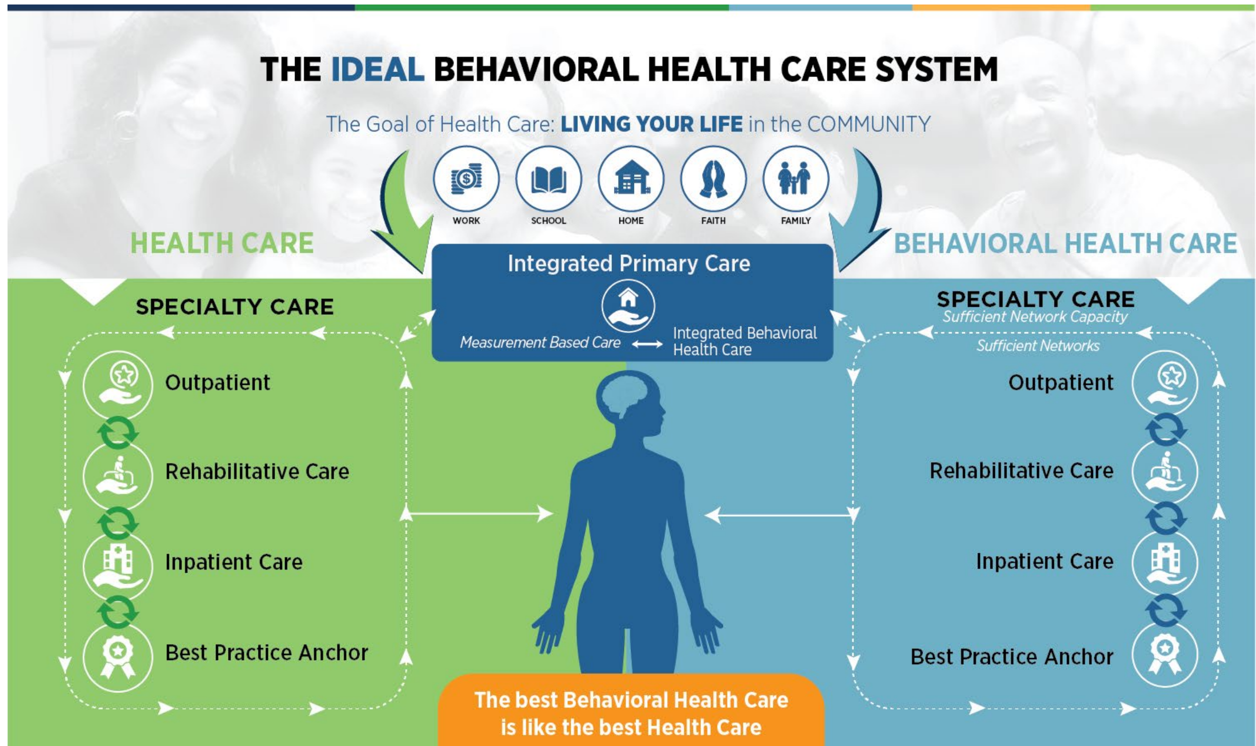
Accordingly, more Floridians than ever are being forced to seek care in hospital emergency rooms. The Florida Hospital Association (FHA)'s 2023 report to the Florida Commission on Mental Health and Substance Use Disorder emphasized the increases in behavioral health emergency department (ED) visits in recent years.[17] The data they reported were for 2021, noting that the 149,912 behavioral health-related emergency department visits that year were up 10% from 2020. The Meadows Institute analyzed additional data for 2022 and found over 200,000 mental health-related ED visits that year (190,425 for adults in 2022[18] and 16,082 for children and youth[19]). Since the FHA data and Meadows Institute data come from different sources, a direct comparison cannot be made, but the interviews with key informants and the

[A] Provisional data are preliminary data that may not yet be complete. These data are subject to change as information continues to be collected and analyzed and may differ from the final 2022 counts released by the CDC. Deaths resulting from substance use (drug overdose, opioid overdose, and alcohol use) are not mutually exclusive. Therefore, the combined total of substance use-related deaths will be less than the sum of each individual cause of death.

review of multiple reports confirmed that Florida is in the midst of a crisis of increasing emergency department use, which is consistent with national trends.[20]

While it can at times feel like the system is "broken," the problem is more deep-seated. Behavioral health care delivery is designed by decades of policies to be isolated from broader health systems. Americans previously faced this same problem for heart disease and cancer. Until the 1980s, medical systems typically identified heart disease primarily when a person had a heart attack, and began treatment then, after the heart was damaged, to resuscitate the person and prevent a recurrence. Health systems also used to wait to detect cancer until it resulted in functional impairment—a broken bone, coughing up blood—with devastating consequences and higher mortality rates. Today, there are systems in place in primary care and in the community that detect most heart diseases and many cancers much earlier, when they are easier to treat successfully, much less likely to be disabling and burdensome to the person receiving care, and less costly to society. Health conditions are also treated proactively in primary care, routinely tracking early symptoms and titrating care in response. Additionally, there are health systems across Florida that are routinely able to provide best practice assessment and treatment for heart disease and cancer, and Floridians can travel within 1–2 hours from anywhere in the state to find hope for these diseases. This is not the case for behavioral health in most parts of the nation; people living outside of the Northeast United States or the West Coast must travel thousands of miles to receive top-rated care,[21] and the best care is too often reserved for people able to pay tens of thousands of dollars out of pocket.

The underlying principle of this report is simple: **the best behavioral health systems should mirror the best health systems for other conditions**, such as heart disease and cancer, with a focus on early detection and access to best-practice care. Dependence on the traditional approach—waiting over a decade to provide care and treating the mind and body separately—has led to an overuse of jails, emergency departments, and hospital beds, without better outcomes for the patient. The 25 recommendations in this report offer a roadmap to building the ideal system, as shown in the figure below.



Methodology

The Florida Chamber of Commerce partnered with the nationally recognized Meadows Mental Health Policy Institute to conduct the assessment and significant research underlying this report and its recommendations. The Meadows Institute team used a multi-pronged approach to gather extensive quantitative and qualitative data to ground recommendations in the perspectives of Florida stakeholders and used the best available data and research on best practices. As noted, the Florida Chamber initiated this work at its inaugural Florida Mental Health Innovation Summit in Lake Nona in early November 2023. Over the multi-day summit, the Meadows Institute team was steeped in presentations from an array of stakeholders and interviewed 34 attendees to orient the project from the beginning with the views of leading Floridians engaged in making Florida's behavioral system the national model for care and outcomes.

A Systematic Data-Driven Assessment

Building on the foundation of these perspectives on what is and is not currently working well in Florida behavioral health systems, the Meadows Institute team systematically carried out four assessment workstreams described below.

1. Reviewing Existing Reports and the Research Literature

The Meadows Institute reviewed over 100 sets of secondary data, research articles, and reports, including 19 in-depth analyses by organizations in Florida examining state and regional needs and proposed ways to continue to improve available care. Among these, two were particularly informative: the *Commission on Mental Health and Substance Use Disorder Annual Interim Report – January 1, 2024*, and the *Florida Hospital Association's August 15, 2023, Presentation to the Commission on Mental Health and Substance Use Disorder.*

2. Interviews with Experts and Leading Floridians

To continue to ground the assessment and recommendations development process with the perspectives of key Florida stakeholders, the Meadows Institute interviewed 64 leaders from across Florida representing a diverse group of large employers, healthcare systems, health insurers across public and private sectors, mental health provider associations, advocacy groups, academics, elected officials, state agencies, and officials from local agencies, law enforcement and professionals in education.

3. Quantitative Data: Florida Chamber Behavioral Health Dashboard (FC-BHD)

There is a significant systemic gap in behavioral health systems in Florida and nationally due to the lack of data on the prevalence of mental health needs and service outcomes. To serve as a foundation to begin to fill this gap, the Meadows Institute systematically mapped the needs described earlier in this report across all 67 Florida counties in a new data dashboard developed for the Florida Chamber: the Florida Chamber Behavioral Health Dashboard (FC-BHD). One of the strategic recommendations in this report is to add outcomes metrics and other progress indicators to the dashboard over time to help track goals in pursuit of the Florida 2030 Blueprint.

4. Survey of Business and Human Resource Leaders

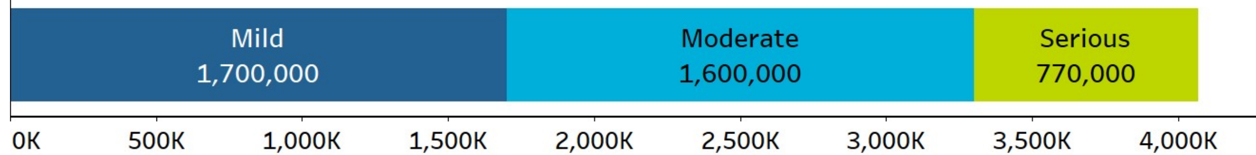
To gather additional guidance from the business community, the Meadows Institute surveyed two groups: the Florida Chamber's Board of Governors and HR Florida State Council. The survey focused on the best ways to advance the Florida 2030 Blueprint goals for well-being and its strategy around behavioral health. Almost three-quarters of the Board of Governors completed the survey, along with significant participation from HR Florida's leadership, with hundreds of respondents participating across Florida.

What Is the Impact on Florida?

The Behavioral Health Needs of Floridians

While system redesign is at the core of this report, Floridians' behavioral health needs are vast:

- **One-quarter (23%) of Florida adults have a mental health need,** and the vast majority of these adults exhibit mild or moderate symptoms (82% or 3.3 million adults).[22,23]



- **The most common conditions are major depression, anxiety disorders, and post-traumatic stress disorder**.[24,B,C] Fewer people have the most severe and debilitating disorders—roughly one percent of Florida adults have bipolar I disorder or a schizophrenia spectrum disorder, and about 1,300 new cases of first episode psychosis (FEP) occur among adults ages 18–34 each year.[D,E]

Major Depression	Non-PTSD Anxiety Disorders	Post-Traumatic Stress Disorder	Bipolar I	Schizophrenia Spectrum Disorders (Ages 18–64)[25]	First Episode Psychoses (Ages 18–34)[26]
1,750,000 (10%)	**880,000 (5%)**	**710,000 (4%)**	**230,000 (1%)**	**160,000 (1%)**	**1,300 (<1%)**

- In 2022 (the most recent year with data available), nearly 3,400 adults in Florida died by suicide, over 7,500 died due to drug overdose, and nearly 6,800 died from alcohol-related causes. Opioids were detected in 5,695 or 75% of drug overdose deaths, a rate that is roughly equal to the national average.[27,28]

Deaths From Suicide		Deaths From Drug Overdose		Deaths From Opioid Overdose		Alcohol-Related Deaths	
Deaths	Rate Per 100,000 Adults	Deaths	Rate Per 100,000 Adults	Deaths	Rate Per 100,000 Adults	Deaths	Rate Per 100,000 Adults
3,379	**19.4**	**7,574**	**43.4**	**5,695**	**32.6**	**6,789**	**38.9**

[B] All Florida population estimates are rounded, using the Meadow Institute's methodology updated in December 2023, to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals may not equal the sum of their rounded counterparts, percentages may not sum to 100%.
[C] Unless otherwise cited, prevalence rates were generated by: Meadows Mental Health Policy Institute (2023). *Florida county-level mental health prevalence estimates, 2021*.
[D] All Florida population estimates are rounded, using the Meadow Institute's methodology updated in December 2023, to reflect uncertainty in the underlying American Community Survey estimates. Because of this rounding, row or column totals may not equal the sum of their rounded counterparts, percentages may not sum to 100%.
[E] Unless otherwise cited, prevalence rates were generated by: Meadows Mental Health Policy Institute (2023). *Florida county-level mental health prevalence estimates, 2021*.

- **Nearly 40% of Florida school-aged children and youth (ages 6–17) have a mental health need,** and the vast majority of these children and youth exhibit mild to moderate symptoms (80% or 920,000 children and youth).[29,30]

Mild	Moderate	Serious
660,000	260,000	220,000

0K 100K 200K 300K 400K 500K 600K 700K 800K 900K 1,000K 1,100K

Number of Florida Children and Youth With a Mental Health Need

- **The most common conditions for children and youth include attention deficit hyperactivity disorder (ADHD), anxiety, and major depression.** More specifically, these disorders affect Florida children and youth at different ages. ADHD and anxiety (adding together non-PTSD anxiety and PTSD) affect about the same number of Florida children and youth (about 1 in 12), and they are the most common conditions affecting children under the age of 12. Depression tends to manifest more in adolescence, though many Florida children as young as six are also affected by it. This is why the U.S. Preventive Services Task Force recommends universal screening for anxiety in primary care for children ages eight and older[31] and for depression in youth ages 12 and older.[32] More severe disorders such as post-traumatic stress disorder and bipolar disorder are less common, though 55,000 and 35,000 young Floridians (ages 12 to 17), respectively, suffer from them. Only about 1,000 Florida youth experience schizophrenia, with roughly 600 new cases of first-episode psychosis occurring each year, as these conditions tend to present in later adolescence and early adulthood.

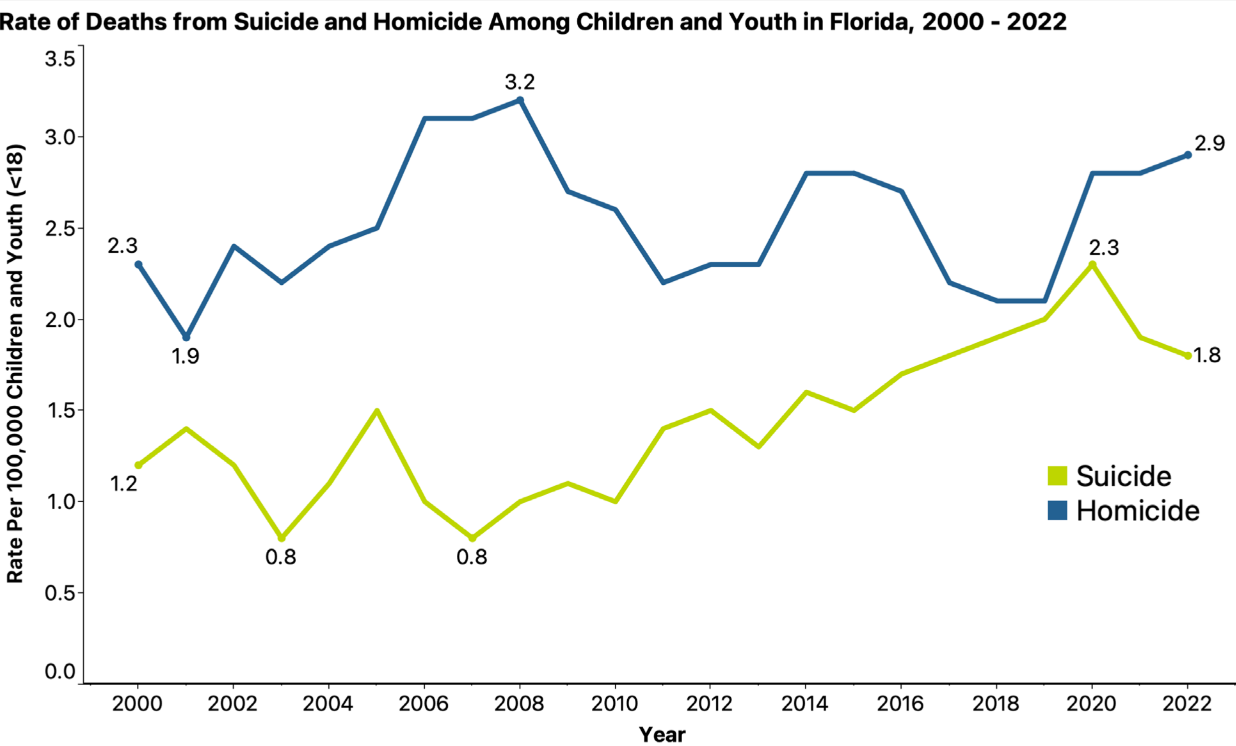
Attention Deficit Hyperactivity Disorder[33]	Major Depression[34]	Non-PTSD Anxiety Disorders[35]	Post-Traumatic Stress Disorder[36]	Bipolar Disorder[37]	Schizophrenia[38]	First Episode Psychosis[F]
360,000 (12% of children 6–17 yrs.)	**340,000** (23% of youth 12–17 yrs.)	**300,000** (10% of children 6–17 yrs.)	**55,000** (4% of youth 12–17 yrs.)	**35,000** (2% of youth 12–17 yrs.)	**1,000** (<1% of youth 12–17 yrs.)	**600** (<1% of youth 12–17 yrs.)

- In 2022 (the most recent year with data available), 72 Florida children and youth died from suicide, 41 died due to a drug overdose, and fewer than 10 experienced an alcohol-related death. But over time, rates of death from suicide and homicide among

[F] First episode psychosis data reflects incidence—or new cases—that occurred during the 12-month timeframe only. As noted above, the Meadows Institute opted to use the most conservative estimates that provide a baseline for decision making and action. Kirkbride, J. B., et al, 2017.

Florida children and youth have increased substantially (see the next figure). In 2022, there were 198 total violent deaths among children and youth: 126 deaths from homicide and 72 deaths from suicide. Adjusting for population growth, the rates of death per 100,000 for suicide and homicide have increased since 2016. The rates of death from suicide have increased more dramatically, rising 50% between 2000 and 2022. However, since 2020, while child and youth deaths from homicide have continued to increase, deaths from suicide have declined somewhat.[39,G,40]

Rate of Deaths from Suicide and Homicide Among Children and Youth in Florida, 2000 - 2022



- The links between violence and mental illness are complex. Overall, mental illnesses do not cause violence, but some specific mental illnesses can contribute to violence against oneself or others if left untreated.[41] However, there are evidence-based treatments that can be effective in reducing violence. The Meadows Institute estimates that there are just over 5,000 high-need youth in Florida today who could benefit from care that may reduce their risk of violence as well as better use of available resources; they are currently using a disproportionate amount of hospital capacity and other intensive resources in the state.[42] Approximately 4,000 of these youth are at risk largely due to out-of-control behaviors, often related to delinquency, for which there are well-established treatments available to reduce risks of violence by up to 75%.[43]

[G] Deaths from suicide are classified using underlying cause-of-death ICD-10 codes U03, X60–X84, and Y87.0. Deaths from homicide are classified using ICD-10 codes U01-U02, X85-Y09, and Y87.1.

Current Spending on Behavioral Health in Florida

Thanks to bipartisan support by Florida's elected officials over the last five years, Florida is spending more than ever on behavioral health care and is doing so with more accountability thanks to the work of collaborations such as the Florida Commission on Mental Health and Substance Use Disorder (Florida Commission).[44] However, only the public sector in Florida currently tracks its spending, even though nationally about one-third of overall behavioral health spending comes from commercial insurance[45] and about 20% from Medicare.[46] Most of the rest comes from state agencies, including Medicaid.

The Florida Commission released a report describing much of that funding,[47] and it shows a large level of investment by Florida taxpayers, summarized in the table below. Added together, state-level public spending per capita in Florida exceeds over $250 per resident (and this does not include local county and school district expenditures), but the Florida Commission report does not provide an unduplicated total amount of spending, so it may be that some of the spending amounts noted below overlap. This reporting stands in stark contrast to the nationally reported data that the Florida Hospital Association provided to the Florida Commission that pegged per capita mental health spending in Florida at just over $36, a fraction of the other states reported. In looking closer at the national source,[48] these data are from 2015—years before Florida's recent investments— and the source explicitly notes that not all funding in the state is included. The Meadows Institute has found that national spending analyses like this generally fail to incorporate the full range of spending within specific states.[49]

Florida State Agencies	FY 2021 Expenditures
Florida Agency for Health Care Administration	
Agency Expenditures	$608,293,631
Children's Mental Health	$2,214,498,817
Children's Substance Use Disorder	$8,893,103
Adult Mental Health	$1,416,889,190
Adult Substance Use Disorder	$110,902,730
Department of Children and Families	$1,052,294,153
Department of Corrections	$119,779,232
Department of Education	$107,508,900
Department of Juvenile Justice	$81,595,036
Other Agencies	$291,972

Florida's Behavioral Health Workforce

Like the nation as a whole, Florida faces a shortage of mental health professionals.[50,51] As noted in the Mental Health America (MHA) report, Florida ranks 43rd in workforce availability.[52] The federal Health Resources and Services Administration categorizes all zip codes in the United States by the severity of the shortage of medical professionals in that area, and they have specific metrics for mental health. The vast majority of Florida falls into the highest and next to highest categories of severity, and only these areas are not Mental Health Professional Shortage Areas (MHPSAs): a few parts of AHCA Region D and F, which includes counties in the Tampa Bay area; Clay and St. Johns counties south of Jacksonville in AHCA Region B; and Martin County in AHCA Region G.[53] Shortages are most extreme in rural northeast Florida and the Panhandle. It's important to keep in mind that shortages exist for all types of health professionals across Florida and the United States, not just in mental health care.[54]

Even more than specific service gaps, stakeholders reported that workforce shortages limit mental health systems' ability to serve more people and serve them more effectively. National research underscores this national challenge,[55] one that leaves Florida competing with other states for scarce human resources.

Fortunately, the Florida Legislature, with the leadership of Senate President Kathleen Passidomo and the support of Governor Ron DeSantis and House Speaker Paul Renner, has taken significant steps to tackle not only the behavioral health workforce gap, but the broader health care workforce shortages that are found in Florida through the passage of her "Live Healthy" initiative.

The next table provides the most recently available data on the number of actively licensed behavioral health care providers in Florida for all professionals.

Behavioral Health Providers With Active Florida License (January 2024)[56,57]

Psychiatrists (2021)[58,59]		Psychologists[H]		Clinical Social Workers[I]		Marriage and Family Therapists[J]		Mental Health Counselors[K]	
Count	Per 100K	Count	Per 100K	Count	Per 100K	Count	Per 100K	Count	Per 100K
2,036	9.3	6,713	30.8	13,803	63.4	2,799	12.9	16,016	73.5

[H] Psychologists include psychologists, school psychologists, and provisional psychologists. Provisional psychologists account for 0.5% of Florida psychologists.

[I] Clinical social workers include licensed clinical social workers, certified master social workers, provisional social worker licensees, and licensed clinical social workers-out-of-state telehealth providers. Provisional social worker licensees account for 1.1% of Florida clinical social workers.

[J] Marriage and family therapists include licensed and provisional marriage and family therapists. Provisional marriage and family therapists account for 1.8% of Florida marriage and family therapists.

[K] Mental health counselors include licensed and provisional mental health counselors. Provisional mental health counselors account for 1.6% of Florida mental health counselors.

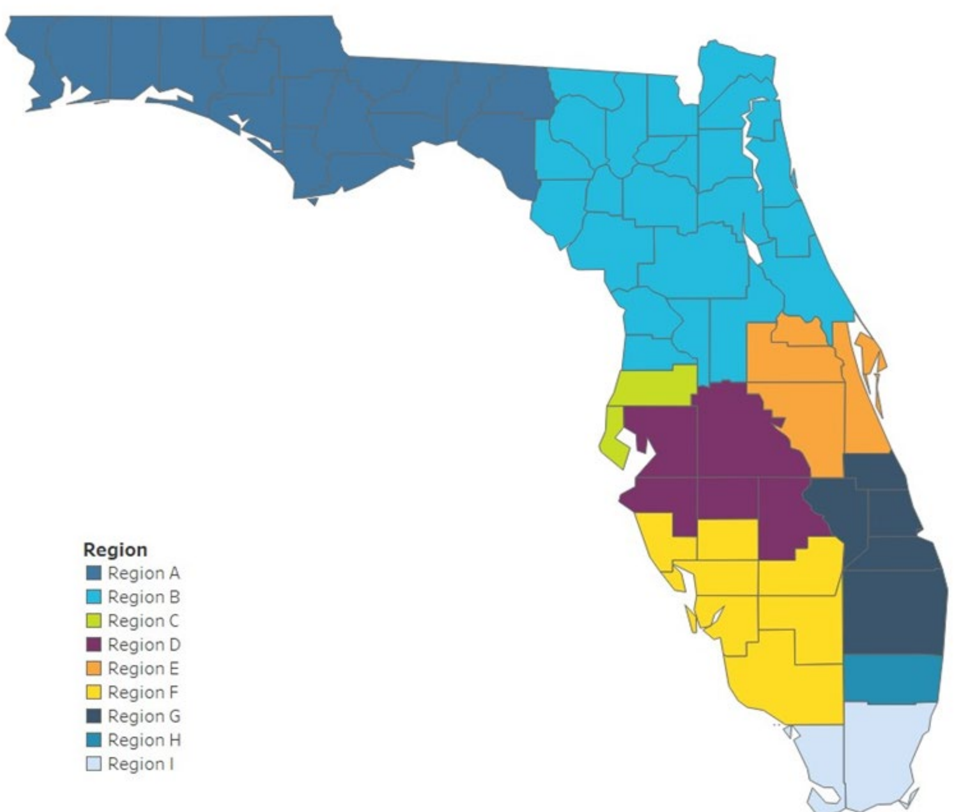
It is important to note that this table describes only the licensed mental health provider workforce. Behavioral health clinics and hospitals are also staffed by other licensed professionals such as nurses (for which there are also extreme shortages across all specialties nationwide) and non-licensed professionals, including bachelor's and associate level staff that extend the reach of licensed professionals, and peer counselors who draw on their lived experience. These non-licensed professionals are an increasingly important part of the behavioral health workforce with the most potential for timely expansion.

Further, there are inconsistencies in how various licensed workforce professions are counted and reported across the state, and therefore, it is difficult to compare regional differences in needs across the spectrum of mental health professions. Overall, Florida's behavioral health workforce is also distributed unevenly across the state. The wide availability of telehealth has helped to address many of these geographic barriers for licensed professionals prescribing medication and providing psychotherapy, but telehealth cannot address the need for on-the-ground staff in clinics, mobile treatment teams, and hospitals. Providers tend to be concentrated in AHCA Region H and I.[L]

- Psychiatrists were most abundant in ACHA Region I (15.4 psychiatrists per 100,000 residents); Regions A, B, and E had less than half as many psychiatrists per resident.
- Psychologists were most available in ACHA Regions H and I and Miami-Dade County areas (46.6 and 40.4 psychologists per 100,000, respectively) and least available in Regions F and E (23.5 and 25.2 psychologists per 100,000, respectively).
- Clinical social workers were most available in Regions G and H (87.7 and 80.9 per 100,000); and lowest in Regions F and I (54.9 and 50.8 per 100,000).
- Marriage and family therapists were most concentrated in Regions H and I (26.3 per 100,000) and least concentrated in Regions D and F (6.9 and 8.2 per 100,000).
- Mental health counselors were most available in Regions E (89.8 per 100,000) with the fewest in ACHA Regions D and F (57.2 and 62.5 per 100,000).

Broadly, Regions H and I have a robust mental health workforce given the population size, while Regions D and F could benefit from mental health workforce expansion.

[L] Provider availability in the regions described here represents Florida provider's mailing address and may differ from practice location. For providers with mailing addresses outside of Florida, the AHCA region corresponds to their Florida practice address when available.



The figure above provides a map of the Florida AHCA regional boundaries that will go into effect in January 2025.

Developing Data-Driven Recommendations

Given the Florida Chamber's leadership and longstanding relationships with lawmakers and business leaders in the state, the Florida Chamber and Florida Chamber Health Council worked closely with the Meadows Institute to review and refine the recommendations in this report based on the Florida Chamber's track record of catalyzing policy change across various sectors to improve the lives of Floridians. Once initial recommendations were drafted based on the detailed assessment findings, the team worked to iteratively refine and focus the recommendations based on the Florida 2030 Blueprint and around existing momentum across the state to improve the behavioral health systems. The Leadership Cabinet on Safety, Health and Sustainability and the Florida Chamber Mental Health Research Roundtable met multiple times with the Florida Chamber and the Meadows Institute to finalize the following recommendations. The Florida Chamber's Health Council will be responsible for organizing Florida's efforts to champion and implement the recommendations in this report as part of the Florida Chamber Foundation's 2030 Blueprint goal of being a top 5 state for well-being by 2030

and as part of the Florida Chamber Leadership Cabinet's aspiration of making Florida the safest and healthiest state in America.

Policy and Practice Recommendations

The current moment offers the Florida Chamber and its members a significant opportunity to partner with business leaders, lawmakers and key stakeholders across Florida to continue to drive systemic change and to amplify those efforts by aligning on a core set of near-term and medium-term strategies and prospects for behavioral health system improvement.

The Florida Chamber and the Meadows Institute have collaborated to identify 25 opportunities across three broad domains:

Recommendation Domains	
Employer-Facing Recommendations (EFR) Opportunities to advance solutions to help Florida Chamber members make direct impacts to improve the behavioral health of employees and their families (and eventually all Floridians) toward the goal of making Florida the safest and healthiest state in the nation	**3 recommendations**
Outcome-Driven Recommendations (ODR) Focused on Florida as a whole and built on the Florida Chamber's leadership in outcome-driven systems change, providing the foundation and infrastructure to position Florida for a wide range of more specific strategies to drive meaningful change across the state	**3 recommendations**
Domain-Specific Recommendations (DSR) Precise opportunities for systems change and improvement across four key subdomains:	**19 recommendations**
Workforce Helping Florida develop the necessary workforce to deliver on needed improvements	4 recommendations
Early Detection and Identification Positioning Florida health systems and schools to address the mental health crisis among Florida children and youth	3 recommendations in primary care 3 recommendations in schools
Behavioral Health System Modernization Partnering with state agencies on system modernization	7 recommendations
Veterans and First Responders Improving care for these Floridians and their families	2 recommendations

Employer-Facing Recommendations (EFR)

Recommendation EFR-1: The Florida Chamber should lead a Mental Health Awareness Initiative at the C-suite level, designed to offer hope through the knowledge that all employees of Florida Chamber members and their dependents—and eventually all Floridians—with mental health needs can get the care they need and stay well.

Why take this on? The highest-rated survey finding (97% of the Florida Chamber Board of Governors and 98% of HR Florida respondents) was the potential to improve productivity by improving workplace mental health. This current research indicates that the effort must be "led from the C suite," with an emphasis on increased mental health literacy and access to effective care. It is encouraging that every Florida Chamber member the Meadows Institute spoke with emphasized two critical factors. The first is the importance of leadership within each business: *"[F]or the CEO, the entire executive team to say the words, [that] there's no health without mental health, . . . that is a profound impact [and] things change because leaders want them to change."* The second is the importance of sharing best practices and lessons learned across members: "*I would love to hear what other companies are doing. We don't have all the answers here. We want to see what's been working with other companies, big, small, medium, what is it that they're noticing on their campuses, what is it that they're doing, what's working, what's not working, and having the opportunity to compare that to what we've already rolled out and what we're planning to roll out."*

What is more, every Florida Chamber member described existing efforts, many of which incorporate best practices from a recent systemic review of workplace interventions.[60] There is also considerable evidence that stigma reduction efforts fail[61] because the focus on stigma itself reinforces the stigma, and best practice tools increasingly emphasize both hope and the reality that treatment works. These tools include the National Council for Mental Wellbeing's Mental Health First Aid at Work and the American Psychiatric Association's Workplace Mental Health, both of which are widely used and provide additional evidence-based resources. The current assessment found numerous community collaborations currently underway in Florida to increase awareness, encourage help-seeking behavior, and reduce negative perceptions associated with mental health. A major force multiplier would be for the Florida Chamber to create an initiative to coordinate and scale such efforts and ground them in the construct of hope. One hospital system CEO summed it up particularly well: *"[A]s a growing state, as a state that continues to be blessed with a robust economy, [I believe] that looking out for our communities, our employees, is going to require us to have a platform of wellbeing in order to sustain the business and sustain the growth."*

How can Florida move this forward? The Florida Chamber will establish a broad-based, business-led coalition with dedicated staff funded to support current initiatives and scale them using the best tools from inside and outside of Florida. The Florida Chamber has a robust track record of leading change by raising awareness of problems within the context of solutions and then activating coalitions to enact those solutions. It is uniquely able to position Florida's leading companies and senior executives externally and internally to offer solutions and hope.

Recommendation EFR-2: The Florida Chamber should partner with health systems and health plans to increase awareness of, promote, and resource a Florida initiative designed to expand results-oriented integrated behavioral health care capacity within primary care settings, leveraging existing efforts and successes to build more effective, evidence-based capabilities.

Why take this on? Today in Florida and most states in America, mental illness is not yet detected and treated —to the extent it is detected and treated at all—until 8 to 10 years after symptoms first emerge.[62] Instead, too often it's not until suffering becomes obvious to the person (or the people around them), sometimes in the form of a crisis that leads to an emergency room, hospital, or an interaction with law enforcement, before someone receives care. Because of this, fewer than one in 15 Floridians with depression each year receives the care needed for symptom remission,[63] and nearly 3,400 people die annually from suicide,[64]even though existing treatments for depression are over 60% effective.[65,66] Primary care settings already provide mental health care to more people across Florida and the United States than any other setting, but they still generally do so without dedicated behavioral health resources, often leaving primary care providers overstretched and unable to offer optimal care. The evidence for integrating mental health into primary care is firmly established, with over 90 randomized controlled trials demonstrating its efficacy in diverse settings, diagnoses, and populations.[67] Just as importantly, integrated care can expand the reach of scarce behavioral health clinicians by over eight times to address Florida's critical challenge of behavioral workforce shortages,[68] freeing up the broader specialty care workforce to focus on people with more severe and complex needs.[69] Integrating mental health into primary care has also been widely found to achieve equitable outcomes by reducing behavioral health disparities for racial and ethnic minorities, low-income, and other vulnerable populations.[70] Importantly, addressing mental health conditions in primary care settings alongside other health conditions reduces negative perceptions and stigma.

There are significant efforts underway across Florida to support the adoption of evidence-based mental health care integrated directly into primary care practices. In 2023, the Florida Department of Health received a $2 million federal grant for the Florida Pediatric Mental Health Collaborative to integrate behavioral health services directly into pediatric primary care settings across the state. During the 2024 legislative session, the Florida Legislature provided $8.26

million to fund reimbursement of the most evidence-based model of integrated care—the Collaborative Care Model—in Florida's Medicaid system. Further, health systems such as Advent Health, Baptist Health and others are already well along within their primary care delivery systems in the areas they serve, and payers such as Florida Blue have identified evidence-based models of primary care integration as a top priority for improving quality and managing the total cost of care.

How can Florida move this forward? The Florida Chamber should lead this effort and begin with a landscape analysis to determine the current capacity of integrated primary care and opportunities to expand access. It should then work with health systems and health plans on a strategy to align technical assistance and capacity-building resources funded by philanthropic and government grants, with specific policy goals for the 2025 legislative session if needed.

Recommendation EFR-3: The Florida Chamber should consider partnering with and leveraging the work of existing national efforts, such as the national Path Forward initiative, and align its federation of local chambers and association partners across Florida to develop and implement proven solutions to current barriers to access and quality care related to mental health, by increasing awareness and promoting solutions.

Why take this on? The national Path Forward for Mental Health and Substance Use (Path Forward) initiative leverages the purchasing power of employers to radically improve mental health service delivery across the entire healthcare ecosystem. Two leading employer groups—the HR Policy Association and the National Alliance of Healthcare Purchaser Coalitions— and two leading health system change leaders— the American Psychiatric Association and the Meadows Institute— have partnered to lead this multimillion-dollar, multi-year effort to achieve increased access to high-quality mental health and substance use care nationwide. One specific example of the Path Forward's work is the *2023 Behavioral Health Vendor Engagement Template* published by the National Alliance and HR Policy Association,[71] a tool to help health purchasers optimize the design of their behavioral health benefits with detailed guidance on maximizing member value in the areas of network access, broader access, quality of care management, integration into primary care, and workplace mental health. Given the Florida Chamber's capacity to partner with federal and state regulators, funders, and decision-makers, as well as their broad-based membership, the Florida Chamber should consider engaging with existing national and state-level coalitions operating at the intersection of employers and behavioral health solutions to leverage tools that improve behavioral health care offerings—and be a potential force multiplier.

How can Florida move this forward? The Florida Chamber has an established track record of uniting and activating Florida employers, and its leadership has proven to be an effective driver

of systems change for employers in Florida and with national partners. Based on the multiple points of alignment and synergy between the health goals in the Florida Chamber Foundation's Florida 2030 Blueprint and the Path Forward's national goals, the Florida Chamber should develop a plan to support national efforts to implement purchaser-driven solutions that leverage the experiences of Florida employers and aligns with the first two recommendations in this domain. As part of that planning, the Florida Chamber should assess the potential benefits of alignment with the Path Forward initiative and related national efforts.

Outcome-Driven Recommendations (ODR)

The Florida Chamber has a reputation for leading change by raising awareness of problems and activating coalitions to enact solutions, and this track record extends beyond corporate settings to the state more broadly. Furthermore, the Florida Chamber's goal of becoming the top state for safety and health requires looking beyond the health of member organization employees to the health of the state as a whole. Key informants and the overwhelming majority of survey respondents from inside and outside Chamber membership were enthusiastic about the potential of collaboration between the business community and other community leaders to move Florida's behavioral health systems forward. In the words of a leading sheriff who deals with these issues every day: *"[E]very time that we can come together to collaborate, the Chamber and the business community is always an important and credible component of that... it's important to take from our business counterparts how we track success data points... [and] the business community [has] the deepest level of resources to establish a pattern of sustainability."* An insurance industry executive voiced similar enthusiasm: *"[The Chamber has that] standing in the community that they aren't out for themselves . . . they really are looking for how to make our state healthier and better... [T]hey have the credibility, they have the ear of politicians, of policymakers of business leaders... I can't think of another group again, that independent third party, that would have the standing."*

The three outcome-driven recommendations in this domain focus on the **basic infrastructure requirements** necessary to enable the Florida Chamber to lead an overall mental health initiative for the entire state, benefiting both members and communities across Florida. These recommendations are presented in their recommended sequence.

Recommendation ODR-1: The Florida Chamber should continue to lead a policy-oriented research initiative and its implementation to help advance the recommendations made in this report and monitor system transformation and emerging opportunities over time.

Why take this on? To make Florida one of the top five states for well-being, transformation in behavioral health policy and health system service delivery is essential. A policy-oriented research initiative and its implementation has the potential to catalyze the Florida business

community towards systemic policy change and practice improvements in behavioral health. This initiative would offer nonpartisan solutions grounded in the best evidence, technical and implementation assistance and support, and research and program evaluation capacity to serve the needs of Florida employers, their employees, and their communities.

Many key informants and existing state programs during the Meadows Institute assessment expressed their support for state-level change grounded in evidence, research, data, and policy. For example, the Florida Commission on Mental Health and Substance Use Disorder was created in 2021 by the Florida Legislature and brings together cross-system expertise "to ensure that this state is providing the best possible behavioral health care." Although the Commission is designated by the state to provide recommendations to improve mental health in Florida, its focus properly centers on state agencies, state-funded payers (Managing Entities, Managed Care Organizations), local governmental actors (law enforcement, schools), and their contracted service providers, but not the health systems that serve the majority of Floridians with employer-sponsored insurance. There is not currently a dedicated and concerted effort that encompasses both the public and private sectors and has the capacity to drive needed changes for *every* Floridian.

This priority was strongly recognized by the Meadows Institute's survey research, with nearly nine out of ten (87%) of the Florida Chamber's Board of Governors and nearly all (97%) HR Florida respondents agreeing that Florida needs an independent and nonpartisan entity to develop policies based on sound research to help make mental health services more available and effective across Florida. In their additional comments, survey respondents noted:

- *"This is an idea long overdue and necessary. An independent, nonpartisan, and research-based entity . . . is a great first step."*
- *"Nonpartisan may be the most important adjective related to this initiative."*
- *"Businesses cannot do it on their own. It has to be a community/society initiative."*

How can Florida move this forward? The Florida Chamber should work with its board, key members, its local chamber of commerce federation, and other stakeholders to develop consensus around the Florida Chamber's continued leadership and even expansion of its policy-oriented research initiative and related implementation focused on behavioral health. The Florida Chamber should assess available resources and partners, make a long-term commitment, and identify a set of goals scaled to available resources, grounded in this report's recommendations, including policy and programmatic priorities.

Recommendation ODR-2: The Florida Chamber's research team should lead (1) the development and publication of a set of agreed-upon, defined, and data-driven metrics to

measure progress in its mental health and well-being goals, and (2) develop an evaluation capability to curate these data and deliver actionable analytics and insights to its members, constituents, and the Florida community. These dashboards should be housed at www.thefloridascorecard.org and www.thefloridagapmap.org.

Why take this on? A core organizing principle of systems change and implementation science is establishing shared models, shared definitions, shared metrics, and systematic data collection in support of priority outcomes.[72] Investment in such metrics can position the Florida Chamber to evaluate its behavioral health initiative outcomes, measure the impact of prioritized recommendations, and promote both accountability and progress.

There is consensus among the Florida Chamber Health Council, Research Roundtable members and other key informants supporting this recommendation. In the words of one insurance industry leader: *"Everybody has a different overall definition, which is why we have a fragmented approach . . . we don't have a coherent North Star. So that would be my number one thing, is that I would like the entire employer community to know what they're actually solving."* Numerous key informants expressed that the lack of standard definitions, language, and metrics to understand, measure, and track mental well-being as a tangible outcome over time is a challenge. Informants noted a lack of investment in public data infrastructure, and employers reported that without quantitative outcomes and benchmark measures for comparison, it is hard to demonstrate the business case for needed reforms. Nearly all survey respondents from both groups (89% of Board of Governors respondents and 93% of HR Florida respondents) ranked "helping businesses understand the value of mental health care" as a top priority. As noted earlier in this report, the Meadows Institute assessment has allowed the Florida Chamber to establish county-level baseline prevalence estimates[M] as a foundation for developing metrics to track progress on any prioritized recommendations and support future data collection and evaluation of outcomes. Towards that end, Florida Blue has developed a definition of mental well-being that is grounded in the research on flourishing,[73] which it is using with tens of thousands of its members to address non-medical drivers of disease and improve health functioning more broadly.[74]

How can Florida move this forward? The Florida Chamber Foundation and its research team are well positioned to lead this process and develop metrics rooted in the Florida Chamber Foundation's 2030 Blueprint goals to further the recommendations in this report, which have been prioritized and aligned with prior recommendations. Given the technical issues involved, this effort will require sufficient resources and the support of partners with experience linking behavioral health metrics to transformational system change. After engaging with partners, the

[M] Florida Chamber Behavioral Health Dashboard (FC-BHD)

Florida Chamber's research team can develop an implementation plan, identify needed resources, and establish a metric consensus-building process to determine initial options for measures and evaluation capability. Chamber members also see the data as able to bring hope: *"I think the Chamber could be very helpful [and] then how do you take that data and paint a picture of hope about what's possible here, what's missing, but what's possible."*

Recommendation ODR-3: Given Florida's leadership in government transparency, Florida should create a public-facing, year-over-year informational listing on mental health funding, that eventually includes outcomes, to empower the Florida Commission on Mental Health and Substance Use Disorder and the Florida Chamber Health Council in their respective missions.

Why take this on? Every year, the Florida Legislature appropriates federal and state funds for behavioral health services through the General Appropriation Act. The complexity of funding that flows across multiple government agencies can make it difficult for stakeholders to understand the relationship between the needs of their constituents and state investments, and likely understates the true level of taxpayer investment. Key informants repeatedly noted a need for more transparency and accountability for spending on mental health care and substance use disorder services across state government programs and at the local level. As noted earlier in the overview of state spending, there is not currently a published unduplicated total of state spending, leading to confusion and sometimes inadvertently misleading claims about the actual level of investment.

Requiring a simple and clear informational listing for (1) each state agency that receives funding for behavioral health services and (2) the total funds received by the agency would allow Florida to document total funding for behavioral health across all state agencies each fiscal year, tracking the state's total commitment over time, which will allow for measurement of the effectiveness of taxpayer dollars expended. The listing should include general revenue funding, trust funds and federal funding appropriated to state agencies for behavioral health services, including funding appropriated to the Agency for Health Care Administration (AHCA) through the Medicaid program, which current reporting suggests is the most significant expenditure. Prioritizing this level of transparency can help provide the data necessary to expand investment over time, as well as ground the tracking of other outcomes (as recommended earlier under recommendation ODR-2), enabling Florida's decision-makers and stakeholders to assess the effectiveness of spending and programming. This effort would also support the Florida Chamber in tracking progress toward its overall goal of making Florida the safest and healthiest state.

How can Florida move this forward? Through the summer and fall of 2024, work with key stakeholders to develop a sustainable system to publicize this budget information, potentially

through legislation, based on this recommendation and informed by efforts in other states (such as the Statewide Behavioral Health Coordinated Expenditures budget rider enacted by Texas in its 2016–17 General Appropriations Act). Then, build consensus to pass this legislation in a future legislative session.

Domain-Specific Recommendations (DSR)

Whereas the Employer-Facing Recommendations focus on improving the mental well-being of Florida Chamber member employees and their dependents (and eventually all Floridians) and the Outcomes-Driven Recommendations focus on improving the mental health of all Floridians, there is also a wide range of specific performance improvement opportunities necessary to support the success of those recommendations. This section presents four domains of opportunity with a total of 19 specific recommendations that directly flow from the Meadows Institute research findings. In the words of one CEO of a major south Florida teaching hospital, *"There aren't enough people in the industry to be able to provide the kinds of services that are necessary."* An HR leader of a large employer in Central Florida echoed the sentiment, saying "*There doesn't seem to be enough providers*."

Domain 1: Workforce Solutions

As described in the assessment, the current behavioral health workforce nationwide is not large enough to meet growing service demands,[75] and Florida is no exception. Most key informants mentioned mental health workforce constraints as a key challenge. The vast majority of survey respondents from both the Florida Chamber Board of Governors and HR Florida endorsed the importance of workforce improvements for psychiatrists and other prescribers (82% and 89%, respectively) as well as for mental health clinicians (90% and 91%, respectively). Current workforce constraints across licensed and unlicensed professionals, as well as the workforce pipeline for both groups, present significant challenges to the current service delivery system, affecting access to care for the business community, employees, their families, and others. Additionally, there are fears that workforce challenges, if unresolved, will be exacerbated given population growth projections in Florida.

Recommendation DSR-WS-1: Florida should continue to advocate for newly designated behavioral health teaching hospitals (as established through Senate Bill 330 in 2024) and related funding to provide education and training on evidence-based integrated care models to develop the state's behavioral health workforce for integrated care.

Why take this on? In its 2024 session, the Florida Legislature passed Senate Bill 330 as part of its "Live Healthy" package to grow Florida's healthcare workforce. Senate Bill 330, sponsored by Senator Jim Boyd and Representative Sam Garrison, designates an initial four behavioral health

teaching hospitals[N] across Florida and provides $300 million in funding through 2027 to develop and implement the program. This is a tremendous step by the Legislature, one that the Florida Chamber supported based on initial research findings. In addition, this investment provides an opportunity to expand evidence-based capacity for mental health care delivery in primary care settings, one of the major recommendations of this report (see Recommendation EFR-2 presented earlier). Evidence-based integrated behavioral health models expand the reach of clinicians many times over (more than eight-fold for psychiatrists).[76]

How can Florida move this forward? The Florida Chamber should collaborate with the new teaching hospitals to support their implementation overall and to specifically identify opportunities to advance the integrated primary care workforce. If Florida can leverage these hospitals to educate psychiatrists and primary care practitioners in evidence-based integrated behavioral health models before they fully enter the workforce, the impact of Senate Bill 330 is magnified many times over. Required practicums and internships for nonclinical behavioral health professions can be used to develop a bench of behavioral health care managers.

Recommendation DSR-WS-2: Florida should identify and partner with willing post-secondary educational institutions to create a behavioral health certification curriculum that will meet workforce needs and be leveraged across the behavioral health continuum, from primary care to community mental health to inpatient care professionals. Florida has America's #1 rated college and university system, and should lead America in this endeavor.

Why take this on? Although Senate Bill 330 addresses the need for more licensed professionals, it does not directly address the major workforce needs of mental health centers and inpatient facilities. Such settings are largely staffed by unlicensed professionals whose numbers are often limited by outdated requirements and who generally do not receive relevant training to prepare them to hit the ground running following graduation. Developing the capacity of healthcare providers —beyond behavioral health specialists—to address behavioral health conditions upstream, including through health integration practices, is an essential short- and long-term strategy.

Fortunately, there are best practices emerging in training programs at the bachelor's and associate degree levels. The Tampa Bay Crisis Center, in collaboration with the University of South Florida, offers an example of an innovative workforce program that trains on intake, triage, care management, and supplementary services, relieving the burden placed on licensed

---

[N] Those hospitals are: (1) the University of South Florida Morsani College of Medicine and Tampa General Hospital; (2 & 3) the University of Florida School of Medicine and the University of Florida Health Shands Hospitals in Gainesville and Jacksonville; and (4) the University of Miami Miller School of Medicine and Jackson Memorial Hospital.

clinicians to fulfill these service needs and freeing them to operate at the top of their license by providing therapeutic care for individuals with behavioral health and substance use conditions.

How can Florida move this forward? Florida universities and colleges are well positioned to lead the development of plans to provide such training programs statewide and collaborate with behavioral health providers and the business community to develop, standardize, and expand the availability of such curricula. To enact this recommendation, the Florida Chamber would need to work with the State Board of Education, the Florida College System, and the State University System, as well as its members with experience implementing workforce solutions to identify leading universities and colleges across the state positioned to offer mental health certificate programs based on either current programs in behavioral health (such as the one in Tampa) or through effective certification programs in other areas of health care or related human services.

Recommendation DSR-WS-3: Florida should broaden the Certified Mental Health Professional (CMHP) credential requirements to include (1) any bachelor's degree or (2) an associate degree plus completion of a new certification requirement based on current CMHP training.

Why take this on? CMHPs are unlicensed practitioners qualified to provide certain mental health services in community mental health centers and related inpatient or outpatient settings.[77] The CMHP credential requires a bachelor's degree in a "related field" and demonstrated competency through training, experience, and supervision of key skills related to the work. Unfortunately, the requirement for a bachelor's degree in a "related field" limits the pool of available community mental health workers and is overly restrictive in three ways. First, the term "related field" eliminates from consideration most bachelor's degrees (for example, economics, mathematics, or engineering, all of which are highly demanding and reflect great skill on the part of the degree holder). Second, it creates higher training standards for someone with a sociology degree than for someone with a psychology degree, even though there is no evidence that one field provides more relevant experience for the practice of community mental health than the other. Third, there are many other qualifications that are arguably relevant to community mental health, such as an associate degree in nursing and certification and experience as an emergency medical technician or paramedic.

How can Florida move this forward? Florida should revise the credential standard to align the education requirements with the needed skills of Florida's behavioral health workforce. Florida Chamber members have substantial and successful experience partnering with state agencies and educational institutions to align requirements with necessary on-the-ground skills, working in collaboration with the Florida Certification Board. Ideally, the recommended certification would become a substitute for the training component of the "demonstrated competency" so

that CMHP candidates would also have a more streamlined experience once employed (focusing just on supervision). The certification would become the focus of the expertise to allow for the full range of bachelor's degrees and relevant associate degrees and other certification/experience mixes (for example, five years as an emergency medical technician as preparation for a community mental health crisis response worker).

Recommendation DS-WS-4: Florida should promote the recent passage of the Interstate Medical Licensure Compact and the use and passage of related compacts to recruit out-of-state practitioners to both relocate to Florida and expand telemedicine/telehealth capacity.

Why take this on? No state can address its need for physicians within its borders alone, and Florida should position itself to tap into the talent pool of physicians and other healthcare professionals from other states. The Interstate Medical Licensure Compact (IMLC) offers a voluntary, expedited pathway to licensure for qualifying physicians who want to practice in multiple states or more quickly obtain licensure in a new state. Encouragingly, the Florida Legislature passed Senate Bill 7016 in February 2024, which enacted the IMLC, and Governor Ron DeSantis signed it into law as one of the components of Senate President Kathleen Passidomo's priority, the 2024 "Live Healthy" package to help bolster Florida's healthcare workforce and keep up with the state's rapid population growth. Florida has also previously enacted other compacts to target mental health professionals, such as the Professional Counselors Licensure Compact (PCLC) through House Bill 1521 in 2022, though fee requirements are impeding its implementation. That same year, Florida enacted House Bill 33, joining the Psychology Interjurisdictional Compact (PSYPACT) to facilitate the practice of telepsychology across state lines. This session, the Florida Legislature also considered House Bill 99 to enact the Social Work Licensure Interstate Compact.

How can Florida move this forward? Florida should make a concerted effort to advance implementation of all current interstate licensure vehicles and consider legislative action to make the PCLC usable, join the social worker compact, and improve the functioning of all compacts. The Florida Chamber should also promote these tools across all efforts stemming from this report. In all such efforts, it is essential to engage the Florida associations for each profession as partners; compacts have the potential to increase the reach and effectiveness of associations and their provider members if crafted in alignment with their goals.

Domain 2: Upstream Solutions for Youth Through Early Detection and Intervention

Half of all mental health conditions manifest by age 14 and 75% by age 24.[78] The failure of health systems to recognize and organize around this reality is the primary reason Floridians (and people in every state in the nation) on average do not receive care until their symptoms

have been present for over a decade and their needs have become acute enough to push the individuals—or their loved ones—to seek care of their own accord.[79] This delay misses years of opportunities to intervene when services can have greater impact. Early interventions can prevent individuals from requiring acute and specialized care while improving well-being. Research suggests that treating individuals in a primary care setting allows behavioral health conditions to be addressed like any other health issue: treating mild and moderate cases and advancing the more complex or severe cases to specialists.[80] It is also one of the drivers of business productivity loss noted earlier;[81] in the words of one CEO on the Florida Chamber Board of Governors: *"[A]n area where we have a lot of need is . . . childhood mental health because . . . many of our employees have children that are dealing with emotional issues and that's impacting their ability to work because they're worried about their kids."*

There are two subdomains in this set of recommendations, organized according to the two places where pediatric mental health needs are most likely to be first discovered: the family doctor's office (primary care) and schools. Intervention in both of these areas were highly prioritized by survey respondents: nearly all (96%) of the Board of Governors and 93% of HR FL respondents endorsed the importance of *"addressing the mental health crisis among our youth* through *early intervention,"* 95% of both groups endorsed the importance of "*early intervention,"* and 88% to 90% endorsed the importance of schools in detecting potential mental health issues.

There are three recommendations in each subdomain. Although schools are not health care providers, they are the place outside the home where children spend the most time, and they are increasingly struggling with the impact of behavioral health issues on academic functioning.

Pediatric Primary Care

Recommendation DSR-EDI-PC-1: Florida should develop a robust statewide child psychiatry consultation program to provide real-time expert consultation to pediatric primary providers, leveraging the existing Florida Mental Health Collaborative Pediatric Hotline.

Why take this on? Across America, 75% of children with mental health challenges who receive care receive it in a primary care setting (family doctor, pediatrician).[82] Unfortunately, many pediatric primary care providers currently lack the time, training, and tools to address these needs effectively, let alone proactively. Child psychiatry consultation programs (generically referred to nationally as child psychiatry access programs or CPAPs) support the delivery of behavioral health services in primary care settings. For example, providers have real-time access (in under 30 minutes and preferably within 15 minutes) to regional consultation teams

of child psychiatrists and child mental health specialists to help them either provide mental health care directly or link to specialist resources that fit a patient's specific needs.

How can Florida move this forward? Florida has a CPAP-like program called the Florida Behavioral Health Collaborative Pediatric Hotline, operated through a statewide network of seven behavioral health hubs funded by the Florida Department of Health using a 2022 federal Health Resources & Services Administration (HRSA) grant.[83] This regional system offers an ideal foundation for standing up a fully functioning statewide system, but the system will need greater resources to meet real-time needs. The potential for increased impact through faster response times cannot be overstated. In 2023, the Florida Behavioral Health Collaborative Pediatric Hotline provided 113 consultations.[84] By contrast, the Massachusetts Child Psychiatry Access Project (MCPAP), which was first established in 2005, provided 12,214 encounters in 2022.[85] The experience in Texas shows that this kind of program can ramp up quickly. Launched in 2020, the Texas Child Psychiatry Access Network (CPAN) was fully operational statewide within a year. It provided more than 11,000 consultations to 8,923 pediatric primary care providers by the end of August 2022.[86] The success of both MCPAP and CPAN is predicated on quick access to psychiatric consultation and facilitating referrals for ongoing needs via no-cost (to families), real-time access to a multidisciplinary network of mental health experts for peer-to-peer consults by phone, to referrals and resources, and to ongoing training opportunities for clinicians.

Recommendation DSR-EDI-PC-2: Florida should accelerate the adoption of evidence-based integrated behavioral health care in pediatric primary care settings, including support of the Florida Pediatric Mental Health Collaborative.

Why take this on? As described in Recommendation EFR-2, evidence-based models for integrated behavioral health care delivered in primary care, such as the Collaborative Care Model[87] (CoCM) and Primary Care Behavioral Health (PCBH) model,[88] can expand access and improve treatment, and there are key foundational elements already in place across Florida. First, all major payers now reimburse for CoCM[89]—including Florida Medicaid, which was added as an allowable reimbursement expense during the 2024 legislative session and should be available to providers later this year or in early 2025. Additionally, there are multiple existing health systems in Florida that already integrate behavioral health care into primary care settings, including Advent Health, Baptist Health and others. In terms of payer efforts, Florida Blue has identified CoCM as a top priority for improving quality and managing the total cost of care through its programming and partnerships with providers in its networks.

How can Florida move this forward? Building upon EFR-2 to increase awareness and promote integrated behavioral health care into primary care settings, and focused specifically on

pediatric care settings, there is profound potential to maximize the impact and make gains in addressing the child and youth mental health crisis facing the state. Partnering with the Florida Pediatric Mental Health Collaborative (FPMHC) in this effort can increase momentum. In 2023, the Florida Department of Health received a $2,000,000 award from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) through the Promoting the Integration of Primary and Behavioral Health Care grant. FPMHC is leveraging this grant to integrate behavioral health services into pediatric primary care and expand integrated care hubs into additional counties. Partnering with FPMHC offers a way for the Florida Chamber to jump-start these efforts and magnify them through their multiple points of leverage, both at the Florida Chamber and via its members.

Recommendation DSR-EDI-PC-3: The Florida Pediatric Mental Health Collaborative (FPMHC) should work with pediatric primary care practices more broadly to promote and leverage sustainable reimbursement for collaborative care management services to increase access to mental health services for children and youth in primary care settings.

Why take this on? As noted in the previous recommendation, FPMHC is already working to integrate behavioral health services into pediatric primary care settings and provide technical assistance to providers across Florida. However, implementation barriers to the most effective models, such as CoCM, exist even in states like Florida where all payers will soon be reimbursing for the model.[90] A 2020 study of the 17 states reimbursing for this model found that reimbursement at only 75% of Medicare rates was not sufficient to spur uptake by health care systems.[91] As AHCA sets CoCM reimbursement rates under Medicaid and as commercial payers continue to work on expanding implementation, they must be mindful of this research. In addition, implementing evidence-based models requires not just clinical and support staff training but also new operational tools and workflows. In their work across dozens of health systems, the Meadows Institute has found that successful implementation requires technical assistance in workflow planning and billing optimization, as well as support to implement patient registries and track treatment adherence and efficacy.[92] All these factors create substantial start-up costs to the health systems taking on these reforms.

How can Florida move this forward? As part of the transformation efforts that flow from this report, it will be necessary to carry out a landscape analysis to determine the extent of current integrated primary care capacity and opportunities to expand access. The current landscape can then inform the development of a plan to align technical assistance and capacity-building resources funded by philanthropic and government grants, including specific policy goals for future legislative sessions. Although legislative action may not be necessary, there is significant momentum to build on.

Education-Based Services

Although schools are not health care providers, schools are well positioned to identify and help support children and youth in need of mental health care, as well as to prevent or minimize the occurrence of many mental health challenges.[93] If properly resourced, schools have the capacity to be a venue for mental health service provision, and can effectively provide referrals and linkages to other services in the community (and increasingly via telehealth).[94,95] School personnel are often the first to detect important changes in student behavior,[96] and Florida is well positioned for school-based expansion of care largely given the arrangement of county-based school districts and existing examples of promising programs.

Given the high demands placed on schools, there is an emphasis on the phrase "if properly resourced" when referring to school-based expansion. Florida has made significant investments in education-based mental health over the last five years. Following the Parkland shooting tragedy in 2018, the Florida Legislature passed Senate Bill 7026, now known as the Marjory Stoneman Douglas High School Public Safety Act. The Act established the Mental Health Assistance Allocation (MHAA) within the Florida Education Finance Program (FEFP) to provide funding to help school districts implement education-based wellness and mental health assistance programs. Florida has continued to increase the MHAA under the FEFP, with $180 million funded for the upcoming 2024–2025 school year.

Recommendation DSR-EDI-EB-1: Florida should continue providing more funding through the Mental Health Assistance Allocation to expand access to education-based telehealth services and promote public-private partnerships, and should consider creating a statewide procurement for education-based telehealth services.

Why take this on? Although a multi-pronged approach is needed to meet the mental health needs of Florida's children and youth, one important strategy centers on expanding access to and use of telehealth services. While school-based clinicians have a role in providing mental health support, individual campuses and districts are not able sufficiently staff mental health services given workforce limitations, even with potential increases in funding. Telehealth options offer a scalable solution that can overcome uneven geographic distribution of current behavioral health services. By allowing outside providers to serve schools via telehealth, schools can significantly expand the number of available services and, thus, the number of students they can serve. Telehealth can also help overcome geographic barriers by connecting providers to students in rural communities or other mental health provider shortage areas.

How can Florida move this forward? Florida is well positioned for education-based telehealth expansion due to its relatively small number of school districts (Florida has 73 school districts as

opposed to over 1,200 in Texas). However, smaller school districts have seen less adoption of telehealth. Florida's leading school-based telehealth vendor, Hazel Health, currently provides services to 40% of Florida public school students through contracts with only seven school districts.[97] Every student in Florida should have access to mental health care that will support their ability to achieve academic success, which is why the Florida Legislature should consider a statewide procurement to ensure that no student is left behind.

Recommendation DSR-EDI-EB 2: Florida should encourage state agencies to assist Florida public school districts and charter schools in better leveraging currently available Medicaid reimbursement to increase access to school-based behavioral health services.

Why take this on? To address access to care gaps that persist despite state-level investments (particularly in smaller, rural school districts), this recommendation focuses on an existing federal funding option in Florida that can be more widely leveraged to expand mental health supports. In October 2017, the Centers for Medicare & Medicaid (CMS), which govern the use of Medicaid funding, approved Florida's State Plan Amendment to expand Medicaid reimbursement in schools to include services delivered to all Medicaid-enrolled students, not just those students with an Individualized Education Program (IEP).[98] This program, known as the Medicaid-Certified School Match Program, specifically authorizes school districts and charter schools to receive Medicaid reimbursement for behavioral health services furnished in a school setting. The Florida Legislature updated relevant statutes to align with the amendment through House Bill 81 in 2020, allowing schools to expand access to school-based behavioral health services and prevention strategies for all Medicaid-enrolled students, regardless of whether the child has an IEP.

How can Florida move this forward? Florida schools have considerable opportunity to leverage federal Medicaid funds to expand access to behavioral health services and supports in schools. The Florida Chamber is well positioned to convene key decision-makers and catalyze plans to support all Florida school districts in maximizing their use of these funds. Local education dollars can be used to certify the state Medicaid match, so efforts should be around providing the technical assistance and support schools need to access these already available federal funds.

Recommendation DSR-EDI-EB-3: Florida should leverage telehealth capacity through the Florida Pediatric Mental Health Collaborative to create a public safety net for all of its school districts to help students with urgent needs, modeled on the Texas Child Health Access Through Telehealth initiative.

Why take this on? Although the first two recommendations here empower schools to expand available school-based support, they do not ensure that every child enrolled in a Florida school has access to a basic level of behavioral health care. The need to keep children safe while at school and to support their mental health needs both inside and outside the classroom has never been clearer, and Florida is poised to lead the nation given the priority placed on this issue by leading Florida policymakers, including the Governor and First Lady DeSantis.

A small but important subset of children and youth have needs that emerge in school that become crises and threats to student and staff safety, needs that may escalate from other negative situations, such as suspensions and out-of-school placements. The State of Florida made school-based mental health a cornerstone of the historic and effective investments in mental health as part of the comprehensive set of reforms adopted in the wake of the Parkland tragedy in 2018.

However, access has not yet reached every school. The state of Texas followed the lead of Florida's comprehensive reforms when it also established a safety-net system to address these types of needs in 2019 following the Santa Fe High School tragedy. This urgent care safety net is delivered through the Texas Child Mental Health Care Consortium (TCMHCC), a statewide network of the state's 12 publicly funded medical schools and associated hospital systems. The Texas Child Health Access Through Telemedicine (TCHATT)[99] initiative provides Texas K–12 students with access to school-based telemedicine mental health care. Services include same-day urgent assessments, short-term treatment, psychiatric intervention, and referrals to community-based services when continuity of care is needed.

Following the 2022 Uvalde tragedy, Texas added substantially more funding to expand the network to every willing school in the state. As of April 2024, over 6,250 school campuses in over 800 school districts were enrolled in TCHATT, covering 3.9 million Texas students. The initiative aims to cover over five million Texas students by the end of the 2024–2025 school year.

How can Florida move this forward? Florida could successfully scale its current efforts statewide through telehealth to every school in the same way that Texas had, and it is better positioned than Texas to do so given Florida's higher ratio of child and adolescent psychiatrists per 100,000 children.[100] By scaling a telehealth initiative similar to TCHATT statewide to fill gaps in the current system, Florida can help every willing school district provide a basic safety net in every school to identify and address the urgent mental health needs of students, bridging the access gap caused by workforce shortages, Florida's size and its many rural areas. Florida can also leverage the existing Florida Education Finance Program (FEFP) infrastructure to help stand this up.

Domain 3: Public-System Modernization

As described earlier, the Florida Commission on Mental Health and Substance Use Disorder was created in 2021 by the Florida Legislature to bring together cross-system expertise "to ensure that this state is providing the best possible behavioral health care." The Commission is an essential partner in any effort to improve mental health in Florida, as it is focused on the public mental health system operated by state agencies, state-funded payers (Managing Entities, Managed Care Organizations), local governmental actors (law enforcement, schools), and their contracted service providers. This public mental health service system provides a critical safety net for Floridians with the greatest needs, a disproportionate number of whom are reliant on public funding and systems for their care.

Florida employers are also affected by the public system, as it oversees and regulates hospital systems and all delivery of involuntary care for people at the highest risk of harm, regardless of their insurance coverage. This was recognized by the survey respondents, with 88% of the Board of Governors and 84% of HR FL respondents endorsing the importance of helping *"people with severe mental illness recover and live better lives" and 82*% of both groups endorsing the importance of reducing *"use of emergency rooms and crisis systems."* In the word of the CEO of a major hospital: "*Unfortunately, because of the needs that there are in our community, we're more of a reactive rather than proactive environment where we receive a lot of people that are already in acute need from behavioral health and substance abuse rather than from a proactive perspective."*

Given the momentum established already by the Florida Commission and relevant state agencies, there currently appears to be sufficient consensus to support legislative action for most, if not all, of the Commission's recommendations. Collaboration with elected officials, stakeholders and state agencies is essential to these recommendations, and the focus should center on action beginning in the 2025 legislative session.

Recommendation DSR-PSM-1: Florida should maximize the proportion of opioid settlement funds used for treating opioid use disorder with medication for opioid use disorder.

Why take this on? The tragic and growing number of deaths of over 5,500 Florida adults each year from opioid-related drug overdoses (75% of all Florida drug overdose deaths) is largely preventable due to the availability of highly effective medications for opioid use disorders (MOUD),[O] the "gold standard" of care for opioid use disorders (OUD).[101] MOUD includes the provision of medications such as methadone, naltrexone, and buprenorphine, in addition to

[O] Please see this National Institute on Drug Abuse link for additional information on the use of this term versus the term medication-assisted treatment (MAT).

counseling, to reduce the symptoms of withdrawal and to support people in their recovery from opioid addiction. The scientific literature is clear that the use of MOUD reduces relapse and drug overdose deaths.[102] Both buprenorphine and naltrexone can now be prescribed in primary care, so they are especially critical given mental health workforce limitations. Until late 2022, access was highly restricted by federal law, but the Consolidated Appropriations Act of 2023, which included the bipartisan Mainstreaming Addiction Treatment (MAT) Act of 2023,[103] removed these restrictions to allow access to MOUD in primary care settings.

How can Florida move this forward? To maximize the impact of opioid settlement funds through the use of MOUD, the State of Florida should require that all state-funded providers have the capacity to offer MOUD as part of their treatment array. The Florida Chamber can support these efforts by ensuring the efficacy data of MOUD is clearly communicated, and catalyzing leaders from across Florida to support the need for additional accountability.

Recommendation DSR-PSM-2: Florida should identify and partner with at least one academic institution, utilizing opioid settlement funds to enhance the availability of high-quality, accessible, and evidence-based treatments for substance use disorder throughout the state, maximally leveraging telehealth.

Why take this on? Florida would benefit from an initiative to expand access to organizations and providers that can provide MOUD given the barriers to MOUD access that remain despite the recent federal changes. This is a larger factor in rural areas, which experience increased provider shortages that compound these gaps,[104] yet telehealth can overcome barriers for Floridians living in counties currently without access to MOUD.[105] A national survey of physicians and nurse practitioners further revealed that only one in four had received addiction training during their medical education.[106] Training and offering technical assistance and support to primary care providers would also increase access to MOUD.[107]

How can Florida move this forward? Medical schools across Florida are home to much of the behavioral health workforce in the state, and they have considerable capacity to deliver treatment directly for mental illness and substance use disorder (SUD) through their services, graduate medical education (GME) programming, and by organizing additional provider capacity. In concert with Recommendation DSR-PSM-1, Florida can identify at least one Florida medical school (and, ideally, multiple) to lead in identifying and promulgating MOUD and other evidence-based treatments for SUD throughout Florida. Partnership with the state's leading medical schools could bolster Florida's capacity to transform the care and treatment provided to people living with SUD across Florida, and could help leverage scientific research, innovation, and capacity building more broadly. The State of Texas, for example, has dramatically expanded its access to MOUD care through a similar initiative (Be Well, Texas), making this and other

evidence-based treatment available throughout rural and urban regions in partnership with nearly 100 provider organizations across 160 locations throughout Texas.[108]

Recommendation DSR-PSM-3: Florida should consider policy proposals to expand funding for current and new Certified Community Behavioral Health Clinics.

Why take this on? The Certified Community Behavioral Health Clinics (CCBHC) model offers a standardized way to increase federal funding for the most critical services undergirding behavioral health systems, especially for people with the most severe needs. CCBHCs are designed to provide timely access to a comprehensive range of mental health and SUD services, improve care coordination, and facilitate integration with medical and other services. CCBHCs provide a full continuum of services, from screening and early detection to treatment and crisis services, particularly in the areas of Florida noted earlier in this report that lack services and providers.

Federal and state governments across the nation (including Florida) have made CCBHCs a central component of expanding community behavioral health services since 2016; the federal government has invested more than $1.7 billion to date in grant funding to expand CCBHCs.[109] Additional funding for CCBHCs was a key component of the 2022 Bipartisan Safer Communities Act,[110] which directed an unprecedented $9 billion to supercharge CCBHC expansion and implementation in states. As such, CCBHCs are central priority for ongoing federal funding, and the spending bills negotiated in Congress this spring provided an additional $385 million in CCBHC grant funding. Additionally, in March of 2024, the federal government established a permanent definition of CCBHC services within the Medicaid program, ensuring the continued growth of this key model for community behavioral health nationally.[111] Analysis of initial CCBHC implementation in Florida and other states has shown that integrating services across CCBHCs has reduced spending while helping to achieve better patient outcomes.[112,113,114,115]

How can Florida move this forward? Multiple stakeholders in Florida identified Certified Community Behavioral Health Clinics as an opportunity to fill service delivery gaps and leverage the recent dramatic increases in available federal funding. The Florida Agency for Health Care Administration is already leading state efforts to implement Medicaid coverage for CCBHCs and to expand the use of the CCBHC model statewide, as detailed in AHCA’s CCBHC Implementation Plan[116] and as recommended by the Florida Commission on Mental Health and Substance Use Disorder’s 2024 Legislative Report.[117]

Recommendation DSR-PSM-4: Florida should support the ongoing modernization of the Baker and Marchman Acts and education of judges and attorneys regarding its appropriate use.

Why take this on? The "Baker Act," officially the Florida Mental Health Act of 1971, allows for short-term, inpatient voluntary and involuntary examination; inpatient voluntary and involuntary admission of an individual for assessment and treatment of mental illness; and involuntary outpatient treatment for mental illness. The Marchman Act complements the Baker Act for people with substance use needs who have lost the power of self-control with respect to substance use, pose a risk of physical harm to self or others, or have their judgment so impaired by substance use that they are incapable of making rational treatment decisions.

In 2024, the Florida Legislature passed legislation to modernize the Baker and Marchman Acts (House Bill 7021), and stakeholders noted the importance of these efforts. Stakeholders have underscored the need to educate Florida's judicial system on ways to employ these two acts to ensure the safety and treatment of people with acute behavioral health needs, while also protecting the public and ensuring due process. The experience of other states suggests that such education is best done peer to peer by leading judges and advocates who are experts in these matters, and the Meadows Institute assessment identified many such resources across Florida.

How can Florida move this forward? While the Florida Legislature took significant steps to modernize the Baker Act during the 2024 session, there is more work to be done. There is an opportunity to use recent data to better ground both efforts to modernize the Baker and Marchman Acts and educate the judiciary. The University of South Florida College of Community and Behavioral Health maintains a database for tracking and reporting availability of "Baker Act beds," which are the state's backbone of licensed mental health crisis capacity. Improvement efforts should leverage these data to create a roadmap for broader crisis system improvements and opportunities to help Florida behavioral health systems become less reliant on crisis care, interactions with law enforcement, and involuntary care. This work can also inform efforts to support the judiciary and attorneys in the best use of available resources.

Recommendation DSR-PSM-5: Florida should continue to increase investments in its crisis response capacity, ensuring that there is adequate support across the continuum for adults, youth, and children in crisis.

Why take this on? Numerous stakeholders interviewed during the Meadows Institute research identified inpatient and crisis bed capacity—specifically for psychiatric crisis, detoxification, and inpatient care for acute episodes—as a critical resource limitation. Florida is home to 37 free-standing behavioral health hospitals, 78 Baker Act receiving facility hospitals, and 27 general hospitals that have psychiatric units, for a total of 8,030 psychiatric beds (out of a total of 71,000 total inpatient beds across 320 hospitals in the state).[118] There are also 1,360 licensed crisis stabilization beds in 58 additional facilities. On a population basis, 708 of these inpatient

psychiatric beds serve Florida's 4.1 million children (17.1 beds per 100,000 children) and 7,322 of these beds are available for the state's 17.4 million adults (40.8 beds per 100,000 adults).

Multiple stakeholders highlighted the state's gaps in crisis response capacity and limitations in the number of beds, as noted in the Florida Hospital Association analysis.[119] Multiple interviewees also voiced concerns regarding the capacity and utility of 988 as a suicide and crisis line, and how 988 calls are transferred to 211, the community services helpline, and vice versa. Although it is early in the 988 crisis line implementation, every state across the nation is currently facing the same challenge and need to understand the workflows and decision rules between the 988 and 211 systems (as well as 911 systems ultimately)—and how these systems and workflow coordinate to serve people in crisis and their families. As already noted, law enforcement is still the default response across Florida, which is both resource-intensive and generally not the best care option. Stakeholders also expressed concerns about the overreliance on law enforcement and the Baker Act system to address acute access issues, particularly for children and youth.

How can Florida move this forward? The Florida Commission report noted the success in recent years in reducing inpatient admissions by expanding the use of mobile response teams (MRTs), and Florida has reduced the number of involuntary admissions under the Baker Act in each of the three fiscal years across every age group.[120] Encouragingly, in March of 2023, the Department of Children and Families unveiled a new Baker Act Data Reporting Dashboard to improve transparency and accessibility to Baker Act receiving facilities. Florida should build on this success and continue to bolster its crisis care systems and reduce reliance on law enforcement response. The data-driven roadmap noted in Recommendation DSR-PSM-4 can inform potential expansion of acute mental health capacity, but investments should optimally be made upstream before a crisis. Investments should also prioritize essential elements of a no-wrong-door integrated crisis system as detailed in the Substance Abuse and Mental Health Services Administration's *National Guidelines for Crisis Care*: (1) someone to talk to (largely centering on the newly established 988 crisis line); (2) somewhere to respond; and (3) somewhere to go.[121] The Florida Legislature has already taken key steps in support of this vision, passing Senate Bill 7016, a top priority of Senate President Kathleen Passidomo, this past session to direct AHCA to seek federal approval for additional reimbursement authority for mobile crisis response services to spur further investment in mobile crisis services and better position crisis care systems to reduce reliance on both law enforcement response and acute mental health services These efforts can also be informed by Texas' example; Texas faced similar challenges in 2016 but since then has invested over $3.6 billion to build more than 2,400 new and replacement inpatient hospital and additional crisis beds.

Recommendation DSR-PSM-6: Florida should establish a centralized Florida behavioral health care data repository.

Why take this on? Florida lacks a centralized, trusted repository of data on mental illness and substance use prevalence, treatment, and spending. The Florida Commission on Mental Health and Substance Use Disorder has prioritized this gap, as have many stakeholders and several regional needs assessments reviewed by the Meadows Institute. Data-driven reforms require reliable sources of data, metrics, and evaluation related to behavioral health services resource utilization, eligibility, and enrollment in public programs. These reforms also require information on public program outcomes and spending, and encounter-level data from health systems and providers.

How can Florida move this forward? The lack of trusted data currently inhibits Florida health system leaders' ability to diagnose problems, scope reform efforts, and evaluate the effectiveness of programs and policy changes. The Florida Chamber, as a trusted and capable entity representing purchasers and healthcare providers in Florida, is in an excellent position to support efforts by the state to develop such a resource.

Recommendation DSR-PSM-7: Florida should improve its continuum of care for high-need youth and consider the designation of a single state agency to lead public mental health efforts for children and youth.

Why take this on? The State of Florida made historic and effective investments in mental health as part of the comprehensive set of reforms adopted in the wake of the Parkland tragedy in 2018. The Marjory Stoneman Douglas High School Public Safety Act established a comprehensive foundation for addressing youth violence, making Florida a model for the country that other states have unfortunately had to follow given national trends that continue to increase.

The focus of this recommendation is not on what to do – Florida has a sound foundation to build on. The focus is on the need to scale these efforts further given the stark data on the significant rise in deaths among Florida youth due to suicide and homicide since 2016. While deaths from suicide have declined somewhat since 2020, deaths from homicide have continued to increase. Note that while youth suicides dropped somewhat, increases continue for specific subgroups,[122] and the overall number of young Floridians lost remains near historic high. Although the links between violence and mental illness are complex, and mental illnesses overall is not the singular cause of violence,[123] research since 2018 emphasizes the promise of scaling comprehensive models such as Florida's.[124]

Florida already has a base of the most effective evidence-based treatments for reducing violence to build on. For the estimated 4,000 youth at risk largely due to out-of-control behaviors, often related to delinquency, the gold standard for care is Multisystemic Therapy (MST). Florida currently has at least 10 MST teams operating across the state[125], and Florida Medicaid covers MST treatment as an alternative within its Medicaid managed care system.[126] MST is a well-established, evidence-based practice[127.128] able to reduce risks of violence by up to 75%.[129] A smaller number of youth—approximately 600 per year—experience a psychosis for the first time. Psychoses are among the most severe mental health disorders and include hallucinations and delusions that can dramatically affect behavior. More pertinently to this recommendation, people with untreated psychosis are much more likely to commit homicide, but effective treatment eliminates this risk.[130,131] The optimal treatment for an initial episode of a psychosis is Coordinated Specialty Care (CSC),[132] which in Florida is often referred to as a First Episode Psychosis (FEP) program. Florida has at least seven (7) CSC teams currently,[133] primarily in Central and North Florida.

More broadly in Florida, youth with the most severe mental health and substance use needs are served through two primary agencies, the Department of Children and Family Services (DCF) and AHCA with intersecting eligibility requirements and overlapping enrollment. This is particularly challenging for children and their families to navigate and can lead to delays in care, which could allow behavioral health symptoms to escalate and, too often, result in more intensive care. To address this issue, the Florida Commission has proposed that a single agency coordinate eligibility, enrollment, and program administration to deliver better service with the potential for administrative savings that could be reinvested in programmatic funds to treat more children and youth. The Florida Commission contends that establishing a single state agency to lead across child-focused programs would improve access to services, improve coordination of services, promote more robust transparency, and improve data sharing. Relatedly, in 2024, legislation that would have the Managing Entities take on such a role based on the Florida Commission's recommendations was considered (House Bill 1169 and Senate Bill 1340), but it did not pass.

How can Florida move this forward? To understand how best to serve the highest-need youth, Florida should perform additional analysis to determine current capacity to serve those youth and the best way to increase capacity; highest-need youth are currently using a disproportionate amount of hospital and other intensive resources in Florida and are driving disproportionate mortality from homicide.[P] Following the Uvalde tragedy in Texas, such

[P] For examples of such reports developed for the state of Texas, please see these two links:
Multisystemic Therapy for Texas Youth – September 2023
Coordinated Specialty Care for Texans – June 2022

analysis formed the basis for a multi-year commitment to ramp up needed support to address youth violence, including hundreds of millions of dollars to improve child and youth access to mental health services such as programs centered on strengthening systems to detect mental illness in schools and communities (similar to the telehealth safety net described earlier) and expanded capacity for high-risk populations with MST, CSC, and crisis supports.

As Florida considers how best to structure its public-system modernization approach for high-need youth, the Florida Chamber should support efforts to improve and better coordinate the range of needed care for such youth. Florida has a core capacity in each of the critical treatment areas and is well positioned to begin working to expand that capacity to bend the tragic curve of youth violence trends.

Domain 4: Veterans and First Responders

Florida is home to the second largest veteran population in the country, with more than 1.4 million veterans calling Florida home,[134] and veterans comprise a large proportion of the first responder workforce. They also work in other key industries, including health care, construction, and infrastructure. In this assessment, key informants from these industries noted the mental health and substance use struggles that a small but important subset of veterans and first responders alike face, and the employer-facing opportunities to better serve those who have served their country and community. The Meadows Institute has found that efforts to help veterans and first responders have been helpful in mobilizing public support for behavioral health care and in encouraging help-seeking more broadly. People across Florida rightfully hold veterans and first responders in high esteem, and prioritizing and successfully meeting their needs can help inspire broader efforts, though the primary value lies in helping them and their families.

Recommendation DSR-VFR 1: Florida should establish a state-local grant program leveraging private sector investments to provide quality mental health services for Florida veterans and their families.

Why take this on? While most Florida veterans are experiencing similar levels of mental health or better compared to their non-veteran peers, too many suffer without adequate mental health support. In 2021, an estimated 546 veterans in Florida lost their lives to suicide, and Florida veteran suicide mortality exceeds the national rate (36.9 per 100,000 Florida resident veterans versus 33.9 per 100,000 veterans nationwide). While the U.S. Department of Veteran's Affairs (VA) has launched a number of programs to reduce suicide rates for veterans in its care, 63% of veteran deaths from suicide nationwide occur among veterans served outside the VA

system,[135] in the same struggling behavioral health systems that serve the rest of the nation and Florida.

How can Florida move this forward? Florida already has established a veteran-focused effort through First Lady Casey DeSantis's leadership: Hope Florida – A Pathway for Patriots. Hope Florida veterans' program is housed at the Florida Department of Veterans' Affairs (FDVA)[136] and supports veterans by connecting them to services, benefits, and community resources through Hope Navigators. Launched in 2021, the larger Hope Florida initiative has been implemented across multiple state agencies and provides community collaboration by connecting the public and private sectors, faith-based communities, and nonprofits.

The grant program proposed in this recommendation would work in concert with the successful Hope Florida initiative and seek to address gaps in Florida that exist outside of the VA by funding local solutions that make it easier for veterans and their families to access the mental health services they need and have earned. Funds would be overseen by FDVA and distributed in a competitive grant process open to nonprofits and government entities. Texas, for example, has had great success over the last decade with the Texas Veterans + Family Alliance (TV+FA) grant program. Each grant recipient is required to secure local matching funds with a percentage amount based on the population of the county where the services will be delivered.

Recommendation DSR-VFR-2: The Florida Chamber should designate a single entity as a statewide access point to ensure first responders better utilize the Building First Responder Resiliency program and also ensure both adequate funding and oversight in support of local police and fire department initiatives to provide peer-driven, confidential mental health care to first responders.

Why take this on? Throughout their careers, first responders are routinely exposed to multiple traumas—shootings, automobile accidents, house fires, and the violent and tragic deaths and injuries that accompany them—and repeated traumas can lead to complex behavioral health conditions, including depression, anxiety, substance misuse, and post-traumatic stress disorder. Sadly, data suggests that first responders are more likely to die by suicide than by all other line of duty causes, likely due to the traumas experienced in the line of duty. A 2018 report found that firefighters die by suicide at a higher rate than their law enforcement counterparts: 18 per 100,000 for firefighters versus 11–17 per 100,000 for law enforcement officers.[137] EMS personnel were found to be 1.39 times more likely to die by suicide than the general public.[138] In Florida, the First Responder Suicide Deterrence Task Force has determined that, from 2017–2022, 247 first responders lost their lives to suicide.[139] The Task Force found that firefighters and EMS personnel accounted for the highest number of deaths by suicide.[140] The public

remains largely unaware of these issues as most first responder suicides are not covered in the media.[141]

How can Florida move this forward? In December 2021, First Lady Casey DeSantis again showed her leadership when she announced $12 million in funding through the Florida Department of Children and Families to expand peer-to-peer mental health services for first responders and their families.[142] The Building First Responder Resiliency program has led to partnerships with five regional hubs that offer first responder resources, including peer support services.[143] Currently, accessing services can be somewhat complex as each hub has its own phone number and website. A single access point would help with uniform branding, outreach, and awareness efforts for the program. The statewide entity that serves as the single access point should also consider developing a free software application to allow first responders to contact a peer immediately and anonymously. Confidentiality, privacy, and immediacy of response are essential to a peer network's success.

Leading the Way Together

The central premise underlying all the evidence and recommendations in this report is that improving the behavioral health of Florida's people, families, and communities is a necessary and enabling step for Florida to become a top five state for overall well-being. Florida is well positioned to become one of the healthiest states in the nation to live and do business, and it is the Chamber's hope that these recommendations can help lay the foundation for Florida to lead the nation in its improved behavioral health outcomes by 2030. The Florida Chamber, its Health Council, and Florida's business community leadership are strongly committed to work with leaders from across the state and across the private and public sectors to transform Florida's mental health and substance use care delivery systems in pursuit of that vision.

Glossary

Assertive Community Treatment (ACT): An evidence-based, multidisciplinary team approach that is designed to provide treatment, rehabilitation, and support services to people who are diagnosed with severe mental illness and most at risk for homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system. The ACT team, comprised of members from the fields of psychiatry, nursing, psychology, social work, substance abuse, and vocational rehabilitation, provides direct services that are tailored to meet an individual's specific needs. Team members collaborate to deliver integrated services, assist in making progress towards goals, and adjust services over time to meet recipients' changing needs and goals.

Baker Act: The Florida Mental Health Act, commonly known as the Baker Act, governs mental health services, including voluntary admissions as well as involuntary examination and involuntary inpatient and outpatient care of individuals with mental health conditions.

Behavioral Health: A term used to be inclusive of both mental health and substance use disorders, programs, and systems.

Behavioral Health Care: The assessment and treatment of mental health conditions and substance use disorders.

Behavioral Health Teaching Hospital: A new designation created by the Florida Legislature's passage of Senate Bill 330 in 2024. To qualify for this designation, a hospital must meet the following criteria: (1) operate as a teaching hospital; (2) offer a psychiatric residency program accredited through the Residency Review Committee of the Accreditation Council of Graduate Medical Education and offer, or have filed an application for approval to establish, an accredited postdoctoral clinical psychology fellowship program; (3) provide behavioral health services; (4) establish and maintain an affiliation with a university in Florida that has one of the specified medical schools to create and maintain integrated workforce development programs for its students related to the entire continuum of behavioral health care; and (5) develop a plan to create and maintain integrated workforce development programs with the affiliated university's colleges or schools and to supervise clinical care provided by students participating in such programs. Behavioral health teaching hospitals are eligible for dedicated state funding.

Building First Responder Resiliency Program: An initiative led by First Lady Casey DeSantis and the Florida Department of Children and Families, the program's goal is to enhance access to information and referral, peer support, community resources, and follow-up support to promote mental health wellness among first responders and their families. In December 2021, First Lady DeSantis announced $12 million in funding to expand peer-to-peer mental health services available for first responders through five regional partners.

Certified Community Behavioral Health Clinic (CCBHC): A specially designated clinic that provides a comprehensive range of mental health and substance use services available 24/7. CCBHCs are designed to ensure access to coordinated, comprehensive behavioral health care to anyone in the community regardless of ability to pay, place of residence, age, etc. In addition to state requirements, CCBHCs must meet certain uniform national standards set forth by the federal government and offer a range of services.

Certified Mental Health Professional (CMHP): An unlicensed practitioner qualified to provide certain mental health services and supports, including skills training and targeted case management, in community mental health centers and related inpatient and outpatient settings. The Florida Certification Board offers a CMHP credential for people with a bachelor's degree or higher in a related field and demonstrated competency through training and supervision requirements.

Collaborative Care Model (CoCM): An established evidence-based, financially sustainable, team approach to integrated care that routinely measures both clinical outcomes and patient goals over time to increase the effectiveness and scale of mental health and substance use disorder treatment in primary care settings. Under the model, a primary care provider, a psychiatric consultant, and behavioral health care manager work together to promptly detect and provide early intervention for common behavioral health problems, measure patient progress toward treatment targets, coordinate needed referrals to specialists, and adjust care when appropriate.

Coordinated Specialty Care (CSC): The most effective treatment for first episode psychosis, CSC is a multi-disciplinary treatment team approach that provides support to patients more robust than typical office visits and medication management. The intervention involves an average of two years of intensive outpatient treatment that includes effective medication, education, and skill-building for the patient and their family and encourages them to maintain school enrollment and continue (or regain) a healthy developmental track.

Federation of Local Chambers: A group of regional and local chambers from across Florida that regularly unite with the Florida Chamber in their aligned advocacy efforts to secure Florida's future.

First Episode Psychosis: The first time an individual experiences psychotic symptoms or a psychotic episode.

Florida Chamber Health Council: A pillar under the Florida Chamber's Leadership Cabinet on Safety, Health and Sustainability that is focused on making Florida the healthiest state in the nation by addressing systemic health issues facing our workforce.

Florida Commission on Mental Health and Substance Use Disorder (the Commission): Created by the Florida Legislature in 2021 and ratified in 2023, the Commission is charged with examining the mental health and substance use disorder services in Florida and improving the effectiveness of practices, procedures, programs, and initiatives in providing such services; identifying any barriers or deficiencies in the delivery of such services; assessing the adequacy of the current infrastructure of Florida's 988 Suicide and Crisis Lifeline system and other components of the state's crisis response services; and making recommendations to ensure Florida is providing the best possible behavioral health care for Floridians.

Florida Gap Map: The nation's first root cause analysis tool aimed at supporting Florida leaders in securing the path to prosperity in every Florida zip code. By harnessing the power of the Florida Gap Map, Florida's business leaders, non-profit administrators, and policymakers are able to tailor efforts to ensure specific resources are deployed to match the unique barriers to opportunity present in each of Florida's 983 zip codes.

Florida Pediatric Mental Health Collaborative (FPMHC): A collaboration between the Florida Department of Health's Title V program and seven regional behavioral hubs in Florida with a goal of increasing timely access to pediatric behavioral health services and effectively integrating behavioral health services through consultation, coordinated care, or colocation based on regional needs.

Florida Scorecard: A dynamic online tool that identifies and tracks key metrics that are important to Florida's economy today and into the future. The Florida Scorecard gives stakeholders the power to measure progress on a statewide level and within their own communities.

Hope Florida: An initiative spearheaded by First Lady Casey DeSantis and implemented by the Florida Department of Children and Families, Hope Florida uses Hope Navigators to connect

Floridians with opportunities and resources to support pathways to prosperity, resiliency, and economic self-sufficiency. The program focuses on community collaboration and works to breakdown silos between government entities, nonprofits, faith-based organizations, and the private sector.

Integrated Care: The systematic coordination of physical and behavioral health care whereby behavioral health specialty and general medical care providers work together to address both the physical and behavioral health needs of their patients.

Interstate Medical Licensure Compact (IMLC): An agreement among participating states that streamlines the licensure process for qualifying physicians. Physicians may pursue this voluntary, expedited pathway to obtain licenses to practice in multiple member states. To join the Compact, states must adopt the model compact language through legislation. The Florida Legislature adopted the IMLC through Senate Bill 7016 in 2024.

Leadership Cabinet on Safety, Health and Sustainability- An initiative of the Florida Chamber focused on making Florida the safest, healthiest and most sustainable state in America, that encompasses three councils, each focused on one of the pillars essential to workplace success, including the Florida Chamber Safety Council, the Florida Chamber Health Council and the Florida Chamber Sustainability Council. As a trusted incubator of research, leadership, best practices and education, our Advisory Board members collaborate closely and work alongside job creators to develop employee-driven programs, inspiring and empowering personal accountability that translates into workplace excellence. Because of the unique connection with the Florida Chamber, the Leadership Cabinet can lead on outcomes through policy changes grounded in research and the valuable data it collects.

Managing Entities (MEs): Regional systems of care that allow funding from the Florida Department of Children and Families to be tailored to behavioral health needs of each region of the state. MEs do not provide direct services.

Managed Care Organization (MCO): An organization that delivers and manages health services under a risk-based arrangement. The MCO usually receives a monthly premium or capitation payment for each person enrolled, which is based on a projection of services costs for the typical patient.

Marchman Act: The Hal S. Marchman Alcohol and Other Drug Services Act, also known as the Marchman Act, provides for voluntary admissions and involuntary assessment, stabilization, and treatment of adults and youth who are severely impaired due to substance abuse.

Medication for Opioid Use Disorder (MOUD): This refers to the use of medication as a standalone treatment for opioid use disorder (OUD). The term Medication Assisted Treatment (MAT), which is sometimes more commonly used, is a more comprehensive approach to the management of OUD and involves medication, counseling, and other behavioral interventions and therapies.

Mental Health: This term includes emotional, psychological and social well-being. Mental health is inclusive of thoughts, emotions, and behaviors.

Mental Health Assistance Allocation (MHAA): Established by the Florida Legislature through Senate Bill 7026 (Marjory Stoneman Douglas High School Public Safety Act) in 2018, the MHAA is a funding allocation within the Florida Education Finance Program (FEFP) for school districts to utilize for student mental health and wellness services. Specifically, the MHAA provides funding to support school districts in implementing school-based mental health assistance programs.

Mental Illness: Discrete and treatable health conditions involving functional impairment related to thinking, emotion, or behavior. Examples of mental illnesses include anxiety, depression, post-traumatic stress disorder, schizophrenia, and other psychotic disorders.

Mobile Crisis Team: A specialized team designated to respond and go wherever a person in a behavioral health crisis may be located. The exact composition of a mobile crisis team may vary by community, but the overall goal is to help an individual in crisis get relief quickly and to resolve the crisis without the unnecessary use of law enforcement, emergency departments, and/or hospitalization whenever possible.

Multisystemic Therapy (MST): A proven family- and community-based treatment for at-risk youth with intensive needs and their families. It is most effective for treating youth who have committed violent offenses, have serious mental health or substance use concerns, are at risk of out-of-home placement, and/or who have experienced abuse and neglect.

Opioid Use Disorder (OUD): A pattern of opioid use that leads to significant impairment or distress and includes several diagnostic criteria, such as taking opioids in larger amounts or over a longer period than intended, craving opioids, or continued use despite persistent social or interpersonal problems. This term was previously known as "opioid abuse" or "opioid dependence."

Primary Care Behavioral Health (PCBH) Model: An established team-based approach to integrated care that embeds a licensed behavioral health clinician within primary care

settings. The embedded clinician provides targeted interventions to
address patients' presenting symptoms. While the application of the model might vary, there are core tenets, such as employing evidence-based screening, providing
brief psychotherapy interventions, and addressing behavioral health needs in the primary care setting.

Serious Mental Illness (SMI): Refers to adults and older adults whose diagnoses are seen as more severe, such as schizophrenia, severe bipolar disorder, or severe depression. A subgroup of these individuals is defined as having a serious and persistent mental illness (SPMI) that significantly impairs their ability to be self-sufficient and has either persisted for more than a year or resulted in psychiatric hospitalization.

Severe Emotional Disturbance (SED): In epidemiological studies, this term generally refers to children and youth from birth to 17 years old who have emotional or mental health problems so serious that their ability to function in family, school, or community activities is significantly impaired, or they are at risk of out-of-home placement.

Telepsychiatry: A type of telemedicine that uses electronic communication and information technologies to provide or support clinical psychiatric care at a distance through the use of two-way, real time interactive audio and video equipment.

The Path Forward for Mental Health and Substance Use: A multi-stakeholder, national and local initiative designed to leverage the purchasing power of employers to systematically drive evidence-based, data-driven practices and policies that have potential to increase access to quality mental health care and accelerate the adoption of integrated care.

References

[1] Florida Chamber of Commerce. (2023). *The Florida 2030 blueprint.* https://www.flchamber.com/florida-2030/
[2] Florida Chamber of Commerce. (2023). *Florida 2030: The blueprint to secure Florida's future - key targets & strategies.* https://www.flchamber.com/wp-content/uploads/2022/05/ES_FLChamber2030_TargetsandStrategies_Sep12-UPD-52122.pdf
[3] Stockdill, J. W. (2005). National Mental Health Policy and the Community Mental Health Centers, 1963-1981. In W. E. Pickren, Jr. & S. F. Schneider (Eds.), *Psychology and the National Institute of Mental Health: A historical analysis of science, practice, and policy* (pp. 261–293). American Psychological Association. https://doi.org/10.1037/10931-009
[4] United States Census Bureau. (2023, July 1). *Quick facts Florida.* Retrieved March 15, 2024, from https://www.census.gov/quickfacts/fact/table/FL/PST045223
[5] *U.S. Bureau of Labor Statistics.* (2024, March 5). *Economy at a glance: Florida. Florida Department of State* Retrieved March 5, 2024, from https://www.bls.gov/eag/eag.fl.htm
[6] KFF. (n.d.). *State health facts: Health insurance coverage of the total population (2022).* Retrieved March 1, 2024, from https://www.kff.org/other/state-indicator/total-population/
[7] KFF. (n.d.). *State health facts: Health insurance coverage of children 0–18 (2022)*. Retrieved March 4, 2024, from https://www.kff.org/other/state-indicator/children-0-18/
[8] Substance Abuse and Mental Health Services Administration. (2023, November). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health. (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58).* Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report
[9] Brennan, W., Dolan-Del Vecchio, K., Emmet, W., Goldfarb, S., Lattarulo, C., Mantych, C., Miller, C., Petit, J.R., Pickering, L., Ricci, B., Sakraida, K., Thompson, M., & Train, D. (2016, June). *The working well toolkit*. Workplace Mental Health. https://workplacementalhealth.org:443/employer-resources/guides-and-toolkits/the-working-well-toolkit
[10] Valenstein, M., Vijan, S., Zeber, J.E., Boehm, K., & Buttar, A. (2001). The cost-utility of screening for depression in primary care. *Annals of Internal Medicine*, *134*(5), 345–360. https://doi.org/10.7326/0003-4819-134-5-200103060-00007
[11] Brennan, W., Dolan-Del Vecchio, K., Emmet, W., Goldfarb, S., Lattarulo, C., Mantych, C., Miller, C., Petit, J.R., Pickering, L., Ricci, B., Sakraida, K., Thompson, M., & Train, D. (2016, June). *The working well toolkit*. Workplace Mental Health.
[12] American Academy of Child & Adolescent Psychiatry. (2012, June). *Best principles for integration of child psychiatry into the pediatric health home*. https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf
[13] Pence, B. W., O'Donnell, J. K., & Gaynes, B. N. (2012). The depression treatment cascade in primary care: A public health perspective. *Current Psychiatry Reports*, *14*(4), 328–335. https://doi.org/10.1007/s11920-012-0274-y
[14] Centers for Disease Control and Prevention. (2021, February 11). *Suicide mortality by state*. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm
[15] Hermann, H., Kieling, C., McGorry, P., Horton, R., Sargent, J., & Patel, V. (2019). Reducing the global burden of depression: A Lancet–World Psychiatric Association commission. *The Lancet*, *393*(10189), e42–e43. https://doi.org/10.1016/S0140-6736(18)32408-5
[16] The US Burden of Disease Collaborators. (2018). The state of US health, 1990-2016: Burden of diseases, injuries, and risk factors among US states. *JAMA*, *319*(14), 1444. https://doi.org/10.1001/jama.2018.0158
[17] The Florida Hospital Association. (2023, August 15). *Presentation to the Commission on Mental Health and Substance Use Disorder.*

---

[18] Florida Department of Health. (2022). FLHealthCharts*: Emergency department visits from mental disorders (aged 18 and older), rate per 100,000 population*. Division of Public Statistics and Performance Management. https://www.flhealthcharts.gov/chartsdashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.TenYrsRpt&cid=924

[19] Florida Department of Health. (2022). FLHealthCharts*: Emergency department visits from mental disorders (Aged 0-17 Years), rate per 100,000 population*. https://www.flhealthcharts.gov/chartsdashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.TenYrsRpt&cid=923

[20] U.S. Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

[21] U.S. News and World Report. (n.d.). *Best hospitals for psychiatry.* Retrieved, April 24, 2024, from https://health.usnews.com/best-hospitals/rankings/psychiatry

[22] Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 64*, 617–627. https://doi.org/10.1001/archpsyc.62.6.617

[23] Meadows Mental Health Policy Institute (2023). *Florida county-level mental health prevalence estimates for 2021.*

[24] Population data from U.S. Census Bureau. (2022, December). *American Community Survey 2017–2021 5-year data release.* https://www.census.gov/data/developers/data-sets/acs-5year.2021.html

[25] Ringeisen, H., Edlund, M., Guyer, H., Geiger, P., Stambaugh, L., Dever, J., Liao, D., Carr, C., Peytchev, A., Reed, W., McDaniel, K., & Smith, T. (2023). *Mental and substance use disorders prevalence study (MDPS): Findings report*. RTI International. https://www.rti.org/publication/mental-and-substance-use-disorders-prevalence-study/fulltext.pdf

[26] The Meadows Institute considered 7 articles to quantify the incidence of FEP across different samples and using different methodologies and opted for the most conservative estimates that provide a baseline for decision making and action: Kirkbride, J. B., Hameed, Y., Ankireddypalli, G., Ioannidis, K., Crane, C. M., Nasir, M., Kabacs, N., Metastasio, A., Jenkins, O., Espandian, A., Spyridi, S., Ralevic, D., Siddabattuni, S., Walden, B., Adeoye, A., Perez, J., & Jones, P. B. (2017). The epidemiology of first-episode psychosis in early intervention in psychosis services: Findings from the Social Epidemiology of Psychoses in East Anglia [SEPEA] study. *American Journal of Psychiatry, 174,* 143–153. https://doi.org/10.1176/appi.ajp.2016.16010103

[27] Centers for Disease Control and Prevention, National Center for Health Statistics. (2024, January). Data are from the final Multiple Cause of Death Files, 2018–2021, and from provisional data for years 2022–2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

[28] Population data from U.S. Census Bureau. (2022, December). *American Community Survey 2017–2021 5-year data release.* https://www.census.gov/data/developers/data-sets/acs-5year.2021.html

[29] Kessler, R. C., Avenevoli, S., Costello, J., Green, J. G., Gruber, M. J., McLaughlin, K. A., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Merikangas, K. R. (2012). Severity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement. *Archives of General Psychiatry, 69*(4), 381–389. https://doi.org/10.1001/archgenpsychiatry.2011.1603

[30] Holzer, C., Nguyen, H., & Holzer, J. (2023*). Florida county-level estimates of the prevalence of severe mental health need in 2021*. Dallas, TX: Meadows Mental Health Policy Institute.

[31] U.S. Preventive Services Task Force. (2022, October 11). Anxiety in children and adolescents: Screening. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents

[32] Siu, A. L., & US Preventive Services Task Force (2016). Screening for depression in children and adolescents: US Preventive Services Task Force recommendation statement. *Pediatrics, 137*(3), e20154467. https://doi.org/10.1542/peds.2015-4467

[33] U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). (2022). *National Survey of Children's Health, Child and Adolescent Health Measurement Initiative.* www.childhealthdata.org

---

[34] Substance Abuse and Mental Health Services Administration. (2023). *2021 National Survey on Drug Use and Health: model-based prevalence estimates* – Florida, Table 32.

[35] Past-year anxiety among children and youth was estimated using Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental health surveillance among children - United States, 2013-2019. *MMWR Supplements, 71*(2), 1–42. https://doi.org/10.15585/mmwr.su7102a1

[36] Kessler, D.C., Petukhova, M., Sampson, N.A., Zaslavsky, A.M. & Wittchen, H-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States: Anxiety and mood disorders in the United States. International Journal of Methods in Psychiatric Research, 21(3), 169–184.

[37] Kessler, D.C., Petukhova, M., Sampson, N.A., Zaslavsky, A.M. & Wittchen, H-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States: Anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research*, *21*(3), 169–184. 10.1002/mpr.1359

[38] Frejstrup Maibing, C., Pedersen, C., Benros, M., & Brøbech, P., Dalsgaard, S., & Nordentoft, M. (2015). Risk of schizophrenia increases after all child and adolescent psychiatric disorders: A nationwide study. *Schizophrenia Bulletin*, *41*(4), 963–970. 10.1093/schbul/sbu119

[39] Centers for Disease Control and Prevention, National Center for Health Statistics. (2024, February). *Multiple cause of death 1999-2021*. CDC WONDER. https://wonder.cdc.gov/mcd-icd10.html. Data are from the multiple cause of death files, 1999-2021 and from provisional data for 2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

[40] The Violence Prevention Project. (2023, May). *Mass public shooting deaths* [data set]. Hamline University. https://www.theviolenceproject.org/mass-shooter-database/

[41] Meadows Mental Health Policy Institute. (2020, February). Mental illness and violence: Current knowledge and best practices – February 2020. https://mmhpi.org/wp-content/uploads/2020/09/MentalIllnessViolence.pdf

[42] For examples of such reports developed for the state of Texas, please see these two links: https://mmhpi.org/wp-content/uploads/2020/02/Multisystemic-Therapy-MST-for-Texas-Youth.pdf and https://mmhpi.org/wp-content/uploads/2020/09/CoordinatedSpecialtyCare.pdf

[43] MST Services. (n.d.). *MST State success story guide*. https://info.mstservices.com/mst_state_success_story_guide

[44] Florida Department of Children and Families. (n.d.). Commission on Mental Health and Substance Use Disorder. https://www.myflfamilies.com/services/samh/commission-mental-health-and-substance-use-disorder

[45] Dieleman, J.L., Cao J., Chapin, A., Chen, C., Li, Z., Liu, A., Horst, C., Kaldjian, A., Matyasz, T., Scott, K.W., Bui, A.L., Campbell, M. Duber, H.C., Dunn, A.C., Flaxman, A.D., Fitzmaurice, C., Naghavi, M., Sadat, N., Shieh, P. …Murray, C.J.L. (2020). U.S. health care spending by payer and health condition, 1996-2016. *JAMA, 323*(9), 863–884. https://jamanetwork.com/journals/jama/fullarticle/2762309

[46] Soni, A. (2022, February). *Healthcare expenditures for treatment of mental disorders: Estimates for adults ages 18 and older, U.S. civilian noninstitutionalized population, 2019.* Agency for Healthcare Research and Quality, Statistical Brief #539. https://meps.ahrq.gov/data_files/publications/st539/stat539.pdf

[47] Commission of Mental Health and Substance Use Disorder. (2024, January 1). *Annual interim report*. https://www.myflfamilies.com/sites/default/files/2024-01/Commission%20on%20Mental%20Health%20Substance%20Abuse%20Interim%20Report%201.1.2024.pdf

[48] Substance Abuse and Mental Health Services Administration. (2015). *Funding and characteristics of single state agencies for substance abuse services and state mental health agencies, 2015*. https://store.samhsa.gov/sites/default/files/sma17-5029.pdf

[49] Meadows Mental Health Policy Institute. (2023). Texas and behavioral health rankings – July 2023. https://mmhpi.org/wp-content/uploads/2023/08/Texas-and-Behavioral-Health-Rankings-July-2023.pdf

---

[50] Health Resources & Services Administration, Bureau of Health Workforce (BHW), Division of Policy and Shortage Designation (DPSD). (2024, April 23). *Health professional shortage areas - mental health.* https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAMH.pdf

[51] Rural Health Information Hub. (2024, April). *Health professional shortage areas: Mental health, by county, April 2024 - Florida.* https://www.ruralhealthinfo.org/charts/7?state=FL

[52] Reinert, M., Jr., Fritze, D., Nguyen, T., & Mental Health America. (2022). *The state of mental health in America 2023. https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf*

[53] Health Resources & Services Administration, Bureau of Health Workforce (BHW), Division of Policy and Shortage Designation (DPSD). (2024, April 23). *Health professional shortage areas - mental health.* https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAMH.pdf

[54] Rural Health Information Hub. (2024, April). *Health professional shortage areas: Mental health, by county, April 2024 - Florida.* https://www.ruralhealthinfo.org/charts/7?state=FL

[55] Pinals, D. A., & Fuller, D. A. (2020). The vital role of a full continuum of psychiatric care beyond beds. *Psychiatric Services*, *71*(7), 713-721. https://doi.org/10.1176/appi.ps.201900516

[56] Mailing lists for Florida licensed behavioral health providers were obtained from the Florida Department of Health in January 2024. Licensure data retrieved from: https://mqa-internet.doh.state.fl.us/downloadnet/Licensure.aspx

[57] Population data from: U.S. Census Bureau. (2022, December). *American Community Survey 2017–2021 5-year data release*. https://www.census.gov/data/developers/data-sets/acs-5year.2021.html

[58] Health Resources and Services Administration. (2023). *Area health resource files.* https://data.hrsa.gov/topics/health-workforce/ahrf

[59] American Medical Association. (2021). *Physician masterfile*.

[60] Tóth, M. D., Ihionvien, S., Leduc, C., Aust, B., Amann, B. L., Cresswell-Smith, J., Reich, H., Cully, G., Sanches, S., Fanaj, N., Qirjako, G., Tsantila, F., Ross, V., Mathieu, S., Pashoja, A. C., Arensman, E., Purebl, G., & MENTUPP Consortium (2023). Evidence for the effectiveness of interventions to reduce mental health related stigma in the workplace: A systematic review. *BMJ Open*, *13*(2), e067126. https://doi.org/10.1136/bmjopen-2022-067126

[61] Griffiths, K.,M., Carron-Arthur, B., Parsons, A., Reid, R. (2014). Effectiveness of programs for reducing the stigma associated with mental disorders. A meta-analysis of randomized controlled trials. *World Psychiatry, 13*(2), 161-175.

[62] American Academy of Child & Adolescent Psychiatry. (June 2012). *Best principles for integration of child psychiatry into the pediatric health home*. https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/best_principles_for_integration_of_child_psychiatry_into_the_pediatric_health_home_2012.pdf

[63] Pence, B. W., O'Donnell, J. K., & Gaynes, B. N. (2012). The depression treatment cascade in primary care: A public health perspective. *Current Psychiatry Reports*, *14*(4), 328–335. https://doi.org/10.1007/s11920-012-0274-y

[64] Centers for Disease Control and Prevention. (2021, February 11). *Suicide mortality by state*. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

[65] Hermann, H., Kieling, C., McGorry, P., Horton, R., Sargent, J., & Patel, V. (2019). Reducing the global burden of depression. *The Lancet*, *393*(10189), e42–e43. https://doi.org/10.1016/S0140-6736(18)32408-5

[66] The US Burden of Disease Collaborators. (2018). The state of US health, 1990-2016: Burden of diseases, injuries, and risk factors among US states. *JAMA*, *319*(14), 1444. https://doi.org/10.1001/jama.2018.0158

[67] Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *The Cochrane Database of Systematic Reviews*, *10*, CD006525. https://doi.org/10.1002/14651858.CD006525.pub2

[68] Carlo, A. D., McNutt, C., & Talebi, H. (2024). Extending the clinical impact of behavioral health prescribing clinicians using the Collaborative Care Model (CoCM). *Journal of General Internal Medicine*. Advance online publication. https://doi.org/10.1007/s11606-024-08649-2

[69] Wolk, C. B., Last, B. S., Livesey, C., Oquendo, M. A., Press, M. J., Mandell, D. S., Ingram, E., Futterer, A. C., Kinkler, G. P., & Oslin, D. W. (2021). Addressing common challenges in the implementation of collaborative care for

mental health: The Penn integrated care program. *Annals of Family Medicine*, *19*(2), 148–156. https://doi.org/10.1370/afm.2651

[70] Jackson-Triche, M. E., Unützer, J., & Wells, K. B. (2020). Achieving mental health equity: Collaborative care. *The Psychiatric Clinics of North America*, *43*(3), 501–510. https://doi.org/10.1016/j.psc.2020.05.008

[71] National Alliance of Healthcare Purchaser Coalitions & HR Policy Association. (2023, August). *Behavioral health vendor engagement template.* https://www.nationalalliancehealth.org/wp-content/uploads/NationalAlliance_VET-Template_LFINAL.pdf

[72] Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-MonographFull-01-2005.pdf

[73] VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences of the United States of America*, *114*(31), 8148–8156. https://doi.org/10.1073/pnas.1702996114

[74] Naakesh Dewan, MD, Vice President of Behavioral Health, Florida Blue. (2024, March 29). Personal communication.

[75] USAFacts. (2021, June 9). *Over one-third of Americans live in areas lacking mental health professionals*. https://usafacts.org/articles/over-one-third-of-americans-live-in-areas-lacking-mental-health-professionals/

[76] Carlo, A. D., McNutt, C., & Talebi, H. (2024). Extending the clinical impact of behavioral health prescribing clinicians using the Collaborative Care Model (CoCM). *Journal of General Internal Medicine*. Advance online publication. https://doi.org/10.1007/s11606-024-08649-2

[77] The Florida Certification Board. (n.d.). *Certified mental health professional – requirements.* https://flcertificationboard.org/wp-content/uploads/CMHP-Requirements-Tables-November-2023.pdf

[78] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593. https://doi.org/10.1001/archpsyc.62.6.593

[79] Wang, P. S., Berglund, P. A., Olfson, M., & Kessler, R. C. (2004). Delays in initial treatment contact after first onset of a mental disorder. *Health Services Research*, *39*(2), 393–415. https://doi.org/10.1111/j.1475-6773.2004.00234.x

[80] Druss, B. G., Mays, R. A., Jr, Edwards, V. J., & Chapman, D. P. (2010). Primary care, public health, and mental health. *Preventing Chronic Disease*, *7*(1), A04. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811499/

[81] Brennan, W., Dolan-Del Vecchio, K., Emmet, W., Goldfarb, S., Lattarulo, C., Mantych, C., Miller, C., Petit, J.R., Pickering, L., Ricci, B., Sakraida, K., Thompson, M., & Train, D. (2016, June). *The working well toolkit*. Workplace Mental Health.

[82] Dillon-Naftolin, E., Margret, C. P., Russell, D., French, W. P., Hilt, R. J., & Sarvet, B. (2017). Implementing integrated care in pediatric mental health: Principles, current models, and future directions. *Focus (American Psychiatric Publishing)*, *15*(3), 249–256. https://doi.org/10.1176/appi.focus.20170013

[83] Health Resources & Services Administration. (2022, September 27). *FY 2022 pediatric mental health care access (PMHCA) awards*. https://mchb.hrsa.gov/programs-impact/programs/pediatric-mental-health-care-access/fy-2022-pediatric-mental-health-care-access-awards

[84] Florida Health. (2023, December 28). *2023 year in review.* https://www.floridahealth.gov/newsroom/2023/12/20231228-2023-year-in-review.pr.html

[85] Massachusetts Department of Mental Health. (2023, May). *Massachusetts Child Psychiatry Access Project (MCPAP) service report FY22 and FY23*. https://www.mass.gov/doc/massachusetts-child-psychiatry-access-project-mcpap-service-report-fy22-and-fy23/download

[86] Texas Child Mental Health Care Consortium. (n.d.). *Biennial report: September 1, 2020–August 31, 2022.* https://tcmhcc.utsystem.edu/wp-content/uploads/2022/12/FINAL-TCMHCC-Report-to-the-LBB-FYS-21-22.pdf

[87] Carlo, A. D., Barnett, B. S., & Unützer, J. (2021). Harnessing collaborative care to meet mental health demands in the era of COVID-19. *JAMA Psychiatry*, *78*(4), 355. https://doi.org/10.1001/jamapsychiatry.2020.3216

[88] Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The Primary Care Behavioral Health (PCBH) model: An overview and operational definition. *Journal of Clinical Psychology In Medical Settings*, *25*(2), 109–126. https://doi.org/10.1007/s10880-017-9531-x

[89] America Psychiatric Association. (n.d.). *Getting paid in the collaborative care model.* https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/get-paid

[90] Meadows Mental Health Policy Institute. (2023, June). *Collaborative care implementation: Costs across 10 United States health systems.* https://mmhpi.org/wp-content/uploads/2023/04/COCM_Costs_Across_Ten_US_Health_Systems.pdf

[91] Meadows Mental Health Policy Institute & The Commonwealth Fund. (2023). *Improving behavioral health care for youth through collaborative care expansion.* https://mmhpi.org/wp-content/uploads/2023/05/Improving-Behavioral-Health-Care-for-Youth_CoCM-Expansion.pdf

[92] Meadows Mental Health Policy Institute. (June 2023). *Collaborative care implementation: Costs across 10 United States health systems*. https://mmhpi.org/wp-content/uploads/2023/04/COCM_Costs_Across_Ten_US_Health_Systems.pdf

[93] Meadows Mental Health Policy Institute. (2018, November 1). *Mental and behavioral health roadmap and toolkit for schools*. https://mmhpi.org/wp-content/uploads/2019/10/RoadmapAndToolkitForSchools.pdf

[94] Lever, N., Stephan, S., Castle, M., Bernstein, L., Connors, E., Sharma, R., & Blizzard, A. (2015). *Community-partnered school behavioral health: State of the field in Maryland*. Center for School Mental Health. http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/Resources/Briefs/FINALCP.SBHReport3.5.15_2.pdf

[95] Hoover, S., Bracey, J., Lever, N., Lang, J., & Vanderploeg, J. (2018). *Healthy students and thriving schools: A comprehensive approach for addressing students' trauma and mental health needs*. Child Health and Development Institute of Connecticut. https://www.chdi.org/index.php/publications/reports/impact-reports/health-students-and-thriving-schools

[96] U.S. Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

[97] Hazel Health. (n.d.). *See if Hazel is available in your school.* https://www.hazel.co/get-hazel

[98] Agency for Health Care Administration. (n.d.). *State plan amendment (SPA) #: 16-0031*. https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/FL/FL-16-031.pdf

[99] Texas Child Mental Health Care Consortium. (n.d.). *Texas Child Health Access Through Telemedicine (TCHATT)*. https://tcmhcc.utsystem.edu/tchatt/

[100] American Academy of Child & Adolescent Psychiatry. (n.d.). *Workforce maps by state.* https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

[101] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder. (2019). *Medications for opioid use disorder save lives*. National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK538936/

[102] Ma, J., Bao, Y.-P., Wang, R.-J., Su, M.-F., Liu, M.-X., Li, J.-Q., Degenhardt, L., Farrell, M., Blow, F. C., Ilgen, M., Shi, J., & Lu, L. (2019). Effects of medication-assisted treatment on mortality among opioids users: A systematic review and meta-analysis. *Molecular Psychiatry, 24*(12), 1868–1883. https://doi.org/10.1038/s41380-018-0094-5

[103] Substance Abuse and Mental Health Services Administration. (2024). *Waiver Elimination (MAT Act)*. https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20(OUD)

[104] Andrilla, C. H. A., Moore, T. E., Patterson, D. G., & Larson, E. H. (2019). Geographic distribution of providers with a DEA waiver to prescribe buprenorphine for the treatment of opioid use disorder: A 5-year update. *The Journal of Rural Health, 35*(1), 108–112. https://doi.org/10.1111/jrh.12307

[105] Rosenblatt, R. A., Andrilla, C. H. A., Catlin, M., & Larson, E. H. (2015). Geographic and specialty distribution of US physicians trained to treat opioid use disorder. *The Annals of Family Medicine*, *13*(1), 23–26. https://www.annfammed.org/content/annalsfm/13/1/23.full.pdf

[106] Davidson, C., Bansal, C., & Hartley, S. (2019). *Opportunities to increase screening and treatment of opioid use disorder among healthcare professionals*. Shatterproof, GE Foundation, & Rize Massachusetts. https://rizema.org/wp-content/uploads/2019/07/GE-Rize-Shatterproof-White-Paper-Final.pdf

[107] Korthuis, P. T., McCarty, D., Weimer, M., Bougatsos, C., Blazina, I., Zakher, B., Grusing, S., Devine, B., & Chou, R. (2017). Primary care-based models for the treatment of opioid use disorder: A scoping review. *Annals of Internal Medicine*, *166*(4), 268–278. https://doi.org/10.7326/m16-2149

[108] Be Well Texas. (n.d.). *Addiction treatment and recovery services anywhere in Texas*. https://bewelltexas.org

[109] U.S. Department of Health and Human Services. (n.d.). *Tracking accountability in government grants systems (TAGGS).* Retrieved, April 11, 2024, from: https://taggs.hhs.gov

[110] Substance Abuse and Mental Health Services Administration. *Making one year of the bipartisan Safer Communities Act.* (n.d.) https://www.samhsa.gov/blog/marking-one-year-bipartisan-safer-communities-act

[111] Substance Abuse and Mental Health Services Administration. *Certified community behavioral health clinic (CCBHC).* (2023) https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf

[112] National Council on Mental Wellbeing. (2022). *Impact report: Expanding access to comprehensive, integrated mental health & substance use care*. https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/

[113] Becker, C. (2022, July 7). *The value of Certified Community Behavioral Health Clinics*. National Conference of State Legislatures. https://www.ncsl.org/state-legislatures-news/details/the-value-of-certified-community-behavioral-health-clinics

[114] The Joint Commission. (2023). *Coordinated, comprehensive, critical - A new way of delivering care*. https://www.jointcommission.org/-/media/tjc/documents/accred-and-cert/bhc/bhc_ccbhc_whitepaper_final.pdf

[115] The Oregon Health Authority. (2023, January 26). *Evaluation of the Oregon CCBHC program.* https://www.oregon.gov/oha/HSD/BHP/Documents/CCBHC-Evaluation-Final-Report.docx

[116] Agency for Health Care Administration. (n.d.). *Certified Community Behavioral Health Clinics: Florida implementation plan*. https://ahca.myflorida.com/content/download/23169/file/CCBHC.Implementation.Plan_FINAL.pdf

[117] Commission of Mental Health and Substance Use Disorder. (2024, January 1). *Annual interim report*. https://www.myflfamilies.com/sites/default/files/2024-01/Commission%20on%20Mental%20Health%20Substance%20Abuse%20Interim%20Report%201.1.2024.pdf

[118] Florida Hospital Association. (2023, August 15). *Presentation to the Commission on Mental Health and Substance Use Disorder.*

[119] Florida Hospital Association. (2023, August 15). *Presentation to the Commission on mental health and substance use disorder.*

[120] Florida Commission on Mental Health and Substance Use Disorder. (2024). *Annual interim report*. https://www.myflfamilies.com/sites/default/files/2024-01/Commission%20on%20Mental%20Health%20Substance%20Abuse%20Interim%20Report%201.1.2024.pdf (MRT data are from page 20 and the reduction in Baker Act use data are on page 16.)

[121] Substance Abuse and Mental Health Services Administration. (2020). *National guidelines for behavioral health crisis care – a best practice toolkit.* https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

[122] U.S. Surgeon General. (2021). *Protecting youth mental health: The U.S. Surgeon General's advisory*. https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

[123] Meadows Mental Health Policy Institute. (2020). *Mental illness and violence: current knowledge and best practices – February 2020* https://mmhpi.org/wp-content/uploads/2020/09/MentalIllnessViolence.pdf

[124] U.S Department of Homeland Security. (2019). *Protecting America's schools: A U.S. Secret Service analysis of targeted school violence.* https://www.secretservice.gov/sites/default/files/2020-04/Protecting_Americas_Schools.pdf

[125] Care, E. C. (n.d.). Licensed child welfare and juvenile justice organizations | MST services. https://www.mstservices.com/licensed-organizations

[126] Sunshine Health. (n.d.). *In lieu of services resource guide.* https://www.sunshinehealth.com/providers/Behavioral-health/in-lieu-of-services-resource-guide.html

[127] Huey, S. J., Jr., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology, 68*(3), 451–467. https://doi.org/10.1037/0022-006X.68.3.451

[128] Huey, S. J., Jr, Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C. A., Cunningham, P. B., Pickrel, S. G., & Edwards, J. (2004). Multisystemic therapy effects on attempted suicide by youths presenting psychiatric emergencies. *Journal of the American Academy of Child and Adolescent Psychiatry*, *43*(2), 183–190.

[129] MST Services. (n.d.). *MST State Success Story Guide*. https://info.mstservices.com/mst_state_success_story_guide

[130] Nielssen, O., & Large, M. (2010). Rates of homicide during the first episode of psychosis and after treatment: A systematic review and meta-analysis. *Schizophrenia Bulletin, 36*(4), 702–712.

[131] Randall, J. R., Chateau, D., Smith, M., Taylor, C., Bolton, J., Katz, L., Nickel, N. C., Enns, J., Brownell, M., & PATHS Equity Team. (2016). An early intervention for psychosis and its effect on criminal accusations and suicidal behavior using a matched-cohort design. *Schizophrenia Research*, *176*(2–3), 307–311. https://doi.org/10.1016/j.schres.2016.05.021

[132] Meadows Mental Health Policy Institute. (2022, June 2). *Coordinated specialty care.* https://mmhpi.org/topics/policy-research/coordinated-specialty-care/

[133] Florida Department of Children and Families, Substance Abuse and Mental Health. (2022). *Managing entity & Coordinated Specialty Care (CSC) for early psychosis.* https://www.myflfamilies.com/sites/default/files/2022-12/CSC.pdf

[134] Florida Department of Veterans' Affairs. (n.d.). *Connecting veterans to federal and state benefits they have earned.* https://www.floridavets.org/our-veterans/

[135] Ramchand, R. (2021). *Suicide among veterans: Veterans' issues in focus.* RAND. https://www.rand.org/pubs/perspectives/PEA1363-1.html

[136] Florida Department of Veterans' Affairs. (n.d.). *Connecting veterans to federal and state benefits they have earned.* https://www.floridavets.org/our-veterans/

[137] Heyman, M., Dill, J., & Douglas, R. (2018). *The Ruderman white paper on mental health and suicide of first responders*. Ruderman Family Foundation. https://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/TrainingDocs/First%20Responder%20White%20Paper_Final%20(2).pdf

[138] Vigil, N. H., Grant, A. R., Perez, O., Blust, R. N., Chikani, V., Vadeboncoeur, T. F., Spaite, D. W., & Bobrow, B. J. (2019). Death by suicide—The EMS profession compared to the general public. *Prehospital Emergency Care*, *23*(3), 340–345.https://doi.org/10.1080/10903127.2018.1514090

[139] Florida Department of Children and Families, Office of Substance Abuse and Mental Health, Office of Suicide Prevention. *First responder suicide deterrence task force 2023 annual report*. https://sprc.org/wp-content/uploads/2022/08/2023-First-Responder-Suicide-Deterrence-Task-Force-Report.pdf

[140] Florida Department of Children and Families, Office of Substance Abuse and Mental Health, Office of Suicide Prevention. *First responder suicide deterrence task force 2023 annual report*. https://sprc.org/wp-content/uploads/2022/08/2023-First-Responder-Suicide-Deterrence-Task-Force-Report.pdf

[141] Northwestern – The Family Institute. (2022, November 29). *Addressing suicide among first responders: How colleagues, friends, and family can help.* https://counseling.northwestern.edu/blog/first-responders-suicide-help/

[142] Office of Governor Ron DeSantis. (2021, December 3). *First Lady Casey DeSantis announces $12 million to expand peer-to-peer mental health services for first responders.* https://www.flgov.com/2021/12/03/first-lady-casey-desantis-announces-12-million-to-expand-peer-to-peer-mental-health-services-for-first-responders/

[143] Florida Department of Children and Families, Office of Substance Abuse and Mental Health, Office of Suicide Prevention. *First responder suicide deterrence task force 2023 annual report*. https://sprc.org/wp-content/uploads/2022/08/2023-First-Responder-Suicide-Deterrence-Task-Force-Report.pdf

To learn more or to get involved with the Florida Chamber Health Council's efforts to make Florida the healthiest state in the nation, visit flchamberhealth.com.