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**Triennial Master Plan
Annual Update
Delivery of Substance Abuse and
Mental Health Services
2025**



Florida Department of Children and Families

Office of Substance Abuse and Mental Health

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Introduction

The Florida Department of Children and Families

The mission of the Florida Department of Children and Families (Department) is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery. Guided by a commitment to integrity, accountability, collaboration, and excellence, the Department's vision is to empower Floridians with opportunities that support and strengthen resiliency and wellbeing.

Section 394.75, Florida Statutes (F.S.), requires the Department to prepare a state master plan every three years on the behavioral health system of care. The Department's master plan was submitted in Fiscal Year (FY) 2022-23. Annually, the Department is required to submit a plan update to the President of the Senate and the Speaker of the House of Representatives by January 1 of each year. This report submission serves as the Department's annual update to the master plan for FY 2024-25.

The Office of Substance Abuse and Mental Health

The Department's Office of Substance Abuse and Mental Health (SAMH) is recognized as the single state authority for substance abuse and mental health services. SAMH is statutorily responsible for the planning and administration of all publicly funded substance abuse and mental health services. The Department accomplishes its statutory mandates by collaborating with state and local agencies, behavioral health providers, and other key stakeholders to ensure quality service delivery for individuals experiencing mental health and substance use conditions. In addition, the Department contracts with seven Managing Entities, across six Florida regions to ensure that uninsured and under insured Floridians can access needed behavioral health services.

The Office of Recovery was established within SAMH in 2023, through a recurring appropriation from the Opioid Settlement Trust Fund. The Office of Recovery administers opioid settlement funds for treatment and recovery support services, analyzes opioid-related trends and conditions, evaluates the impact of opioid abatement activities, and provides analytic support to the Statewide Council on Opioid Abatement. Comprised of research analysts, epidemiologists, clinical and recovery support consultants, and contract managers, among others, the Office of Recovery oversees the opioid settlement-funded initiatives described in this report, ensuring that core strategies are implemented effectively and aligned with Florida's comprehensive opioid response framework.

The evolving nature of the opioid epidemic also underscores the need for enhanced surveillance and ongoing evaluation of the effectiveness of various abatement activities. Office of Recovery staff also oversee a partnership with experts to build evaluative and

predictive models of opioid use disorder and overdoses, and to conduct applied research related to opioid abatement activities.

Improving Access to Behavioral Health Services

According to the most recently published Florida-specific estimates from the 2022-23 National Survey on Drug Use and Health (NSDUH), approximately 301,000 youth ages 12 to 17 in Florida had a major depressive episode in the past year, and 141,000 youth had a substance use disorder in the past year. Approximately 957,000 adults in Florida had a serious mental illness in the past year, and 2.9 million adults had a substance use disorder in the past year. Roughly 442,000 adults in Florida had a co-occurring substance use disorder and serious mental illnesses.

In FY 2024-25, the Department served 35,193 children and 149,201 adults in community mental health programs, and 13,215 children and 71,576 adults in community substance abuse programs. Most individuals are served by the Department within the community substance abuse and mental health service setting and are generally uninsured or underinsured adults, followed by treatment in state mental health treatment facilities, and residential treatment settings. Funding to support the behavioral health services for these populations is derived from:

- State general revenue.
- Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) Block Grants.
- Opioid Settlement Trust Fund.
- Discretionary grants.

Prevention Programs

The Department continues to prioritize prevention throughout the system of care by promoting intervention at the earliest possible moment, focusing on resiliency and wellbeing, and reducing behavioral health crisis. In addition to school based primary substance use prevention programs, the Department has a specific focus on suicide prevention and overdose prevention.

Primary Prevention and Media Campaigns

First Lady Casey DeSantis' *The Facts. Your Future.* is Florida's statewide prevention initiative that empowers youth to make informed, healthy choices, and avoid the dangers of substance use. The program educates about the harms of substance use, including fentanyl, opioids, marijuana, alcohol, and vaping, through a standardized curriculum, school assemblies, and parent and community toolkits. The curriculum centers on three pillars:

1. Knowing the facts and understanding risks;
2. Building coping skills; and
3. Fostering healthy relationships.

Lessons are available online for educators, with printed copies distributed to all 67 school districts in November 2024. TheFactsYourFuture.org offers downloadable toolkits, videos, and fact sheets for educators, parents, and community leaders.

To facilitate a collaborative and active approach to engage the community, the Department awarded grants to five projects through a Request for Applications (RFA) process in April 2025, using opioid settlement funds that will span 50 counties and implement school-based interventions, peer mentorship opportunities, parental engagement initiatives, and public awareness campaigns. Contracts were executed with the prevention providers in May 2025.

Since March 2022, over 133 student assemblies have reached more than 61,000 students. The impact is being gauged through a new item added to the Florida Youth Substance Abuse Survey, assessing awareness of *The Facts. Your Future.* prevention campaign. In 2025, about 28 percent of middle and high school students report having seen or heard of *The Facts. Your Future.* This will continue to be tracked for an ongoing evaluation of its effectiveness.

Suicide Prevention

In 2023, 3,558 individuals were lost to suicide statewide with an age-adjusted suicide rate of 14.1 per 100,000 individuals. During 2023, Florida experienced a decrease in suicide deaths among individuals aged 15 to 24. To increase collaboration between state agencies and stakeholders, the Department's Statewide Office of Suicide Prevention facilitates the Suicide Prevention Coordinating Council to oversee the Florida Suicide Prevention Strategic Plan. The Strategic Plan guides suicide prevention efforts throughout the state, with a focus on the priority areas of awareness, prevention, intervention, and caring follow-up and support, incorporating strategies that can be replicated and implemented by communities and organizations across Florida.

988 Florida Lifeline

The 988 Florida Lifeline connects individuals experiencing suicidal, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. 988 is identified in section 394.4573, F.S., as an essential element of the state's coordinated system of care. In addition to thoughts of suicide, people frequently call 988 if they are feeling overwhelmed with anxiety, substance use, depression, loneliness, hopelessness, economic worries, on another person's behalf, or just need someone to talk to them.

The Lifeline provides confidential, caring support to anyone experiencing emotional distress or crisis twenty-four seven. It provides a universal entry point to a modernized crisis response system that begins when an individual dials 988 and has their call answered by a 988 crisis counselor. Crisis counselors are required to complete an extensive training program and are equipped with specialized skills and knowledge to de-escalate and, if needed, link callers to community-based providers who can deliver a full range of crisis care services.

In cases where a caller cannot be de-escalated, a warm hand-off is provided to a local Mobile Response Team (MRT) – this is the outcome for less than 3 percent of Florida Lifeline calls. In situations where an individual needs short-term stabilization, the MRT will facilitate the transition to a designated receiving facility or a Crisis Stabilization Unit (CSU). In FY 2024-25, about 1.2 percent of calls resulted in emergency rescue, and approximately half of those rescues occurred with the explicit consent of the caller.

In FY 2024-25, the 988 Florida Lifeline:

- Answered 144,981 calls from individuals experiencing suicidal, substance use, and/or emotional distress; a 20 percent increase compared to FY 2023-24 (120,318 calls answered).
- Reported a 96 percent diversion rate, or crisis calls that did not require an in-person response after telephonic support.
- Referred 64,519 callers to non-acute behavioral health services.
- Facilitated a warm hand-off to MRT in cases when a call could not be de-escalated over the phone, which occurred for 2.9 percent of calls.
- Answered 1,374 calls that included a suicide attempt in progress, with zero resulting in a death by suicide while on the phone with a 988 crisis counselor. Meaning, that every individual that reached out to 988 with an active suicide reached the next phase of care alive.

Overdose Prevention Program

This statewide program is designed to support the reduction of opioid overdose deaths and increased access to emergency medications for opioid overdose reversal also known as opioid antagonist products.

During FY 2024-25, 121 new entities enrolled in the program, bringing the statewide total of distributors to 637 organizations. Entities engaging with the program include substance use disorder and mental health treatment providers, opioid treatment programs, recovery community organizations, emergency departments, federally qualified health centers, homeless shelters, and other community-based organizations that provide easy access to emergency opioid antagonist products.

During FY 2024-25, the emergency opioid antagonist distribution program distributed 817,709 kits, resulting in a reported 12,279 overdose reversals. However, as many reversals are unreported, the true impact is likely greater. The Department increased training opportunities on overdose recognition and response which resulted in 21,108 individuals attending statewide.

Opioid Overdose Prevention Awareness Campaign

The ISAVEFL program is focused on increasing awareness and availability of emergency opioid antagonist products and provides information about accessing the medication across the state. The targeted audience includes individuals at risk of opioid overdose, inclusive of friends and family. The Department broadened material content to include language focused on increasing the awareness of the risks of opioid misuse

and primary prevention education among young adults, parents, and caregivers. The ISAVEFL website, www.isavefl.com, has an emergency opioid antagonist product locator to assist individuals in finding providers and local resources.

Community-Based Treatment and Early Intervention Programs

SAMH remains committed to strengthening Florida's behavioral health system through targeted investments in treatment and recovery support services. Priority areas identified across the state reflect the need to expand access to behavioral health services, improve care coordination, increase housing supports, and enhance forensic and jail-diversion initiatives.

A central focus is the continued expansion of community-based programs such as Community Action Treatment (CAT) teams, Family Intensive Treatment (FIT) teams, Florida Assertive Community Treatment (FACT) teams, Mobile Response Teams (MRTs) and Coordinated Specialty Care (CSC) programs, while continuing to strengthen the behavioral health system through a "no wrong door" approach and enhanced collaboration among stakeholders.

Main goals and key objectives include improving prevention services, expanding access to care, enhancing substance use treatment, increasing housing supports, and strengthening both outpatient and residential options. By connecting individuals to the right services at the right time, SAMH aims to reduce the need for higher levels of intervention, shorten wait times, and achieve better outcomes for the communities served.

The implementation of crisis services, such as MRTs and the 988 Florida Lifeline, to increase access to early interventions for individuals experiencing emotional distress, including suicidal thoughts, has contributed to a 22 percent decrease in involuntary Baker Act examinations from 202,598 in 2019 to 158,846 in FY 2024-25, demonstrating the importance of an approach that fosters team-based models, navigation, and cross-sector collaboration.

Community Action Treatment Teams

The Community Action Treatment (CAT) teams' services are one of the most intensive and uniquely designed community-based services available to families in Florida, with a focus on serving youth and young adults ages 11 to 21, in their homes and providing wraparound family supports for stabilization. The CAT teams under contract with behavioral health Managing Entities conduct any combination of services and supports including case management, crisis intervention, counseling, psychiatric services, tutoring, and parental supports.

CAT teams have demonstrated improved outcomes by helping youth remain at home and in the community, delivering individualized treatment and supports, supporting successful transitions to adulthood, and fostering natural community connections to sustain treatment gains. In FY 2024-25, a total of 69 CAT teams statewide served 3,104

individuals, resulting in 86 percent of providers meeting targets for improved family functioning.

Family First Prevention Services Act Teams

The Department funds evidence-based teaming models utilizing state general revenue appropriated by the Legislature to support the Family First Prevention Services Act (FFPSA) goal of keeping children safely in their homes and preventing unnecessary removal, through the provision of timely, supportive family services. FFPSA teams implement evidence-based practices approved by the federal Title IV-E Clearinghouse and tailor services to meet each family's unique needs.

These programs use a strengths-based approach that serves as the foundation for all clinical interventions, focusing on enhanced family functioning, safety, and stability. During FY 2024-25, funding was dedicated to establish nine FFPSA teams utilizing in-home family therapy models; one team was fully implemented during the fiscal year and the Department continues to monitor progress toward full implementation of all funded teams.

In-home family therapy services delivered through FFPSA teams utilize one of the following evidence-based practices:

- Homebuilders
- Family Functional Therapy (FFT)
- Multisystemic Therapy (MST)
- Parent-Child Interaction Therapy (PCIT)

Mobile Response Teams

Mobile Response Teams (MRT) provide immediate onsite crisis services to individuals of all ages statewide. These teams are available twenty-four hours a day, seven days a week to provide behavioral health crisis services at minimum to individuals experiencing an emotional disturbance; a mental health or emotional crisis; an escalating emotional or behavioral health reaction(s) and symptom(s) that impacts their ability to function typically within their family, living situation or community environment; are served by the child welfare system; and those who are experiencing or are at high risk of placement instability.

MRTs encompass an array of crisis interventions to include evaluation and assessment; development of safety plans; stabilization services; supportive crisis counseling; psychoeducation; coping skills; and the facilitation of a warm handoff for up to 72 hours by actively connecting individuals to identified needed services and providers within their community. During FY 2024-25, MRTs received more than 34,609 calls to support individuals in crisis and maintained a 78 percent diversion rate from inpatient facilities, emergency room visits, and incarceration.

Family Intensive Treatment Teams

The Family Intensive Treatment (FIT) teams' services are designed to provide intensive community-based services to families with parental or caregiver substance misuse involved with the child welfare system. An important component of the model is the cross-system collaboration between the child welfare, judicial, and behavioral health systems. For FY 2024-25, there were a total of 28 FIT teams statewide that served 1,738 individuals. While receiving FIT services, 79 percent of families remained intact. These results reflect significant progress toward family stability and long-term safety.

Family Well-Being Treatment Teams

Family Well-Being Treatment teams provide community-based services and support to families with child welfare involvement and concerns for parental mental health, substance use, or co-occurring disorders that are unmanaged or undiagnosed. Family Well-being Treatment teams deliver early identification and coordination of services and enhanced support coordination to families through navigation of the child welfare and treatment processes. For FY 2024-25, there were a total of six Family Well-Being Treatment teams that served 362 individuals.

Coordinated Specialty Care Teams for First Episodes of Psychosis

Coordinated Specialty Care (CSC) for First Episodes of Psychosis (FEP), is a multi-disciplinary, evidence-based model designed to provide early intervention services to adolescents and young adults, typically ages 15 to 35, who are experiencing their first symptoms of serious mental illness with psychotic features. CSC programs play a critical role in bridging child and adult mental health systems and eliminating gaps in care.

Referrals are most often made by hospitals, care coordinators, and mobile response teams, ensuring timely access to services. CSC provides comprehensive, person-centered supports including intensive case management, individual and group therapy, supported employment, family education and support, and appropriate psychotropic medication.

Florida currently funds 15 CSC teams. By reducing the duration of untreated illness, CSC significantly improves recovery outcomes, decreases reliance on crisis services, and prevents costly long-term residential placements. In FY 2024-25, a total of 763 individuals were served across the 15 teams and had a statewide performance indicator of 91 percent increased level of functioning or reduction of symptom severity from initial baseline assessment to subsequent assessment.

Florida Assertive Community Treatment Teams

The Florida Assertive Community Treatment teams (FACT) serve adult individuals with serious mental illness with the goal of preventing recurrent hospitalization and incarceration, as well as improving community involvement and quality of life for the individual. FACT teams serve as a step-down from inpatient settings, including State Mental Health Treatment Facilities. FACT teams primarily provide services to individuals

where they live, work, or in other preferred settings, and are available 24 hours a day, seven days a week. For FY 2024-25, a total of 39 FACT teams served 4,163 individuals statewide. A total of 98 percent of individuals served maintained stable housing, with 45 percent of individuals continuing to live independently.

Intermediate Level FACT

Intermediate Level FACT (FACT-IL) is a clinical case management model that offers psychiatric services, wellness management, and recovery support for adults diagnosed with serious mental illness. FACT-IL promotes continuity of care and ease of service access for individuals discharged from crisis stabilization units until a full transition to community-based care can safely occur. FACT-IL services are a multidisciplinary approach to mental health intervention necessary to assist participants in achieving and maintaining rehabilitative, resiliency, and recovery goals. For FY 2024-25, there were a total of four FACT-IL teams statewide that served 413 individuals.

Forensic Multidisciplinary Teams

Forensic Multidisciplinary Teams (FMTs) are a comprehensive approach to diverting individuals from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs by providing community-based services and supports. The FMTs serve individuals in the pre- and post-adjudicatory phases, and are available twenty-four hours a day, seven days a week. In FY 2024-25, there were a total of 15 FMTs statewide that served 700 individuals.

Care Coordination

Care Coordination provides additional assistance to adults or youth with accessing available services and resources within communities. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems.

For FY 2024-25, Care Coordination served 5,402 individuals including 189 families involved in the child welfare system with behavioral health needs, and 848 youth who are at risk of re-entry to crisis stabilization services, demonstrate repeated readmissions to crisis stabilization services, or are on the waitlist for services by a CAT team. In FY 2024-25, Care Coordination diverted 93 percent of individuals served from needing additional crisis stabilization services.

Bridge Programs

A bridge program connects individuals living with an Opioid Use Disorder (OUD) to life-saving medication assisted treatments during critical moments in hospital and jail settings, bridging individuals with a Substance Use Disorder (SUD) or OUD to peer supports and community treatment providers.

A Hospital Bridge Program is a partnership between a hospital emergency department and a Managing Entity network service provider to ensure access to buprenorphine for treatment of opioid use disorders. Statewide, during FY 2024-25, there were 52 participating hospitals in Hospital Bridge Programs which screened 15,822 individuals,

841 individuals were inducted on life-saving medication assisted treatment, and 4,579 individuals were enrolled in services.

A Jail Bridge Program is a partnership between the Department in collaboration with Florida Sheriffs Association which aims to reduce the impact of substance use throughout the state through implementation of administering life-saving medication assisted treatment services in local jails. The goal of this initiative is to reduce relapse, recidivism, and contribute to continuity of care for incarcerated individuals.

Jail Bridge Programs aim at early identification of high-risk inmates or individuals who were enrolled in medication assisted treatment services when they were booked into the jail, thus contributing to continuation of services, while also identifying new clients who may be appropriate for medication assisted treatment services.

During FY 2024-25, 24 jails participated in the program. Across these facilities, 2,405 individuals were screened, 630 were inducted on life-saving medications, and 1,041 were enrolled in community-based treatment and recovery support services upon release from jail or prison.

Recovery Community Organizations

Recovery Community Organizations (RCOs) are nonprofits created and led by individuals in recovery from substance use disorders, along with their families and allies. The purpose of an RCO is to support long-term recovery by offering peer-based services, advocacy, and education. Unlike clinical treatment, RCOs are rooted in the community and emphasize lived experience as a foundation for support. Managing Entities contract with local RCOs to provide direct recovery support services within communities. During FY 2024–25, Florida expanded its recovery support infrastructure with the establishment of three additional RCOs, increasing the statewide total to 28.

Recovery Housing

Recovery Housing provides safe, stable, and supportive living environments for adults with substance use disorders (SUD), including individuals with opioid use disorder (OUD) who are homeless, at risk of homelessness, or in remission.

For FY 2024-25 the Department allocated 5 million in non-reoccurring dollars to the Managing Entities. Additionally, a Request for Applications was released and 5 contracts totaling \$3,950,348 will be executed in FY 2025-26. The intent is to support flexible rental assistance programs that house individuals with SUD, in ways that support entry into care if needed, prevent relapses, and bolster recovery. Use of funds range from expanding recovery houses, rental assistance, and housing supports.

The Oxford House Model is a type of recovery residence and is recognized as an evidence-based practice that cultivates leadership development and self-efficacy. Residents demonstrate measurable improvements in recovery outcomes, employment earnings, and reduced rates of incarceration. These recovery residences offer self-supported, peer-led housing environments for individuals on medication-assisted

treatment, with access to 24-hour peer support. Oxford Houses provide drug- and alcohol-free shared living spaces for individuals recovering from substance use disorders, fostering mutual support and accountability.

In FY 2024–25, \$4.2 million in allocated funding was directed toward expanding Oxford Houses across Florida. Over FY 2024-25, Oxford House added 67 new residences statewide, bringing the total to 265 houses and 2,300 beds for men and women, including accommodations for individuals with children. In total, 5,975 individuals were served through Oxford House programs during FY 2024–25.

Peer-to-Peer for First Responders

In partnership with First Lady Casey DeSantis, the Department invested over \$22 million to support Florida's First Responders. In FY 2024-25, the Department expanded peer-to-peer mental health services available for First Responders, families, retirees, and cadets, to bolster existing prevention and intervention services.

Services connect First Responders and their families with peers trained in offering information and supportive counseling. During FY 2024-25, there were over 14,000 individuals served, over 966,000 program contacts dedicated to providing peer support, and over 77 million views of public awareness messaging.

State Opioid Response (SOR) Grant

Since 2018, the Department has received federal funding through the State Opioid Response (SOR) grant. SOR-IV, the current project period, started September 30, 2024, and will end on September 29, 2027. The SOR grant supports a comprehensive range of services aimed at preventing substance misuse, treating opioid and stimulant use disorders, and promoting long-term recovery. Funded initiatives include medication-assisted treatment, individual and group therapy, evidence-based prevention strategies, and essential recovery supports such as housing assistance, employment services, transportation, and peer mentoring.

Individuals Served Through State Opioid Response (SOR) grant in FY 2024-2025		
Treatment and Recovery Support Services	Prevention	Media Impressions
24,800	77,701	21,281,072

In addition to support the hospital bridge programs and recovery housing initiatives described above, the SOR grant also funds Behavioral Health Consultants. These licensed or master's-level clinicians are co-located with child welfare staff and provide direct support to investigative staff and dependency case managers. Their role includes helping staff understand the impact of parental or caregiver behavioral health conditions, recognize the signs and symptoms of opioid use disorder, and apply best practices for engagement and treatment.

In FY 2024-25, Behavioral Health Consultants supported 14,263 child protective investigation cases, including 8,778 cases involving children aged five or younger.

Opioid Abatement Highlights

Treatment and Recovery Support Services

Individuals that misuse opioids or have an Opioid Use Disorder (OUD) after being exposed to addiction through the overprescribing of pharmaceutical opioids, need holistic, integrated care that addresses other co-occurring substance use disorders, mental health disorders, and other health problems, all of which can be funded by the opioid settlement.

Services funded by the opioid settlement should be evidence-based, individualized, recovery-oriented, trauma-informed, and culturally competent. The first-line clinical standard of care for OUD is treatment with agonist medications, such as methadone or buprenorphine, including long-acting injectable formulations.

The comprehensive range of services provided to Floridians includes, but is not limited to, assessments, case management, outpatient counseling, and medications for opioid use disorder (OUD). As of September 2025, a total of 6,242 unique individuals were served during FY 2024-25. Of these individuals, 2,500 (40 percent) had an opioid-related diagnosis.

During FY 2024-25, 1,039 individuals, representing 42 percent of those diagnosed with OUD, were initiated on medications for OUD. The vast majority of these patients (953) received methadone. In addition, 771 individuals received case management and evaluation services.

Vulnerable specialty populations were also served, including 338 individuals with co-occurring mental health diagnoses, demonstrating expanded access to integrated care.

The Department is expanding access to opioid settlement-funded treatment and recovery support services through mobile and on-demand delivery models that provide rapid, flexible care, particularly for individuals who are homeless or living in hard-to-reach rural areas. Mobile services are being implemented across 10 counties through contracts with five different providers, with a target of serving approximately 1,000 individuals annually statewide.

The Department also budgeted opioid settlement funds to divert individuals from jail or prison into treatment and recovery services, providing evidence-based care and comprehensive wraparound supports aimed at reducing recidivism, improving behavioral health outcomes, and integrating participants into a Recovery-Oriented System of Care. Court diversion services were implemented over a three-year period (from FY 2024-25 to FY 2027-28) and operate in 13 counties, serving approximately 3,030 individuals.

Opioid settlement funds are also expanding the availability of services in local jails to reduce relapse, recidivism, and overdose risk among incarcerated individuals. The program provides early intervention for high-risk inmates, including those who were receiving medications for OUD prior to incarceration, ensuring continuity of care and

linkage to community-based services upon release. The Department competitively procured three providers for these jail-based services that are covering 10 different Florida counties.

Coordinated Opioid Recovery (CORE) Network

CORE Networks expand existing state-supported coordinated systems of addiction care for individuals suffering from substance use disorder, focusing on individuals with an OUD. CORE Networks are comprised of a multi-tiered approach that includes rescue response, emergency department stabilization, and long-term treatment at receiving clinics/long-term medication assisted treatment provider). CORE Networks disrupt the revolving door of addiction and overdose by providing primary care and peer navigators within the emergency department and immediately connecting individuals to sustainable treatment. As of FY 2025-26, all 67 counties will have launched or be actively onboarding a CORE Network, marking full statewide implementation.

In FY 2024-25, preliminary data shows that CORE receiving clinics or treatment centers served 74,795 individuals with an SUD, of which 28,470 had an OUD. Of the 28,470 individuals served with an OUD, 17,555 have received medication assisted treatment.

The CORE Networks decided to integrate law enforcement to strengthen community engagement and expand access to care in FY 2024-25. Through public outreach, law enforcement officers promote CORE services, build trust, and raise awareness of available supports. As first responders, they play a pivotal role in connecting individuals in crisis to treatment pathways, prioritizing recovery over incarceration.

Specialized Training in Graduate Medical Education

A well-trained and responsive behavioral health workforce is a critical component in addressing the complexities of the opioid epidemic. The Department continues to strengthen the capacity and expertise of professionals across the behavioral health continuum by expanding training opportunities in psychiatry, pain management, addiction medicine, and related disciplines essential to the treatment of individuals with OUD, co-occurring substance use disorders, and mental health conditions.

To support this effort, the Department prioritized the expansion of Graduate Medical Education residency programs focused on the management of OUD, SUD, and co-occurring disorders. This initiative aims to build a sustainable and specialized clinical workforce by creating new educational opportunities in key fields such as addiction medicine, addiction psychiatry, and pain medicine. The Department is advancing this program to address Florida's growing demand for qualified medical professionals.

Through this collaboration, the Department is fostering long-term workforce sustainability within the state's behavioral health system. In November 2024, the Department awarded funding to three providers for 11 residency slots and plans to fund eight additional slots planned in the latter half of FY 2025-26.

State Mental Health Treatment Facilities

Since 1876, Florida's public facilities have delivered intensive inpatient mental health care to individuals with serious mental illnesses. These conditions include schizophrenia, personality disorder, bipolar disorder, and severe depression.

The State Mental Health Treatment Facility (SMHTF) system is comprised of six facilities with 3,046 inpatient beds. Although these six facilities operate as one cohesive system, three are operated by the Department, comprising 73 percent of the total inpatient beds. The remaining three facilities are managed through a contracted vendor and comprise 27 percent of the total inpatient beds.

Individuals enter SMHTFs through one of two processes:

1. A referral by one of Florida's 20 circuit courts through the 67 county sheriff offices under Chapter 916, F.S., referenced as forensic patients, or
2. A referral from one of the 120 designated Baker Act receiving facilities under Chapter 394, F.S., Baker Act, referenced as civil patients.

On average, Department staff review forensic commitment packets within 48 to 72 hours of submission and provide feedback. If the packet is complete, the individual is placed on the forensic waitlist and admissions are scheduled based on facility bed availability. The review of civil orders and packets are completed by each of the individual civil facilities. These facilities manage patient admissions they receive from Baker Act receiving facilities in their designated catchment areas. Admissions occur to the SMHTF based on facility bed availability.

During FY 2024-25, the SMHTFs operated beds for patients meeting admission criteria, serving over 6,340 individuals. Since 2022, judicial circuits have experienced an approximately 60 percent increase in the number of commitments for placement in SMHTFs.

Timing of discharge and discharge planning is critical to ensuring that individuals are clinically prepared and connected to resources within their local communities. This preparation ensures the reduction of readmission or recidivism, which is the classification of individuals that are discharged from a facility and then return for inpatient care. Florida's forensic readmissions or recidivism rates remain well below national rates.

Service Gaps and Needs

A report titled, *Assessments of Behavioral Health Services*, conducted in partnership with the Managing Entities pursuant to section 394.4573, F.S., describe the extent to which designated receiving systems function as no-wrong-door models, the availability of services that use recovery-oriented and peer-involved approaches, and the availability of less-restrictive services. The assessment also considers the availability of and access to coordinated specialty care programs and identifies any gaps in the availability of and access to such programs in the state.

Strategies for addressing any identified unmet needs are also included in this annual report. The Department and its contracted Managing Entities identify top unmet system needs in a variety of ways, including analyses of waitlist records; consumer satisfaction survey results; environmental scans; feedback provided during regional collaborative meetings involving key community stakeholders; and focus groups with consumers, providers, and other community stakeholders.

Although unmet needs and gaps identified in the *Assessments of Behavioral Health Services* varied across regions of the state, there were several common needs reported. Housing and housing coordination continues to be the greatest unmet need. The most frequent system gaps for treatment and recovery support services for individuals with serious mental illness, serious emotional disturbance, and substance use disorder included care coordination and case management, jail and forensic facility diversion and the expansion of behavioral health services.

Senate Bill 330 (2024) signed by Governor DeSantis in 2024, required the Department to contract for a detailed study of the capacity for inpatient services for adults with serious mental illness and children with serious emotional disturbance or psychosis. The study was commissioned by SAMH and was completed in January 2025.

The State of Florida Gap Analysis included qualitative findings from interviews with behavioral health providers, state mental health treatment facilities, government agencies, Managing Entities, and partner health organizations. The unmet needs and gaps identified for treatment included a lack of residential options for short-term and long-term treatment, insufficient community-based services, limited availability of peer support, lack of specialized programs for older adults, limited options for step-down facilities, a lack of affordable housing including assisted living facilities, supportive housing, statewide inpatient psychiatric programs, and long length of stays in civil state mental health facilities. The unmet needs and gaps for recovery support services included limited recovery community organizations.

Improving Data Collection

House Bill 633 (2025) directed the Department to develop a methodology for tracking year-to-date and annual trends across 11 different behavioral health indicators for both children and adults served through programs funded by the Department and the Agency for Health Care Administration. SAMH continues to collaborate with the Managing Entities to strengthen both the quality and completeness of data submissions while advancing implementation of the new performance indicators established under House Bill 633. The first reporting year will serve as a baseline to inform future performance targets and guide continuous system improvement.

By 2027, the Department will transition to a claims-based system that enables the electronic submission, processing, and adjudication of healthcare service claims, reducing manual tasks and paper-based processes to lower administrative costs for providers and managing entities. The claims-based system will also provide timely insights into population health, service utilization, and care coordination, while enhancing fraud detection and prevention. Policymakers and healthcare planners can leverage claims data to inform decisions on behavioral health services, spending, resource allocation, and strategic planning. Additionally, the system improves transparency by using performance metrics to assess service efficiency, identify gaps, and drive better healthcare outcomes.

Interagency Collaboration

The Department engages in several strategic initiatives to involve stakeholders and Floridians in improving the behavioral health system of care, increasing knowledge of how to access services and supporting and obtaining important feedback about successes, potential barriers and gaps. Updates regarding these initiatives are highlighted below.

The Commission on Mental Health and Substance Use Disorder

Established in 2021 as defined in section 394.9086, F.S., and ratified in 2023 by the Legislature, the Commission on Mental Health and Substance Use Disorder was created to examine the current methods of providing mental health and substance use disorder services in the state and to improve the effectiveness of current practices, procedures, programs and initiatives in providing such services; identify any barriers or deficiencies in the delivery of such services; assess the adequacy of the current infrastructure of Florida's 988 suicide and crisis lifeline system and other components of the state crisis response services; and recommend changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.

The work plan for the next two years is to build upon the foundation established by the Commission and, further develop and implement recommendations that have led to established legislation designed to examine the current methods of providing mental health and substance use disorder services in the state and improve the effectiveness of practices, programs, procedures and initiatives for providing behavioral health services. The Commission's final report is due for submission to the President of the Senate, the Speaker of the House of Representatives, and the Governor, by September 1, 2026.

Behavioral Health Regional Collaboratives

To strengthen community networks and cross-agency collaboration, the Commission recommended establishing regional collaboratives, led by the Department and the Agency for Health Care Administration (AHCA). House Bill 7021 required the Department and AHCA to jointly establish regional behavioral health interagency collaboratives statewide. The Department is responsible for defining the regions served

by each collaborative and for facilitating meetings. To support this work, the Department established Regional Collaborative Coordinator positions, with one coordinator assigned to each of the six regions across the state.

Regional collaborative membership must, at a minimum, include representatives from the following groups serving each region: the Department, AHCA, Agency for Persons with Disabilities, Department of Elder Affairs, Department of Health, Department of Education, school districts, Area Agencies on Aging, community-based care lead agencies, Managing Entities, providers, hospitals, Medicaid Managed Medical Assistance Plans, police departments, and Sheriffs' offices. The collaboratives are intended to identify local behavioral health system challenges and opportunities to advance improvements in the accessibility, availability, and quality of behavioral health services statewide.

Formal kick-off meetings were held statewide in February 2025, and collaboratives continue to meet on a quarterly basis. Through these meetings, several consistent themes have emerged across regions, reflecting stakeholder experiences and locally driven solution development.

Service Accessibility and Capacity

Across regions, partners report long waitlists, limited provider availability, and transportation barriers, particularly in rural areas. Stakeholders also cite facility capacity constraints driven by rising costs, limited funding, and increasing demand, especially for high-needs populations such as youth with behavioral health challenges and older adults.

Regional discussions have included strategies such as expanding transitional or step-down programs, conducting regional capacity analyses to guide planning, strengthening partnerships with housing and transportation providers, and advocating for funding that supports facility expansion and cost-of-living adjustments.

Resource Sharing and Education

Providers, schools, and law enforcement consistently report challenges in understanding available services and navigating referral pathways. Families, particularly those facing language barriers or financial constraints, also struggle to access appropriate care.

Collaborative discussions have focused on improving system navigation and awareness through cross-sector trainings, resource fairs, regional service maps, and brief educational videos. Stakeholders have also expressed interest in expanding Crisis Intervention Training and leveraging systems training opportunities to better support frontline staff.

Funding Flexibility

Across sectors, partners have raised concerns about the difficulty of sustaining services due to inconsistent or highly restricted funding. These limitations hinder long-term

planning, disrupt service continuity, and contribute to workforce challenges, including shortages of licensed clinicians and certified peer specialists.

Peer Support Services

Peer support services remain a key area of focus. Participants noted that peer roles are often underutilized or poorly defined and that individuals with lived experience have limited involvement in planning and system design. Regions emphasized the importance of elevating peer voices, increasing visibility of peer-led programs, and ensuring meaningful integration of peer support across the continuum of care.

The Suicide Prevention Coordinating Council

The Department's Statewide Office for Suicide Prevention works to develop initiatives and coordinate the state's suicide prevention efforts. The Statewide Office for Suicide Prevention's tasks include chairing the Suicide Prevention Coordinating Council, drafting and publishing the council's annual report, and developing the state plan for suicide prevention. The Statewide Office for Suicide Prevention maintains the Department's suicide prevention webpage and provides educational materials and resources to individuals and agencies on suicide prevention best-practices.

The Suicide Prevention Coordinating Council has 31 voting members and one non-voting member, representing a diverse suite of state agencies, organizations, and suicide prevention stakeholders. The Suicide Prevention Coordinating Council advises on the development of the statewide strategic plan; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and prepares the annual report on the status of suicide prevention efforts within the state and recommendations for further improvement.

The Statewide Council on Opioid Abatement

The Statewide Council on Opioid Abatement is responsible for enhancing the development and coordination of state and local efforts to abate the opioid epidemic and to support the victims and families of the crisis. The Council is required to review how opioid settlement funds were spent, advise state and local governments on the results achieved, and provide recommendations for how funds should be prioritized in the future. The Council is composed of 10 members, including the chair – Florida Attorney General, James Uthmeier, – who delegates chair duties to Seminole County Sheriff Dennis Lemma, and the Secretary of the Florida Department of Children and Families (Department), Secretary Taylor N. Hatch, who serves as vice chair.

Beginning on December 1 of each year, the Council presents an annual report on how the Opioid Settlement funds were spent during the previous year by the state, Managing Entities, counties, and municipalities. The report must also contain recommendations to the Governor, the Legislature, and local governments on how Opioid Settlement funds should be prioritized and spent in the coming year.

According to section 397.335(4)(b), F.S., the Council is required to work with, and receive information from, the Statewide Drug Policy Advisory Council (DPAC), and

ensure that its recommendations and actions are consistent with DPAC. DPAC is chaired by the State Surgeon General, Joseph A. Ladapo, and features 19 members, including appointed members with expertise in drug enforcement, prevention, treatment, and faith-based services. The Council will review and assess any information and recommendations that become available through future DPAC meetings and publications.