



2025 | LSF Health Systems

Behavioral Health Needs Assessment



LSF Health Systems is a managing entity contracted with the Department of Children and Families to serve a 23-county region in North Florida.

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Executive Summary

BEHAVIORAL HEALTH NEEDS ASSESSMENT PURPOSE AND PROCESS

As the foundation for the development of programmatic and policy directives and for the allocation of resources to achieve strategic objectives, conducting a needs assessment is a core function of any organization seeking to understand and meet the needs of the clients and communities it serves. The goal of a health needs assessment is to improve, promote and protect the health of the public. In addition, a specific purpose of the Lutheran Services Florida (LSF) Health Systems Behavioral Health Needs Assessment is to meet the needs assessment guidelines set forth by Section 394.4573, F.S., and other guidance provided by the Department of Children and Families. In accordance with these guidelines, the needs assessment identifies the treatment needs of children and adults with an identified mental illness or substance abuse disorder in the 23-county region of Northeast and North Central Florida overseen by LSF Health Systems, Managing Entity, which includes Circuits 3, 4, 5, 7, and 8.

LSF Health Systems employed the services of the WellFlorida Council to facilitate the design, implementation, and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases over the course of six months and included planning, secondary and primary data collection and analysis, and final reporting. To the extent possible, data was collected and analyzed for three geographic categories that included circuits (individual circuits: 3, 4, 5, 7, and 8), the LSF Health Systems 23-county service area, and Florida (for comparative purposes when appropriate). The needs assessment examined secondary data on demographics, health status and behaviors, healthcare service utilization, and LSF Health Systems utilization data. The perspectives of clients, community members, healthcare providers, community partners and stakeholders on mental health and substance abuse services and needs in the LSF Health Systems service area were collected through surveys and focus group discussions.

NEEDS ASSESSMENT LIMITATIONS AND REVIEW GUIDANCE

This needs assessment casts a wide net to collect and analyze data that apply not only to LSF Health Systems clients but also to the residents of the counties, circuits and service area. This 23-county area served by LSF Health Systems is home to more than 4.2 million residents in geographically diverse, while largely rural, settings. Likewise, the population of the LSF Health Systems service area is diverse in their demographic characteristics including age, race and ethnicity, education, and income; health status and behaviors; and healthcare service utilization patterns. It is important to note that the counties, circuits and service area have differing assets and challenges which surface when compared to other regions and the state of Florida. Any review of the LSF Health Systems assessment data and findings should consider the context and many factors that contribute to the health and quality of life of clients and all residents in the 23-county service area.

ASSESSMENT HIGHLIGHTS AND FINDINGS

Demographic Profile Highlights

The LSF Health Systems service area includes five circuits: Circuits 3, 4, 5, 7, and 8, for a total population of 4,235,646 and accounting for 19.4 percent of Florida's total population. Circuits 4, 5 and 7 have the largest populations in the LSF Health Systems service area with Circuits 3 and 8 being primarily rural areas with low population density (Table 1, Technical Appendix). White residents make up 69.6 percent of the LSF Health Systems service area population as compared to 59.9 percent in the state of Florida, meaning the service area is slightly less racially diverse than Florida as a whole. By ethnicity, the LSF Health Systems service area's Hispanic population is less than 12 percent compared to nearly 26.8 percent in Florida as a whole (Table 5, Technical Appendix). Poverty rates in the LSF Health Systems service area (13 percent) are similar to Florida rates (12.6 percent) with Circuit 8 having the highest percentage of poverty in the service area (18.5 percent) (Table 12, Technical Appendix).

Health Assessment Profile Highlights

According to self-reported data from the Behavioral Risk Factor Surveillance System (BRFSS), adults in the service area have higher risk factors related to physical health, tobacco use, and depressive disorders as compared to Florida averages (Tables 50-63, Technical Appendix). As reported in the Florida Youth Substance Abuse Survey (FYSAS), youth in the service area have increased risks for violence (victim and perpetrator), mental and emotional risks, alcohol and illicit drug use as compared to Florida youth (Tables 64-67, Technical Appendix).

Mental health emergency department visit rates for children are higher in the LSF Health Systems service area (1,255.5 per 100,000 population in 2023) than Florida rates (991.1 per 100,000 population in 2023) with Circuit 8 having the highest rates in the service area in 2021, 2022, and 2023 (Table 84, Technical Appendix). The majority of these mental health emergency department visits for children were paid using Medicaid (Table 93, Technical Appendix). In 2023, the mental health emergency department visit rates for adults were higher in the LSF Health Systems service area (2,273.4 per 100,000 population) than Florida (2,051.7 per 100,000 population) with Circuit 8 experiencing the highest rates in the service area (3,151 per 100,000 population) (Tables 85 and 94, Technical Appendix). Black adults in the service area experienced higher mental health emergency department visit rates than White adults (Tables 88 and 91, Technical Appendix). Medicare was the payor source for nearly 41 percent of adult mental health emergency department visits in the LSF Health Systems service area (Table 94, Technical Appendix).

For the past three years, substance misuse emergency department visit rates for the service area (all ages) have been higher than Florida rates. In 2023, the substance misuse emergency department rate in the LSF Health Systems service area was 4,773.7 per 100,000 population as compared to 3,741.3 per 100,000 population in Florida (Table 101, Technical Appendix). In 2023, substance misuse emergency department visit rates for children were higher in the LSF Health Systems service area (329 per 100,000 population) than Florida (249.3 per 100,000 population); Circuit 3 experienced the highest rates (404.6 per 100,000 population) (Tables 102 and 111, Technical Appendix). Black children in the service area experience higher substance misuse emergency department visits than White children and both races experience higher rates in the service area than their Florida counterparts. In 2023, 67 percent of substance misuse emergency department visits for children in the LSF Health Systems service area were paid for using Medicaid.

Adults in the service area experience higher rates of substance misuse emergency department visits than their Florida counterparts. In 2023, the substance misuse emergency department visit rate for adults in the service area was 5,822.8 per 100,000 population, much higher than the Florida adult rate of 4,570.5 per 100,000 population (Tables 103 and 112, Technical Appendix). In 2023, Circuit 3 had the highest rate in the service area (8,581.2 per 100,000 population).

Children in the LSF Health Systems service area experienced higher mental health related hospital discharges and longer average length of stay than their Florida counterparts (Table 120, Technical Appendix). Adults in the service area experience lower mental health discharge rates as compared to Florida (Table 121, Technical Appendix).

In 2023, children in the LSF Health Systems service area experienced lower rates of substance misuse related hospital discharges than their Florida counterparts, but adults in the service area experience higher rates of substance misuse hospital discharges than their Florida counterparts (Tables 138-139, Technical Appendix).

Mortality Highlights

Mortality rates related to mental health disorders included those due to known physiological conditions, schizophrenia, mood disorders, anxiety, and intellectual disabilities. It also includes deaths from intentional self-harm and suicide.

In Florida from 2021-2023, the average annual number of deaths related to mental health disorders was 11,390 with an annual average of 2,096 occurring in the LSF Health System's service area accounting for approximately 18% of all deaths related to mental health disorders, including suicide, reported in Florida. Mortality rates related to mental health disorders, including suicide, have remained stable for the state of Florida, reporting an age-adjusted mortality rate of 34.9 deaths per 100,000 population in 2023. Likewise, the LSF Health Systems service area, reported an age-adjusted mortality rate of 36.7 deaths per 100,000 population in 2023, with little change in rate for the three-year reporting period.

While there was little change in the Florida and LSF service area mortality rates for the three-year period, at the circuit level, there were notable changes. Circuits 3, 5, and 7 displayed a similar stable trend, however Circuit 4 experienced a gradual decrease in rate while Circuit 8 experienced a pronounced increase in rate (Table 159, Technical Appendix). For adults, crude mortality rates by race and ethnicity reveal the consistent trend of higher death rates among White individuals when compared to Black and Hispanic individuals for all circuits, the LSF Health Systems service area, and for Florida (Table 164, Technical Appendix).

In 2023, the LSF Health Systems service area had a disproportionate burden of child mental health-related deaths, with 22 deaths, nearly 28% of the state's total number of 79 child deaths. The service area's crude mortality rate for children (2.6 per 100,000 population) was notably higher than the state's rate (1.8 deaths per 100,000 population). Additionally, there were notable disparities for Hispanic children in the LSF service area. The mental health disorder related death rate was 5.5 deaths per 100,000 for Hispanic children in LSF service area which is much higher than the state rate for Hispanic children of 1.8 deaths per 100,000. This rate has also notably increased over the three-year reporting period. (Table 163, Technical Appendix)

Mortality rates for death caused by substance misuse have shown a steady decline in Florida and the LSF Health System service area from 2021-2023. Rates for both Florida and the LSF service area are similar, however at the circuit level there are dramatic differences. Rates for substance misuse related deaths ranged from 26.3 in Circuit 8 to 71.71 in Circuit 4 in 2023. The LSF Health Systems service area rate was 51.57 deaths per 100,000 in 2023 (Table 171, Technical Appendix).

The substance most often causing death is Fentanyl. In Florida, 21.87 deaths per 100,000 deaths caused by substance misuse were due to Fentanyl. Likewise, the rate for the LSF service area was 23.03 deaths per 100,000. Fentanyl was also the primary substance causing substance related deaths in all of the LSF circuits, individually (Tables 172-179, Technical Appendix).

LSF Health Systems Utilization Data Highlights

In Fiscal Year 2023-2024 numerous Adult Mental Health Services were provided in the 23-county LSF Health Systems service area. Assessment, care coordination, case management, crisis support/emergency, intervention, medical services, medication assisted treatment (MAT), outpatient – group and individual, outreach, individual recovery support, and residential level 2 services were offered in all circuits. In addition, crisis stabilization and inpatient services are available in all circuits. Day Treatment and Intensive Case Management are available in Circuit 4 (Clay, Duval, Nassau Counties). Circuits 5 and 8 offer Mental Health Clubhouse Services. Residential Level 2 services are offered in Circuits 3, 4, 5, and 8; Residential Level 4 services are available in Circuits 4, 5, and 7 while Residential Level 1 services are available in Circuit 5 (Table 227, Technical Appendix). There were no waitlists for any adult mental health services in any circuit.

Adult Substance Misuse Services were provided through funding from LSF Health Systems at contracted provider sites throughout the LSF Health Systems service area in Fiscal Year 2023-2024. The following services were provided in all circuits: Assessment, care coordination, case management, incidental expenses, intervention, medical services, MAT, Outpatient – group and individual, prevention – universal direct and indirect, and individual recovery support. Circuit 4 (Clay, Duval, Nassau Counties) also had available Aftercare – Group, Aftercare/Follow Up, Day Care, In-Home and On-Site Services, Intensive Case Management, Respite Services, and Supported Housing Living services (Table 228, Technical Appendix). Adult Substance Misuse residential services had a waitlist of 268 individuals while one individual was on the waitlist for outpatient services and one on the Substance Misuse Detox services waitlist (Table 236, Technical Appendix).

Child Mental Health Services were provided in Fiscal Year 2023-2024 across the LSF Health Systems service area. Available in all circuits were assessment, case management, crisis stabilization, crisis support/emergency, incidental expenses, in-home and on-site services, intervention, medical services, outpatient – individual and group, and outreach services. Intensive Case Management, Intervention Group and Recovery Support services were provided in Circuit 4 (Clay, Duval, Nassau Counties). Medication Assisted Treatment was provided in Circuit 8 (Alachua, Baker, Bradford, Gilchrist, Levy, Union Counties). Room and Board with Supervision Level 1 and Treatment Alternative to Street Crime were provided in Circuit 5 (Citrus, Hernando, Lake, Marion, Sumter Counties). At last report there were 363 individuals added to the waitlist for Community Action Treatment Team (CAT) services (Tables 229, 236, Technical Appendix).

Child Substance Misuse Services were provided in Fiscal Year 2023-2024 in the LSF Health Systems service area. Services common to all circuits included Intervention and Universal Direct Prevention services. Circuit 4 (Clay, Duval, Nassau Counties) also had available medical services, Care Coordination and Recovery Support – Individual were provided only in Circuit 4 (Clay, Duval, Nassau Counties). Room and Board with Supervision Level 2 and TASC were available in Circuit 5 (Citrus, Hernando, Lake, Marion, Sumter Counties). There were no waitlists for Child Substance Misuse Services (Tables 230, 236, Technical Appendix).

LSF Health Systems utilization data shows an increase in the number of services provided, rising program costs and estimated uncompensated costs are declining as a proportion of costs. Client demographic data point to the largest client group as working-age adults (18-44 years) with differences in race and ethnicity by circuits. Service availability varies by circuit. Circuit 3 (Columbia, Dixie, Hamilton, Lafayette, and Suwannee Counties) has the most gaps in both adult and child service areas.

Community Input Highlights

The Community Input data, collected through surveys and focus groups, serves as the means by which to understand the perspectives of community members, providers, and stakeholders on mental health and substance misuse treatment services in the LSF Health Systems service area.

Surveys

An electronic consumer survey collected opinions and perspectives from LSF Health Systems' clients throughout the 23-county service area. The survey had 14 core questions with follow-up items depending on responses and also collected demographic information. The survey was available in English and Spanish. There were 106 consumer surveys included in the analysis. LSF Health Systems healthcare professionals including therapists, counselors, prevention specialists and other behavioral health care specialists participated in the eight (8)-item provider survey. The electronic provider survey gathered 181 completed surveys for analysis. Ninety-one (91) community stakeholders and partners throughout the service area responded to a seven-item electronic survey.

Consumer Survey Key Results

- Survey respondents who received mental health services in the past 12 months in the LSF Health Systems service area most commonly had been in treatment for longer than two years and had been self-referred or referred by a family member or friend. The most common reasons these consumers sought were trauma, feeling psychologically ill, and as a result of alcohol or other drug-dependency.
- Survey respondents who received substance misuse treatment services in the past 12 months in the LSF Health Systems service area most frequently reported having been in treatment for longer than two years and were court-referred or self-referred or referred by family or friends. These consumers sought care because of alcohol or other drug dependency, trauma, or arrest.
- Survey respondents agreed that individual counseling is the most important service for their treatment, followed by medication services.
- More than half of survey respondents who received mental health services reported experiencing barriers to access. These barriers included cost, insurance issues, and lack of a referral.

- Almost half of survey respondents who received substance misuse treatment services reported experiencing barriers to access. The barriers most commonly cited were insurance issues, cost, transportation, and services not being available when needed.
- 17.0 percent of survey respondents reported using the hospital emergency room for a mental health-related condition in the past 12 months.
- 9.4 percent of survey respondents reported using the hospital emergency room for a substance misuse-related condition in the past 12 months.
- More than two-thirds of survey respondents who received mental health services in the LSF Health Systems service area rated their care provider organization at five stars (on a scale of one to five with five being the highest) for appointment availability, convenient hours, location, and overall.
- More than half of survey respondents who received substance misuse treatment services in the LSF Health Systems service area rated their care provider organization at five stars for appointment availability, convenient hours, location, and overall.

Provider Survey Key Results

- 62.4 percent of survey respondents provide both mental health and substance misuse treatment services in one or more of the five circuits in the LSF Health Systems service area.
- The diagnoses most commonly treated by provider survey respondents included depressive disorders, opioid related disorders, and anxiety disorders.
- Providers indicated that the following services need to be increased or expanded to meet community need: individual counseling for mental health, psychiatry services, and support groups.
- Providers reported that barriers to meeting clients' needs included funding issues, adequate staffing, client issues with housing. They reported transportation, insurance issues, availability of services when needed, and motivation or desire to get services and treatment to be the most frequently seen barriers that clients face in accessing mental health and/or substance misuse treatment services.

Stakeholder Survey Key Results

- 79.1 percent of stakeholder and community partner survey respondents said the mental health needs of residents were partially or slightly met.
- 67.1 percent of stakeholder and community partner survey respondents indicated that the substance misuse treatment service needs of residents were partially or slightly met.
- Stakeholders and community partners expressed that the most common barriers that residents face in accessing mental health services were transportation, cost, and insurance issues.
- The most common barriers that residents face in accessing substance misuse treatment services include transportation, insurance issues, and cost according to stakeholder and community partner survey respondents.
- Almost half of stakeholder and community partner survey respondents felt access to mental health services had not changed in the past 12 months while nearly a quarter said access had worsened due to changes in resources, decreased funding, and higher community demand.
- Nearly 20 percent of stakeholder and community partner survey respondents said that access to substance misuse treatment services had worsened in the past 12 months due to changes in resources, higher community demand, federal focus, and decreased funding.

Focus Groups with Providers

Four (4) focus groups were held with a total of 38 participants, representing all five circuits in the LSF Health Systems service area. Focus group participants were mental health and substance use treatment and prevention professionals from 25 different agencies and organizations. Provider feedback highlighted strong adoption of person-centered care models like the No Wrong Door (NWD) and Recovery-Oriented System of Care (ROSC). While peer support and evidence-based practices are widely used, systemic challenges such as funding silos, workforce shortages, and housing gaps persist. Strategic recommendations from providers focus on funding flexibility, service expansion, and reducing administrative burdens.

Focus Group Key Findings

- Perspectives on the No Wrong Door Model and Recovery Oriented System of Care varied in each focus group and circuit; however, consensus is that both models are used widely, consistently, and as a matter of standard practice.
- Focus group participants in all sessions listed numerous evidence-based practices in common use in their organizations and agencies. Participants reported that use of evidence-based practices is supported by LSF Health Systems through trainings, sharing sessions, and participation in regional, state, and national conferences and learning opportunities.
- Across the four focus groups, providers agreed that systemic challenges included workforce shortages and high turnover; lack of affordable housing and residential services for clients, siloed funding and excessive administrative burdens.
- Among the most common strategic recommendations across the four groups were funding and investments to increase flexibility and reduce silos between mental health and substance misuse treatment services; adjustments to rates to reflect current costs; and service expansion in the areas of youth services, transitional housing, and central receiving facilities. Strengthening existing programs and services before expanding was another commonly voiced recommendation for LSF Health Systems.
- In the area of workforce development, focus group participants suggested providing incentives (both financial and in other areas of personal or professional growth) for clinicians and supporting innovative licensing pathways to increase the workforce.
- Providers in all four focus groups expressed concerns related to administrative burdens and documentation requirements. Some suggested streamlining assessments to reduce duplication and speed entry into care.

Introduction

LUTHERAN SERVICES FLORIDA (LSF) HEALTH SYSTEMS BEHAVIORAL HEALTH NEEDS ASSESSMENT PURPOSE AND PROCESS

In general, needs assessments serve as the foundation for the development of programmatic and policy directives and for the allocation of resources to achieve strategic objectives. It is the responsibility of public health agencies to collect, assemble, analyze and make information available on the health of the community; including statistics on health status, community health needs, and epidemiologic studies of health problems. The goal of a needs assessment is improving, promoting, and protecting the health status of the public.

The purpose of the LSF Health Systems Behavioral Health Needs Assessment is to meet the needs assessment guidelines set forth by Section 394.4573, F.S., and other guidance provided by the Department of Children and Families. Staying true to these guidelines, the needs assessment identifies the treatment needs of children and adults with an identified mental illness or substance abuse disorder in the 23-county region of Northeast and North Central Florida overseen by LSF Health Systems, Managing Entity, which includes Circuits 3, 4, 5, 7, and 8.

LSF Health Systems employed the services of WellFlorida Council to facilitate the design, implementation and analysis of the behavioral health needs assessment. The health needs assessment was facilitated in three phases:

- Phase I: Planning
- Phase II: Secondary and Primary Data Collection and Analysis
- Phase III: Final Behavioral Needs Assessment Report

Phase I focused on the planning of the needs assessment including the development, review and approval of primary and secondary data collection tools and confirming the project timeline.

Phase II focused on primary and secondary data gathering and analysis. To the extent possible, data was collected and analyzed for each of the three geographic categories below:

- Circuit (individual circuits: 3, 4, 5, 7, and 8)
- LSF Health Systems 23-county service area
- Florida (for comparative purposes when appropriate)

Secondary data collected and analyzed in Phase II included:

- Demographic indicators
- Health assessment indicators
- LSF Health Systems Utilization Data
- Identification of Recovery Support Services

Secondary data was gathered from the Office of Vital Statistics, the U.S. Census Bureau, and a variety of health sites from respected institutions across the United States and Florida. Secondary data can be found in LSF Health Systems Technical Appendix 2025. Data from the LSF Health Systems Technical Appendix 2025 is referenced in this report and will be indicated as “(Table X, Technical Appendix.)” Primary Data collected and analyzed in Phase II included:

- Consumer Surveys
- Provider Surveys
- Stakeholder Surveys
- Focus Groups with Providers

Primary data serves as a means by which to understand the perspectives of community members, providers, and stakeholders regarding mental health and substance abuse services in the LSF Health Systems service area.

Phase III includes two reports: LSF Health Systems Behavioral Health Needs Assessment (this report) and LSF Health Systems Technical Appendix 2025. LSF Health Systems Behavioral Health Needs Assessment serves as the summary report for the needs assessment. LSF Health Systems Technical Appendix 2025 contains the secondary data collected for the purpose of this behavioral health needs assessment.

To make the data and analysis most meaningful to the reader, this report includes the following components:

- Introduction
- Demographic Profile
- Health Assessment Profile
- Health Care Utilization
- LSF Health Systems Utilization Data
- Community Input
 - Consumer Survey
 - Provider Survey
 - Stakeholder Survey
 - Focus Groups with Providers
- Identification of Key Themes

Demographic Profile

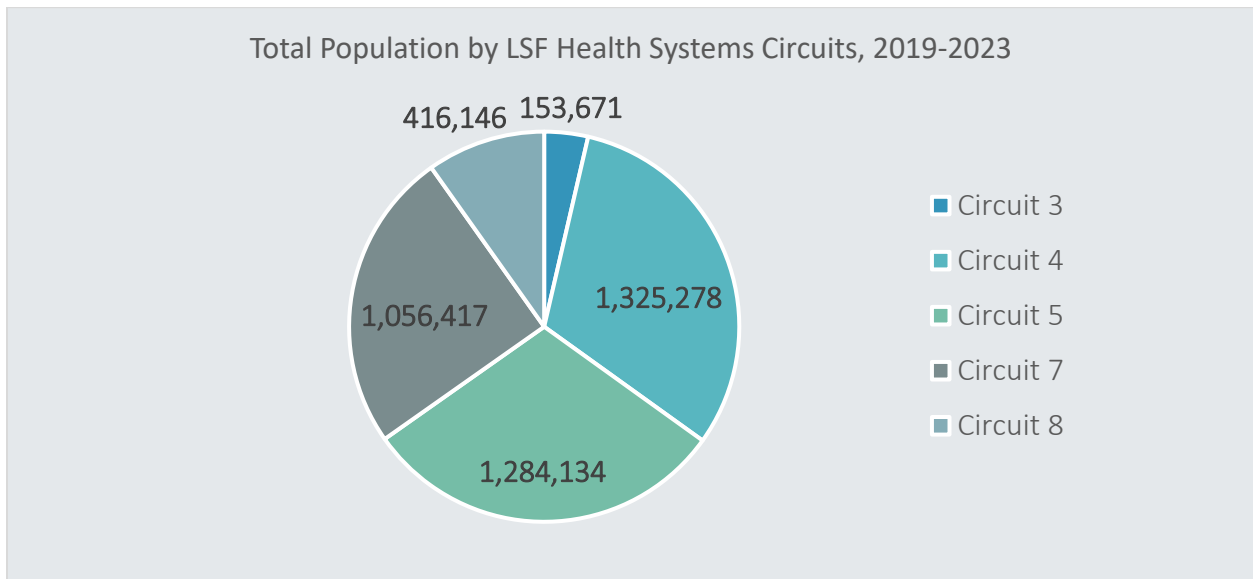
As population dynamics change over time, so do the health and health care needs of communities. It is important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The LSF Health Systems Technical Appendix 2025 includes data on current population numbers and distribution by age, gender, and racial group by county and circuit. It also provides estimates on statistics such as education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms, including material deprivation, psychosocial stress, barriers to health care access, and heightened risk of acute and/or chronic illness. Documented below are some of the key findings from the LSF Health Systems 23-County service area – hereafter referred to simply as the LSF Health Systems service area – demographic and socioeconomic profile.

POPULATION

The LSF Technical Appendix 2025 includes population data from the 2020 Census (a point-in-time county of the entire United States population, completed every 10 years) and estimates from the 5-Year American Community Survey (estimates of the population using a representative sample of the population over five consecutive years). The population summaries presented in this section of the report are from the 5-Year American Community Survey, 2019-2023 and can be reviewed in detail in the LSF Technical Appendix 2025 Tables 1-9.

There are 4,235,646 people in the LSF Health Systems service area, which is 19.3 percent of Florida's total population. The LSF Health Systems service area is made up of five circuits. Circuits 4, 5 and 7 have the largest populations in the service area (31 percent, 30.3 percent, and 24.9 percent of the total, respectively) and Circuit 3 has the smallest with only 3.6 percent of the total service area population.

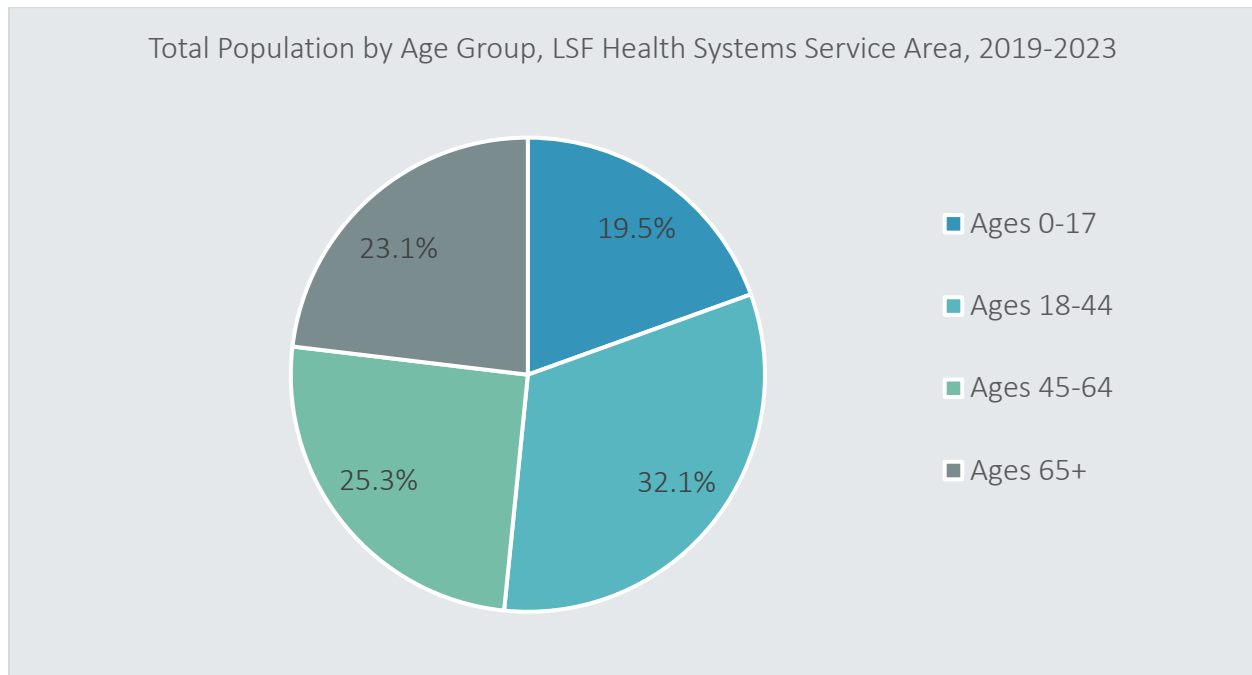
Figure 1: Total Population by LSF Health Systems Circuits, 2019-2023



Source: Table 1, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The LSF Health Systems service area's population age distribution closely mirrors that of Florida, with people aged 18 to 44 representing the largest portion of the population at around 32 percent in the LSF Health Systems service area (33.2 percent in Florida), followed by those in the 45 to 64 age bracket (25.3 percent in the LSF Health Systems service area and 26 percent in Florida), then those 65 and older (23.1 percent in the LSF Health Systems service area; 21.1 percent in Florida), and finally children 0 to 17 who make up 19.5 percent of the population in the LSF Health Systems service area (and 19.6 percent in the state of Florida) (Table 9, Technical Appendix).

Figure 2: Total Population by Age Group, LSF Health Systems Service Area, 2019-2023



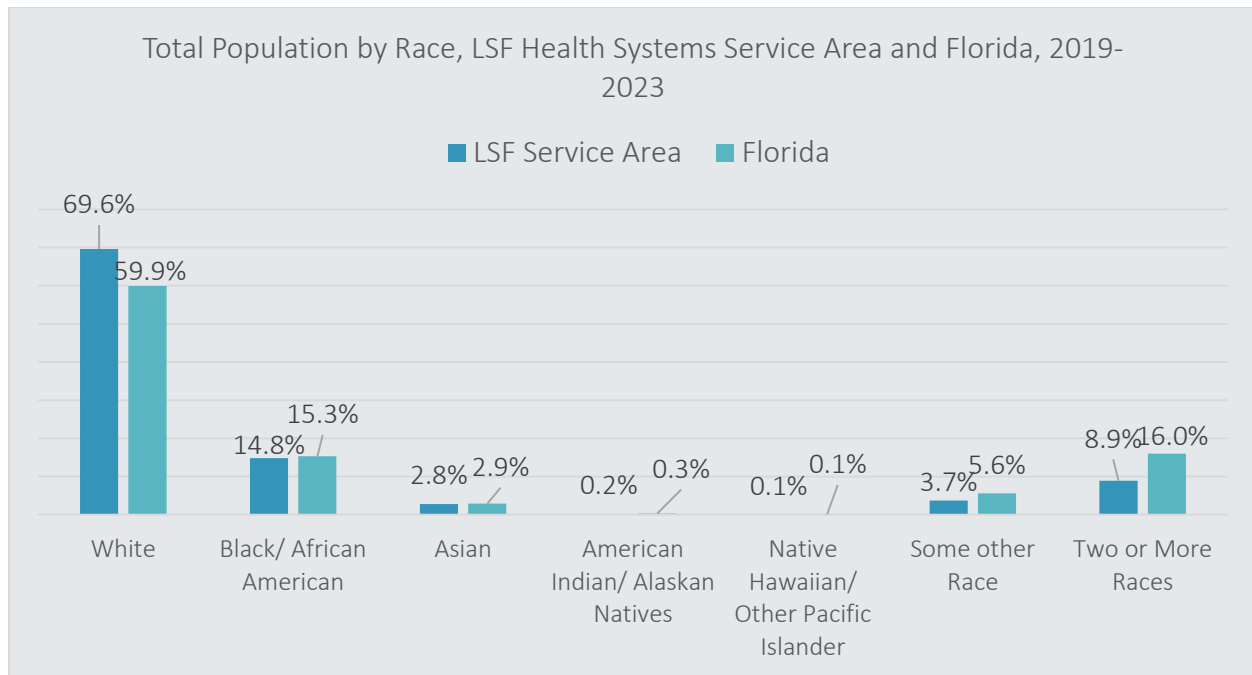
Source: Table 9, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

GENDER, RACE, AND ETHNICITY

Gender: The LSF Health Systems service area and Florida have a very similar gender distribution; both areas have more females (51.0 percent in the service area compared to 50.9 percent in Florida) than males (49.0 percent in the service area compared to 49.1 percent in Florida). (Table 7, Technical Appendix).

Race: A majority of residents in both the LSF Health Systems service area and Florida – 69.6 percent and 59.9 percent, respectively – identify as White. The second most represented racial group in both areas are those who identify as African American (14.8 percent in the service area; 15.3 percent in Florida). Two or more races is the third most represented racial group in both the state and the LSF Health Systems service area (8.9 percent in the service area and 16.0 percent in Florida). Other racial groups include American Indians and Alaskan Natives (0.2 percent in the service area and .3 percent in Florida), Native Hawaiians and Other Pacific Islander (0.1 percent in the service area and in Florida), and some other race (3.7 percent of LSF’s service area’s population; 5.6 percent of Florida’s) (Table 2, Technical Appendix).

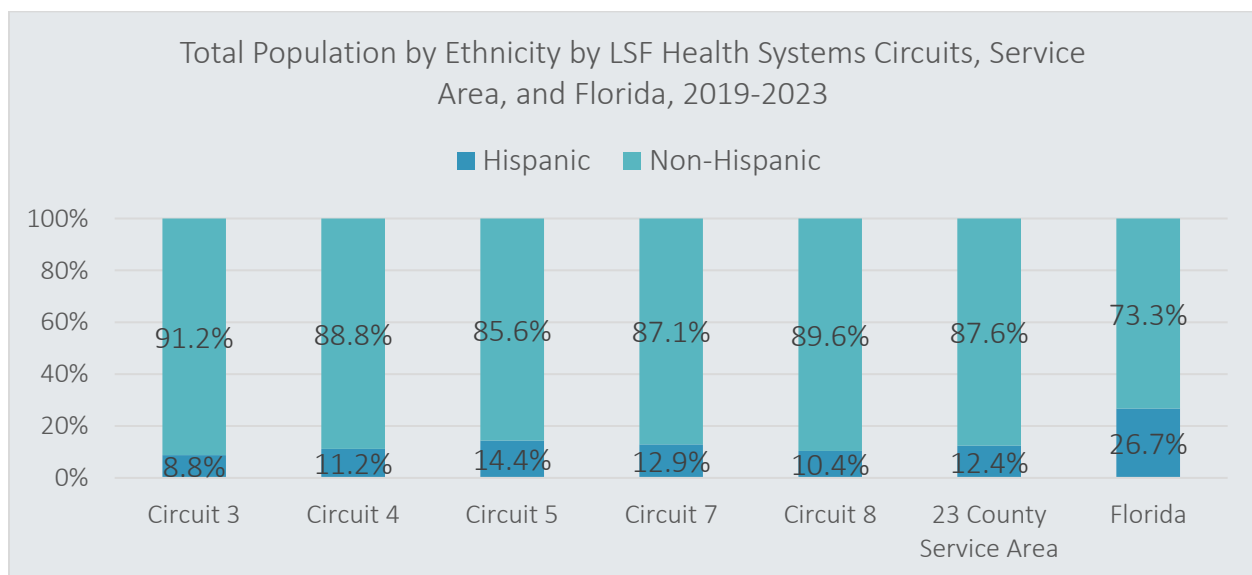
Figure 3: Total Population by Race, 2019-2023



Source: Table 2, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Ethnicity: In Florida, 26.5 percent of the population are Hispanic, however, only 11.8 percent of the population in the LSF Health Systems service area are Hispanic (Table 5, Technical Appendix). The following figure provides a visualization of ethnicity by circuit, LSF Health Systems service area, and Florida.

Figure 4: Total Population by Ethnicity, 2019-2023



Source: Table 5, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

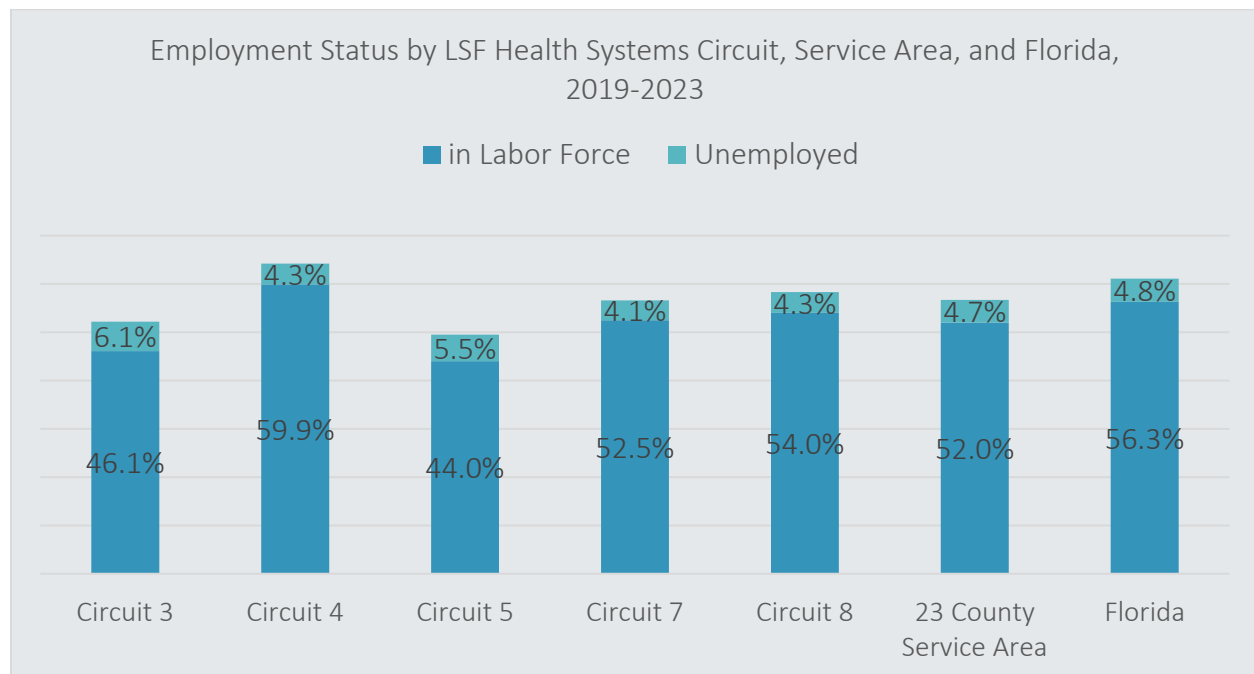
EDUCATIONAL ATTAINMENT

According to 2019-2023 estimates, a high school diploma or a GED equivalent was the highest level of completed education for 51 percent of those over 24 years of age in the LSF Health Systems service area, which is greater than the Florida percentage of 46.34 percent. A higher percentage of Floridians hold a college degree (43.3 percent) than those in the LSF Health Systems service area (40.1 percent). Nearly 9 percent of the population in the LSF Health Systems service area did not complete high school; this is lower than the state rate of 10.4 percent. Females at all levels of education in both Florida and the LSF Health Systems service area have a higher percentage of completion and an overall higher level of education than males (Table 10, Technical Appendix).

EMPLOYMENT STATUS

Among individuals aged 16 years and older in the LSF Health Systems service area, 52 percent are part of the labor force, which is 4.3 percent lower than the state percentage of 56.3. Unemployment rates in the LSF Health Systems service area and Florida are low, 4.7 percent and 4.89 percent, respectively. Residents in Circuit 3 experience the highest unemployment rate (6.1 percent) compared to the other four circuits in the LSF Health Systems service area (Table 11, Technical Appendix).

Figure 5: Employment Status, 2019-2023



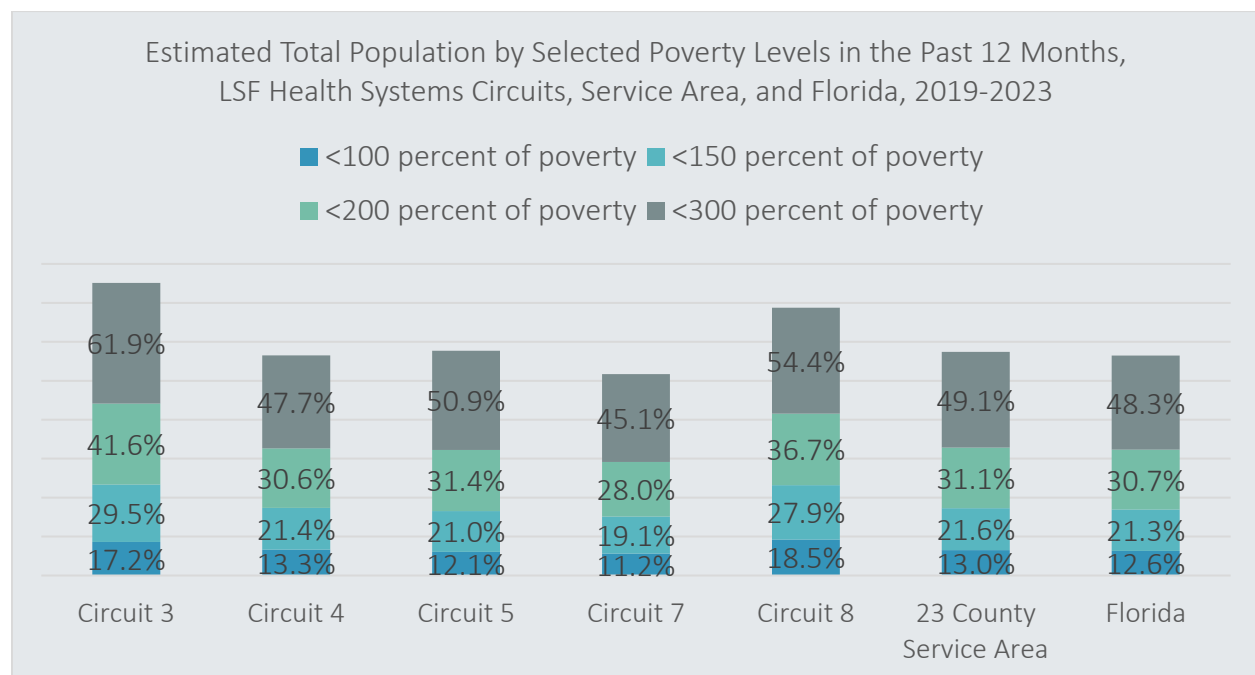
Source: Table 11, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

POVERTY

Similar percentages of the populations (all ages, adults and children) of the LSF Health Systems service area and Florida are living under 100 percent of the federal poverty level: 13 percent and 12.6 percent, respectively. Circuit 8 has the highest percentage of individuals living under 100 percent of the federal poverty level (18.5 percent) with a rate that is almost six (6) percent higher than the state (12.6 percent). Nearly 62 percent of Circuit 3's population is living under 300 percent of the federal poverty level – which is substantially more than the average for both Florida (48.3 percent) and the LSF Health Systems service area (49.1 percent) (Table 12, Technical Appendix).

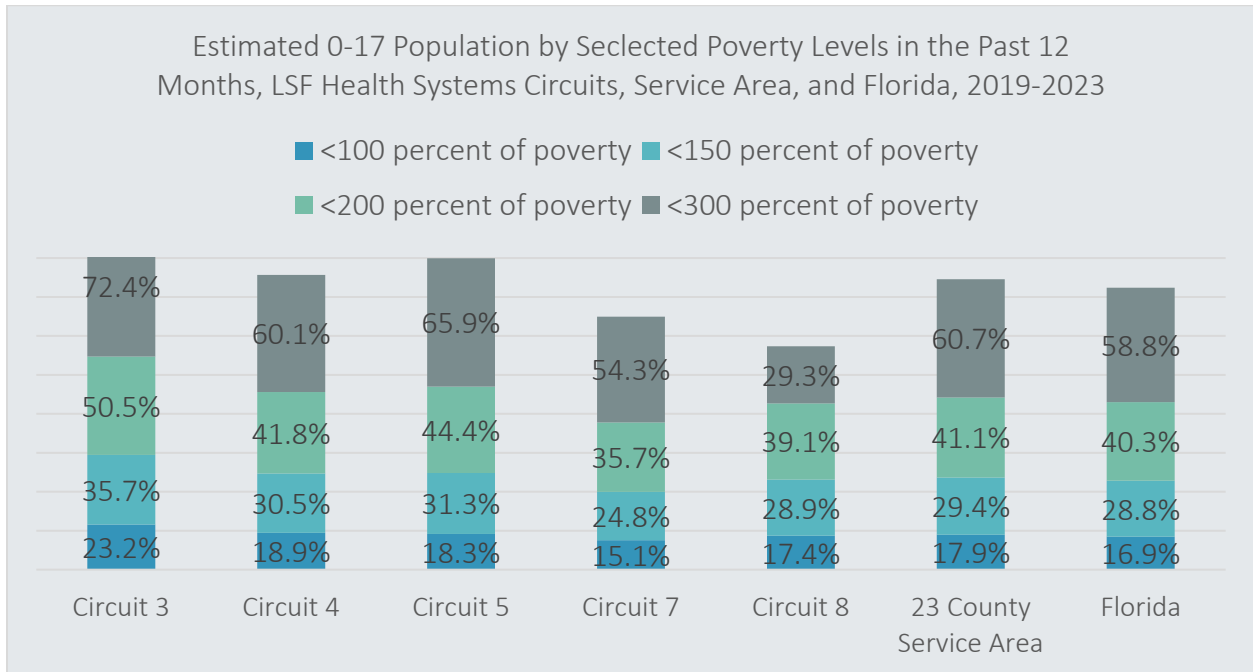
Children experience poverty at higher rates than adults both in Florida and in the LSF Health Systems service area. In the LSF Health Systems service area, 17.9 percent of children live below 100 percent of poverty compared to 16.9 percent in Florida. Furthermore, 60.5 percent of children in the LSF Health Systems service area live below 300 percent of poverty compared to 58.8 percent in Florida. Again, child residents of Circuit 3 experience the highest rates of living below 300 percent of poverty (72.4 percent) compared to other circuits in the service area (Table 13, Technical Appendix).

Figure 6: Estimated Total Population by Selected Ratio of Incomes to Poverty Level in the Past 12 Months, LSF Health Systems Circuits, Service Area, and Florida, 2019-2023



Source: Table 12, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 7: Estimated 0-17 Population by Selected Ratio of Incomes to Poverty Level in the Past 12 Months, LSF Health Systems Circuits, Service Area, and Florida, 2019-2023



Source: Table 13, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.



Health Assessment Profile

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

The Florida Department of Health conducts the Behavioral Risk Factor Surveillance Survey (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This statewide survey is conducted via telephone to collect self-reported data on individual risk behaviors and preventative health practices found to be related to the leading causes of morbidity and mortality in the United States. The current data available for the LSF Health Systems service area is from 2016, 2019 and 2022. More detailed information can be found in the LSF Health Systems Technical Appendix 2025. Please note, BRFSS Indicators are summarized only at the state and county levels and not all indicators are included in each iteration of the survey. The following sections are summaries of highlights from BRFSS by circuit (Tables 25-47, Technical Appendix).

Health Status and Health-Related Quality of Life - BRFSS

Tables 1 – 5 include 9 (nine) indicators related to health status and quality of life for each of the 5 (five) circuits in the LSF Health Systems service area. These indicators include risk factors related to physical health and mental health. In the “Risk Factors” column are the specific indicators with the state average included in the “()” for comparison purposes. Scores for each county are included. Counties with underlined scores are experiencing a higher risk than the state for that indicator (performing worse than that state average).

As shown in Table 1, counties in Circuit 3 are often experiencing higher risk than the Florida averages. For example, all counties in Circuit 3 report a higher percentage of adults (ranging from 17.6 – 22.5 percent) who had poor physical health on 14 or more of the past 30 days than the Florida average (12.9 percent). Three counties in Circuit 3 (Columbia County, Hamilton County, and Lafayette County) reported higher percentage of ‘good mental health’ than the state.

Table 1: Health Status and Health-Related Quality of Life, BRFSS, Circuit 3, 2019 and 2022

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.7)	19.7	<u>26.6</u>	<u>25.6</u>	<u>23.0</u>	<u>21.3</u>
Percentage of adults who describe their overall health as 'good' or 'excellent' (82.6)	<u>80.3</u>	<u>43.4</u>	<u>74.4</u>	<u>77.0</u>	<u>78.7</u>
Percentage of adults who had poor mental health on 14 or more of the past 30 days (15.0)	13.0	<u>20.7</u>	9.1	5.7	<u>15.3</u>
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	<u>18.8</u>	<u>22.5</u>	<u>20.8</u>	<u>17.6</u>	<u>18.7</u>
Percentage of adults with good physical health (87.0)	88.0	<u>76.9</u>	<u>78.0</u>	<u>84.2</u>	<u>84.1</u>
Percentage of adults with good mental health (85.0)	87.0	<u>79.3</u>	90.9	94.3	<u>84.7</u>
Average number of unhealthy mental days in the last 30 days (4.4)**	<u>5.3</u>	<u>5.1</u>	3.5	<u>4.6</u>	4.4
Average number of unhealthy physical days in the last 30 days (4.4)**	<u>5.1</u>	<u>6.4</u>	<u>4.8</u>	3.9	<u>5.7</u>
Percentage of adults who have ever been told they have a depressive disorder (17.8)	<u>21.4</u>	<u>22.2</u>	14.4	<u>18.2</u>	15.9

*Underlined Numbers indicate a higher risk than the corresponding data for the state of Florida.

**2019 data

Source: Tables 15, 16, 18 and 23 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Although counties in Circuit 4 have a lower percentage of adults who have ever been told they have a depressive disorder, all three counties reported higher average number of mentally unhealthy days than the state average. Please refer to Table 2 for details.

Table 2: Health Status and Health-Related Quality of Life, BRFSS, Circuit 4, 2019 and 2022

Risk Factors (Florida)	Clay	Duval	Nassau
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.7)	17.3	17.3	15.7
Percentage of adults who describe their overall health as 'good' or 'excellent' (82.6)	82.7	82.7	84.3
Percentage of adults who had poor mental health on 14 or more of the past 30 days (15.0)	11.7	<u>17.0</u>	12.6
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	<u>13.1</u>	<u>13.4</u>	<u>17.2</u>
Percentage of adults with good physical health (87.0)	<u>86.6</u>	87.7	87.0
Percentage of adults with good mental health (85.0)	88.3	<u>83.0</u>	87.4
Average number of unhealthy mental days in the last 30 days (4.4)**	<u>4.8</u>	<u>5.3</u>	<u>4.6</u>
Average number of unhealthy physical days in the last 30 days (4.4)**	<u>5.3</u>	<u>4.5</u>	<u>5.1</u>
Percentage of adults who have ever been told they have a depressive disorder (17.8)	16.6	16.2	14.0

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

**2019 data

Source: Tables 15, 16, 18 and 23 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Circuit 5, Citrus County and Marion County fare worse than the state of Florida for six (6) of the nine (9) analyzed health status and health-related quality of life indicators shown in Table 3 below. According to this data set, 22.3 percent of adults in Citrus County who participated in the BRFSS in 2022 have been told they have a depressive disorder. Sumter County fared better when compared to the state on all but one risk factor analyzed in the table below (percentage of adults who had poor physical health on 14 or more of the past 30 days). Please see Table 3 for details.

Table 3: Health Status and Health-Related Quality of Life, BRFSS, Circuit 5, 2019 and 2022

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.7)	19.0	17.3	16.5	<u>20.5</u>	15.3
Percentage of adults who describe their overall health as 'good' or 'excellent' (82.6)	<u>81.0</u>	82.7	83.5	<u>79.5</u>	84.7

Percentage of adults who had poor mental health on 14 or more of the past 30 days (15.0)	14.1	10.4	12.3	13.5	5.6
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	<u>19.4</u>	<u>17.9</u>	<u>15.4</u>	<u>19.6</u>	<u>15.5</u>
Percentage of adults with good physical health (87.0)	<u>86.7</u>	87.0	90.4	<u>85.5</u>	89.3
Percentage of adults with good mental health (85.0)	85.9	89.6	87.7	86.5	94.4
Average number of unhealthy mental days in the last 30 days (4.4)**	<u>4.9</u>	<u>4.7</u>	4.1	4.1	3.2
Average number of unhealthy physical days in the last 30 days (4.4)**	<u>5.9</u>	<u>5.5</u>	<u>5.5</u>	<u>4.8</u>	4.3
Percentage of adults who have ever been told they have a depressive disorder (17.8)	<u>22.3</u>	<u>19.1</u>	<u>20.1</u>	<u>19.7</u>	15.9

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

**2019 data

Source: Tables 15, 16, 18 and 23 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Circuit 7, all counties reported higher percentages of ‘adults who have ever been told they have a depressive disorder’ as compared to the state, ranging from 19.3 percent to 23.4 percent. Flagler and St. Johns counties reported higher percentages of adults with ‘good physical health’ than the state, 87.5 percent and 93.6 percent, respectively. Please see Table 4 for details.

Table 4: Health Status and Health-Related Quality of Life, BRFSS, Circuit 7, 2019 and 2022

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percentage of adults who describe their overall health as ‘fair’ or ‘poor’ (19.7)	15.2	<u>23.8</u>	12.0	<u>22.2</u>
Percentage of adults who describe their overall health as ‘good’ or ‘excellent’ (82.6)	84.8	<u>76.2</u>	88.0	<u>77.8</u>
Percentage of adults who had poor mental health on 14 or more of the past 30 days (15.0)	12.3	12.5	<u>18.4</u>	<u>18.7</u>
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	<u>13.0</u>	<u>19.5</u>	11.3	<u>15.5</u>
Percentage of adults with good physical health (87.0)	87.5	<u>82.6</u>	93.6	<u>85.1</u>
Percentage of adults with good mental health (85.0)	87.7	87.5	<u>81.6</u>	<u>81.3</u>

Average number of unhealthy mental days in the last 30 days (4.4)**	4.3	<u>4.6</u>	3.5	<u>4.9</u>
Average number of unhealthy physical days in the last 30 days (4.4)**	4.5	<u>6.2</u>	3.8	<u>4.6</u>
Percentage of adults who have ever been told they have a depressive disorder (17.8)	<u>19.3</u>	<u>19.3</u>	<u>23.4</u>	<u>20.0</u>

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

**2019 data

Source: Tables 15, 16, 18 and 23 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Circuit 8, Baker County fares worse than the state on all presented health status and health-related quality of life measures (See Table 5 for details). Bradford and Union Counties fare worse on all but 1 (one) indicator shown in Table 5. Gilchrist County shows a high percentage of adults who have ever been told they have depressive disorder (29 percent compared to 17.8 percent in Florida).

Table 5: Health Status and Health-Related Quality of Life, BRFSS, Circuit 8, 2019 and 2022

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of adults who describe their overall health as 'fair' or 'poor' (19.7)	14.0	<u>23.0</u>	<u>21.2</u>	18.0	<u>21.5</u>	<u>28.3</u>
Percentage of adults who describe their overall health as 'good' or 'excellent' (82.6)	86.0	<u>77.0</u>	<u>78.8</u>	<u>82.0</u>	<u>78.5</u>	<u>71.7</u>
Percentage of adults who had poor mental health on 14 or more of the past 30 days (15.0)	<u>15.2</u>	<u>17.0</u>	<u>17.1</u>	14.9	10.7	<u>26.7</u>
Percentage of adults who had poor physical health on 14 or more of the past 30 days (12.9)	<u>13.2</u>	<u>18.3</u>	<u>15.7</u>	<u>21.3</u>	<u>19.9</u>	<u>17.7</u>
Percentage of adults with good physical health (87.0)	91.1	<u>85.8</u>	<u>86.3</u>	<u>84.9</u>	<u>86.5</u>	<u>68.1</u>
Percentage of adults with good mental health (85.0)	<u>54.8</u>	<u>83.0</u>	<u>82.9</u>	85.1	89.3	<u>73.3</u>
Average number of unhealthy mental days in the last 30 days (4.4)**	4.1	<u>5.0</u>	<u>5.4</u>	4.4	<u>5.4</u>	<u>5.2</u>
Average number of unhealthy physical days in the last 30 days (4.4)**	2.9	<u>5.9</u>	<u>5.7</u>	<u>6.8</u>	<u>7.2</u>	<u>6.7</u>
Percentage of adults who have ever been told they have a depressive disorder (17.8)	<u>18.2</u>	<u>19.7</u>	17.0	<u>29.0</u>	<u>18.5</u>	14.6

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

**2019 data

Source: Tables 15, 16, 18 and 23 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Tobacco and E-Cigarettes – BRFSS

Counties in Circuit 3 overall fare worse than the state of Florida in terms of tobacco and e-cigarette use. All counties report a much higher percentage of current smokers than the state, with Columbia and Suwannee Counties reporting the highest at 24 percent and 23.7 percent, respectively. Additionally, all counties in Circuit 3 note a smaller percentage of adults who have never smoked compared to Florida. Dixie County reports lower E-cigarette use as compared to Florida and the other Circuit 3 counties.

Table 6: Tobacco and E-Cigarettes, BRFSS, Circuit 3, 2019 and 2022

Risk Factors (Florida), Year	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of adults who are current smokers (11.3), 2022	<u>24.0</u>	<u>21.7</u>	<u>17.7</u>	<u>17.5</u>	<u>23.7</u>
Percentage of adults who tried to quit smoking at least once in the past year (52.5), 2022	<u>45.7</u>	<u>49.6</u>	<u>50.3</u>	--	<u>48.6</u>
Percentage of adults who are former smokers (26.3), 2022	24.2	25.7	21.9	23.0	<u>33.7</u>
Percentage of adults who have never smoked (61.1), 2022	<u>51.8</u>	<u>52.6</u>	<u>60.5</u>	<u>59.5</u>	<u>42.6</u>
Percentage of adults who currently use E-cigarettes (7.5), 2019	7.3	<u>6.4</u>	3.0	5.1	5.4
Percentage of adults who are former E-cigarette users (18.4), 2019	<u>20.5</u>	<u>22.3</u>	<u>19.9</u>	14.1	<u>19.2</u>
Percentage of adults who have never used E-cigarettes (74.1), 2019	72.2	71.4	77.1	<u>80.8</u>	<u>75.3</u>

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 42-44, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Clay County, the percentage of adults who are current smokers is nearly double that of the state (21.2 compared to 11.3 percent, respectively). Duval County also has a higher percentage of adults who are current smokers (16.9 percent) as compared to the state (11.3 percent). Nearly 71 percent of adults smokers tried to quit at least once in the past year in Nassau County as compared to 52.5 percent in Florida. Although the percentage of adults who are former E-cigarette users is higher in all Circuit 4 counties than the Florida average (18.4 percent), the percentage of adults who currently use E-cigarettes is lower in all Circuit 4 counties than Florida (7.5 percent).

Table 7: Tobacco and E-Cigarettes, BRFSS, Circuit 4, 2019 and 2022

Risk Factors (Florida), Year	Clay	Duval	Nassau
Percentage of adults who are current smokers (11.3), 2022	<u>21.2</u>	<u>16.9</u>	11.0
Percentage of adults who tried to quit smoking at least once in the past year (52.5), 2022	59.2	<u>45.8</u>	70.7
Percentage of adults who are former smokers (26.3), 2022	26.2	25.6	<u>29.2</u>
Percentage of adults who have never smoked (61.1), 2022	<u>52.7</u>	<u>57.5</u>	<u>59.8</u>
Percentage of adults who currently use E-cigarettes (7.5), 2019	6.3	5.6	3.7
Percentage of adults who are former E-cigarette users (18.4), 2019	<u>18.9</u>	<u>22.3</u>	<u>24.5</u>
Percentage of adults who have never used E-cigarettes (74.1), 2019	74.6	<u>72.1</u>	<u>71.9</u>

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 42-44, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Nearly every county in Circuit 5 shows heightened health risk factors related to current smoking except for Sumter County. Sumter County has a slightly lower percentage of adults who currently smoke (9.6 percent) compared to the Florida average (11.3 percent) and only 2.6 percent report current E-cigarette use. Between 74.4 and 87.0 percent of adults report never using E-cigarettes, which is better than the state average of 74.1 percent.

Table 8: Tobacco and E-Cigarettes, BRFSS, Circuit 7, 2019 and 2022

Risk Factors (Florida), Year	Citrus	Hernando	Lake	Marion	Sumter
Percentage of adults who are current smokers (11.3), 2022	<u>16.8</u>	<u>18.3</u>	<u>13.7</u>	<u>15.2</u>	9.6
Percentage of adults who tried to quit smoking at least once in the past year (52.5), 2022	59.2	55.0	44.9	70.9	<u>42.0</u>
Percentage of adults who are former smokers (26.3), 2022	<u>38.4</u>	<u>26.0</u>	<u>28.8</u>	<u>28.1</u>	<u>44.9</u>
Percentage of adults who have never smoked (61.1), 2022	<u>44.8</u>	<u>55.7</u>	<u>57.4</u>	<u>56.7</u>	<u>45.6</u>
Percentage of adults who currently use E-cigarettes (7.5), 2019	7.1	7.3	6.3	3.3	2.6
Percentage of adults who are former E-cigarette users (18.4), 2019	<u>18.5</u>	16.2	16.5	17.6	10.4

Percentage of adults who have never used E-cigarettes (74.1), 2019	74.4	76.5	77.2	79.1	87.0
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*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 42-44, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

All counties in Circuit 7 report lower percentages when compared to the state of adults who have never smoked indicating increased risk due to smoking history. Flagler County, Putnam County and Volusia County report higher percentages of current smokers than Florida.

Table 9: Tobacco and E-Cigarettes, BRFSS, Circuit 7, 2019 and 2022

Risk Factors (Florida), Year	Flagler	Putnam	St. Johns	Volusia
Percentage of adults who are current smokers (11.3), 2022	<u>15.9</u>	<u>18.5</u>	8.1	<u>20.1</u>
Percentage of adults who tried to quit smoking at least once in the past year (52.5), 2022	58.3	<u>33.9</u>	--	<u>43.8</u>
Percentage of adults who are former smokers (26.3), 2022	<u>32.2</u>	<u>28.8</u>	<u>36.6</u>	<u>27.4</u>
Percentage of adults who have never smoked (61.1), 2022	<u>52.0</u>	<u>52.7</u>	<u>55.3</u>	<u>52.4</u>
Percentage of adults who currently use E-cigarettes (7.5), 2019	5.1	5.9	<u>5.7</u>	4.6
Percentage of adults who are former E-cigarette users (18.4), 2019	<u>20.3</u>	<u>20.5</u>	17.4	<u>19.5</u>
Percentage of adults who have never used E-cigarettes (74.1), 2019	74.4	<u>73.7</u>	76.4	76.0

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 42-44, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

All counties in Circuit 8, except Alachua County, report higher percentages of adults who are current smokers than the state average. Nearly 25 percent of adults in Gilchrist County are current smokers. The percentage of adults who currently use E-cigarettes in Union County is nearly double the percentage of adults who currently use E-cigarettes in Florida (13.2 percent and 7.5 percent, respectively).

Table 10: Tobacco and E-Cigarettes, BRFSS, Circuit 8, 2019 and 2022

Risk Factors (Florida), Year	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of adults who are current smokers (11.3), 2022	9.1	<u>21.0</u>	<u>18.3</u>	<u>24.7</u>	<u>18.7</u>	<u>19.7</u>
Percentage of adults who tried to quit smoking at least once in the past year (52.5), 2022	58.4	<u>47.0</u>	53.9	--	<u>40.9</u>	69.4
Percentage of adults who are former smokers (26.3), 2022	19.4	18.7	22.9	24.4	25.9	<u>31.8</u>
Percentage of adults who have never smoked (61.1), 2022	71.5	<u>60.3</u>	<u>58.8</u>	<u>50.9</u>	<u>55.5</u>	<u>48.5</u>
Percentage of adults who currently use E-cigarettes (7.5), 2019	6.6	2.2	4.8	5.9	5.8	<u>13.2</u>
Percentage of adults who are former E-cigarette users (18.4), 2019	17.1	<u>22.8</u>	<u>18.5</u>	15.1	<u>19.9</u>	14.9
Percentage of adults who have never used E-cigarettes (74.1), 2019	76.2	75.0	76.7	79.1	74.2	<u>71.9</u>

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 42-44, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Substance Misuse and Alcohol Consumption – BRFSS

Counties in Circuit 3 have lower risk factors for marihuana or hashish use and lower risk factors for engaging in heavy or binge drinking as compared with the state (Table 11). In Circuit 4, Duval County has higher risk factors than the state average for marijuana use or hashish use and Duval and Clay counties have higher risk factors for heavy or binge drinking. All counties in Circuit 5 fare better than Florida in regard to binge drinking and Lake is the only Circuit 5 county with higher use of marijuana or hashish than Florida. In Circuit 7, both St. Johns County and Volusia County experience higher use of marijuana or hashish and binge drinking than Florida. In Circuit 8, Alachua County has increased risk factors for marijuana use or hashish use and binge drinking. Both Gilchrist County and Union County have higher use of marijuana or hashish than Florida. In the LSF Health Systems service area, Lafayette County reported the lowest use of marijuana or hashish (0.9 percent) and Alachua reported the highest (11.3 percent). Clay County reported the highest use of binge drinking (22.2 percent) and Union County (10.6 percent) reported the lowest percentage of binge drinking.

Table 11: Substance Misuse, BRFSS, Circuit 3, 2016 and 2019

Risk Factors (Florida), Year	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of adults who used marijuana or hashish during the past 30 days (7.4), 2016	5.7	5.1	3.0	0.9	5.0
Percentage of adults who engage in heavy or binge drinking (18.0), 2019	16.6	15.1	15.9	10.7	15.0

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 45 and 46, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 12: Substance Misuse, BRFSS, Circuit 4, 2016 and 2019

Risk Factors, (Florida), Year	Clay	Duval	Nassau
Percentage of adults who used marijuana or hashish during the past 30 days (7.4), 2016	6.0	<u>8.0</u>	4.0
Percentage of adults who engage in heavy or binge drinking (17.5), 2019	<u>22.2</u>	<u>19.4</u>	12.2

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 45 and 46, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 13: Substance Misuse, BRFSS, Circuit 5, 2016 and 2019

Risk Factors, (Florida), Year	Citrus	Hernando	Lake	Marion	Sumter
Percentage of adults who used marijuana or hashish during the past 30 days (7.4), 2016	3.3	3.7	<u>7.8</u>	4.1	1.9
Percentage of adults who engage in heavy or binge drinking (17.5), 2019	16.5	14.5	15.8	14.2	11.9

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 45 and 46, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 14: Substance Misuse, BRFSS, Circuit 7, 2016 and 2019

Risk Factors, (Florida), Year	Flagler	Putnam	St. Johns	Volusia
Percentage of adults who used marijuana or hashish during the past 30 days (7.4), 2016	3.4	5.9	<u>7.8</u>	<u>8.2</u>
Percentage of adults who engage in heavy or binge drinking (17.5), 2019	14.7	15.3	<u>20.3</u>	<u>17.8</u>

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 45 and 46, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 15: Substance Misuse, BRFSS, Circuit 8, 2016 and 2019

Risk Factors (Florida), Year	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of adults who used marijuana or hashish during the past 30 days (7.4), 2016	<u>11.3</u>	4.0	4.9	<u>8.9</u>	4.5	<u>8.9</u>
Percentage of adults who engage in heavy or binge drinking (17.5), 2019	<u>20.9</u>	12.0	14.8	14.2	13.1	10.6

*Underlined numbers indicate a higher risk than the corresponding data for the state of Florida.

Source: Tables 45 and 46, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

FLORIDA YOUTH SUBSTANCE ABUSE SURVEY

“The Florida Substance Abuse Survey (FYSAS) is a collaborative effort between the Florida departments of Health, Education, and Children and Families.” During the 1999-2000 school year, the survey was administered to middle and high school students for the first time. Since 2020 FYSAS has been administered every two years. It is based on the “Communities That Care” survey and its purpose is to detect risks and protective factors for substance abuse as well as to measure substance abuse prevalence. The data used in this report is from the most recently available surveys from 2024, the LSF Health Systems Technical Appendix 2025 includes three years of data, 2020, 2022, and 2024.

In 2024, 44,458 Florida students participated in the FYSAS. Of those, 22,711 were male students and 21,747 were female students. In the LSF Health Systems service area, 13,834 students participated in the FYSAS and 6,931 were male students and 6,903 were female students. In Florida, 25,821 of the 44,458 participating students were in High School and 18,934 were in middle school. In the LSF Health Services service area, 6,794 of the students participating were in high school and 7,152 were in middle school.

Note: FYSAS Indicators are summarized only at state and county levels. Tables 12 through 26 provide highlights from the FYSAS by circuit (See Tables 48-78, LSF Health Systems Technical Appendix 2025 for more details). Clay County students and St. Johns County students are not represented in the 2024 FYSAS. Union County had only middle school results for 2024; Lafayette County had only middle school results for 2024.

Violence - FYSAS

Tables 12-16 include FYSAS indicators related to violence.

Table 12 includes select indicators for Circuit 3. Columbia County has increases risk factors for all but two indicators (percent of youth who report carrying a handgun and percent of youth who report attacking someone with the intent to harm. All counties in Circuit 3 report ‘carrying a handgun’ within the past 12 months at higher rates than their state counterparts (5.9 percent in the state compared to a range of 8.7 percent to 11.5 percent in Circuit 3 counties. All counties in Circuit 3 report higher rates of ‘getting suspended’ in the past 12 months as compared to Florida rates (13.5 percent in Florida compared to a range of 13.6 percent to 20.1 percent in Circuit 3. Bullying behaviors have increased in Circuit 3 since 2020 (See Tables 55-63, LSF Health Systems Technical Appendix, 2025). Most counties in Circuit 3 report above average percentages of youth who have been involved in physically bullying others or getting suspended.

Table 16: Violence, FYSAS, Circuit 3, 2024

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent of youth who report ‘carrying a handgun’ within the past 12 months (5.9)	<u>9.3</u>	<u>8.7</u>	<u>11.5</u>	<u>8.8</u>	<u>9.3</u>
Percent of youth who report ‘selling drugs’ within the past 12 (1.6)	1.4	<u>2.5</u>	<u>2.2</u>	1.4	<u>2.2</u>
Percent of youth who report ‘being arrested’ within the past 12 months (1.7)	<u>2.1</u>	0.8	<u>2.9</u>	0.8	1.2
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as ‘getting suspended’ (13.5)	<u>18.3</u>	<u>20.1</u>	<u>17.5</u>	<u>13.6</u>	<u>17.6</u>
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as ‘attacking someone with intent to harm’ (6.0)	8.1	4.4	<u>11.2</u>	<u>7.0</u>	<u>6.1</u>

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (9.2)	<u>10.9</u>	<u>14.6</u>	<u>11.6</u>	8.5	<u>13.1</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (35.5)	<u>37.9</u>	<u>35.9</u>	26.2	<u>52.6</u>	<u>37.3</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (58.5)	<u>61.4</u>	<u>60.4</u>	46.3	<u>65.8</u>	<u>59.1</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying' (29.0)	<u>29.6</u>	<u>35.3</u>	24.0	<u>29.9</u>	<u>30.7</u>
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (17.5)	<u>18.9</u>	<u>19.4</u>	<u>22.7</u>	<u>21.2</u>	<u>19.3</u>
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (30.9)	<u>34.9</u>	<u>34.4</u>	30.2	<u>34.5</u>	<u>35.4</u>
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (13.4)	<u>13.6</u>	<u>16.9</u>	13.0	11.5	<u>14.9</u>

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Tables 50, 51, 53, 55-63, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Clay and Nassau Counties did not participate in the 2024 FYSAS. As such, data from 2022 are included below for Circuit 4. Please note, 2024 data can be reviewed in the LSF Health Systems Technical Appendix 2025 for Duval County. As indicated in Table 17, a higher percentage of students experience and perpetrate bullying in Circuit 4 than in Florida.

Table 17: Violence, FYSAS, Circuit 4, 2022.

Risk Factors (Florida)	Clay	Duval	Nassau
Percent of youth who report 'carrying a handgun' within the past 12 months (6.0)	<u>6.7</u>	5.9	<u>8.0</u>
Percent of youth who report 'selling drugs' within the past 12 (2.0)	1.9	1.9	1.6
Percent of youth who report 'being arrested' within the past 12 months (1.7)	<u>2.4</u>	<u>2.2</u>	<u>1.8</u>

Risk Factors (Florida)	Clay	Duval	Nassau
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended' (11.5)	10.2	<u>16.5</u>	10.0
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.7)	<u>8.0</u>	<u>7.5</u>	<u>7.6</u>
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (8.9)	<u>10.3</u>	7.5	<u>13.0</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (33.7)	<u>39.8</u>	<u>39.3</u>	<u>36.6</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (58.3)	<u>64.3</u>	<u>60.2</u>	<u>64.2</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying' (30.1)	<u>35.9</u>	<u>31.0</u>	<u>34.2</u>
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (16.4)	<u>19.4</u>	<u>17.7</u>	<u>18.1</u>
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (29.4)	<u>32.0</u>	29.1	<u>32.0</u>
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (12.8)	<u>14.0</u>	<u>14.3</u>	11.3

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Tables 50, 51, 53, 55-63, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Overall, counties in Circuit 5 reported higher rates of 'skipping school because of bullying' and 'physically bullying others.' Most Circuit 5 counties reported higher rates of being 'kicked or shoved,' being 'taunted or teased,' and 'being the victim of cyber bullying.' As compared to state averages, youth in all counties except Sumpter reported higher rates of 'verbally bullying others.' Youth in Citrus, Hernando, Marion and Lake reported higher rates of 'carrying a handgun' within the past 12 months than the Florida youth average.

Table 18: Violence, FYSAS, Circuit 5, 2022

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percent of youth who report 'carrying a handgun' within the past 12 months (5.9)	<u>9.2</u>	<u>7.0</u>	5.4	<u>9.1</u>	<u>6.0</u>
Percent of youth who report 'selling drugs' within the past 12 (1.6)	3.2	<u>1.9</u>	1.0	<u>2.9</u>	<u>1.1</u>
Percent of youth who report 'being arrested' within the past 12 months (1.7)	2.6	1.7	1.4	<u>2.2</u>	1.6

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended' (13.5)	<u>16.9</u>	12.4	<u>12.8</u>	<u>21.1</u>	14.4
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.0)	7.1	4.9	6.9	<u>7.6</u>	6.0
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (9.2)	<u>18.0</u>	<u>11.9</u>	<u>10.8</u>	<u>13.4</u>	<u>11.7</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (35.5)	<u>49.9</u>	<u>39.1</u>	<u>38.4</u>	<u>38.0</u>	36.4
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (58.5)	<u>71.2</u>	<u>60.8</u>	<u>61.4</u>	<u>66.4</u>	56.9
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying' (29.0)	<u>40.3</u>	<u>31.0</u>	<u>30.9</u>	<u>30.1</u>	24.9
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (17.5)	<u>23.4</u>	<u>18.0</u>	<u>19.4</u>	<u>19.2</u>	<u>17.8</u>
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (30.9)	<u>37.3</u>	<u>32.7</u>	<u>33.6</u>	<u>36.5</u>	27.5
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (13.4)	<u>18.7</u>	12.5	<u>15.6</u>	<u>16.0</u>	10.3

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 50, 51, 53, 55-63, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 19 includes selected violence indicators from the 2022 FYSAS. St. Johns County did not participate in the 2024 FYSAS, however, all other Circuit 7 counties participated. Please see the LSF Health Systems Technical Appendix 2025 for FYSAS 2024 data. According to 2022 data, all counties in Circuit 7 reported higher risk for the following: 'selling drugs,' 'skipped school because of bullying,' 'ever kicked or shoved,' and 'ever cyber bullied others.'

Table 19: Violence, FYSAS, Circuit 7, 2022

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percent of youth who report 'carrying a handgun' within the past 12 months (6.0)	<u>8.2</u>	<u>10.6</u>	6.0	<u>7.2</u>

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percent of youth who report 'selling drugs' within the past 12 (2.0)	<u>2.3</u>	<u>2.7</u>	<u>2.5</u>	<u>2.8</u>
Percent of youth who report 'being arrested' within the past 12 months (1.7)	<u>5.2</u>	<u>2.5</u>	0.7	<u>1.7</u>
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended' (11.1)	<u>16.2</u>	<u>14.1</u>	5.8	10.3
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.7)	<u>8.0</u>	<u>9.0</u>	4.3	<u>8.3</u>
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (8.9)	<u>10.7</u>	<u>11.1</u>	<u>10.2</u>	<u>11.7</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (33.7)	<u>37.9</u>	<u>30.0</u>	<u>36.7</u>	<u>39.4</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (58.3)	<u>67.9</u>	52.5	<u>62.8</u>	<u>61.5</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying' (30.1)	<u>30.4</u>	27.5	<u>32.9</u>	<u>35.4</u>
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (16.4)	<u>20.7</u>	15.1	13.1	<u>20.9</u>
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (29.4)	<u>31.9</u>	29.0	29.0	32.3
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (12.8)	<u>14.1</u>	<u>14.6</u>	<u>13.3</u>	<u>14.8</u>

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Tables 50, 51, 53, 55-63, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

All counties in Circuit 8 reported a higher percentage of 'carrying a handgun,' as compared to the state average. All but two Circuit 8 counties reported higher participation in the 'selling of drugs' compared to the state average. Union County youth reported especially high risks related to 'ever being kicked or shoved,' 'being taunted or teased,' and 'skipped school due to bullying.'

Table 20: Violence, FYSAS, Circuit 8, 2024

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent of youth who report 'carrying a handgun' within the past 12 months (5.9)	<u>8.0</u>	<u>11.5</u>	<u>10.4</u>	<u>9.8</u>	<u>7.8</u>	<u>9.5</u>
Percent of youth who report 'selling drugs' within the past 12 (1.6)	<u>1.8</u>	<u>2.1</u>	<u>2.5</u>	1.1	<u>1.9</u>	2.2

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent of youth who report 'being arrested' within the past 12 months (1.7)	1.4	<u>2.6</u>	1.6	1.0	<u>1.9</u>	<u>5.6</u>
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'getting suspended' (13.5)	13.3	12.9	<u>21.0</u>	13.1	<u>15.0</u>	<u>21.4</u>
Percent of youth who report engaging in delinquent behavior within the past 12 months, such as 'attacking someone with intent to harm' (6.0)	<u>7.4</u>	<u>6.7</u>	<u>6.4</u>	6.0	5.0	<u>11.6</u>
Percent of youth who reported involvement in bullying behavior such as 'skipped school because of bullying' (9.2)	8.6	<u>10.4</u>	<u>13.6</u>	<u>9.4</u>	7.3	<u>17.1</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever kicked or shoved' (35.5)	33.0	<u>35.6</u>	35.1	<u>40.6</u>	31.6	<u>55.9</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever taunted or teased' (58.5)	58.4	<u>59.0</u>	54.2	<u>61.6</u>	52.2	<u>72.0</u>
Percent of youth who reported involvement in bullying behavior such as 'was ever a victim of cyber bullying' (29.0)	28.3	<u>29.8</u>	27.3	28.7	18.3	28.9
Percent of youth who reported involvement in bullying behavior such as 'ever physically bullied others' (17.5)	17.0	<u>20.6</u>	<u>18.9</u>	<u>20.0</u>	15.3	<u>26.8</u>
Percent of youth who reported involvement in bullying behavior such as 'ever verbally bullied others' (30.9)	<u>32.9</u>	<u>37.8</u>	30.7	<u>31.2</u>	24.4	30.9
Percent of youth who reported involvement in bullying behavior such as 'ever cyber bullied others' (13.4)	<u>15.4</u>	<u>18.7</u>	11.9	11.8	8.7	11.9

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 50, 51, 53, 55-63, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The following tables provide summaries of mental and emotional risk factors as reported in the FYSAS. Please note, due to the lack of participation of some counties in Circuits 4 and 7, 2022 data will be presented for those Circuits. The LSF Health Systems Technical Appendix 2025 includes data from the 2020, 2022, and 2024 FYSAS collection periods. In Circuit 3, Hamilton County youth reported lower risk for mental and emotional health indicators than the state averages. Dixie County youth reported higher risk for thinking ‘I am a failure,’ but reported lower risks for all other indicators in Table 21.

Table 21: Mental and Emotional Health, FYSAS, Circuit 3, 2024

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percent of youth who reported symptoms of depression such as ‘sometimes I think that life is not worth it’ (26.9)	29.3	24.9	22.8	<u>32.3</u>	26.2
Percent of youth who reported symptoms of depression such as ‘sometimes I think I am no good at all’ (39.3)	<u>41.9</u>	35.9	32.9	<u>47.0</u>	39.2
Percent of youth who reported symptoms of depression such as ‘all in all I am inclined to think I’m a failure’ (27.0)	<u>28.9</u>	<u>28.5</u>	23.3	<u>33.6</u>	<u>27.4</u>
Percent of youth who reported symptoms of depression such as ‘In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?’ (40.7)	<u>44.8</u>	39.6	38.9	<u>47.4</u>	40.6

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 64-67, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Circuit 4, Clay County youth reported higher risk than Florida averages for mental and emotional health factors. Duval County youth reported lower risk than the Florida averages except experiencing symptoms of depression.

Table 22: Mental and Emotional Health, FYSAS, Circuit 4, 2022

Risk Factors (Florida)	Clay	Duval	Nassau
Percent of youth who reported symptoms of depression such as ‘sometimes I think that life is not worth it’ (33.3)	<u>38.6</u>	33.2	37.3
Percent of youth who reported symptoms of depression such as ‘sometimes I think I am no good at all’ (46.1)	<u>49.3</u>	47.1	<u>49.4</u>
Percent of youth who reported symptoms of depression such as ‘all in all I am inclined to think I’m a failure’ (30.7)	<u>36.1</u>	29.5	30.1

Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (47.3)	<u>50.7</u>	<u>51.0</u>	<u>48.4</u>
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*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 64-67, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Counties in Circuit 5 fare worse when compared to the state for mental and emotional health, with Citrus County, in particular, reporting the highest percentage of youth in the Circuit who 'think life is not worth it,' who say, 'sometimes I think I am no good,' and who are 'inclined to think I'm a failure.' Sumter County fares best, with only one indicator being slightly worse than Florida.

Table 23: Mental and Emotional Health, FYSAS, Circuit 5, 2024

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percent of youth who reported symptoms of depression such as 'sometimes I think that life is not worth it' (26.9)	<u>33.5</u>	<u>34.8</u>	<u>28.8</u>	<u>30.5</u>	24.8
Percent of youth who reported symptoms of depression such as 'sometimes I think I am no good at all' (39.3)	<u>46.1</u>	<u>44.8</u>	<u>41.0</u>	<u>41.0</u>	38.9
Percent of youth who reported symptoms of depression such as 'all in all I am inclined to think I'm a failure' (27.0)	<u>34.0</u>	<u>30.9</u>	<u>30.5</u>	<u>29.1</u>	<u>28.0</u>
Percent of youth who reported symptoms of depression such as 'In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?' (40.7)	<u>48.5</u>	<u>47.1</u>	<u>46.1</u>	<u>49.1</u>	37.8

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 64-67, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Circuit 7, Putnam County youth reported lower risks for mental and emotional health indicators as compared to the state averages. St. Johns and Volusion County reported higher risks than the state averages for all indicators included in Table 24 below.

Table 24: Mental and Emotional Health, FYSAS, Circuit 7, 2022

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
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Percent of youth who reported symptoms of depression such as ‘sometimes I think that life is not worth it’ (33.3)	<u>36.8</u>	27.6	<u>34.4</u>	<u>41.0</u>
Percent of youth who reported symptoms of depression such as ‘sometimes I think I am no good at all’ (46.1)	45.4	38.2	<u>49.3</u>	<u>56.0</u>
Percent of youth who reported symptoms of depression such as ‘all in all I am inclined to think I’m a failure’ (30.7)	<u>32.0</u>	27.5	<u>32.9</u>	<u>38.1</u>
Percent of youth who reported symptoms of depression such as ‘In the past year, have you felt depressed or sad most days, even if you felt ok sometimes?’ (47.3)	<u>53.9</u>	44.4	42.2	<u>54.4</u>

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 64-67, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

As seen in Table 25, Bradford, Gilchrist, and Levy County youth reported experiencing lower risk factors than the state averages. Alachua, Baker and Union County youth reported experiencing higher risk factors than the state averages for the selected indicators related to mental and emotional health.

Table 25: Mental and Emotional Health, FYSAS, Circuit 8, 2024

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percent of youth who reported symptoms of depression such as ‘sometimes I think that life is not worth it’ (26.9)	<u>33.3</u>	<u>30.5</u>	20.0	21.9	17.7	<u>30.8</u>
Percent of youth who reported symptoms of depression such as ‘sometimes I think I am no good at all’ (39.3)	<u>45.8</u>	<u>47.0</u>	28.3	36.8	30.1	<u>41.0</u>
Percent of youth who reported symptoms of depression such as ‘all in all I am inclined to think I’m a failure’ (27.0)	<u>29.7</u>	<u>30.0</u>	21.5	22.4	21.2	<u>29.8</u>
Percent of youth who reported symptoms of depression such as ‘In the past year, have you felt depressed or sad most days,	<u>43.5</u>	<u>46.1</u>	33.3	36.1	32.3	<u>45.8</u>

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
even if you felt ok sometimes?' (40.7)						

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 64-67, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Substance Use - FYSAS

The FYSAS includes selected indicators related to lifetime drug and alcohol use and use of drugs and alcohol in the past 30 days. Tables 26 – 30 provide summaries of these indicators for each Circuit. Please note, data reflects the 2024 FYSAS except for Circuits 4 and 7 due to lack of participation by several counties. As such, 2022 FYSAS results are included.

Table 26: Substance Use, FYSAS, Circuit 3, 2024

Risk Factors (Florida)	Columbia	Dixie	Hamilton	Lafayette	Suwannee
Percentage of youth who reported having used any illicit drugs in their lifetimes (20.2)	<u>23.9</u>	<u>32.8</u>	16.8	14.7	<u>20.5</u>
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (9.9)	<u>10.3</u>	<u>13.4</u>	5.8	<u>11.8</u>	8.9
Percentage of youth who reported having used alcohol only in their lifetimes (13.4)	11.2	11.4	8.6	11.6	<u>15.2</u>
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (33.5)	<u>35.3</u>	<u>44.4</u>	25.1	26.3	35.4
Percentage of youth who reported having used any illicit drugs in the past 30 days (9.7)	<u>12.2</u>	<u>19.0</u>	6.8	2.5	7.9
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (3.7)	3.3	<u>5.8</u>	2.3	2.5	2.4
Percentage of youth who reported having used only alcohol in the past 30 days (6.0)	4.9	<u>9.3</u>	<u>8.0</u>	<u>6.7</u>	5.9
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (15.6)	<u>17.3</u>	<u>28.5</u>	14.6	9.2	13.6

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Tables 68-77, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 27: Substance Use, FYSAS, Circuit 4, 2022

Risk Factors (Florida)	Clay	Duval	Nassau
Percentage of youth who reported having used any illicit drugs in their lifetimes (23.9)	<u>28.3</u>	<u>24.4</u>	<u>26.7</u>
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (12.3)	<u>15.2</u>	12.1	<u>14.2</u>
Percentage of youth who reported having used alcohol only in their lifetimes (14.3)	<u>13.5</u>	10.7	<u>14.8</u>
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (38.0)	<u>41.6</u>	35.2	<u>41.3</u>
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (7.2)	<u>8.1</u>	<u>9.8</u>	6.6
Percentage of youth who reported having used any illicit drugs in the past 30 days (12.3)	<u>12.7</u>	<u>13.1</u>	<u>14.4</u>
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (4.7)	<u>5.2</u>	<u>4.8</u>	3.9
Percentage of youth who reported having used only alcohol in the past 30 days (6.4)	<u>6.9</u>	4.5	5.7
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (18.5)	<u>19.6</u>	18.0	<u>20.0</u>
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.9)	<u>7.0</u>	<u>9.1</u>	5.1

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.

Source: Tables 68-77, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 28: Substance Use, FYSAS, Circuit 5, 2024

Risk Factors (Florida)	Citrus	Hernando	Lake	Marion	Sumter
Percentage of youth who reported having used any illicit drugs in their lifetimes (20.2)	<u>30.9</u>	<u>22.5</u>	<u>20.6</u>	<u>24.1</u>	16.4
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (9.9)	<u>16.9</u>	<u>10.5</u>	10.66	<u>11.0</u>	8.6
Percentage of youth who reported having used alcohol only in their lifetimes (13.4)	11.7	<u>14.7</u>	12.8	13.0	9.9
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (33.5)	<u>42.2</u>	<u>36.9</u>	33.4	<u>37.0</u>	26.2
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.8)	<u>9.6</u>	5.6	<u>7.0</u>	<u>8.2</u>	6.2
Percentage of youth who reported having used any illicit drugs in the past 30 days (9.7)	<u>15.8</u>	<u>11.3</u>	9.2	<u>11.3</u>	7.1
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (3.7)	<u>7.3</u>	3.7	<u>4.5</u>	3.4	2.9
Percentage of youth who reported having used only alcohol in the past 30 days (6.0)	5.9	<u>7.5</u>	<u>6.2</u>	5.7	3.7
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (15.6)	<u>21.6</u>	<u>18.2</u>	<u>15.7</u>	<u>17.0</u>	10.8
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (5.6)	<u>9.5</u>	<u>6.8</u>	4.8	<u>7.3</u>	3.5

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 68-77, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 29: Substance Use, FYSAS, Circuit 7, 2022

Risk Factors (Florida)	Flagler	Putnam	St. Johns	Volusia
Percentage of youth who reported having used any illicit drugs in their lifetimes (23.9)	<u>29.2</u>	<u>27.5</u>	<u>24.9</u>	<u>30.2</u>
Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (12.3)	<u>17.2</u>	<u>13.7</u>	<u>13.9</u>	<u>14.5</u>
Percentage of youth who reported having used alcohol only in their lifetimes (14.3)	8.5	11.5	<u>18.1</u>	<u>18.9</u>
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (38.0)	37.4	<u>38.5</u>	<u>42.8</u>	<u>48.7</u>
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (7.2)	<u>7.3</u>	<u>9.8</u>	6.5	<u>7.5</u>
Percentage of youth who reported having used any illicit drugs in the past 30 days (12.3)	<u>15.2</u>	10.9	<u>12.9</u>	<u>18.4</u>
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (4.7)	<u>5.0</u>	3.6	4.4	<u>6.8</u>
Percentage of youth who reported having used only alcohol in the past 30 days (6.4)	4.6	<u>8.6</u>	<u>8.3</u>	<u>8.0</u>
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (18.5)	<u>19.7</u>	<u>19.3</u>	<u>21.2</u>	<u>25.2</u>
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (6.9)	<u>7.5</u>	5.3	5.0	<u>10.6</u>

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 68-77, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Table 30: Substance Use, FYSAS, Circuit 8, 2024

Risk Factors (Florida)	Alachua	Baker	Bradford	Gilchrist	Levy	Union
Percentage of youth who reported having used any illicit drugs in their lifetimes (20.2)	<u>24.0</u>	<u>22.3</u>	<u>20.5</u>	<u>20.7</u>	16.0	15.9

Percentage of youth who reported having used any illicit drug other than marijuana in their lifetimes (9.9)	<u>12.4</u>	9.1	<u>10.5</u>	9.3	6.0	<u>13.6</u>
Percentage of youth who reported having used alcohol only in their lifetimes (13.4)	<u>15.9</u>	<u>21.4</u>	8.5	<u>16.0</u>	11.5	<u>14.5</u>
Percentage of youth who reported having used alcohol or any illicit drugs in their lifetimes (33.5)	<u>39.5</u>	13.3	28.9	<u>36.4</u>	26.6	31.6
Percentage of youth who reported having used any illicit drugs, but no alcohol, in their lifetimes (6.8)	<u>7.6</u>	5.7	<u>10.2</u>	6.6	<u>7.2</u>	6.6
Percentage of youth who reported having used any illicit drugs in the past 30 days (9.7)	<u>10.1</u>	<u>10.9</u>	<u>10.4</u>	9.2	7.1	9.1
Percentage of youth who reported having used any illicit drug other than marijuana in the past 30 days (3.7)	<u>4.1</u>	3.2	<u>6.1</u>	2.6	1.3	<u>6.9</u>
Percentage of youth who reported having used only alcohol in the past 30 days (6.0)	<u>7.0</u>	<u>12.4</u>	4.1	<u>6.5</u>	<u>6.1</u>	5.8
Percentage of youth who reported having used alcohol or any illicit drugs in the past 30 days (15.6)	<u>16.3</u>	<u>22.9</u>	14.4	15.6	12.9	14.3
Percentage of youth who reported having used any illicit drugs, but no alcohol, in the past 30 days (5.6)	5.5	4.5	<u>7.0</u>	5.0	5.3	<u>5.7</u>

*Underlined numbers indicate a higher risk than the state of Florida average for the corresponding risk factor.
Source: Tables 68-77, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

HEALTH INSURANCE

In seeking to prevent illness and promote and maintain quality of life for all Florida residents, it is useful to examine the rates of insurance coverage for both adults (aged 19+ years) and children (aged 18 and under) when conducting a needs assessment. Below are key findings from the LSF Health Systems Technical Appendix, Tables 79-81 presenting data from the American Community Survey, which produces population, demographic and housing unit estimates for 2019-2023.

In Florida, 88.1 percent of the population are insured which is slightly lower than the percentage of residents in the LSF Health System service area with insurance coverage (89.5 percent). In the LSF Health Systems service area, Sumter County has the highest percentage of insured residents (94.8 percent), closely followed by St. Johns County (93.6 percent) and Nassau County (92.5 percent). Dixie County has the highest percentage of uninsured residents (17.7 percent).

Table 31: Estimated Number and Percent Insured and Uninsured for All Ages by County, Circuit, Service Area and Florida, 2019-2023

Area	Total Estimated Number	Insured		Uninsured	
		Total Estimated	Percent Estimated	Total Estimated	Percent Estimated
Columbia	66,425	57,234	86.2	9,191	13.8
Dixie	15,351	12,633	82.3	2,718	17.7
Hamilton	10,870	9,426	86.7	1,444	13.3
Lafayette	6,618	5,890	89.0	728	11.0
Suwannee	42,682	37,601	88.1	5,081	11.9
Circuit 3	141,946	122,784	86.5	19,162	13.5
Clay	219,386	201,467	91.8	17,919	8.2
Duval	982,567	869,659	88.5	112,908	11.5
Nassau	93,308	86,278	92.5	7,030	7.5
Circuit 4	1,295,261	1,157,404	89.4	137,857	10.6
Citrus	156,348	138,390	88.5	17,958	11.5
Hernando	199,641	176,362	88.3	23,279	11.7
Lake	394,637	354,778	89.9	39,859	10.1
Marion	379,768	333,278	87.8	46,490	12.2
Sumter	129,475	122,766	94.8	6,709	5.2
Circuit 5	1,259,869	1,125,574	89.3	134,295	10.7
Flagler	120,993	107,940	89.2	13,053	10.8
Putnam	73,118	62,091	84.9	11,027	15.1
St. Johns	290,093	271,425	93.6	18,668	6.4
Volusia	560,338	498,477	89.0	61,861	11.0
Circuit 7	1,044,542	939,933	90.0	104,609	10.0
Alachua	279,201	257,431	92.2	21,770	7.8
Baker	25,248	22,634	89.6	2,614	10.4
Bradford	24,053	21,329	88.7	2,724	11.3
Gilchrist	17,557	14,900	84.9	2,657	15.1
Levy	43,988	37,439	85.1	6,549	14.9
Union	10,727	9,699	90.4	1,028	9.6
Circuit 8	400,774	363,432	90.7	37,342	9.3
23-County Region	4,142,392	3,709,127	89.5	433,265	10.5
Florida	21,591,588	19,021,878	88.1	2,569,710	11.9

Source: Table 79, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The percentage of insured children in Florida is 92.6 which is slightly less than the percentage of insured children in the LSF Health Systems service area (92.8 percent). Union County has the highest percentage of insured children in the service area (97.7 percent), followed by Nassau County (97.0 percent), and Clay County (95.2 percent). Dixie County children experience the highest rates of uninsurance (15.5 percent), followed by Columbia County children (12.9 percent) and Flagler County children (10.6 percent).

Table 32: Estimated Number and Percent Insured and Uninsured for Children (0-18 Years of Age) by County, Circuit, Service Area and Florida, 2019-2023

Area	Total Estimated Number	Insured		Uninsured	
		Total Estimated	Percent Estimated	Total Estimated	Percent Estimated
Columbia	16,411	14,299	87.1	2,112	12.9
Dixie	3,290	2,780	84.5	510	15.5
Hamilton	2,849	2,620	92.0	229	8.0
Lafayette	1,511	1,396	92.4	115	7.6
Suwannee	10,059	9,446	93.9	613	6.1
Circuit 3	34,120	30,541	89.5	3,579	10.5
Clay	53,998	51,386	95.2	2,612	4.8
Duval	239,161	222,154	92.9	17,007	7.1
Nassau	19,360	18,579	96.0	781	4.0
Circuit 4	312,519	292,119	93.5	20,400	6.5
Citrus	24,766	22,505	90.9	2,261	9.1
Hernando	39,370	36,326	92.3	3,044	7.7
Lake	80,158	74,380	92.8	5,778	7.2
Marion	76,550	69,963	91.4	6,587	8.6
Sumter	10,159	9,422	92.7	737	7.3
Circuit 5	231,003	212,596	92.0	18,407	8.0
Flagler	21,061	18,359	87.2	2,702	12.8
Putnam	16,567	15,654	94.5	913	5.5
St. Johns	67,292	63,746	94.7	3,546	5.3
Volusia	106,376	97,970	92.1	8,406	7.9
Circuit 7	211,296	195,729	92.6	15,567	7.4
Alachua	59,065	56,473	95.6	2,592	4.4
Baker	7,002	6,391	91.3	611	8.7
Bradford	5,980	5,452	91.2	528	8.8
Gilchrist	3,902	3,490	89.4	412	10.6
Levy	9,220	8,449	91.6	771	8.4
Union	3,411	3,333	97.7	78	2.3
Circuit 8	88,580	83,588	94.4	4,992	5.6
23-County Region	877,518	814,573	92.8	62,945	7.2
Florida	4,561,958	4,224,042	92.6	337,916	7.4

Source: Table 80, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Adult residents of Florida and the LSF Health Systems service experience higher rates of uninsurance than children. In Florida, 13.1 percent of the adult population are uninsured compared to 11.3 percent of the adult population in the LSF Health Systems service area. In the service area, Dixie County (18.3 percent), Levy County (16.6 percent) and Gilchrist County (16.4 percent) experience the highest rates of uninsured adults. Sumter County has the highest adult insurance percentage (95.0 percent); St. Johns County (93.2 percent), Nassau County (91.5 percent), and Alachua County (91.3 percent) also experience high rates of insured adults.

Table 33: Estimated Number and Percent Insured and Uninsured for Adults (19+ Years of Age) by County, Circuit, Service Area and Florida, 2019-2023

Area	Total Estimated Number	Insured		Uninsured	
		Total Estimated	Percent Estimated	Total Estimated	Percent Estimated
Columbia	50,014	42,935	85.8	7,079	14.2
Dixie	12,061	9,853	81.7	2,208	18.3
Hamilton	8,021	6,806	84.9	1,215	15.1
Lafayette	5,107	4,494	88.0	613	12.0
Suwannee	32,623	28,155	86.3	4,468	13.7
Circuit 3	107,826	92,243	85.5	15,583	14.5
Clay	165,388	150,081	90.7	15,307	9.3
Duval	743,406	647,505	87.1	95,901	12.9
Nassau	73,948	67,699	91.5	6,249	8.5
Circuit 4	982,742	865,285	88.0	117,457	12.0
Citrus	131,582	115,885	88.1	15,697	11.9
Hernando	160,271	140,036	87.4	20,235	12.6
Lake	314,479	280,398	89.2	34,081	10.8
Marion	303,218	263,315	86.8	39,903	13.2
Sumter	119,316	113,344	95.0	5,972	5.0
Circuit 5	1,028,866	912,978	88.7	115,888	11.3
Flagler	99,932	89,581	89.6	10,351	10.4
Putnam	56,551	46,437	82.1	10,114	17.9
St. Johns	222,801	207,679	93.2	15,122	6.8
Volusia	453,962	400,507	88.2	53,455	11.8
Circuit 7	833,246	744,204	89.3	89,042	10.7
Alachua	220,136	200,958	91.3	19,178	8.7
Baker	18,246	16,243	89.0	2,003	11.0
Bradford	18,073	15,877	87.8	2,196	12.2
Gilchrist	13,655	11,410	83.6	2,245	16.4
Levy	34,768	28,990	83.4	5,778	16.6
Union	7,316	6,366	87.0	950	13.0
Circuit 8	312,194	279,844	89.6	32,350	10.4
23-County Region	3,264,874	2,894,554	88.7	370,320	11.3
Florida	17,029,630	14,797,836	86.9	2,231,794	13.1

Source: Table 81, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Healthcare Utilization

Healthcare resources play an important role in the prevention of illness and disease as well as improvement in quality of life and longevity. In this section, we will consider mental health emergency department visits, substance misuse emergency department visits, mental health hospitalizations, substance misuse hospitalizations, and Baker Acts. Tables 82 – 170 in the LSF Health Systems Technical Appendix 2025 provide additional details including trend data at the county, circuit, service area and state levels.

MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS

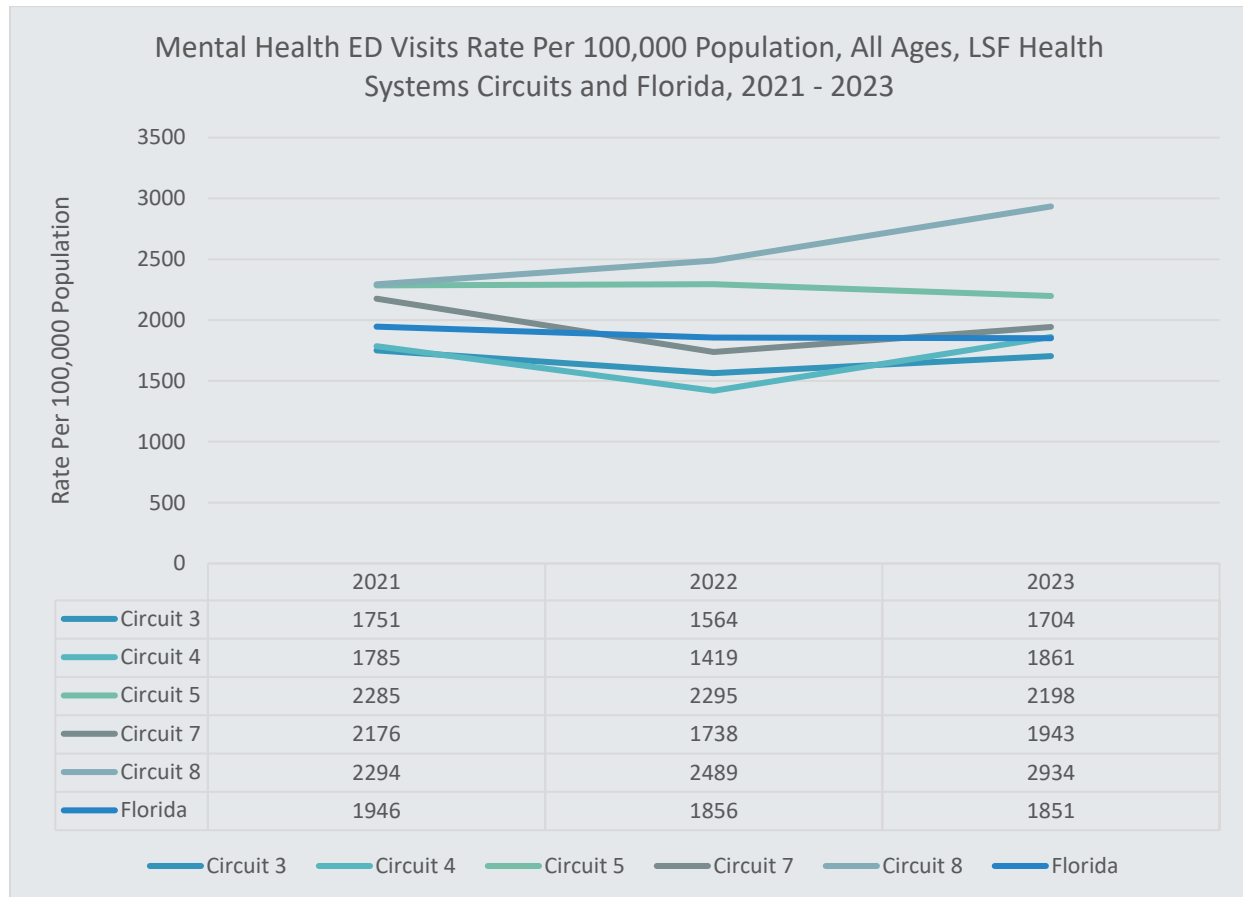
Mental Health Emergency Department visits refer to those cases for which the emergency department was used regarding a mental health episode, illness, or disorder. Please note, visits classified as emergency department visits did not result in hospitalization.

Mental Health Emergency Department (ED) Visits – All Ages

In calendar year 2023, there were 22,685,583 mental health emergency department visits for all ages in Florida and 91,272, or 19.32 percent of Florida’s total, in the LSF Health Systems service area. The LSF Health Systems service area’s mental health emergency department visit rate for all ages in 2023 was 2,081.9 per 100,000 population, which is higher than Florida’s rate of 1,851.2 per 100,000 population (Table 83, Technical Appendix).

In 2023 in the LSF Health Systems service area, Circuit 8 had the highest mental health ED visit rate (2,933.6 per 100,000 population), followed by Circuit 5 (2,197.6 per 100,000 population). Circuit 8 has experienced the highest mental ED visit rates for all ages for the past three consecutive calendar years (2021 – 2023).

Figure 8: Mental Health ED Visits, Rate Per 100,000 Population, All Ages, LSF Health Systems Circuits and Florida, 2021-2023



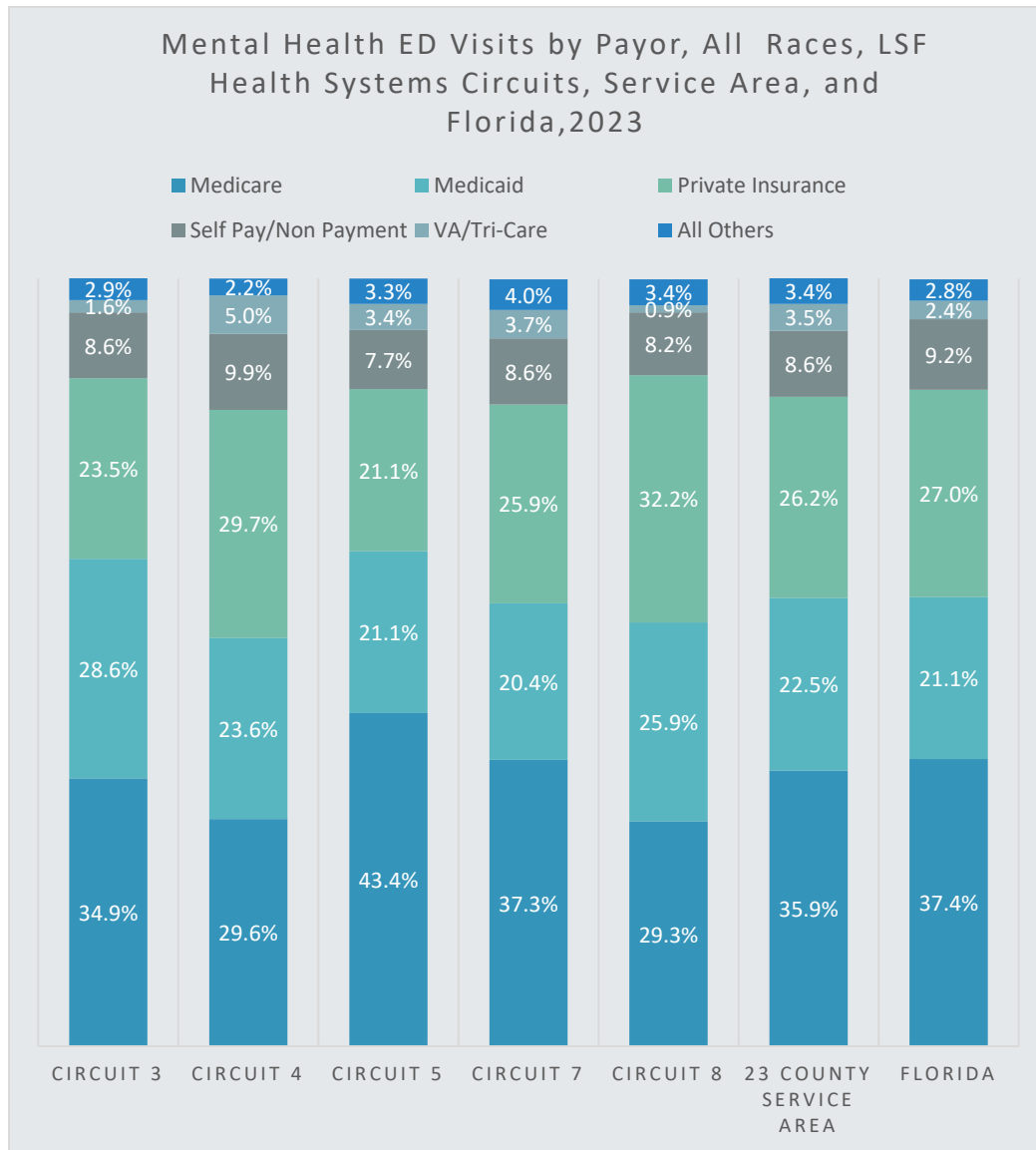
Source: Table 83, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Mental health emergency department visit rates for White races (all ages) in 2023 in Florida was 1,768.6 per 100,000 population. White races (all ages) in the LSF Health Systems service area experienced higher rates of mental health emergency department visits (1,980.7 per 100,000 population). Mental health emergency department visits is higher amount Blacks than Whites both in Florida (1,949.5 per 100,000 population) and the LSF Health Systems service area (2,086.6 per 100,000 population) (Tables 86 and 89, Technical Appendix).

Figure 9 shows the percentage distribution of payor sources related to mental health emergency department visits, all races, by circuit, LSF Health Systems service area and Florida. The LSF Health Systems service area and Florida have very similar percentage distributions. The top three payor sources in both are Medicare, Medicaid, and private insurance. Circuit 5 has the highest Medicare percentage (43.4 percent) and Circuit 3 the lowest (26.0 percent). Circuit 3 has the highest Medicaid percentage (28.6 percent) compared to Circuit 7 (20.4 percent), which has the lowest percentage of Medicaid payor source. Private insurance was most common payor source in Circuit

8 (32.2 percent) and least commonly used in Circuit 5 (21.1 percent) (Table 89, Technical Appendix).

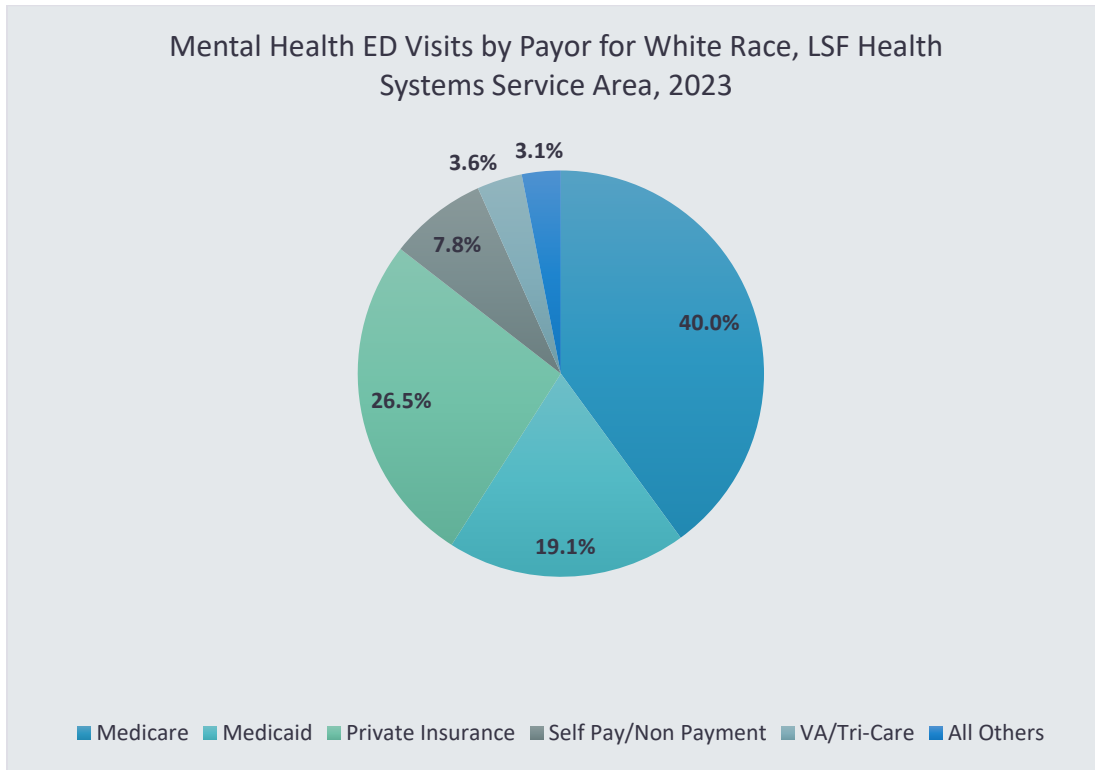
Figure 9: Mental Health ED Visits by Payor, All Races, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 89, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

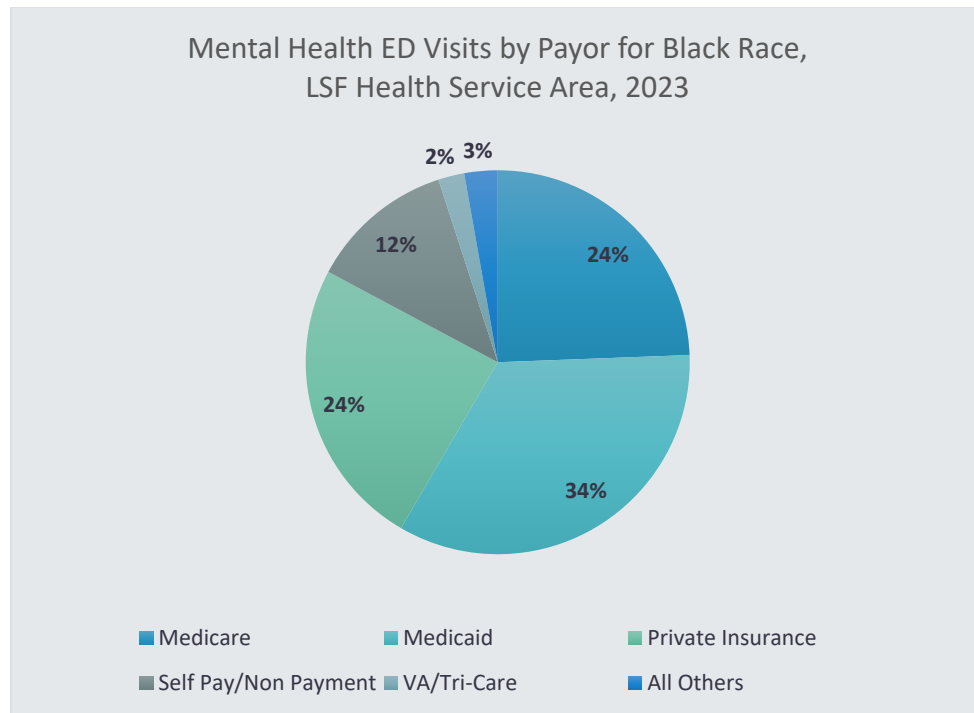
The figures below further breaks down the percentage distribution of the payor source by racial group within the LSF Health Systems service area for mental health emergency department visits in 2023. In 2023, Medicare was the top payor source for Whites (40 percent of visits). Medicaid was the top payor source for Blacks (32.5 percent of visits) (Tables 95 and 98, Technical Appendix).

Figure 10: Mental Health ED Visits by Payor for White Race, LSF Health Systems Service Area, 2023



Source: Table 95 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 11: Mental Health ED Visits by Payor, Black Race, LSF Health Systems Service Area, 2023



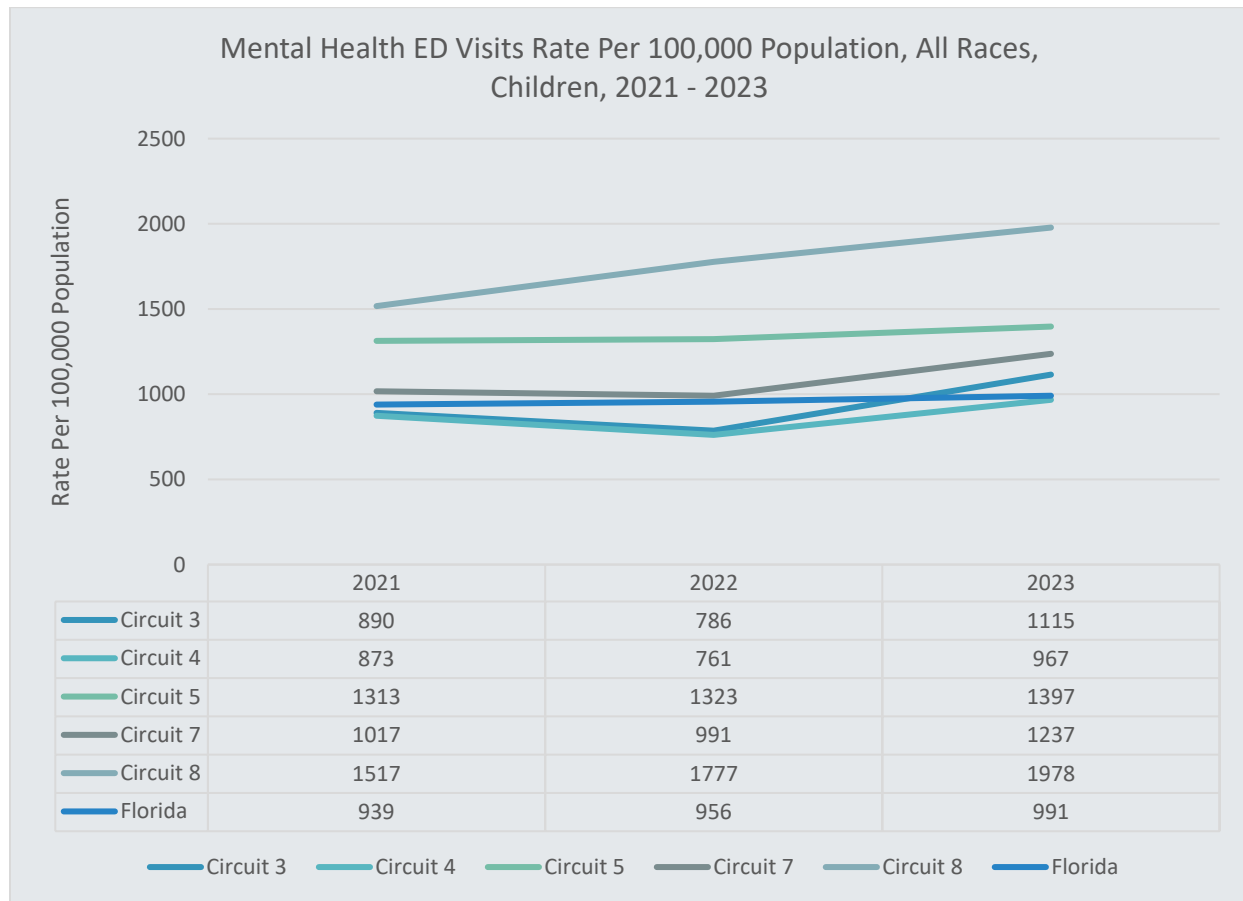
Source: Table 98 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Mental Health Emergency Department Visits (ED) - Children

The following figure shows the mental health emergency department visit rates for children (17 years of age and younger) by circuit. Circuits 5 and 8 have experienced the highest rates in the LSF Health Systems service area since 2021 (Table 84, Technical Appendix).

In 2023, the mental health emergency department visit rates for children in the LSF Health Services service area was 1,255.2 per 100,000 (10,514 visits). Levy County experienced the highest rate per 100,000 of mental health emergency department visits for children of all races (2,439 per 100,000) which is more than double the state rate of 991.1 per 100,000 (Table 84, Technical Appendix).

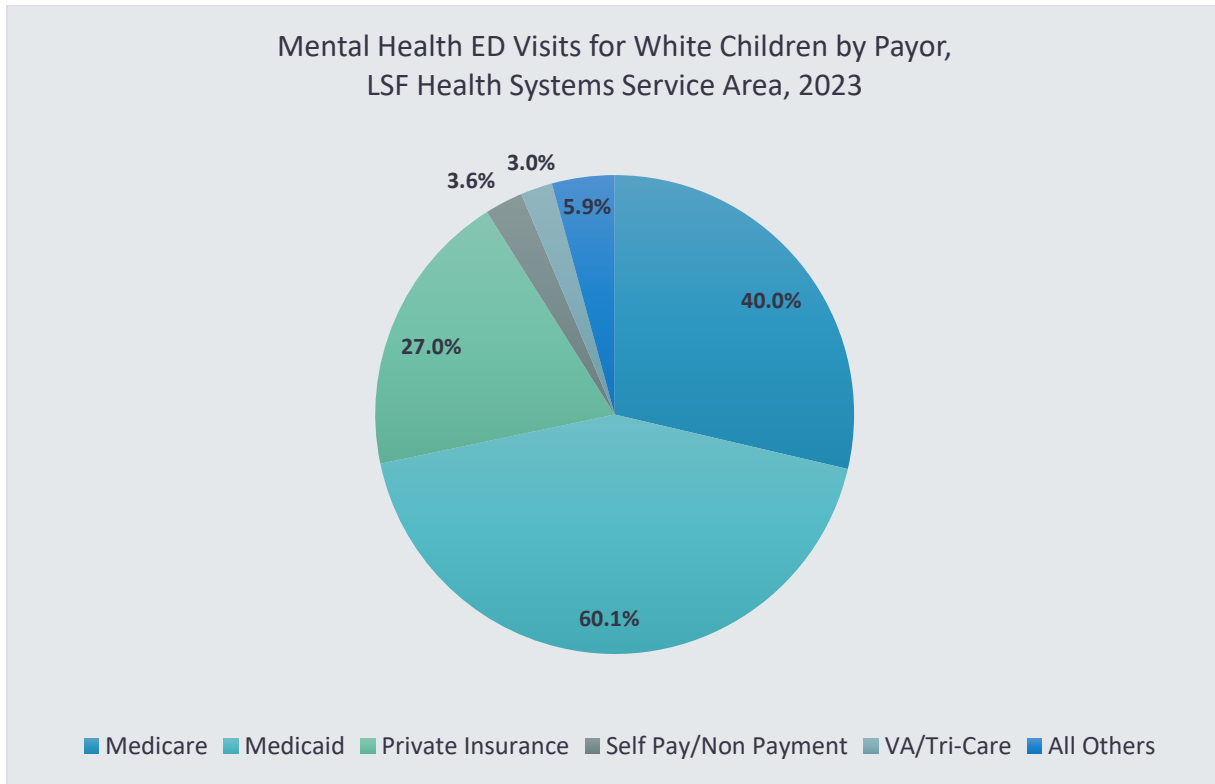
Figure 12: Mental Health ED Visits, All Races, Children <18, Rate Per 100,000, 2021-2023



Source: Table 84, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

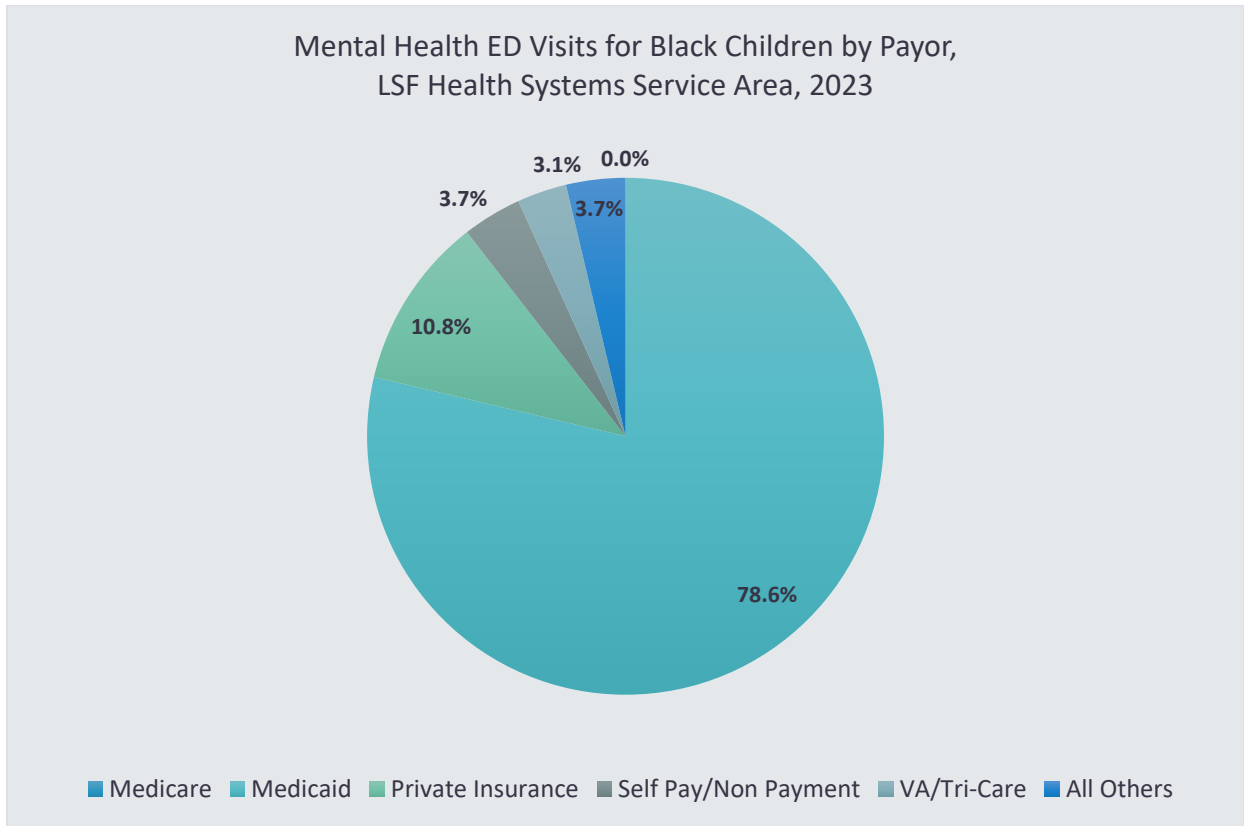
When comparing racial groups in the LSF Health Systems service area, Black children experienced lower rates of mental health emergency department visits than did White children (1,138.5 per 100,000 and 1,153.8 per 100,000 population) in 2023. Overall, rates in the LSF Health Systems service area are higher for both Black and White children than in Florida (Tables 87 and 90, Technical Appendix).

Figure 13: Mental Health ED Visits for White Children by Payor, LSF Health Systems Service Area, 2021-2023



Source: Tables 96, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 14: Mental Health ED Visits for Black Children by Payor, LSF Health Systems Service Area, 2023

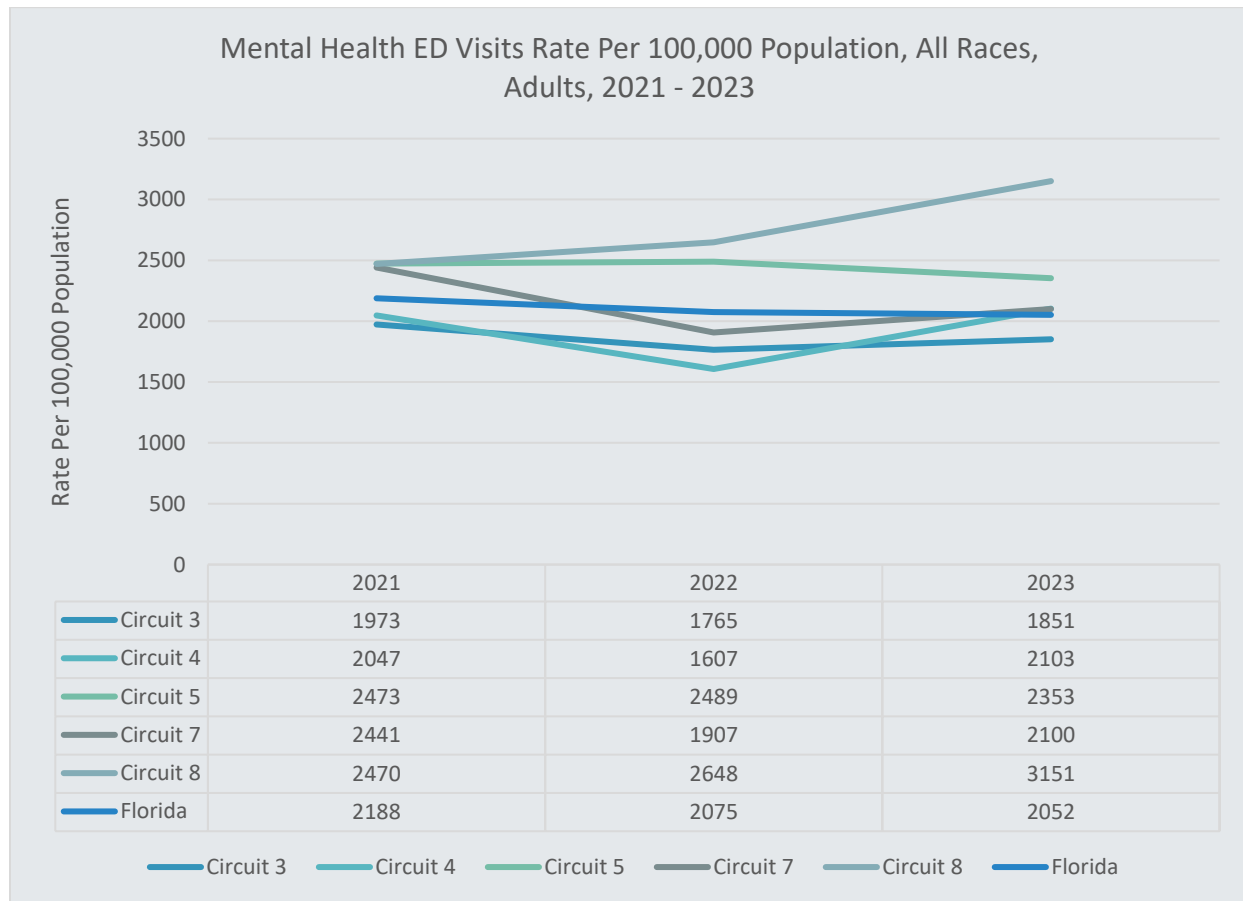


Source: Table 90, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Mental Health Emergency Department Visits (ED) - Adults

Adult mental health emergency department visits have decreased in Florida from 2021 to 2023 (2,187.5 per 100,000 and 2,051.7 per 100,000, respectively). In Circuit 8, these rates have increased from 2,470 per 100,000 in 2021 to 3,150 per 100,000 in 2023. Circuit 3 experiences the lowest mental health emergency department visit rates per 100,000 for adults (Table 84, Technical Appendix).

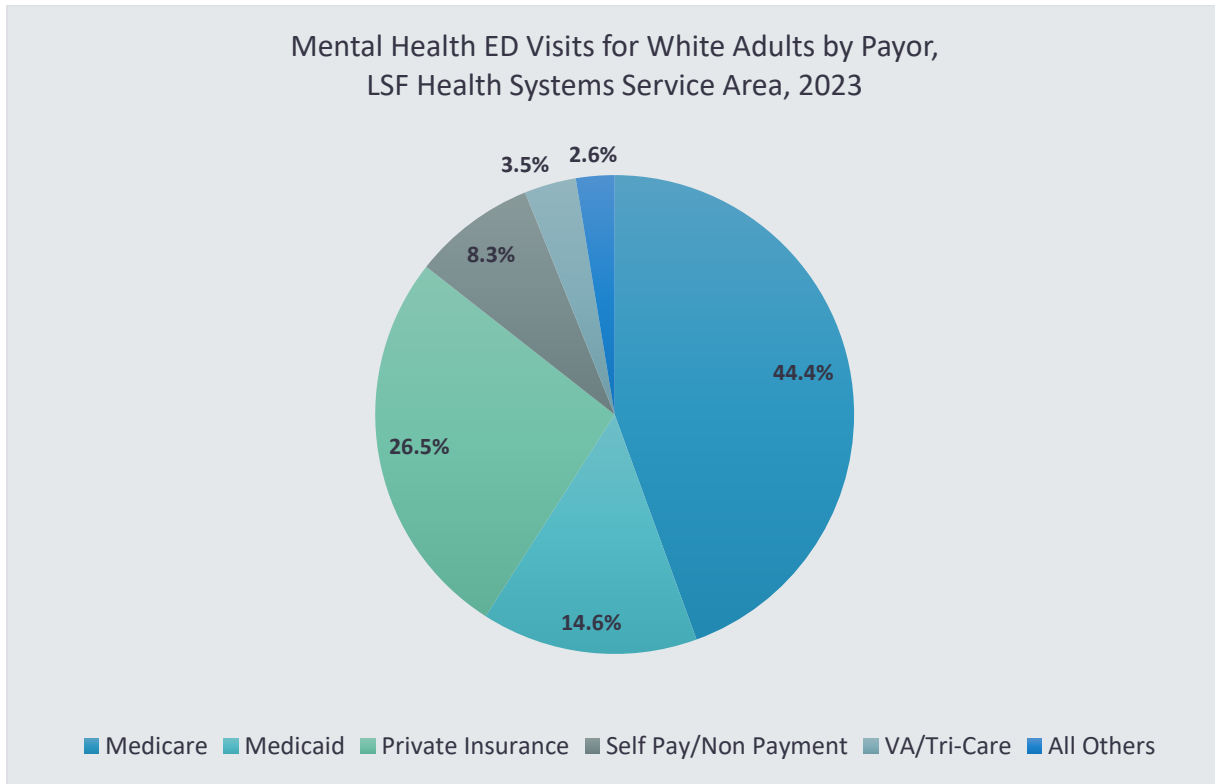
Figure 15: Mental Health ED Visits Per 100,000 Population, All Races, Adults, 2021-2023



Source: Table 85, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

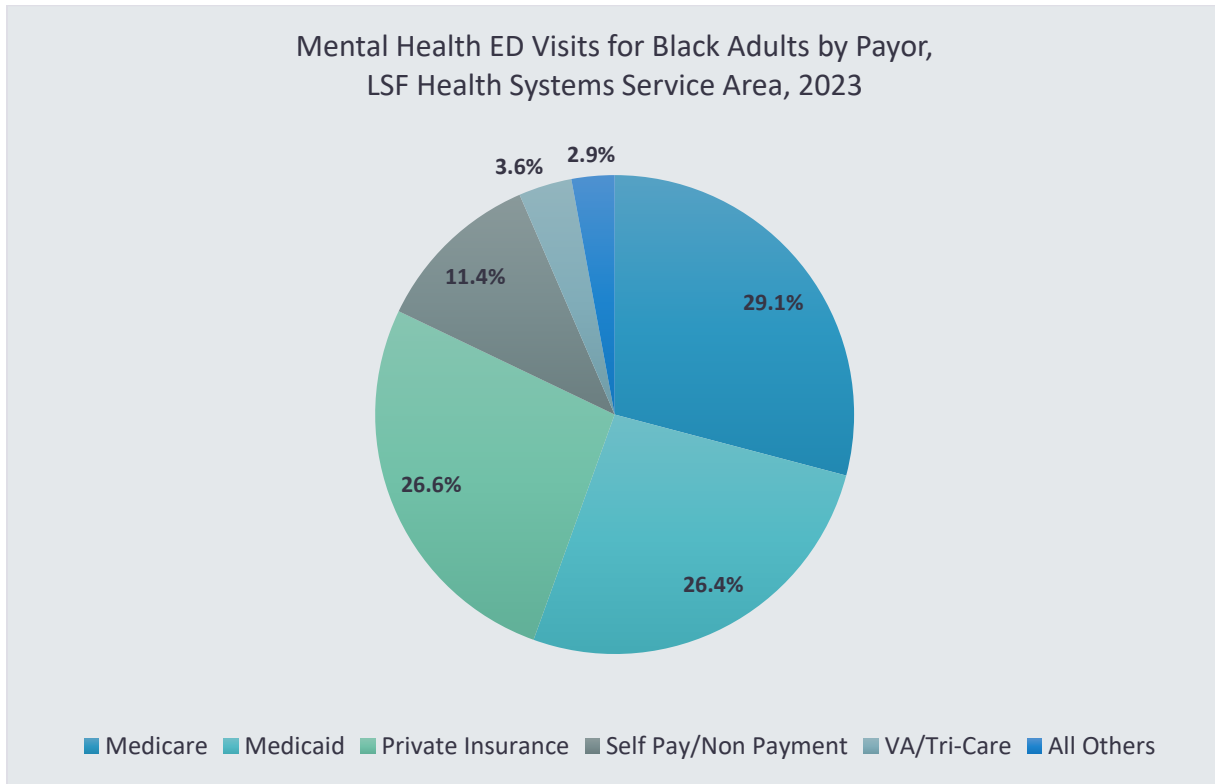
In 2023, Medicare was the most common payor source in the LSF Health Systems service area for all races, adult mental health ED visits (40.6 percent) which closely mirrors the Florida (41.6 percent). Medicare was the payor for 44.4 percent of mental health ED visits for white adults in the LSF Health Systems service area in 2023; private insurance was used for 26.5 percent of the visits, Medicaid covered 14.6 percent. Medicare was the largest payor source for Black adults as well, but at a much lower percentage than White adults (29.1 percent compared to 44.4 percent, respectively). Medicaid and private insurance covered nearly equal percentages of services (26.4 percent and 26.6 percent, respectively) and nearly 11.5 percent of patients were self-pay (Tables 97 and 100, Technical Appendix).

Figure 16: Mental Health ED Visits for White Adults by Payor Sources, LSF Health Systems Service Area, 2023



Source: Table 97, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 17: Mental Health ED Visits for Black Adults by Payor Sources, LSF Health Systems Service Area, 2023



Source: Table 100, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

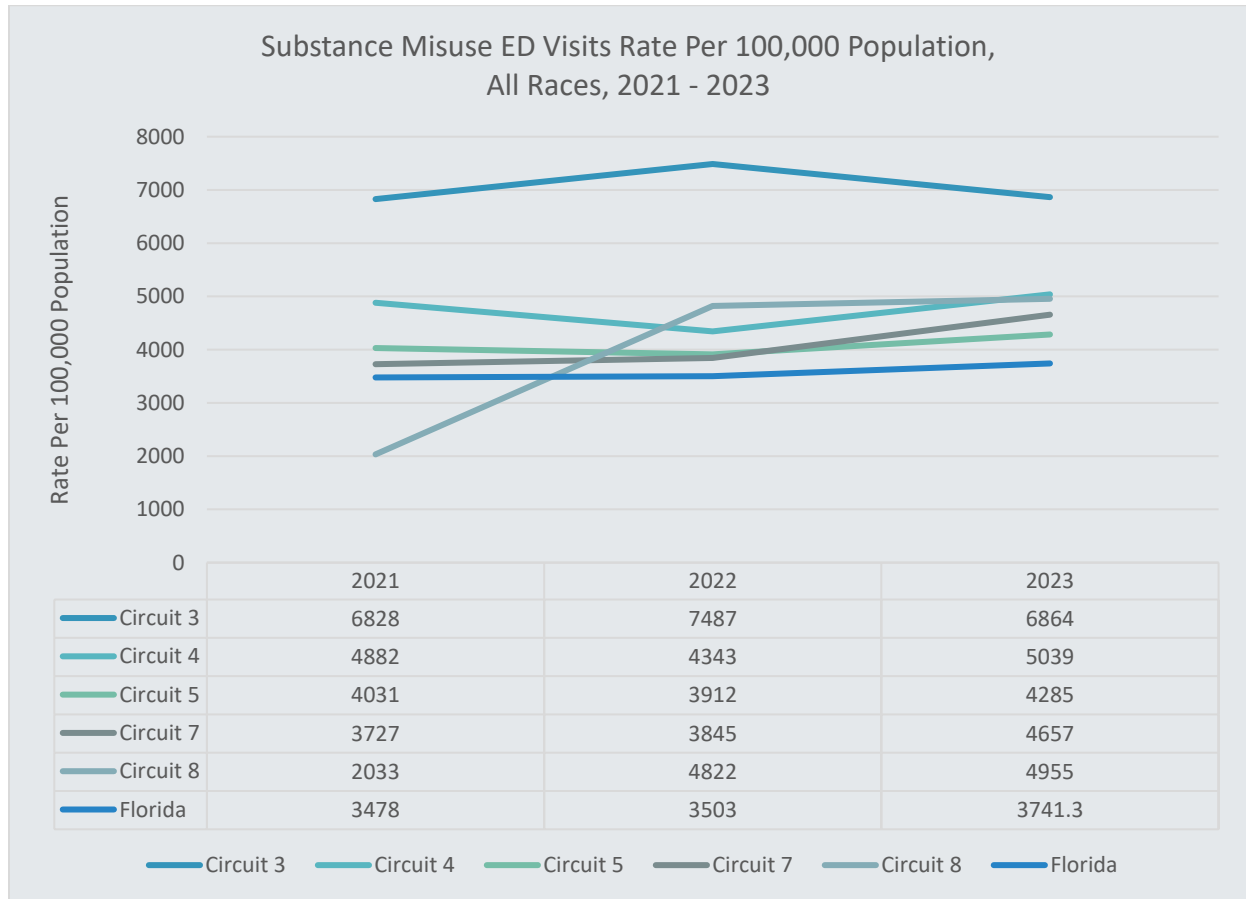
SUBSTANCE MISUSE EMERGENCY DEPARTMENT (ED) VISITS

Substance misuse emergency department visits refer to those cases where the emergency room was used for cases related to substance misuse crises. Please note, visits classified as emergency department visits did not result in hospitalization.

In the LSF Health Systems service area, the substance misuse emergency department visits rates per 100,000 population was 4,428.8 in 2021 and grew to 4,773.7 in 2023 (Table 101, Technical Appendix). In 2023 in the LSF Health Systems service area, Circuit 3 had the highest substance misuse emergency department visit rate: 6,864 per 100,000 population. This rate is nearly double the state rate (4,377.8 per 100,000 population) indicating a challenge for the Circuit.

The substance misuse emergency department visits rate was much higher for Black residents (6,495.8 per 100,000 population) than White residents (4,335.2 per 100,000 population) in the LSF Health Systems service area in 2023 (Tables 104 and 107, Technical Appendix). The rates among both Whites and Blacks are higher in the LSF Health Systems service area than in Florida overall.

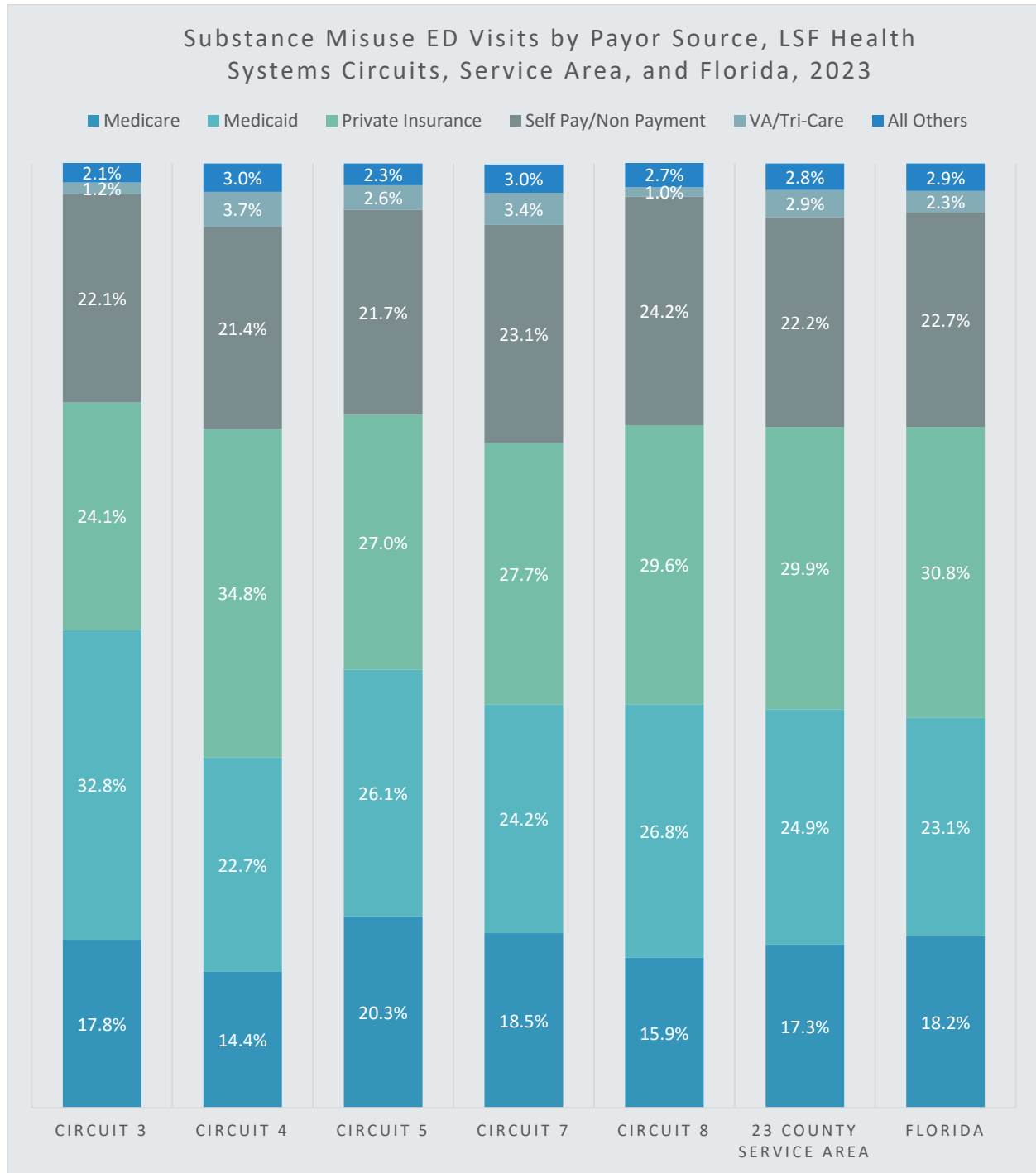
Figure 18: Substance Misuse ED Visits Per 100,000 Population, All Races by Circuit and Florida, 2021-2023



Source: Table 101, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The following figure shows the distribution of the payor sources related to substance misuse emergency department visits. Payor source distribution for substance abuse emergency department visits varies slightly by Circuit, however, these closely mirror the Florida distribution (Table 110, Technical Appendix). Medicaid, Private Insurance and Self Pay/Non Payment are the top payor sources in the LSF Health Systems service area and Florida.

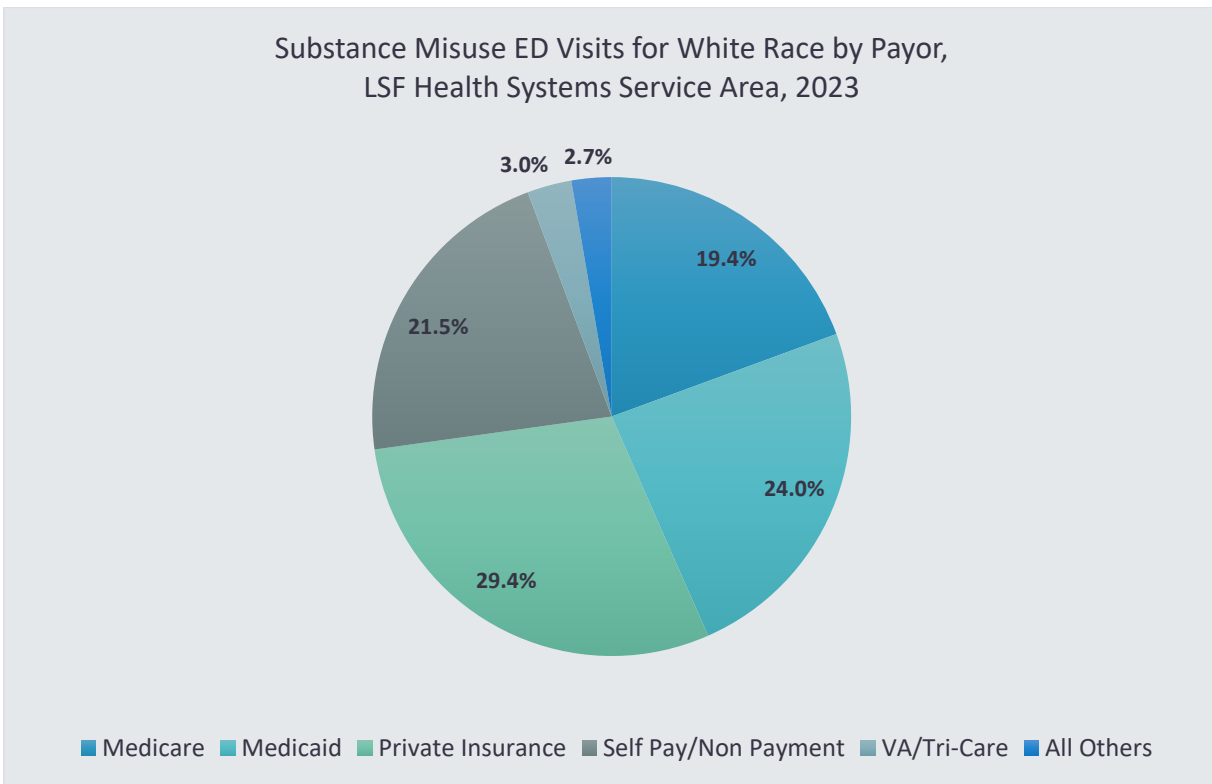
Figure 19: Substance Misuse Emergency Department Visits by Payor, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 110, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

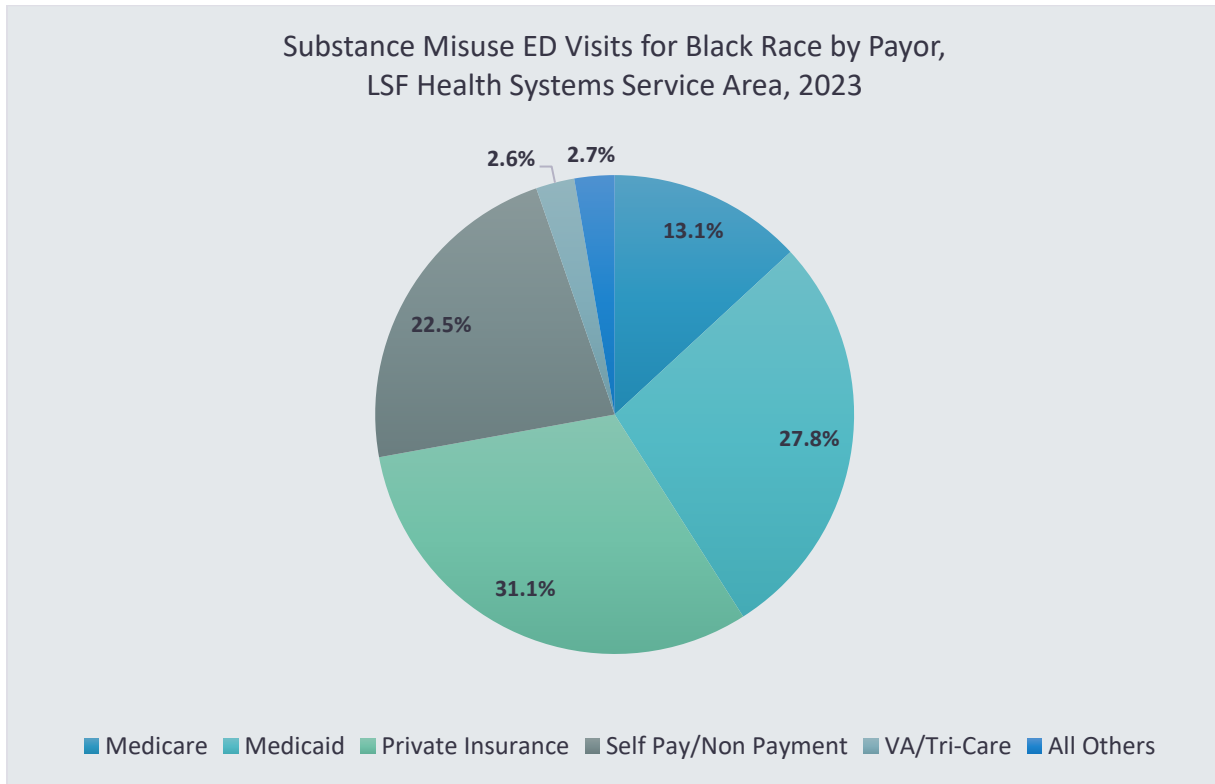
The number of White substance misuse emergency department visits in the LSF Health Systems service area increased from 126,209 in 2022 to 143,792 in 2023 (Table 113, Technical Appendix). In 2023, Private insurance covered 31 percent of those visits in 2023 and 21.6 percent of those visits were self-pay/non pay. The number of substance misuse emergency department visits by Black residents in the LSF Health Systems service area increased from 44,555 in 2022 to 50,033 in 2023. In Calendar Years 2021 and 2022, Medicaid was the most common payor source for substance misuse emergency department visits by Black residents (31.5 percent and 32.9 percent, respectively), but in Calendar Year 2023, Private Insurance was the most common payor source (31.1 percent), followed by Medicaid (27.8 percent) (Table 116, Technical Appendix).

Figure 20: Substance Misuse ED Visits for White Race by Payor, LSF Health Systems Service Area, 2023



Source: Table 113, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 21: Substance Misuse ED Visits for Black Race by Payor, LSF Health Systems Service Area, 2023

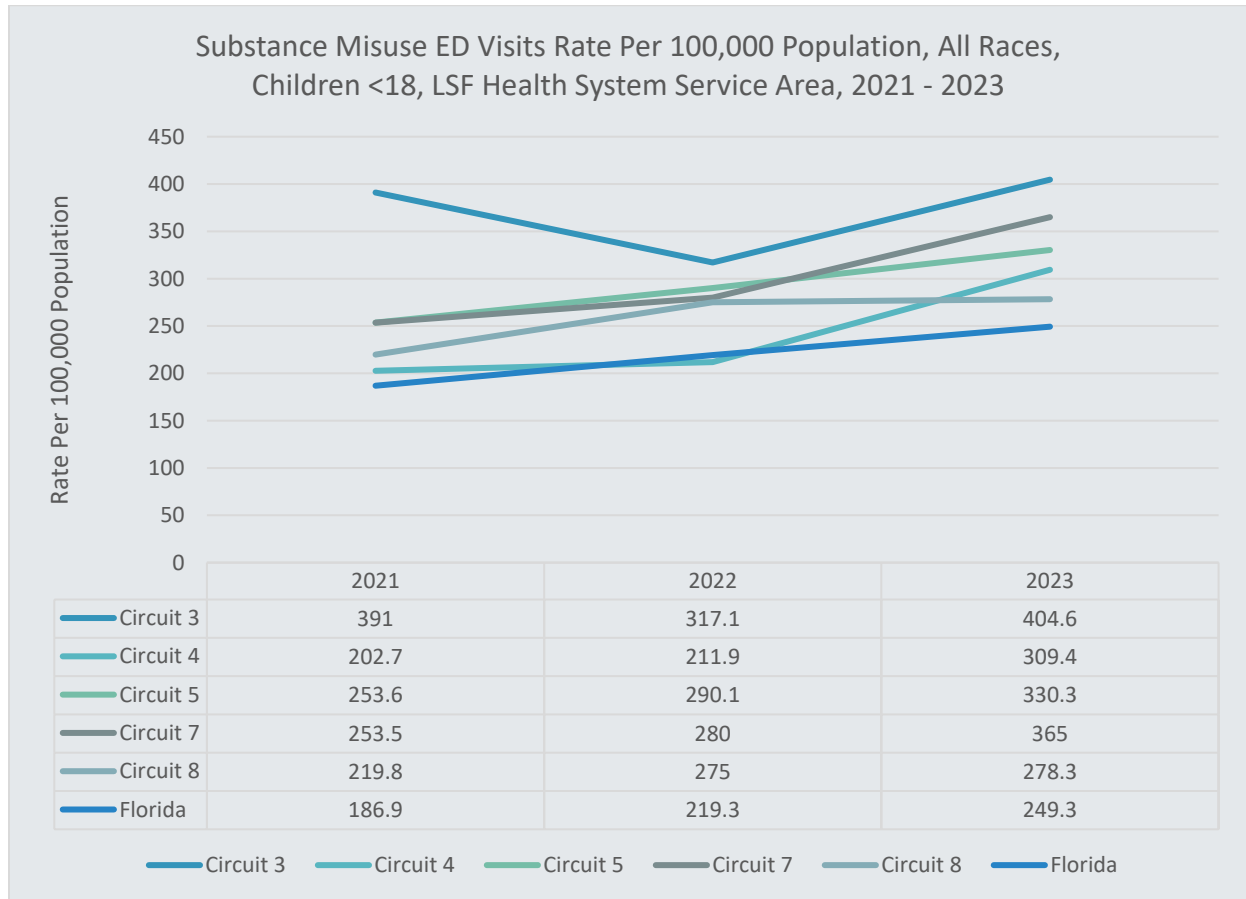


Source: Table 116, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Children – Substance Misuse Emergency Department (ED) Visits

Overall, rates related to substance misuse emergency department visits for children are higher in the LSF Health Systems service area than in Florida (Table 102, Technical Appendix). In general, these rates are increasing annually both in the LSF Health Systems service area and in Florida. Circuit 7 has seen the most dramatic increase since 2021, with 253.5 visits per 100,000 children in 2021 to 365 per 100,000 children in 2023. Circuit 8 has experienced the lowest rates compared to other LSF service area circuits since 2022.

Figure 22: Substance Misuse ED Visits Rate per 100,000 Population, All Races, Children <18, LSF Health System Service Area, 2021-2023

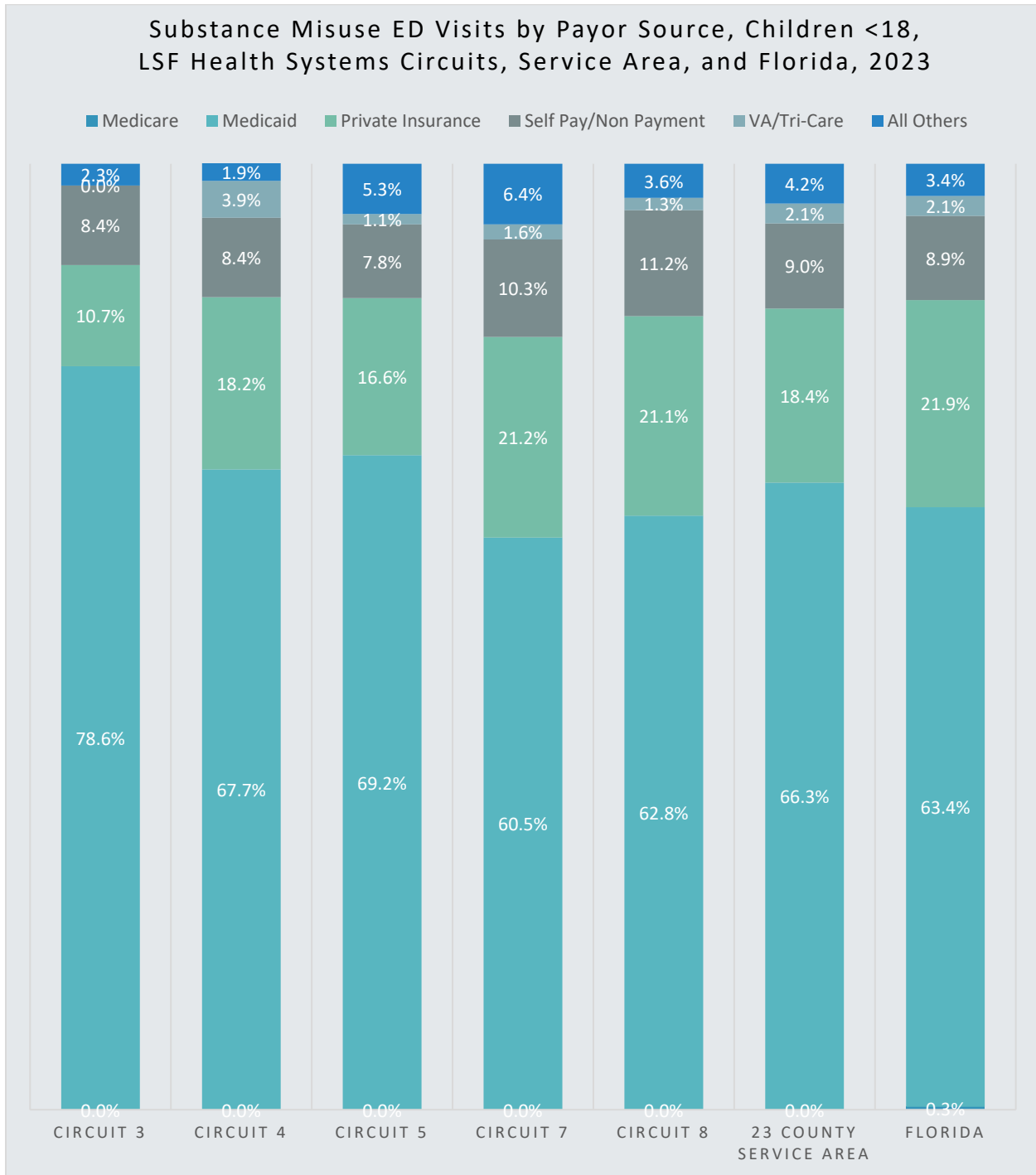


Source: Table 102, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

When comparing racial groups in 2023, Black children have a higher rate of substance misuse emergency department visits than White children in the LSF Health Systems service area (363.4 per 100,000 0-17 population as compared to 309 per 100,000 0 – 17 population) (Tables 105 and 108, Technical Appendix).

The figure below shows the distribution of costs by percentage according to payor source related to substance misuse emergency department visits for children aged 0 to 17 from 2023. The LSF Health Systems service area and Florida have similar distributions. Medicaid is the most commonly used source of payment among all circuits, the LSF Health Systems service area, and Florida. The second most common payor source is private insurance, followed by self-pay/non-payment. Together, the top three payor sources make up over 90 percent of the total (Table 115, Technical Appendix).

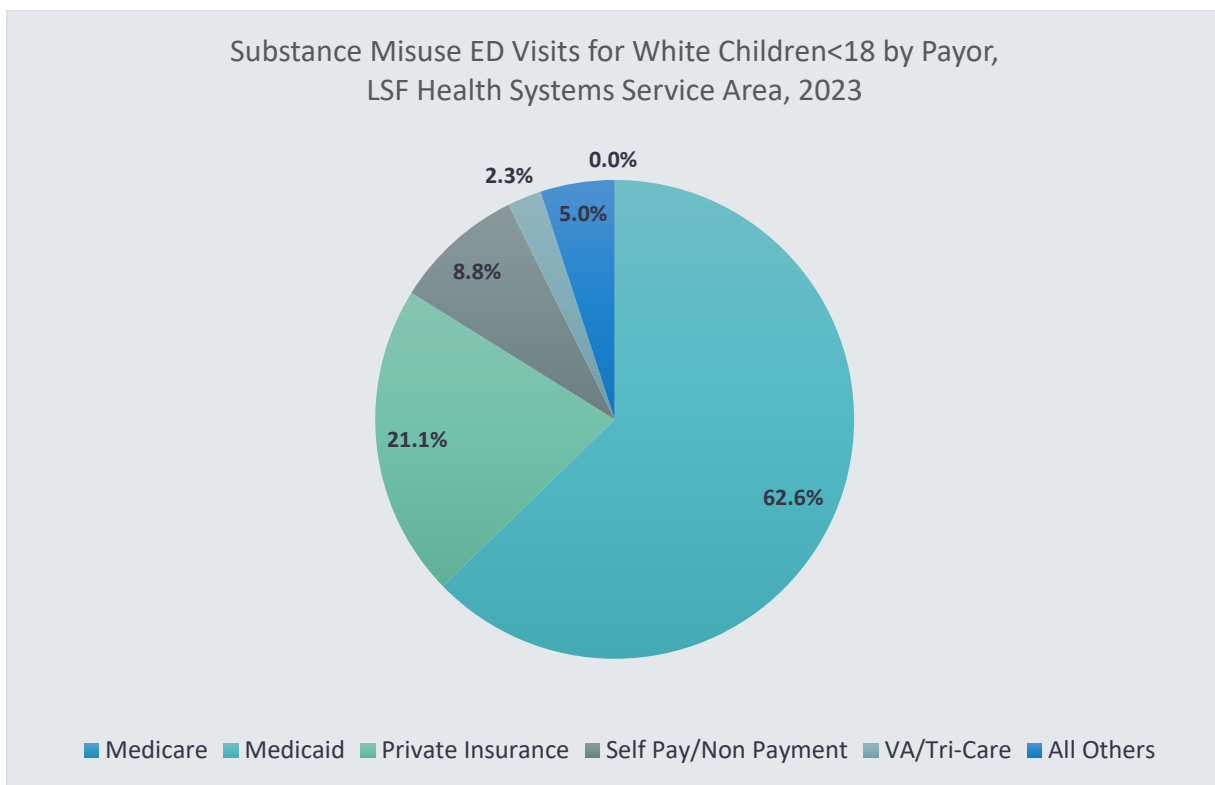
Figure 23: Substance Misuse ED Visits by Payor, Children<18, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 111, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

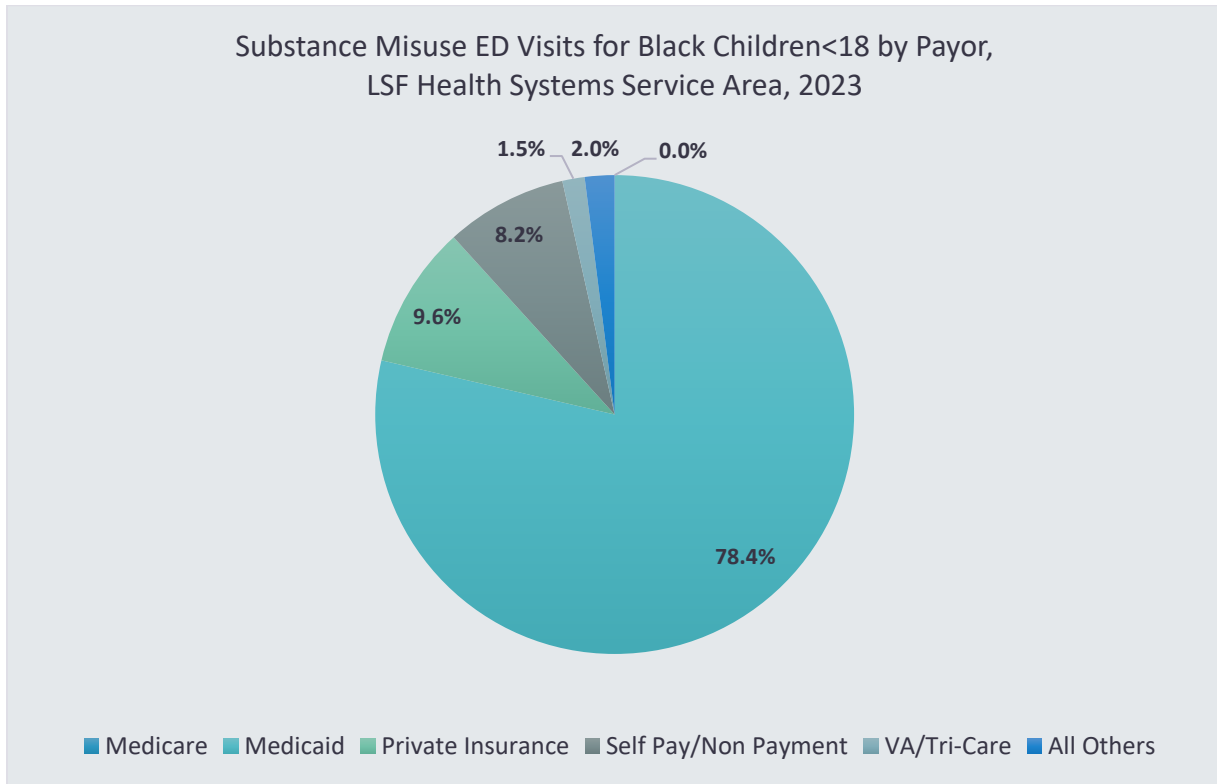
The figures below further breaks down the payor source for children aged 0 to 17 by racial group within the LSF Health Systems service area in 2023. For both White and Black children, Medicaid, private insurance, and self-pay/non-payment make up over 90 percent of the total payor sources. Medicaid is more commonly used among Black children (76.5 percent compared to 61.1 percent among White children). Private insurance is more commonly used among White children (20.0 percent versus 8.2 percent among Blacks). Self-pay/non-payment is more commonly used among White children (11.3 percent versus 8.2 percent among Blacks) (Tables 114 and 117, Technical Appendix).

Figure 24: Substance Misuse ED Visits for White Children<18 by Payor, LSF Health Systems Service Area, 2023



Source: Table 114, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 25: Substance Misuse ED Visits for Black Children<18 by Payor, LSF Health Systems Service Area, 2023

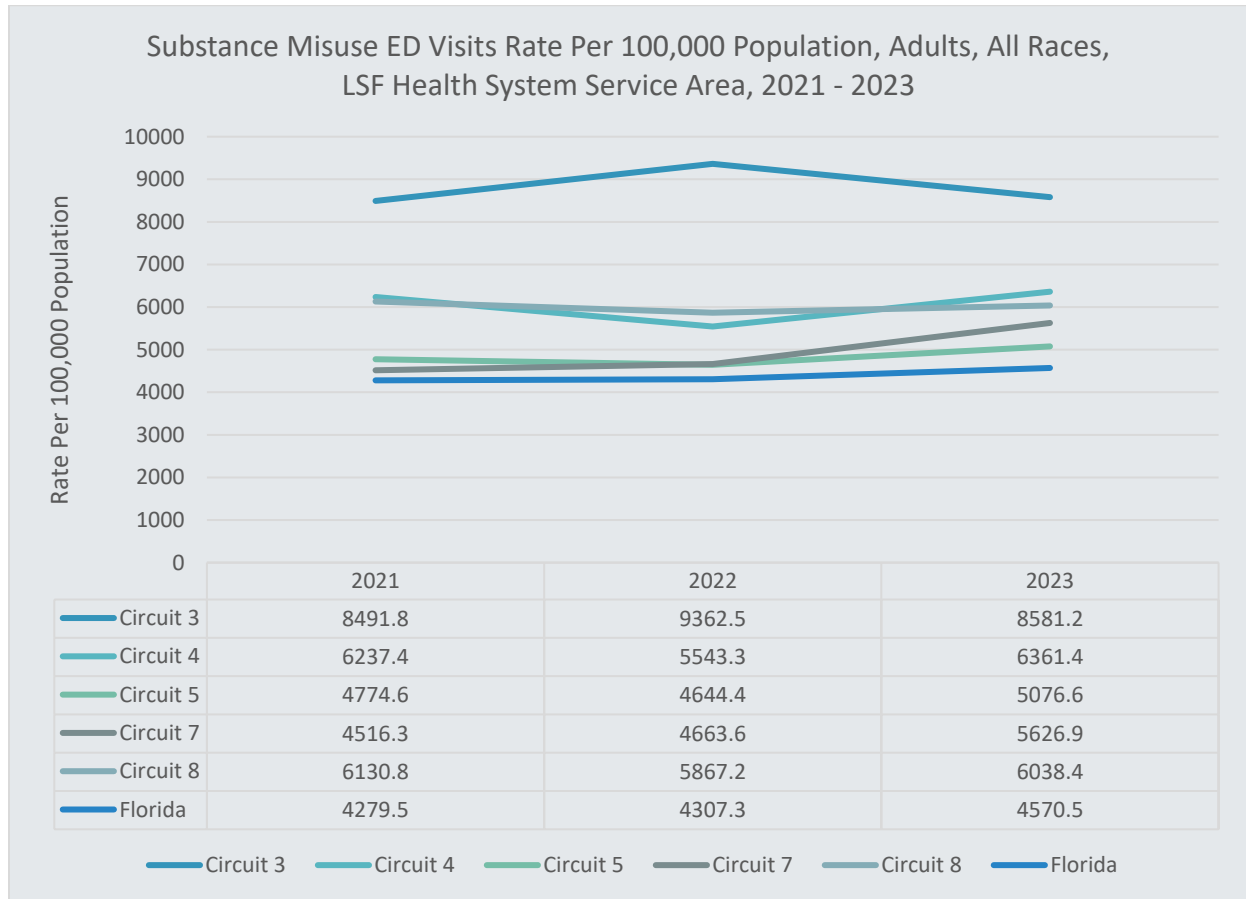


Source: Table 117, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Adults - Substance Abuse Emergency Department (ED) Visits

Overall, rates of substance abuse related emergency department visits among adults aged 18 or older are higher in the LSF Health Systems service area than in Florida. From 2021-2023, rates were highest in Circuit 3(Technical Appendix, Table 103). Rates in Circuit 7 have increased annually from 4,516.3 per 100,000 adult population in 2021 to 5,626.9 per 100,000 adult population in 2023. Similarly, rates have increased in Florida since 2021.

Figure 26: Substance Misuse ED Visits Rate per 100,000 Population, Adults, All Races, LSF Health System Service Area, 2021-2023

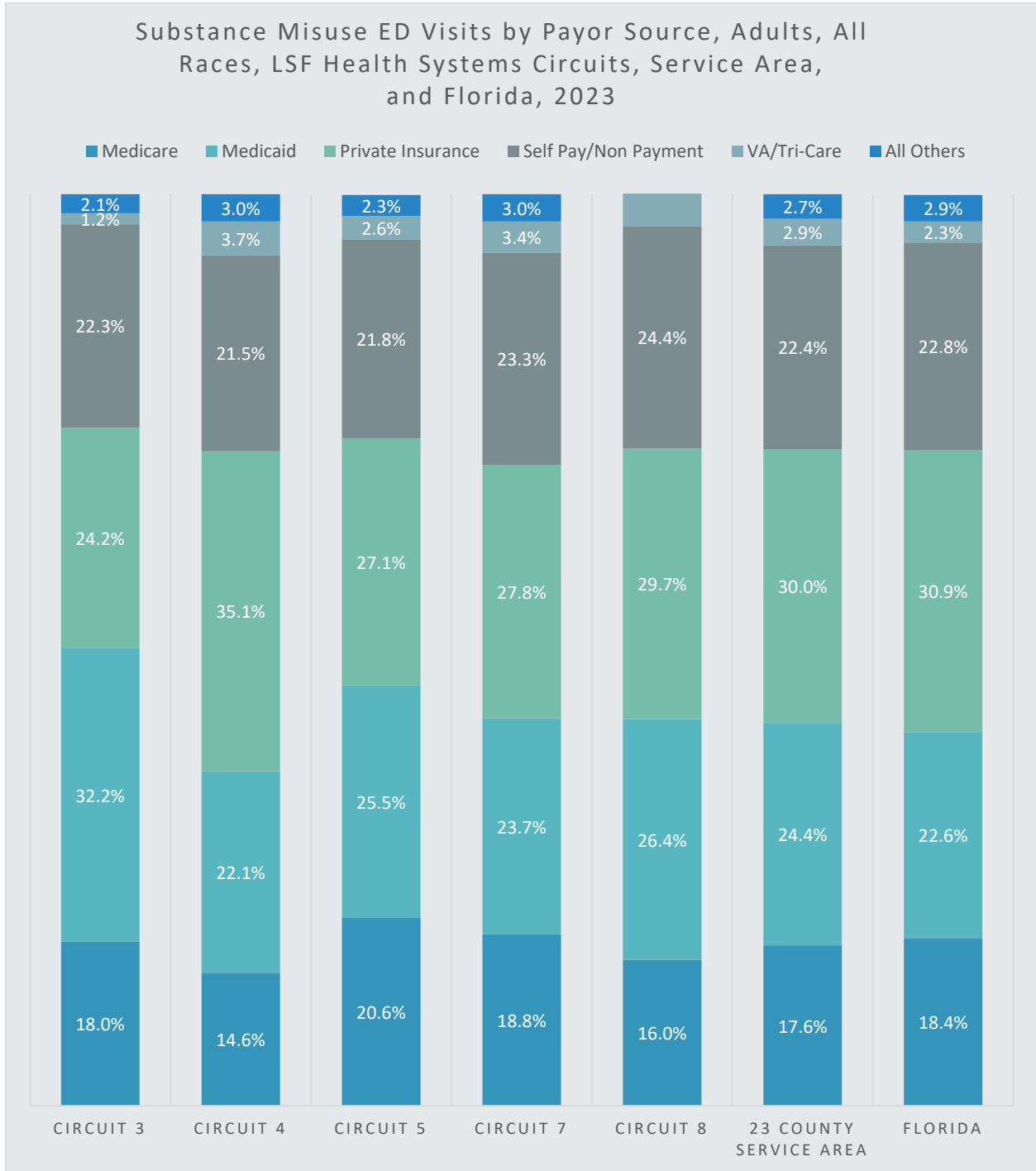


Source: Table 103, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The substance misuse emergency department visit rate for Black adults in 2023 was nearly 85 percent higher than for White adults (9,306.3 per 100,000 adult population compared to 5,036.2 per 100,000 adult population) in the LSF Health Systems service area. The substance misuse emergency department visit rate for Black adults in Florida was 66 percent higher than White adults during 2023.

The figure below shows the percentage distribution by payor source related to substance misuse emergency department visits for adults aged 18 and older. Florida, the LSF Health Systems service area, and all 5 circuits have similar distributions (Table 112, Technical Appendix).

Figure 27: Substance Misuse ED Visits by Payor, Adults, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 112, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

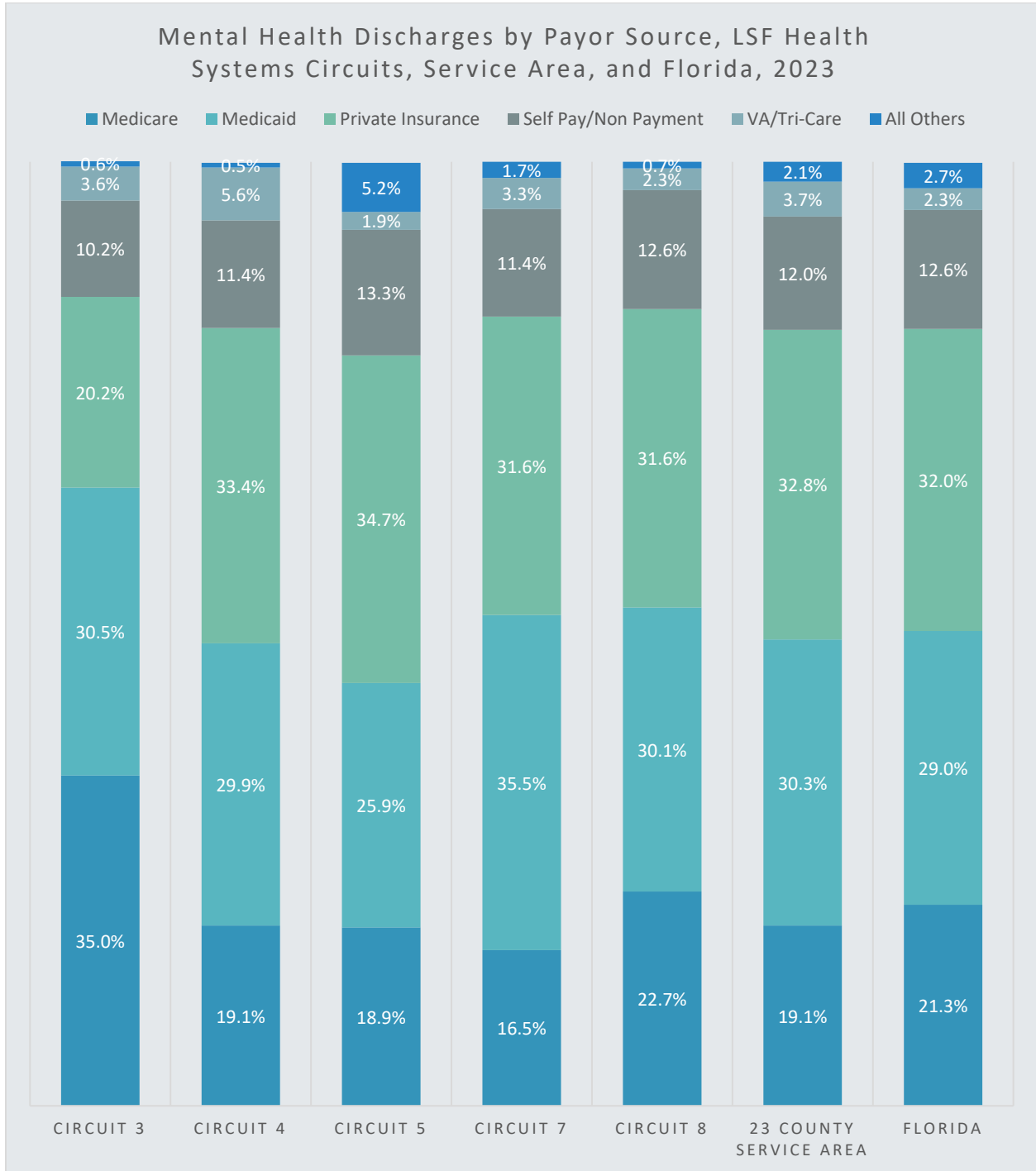
In 2023, in the LSF Health Systems service area, the most common payor source for White emergency department visits for substance misuse was private insurance (29.7 percent) which is similar to Florida (31 percent). The payor source most commonly used for emergency department visits by Black residents for substance misuse in the LSF Health Systems Service Area was Private insurance (31.4 percent) followed closely by self-pay/nonpayment (22.7 percent) as compared to Florida where the most common payor for emergency department substance misuse visits by Black residents was private insurance (30.1 percent) and Medicaid (27.2 percent) (Tables 115 and 118, Technical Appendix).

MENTAL HEALTH DISCHARGES

Mental health hospital discharges include those cases in which patients were hospitalized as a result of a mental health episode, illness, or disorder. In 2023, the rate of mental health discharges in the LSF Health Systems service area was 677.3 health discharges per 100,000 population compared to 718.6 mental health discharges per 100,000 population in Florida. In the LSF Health Systems service area, Circuit 4 had the highest rate of mental health discharges per 100,000 population (808.1) and Circuit 3 had the lowest (445 per 100,000 population) (Table 119, Technical Appendix). The length of stay in the LSF Health Systems service area closely mirrors the length of stay for Florida (6.0 and 5.9 days, respectively).

The payor sources for mental health discharges in the LSF Health Systems Circuits, and Service Area closely mirrors the payor sources for Florida. Overall, the most common payor source for the LSF Health Systems service area is private insurance (32.8 percent), followed closely by Medicaid, which covered 30.3 percent of mental health-related discharges in 2023 (Table 128, Technical Appendix). Florida follows a similar payor source pattern; 32 percent of mental health discharges are covered under private insurance, 29 percent under Medicaid, and 21.3 percent Medicare. Please see the figure below.

Figure 28: Mental Health Discharges by Payor Source, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 128, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Mental health discharges appear at a higher rate in the Black population in both the LSF Health Systems service area and Florida (971.8 and 1,175.9 per 100,000 Black population, respectively) than in the White population (60.7 and 612.8 per 100,000 White population, respectively) (Tables 122 and 125, Technical Appendix). The ALOS is slightly longer among Blacks in the LSF Health Systems service area than among Whites (6.2 days versus 5.9 days, respectively), whereas the ALOS in Florida is shorter among Blacks than Whites (5.7 days versus 5.9 days, respectively). Payor sources for White and Black mental health discharges in the LSF Health System service area varied. For example, Medicaid was the most common payor source for Black mental health discharges in 2023 (37.8 percent) compared to 27.9 percent of White mental health discharges. Private insurance was the most common source of pay for White mental health discharges (34.3 percent) (Tables 131 and 134, Technical Appendix).

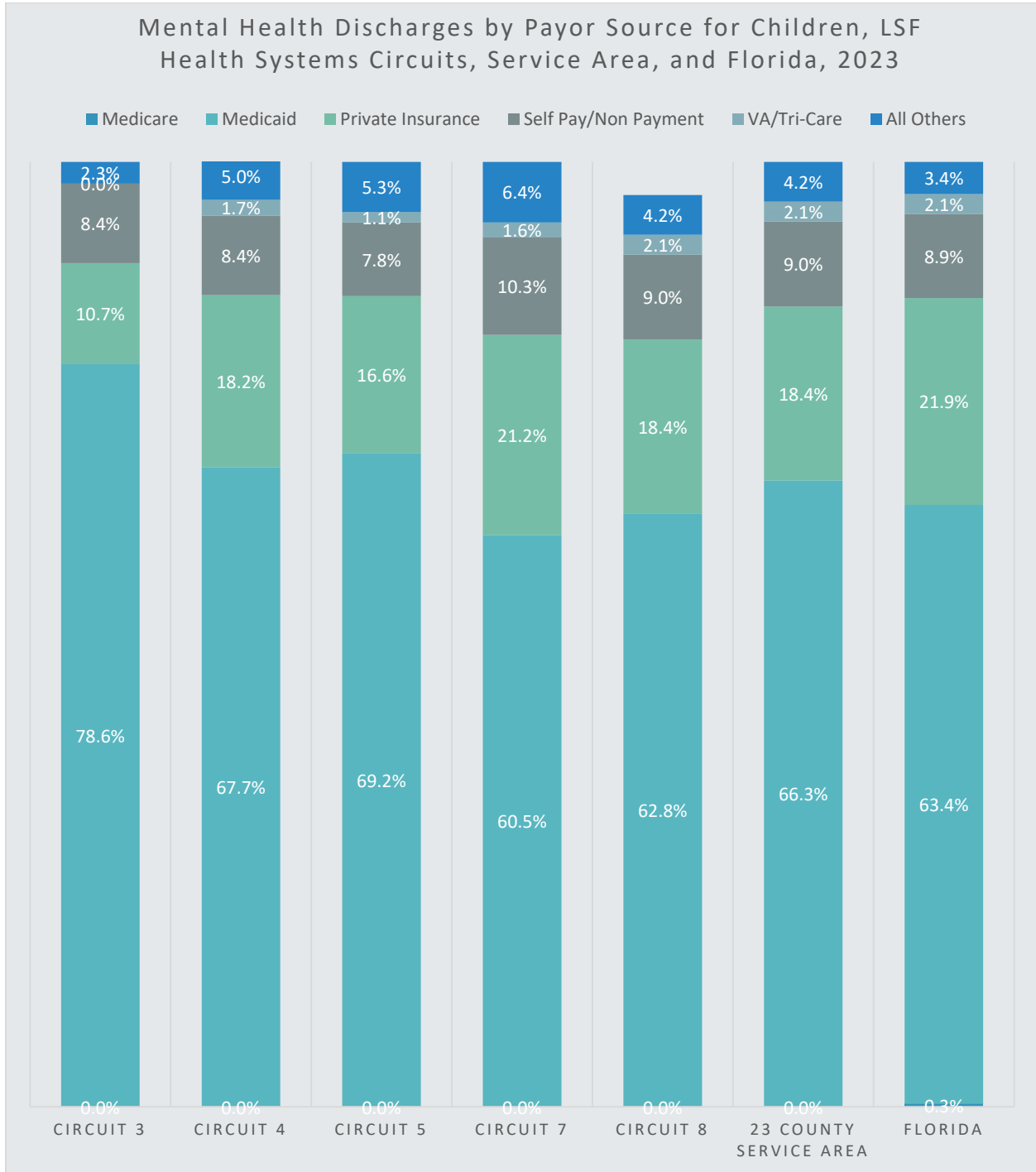
Children – Mental Health Discharges

Among children aged 0 to 17, there were 716.2 mental health discharges per 100,000 children in the LSF Health Systems service area, compared to 676.7 mental health discharges per 100,000 children in Florida in 2023 (Table 119 and 120, Technical Appendix). In the LSF Health Systems service area, Circuit 3 had the lowest discharge rate (358.2 per 100,000 child population), and Circuit 7 had the highest discharge rate (1,010.1 per 100,000 child population). The average length of stay (ALOS) varied among circuits with Circuit 5 experiencing the longest ALOS (7.6 days) and Circuit 7 the shortest ALOS (3.9 days). Overall, the ALOS was longer in the LSF Health Systems service area (5.4 days) than in Florida (5.1 days).

In the LSF Health Systems service area in 2023, the White children mental health discharge rate was 694.5 per 100,000 children as compared to 619.6 per 100,000 children in Florida (Table 123, Technical Appendix). The ALOS for White children in the LSF Health Systems service area was 5.4 as compared to 5.2 in Florida. Black children experienced higher rates both in the LSF Health Systems service area and in Florida (761.1 and 799 per 100,000 children, respectively) (Table 126, Technical Appendix). The ALOS for Black children in the LSF Health Services service area was 5.4 days compared to 4.8 days in Florida.

The following figure shows the distribution of payor sources for mental health discharges for children aged 0 to 17 in 2023. Compared to Florida, the LSF Health Systems service area has the same top two payor sources: Medicaid and private insurance. Medicaid covered 64.4 percent of child mental health discharges in the LSF Health Systems service area and 60.6 percent in Florida. Private insurance covered 27.9 percent of child mental health discharges in the LSF Health Systems service area and 29.8 percent in Florida (Table 128, Technical Appendix).

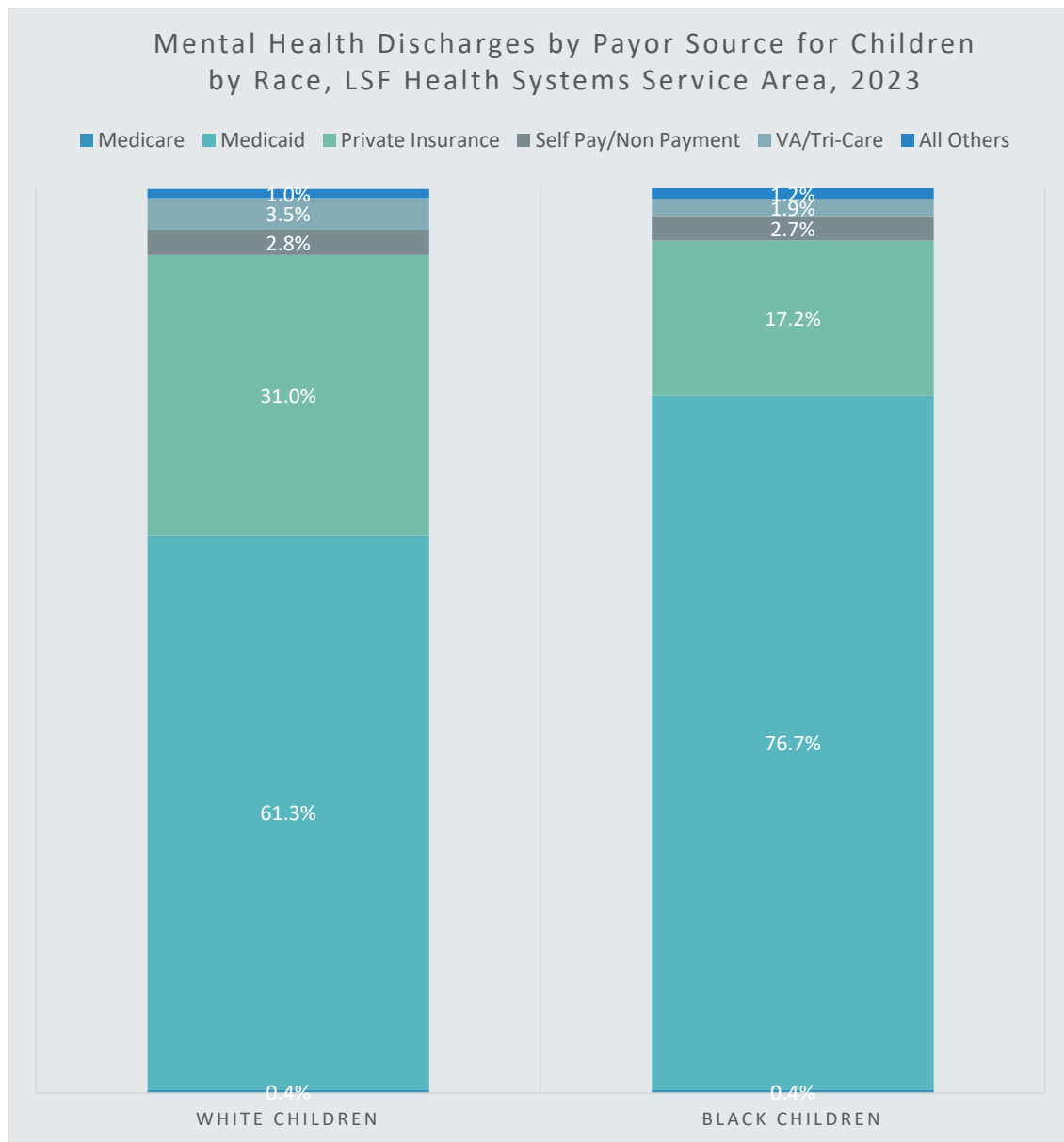
Figure 29: Mental Health Discharges by Payor Source for Children, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 128, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The figure below shows the percent distribution of payor sources related to mental health discharges for children aged 0 to 17 according to race. The two payor sources making up over 90 percent of the coverage for both White and Black children are Medicaid (61.3 percent and 76.7 percent, respectively) and private insurance (31 percent and 17.2 percent, respectively) (Tables 132 and 135, Technical Appendix).

Figure 30: Mental Health Discharges by Payor Source for Children by Race, LSF Health Systems Service Area, 2023



Source: Tables 132 and 135, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Adults – Mental Health Discharges

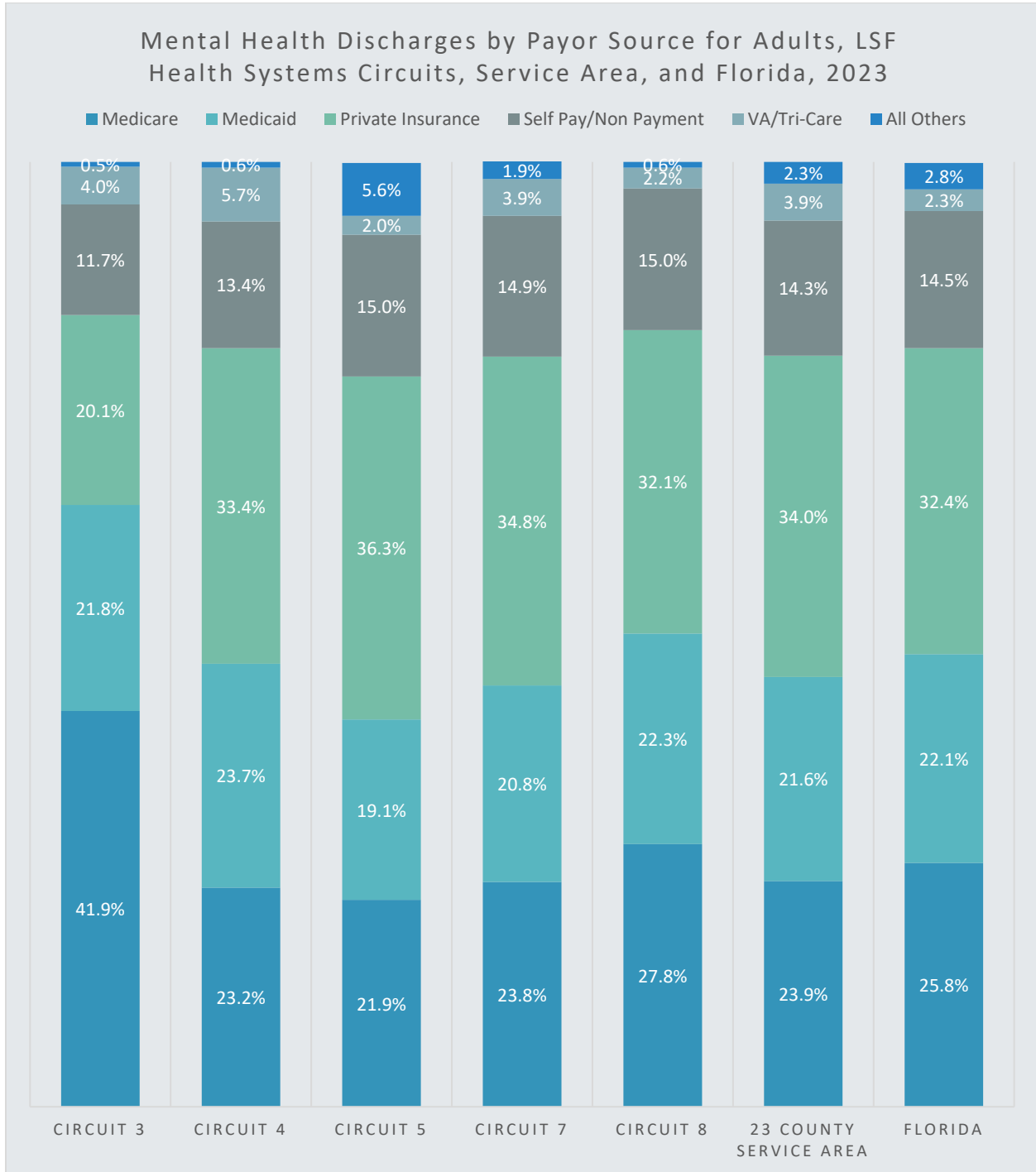
In 2023, among adults (18 years of age and older) in the LSF Health Systems service area there were 23,690 mental health discharges with an ALOS of 6.2 days (Table 121, Technical Appendix). The rate of adult mental health discharges in the LSF Health Systems service area 668.0 which is lower than the Florida rate of adult mental health discharges (728.3 per 100,000 adult population).

In 2023 in the LSF Health Systems service area, Circuit 3 had the lowest adult mental health discharge rate (467.5 per 100,000 adult population), and Circuit 4 had the highest adult mental health discharge rate (845.1 per 100,000 child population). The average length of stay (ALOS) varied among circuits with Circuit 8 experiencing the longest adult ALOS (6.9 days) and Circuit 7 the shortest ALOS (5.7 days). Overall, the ALOS for adults was longer in the LSF Health Systems service area (6.2 days) than in Florida (6.0 days) (Table 121, Technical Appendix).

In the LSF Health Systems service area in 2023, the White adult mental health discharge rate was 575.1 per 100,000 adults as compared to 595 per 100,000 children in Florida (Table 124, Technical Appendix). The ALOS for White adults in the LSF Health Systems service area and Florida was the same: 6.1 days. Black adults experienced higher rates both in the LSF Health Systems service area and in Florida (1,005.5 and 1,255.6 per 100,000 adults, respectively) (Table 127, Technical Appendix). The ALOS for Black children in the LSF Health Services service area was 6.4 days compared to 6 days in Florida.

The following figure shows the distribution of payor sources for adult mental health discharges for in 2023. Compared to Florida, the LSF Health Systems service area has the same top two payor sources: Medicare and private insurance. Medicare covered 23.9 percent of adult mental health discharges in the LSF Health Systems service area and 25.8 percent in Florida. Private insurance covered 34 percent of adult mental health discharges in the LSF Health Systems service area and 22.1 percent in Florida (Table 130, Technical Appendix). Medicare was the payor source for nearly 42 percent of adult mental health discharges in Circuit 3, which is 62 percent higher than the Florida distribution of 25.8 percent with Medicare as the payor source.

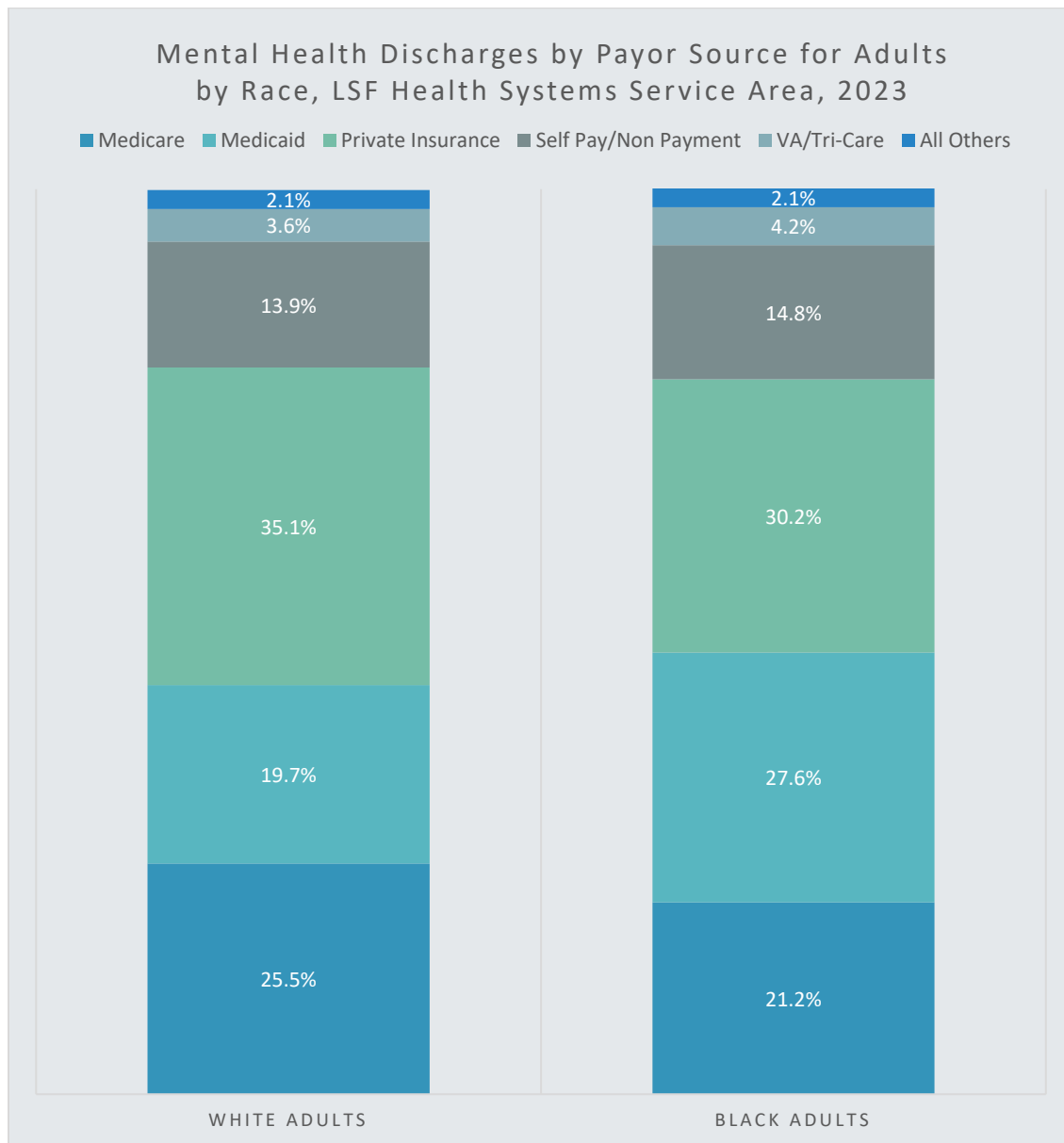
Figure 31: Mental Health Discharges by Payor Source for Adults, LSF Health Systems Circuits, Service Area, and Florida, 2023



Source: Table 130, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The figure below shows the percentage distribution of payor sources related to mental health discharges for adults in 2023 according to race (Tables 133 and 133, Technical Appendix). Private insurance served as the most common payor source for White and Black adult mental health discharges (35.1 percent and 30.2 percent, respectively). Medicaid was the payor source for nearly 10 percent more Black adults than White adults (27.6 percent compared to 19.7 percent).

Figure 32: Mental Health Discharges by Payor Source for Adults by Race, LSF Health Systems Service Area, 2023

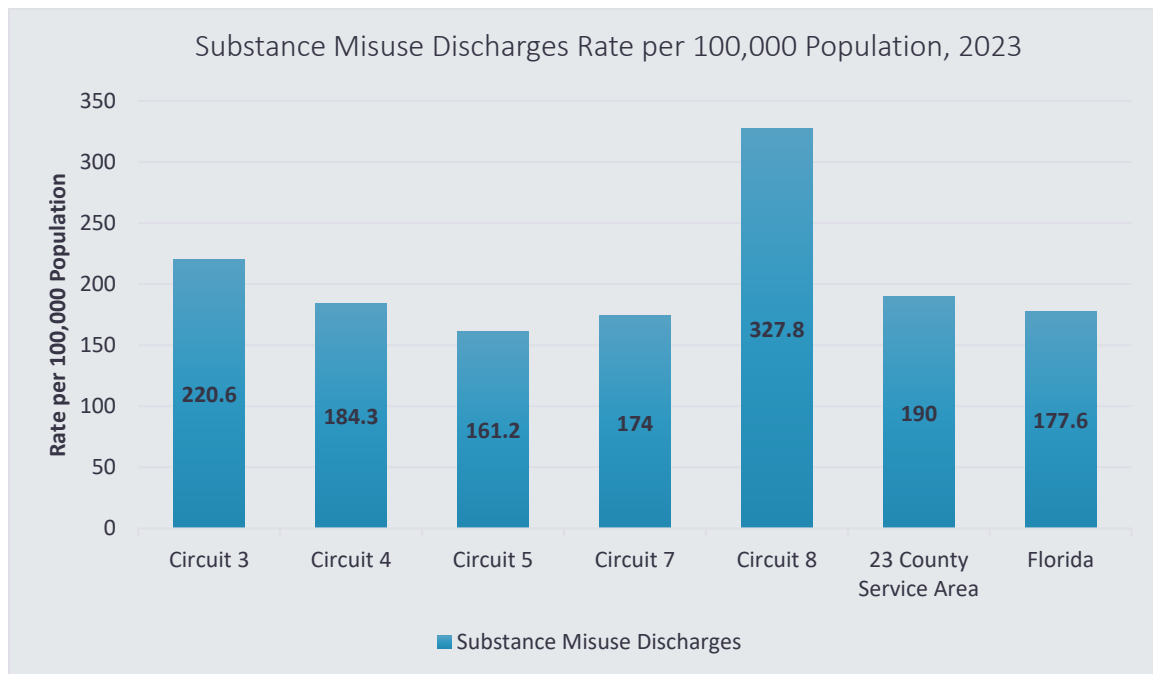


Source: Tables 133 and 136, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

SUBSTANCE MISUSE DISCHARGES

Substance misuse discharges refer to those cases in which patients were hospitalized for substance misuse-related care. In 2023, there were a total of 36,718 substance misuse discharges in the LSF Health Systems service area (Table 137, Technical Appendix). Overall, the substance misuse discharges rate in the LSF Health Systems service area is higher than in Florida (190 compared to 177.6 per 100,000 population, respectively). Circuit 8 experienced the highest substance misuse discharges rate of 327.8 per 100,000 population in the LSF Health Systems service area. Please see the figure below for discharges rates by Circuit in 2023.

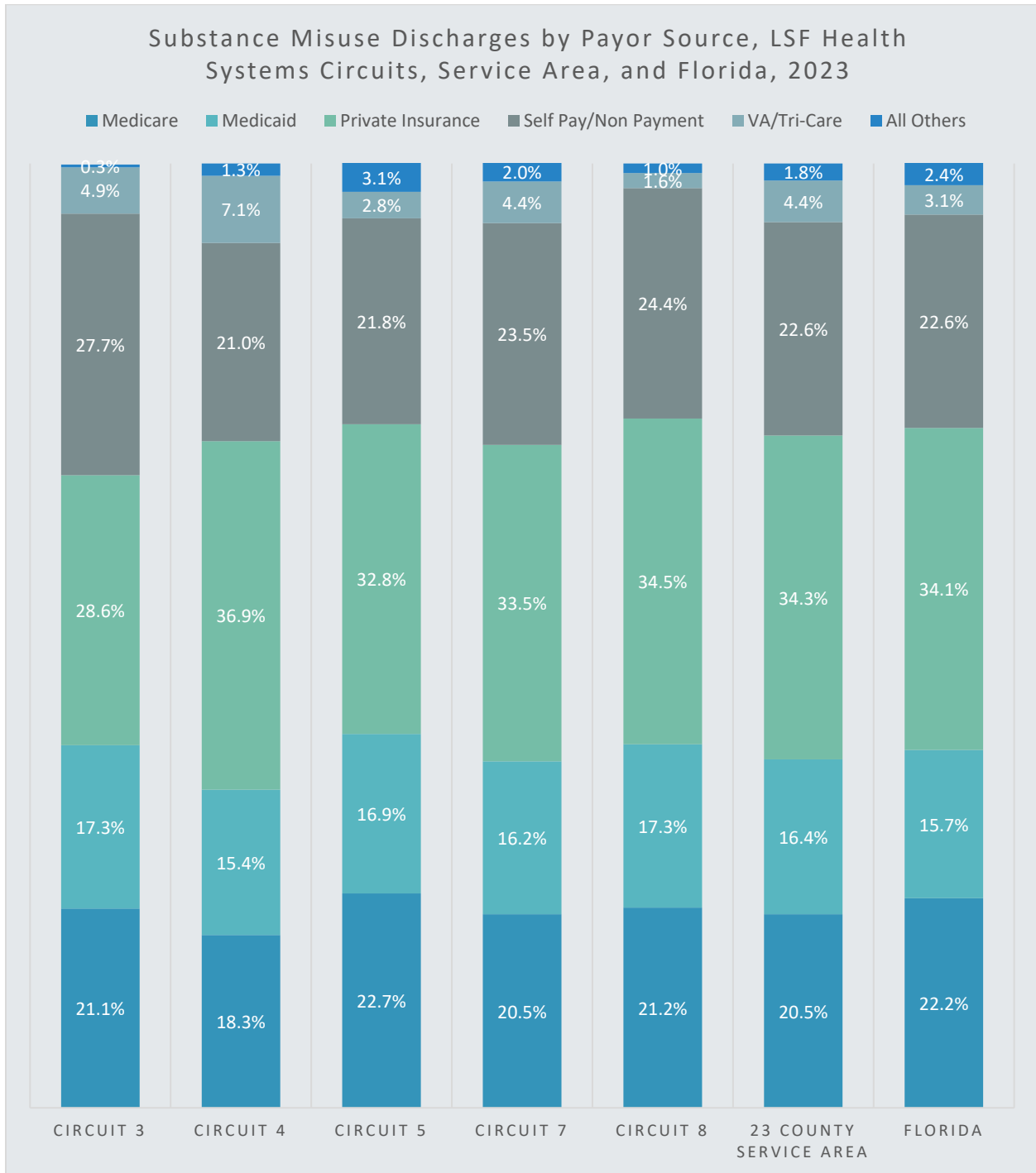
Figure 33: Substance Misuse Discharges Rate per 100,000 Population by Circuit, LSF Health Systems Service Area, and Florida, 2023



Source: Table 137, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The distribution of payor source for substance misuse discharges in 2023 can be reviewed in Figure 33. The distribution of payor sources is similar in the LSF Health Systems service area to Florida with a slightly higher percentage of VA/Tri-Care discharges (Table 146, Technical Appendix).

Figure 34: Substance Misuse Discharges by Payor Source, LSF Health Systems Circuits, Service Area and Florida, 2023



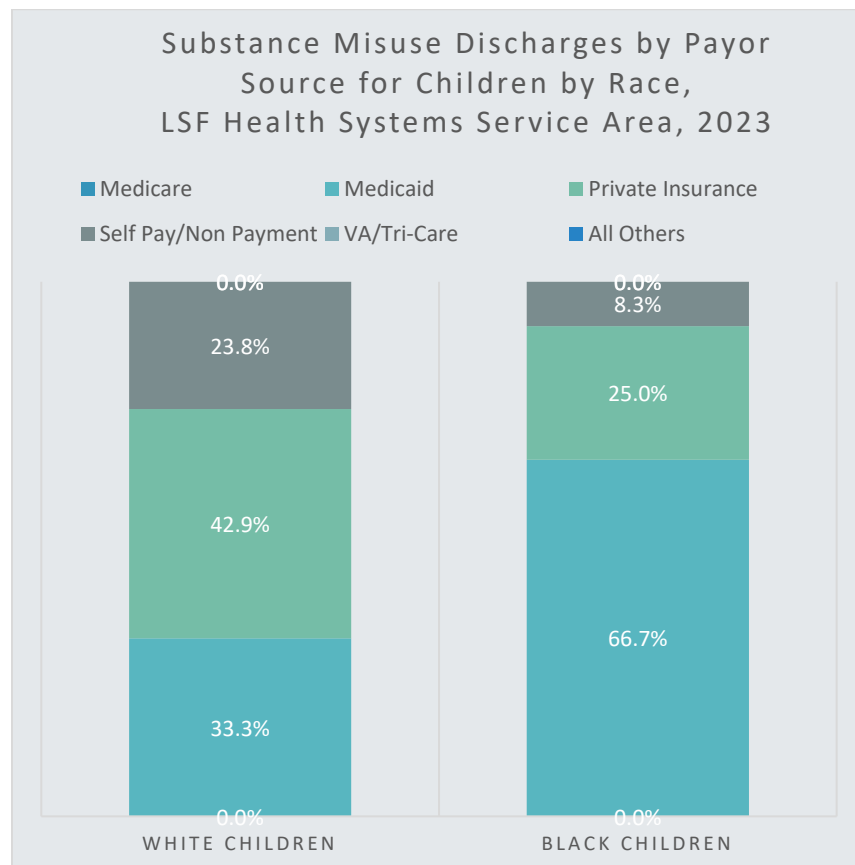
Source: Table 146, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Children – Substance Misuse Discharges

Among children aged 0 to 17 there were 37 substance misuse discharges in 2023 in the LSF Health Systems service area with a rate of 4.4 substance misuse discharges to per 100,000 child population as compared to a rate of 6.4 per 100,000 child population in Florida (Table 138, Technical Appendix). The ALOS in the LSF Health Systems service area was 4 days, a half-day longer than the Florida average for the same time-period. Medicaid and private insurance were the payor sources for 40.5 percent of child substance misuse discharges in the LSF Health Systems service area (Table 147, Technical Appendix). In Florida, Medicaid was the payor source for nearly 58 percent of child substance misuse discharges.

Figure 35 shows the percentage distribution of payor sources for substance abuse discharges for both White and Black children in the LSF Health System service area in 2023. Nearly 67 percent of Black children substance misuse discharges were paid for by Medicaid as compared to 33.3 percent for White children in the LSF Health System service area (Tables 150 and 153, Technical Appendix). Private insurance was the second most common payor source for both races.

Figure 35: Substance Misuse Discharges by Payor Source for Children by Race, LSF Health Systems Service Area, 2023

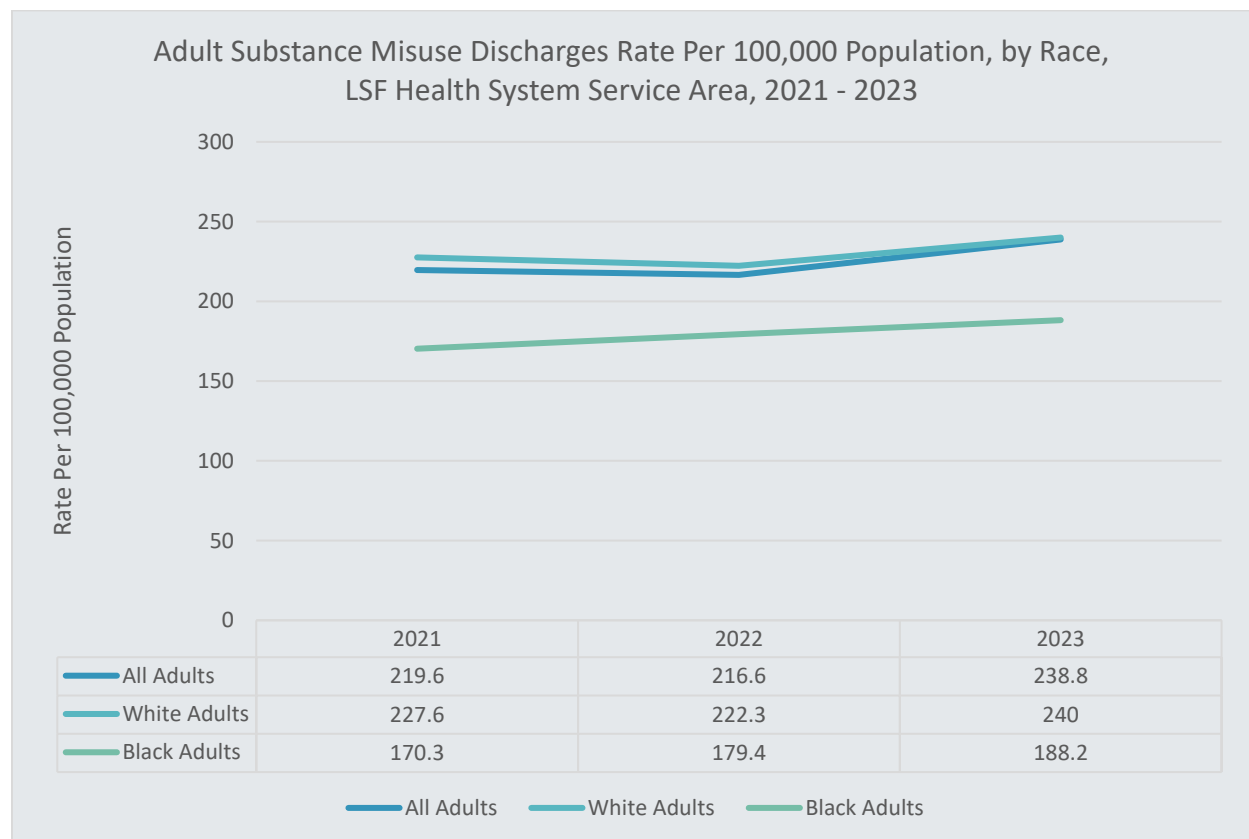


Source: Tables 150 and 153, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Adults – Substance Misuse Discharges

In the LSF Health Systems service area in 2023, there were 8,290 adult (18 years +) substance misuse discharges for all races totaling a rate of 233.8 per 100,000 adult population compared to 40,012 adult substance misuse discharges in Florida for all races with a rate of 218.3 per 100,000 adult population. White adults in the LSF Health Systems service area experienced a rate of 240 per 100,000 adult population in 2023 compared to a rate of 188.2 for Black adults in the LSF Health Systems service area (Tables 142 and 145, Technical Appendix). The ALOS for white adults in the LSF Health Systems service area was 4.2 and compared to 4.8 for Black adults in the service area. The figure below shows adult substance misuse discharge trends over a three-year time-period for adults (all races), White adults, and Black adults in the LSF Health Systems service area (Tables 139, 142, 145, Technical Appendix). In general, the trend of substance misuse discharges is increasing.

Figure 36: Adult Substance Misuse Discharge Rate Per 100,000 Population, by Race, LSF Health System Service Area, 201-2023



Source: Tables 139, 142, 145 LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In 2023, the LSF Health Systems service area had a slightly longer average length of stay (ALOS) for adults at 4.4 days than for Florida (4.2 days). Circuit 5 had the shortest ALOS (3.9 days), and Circuits 4 and 7 tied for the longest ALOS (4.7 days) (Table 139, Technical Appendix).

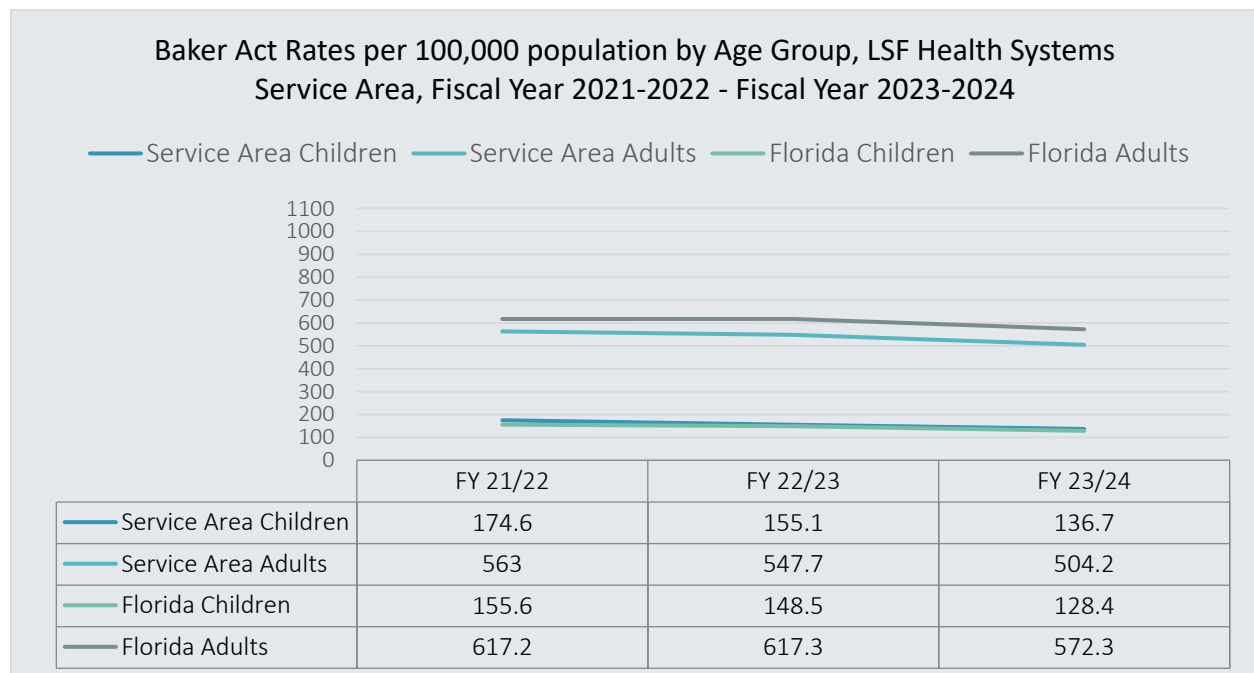
In 2023, the most common payor source for the LSF Health Systems service area for adult substance misuse discharges was private insurance (34.3 percent) followed by self-pay/no pay (22.7 percent) and Medicare (20.6 percent). This distribution of payor sources is like the Florida distribution of payors (Table 148, Technical Appendix).

BAKER ACTS

The Baker Act is a law in Florida that allows specific professionals to detain and involuntarily commit individuals to a mental health facility for evaluation if they are deemed to be a danger to themselves or others. In Fiscal Year 2023-2024, there were 29,001 involuntary examinations in the LSF Health Systems service area. Of those, 6,187 were children and 22,814 were adults (Table 157, Technical Appendix). The rate of Baker Acts in the LSF Health Systems service area for children was 136.7 per 100,000 population compared to 128.4 per 100,000 population in Florida and the rate for adults in the service area was 504.2 per 100,000 population compared to 572.3 per 100,000 population in Florida. Of the 29,001 Baker Acts in the LSF Health System service area, 55.5 percent were initiated by law enforcement, 40.3 percent were initiated by health care professionals and 4.3 percent were ex-parte initiated (Table 158, Technical Appendix).

The figure below show more detailed information about Baker Acts for the LSF Health Systems service area over multiple fiscal years.

Figure 37: Baker Act Rates per 100,000 Population by Age Groups, LSF Health Systems Service Area, FY 2021-2022 – FY 2023-2024



Source: Table 157, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Mortality

Mortality rates are a fundamental aspect of population assessments because they provide a direct measure of the population's health. These measures are statistical tools that quantify the frequency of death, unlike morbidity which measures illness, providing a definitive event that is reportable.

The statistics in the following section are reported as crude as well as age-adjusted death rates. Crude rates report the overall burden of disease in the total population and do not account for differences in population demographics, such as age distribution, which can affect comparisons between different communities. Age-adjusted rates calculate the number of deaths as if populations being compared have the same age structure. These rates are the most utilized for public health data used to compare rates of health events affected by confounding factors in a population. All mortality rates reported in this section are per 100,000 population.

MENTAL HEALTH DISORDER DEATH RATES

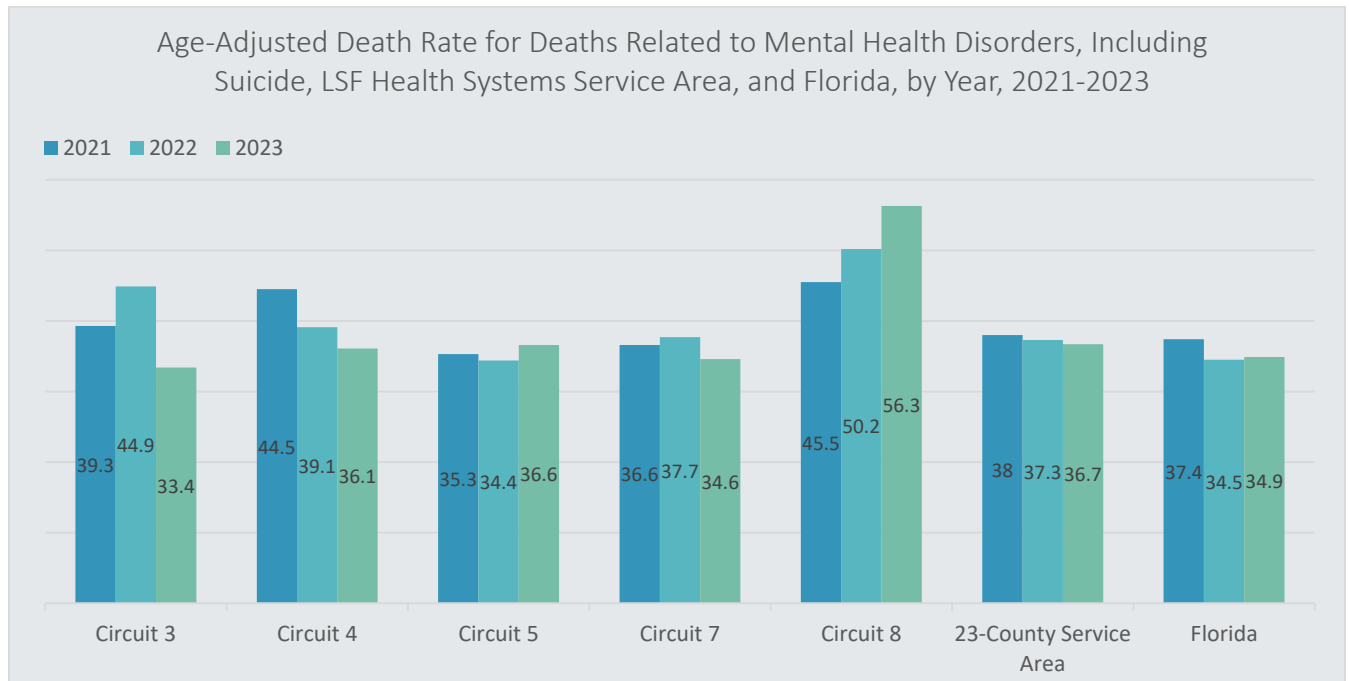
The data in this section describes death rates related to mental health disorders with ICD-10 codes F01-09 (mental disorders due to known physiological conditions), F20-48 (Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders; mood disorders (affective), anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders), and F50-99 (behavioral syndromes associated with physiological disturbances and physical factors, disorders of adult personality and behavior, intellectual disabilities, pervasive and specific developmental disorders, and behavioral and emotional disorders with onset usually occurring in childhood and adolescence). In addition, ICD-10 codes X60-X84 and U03 capture deaths related to intentional self-harm, and suicide, and code Y87 references the sequelae of intentional self-harm or suicide attempts.

For the state of Florida, in 2023, there were 11,530 deaths related to mental health disorders, including suicide. The number of reported deaths caused by mental health disorders, including suicide, increased from 2021 (11,020 deaths), however decreased from 2022 (11,620 deaths). The average number of deaths related to mental health disorders, including suicide, per year for this period, in Florida is 11,390. For the LSF Health Systems service area, there were 2,135 deaths reported in 2023, exhibiting an increasing trend in the service area from 2021 which reported 2,064 deaths. In 2023, the LSF Health Systems Service area accounted for about 18 percent of the total number of deaths related to mental health disorders, including suicide, in the state of Florida.

Within the service area, Circuit 5 reported the highest number of deaths related to mental health disorders, including suicide, (715 deaths) with the most occurring in Lake County (267 deaths). Overall, the highest number of deaths occurred in Duval County with 397 deaths. (Table 159, Technical Appendix).

The figure below illustrates the age-adjusted rate, per 100,000 population, for mental health disorders, including suicide, across LSF Health Systems circuits, the entire LSF Health Systems region, and the state of Florida from 2021 to 2023. The data displays a mix of trends over the three-year period.

Figure 38: Age-Adjusted Death Rate per 100,000 Population for All Races Related to Mental Health Disorders Including Suicide by Year for LSF Health Systems Counties, Circuits, and Florida, 2021-2023



Source: Table 159, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025

Age-adjusted death rates for the LSF Health Systems service area remained relatively static for the three-year period with an average rate of 37.3 death per 100,000 population. For 2023, the age-adjusted death rate for the service area was 36.7 deaths per 100,000. Likewise, the rate for deaths related to mental health disorders, including suicide, for the state showed little change, with the most recent rate of 34.9 deaths per 100,000 for 2023, and an average over the three-year reporting period of 35.6.

Within the LSF Health Systems service area, mental health disorder related death rates for Circuits 5 and 7 were slightly lower than the service area, with rates of 36.6 deaths per 100,000 population and 34.6 deaths per 100,000 population, respectively. Likewise, both circuits appear to be following the same trend as the service area and the state, remaining relatively stable across the three-year reporting period.

Circuits 3 and 4 both exhibit a decreasing trend in rate, despite a higher reported rate for Circuit 3 in 2022. For 2023, rates for Circuits 3 and 4 were 33.4 deaths per 100,000 population and 36.1 deaths per population, respectively. Both circuits were lower than the service area's overall rate of 36.7, however Circuit 4 was higher than the state of Florida rate for the same year.

Notably, Circuit 8 is the only circuit in the service area with a strong increasing trend in rate for mental health disorder related deaths, consistently increasing from 2021 with 45.5 deaths per

100,000 population to 56.3 deaths per 100,000 population in 2023. Circuit 8 also reported the highest rate among all LSF circuits throughout the three-year reporting range. At the county level, the highest individual rate for Circuit 8 occurred in Levy County with 71.4 mental health disorder related deaths per 100,000 population, however Alachua County reported the highest number of individual deaths with 171 for 2023. The table below includes the number and rate of death related to mental health disorders for the LSF Health Systems service area and Florida for 2021-2023. (Table 159, Technical Appendix).

Table 34: Total Number, and Age-Adjusted Death Rate per 100,000 Population for All Races Related to Mental Health Disorders, Including Suicide, LSF Health Systems Counties, Circuits and Florida, 2021-2023

County	2021		2022		2023	
	Number	Age-Adjusted Rate	Number	Age-Adjusted Rate	Number	Age-Adjusted Rate
Columbia	34	36.9	32	<u>37.5</u>	26	26.3
Dixie	17	<u>51.0</u>	12	<u>61.6</u>	9	<u>38.1</u>
Hamilton	12	24.7	4	<u>70.7</u>	5	<u>38.3</u>
Lafayette	4	33.7	3	<u>35.4</u>	5	<u>45.5</u>
Suwannee	26	<u>43.0</u>	25	<u>43.7</u>	27	<u>40.1</u>
Circuit 3	93	<u>39.3</u>	76	<u>44.9</u>	72	33.4
Clay	111	<u>46.7</u>	106	<u>48.7</u>	101	<u>40.9</u>
Duval	372	<u>44.9</u>	461	<u>37.0</u>	397	<u>36.2</u>
Nassau	47	<u>38.8</u>	44	<u>39.6</u>	35	26.9
Circuit 4	530	<u>44.5</u>	611	<u>39.1</u>	533	<u>36.1</u>
Citrus	109	<u>46.8</u>	103	<u>43.2</u>	95	<u>35.0</u>
Hernando	86	31.7	92	28.8	96	32.7
Lake	210	34.4	239	32.3	267	<u>38.2</u>
Marion	206	33.4	193	<u>36.3</u>	203	<u>35.9</u>
Sumter	137	<u>43.3</u>	128	34.2	149	<u>40.1</u>
Circuit 5	639	35.3	652	34.4	715	<u>36.6</u>
Flagler	75	<u>44.0</u>	87	<u>41.8</u>	87	<u>36.9</u>
Putnam	43	<u>62.3</u>	53	<u>37.4</u>	36	<u>40.7</u>
St. Johns	108	30.2	108	31.1	115	29.0

Volusia	343	35.1	292	<u>40.6</u>	307	<u>36.1</u>
Circuit 7	569	36.6	540	<u>37.7</u>	545	34.6
Alachua	162	<u>51.5</u>	148	<u>55.2</u>	171	<u>56.0</u>
Baker	3	33.3	9	10.4	14	<u>48.8</u>
Bradford	24	<u>38.2</u>	14	<u>63.1</u>	21	<u>60.5</u>
Gilchrist	11	<u>50.4</u>	12	<u>38.6</u>	16	<u>63.3</u>
Levy	29	31.0	21	<u>52.6</u>	42	<u>71.4</u>
Union	4	32.2	5	25.9	6	<u>35.6</u>
Circuit 8	233	<u>45.5</u>	209	<u>50.2</u>	270	<u>56.3</u>
23-County Region	2,064	<u>38.0</u>	2,088	<u>37.3</u>	2,135	<u>36.7</u>
Florida	11,020	37.4	11,620	34.5	11,530	34.9

*Underlined numbers indicate a higher rate than the state of Florida for the corresponding year.

Source: Table 159, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025

Mental Health Disorder Deaths Among Children

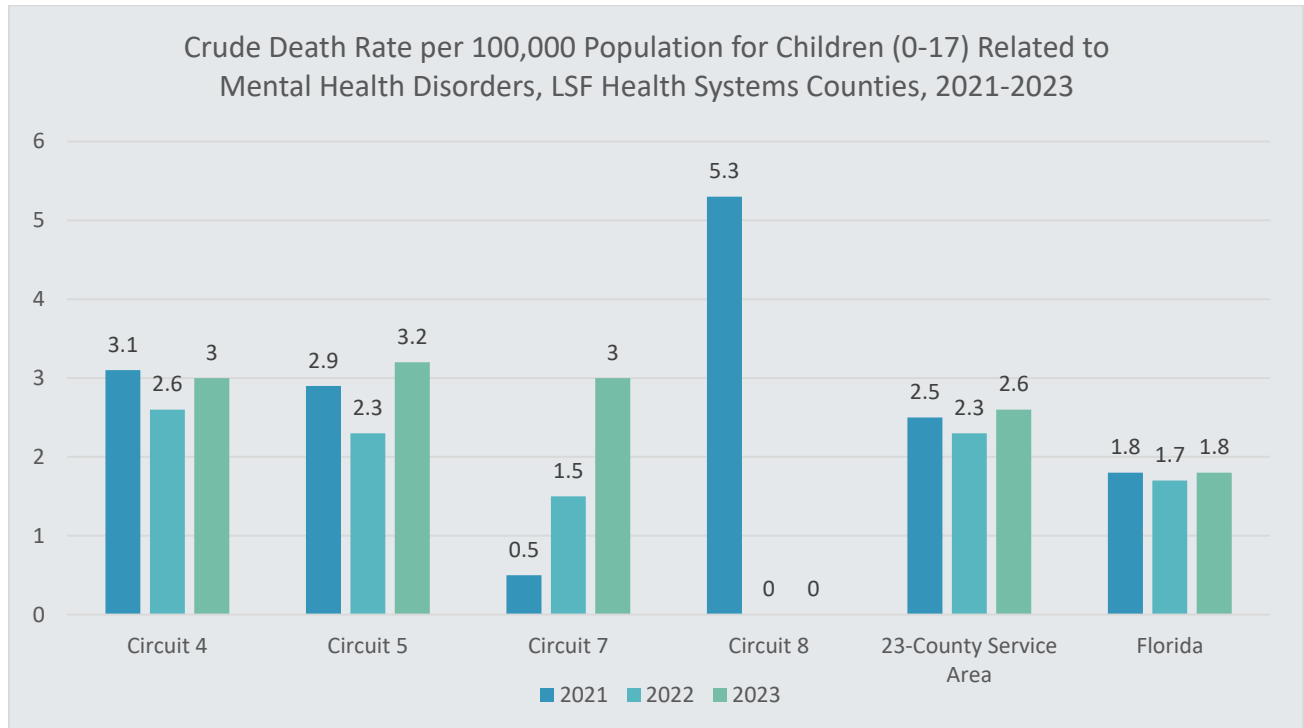
In 2023, the state of Florida reported 79 child deaths related to mental health disorders. Of these, 22 occurred within the LSF Health Systems service area, accounting for nearly 28 percent of the state's total. This number represents a slight increase for the service area. Within the LSF Health Systems service area, the deaths were distributed across circuits as follows:

- Circuit 4: 9 deaths
- Circuit 5: 7 deaths
- Circuit 7: 6 deaths

The crude mortality rates for the LSF Health Systems circuits were relatively consistent, ranging from 3.0 to 3.2 deaths per 100,000 children (ages 0-17), except for Circuit 8 which reported no deaths in 2023, and Circuit 3, which has not reported a child mental health related death during the three-year period. While most circuits were relatively stable for the three-year reporting period, Circuit 7's rate has increased dramatically (0.5 in 2021 to 3.0 in 2023). In contrast, Circuit 8 reports no mental health related deaths for children in 2022 or 2023, a notable decrease from their 2021 rate of 5.3 deaths per 100,000.

Circuits that reported child deaths, and the overall LSF Health Systems service area rate of 2.6, were notably higher than the state of Florida's rate of 1.8 (Table 163, Technical Appendix). The figure below displays crude mortality rates for children in the LSF Health Systems service area and for the state of Florida for the three-year reporting period. Circuit 3 is excluded from this graph as there were no reported deaths from 2021-2023.

Figure 39: Crude Death Rate per 100,000 Population for Children (0-17) Related to Mental Health Disorders, LSF Health Systems Counties, 2021-2023



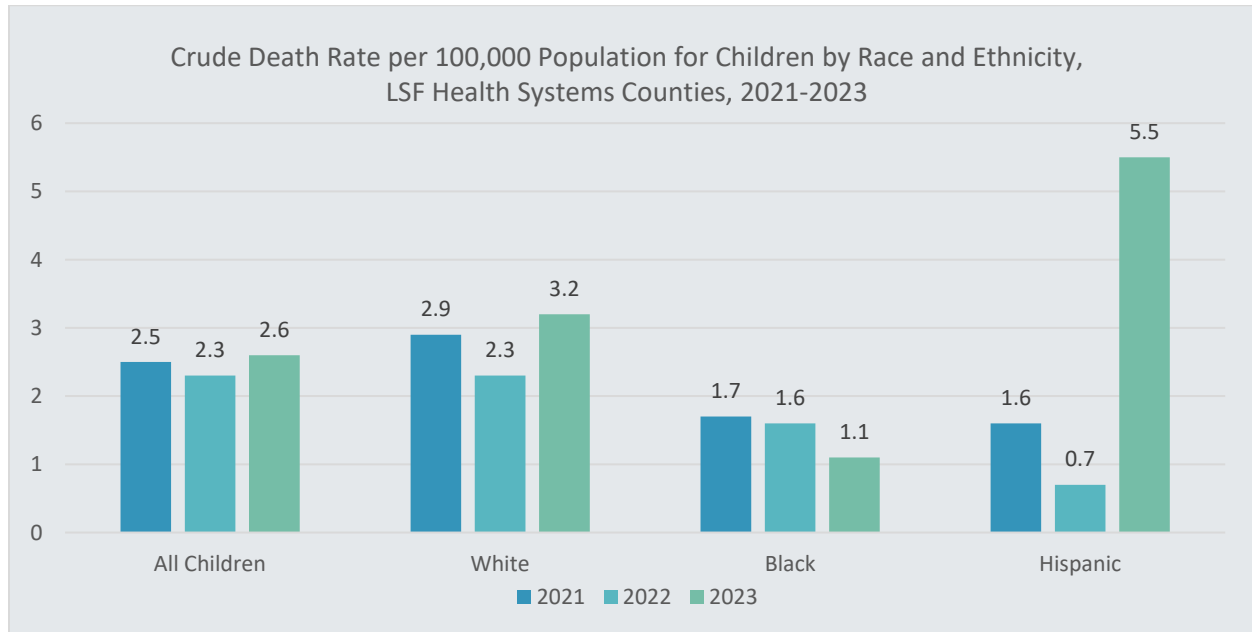
Source: Table 163, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

RACE AND ETHNICITY CONSIDERATIONS

A review of crude rates for children within the LSF Health Systems service area, and across racial and ethnic groups, reveals notable disparities that do not reflect the rate distribution for mental health related deaths for all ages.

The figure below shows the rates across races and ethnicity across the three-year reporting period.

Figure 40: Crude Death Rate per 100,000 Population for Children by Race and Ethnicity, LSF Health Systems Counties, 2021-2023



Source: Table 163, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In Circuit 5, the death rate related to mental health disorders among Black children was 5.9, which was higher than their White counterparts at 3.0 per 100,000 population, and more than double the state rate for Black children. Additionally, this was the only circuit in the service area that reported deaths among Black children. The service area's overall rate for Black children was 1.1, while the state's rate was 1.5 (Table 163, Technical Appendix).

Additionally, a substantial ethnic disparity was observed in the data for Hispanic children. There were 8 reported deaths related to mental health disorders among Hispanic children in the LSF Health System's service area, which is 32 percent of the state's total for Hispanic child deaths in the state of Florida, and 36 percent of all child deaths in the LSF service area. (Table 163, Technical Appendix).

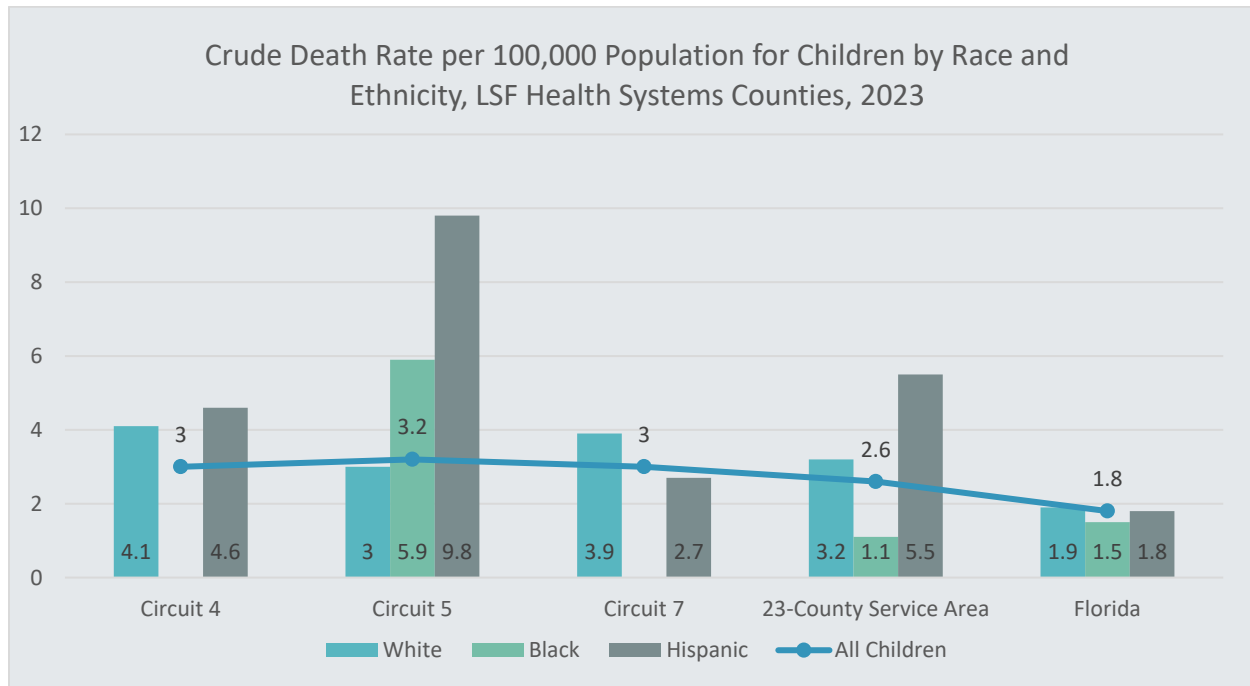
Hispanic child deaths occurred in the following Circuits:

- Circuit 4: 2 deaths
- Circuit 5: 5 deaths
- Circuit 7: 1 death

The mental health-related death rate for Hispanic children in the LSF Health Systems service area was 5.5, which is notably higher than the state rate of 1.8. The highest rate was observed in Circuit 5 (9.8), followed by Circuit 4 (4.6), and Circuit 7 (2.7). The rate for the service area has notably increased during the three-year reporting period (Table 163, Technical Appendix).

The figure below displays the crude death rate for 100,000 population for children by race and ethnicity in the LSF Health System service area and the state of Florida.

Figure 41: Crude Death Rate per 100,000 Population for Children by Race and Ethnicity, LSF Health Systems Counties, 2023



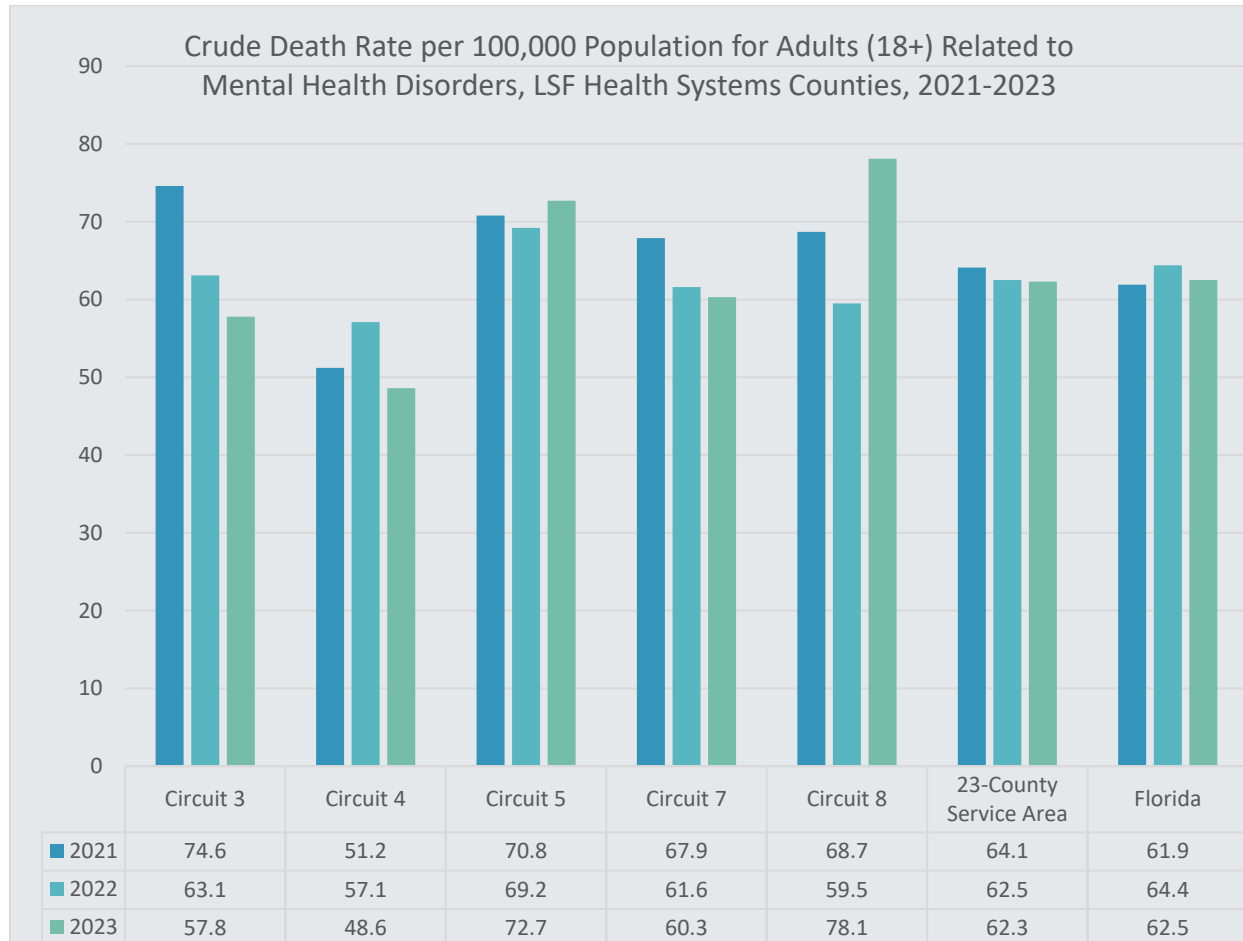
Source: Table 163, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Mental Health Disorder Related Deaths Among Adults

In 2023, the state of Florida reported 11,451 adult deaths related to mental health disorders of which 2,208 (19 percent) occurred in the LSF Health Systems service area. Overall, the service area's crude rate for adult deaths related to mental health disorders was 62.3 deaths per 100,000 population, a rate like that of the state of Florida (62.5) (Table 164, Technical Appendix).

The figure below displays the crude death rate for adults, ages 18 and older, in the LSF Health Systems service area compared to Florida.

Figure 42: Crude Death Rate per 100,000 Population for Adults (18+) Related to Mental Health Disorders, LSF Health Systems Counties, 2021-2023



Source: Table 164, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

In 2023, both Circuits 5 and 8 had higher crude rates than that of the state, and the entirety of the service area; 72.7 and 78.1, respectively. For the three-year reporting period, Circuit 3's rate has decreased from 74.6 deaths to 100,000 to 57.8 deaths per 100,000. There is also a decline in rate for Circuit 7.

The highest rate for 2023 occurred in Circuit 8 (78.1 deaths per 100,000 population). Circuit 4 has consistently reported the lowest rates for deaths related to mental health disorders (Table 164, Technical Appendix).

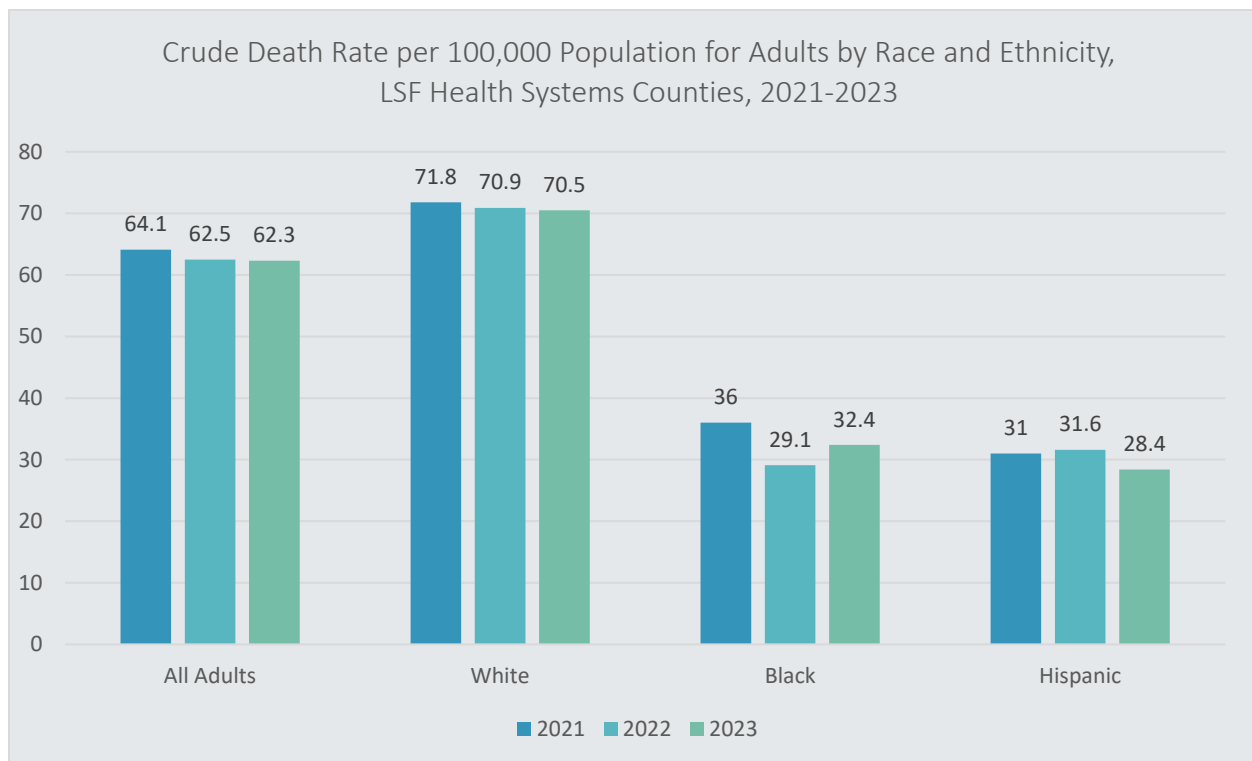
RACE AND ETHNICITY CONSIDERATIONS

A comparative analysis of crude mortality rates among adults aged 18 and over, stratified by race and ethnicity, reveals several key findings. Overall, White adults had higher rates of death related to mental health disorders for the three-year reporting period. These rates are relatively consistent

across all years. Likewise, there is little change in the rate among both Black and Hispanic adults for the three-year period, and rates for both demographics are similar.

The figure below displays rates for all adults, and by race for the LSF Health Systems service area for each year in the reporting period.

Figure 43: Crude Death Rate per 100,000 Population for Adults by Race and Ethnicity, LSF Health Systems Counties, 2021-2023

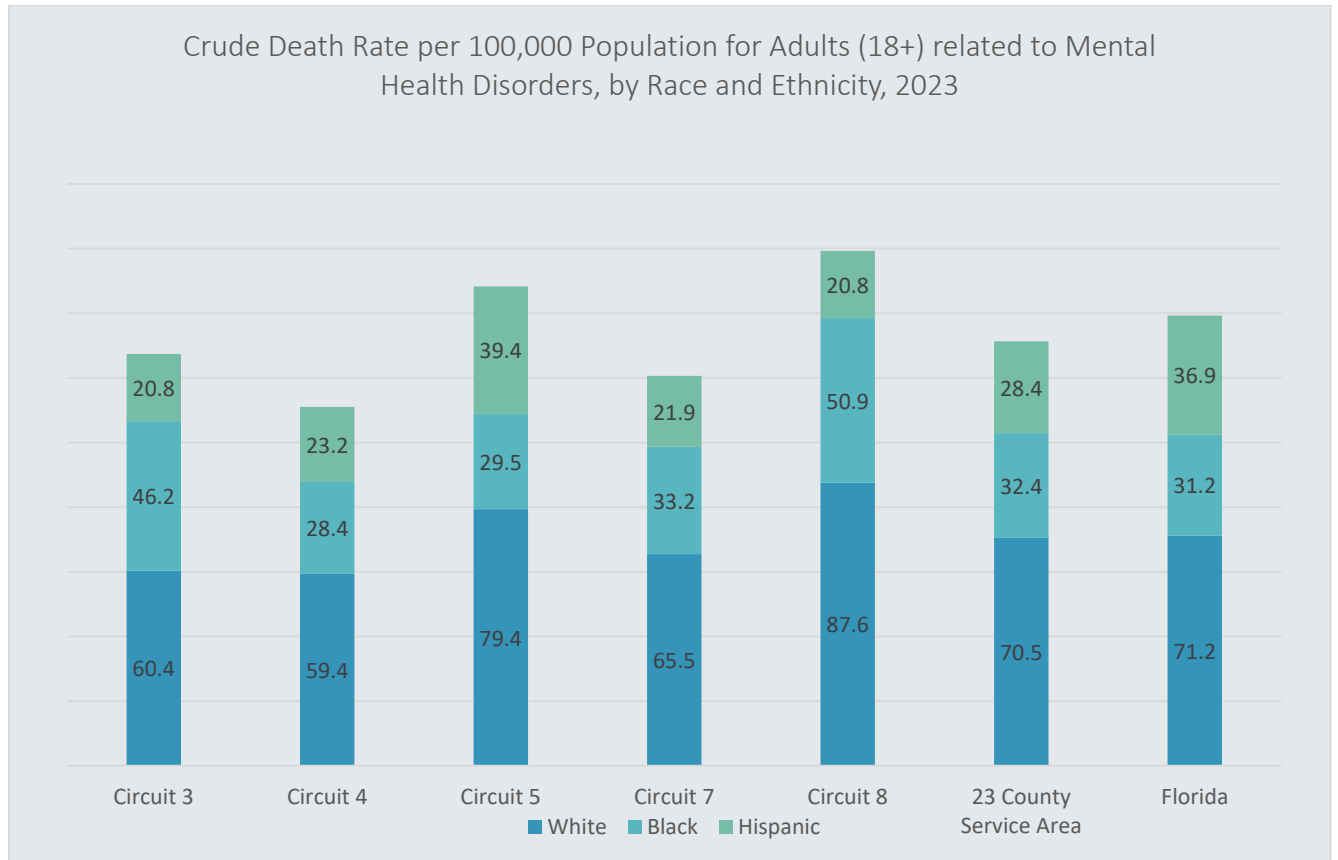


Source: Table 164, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

For Black adults, all circuits within the service area reported crude mortality rates for Black adults that were lower than the crude rate for all adults. These rates ranged from 28.4 to 50.9 deaths per 100,000 Black adults. Circuit 8 recorded the highest crude death rate for this demographic.

The LSF Health Systems service area reported a slightly higher crude mortality rate for Hispanic adults (28.4) compared to the state of Florida's rate of 36.9. Apart from Circuit 5, all circuits within the service area had rates for Hispanic adults that were below the state average for the same demographic. The crude rates of death are presented in the figure below, comparing rates of death for each demographic within each LSF circuit, (Table 164, Technical Appendix).

Figure 44: Crude Death Rate per 100,000 Population related to Mental Health Disorders, by Race and Ethnicity, 2023



Source: Table 164, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

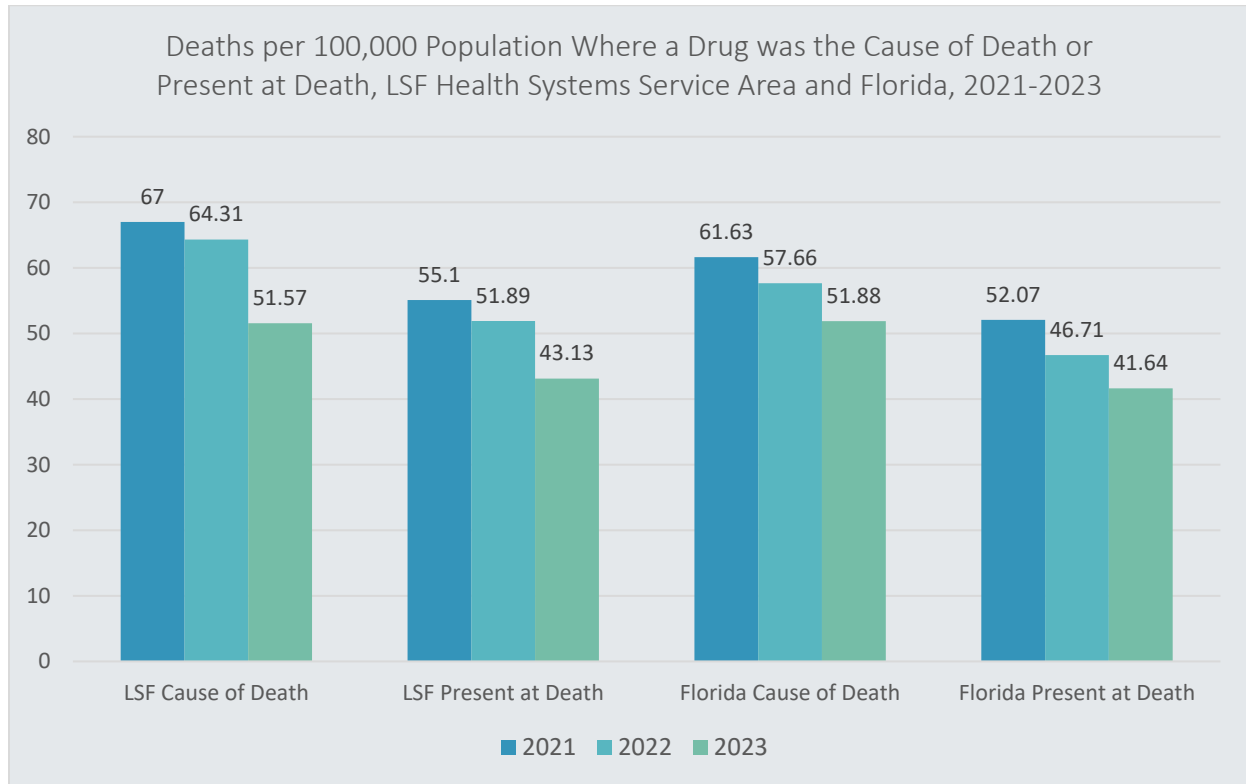
FLORIDA DRUG-RELATED OUTCOMES SURVEILLANCE & TRACKING SYSTEM (FROST)

The FROST system is a data dissemination tool developed to centralize and provide access to a wide range of drug-related outcome data in Florida. It is used for public health surveillance, research, and policy development, particularly in addressing the opioid epidemic. The data includes mortality figures, rates, and demographic breakdowns, serving as a critical resource for monitoring trends in substance misuse and related public health issues.

This data is compiled from the Florida Department of Law Enforcement's Medical Examiners Commission reports as well as Florida Bureau of Vital Statistics. Florida medical examiners, throughout the state, investigated 34,274 deaths in 2023, identifying substance misuse in 14,798 of those deaths, according to their 2023 annual report.

Data from FROST can be found in tables 171-209 of the technical appendix and is presented in this section for 2021-2023 by circuit, the 23-county LSF Health Systems service area, and the state.

Figure 45: Deaths per 100,000 Population Where a Drug was the Cause of Death or Present at Death, LSF Health Systems Service Area and Florida 2021-2023

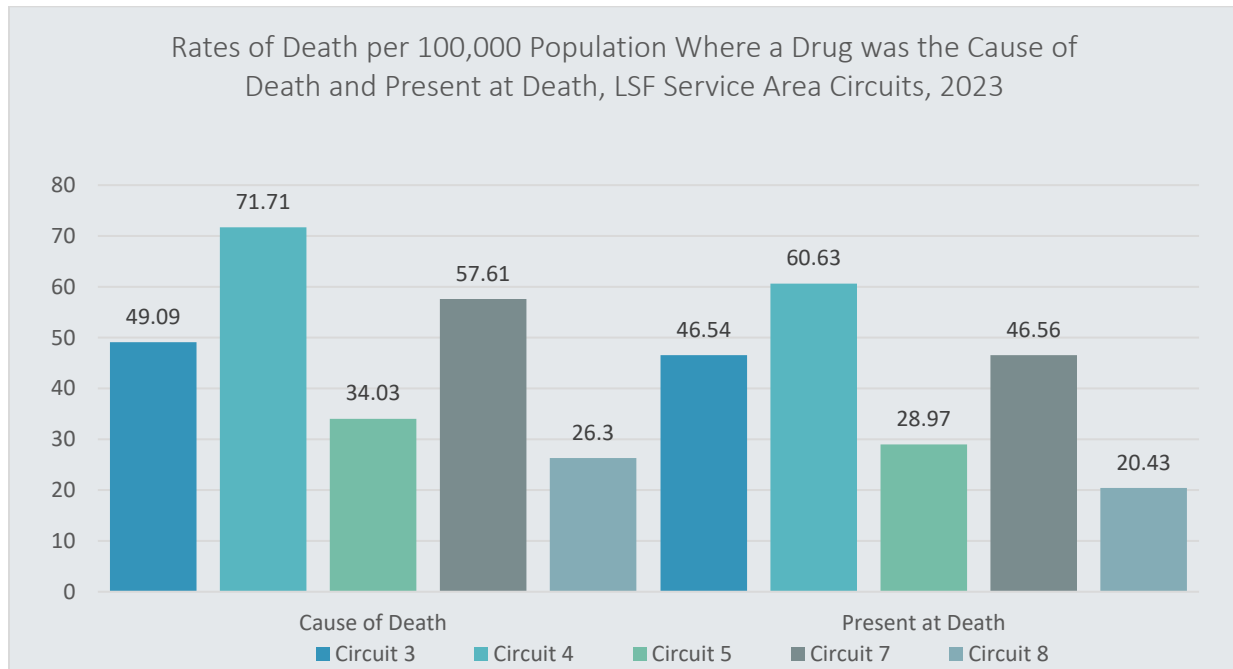


Source: Table 171, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The figure above shows the death rate per 100,000 population of deaths, for all ages and all races, where a drug was the cause of death or was present at the time of death for the LSF Health Systems service area, compared to the same rates for the state of Florida for 2021-2023. The LSF Health Systems service area was higher than the state but exhibiting a decreasing trend like that of the state of Florida (Table 171, Technical Appendix).

For 2023, Circuit 4 had the highest rate for deaths attributed to drugs, and deaths with the presence of drugs, 990 deaths and 837 deaths, respectively. Circuits 5 and 8 had rates that were lower than those of the state, and the LSF Health Systems service area. Circuit 8 reported the lowest rate for both categories with 26.3 deaths with a drug as the cause of death per 100,000 population and 28.97 for deaths with drugs present at death. (Table 171, Technical Appendix). The figure below shows death rates for both metrics for the LSF Service Area individual circuits.

Figure 45: Rates of Death per 100,000 Population Where a Drug was the Cause of Death and Rates of Death per 100,000 Population Where a Drug was Present at Death, LSF Service Area Circuits, 2023

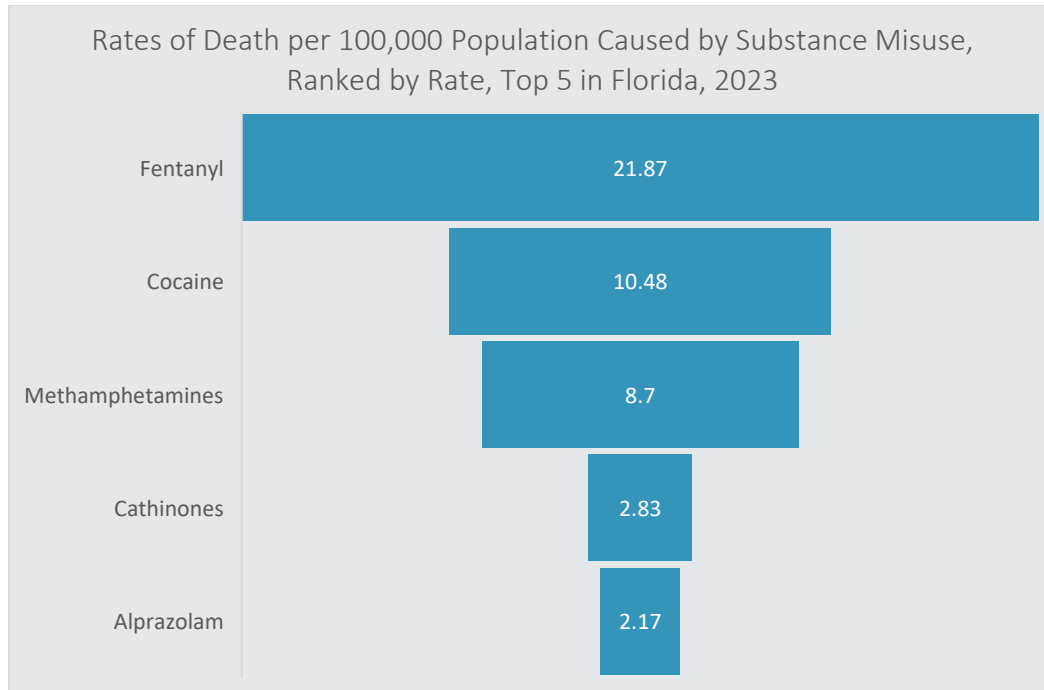


Source: Table 171, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

LEADING SUBSTANCES CAUSING DEATH

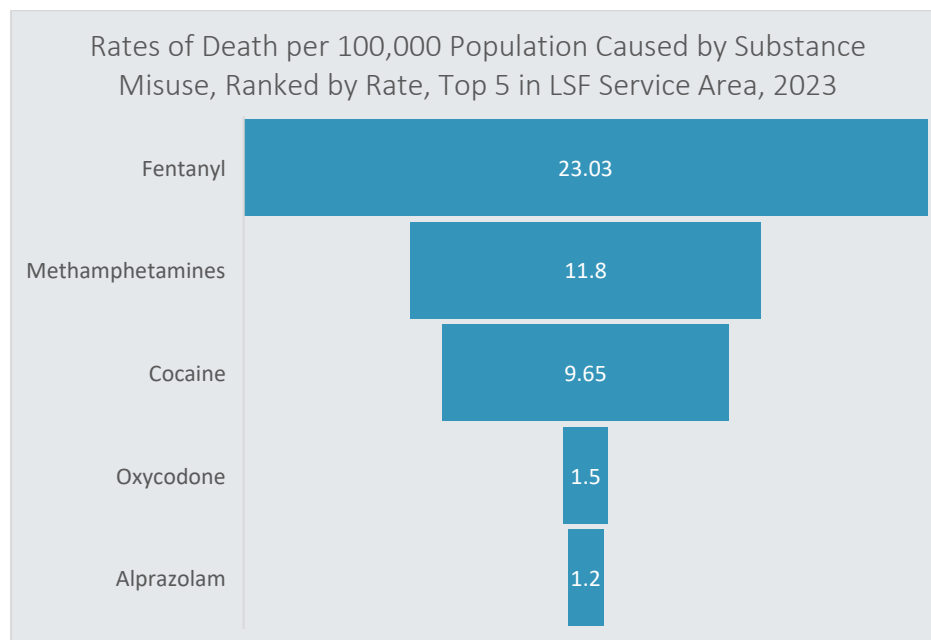
Several substances attributed to death in the LSF Health Systems Service Area. The figures below rank s the “top 5” substances by rate that are related to deaths as the cause of death for the state of Florida, followed the “top 5” substances for the LSF Health Systems service area for 2023.

Figure 46: Rates of Death per 100,000 Population of Deaths Related to Deaths Where Drugs Were the Cause of Death, “Top 5” by Rank, Florida, 2023



Source: Tables 172-189, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 47: Rates of Death per 100,000 Population of Deaths Related to Deaths Where Drugs Were the Cause of Death, “Top 5” by Rank, LSF Health Systems Service Area, 2023



Source: Tables 172-189, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Comparing both the state of Florida, and the LSF Service Area, the highest three substances attributing to mortality rates are similar. Oxycodone is ranked fourth for the LSF Health Systems Service Area, however, it is not one of the five highest ranked for the state. The rate of death for Oxycodone is, however, 2.0 per 100,000 population for the state of Florida.

For the LSF Health Systems service area, ranking for substances with the highest mortality rates were variable across circuits. The rates, per 100,000 population for the top five ranked substances per circuit are in the table below.

Table 35: Rates of Death per 100,000 Population for LSF Health Systems Service Area by Circuit “Top 5” Substances

Rates of Death per 100,000 Population for LSF Health Systems Service Area by Circuit “Top 5” Substances	
Circuit 3	Fentanyl (17.21)
	Methamphetamine (14.1)
	Cocaine (6.37)
	Alprazolam (3.19)
	Cathinones (3.19)
Circuit 4	Fentanyl (32.81)
	Cocaine (17.31)
	Methamphetamine (13.5)
	Oxycodone (2.2)
	Methadone (1.59)
Circuit 5	Fentanyl (13.88)
	Methamphetamine (10.9)
	Cocaine (4.3)
	Oxycodone (0.8)
	Morphine (0.8)
Circuit 7	Fentanyl (26.75)
	Methamphetamine (13.1)
	Cocaine (8.86)
	Alprazolam (2.19)
	Oxycodone (1.9)
Circuit 8	Fentanyl (12.21)
	Methamphetamine (5.4)
	Cocaine (4.7)
	Cathinones (2.35)
	Alprazolam (0.47)
	Heroin (0.47)

Source: Tables 172-189, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Fentanyl

In 2023, fentanyl was the primary cause of substance-related mortality in both Florida and the LSF Health Systems service area. Florida's fentanyl-related death rate was 21.87 per 100,000 population, representing 4,962 deaths statewide. The LSF Health Systems service area had a higher mortality rate of 23.02 per 100,000, accounting for 1,009 deaths, which is about 20 percent of the state's total. The death rates within the LSF service area ranged from 12.21 to 32.81 per 100,000 population. The highest rate was reported by Circuit 4 at 32.81, which accounted for 453 deaths, primarily in Duval County (407 deaths).

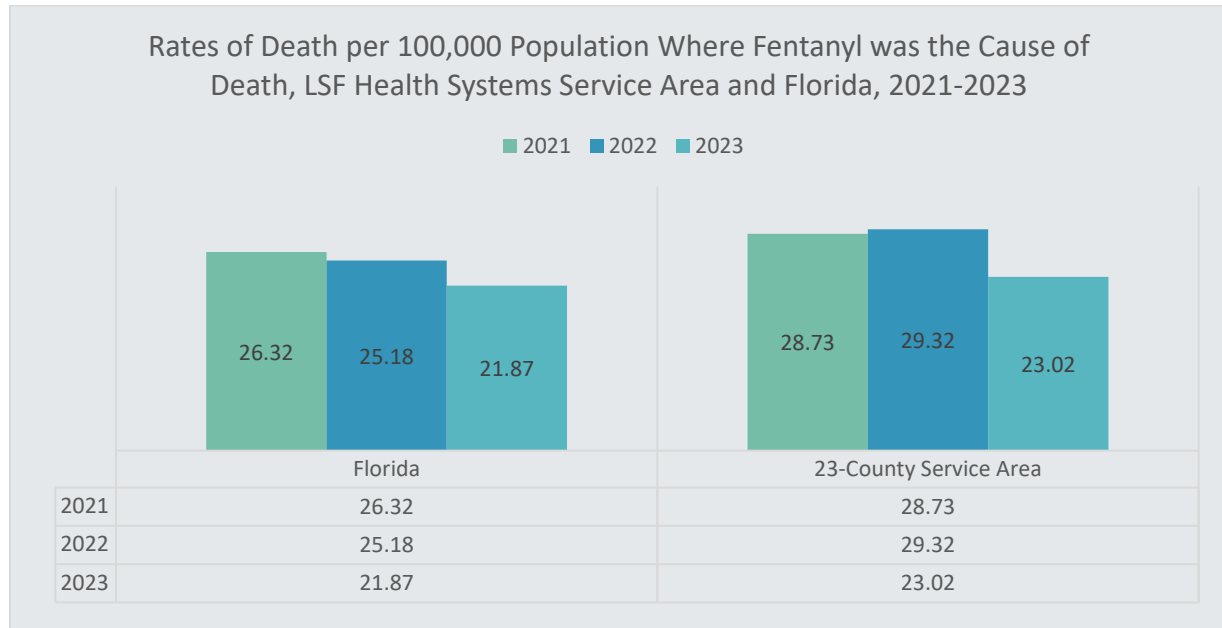
Analysis of fentanyl-related mortality rates reveals varying trends across the LSF circuits from 2021 to 2023. Circuit 3 showed a significant increase in its death rate, rising from 9.56 in 2021 to 17.21 in 2023. Circuit 8 also saw an overall increase, with its rate climbing from 11.24 in 2021 to 12.21 in 2023.

Some circuits experienced decreasing trends. Circuit 4 experienced a decline, with its rate falling from 37.71 in 2021 to 32.81 in 2023 but still reported the highest rate in 2023. Circuit 5 saw a considerable decrease, dropping from 22.95 in 2021 to 13.88 in 2023. Circuit 7 also demonstrated a decrease, with its rate falling from 34.2 in 2021 to 26.75 in 2023.

While fentanyl deaths saw a minor decline in the LSF Health Systems service area during 2023, the overall trend did not exhibit a substantial change. Epidemiological data indicates that fentanyl continues to be the leading contributor to substance-related deaths. In addition, localized increases or decreases do not always affect long term trends in rate (Table 177, Technical Appendix).

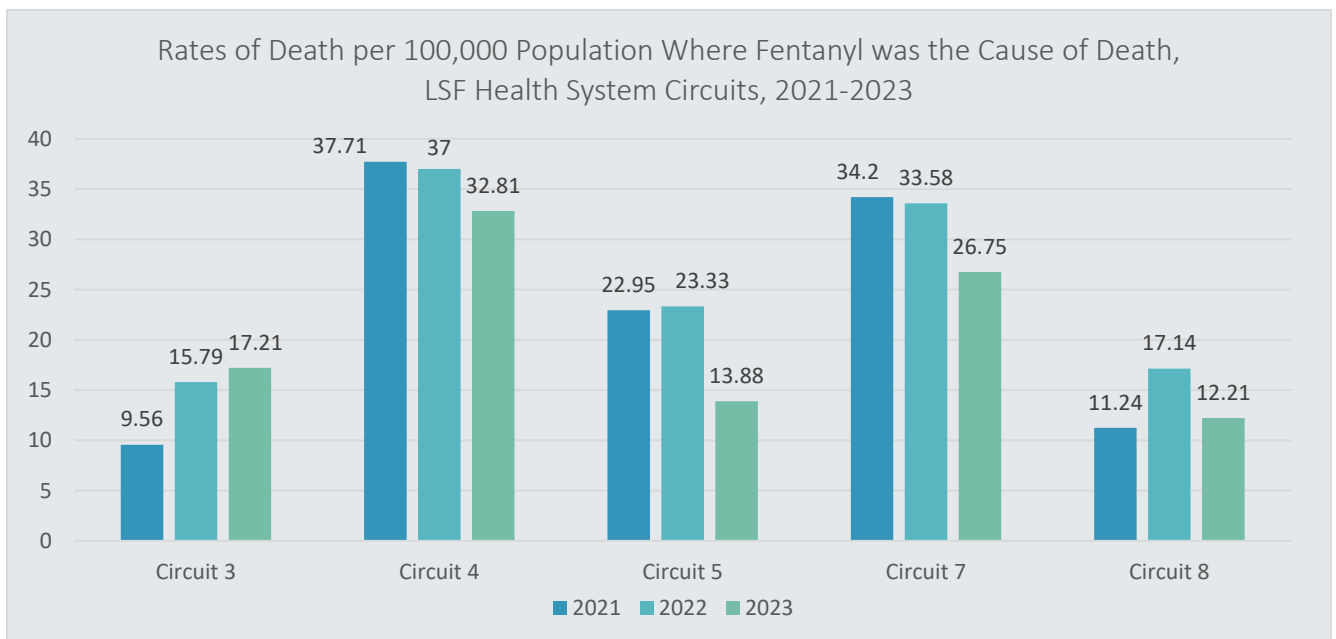
The figure below shows rates per 100,000 population where Fentanyl was the cause of death, comparing the state of Florida rate and the LSF Health Systems service area rate. Figure 49 compares the rate among LSF Health System Circuits.

Figure 48: Rates of Death per 100,000 Population where Fentanyl Was the Cause of Death, LSF Health Systems and Florida, 2021-2023



Source: Table 177, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 49: Rates of Death per 100,000 Population where Fentanyl Was the Cause of Death, LSF Health Systems and Florida, 2021-2023



Source: Table 177, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Methamphetamine

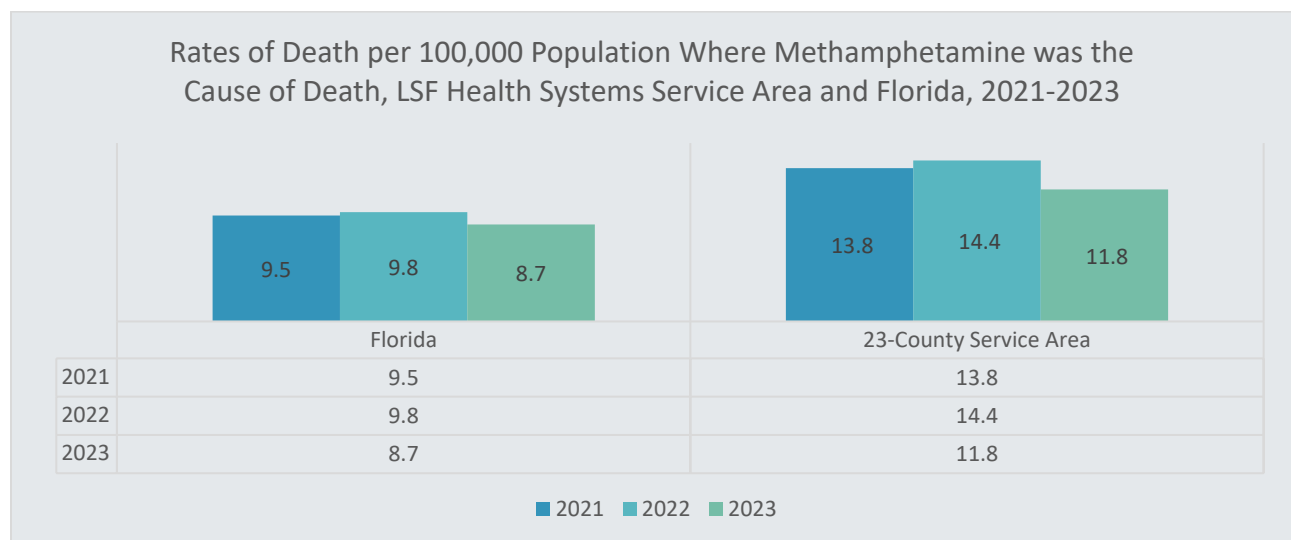
In 2023, methamphetamine was the cause of death for 1,983 deaths in Florida, 519 of which occurred in the LSF Health Systems service area, contributing to 26 percent of the state of Florida total. In 2023, the death rate in the LSF Health Systems Service Area was 14.4, compared to the Florida rate of 9.8 deaths per 100,000 population. Methamphetamines, ranked by death rate, are the second highest cause of substance misuse deaths for the LSF Health Systems service area, and is ranked second in all LSF circuits, except Circuit 4. For the state of Florida, methamphetamines ranked third.

Overall, the rate of death where methamphetamine was the cause decreased in both Florida and the LSF Health Systems service area over the three-year period. In Florida, the rate decreased from 9.5 in 2021 to 8.7 in 2023. Similarly, LSF Health Systems service area experienced a decline from 13.8 in 2021 to 11.8 in 2023. This indicates that while the LSF Health Systems service area had a higher rate than the state, both saw a trend toward a reduction in methamphetamine-related deaths.

The rates for methamphetamine-related deaths in several circuits remained relatively stable for Circuits 3,4 and 8. Circuit 5 decreased notably in 2023 from 15.9 in 2022 to 10.9 in 2023. Circuit 7 decreased in 2023 but maintained its rate prior to that year. The highest rate occurred in in Circuit 3 for 2023.

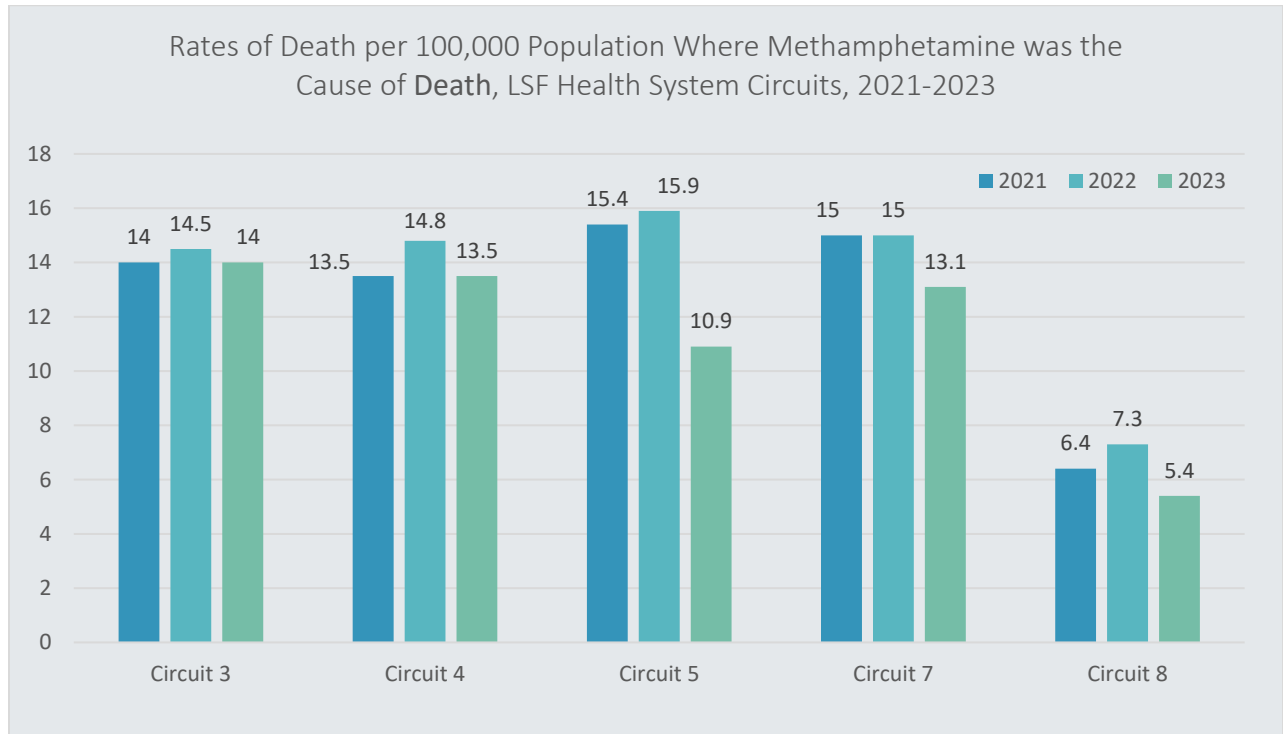
Figure 50 compares the state of Florida and the LSF Health Systems service area rate for the period 2021-2023. Figure 51 compares death rates among all of the LSF circuits for the same period.

Figure 50: Rates of Death per 100,000 Population Where Methamphetamine was the Cause of Death, LSF Health Systems Service Area and Florida, 2021-2023



Source: Table 182, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 51: Rates of Death per 100,000 Population Where Methamphetamine was the Cause of Death, LSF Health System Circuits, 2021-2023



Source: Table 182, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Cocaine

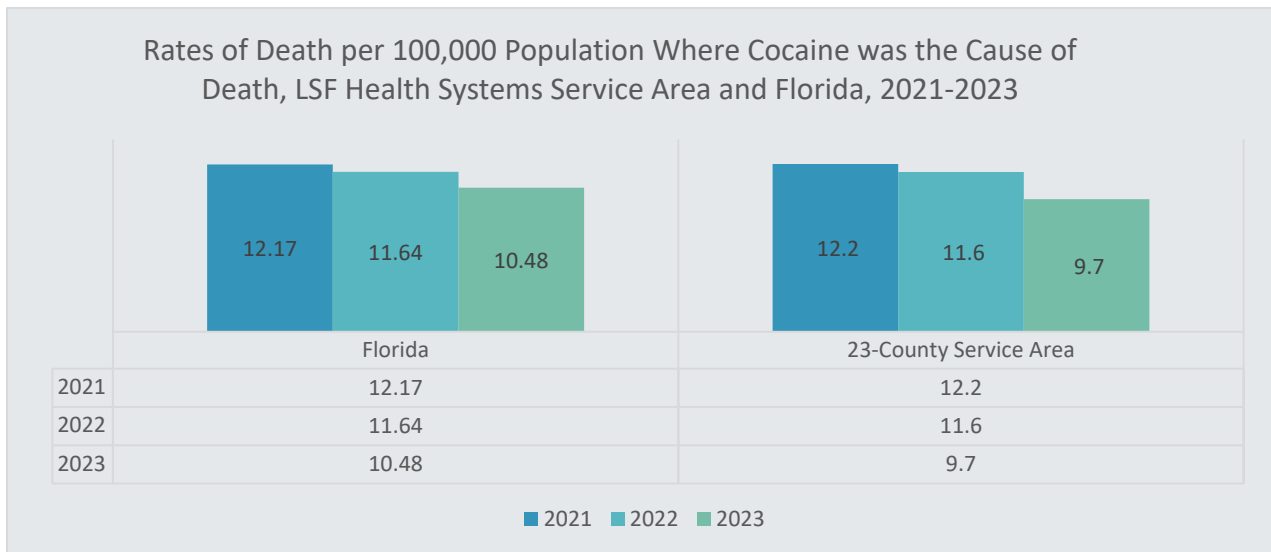
In 2023, cocaine was identified as the cause of death for 2,377 individuals in the state of Florida with a rate of 10.48 per 100,000 population. Of these 423 occurred in the LSF Health Systems service area, a rate of 9.65 deaths per 100,000, and contributing nearly 18 percent to the state total. In terms of death rate, cocaine ranks third for the LSF Health Systems service area, as well as for all individual LSF circuits, apart from Circuit 4, where it ranked second. For Florida, cocaine ranked second.

Analysis of mortality data from 2021 to 2023 shows a trend in reducing cocaine-caused deaths in both Florida and the LSF Health Systems service area. The rate of death where cocaine was the cause decreased in both jurisdictions over the three-year period. In Florida, the rate decreased from 12.17 per 100,000 population in 2021 to 10.48 in 2023. Likewise, the LSF Health Systems service area experienced a greater reduction, with its rate falling from 12.2 to 9.7 during the same time frame. This indicates that while the LSF service area started at a slightly higher rate, it achieved a more notable reduction by the end of the reporting period.

The rates for cocaine-related deaths in the LSF Health System circuits showed varying trends over the three-year period. Several circuits experienced a decline in their death rates. Circuit 4's rate decreased from 21.03 per 100,000 population in 2021 to 17.31 in 2023, though it remained the circuit with the highest death rates. Circuit 4 accounts for more than half of the deaths caused by cocaine use in the LSF Health Systems service area.

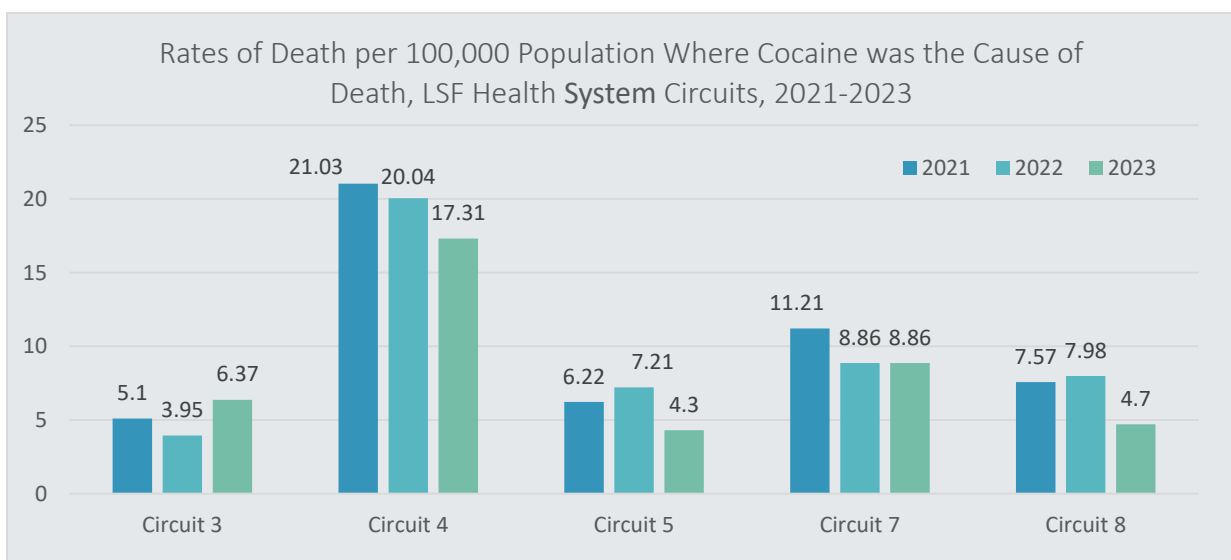
Similarly, Circuit 5's rate fell from 6.22 to 4.3, and Circuit 7's rate dropped from 11.21 to 8.86. Circuit 8 also saw a notable decrease, with its rate falling from 7.57 to 4.7 over the same period. In contrast, Circuit 3 showed an overall increase in its death rate, which rose from 5.1 in 2021 to 6.37 in 2023 (Table 175, Technical Appendix).

Figure 52: Rates of Death per 100,000 Population Where Cocaine was the Cause of Death, LSF Health Systems Service Area and Florida, 2021-2023



Source: Table 175, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 53: Rates of Death per 100,000 Population Where Cocaine was the Cause of Death, LSF Health System Circuits, 2021-2023



Source: Table 175, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Oxycodone

In 2023, there were a total of 448 deaths caused by Oxycodone in the state of Florida, corresponding to a rate of 2.0 deaths per 100,000 population. Within the LSF Health Systems service area, 65 deaths were attributed to Oxycodone, resulting in a rate of 1.5 deaths per 100,000 population. The LSF area accounted for approximately 15 percent of the total Oxycodone-related deaths in the state. Notably, Oxycodone was the fourth-leading cause of substance misuse-related death in the LSF Health Systems service area and the sixth in the state of Florida.

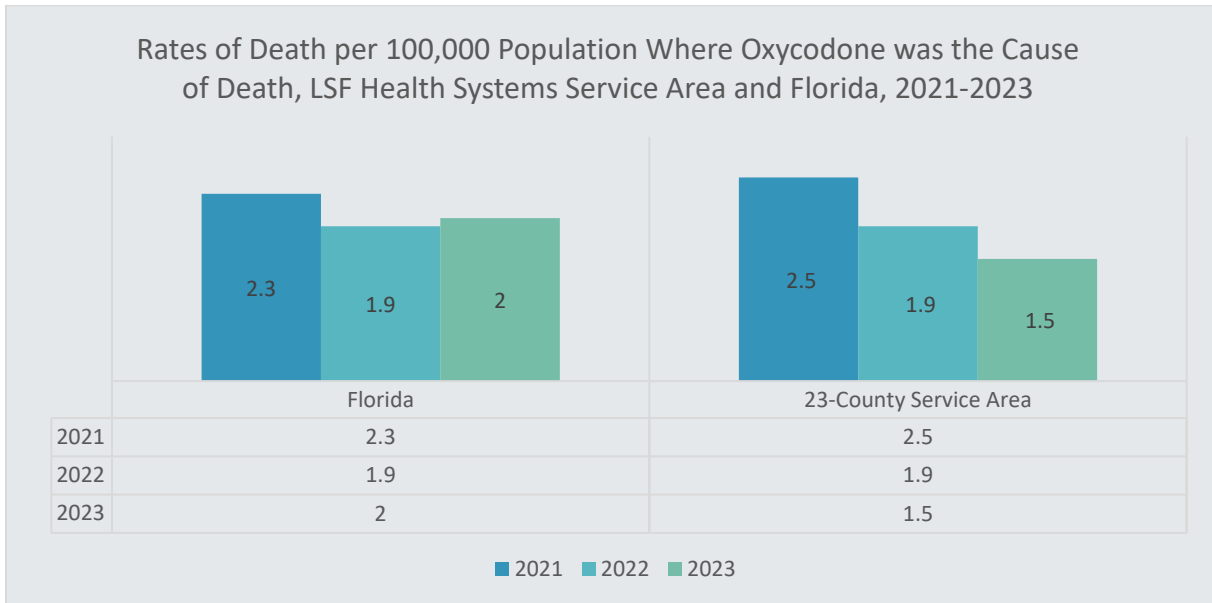
Analysis of mortality data from 2021 to 2023 reveals a consistent decreasing trend in Oxycodone-related deaths for both the state and the LSF Health Systems Service Area. The statewide rate decreased from 2.3 per 100,000 population in 2021 to 2.0 in 2023. The LSF Health Systems Service Area experienced a more significant decline, with its rate falling consistently from 2.5 in 2021 to 1.5 in 2023. This indicates that while the LSF area's initial rate was slightly higher than the state's, it achieved a greater reduction in Oxycodone-related mortality by the end of the reporting period.

According to the data source, rate information is considered unreliable for death counts below 20. Based on this criterion, only Circuit 4 (30 deaths) and Circuit 7 (21 deaths) meet the data requirement for reliable analysis during the 2023 period. Circuit 4 showed a slight decrease in its rate from 2.4 to 2.2 over the three-year period, while Circuit 7's rate decreased from 2.8 to 1.9.

For circuits with fewer than 20 deaths in 2023, which fall outside the data reliability threshold, a summary of raw death counts is provided for contextual purposes. In Circuit 3, the number of deaths decreased from 6 to 2 over the three-year period. In Circuit 5, deaths decreased from 27 to 11. In Circuit 8, the number of deaths fell from 9 to 1 (Table 187, Technical Appendix).

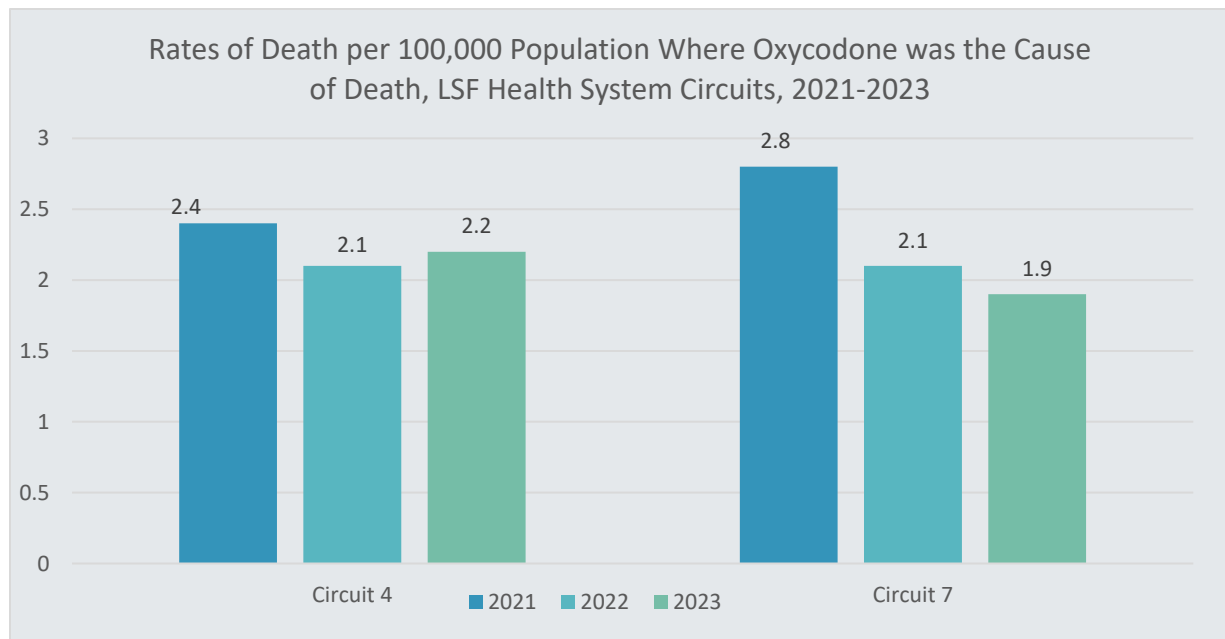
Figure 54 compares mortality rates for both the state of Florida and the LSF Health Systems service area for 2021-2023. Figure 55 compares Circuit 4 and 7's mortality rate.

Figure 54: Rates of Death per 100,000 Population Where Oxycodone was the Cause of Death, LSF Health Systems Service Area and Florida, 2021-2023



Source: Table 187, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 55: Rates of Death per 100,000 Population Where Oxycodone was the Cause of Death, LSF Health System Circuits, 2021-2023



Source: Table 187, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Alprazolam

Alprazolam, a benzodiazepine, is a prescription drug often used to treat anxiety disorders and is more commonly known by its brand name, Xanax. In 2023, Alprazolam was identified as the cause of death for 493 individuals, at a rate of 2.17 per 100,000 population. For the LSF Health Systems service area, 53 deaths occurred in the same year, a rate of 1.21 deaths per 100,000 population. This accounts for approximately 11 percent of the total number of deaths in the state.

Alprazolam is the fifth-ranked cause of death by substance misuse in both the state of Florida and the LSF Service Area. The total number of deaths for all but one circuit was less than 20, making comparisons of their mortality rates statistically unreliable according to the data source.

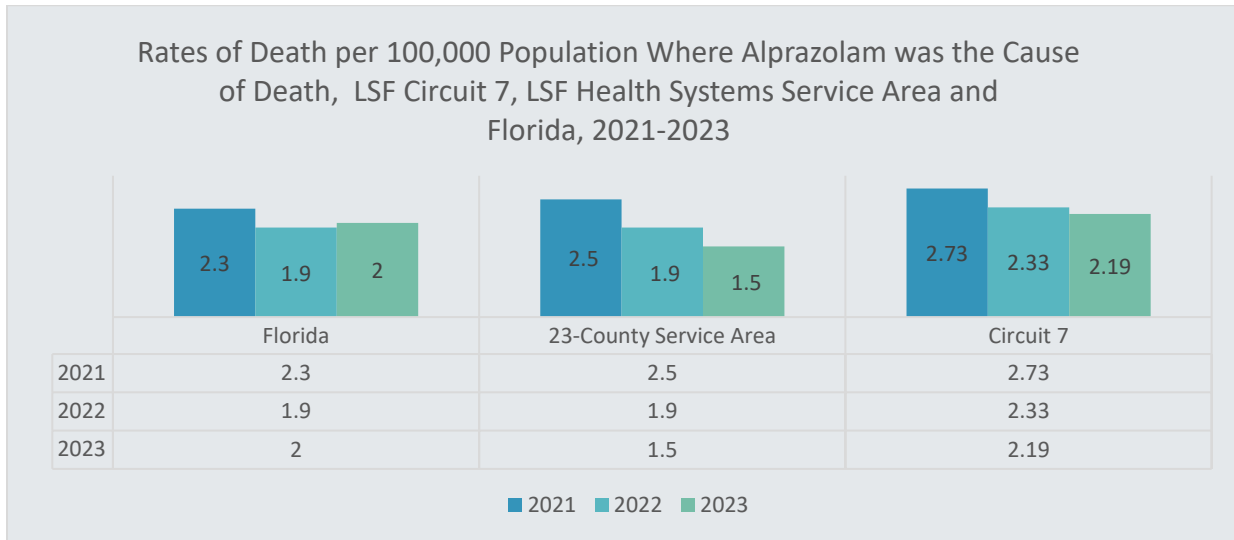
In 2021, Florida recorded a statewide death rate of 2.3 per 100,000 people due to Alprazolam. This figure improved in 2022, dropping to 1.9, but saw a small increase to 2.0 in 2023. Concurrently, the LSF Health Systems Service Area, a 23-county region, showed a consistent downward trend. Its death rate declined steadily from 2.5 per 100,000 in 2021 to 1.9 in 2022 and 1.5 in 2023. A similar positive trend was observed in LSF Circuit 7, where the death rate decreased from 2.73 per 100,000 in 2021 to 2.33 in 2022 and 2.19 in 2023.

Overall, the LSF Health Systems Service Area and LSF Circuit 7 showed a continuous downward trend in Alprazolam-caused deaths, with the LSF area's rate ultimately falling below the statewide rate by 2023.

Other circuits have also seen consistent reductions in the number of deaths caused by Alprazolam. In 2023, Circuit 3 reported 5 deaths (down from 6 in 2021), Circuit 4 reported 14 deaths (down from 22 in 2021), Circuit 5 reported 8 deaths (down from 20 in 2021), and finally, Circuit 8 reported 2 deaths (down from 4 in 2021) (Table 172, Technical Appendix).

The figure below displays the death rate attributed to Alprazolam for the state of Florida, the LSF Health Systems service area, and Circuit 7.

Figure 56: Rates of Death per 100,000 Population Where Alprazolam was the Cause of Death, LSF Circuit 7, LSF Health Systems Service Area and Florida, 2021-2023



Source: Table 172, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Morphine

In 2023, the death rate for morphine in the state of Florida was 0.9 deaths per 100,000 with a total number of 199 deaths. For the LSF Health Systems service area, the death rate was 0.6 with a total of 26 deaths, accounting for 13 percent of the total number for the state.

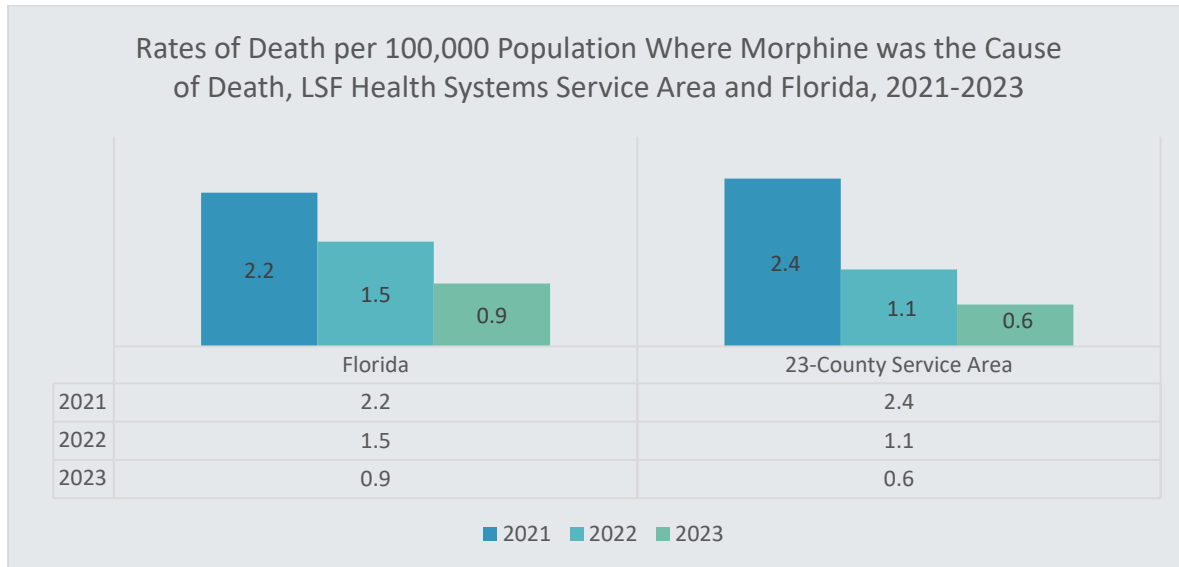
The data shows a consistent downward trend in death rates for both the state and the LSF Health Systems Service Area, a 23-county region. In 2021, Florida recorded a statewide death rate of 2.2 per 100,000 people due to Morphine, which dropped to 1.5 in 2022 and further to 0.9 in 2023. Concurrently, the LSF Health Systems Service Area saw its death rate decline from 2.4 per 100,000 in 2021 to 1.1 in 2022 and 0.6 in 2023.

Overall, both Florida and the LSF Health Systems Service Area showed a continuous downward trend in Morphine-caused deaths. The LSF area's rate was consistently lower than the statewide rate in both 2022 and 2023.

For specific circuits in the LSF Health Systems service area, the number of deaths is less than 20, making mortality rates unreliable, according to the data source, however Morphine-caused deaths ranked fifth in Circuit 5, which reported 10 deaths. Additionally, Circuit 4 reported 8 deaths, Circuit 7 reported 7 deaths, and Circuit 3 reported 1 (Table 184, Technical Appendix).

The figure below compared the rate of death for the state of Florida and the LSF Health Systems service area for Morphine-caused death.

Figure 57: Rates of Death per 100,000 Population Where Morphine was the Cause of Death, LSF Health Systems Service Area and Florida, 2021-2023



Source: Table 184, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

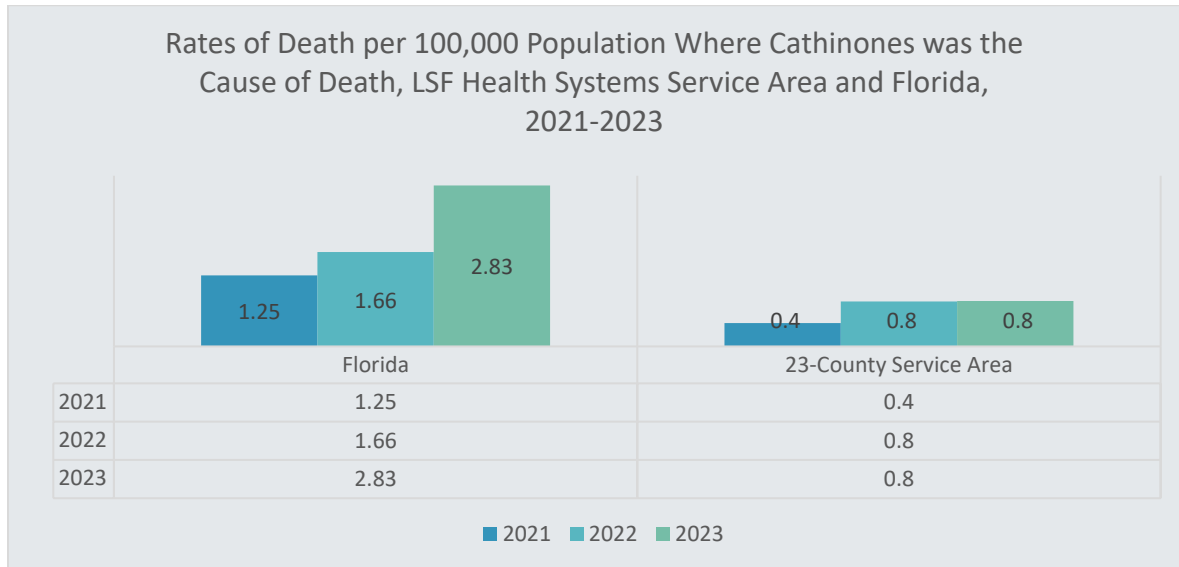
Cathinones

Cathinones are a class of stimulants that are chemically like amphetamines. They originate from the khat plant, but modern synthetic versions are commonly known as "bath salts." In 2023, cathinones caused 642 deaths in Florida, a rate of 2.83 deaths per 100,000 population. This substance ranked as the fourth leading cause of drug-related death in the state. The LSF Health Systems service area recorded 35 cathinone-related deaths, a rate of 0.80 per 100,000 population, which accounts for 5 percent of the total statewide deaths.

While cathinones are not a top-ranking substance-caused death for the LSF service area as a whole, it did rank as the fourth leading cause in Circuit 8 and fifth in Circuit 5. The number of deaths in individual circuits within the LSF area were below 20, making the rates unreliable for comparison, but specific counts were as follows: Circuit 5 had 5 deaths, Circuit 4 had 9, Circuit 7 had 11, and Circuit 8 had 10. The mortality rate appears to be increasing for both the LSF Health Systems service area and the state of Florida (Table 174, Technical Appendix).

The figure below compared the death rates for both the state of Florida and the LSF Health Systems service area for 2021-2023.

Figure 58: Rates of Death per 100,000 Population Where Cathinones was the Cause of Death, LSF Health Systems Service Area and Florida, 2021-2023



Source: Table 174, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

LEADING SUBSTANCES RELATED TO THE CAUSE OF DEATH

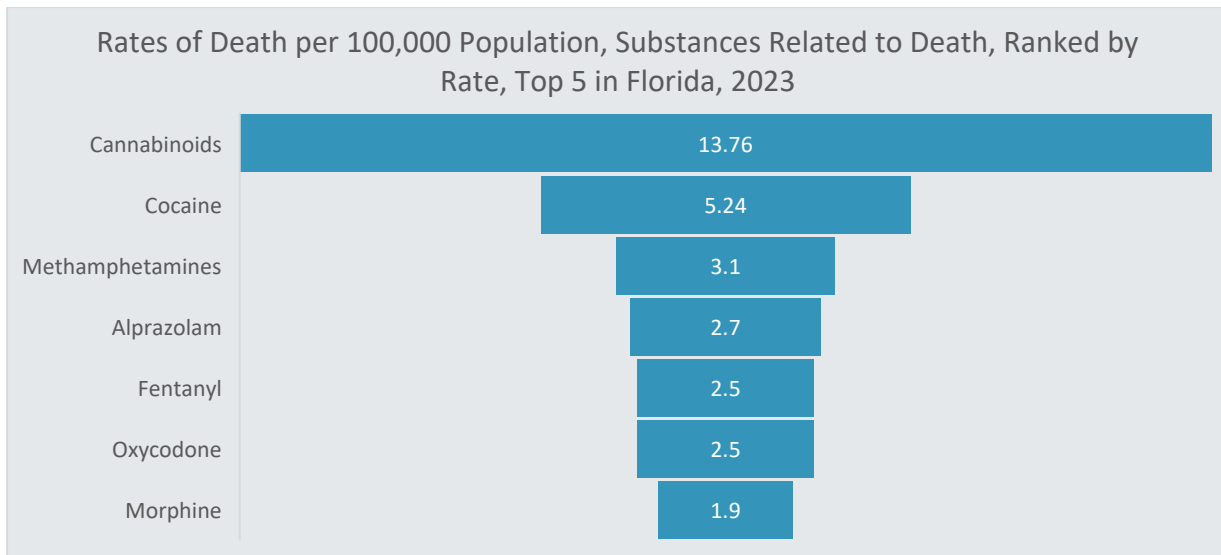
Additional data from FROST includes substances that were *related to* the cause of death. Several substances were related to death in the LSF Health Systems service area. Related means that the substance was found in the decedent, but was not determined to be the primary cause of death.

A closer look at the top-ranked substances by death rate in 2023 provides a detailed comparison between Florida and the LSF Health Systems service area. In Florida, Cannabinoids, Cocaine, Methamphetamine, Alprazolam, Fentanyl, Oxycodone, and Morphine were the leading causes of substance-related death. In the LSF Health Systems service area, the top substances were Cannabinoids, Methamphetamines, Cocaine, Alprazolam, Fentanyl, and Oxycodone. A significant finding is that while the primary substances of concern are generally consistent across both regions, the rates of death per 100,000 population for certain substances show notable differences. For example, the death rate for cannabinoids in the LSF service area (20.1) is considerably higher than the statewide rate (13.76). This disparity highlights a specific and more pronounced challenge with cannabinoid-related deaths in the LSF Health Systems service area compared to the rest of the state.

Conversely, while Fentanyl and Oxycodone are present in the top rankings for both regions, the rates for these substances are higher in Florida as a whole compared to the LSF Health Systems service area. This suggests that while these substances remain a threat, the LSF service area may be experiencing some success in mitigating the mortality risks associated with them. This is consistent with the downward trends for Oxycodone and Morphine noted in the previous analysis (Tables 190-207, Technical Appendix).

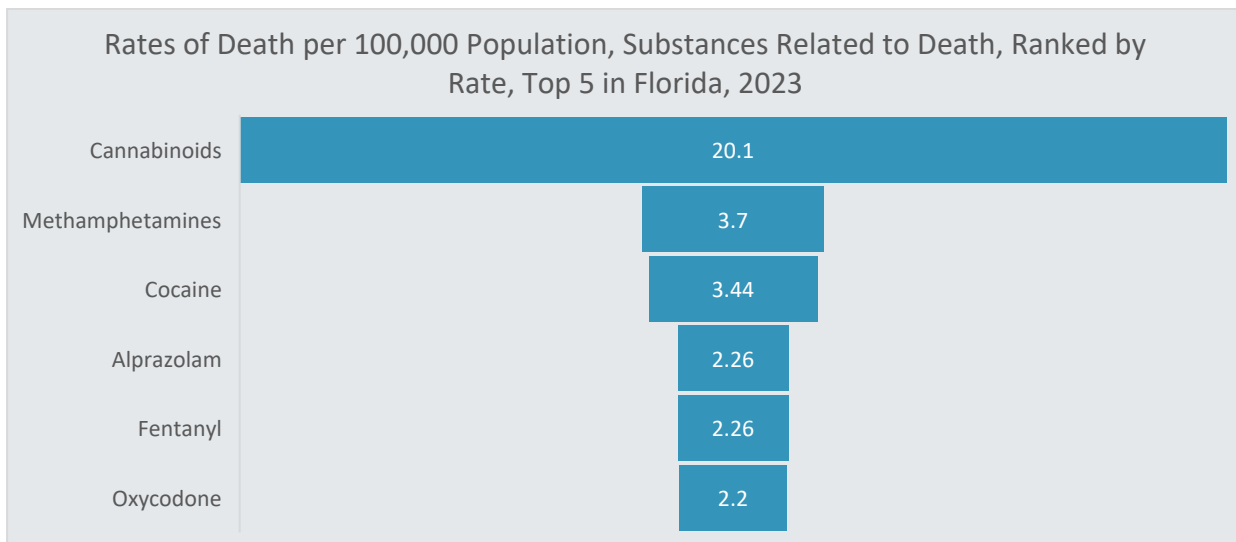
The following figures rank the “top 5” substances by rate that are related to deaths as the cause of death for the state of Florida, followed by the “top 5” substances for the LSF Health Systems service area for 2023.

Figure 59: Rates of Death per 100,000 Population, Substances Related to Death, Ranked by Rate, Top 5 in Florida, 2023



Source: Tables 190-207, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 60: Rates of Death per 100,000 Population, Substances Related to Death, Ranked by Rate, Top 5 in Florida, 2023



Source: Tables 190-207, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

For the LSF Health Systems service area, ranking for substances with the highest mortality rates for substances that were related to death. The rates per 100,000 population for the top five ranked substances per circuit are included in the table below.

Table 36: Rates of Death per 100,000 Population for LSF Health Systems Service Area by Circuit “Top 5” Substances

Rates of Death per 100,000 Population for LSF Health Systems Service Area by Circuit “Top 5” Substances	
Circuit 3	Cannabinoids (16.57)
	Methamphetamines (8.3)
	Oxycodone (4.5)
	Alprazolam (3.82)
	Cathinones (3.82)
Circuit 4	Cannabinoids (27.38)
	Cocaine (5.65)
	Methamphetamines (4.8)
	Fentanyl (4.22)
	Oxycodone (2.8)
Circuit 5	Cannabinoids (14.49)
	Methamphetamines (2.3)
	Alprazolam (2.26)
	Oxycodone (1.4)
	Fentanyl (1.21)
Circuit 7	Cannabinoids (23.83)
	Cocaine (4.38)
	Methamphetamines (2.56)
	Alprazolam (2.56)
	Nordiazepam (2.28)
Circuit 8	Cannabinoids (5.56)
	Cathinones (3.52)
	Methamphetamines (3.1)
	Oxycodone (2.3)
	Cocaine (2.11)

Source: Tables 190-207, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

A key similarity across all circuits is the consistent presence of key substances. Fentanyl, Methamphetamine, and Cocaine are consistently ranked among the top substances in both the "cause of death" and "related to death" categories. Fentanyl is the most frequent cause of death in all analyzed circuits.

The most significant difference, however, is the role of cannabinoids. Cannabinoids are the top-ranked substance in all five circuits, often with a death rate more than double that of the next-highest substance. In contrast, cannabinoids do not appear in any of the "cause of death" top five lists, and in fact, reportedly caused no deaths. This disparity strongly suggests that while

cannabinoids are frequently present in the systems of deceased individuals, they are rarely determined to be the direct cause of death.

Furthermore, the order of other substances changes between the two lists. For example, in Circuit 4, Cocaine and Methamphetamine are ranked second and third as a "cause of death," but their rankings drop in the "related" list, where cannabinoids and other substances take precedence. The distinction is further highlighted by the unique appearance of some substances on only one list. For instance, Heroin and Methadone are listed as a "cause of death" in Circuits 8 and 4, respectively, but do not appear in the "related" lists. Conversely, Nordiazepam is in the "related" list for Circuit 7 but not the "cause of death" list.

OVERDOSE

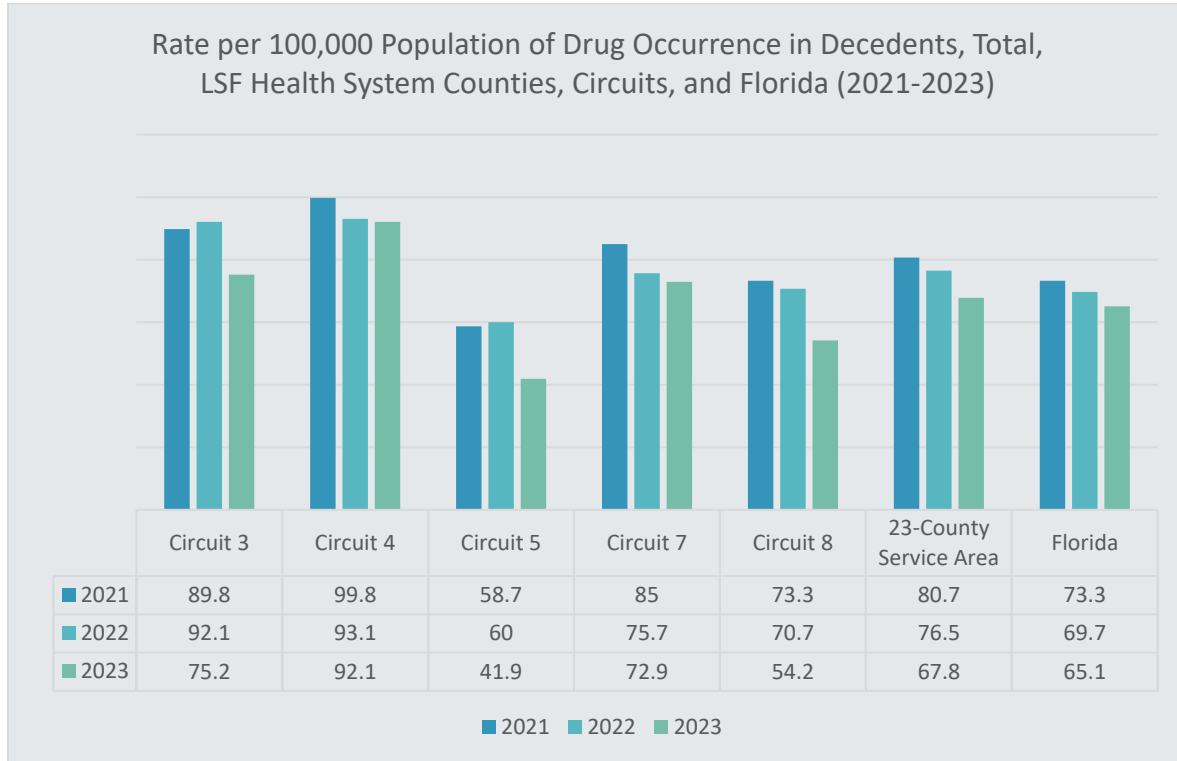
For 2021-2023 a clear downward trend is apparent in the total rate of drug occurrence in decedents across all five circuits, the 23-County service area, and Florida as a whole. Circuit 4 consistently has the highest rate of drug occurrence among circuits, although its rate decreased from 99.8 in 2021 to 92.1 in 2023 (Table 209, Technical Appendix).

Circuit 5 had the lowest rates overall, with Circuit 5 showing a dramatic decline from 58.7 in 2021 to 41.9 in 2023. This is the most significant percentage decrease among all the circuits. Circuit 3 and Circuit 7 show similar declining trends, with rates decreasing from 89.8 to 75.2 and 85 to 72.9, respectively (Table 209, Technical Appendix).

The data for 2023 shows a uniform decrease in the rates for every single circuit compared to 2022. This suggests a positive trend in overall drug-related outcomes across the entire region. The rates in 2022 were mixed, with some circuits (Circuit 3, Circuit 5) seeing slight increases from 2021 before a sharp decrease in 2023. Other circuits (Circuit 4, Circuit 7, Circuit 8) showed a more consistent decline over the three years.

Across all three years and all circuits, the primary drivers of these occurrences remain consistent. Opioids and the combined category of Cocaine and Psychostimulants are by far the largest contributors to the total death rates. This highlights a persistent and critical public health challenge, as these specific drug groups continue to be the main factor in many drug-related fatalities, despite the overall downward trend. Figures 65-67 display the distribution of substances occurring in decedents by drug group for 2021-2023. (Tables 190-20, Technical Appendix 7)

Figure 61: Rate per 100,000 Population of Drug Occurrence in Decedents, Total, LSF Health System Counties, Circuits, and Florida, 2021-2023



Source: Table 209, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

The table below serves a guide for substance groupings to interpret the included FROST data. These groups are used in the figures that follow to describe the number of deaths, by grouping.

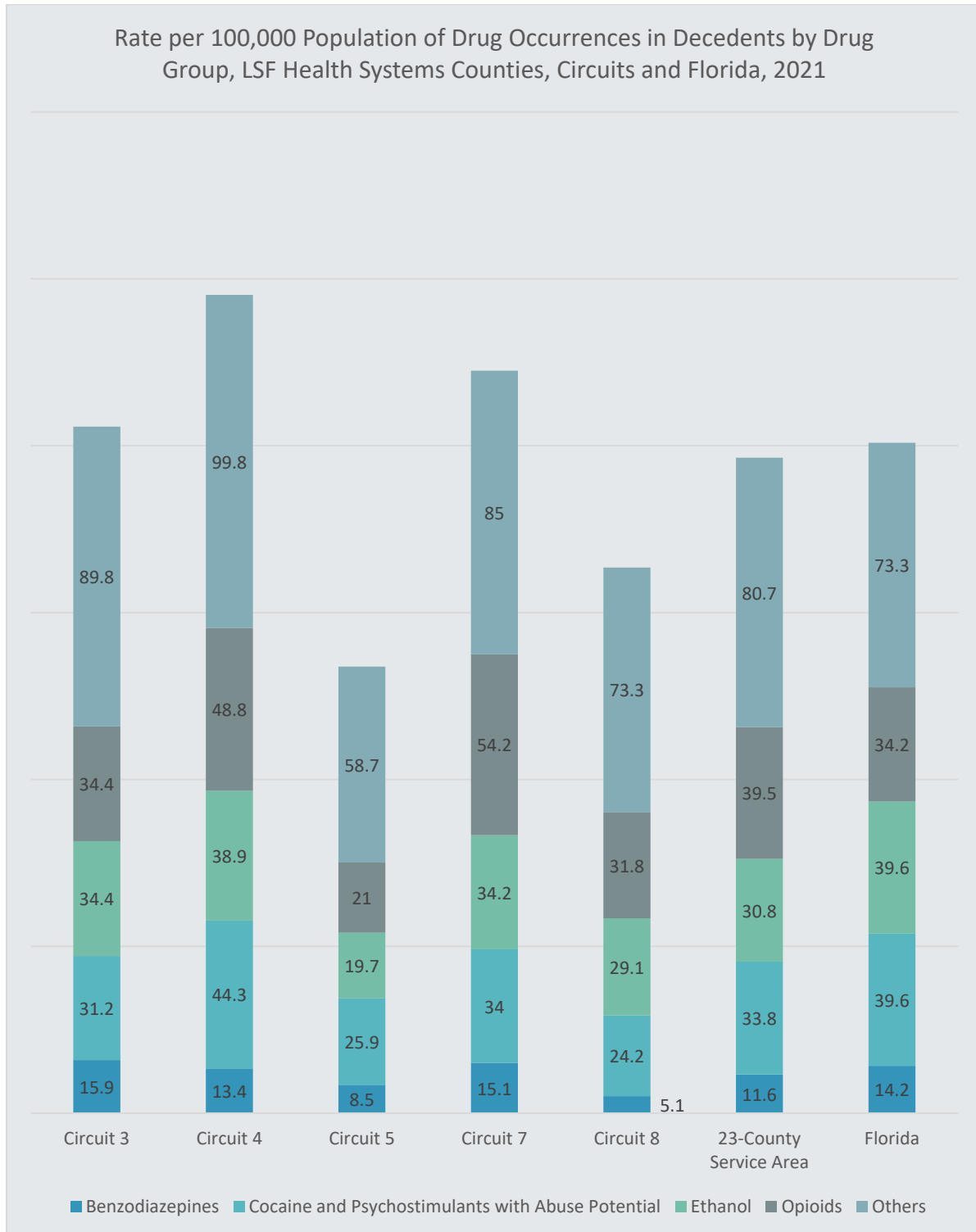
Table 37: Types of Drugs Within Each Drug Group in FROST Database, 2021-2023

Drug Grouping	Drug	Drug Grouping	Drug
Benzodiazepines	Alprazolam	Ethanol	Ethanol
	Chlordiazepoxide	Opioids	Buprenorphine
	Clonazepam		Codeine
	Diazepam		Fentanyl
	Lorazepam		Heroin
	Midazolam		Hydrocodone
	Nordiazepam		Hydromorphone
	Oxazepam		Methadone
	Temazepam		Morphine
	Amphetamine		Osycodone

Drug Grouping	Drug	Drug Grouping	Drug
Cocaine and Psychostimulants with Abuse Potential	Cocaine		Oxymorphone
	Methamphetamine		Tramadol
Others	4-ANPP	Others Continued	Hallucinogenic Phenethylamine
	Acetyl Fentanyl		Hallucinogenic Tryptamines
	Acryl Fentanyl		Halogenated Inhalants
	Alpha PHP		Hydrocarbon Inhalants
	Alpha PIHP		Isotonitazene
	Alpha PVP		Ketamine
	Benzyl Fentanyl		Methoxyacetyl Fentanyl
	Butylone		Methylone
	Cannabinoids		Metonitazene
	Carisoprodol Meprobamate		Mitragynine
	Cathinones		N-Butyl Pentylone
	Despropionyl Fluorofentanyl		N-Ethylpentylone
	Etonitazene		N,N-Dimethylpentylone
	Eutylone		Nitazene
	Fentanyl Analogs		Norfentanyl
	Fluorobutyryl Fentanyl		Pentylone
	Fluorofentanyl		Sympathomimetic Amines
	Fluorovaleryl Fentanyl		Synthetic Cannabinoids
	Furanyl Fentanyl		Valeryl Fentanyl
	Gabapentin		Xylazine
	GHB		Zolpidem

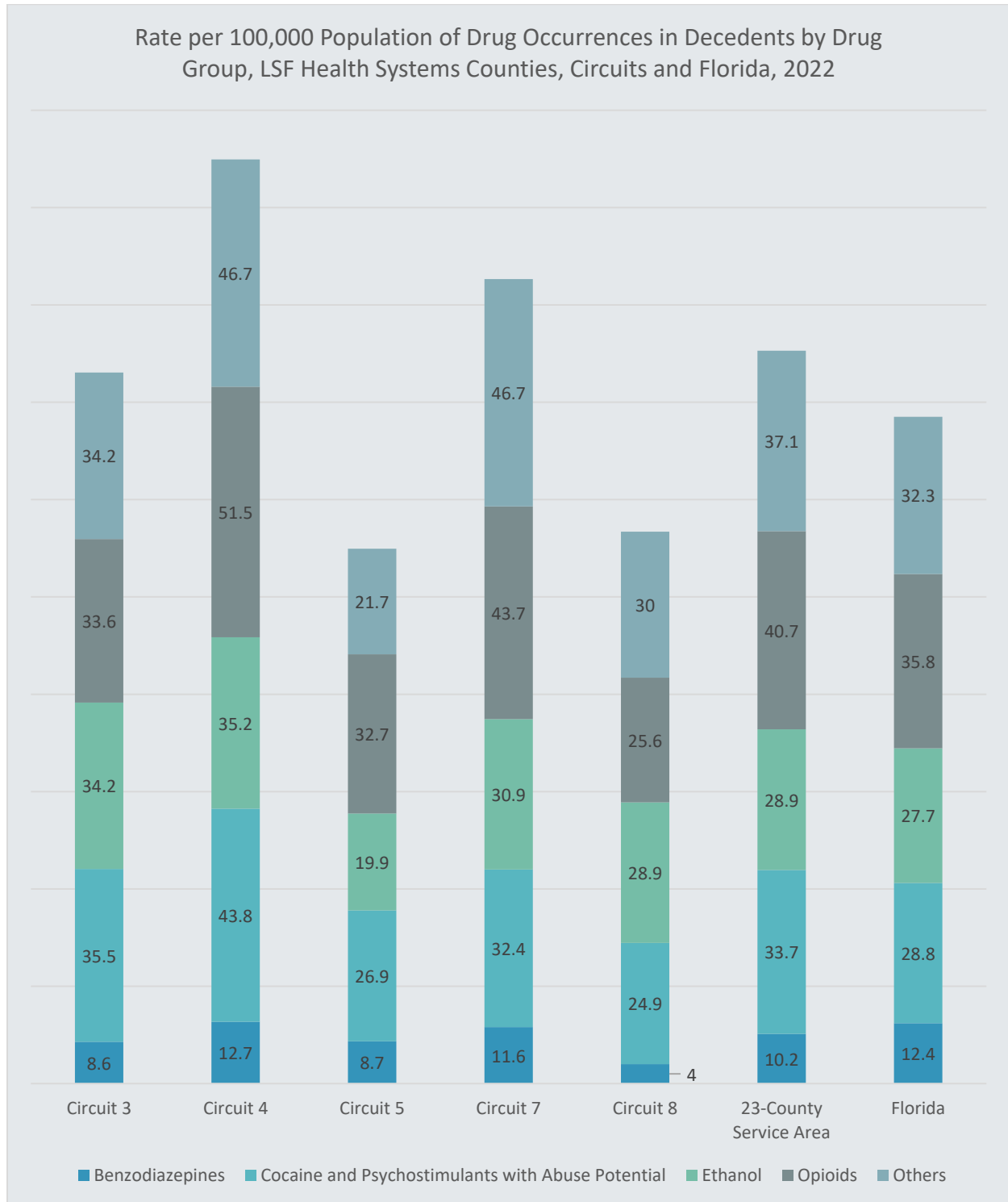
Source: Table 208, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 62: Rate per 100,000 Population of Drug Occurrences in Decedents by Drug Group, LSF Health Systems Counties, Circuits and Florida, 2021



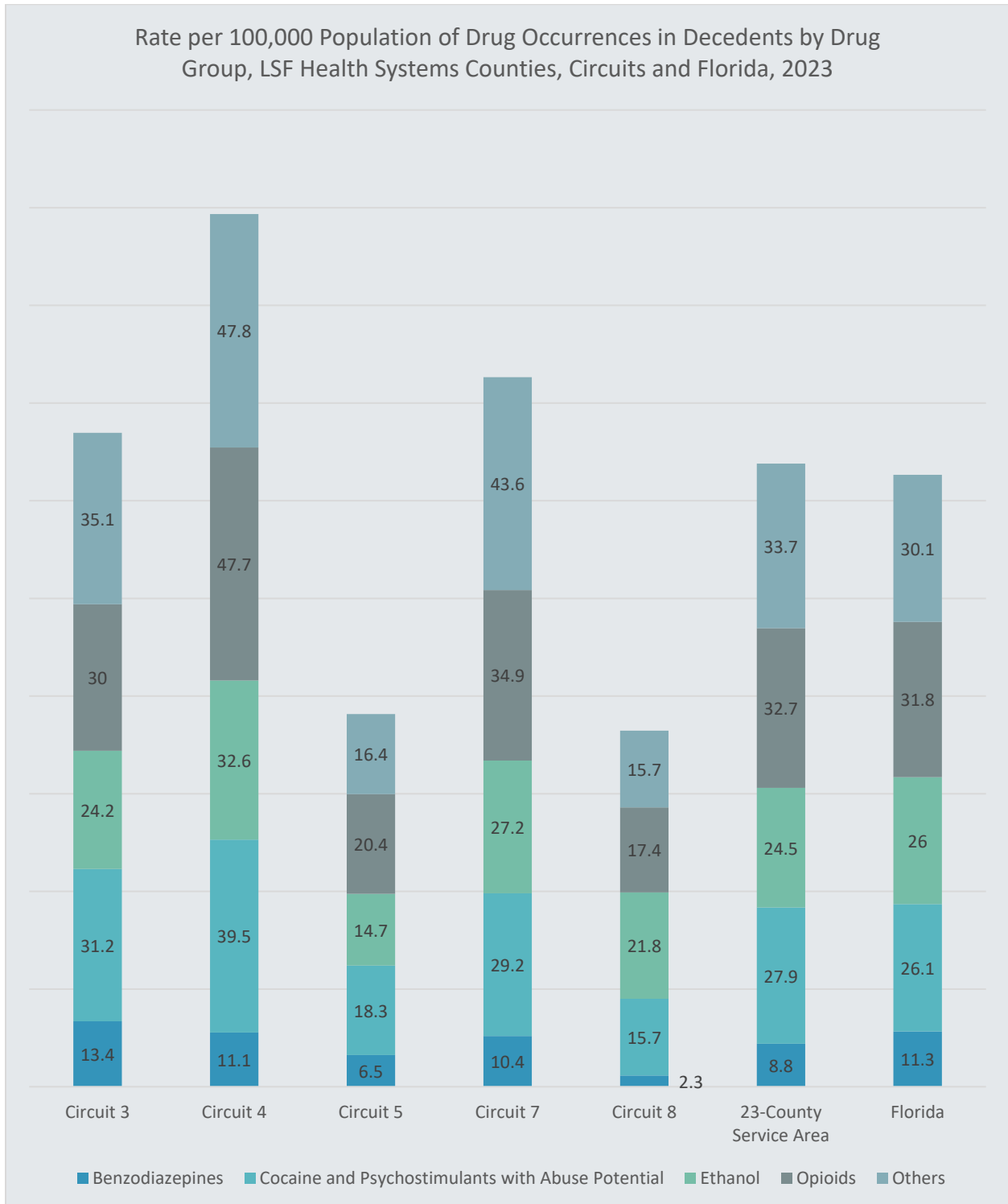
Source: Tables 190-207, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 63: Rate per 100,000 Population of Drug Occurrences in Decedents by Drug Group, LSF Health Systems Counties, Circuits and Florida, 2022



Source: Tables 190-207, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Figure 64: Rate per 100,000 Population of Drug Occurrences in Decedents by Drug Group, LSF Health Systems Counties, Circuits and Florida, 2023

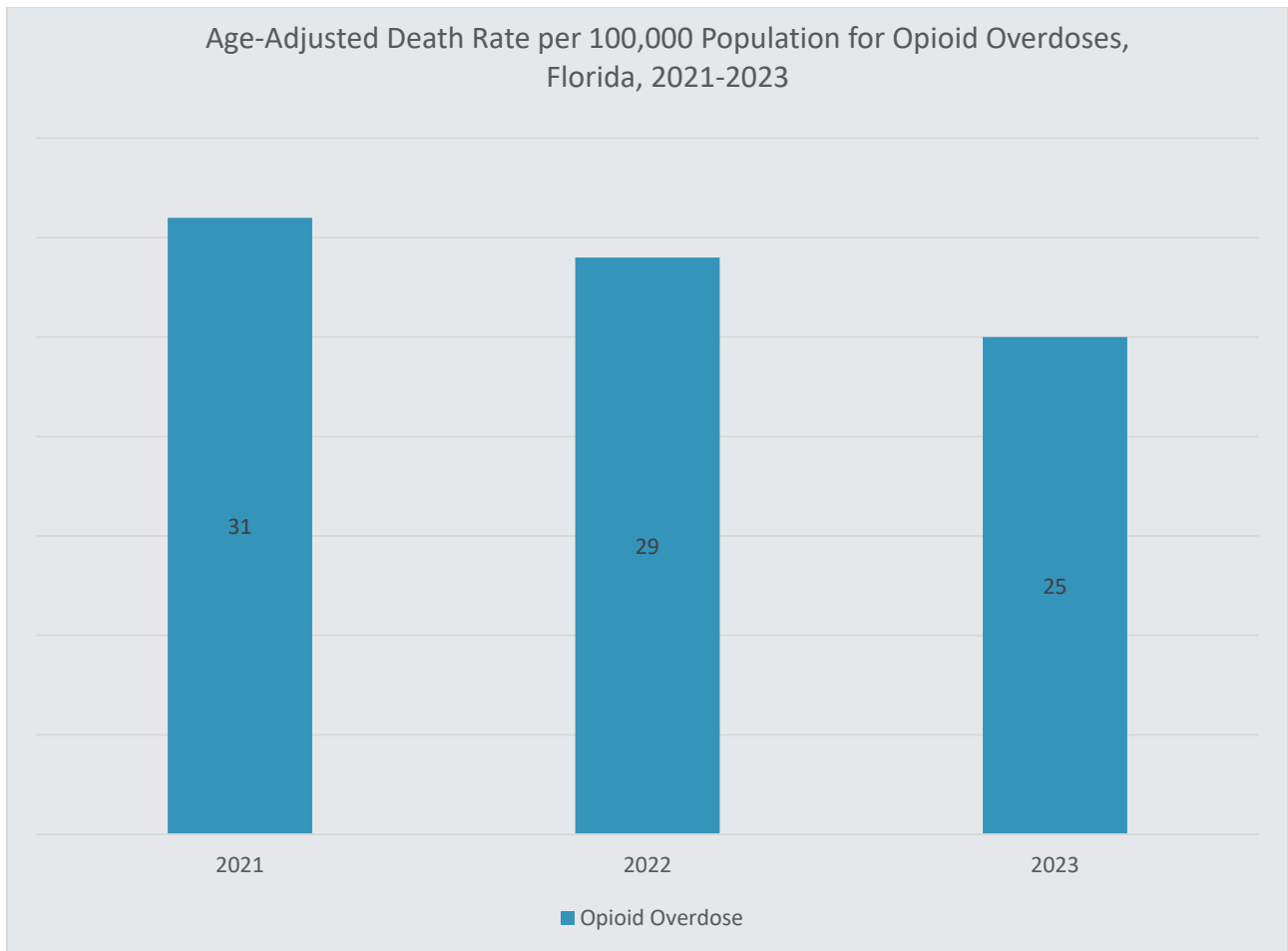


Source: Tables 190-207, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

Opioid Deaths

The state of Florida experienced a notable reduction in its average age-adjusted opioid overdose death rate. The rate decreased from 31 in 2021 to 25 in 2023, representing a decrease of approximately 19.35 percent. This follows the declining trend for overdoses caused by all other drugs.

Figure 65: Age-Adjusted Death Rate per 100,000 Population for Opioid Overdoses, Florida, 2021-2023



Source: Table 210, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

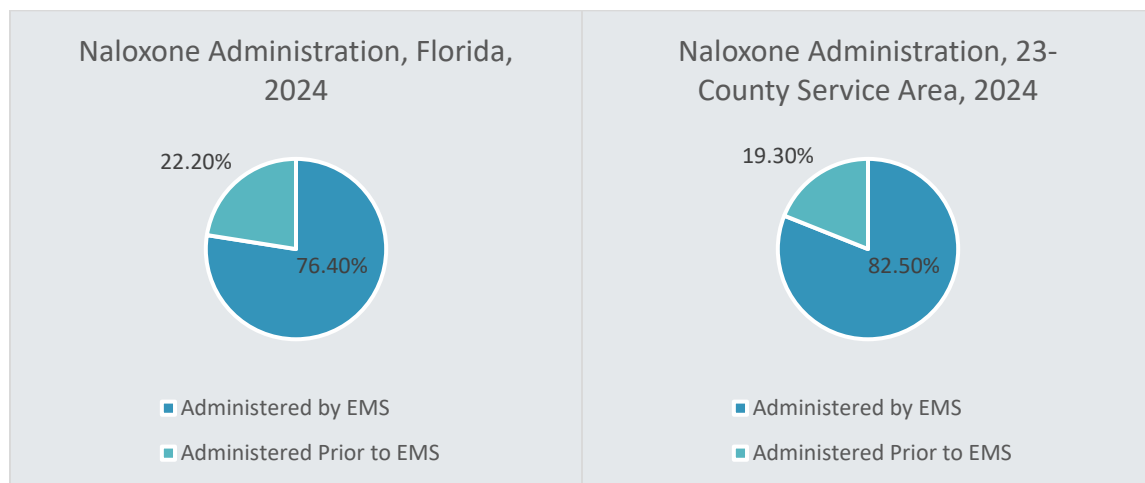
While Florida's average rate fell by nearly 20 percent, this positive trend is not universal. The improvement is largely driven by dramatic decreases in counties like Hernando County and Clay County, which had dramatic decreases in the death rate for Opioid overdoses. Several counties experienced a sharp increase in their rates, defying the statewide trend. Suwannee County saw its rate nearly triple, while Hamilton County's rate more than doubled, indicating emerging areas of concern.

The counties with the highest rates of opioid overdose deaths shifted over the three-year period. Volusia County consistently had the highest rates in 2021 and 2022, but by 2023 Hamilton County surpasses Volusia (Table 210, Technical Appendix).

Overall, for 2023 the state of Florida age-adjusted death rate was 25 deaths per 100,000 population accounting for 5,476 deaths. In addition, drugs other than opioids attributed to 7,220 overdose deaths, a rate of 32.5 deaths per 100,000 population (Table 210, Technical Appendix). Rates for the LSF Health Systems service area, and specific circuits, are not available.

In response to opioid overdoses, EMS responded to a total of 146,034 calls for suspected opioid-involved overdoses and drug overdoses that included opioids, including 28,855 in the LSF service area (about 20 percent) (Table 211, Technical Appendix). In general, Naloxone is distributed most often by EMS for both the state of Florida and the LSF Health Systems service area.

Figure 66: Naloxone Distribution for Florida and LSF Health Systems Service Area, 2024



Source: Tables 211, LSF Health Systems Technical Appendix 2025, prepared by WellFlorida Council, 2025.

LSF Health Systems Utilization Data

LSF Health Systems and its providers collect mental health and substance misuse treatment utilization data. LSF Health Systems provided the data using their data management system. The data included in this section meets the standards as set forth by Section 394.4573, F.S., and other guidance provided by the Florida Department of Children and Families.

CLIENT DEMOGRAPHICS

In 2023-2024 for all programs in the 23-county service area, males represented 51.4 percent of the client population and 48.6 percent were females. Individuals ages 18-44 years represented 54.5 percent of clients with those ages 45-64 years at the next highest percentage at 27.0 percent. Children from 0 to 17 years constituted 13.1 percent of the client population while senior citizens ages 65 and older made up 5.3 percent. Circuit 7 reported the lowest percentage of children in their client population at 8.5 percent and the higher percentage of seniors at 7.1 percent (Tables 217, 220, Technical Appendix).

By race, 68.0 percent of clients were White, 17.7 percent Black, 9.9 percent Other Races with much smaller percentages of multi-racial, American Indian, Asian, and Native Hawaiian/Other Pacific Islanders. Circuit 5 reported the largest percentage of Black clients at 28.6 percent. When examined by ethnicity, 89.9 percent of clients claimed no Hispanic or other ethnicity while 4.6 percent were Haitian, 1.1 percent Spanish/Latino and 3.2 percent of other Hispanic ethnicity. Circuit 4 reported 17.0 percent of clients were Haitian and Circuit 5's clients were 1.9 percent and 4.8 percent Spanish/Latino and other Hispanic ethnicity, respectively (Tables 218, 219, Technical Appendix).

Data on education status for Adult Mental Health and Adult Substance Misuse services clients for 2023-2024 for the 23-county service area, is somewhat limited (63.0 and 50.9 percent, respectively, is unknown or missing). However, for Adult Mental Health clients the highest level of education was reported as high school diploma at 17.1 percent and for Adult Substance Misuse clients this same highest level was reported at 23.3 percent. Circuit 4 reported the highest percentages of clients with college degrees at 6.3 percent and 7.8 percent, respectively, for Adult Mental Health and Adult Substance Misuse clients. (Table 221, Technical Appendix).

As reported in 2023-2024 for all programs in the service area, data on residential status is parsed out among many options including about half in the category of unknown. For those with known residential status, about 13.4 percent of clients reside with relatives and share costs, followed by 10.1 percent of clients who report dependent living with relatives (see Table 222, Technical Appendix for additional data).

Employment and income data are collected and reported for LSF Health Systems clients although limited due to null or missing information. Examining available data for 2023-2024 for Adult Mental Health and Adult Substance Misuse services clients in the service area, 18.4 percent and 22.6 percent, respectively, reported being unemployed, which represented the largest category. This holds true across the circuits. Higher percentages of Adult Substance Misuse clients were employed full-time (13.1 percent) compared to Adult Mental Health clients (8.1 percent) across the service area; this also is seen at the circuit level. Across the 23-county service area for all programs, and for individual programs, income data is often missing. When reported, the largest percentage is

in the category of none (i.e. no income), at 20.0 percent for clients of all programs, 16.1 percent for Adult Mental Health clients, and 22.8 percent for Adult Substance Misuse service clients (Table 223, 224, Technical Appendix).

PROGRAM SERVICES AND PROGRAM COSTS

In Fiscal Year 2023-2024 in the 23-county service area LSF Health Systems provided more than 1.5 million services across the four program areas. This represents about a 14 percent increase in the number of services provided in Fiscal Year 2022-2023. The table below shows the service number counts by program for each of the five circuits for Fiscal Year 2023-2024 (Table 225, Technical Appendix).

Table 38: Number of Services by Program Type, by Circuit, LSF Health Systems, Fiscal Year 2023-2024

Circuit	Adult Mental Health	Adult Substance Misuse	Child Mental Health	Child Substance Misuse	Total
Circuit 3	18,463	41,048	5,232	4,708	69,451
Circuit 4	214,333	191,011	60,619	39,576	505,539
Circuit 5	106,332	244,305	25,813	27,983	404,433*
Circuit 7	109,898	233,789	36,581	28,273	408,541
Circuit 8	48,882	101,584	18,872	21,913	191,251
23-County Service Area	497,908	811,737	147,117	122,453	1,579,215*

Source: Table 225, Technical Appendix, prepared by WellFlorida Council, 2025. *Includes one (1) co-occurring child service provided in Circuit 5.

Table 39: Number of Covered Services, Adult and Child Programs, by Circuit and by County, LSF Health Systems, Fiscal Year 2023-2024

Number of Covered Services Fiscal Year 2023-2024				
Area	Adult Mental Health	Adult Substance Misuse	Child Mental Health	Child Substance Misuse
Circuit 3				
Columbia	16,303	33,896	3,712	1,282
Dixie	409	3,168	48	1,545
Hamilton	323	52	886	2,541
Lafayette	12	0	0	338
Suwannee	1,416	3,464	586	288
Total	18,463	40,580	5,232	5,994
Circuit 4				
Clay	26,585	47,418	23,827	12,493

Number of Covered Services Fiscal Year 2023-2024				
Area	Adult Mental Health	Adult Substance Misuse	Child Mental Health	Child Substance Misuse
Duval	131,264	126,792	32,207	21,885
Nassau	56,484	16,801	4,585	5,198
Total	214,333	191,011	60,619	39,576
Circuit 5				
Citrus	5,924	1,601	136	6,273
Hernando	31,329	134,299	16,638	6,005
Lake	47,741	35,464	3,414	5,548
Marion	14,929	72,260	5,623	5,344
Sumter	4,409	681	2	4,813
Total	104,332	244,305	25,813	27,983
Circuit 7				
Flagler	7,113	38,274	62	290
Putnam	4,515	16,386	1,835	2,392
St. Johns	17,215	39,169	18,336	7,486
Volusia	81,055	139,960	14,623	18,105
Total	109,898	233,789	34,856	28,273
Circuit 8				
Alachua	41,279	81,943	13,942	7,488
Baker	2,450	653	1,746	2,039
Bradford	1,705	643	1,187	751
Gilchrist	672	324	774	2,052
Levy	2,509	17,746	1,142	9,417
Union	227	275	81	166
Total	48,842	101,584	18,872	21,913

Source: Tables 227-230, Technical Appendix, prepared by WellFlorida Council, 2025.

Costs for Adult Mental Health programs across the service area in Fiscal Year 2023-2024 were estimated at more than \$96.8 million with about 4.2 percent in estimated uncompensated costs. Program costs for Adult Substance Misuse were estimated at \$122.1 million with a reported 8.8 percent estimated uncompensated costs of more than \$10.8 million. Compared to estimated costs for Fiscal Year 2022-2023, both adult programs had higher costs but lower percentages of estimated uncompensated costs. Program costs for Child Mental Health are shown at an estimated \$41.3 million with 11.9 percent of uncompensated costs. Child Substance Misuse program costs were estimated at \$24 million with about \$2 million (8.6 percent) of uncompensated costs. Compared to Fiscal Year 2022-2023, the percentages of estimated uncompensated costs were lower for both the Child Mental Health and Child Substance Misuse programs.

Table 40: Estimated Costs and Estimated Uncompensated Costs by Program, by Circuit, LSF Health Systems, Fiscal Year 2023-2024

Area	2023-2024			
	Estimated Costs	Estimated Uncompensated Costs	Estimated Costs	Estimated Uncompensated Costs
	Adult Mental Health		Adult Substance Misuse	
Circuit 3	\$ 3,349,399.35	\$ 8,525.12	\$ 2,476,739.95	\$ 25,372.83
Circuit 4	\$ 31,078,426.93	\$ 2,157,695.93	\$ 34,030,997.94	\$ 661,119.31
Circuit 5	\$ 30,008,165.20	\$ 753,378.13	\$ 30,911,946.30	\$ 3,019,236.38
Circuit 7	\$ 22,647,429.36	\$ 1,056,560.80	\$ 45,445,800.29	\$ 6,748,044.54
Circuit 8	\$ 9,769,189.66	\$ 110,220.56	\$ 9,316,593.78	\$ 354,530.38
23-County Service Area	\$ 96,852,610.49	\$ 4,086,380.54	\$ 122,182,078.26	\$ 10,808,303.43
	Child Mental Health		Child Mental Health	
Circuit 3	\$ 2,261,428.62	\$ 1,053.88	\$ 533,820.37	\$ 85,722.58
Circuit 4	\$ 11,206,392.13	\$ 1,123,505.67	\$ 7,008,332.84	\$ 503,447.25
Circuit 5	\$ 9,331,210.07	\$ 2,800,948.44	\$ 7,570,201.50	\$ 648,839.89
Circuit 7	\$ 11,469,944.60	\$ 980,286.04	\$ 4,965,945.79	\$ 658,841.27
Circuit 8	\$ 7,045,964.37	\$ 6,889.02	\$ 3,953,942.01	\$ 176,957.69
23-County Service Area	\$ 41,314,939.79	\$ 4,912,683.06	\$ 24,032,242.51	\$ 2,073,808.68

Source: Table 231, Technical Appendix, prepared by WellFlorida Council, 2025.

Table 41: Percent of Estimated Uncompensated Costs, by Program and by Circuit, Fiscal Year 2023-2024

Percentage of Estimated Uncompensated Costs by Program and by Circuit, Fiscal Year 2023-2-24				
Circuit	Adult Mental Health	Adult Substance Misuse	Child Mental Health	Child Substance Misuse
Circuit 3	<1.0	1.0%	<1.0%	16.0%
Circuit 4	6.9%	1.9%	10.0%	7.2%
Circuit 5	2.5%	9.8%	30.0%	8.6%
Circuit 7	4.7%	14.8%	8.5%	13.3%
Circuit 8	1.1%	3.8%	<1.0%	4.5%
23-County Service Area	4.2%	8.8%	11.9%	8.6%

Source: Table 231, Technical Appendix, prepared by WellFlorida Council, 2025.

ADULT MENTAL HEALTH SERVICES

The following Adult Mental Health Services were available in the LSF Health Systems service area in Fiscal Year 2023-2024. The total number of services provided in the 23-county service area is noted in parentheses. Starred (*) services were available in all circuits.

- Assessment* (15,072)
- Care Coordination* (8,072)
- Case Management* (137,468)
- Crisis Stabilization* (15,676)
- Crisis Support/Emergency* (44,629)
- Day Treatment (6,101)
- Drop In/Self-Help Centers (4,706)
- HIV Early Intervention Services (13)
- Information and Referral (5,771)
- In-Home and On-Site Services (834)
- Inpatient (1,829)
- Intensive Case Management (1,896)
- Intervention* (6,128)
- Intervention – Group (2,588)
- Medical Services* (46,639)
- Medication Assisted Treatment* (3,266)
- Mental Health Clubhouse Services (3,123)
- Outpatient – Group* (6,525)
- Outpatient – Individual* (36,214)
- Outreach* (14,469)
- Recovery Support - Group (766)
- Recovery Support - Individual* (10,131)
- Residential Level 1 (8,023)
- Residential Level 2* (25,420)
- Residential Level 4 (17,666)
- Respite Services (693)
- Room and Board with Supervision – Level 1 (7,610)
- Room and Board with Supervision – Level 2 (17,376)
- Room and Board with Supervision – Level 3 (16,834)
- Room and Board with Supervision – Level 4 (126)
- Detox (121)
- Employment (3,088)
- Supported Housing Living (9,553)

Not all services are available in all counties or all circuits. Tables 226 and 227 in the Technical Appendix list the available services by county and circuit.

The following Adult Mental Health Services were not available in Circuit 3 in Fiscal Year 2023-2024:

- Aftercare/Follow Up

- Day Care
- Day Treatment
- Drop In/Self-Help Centers
- HIV Early Intervention Services
- Incidental Expenses
- Information and Referral
- In-Home and On-Site Services
- Inpatient
- Intensive Case Management
- Intervention – Group
- Mental Health Clubhouse Services
- Mental Health - Individual
- Recovery Support – Group
- Residential Levels 1, 2, 4
- Respite Services
- Room and Board with Supervision Levels 1-3
- Detox
- Employment
- Supported Housing Living

The following Adult Mental Health Services were not available in Circuit 4 in Fiscal Year 2023-2024:

- Day Care
- Inpatient
- Mental Health Clubhouse Services
- Residential Levels 1 and 3
- Room and Board with Supervision Levels 1 and 4
- Detox

The following Adult Mental Health Services were not available in Circuit 5 in Fiscal Year 2023-2024:

- Aftercare/Follow Up
- Day Care
- Day Treatment
- In-Home and On-Site Services
- Intensive Case Management
- Intervention – Group
- Mental Health Comprehensive – Individual
- Residential Level 3
- Respite Services
- Room and Board with Supervision Levels 3 and 4
- Employment

The following Adult Mental Health Services were not available in Circuit 7 in Fiscal Year 2023-2024:

- Aftercare/Follow Up
- Day Care
- Day Treatment

- HIV Early Intervention Services
- Intervention – Group
- Mental Health Clubhouse Services
- Mental Health Comprehensive – Individual
- Recovery Support
- Residential Levels 1 and 3
- Respite Services
- Room and Board with Supervision Levels, 1, 3, 4
- Detox
- Employment
- Supported Housing Living

The following Adult Mental Health Services were not available in Circuit 8 in Fiscal Year 2023-2024:

- Aftercare/Follow Up
- Day Treatment
- Drop-In/Self-Help Centers
- HIV Early Intervention Services
- Information and Referral
- In-Home and On-Site Services
- Inpatient
- Intensive Case Management
- Mental Health Comprehensive – Individual
- Residential Levels 1, 3, 4
- Room and Board with Supervision Levels 1-3

Day Treatment and Intensive Case Management are available in Circuit 4 (Clay, Duval, Nassau Counties). Circuits 5 and 8 offer Mental Health Clubhouse Services. Residential Level 2 services are offered in Circuits 3, 4, 5, and 8; Residential Level 4 services are available in Circuits 4, 5, and 7 while Residential Level 1 services are available in Circuit 5 (Table 227, Technical Appendix).

There were no waitlists for Adult Mental Health Services in Fiscal Year 2023-2024 (Table 236, Technical Appendix).

ADULT SUBSTANCE MISUSE SERVICES

The following Adult Substance Misuse Services were available in the LSF Health Systems service area in Fiscal Year 2023-2024. The total number of services provided in the 23-county service area is noted in parentheses. Starred (*) services were available in all circuits.

- Aftercare – Group (1,062)
- Aftercare/Follow Up (679)
- Assessment* (27,383)
- Care Coordination* (3,868)
- Case Management* (56,287)
- Crisis Stabilization (101)

- Crisis Support/Emergency (9,012)
- Day Care (912)
- HIV Early Intervention Services (1,569)
- Incidental Expenses* (6,002)
- Referral (3,671)
- In-Home and On-Site Services (3,315)
- Intensive Case Management (44)
- Intervention* (8,204)
- Intervention – Group (531)
- Medical Services* (21,956)
- Medication Assisted Treatment* (413,611)
- Outpatient – Group* (13,679)
- Individual* (27,175)
- Outreach* (49,210)
- Prevention – Indicated (193)
- Prevention – Universal Direct* (2,420)
- Prevention – Universal Indirect* (8,576)
- Recovery Support – Group (2,785)
- Recovery Support – Individual* (16,188)
- Residential Level 1 (6,932)
- Residential Level 2 (274,976)
- Respite Services (172)
- Room and Board with Supervision Level 3 (2,595)
- Room and Board with Supervision Level 4 (582)
- Substance Misuse – Detox (11,161)
- Supported Housing Living (2,245)
- Treatment Alternative to Street Crime (TASC) (20)

Not all services are available in all counties or all circuits. Tables 226 and 228 in the Technical Appendix list the available services by county and circuit.

The following Adult Substance Misuse Services were not available in Circuit 3 in Fiscal Year 2023-2024:

- Aftercare – Group
- Aftercare/Follow Up
- Crisis Support/Emergency
- Day Care
- HIV Early Intervention Services
- In-Home and On-Site Services
- Intensive Case Management
- Prevention – Indicated
- Recovery Support – Group
- Residential Levels 1 and 2
- Respite Services
- Room and Board with Supervision Levels 1-4

- Substance Misuse – Detox
- Supported Employment
- Supported Housing Living
- TASC

The following Adult Substance Misuse Services were not available in Circuit 4 in Fiscal Year 2023-2024:

- Crisis Stabilization
- Prevention – Indicated
- Room and Board with Supervision Levels 3 and 4
- Supported Employment
- TASC

The following Adult Substance Misuse Services were not available in Circuit 5 in Fiscal Year 2023-2024:

- Aftercare – Group
- Aftercare/Follow Up
- Day Care
- In-Home and On-Site Services
- Intensive Care Management
- Prevention – Indicated
- Respite Services
- Room and Board with Supervision Levels 2, 4
- Supported Employment
- Supported Housing Living

The following Adult Substance Misuse Services were not available in Circuit 7 in Fiscal Year 2023-2024:

- Aftercare – Group
- Crisis Stabilization
- Day Care
- HIV Early Intervention Services
- In-Home and On-Site Services
- Intensive Case Management
- Intervention – Group
- Respite Services
- Room and Board with Supervision Levels 2, 3, 4
- Supported Employment
- Supported Housing Living
- TASC

The following Adult Substance Misuse Services were not available in Circuit 8 in Fiscal Year 2023-2024:

- Aftercare – Group
- Aftercare/Follow Up

- HIV Early Intervention Services
- Referral
- In-Home and On-Site Services
- Intensive Case Management
- Prevention – Indicated
- Respite Services
- Room and Board with Supervision Levels 2, 3
- Supported Employment

Circuit 4 (Clay, Duval, Nassau Counties) also had available Aftercare – Group, Aftercare/Follow Up, Day Care, In-Home and On-Site Services, Intensive Case Management, Respite Services, and Supported Housing Living services (Table 228, Technical Appendix).

Waitlists – Adult Substance Abuse Services

Waitlist numbers for Adult Substance Misuse Services in Fiscal Year 2023-2024 are reported by outpatient, residential, and substance misuse detox service areas. For outpatient services there was a total of one (1) individual added to the waitlist, with the average number of days on the waitlist of 53. In the area of residential services a total of 268 individuals were added to the waitlist for services from two providers, Gateway Community Services and SMA Healthcare, with waitlist days averaging 45 days and 32 days, respectively. There was one (1) individual added to the waitlist for Substance Misuse Detox services with an average of two (2) days on the list (Table 236, Technical Appendix) .

CHILD MENTAL HEALTH SERVICES

The following Child Mental Health Services were available in the LSF Health Systems service area in Fiscal Year 2023-2024. The total number of services provided in the 23-county service is noted in parentheses. Starred (*) services were available in all circuits.

- Assessment* (3,794)
- Care Coordination (1,932)
- Case Management* (40,329)
- Crisis Stabilization* (1,926)
- Crisis Support/Emergency* (30,500)
- Day Treatment (9,561)
- Drop In/Self-Help Centers (2)
- Incidental Expenses* (835)
- Information and Referral (8,308)
- In-Home and On-Site Services* (1,470)
- Intensive Case Management (258)
- Intervention* (9,359)
- Intervention – Group (2,437)
- Medical Services* (3,731)

- Medication Assisted Treatment (27)
- Outpatient – Group* (571)
- Outpatient – Individual* (18,804)
- Outreach* (4,371)
- Recovery Support – Group (30)
- Residential Level 2 (660)
- Room and Board with Supervision Level 1 (374)
- Room and Board with Supervision Level 2 (1,200)
- Treatment Alternative to Street Crime (TASC) (4)

Not all services are available in all counties or all circuits. Table 229 in the Technical Appendix lists the available services by county and circuit.

The following Child Mental Health Services were not available in Circuit 3 in Fiscal Year 2023-2024:

- Day Treatment
- Information and Referral
- Inpatient
- Intensive Case Management
- Intervention – Group
- Medication Assisted Treatment
- Recovery Support – Group
- Room and Board with Supervision Levels 1 and 2
- Treatment Alternative to Street Crime (TASC)

The following Child Mental Health Services were not available in Circuit 4 in Fiscal Year 2023-2024:

- Inpatient
- Medication Assisted Treatment
- Residential Level 2
- Room and Board with Supervision Levels 1 and 1
- Treatment Alternative to Street Crime (TASC)

The following Child Mental Health Services were not available in Circuit 5 in Fiscal Year 2023-2024:

- Care Coordination
- Day Treatment
- Drop In/Self-Help Center
- Intensive Case Management
- Intervention – Group
- Medication Assisted Treatment
- Recovery Support – Group
- Residential Level 2

The following Child Mental Health Services were not available in Circuit 7 in Fiscal Year 2023-2024:

- Drop In/Self-Help Centers
- Inpatient

- Intensive Case Management
- Intervention – Group
- Recovery Support – Group
- Residential Level 2
- Room and Board with Supervision Level 1
- Treatment Alternative to Street Crime (TASC)

The following Child Mental Health Services were not available in Circuit 8 in Fiscal Year 2023-2024:

- Day Treatment
- Drop In/Self-Help Centers
- Inpatient
- Intensive Case Management
- Intervention – Group
- Recovery Support – Group
- Room and Board with Supervision Levels 1 and 2
- Treatment Alternative to Street Crime (TASC)

Day Treatment was provided in Circuits 5 (Citrus, Hernando, Lake, Marion, Sumter Counties) and 7 (Flagler, Putnam, St. Johns, Volusia Counties). Intensive Case Management was provided in Circuit 4 (Clay, Duval, Nassau Counties). Medication Assisted Treatment was provided in Circuit 8 (Alachua, Baker, Bradford, Gilchrist, Levy, Union Counties). Room and Board with Supervision Level 1 and Treatment Alternative to Street Crime were provided in Circuit 5 (Citrus, Hernando, Lake, Marion, Sumter Counties) (Table 229, Technical Appendix).

Waitlist – Child Mental Health Services

In Fiscal Year 2023-2024 there were waitlists for Child Mental Health Services. In the area of Community Action Treatment Teams (CAT) a total of 363 individuals were added to the waitlist and spent an average of 65 days on the list. Six organizations had waitlists for CAT services with an average number of days on the waitlist ranging from a low of 30 days to 125 days. There were 43 individuals added to the outpatient services waitlist by one organization with an average of 56 days spent on the list (Table 236, Technical Appendix).

CHILD SUBSTANCE MISUSE SERVICES

The following Child Substance Misuse Services were available in the LSF Health Systems service area in Fiscal Year 2023-2024. The total number of services provided in the 23-county service area is noted in parentheses. Starred (*) services were available in all circuits.

- Assessment (1,242)
- Care Coordination (3)
- Case Management (1,915)
- Crisis Stabilization (14)
- Support – Emergency (3,953)
- Information and Referral (870)

- In-Home and On-Site Services (153)
- Intervention* (8,802)
- Intervention – Group (1,959)
- Medical Services (474)
- Outpatient – Group (26)
- Outpatient – Individual (524)
- Prevention – Indicated (4,978)
- Prevention – Selective (2,771)
- Prevention – Universal Direct* (30,520)
- Recovery Support – Individual (30)
- Residential Level 2 (12,773)
- Room and Board with Supervision Level 2 (714)
- Treatment Alternative to Street Crime (308)

Not all services are available in all counties or all circuits. Tables 226 and 230 in the Technical Appendix list the available services by county and circuit.

The following Child Substance Misuse Services were not available in Circuit 3 in Fiscal Year 2023-2024:

- Assessment
- Care Coordination
- Case Management
- Support – Emergency
- Information and Referral
- In-Home and On-Site Services
- Intervention – Group
- Medical Services
- Outpatient – Group
- Outpatient – Individual
- Outreach
- Prevention – Indicated
- Prevention – Selected
- Recovery Support – Individual
- Residential Level 2
- Room and Board with Supervision Level 2
- Treatment Alternative to Street Crime (TASC)

The following Child Substance Misuse Services were not available in Circuit 4 in Fiscal Year 2023-2024:

- Crisis Stabilization
- Intervention – Group
- Room and Board with Supervision Level 2
- Treatment Alternative to Street Crime (TASC)

The following Child Substance Misuse Services were not available in Circuit 5 in Fiscal Year 2023-2024:

- Care Coordination
- In-Home and On-Site Services
- Prevention – Indicated
- Recovery Support – Individual

The following Child Substance Misuse Services were not available in Circuit 7 in Fiscal Year 2023-2024:

- Care Coordination
- Medical Services
- Outpatient – Group
- Recovery Support – Individual
- Room and Board with Supervision Level 2
- Treatment Alternative to Street Crime (TASC)

The following Child Substance Misuse Services were not available in Circuit 8 in Fiscal Year 2023-2024:

- Assessment
- Care Coordination
- Case Management
- Crisis Stabilization
- Information and Referral
- In-Home and On-Site Services
- Intervention – Group
- Medical Services
- Outpatient – Group
- Outpatient – Individual
- Prevention – Indicated
- Prevention- Selective
- Recovery Support – Individual
- Residential Level 2
- Room and Board with Supervision Level 2
- Treatment Alternative to Street Crime (TASC)

Care Coordination and Recovery Support – Individual were provided only in Circuit 4 (Clay, Duval, Nassau Counties). Intervention- Group was only available in Circuit 7 (Flagler, Putnam, St. Johns, Volusia Counties). Room and Board with Supervision Level 2 and TASC were available only in Circuit 5 (Citrus, Hernando, Lake, Marion, Sumter Counties) (Table 230, Technical Appendix).

Waitlists - Child Substance Misuse Services

According to Fiscal Year 2023-2024 data there were no waitlists for Child Substance Misuse Services in the LSF Service Area (Table 236, Technical Appendix).

Community Input

As part of their 23-county service area assessment, LSF Health Systems, engaged the services of WellFlorida Council and the Health Planning Council of Northeast Florida to facilitate the design, implementation and analysis of primary data collection through surveying and focus groups. The Community Input section of this report details the methodology, analysis and findings from the surveys and the focus groups. The Community Input data, serves as the means by which to understand the perspectives of community members, providers, and stakeholders regarding mental health and substance abuse services in the LSF Health Systems service area.

CONSUMER, PROVIDER, AND STAKEHOLDER AND COMMUNITY PARTNER SURVEYS

Survey Methodology and Limitations

Surveys were developed to collect input from LSF Health Systems service consumers, providers, and stakeholders and community partners. Each survey was tailored for the audience. To be eligible for the consumer survey, respondents must have been 18 years of age or older, live in Florida, and used mental health and/or substance misuse treatment services within the past 12 months or be the primary caregiver of a child or adult who used either or both of those services. Provider eligibility included the same age requirements along with providing mental health and/or substance misuse treatment services in one or more of the five circuits LSF Health Systems service area which covers a total of 23 Florida counties. To participate in the stakeholder and community partners survey, respondents must have met the age requirement and work or provide services in the LSF Health Systems service area in fields such as law enforcement, social services, education, health care, family welfare or other types of community-based organizations serving individuals and families experiencing mental health and/or substance misuse issues. Responses from individuals who did not meet these criteria were not included in the data analysis. All three surveys included core questions and demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The consumer survey was available in English and Spanish. Prior to deployment, the electronic surveys were pre-tested for readability, functionality, and ease of use.

A convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. All three surveys went live on June 5, 2025 and were open through August 8, 2025. LSF Health Systems staff and providers widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the consumer survey closed there were 106 complete, eligible surveys. The vast majority of surveys were taken in English with only two completed in Spanish. Due to small numbers, the Spanish language survey results were analyzed together with the English language surveys. There were 181 complete, eligible provider surveys analyzed and 91 stakeholder and community partner surveys. All the provider and stakeholder and community partner surveys were completed in English. The results from each are summarized below.

Using the convenience sampling method to collect input for a system-wide health assessment process, has its advantages, disadvantages and limitations. Surveys collected using this method can

yield rich qualitative data for assessment and planning in a cost efficient manner. Data are available relatively quickly to match the pace of a system-wide assessment and are useful to signal the beginning of changes or shifts in attitudes, behaviors and outcomes. Among the disadvantages of collecting assessment data via convenience sampling are the potential for bias in data collection and sampling errors that could introduce inaccuracies. Surveying that uses the convenience sampling method has its limitations. In LSF Health Systems 23-county service area survey participants were self-selected which introduced selection bias. As such, the results are not generalizable to the entire population. Even with these limitations, valuable insights and perspectives, opinions and attitudes about behavioral health needs and issues were generated and will contribute to assessing and identifying priority concerns in the service area.

CONSUMER SURVEY

The survey collected input from two respondent types: individuals who had personally used mental health and/or substance misuse services and persons who are the guardian or primary caregiver of an adult or child who has used mental health and/or substance misuse services. In both instances services had to have been received in Florida in the past 12 months. Of the total responses, 74 were from individuals using services and 32 from guardians or caregivers. Where applicable, the results below report numbers and percentages for both respondent types (referred to as individual and individual in the care of another) and a total. There were 97 individuals who reported using mental health services (69 individuals and 28 individuals in the care of another) and 35 who used substance misuse treatment services (4 individuals in the care of another and 31 individuals) with 28 consumer who reported receiving both types of services.

Survey respondents replied to questions related to their mental health and/or substance misuse treatment care that covered services received, service location and travel, barriers to services, time between appointment request and service, importance of services, and service quality. Information was also collected about use of emergency room services for care, referral to care, and reasons treatment was sought. Response data for each of these is presented in the tables and figures that follow.

Table 42: Demographics of Consumer Survey Respondents, LSF Health Systems, 2025

	Respondent Type (all received services in Florida in past 12 months)					
Demographic Indicator	*Individual in the care of another n= 32		Individual n = 74		Total n = 106	
	Number	Percent	Number	Percent	Number	Percent
Age Group						
0 – 17 years	18	56.3	0	0	18	17.0
18 – 44 years	12	37.5	46	62.2	58	54.7
45 – 64 years	1	3.1	25	33.8	26	24.5

	Respondent Type (all received services in Florida in past 12 months)					
Demographic Indicator	*Individual in the care of another n= 32		Individual n = 74		Total n = 106	
	Number	Percent	Number	Percent	Number	Percent
65 + years	1	3.1	3	4.1	4	3.8
Racial Identity						
American Indian or Alaska Native	1	3.1	1	1.4	2	1.9
Asian	0	0	1	1.4	1	0.9
Black or African American	8	25.0	8	10.8	16	15.1
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0
Two or more races	2	6.3	5	6.8	7	6.6
White or Caucasian	18	56.3	55	74.3	73	68.9
Prefer not to answer	2	6.3	3	4.1	5	4.7
Other (1 each– Hispanic, blank)	1	3.1	1	1.4	2	1.9
Hispanic Identity						
Hispanic or Latino/a/x	4	12.5	7	9.5	11	10.4
Not Hispanic or Latino/a/x	24	75.0	60	81.1	84	79.2
Prefer not to answer	4	12.5	7	9.5	11	10.4
Gender Identity						
Man	20	62.5	27	36.4	47	44.3
Woman	11	34.4	40	54.1	51	48.1
Transgender	0	0	3	4.1	3	2.8
Gender non-conforming	0	0	1	1.4	1	0.9
Prefer not to answer	1	3.1	3	4.1	4	3.8
Other	0	0	0	0	0	0
Identifies As						
Bisexual	1	3.1	13	17.6	14	13.2
Gay or Lesbian	1	3.1	2	2.7	3	2.8
Heterosexual (straight)	24	75.0	46	62.2	70	66.0
Prefer not to answer	5	15.6	9	12.2	14	13.2

	Respondent Type (all received services in Florida in past 12 months)					
Demographic Indicator	*Individual in the care of another n= 32		Individual n = 74		Total n = 106	
	Number	Percent	Number	Percent	Number	Percent
Other (1 – my profession, 4 - blank)	1	3.1	4	5.4	5	4.7
Payment Method for Mental Health and/or Substance Misuse Treatment Services (may select all that apply)						
Private insurance	10	31.3	24	32.4	34	32.1
Cash/Self-Pay/No Pay	7	21.9	26	35.1	33	31.1
Medicaid	16	50.0	9	12.2	25	23.6
Medicare	3	9.4	9	12.2	12	11.3
Tricare/VA Benefit	1	3.1	0	0	1	0.9
Don't know	3	9.4	9	12.2	12	11.3
County of Residence						
Circuit 3 - Columbia	0	0	1	1.4	1	0.9
Dixie	0	0	0	0	0	0
Hamilton	0	0	0	0	0	0
Lafayette	0	0	0	0	0	0
Suwannee	0	0	0	0	0	0
Circuit 3 Totals	0	0	1	1.4	1	0.9
Circuit 4 - Clay	0	0	2	2.7	2	1.9
Duval	7	21.9	8	10.8	15	14.2
Nassau	0	0	0	0	0	0
Circuit 4 Totals	7	21.9	10	13.5	17	16.1
Circuit 5 - Citrus	3	9.4	3	4.1	6	5.7
Hernando	1	3.1	24	32.4	25	23.6
Lake	0	0	1	1.4	1	0.9
Marion	3	9.4	3	4.1	6	5.7
Sumter	0	0	0	0	0	0

	Respondent Type (all received services in Florida in past 12 months)					
Demographic Indicator	*Individual in the care of another n= 32		Individual n = 74		Total n = 106	
	Number	Percent	Number	Percent	Number	Percent
Circuit 5 Totals	7	21.9	31	41.9	38	35.9
Circuit 7 - Flagler	2	6.3	2	2.7	4	3.8
Putnam	2	6.3	1	1.4	3	2.8
St. Johns	3	9.4	3	4.1	6	5.7
Volusia	6	18.8	8	10.8	14	13.2
Circuit 7 Totals	13	40.6	14	18.9	27	25.5
Circuit 8 - Alachua	4	12.5	12	16.2	16	15.1
Baker	1	3.1	0	0	1	0.9
Bradford	0	0	0	0	0	0
Gilchrist	0	0	1	1.4	1	0.9
Levy	0	0	2	2.7	2	1.9
Union	0	0	0	0	0	0
Circuit 8 Totals	5	15.6	15	20.3	20	18.8
Other (3-Pasco)	0	0	3	4.1	3	2.8

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

*Guardian or caregiver reported the demographics of the individual in their care

In the past 12 months did you (or the person in your care) receive mental health services in Florida? AND Who referred you (or the person in your care) to treatment? AND I (or the person in your care) sought treatment due to the following reasons (select all that apply) AND I (or the person in your care) have/has been in treatment for this length of time.

Table 43: Initiation of Use of Mental Health Services, Consumer Survey, LSF Health Systems, 2025

	Individual in the care of another (n=32)		Individual (n=74)		Total (n=106)	
	Number	Percent	Number	Percent	Number	Percent
Received Mental Health Services in the Past 12 Months in Florida						
Yes	28	87.5	69	93.2	97	91.5
No	4	12.5	5	6.8	9	8.5
Individual/Entity that Referred the Individual to Mental Health Treatment (may select all that apply, n=28, n=69, n=97)						
Employer	2	7.1	4	5.8	6	6.2
Hospital	1	3.6	2	2.9	3	3.1
Primary care provider	10	35.7	11	15.9	21	21.6
Family member/friend	6	21.4	20	29.0	26	26.8
Community-based organization	3	10.7	2	2.9	5	5.2
Attorney	1	3.6	1	1.4	2	2.1
Court system	2	7.1	13	18.8	14	14.4
Police/parole officer	3	10.7	2	2.9	5	5.2
Self-referred	5	17.9	26	37.7	31	32.0
Don't know	1	3.6	0	0	1	1.0
Other (1 each – school, Baker Act, counselor, case manager, psychiatrist, therapist)	2	7.1	4	5.8	6	6.2
Reasons the Individual Sought Treatment (may select all that apply, n=28 n=69, n=97)						
Loss of a job	0	0	13	18.8	13	13.4
Family matter	6	21.4	12	17.4	18	18.6
Baker/Marchman Act	8	28.6	9	13.0	17	17.5
Employer request	1	3.6	0	0	1	1.0
Failing school	5	17.9	1	1.4	6	6.2
Rape/sexual violence	2	7.1	6	8.7	8	8.2
Trauma	8	28.6	28	40.6	36	37.1
Arrest	2	7.1	13	18.8	15	15.5
Feeling physically ill and sought treatment	2	7.1	4	5.8	6	6.2
Feeling psychologically ill and sought treatment	9	32.1	19	27.5	28	28.7

	Individual in the care of another (n=32)		Individual (n=74)		Total (n=106)	
	Number	Percent	Number	Percent	Number	Percent
Alcohol and/or other drug dependence	5	17.9	14	20.3	19	19.6
Alcohol and/or other drug withdrawal	1	3.6	5	7.2	6	6.2
Alcohol and/or other drug overdose	0	0	3	4.3	3	3.1
Directed by a judge or probation officer	1	3.6	5	7.2	6	6.2
Directed by child welfare organization	0	0	1	1.4	1	1.0
Don't know	1	3.6	5	7.2	6	6.2
Other (1 each – autism, behavior, trouble in school, continue in wellness)	3	10.7	1	1.4	4	4.1
Length of Time the Individual has been In Treatment (n=28, n=69, n=97)						
Less than 1 month	1	3.6	3	4.3	4	4.1
1 to 3 months	3	10.7	6	8.7	9	9.3
4 to 6 months	5	17.9	14	20.3	19	19.6
7 to 9 months	3	10.7	2	2.9	5	5.2
10 to 12 months	2	7.1	7	10.1	9	9.3
1 to 2 years	3	10.7	7	10.7	10	10.3
Longer than 2 years	11	39.3	29	42.0	40	41.2
I don't know	0	0	1	1.4	1	1.0

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months did you (or the person in your care) experience barriers in getting the mental health services you (they) needed? AND What barriers did you (or the person in your care) experience when trying to get mental health services (select all that apply)?

Table 44: Barriers to Mental Health Services, LSF Health Systems Consumer Survey, 2025

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Experienced Barriers in Getting Mental Health Care in the Past 12 Months (n=28, n=69, n=97)						
Yes	15	53.6	35	50.7	50	51.5
No	13	46.4	34	49.3	47	48.5
Barriers Experienced When Trying to Get Mental Health Services of Those Who Said They Experienced Barriers (select all that apply) (n=15, n=35, n=50)						
Cost	10	66.7	21	60.0	31	62.0
No insurance, insurance didn't cover	8	53.3	18	51.4	26	52.0
Transportation	4	26.7	8	22.9	12	24.0
Location of service	7	46.7	7	20.0	14	28.0
Childcare not available	1	6.7	2	5.7	3	6.0
Incarcerated	3	20.0	1	2.9	4	8.0
Could not find needed service	5	33.3	7	20.0	12	24.0
Could not get a referral	2	13.3	7	20.0	9	32.1
Service not available when I needed it	7	46.7	8	22.9	15	30.0
Stigma	4	26.7	4	11.4	8	16.0
Person in my care refused services	2	13.3	0	0	2	4.0
Work-related problem	1	6.7	8	22.9	9	18.0
Other (1 each – time, housing)	0	0	2	5.7	2	4.0
Other, please specify (1 each – denied placement, questionable diagnosis)	2	13.3	0	0	2	4.0

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months, I (or the person in my care) received most of my(their) mental health care at (fill in the blank). AND Please rate (organization/agency selected) on the following statements.

Table 45: Organization or Agency Where Most Mental Health Services were Received and Rating of Organization or Agency, LSF Health Systems Consumer Survey, 2025

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Most of Mental Health Care at This Location (n=28, n=69, n=97)						
Ability Housing of Northeast Florida	1	3.6	0	0	1	1.0
BayCare Behavioral Health	0	0	11	15.9	11	11.3
CDS Family and Behavioral Health Services	1	3.6	0	0	1	1.0
Clay Behavioral Health Center	0	0	1	1.4	1	1.0
Community Rehabilitation Center	0	0	1	1.4	1	1.0
Daniel Memorial	8	28.6	0	0	8	8.2
EPIC Community Services	1	3.6	2	2.9	3	3.1
Flagler Cares	1	3.6	0	0	1	1.0
Flagler Hospital	0	0	1	1.4	1	1.0
Gainesville Opportunity Cener	0	0	1	1.4	1	1.0
Halifax Hospital Medical Center	3	10.7	0	0	3	3.1
Hernando Community Coalition	0	0	1	1.4	1	1.0
Langley Health Services	0	0	1	1.4	1	1.0
LifeStream Behavioral Center	0	0	1	1.4	1	1.0
Mental Health Resource Center	1	3.6	1	1.4	2	2.1
Meridian Behavioral Healthcare	1	3.6	4	5.8	5	5.2
NAMI Hernando	0	0	13	18.8	13	13.4
NAVIGATE Program (UF)	0	0	3	4.3	3	3.1
North Florida Comprehensive Treatment Center	1	3.6	1	1.4	2	2.1

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Northwest Behavioral Health Services	1	3.6	3	4.3	4	4.1
Outreach Community Care Network	0	0	3	4.3	3	3.1
SMA Healthcare	1	3.6	5	7.2	6	6.2
St. Augustine Youth Services	1	3.6	0	0	1	1.0
Zero Hour Life Center	0	0	1	1.4	1	1.0
Other (2 – primary care provider (7.1%), 1 each (3.6%) – private therapist, FACT team, Impact/Coastal/DJJ, Presbyterian Counseling, Teladoc	7	25.0 (total)	NA	NA	7	7.2
Other (9 – private provider (13%), 1 each (1.4%) – church, Emery & Milne, HCA Florida, Heroic Health, Lake Mary Behavioral, River Oaks)	NA	NA	15	21.7 (total)	15	15.5
Rating of Mental Health Service Provider Organization (organization selected in question above; on scale of 1 to 5 stars with 1 being least favorable and 5 most favorable, n=28, n=69, n=97)						
Appointment availability	5 = 18	64.3	46	66.7	64	66.0
	4 = 4	14.3	11	15.9	15	15.5
	3 = 6	21.4	7	10.1	13	13.4
	2 = 0	0	2	2.9	2	2.1
	1 = 0	0	3	4.3	3	3.1
Provider hours are convenient	5 = 17	60.7	43	62.3	60	61.9
	4 = 7	25.0	11	15.9	18	18.6
	3 = 3	10.7	12	17.4	15	15.5
	2 = 0	0	2	2.9	2	2.1
	1 = 1	3.6	1	1.4	2	2.1
Location of provider	5 = 17	60.7	47	68.1	64	66.0
	4 = 3	10.7	11	15.9	14	14.4
	3 = 6	21.4	9	13.0	15	15.5

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Overall, I rate the provider	2 = 1	3.6	0	0	1	1.0
	1 = 1	3.6	2	2.9	3	3.1
	5 = 18	64.3	48	69.6	66	68.0
	4 = 5	17.9	14	20.3	19	19.6
	3 = 5	17.9	5	7.2	10	10.3
	2 = 0	0	1	1.4	1	1.0
	1 = 0	0	1	1.4	1	1.0

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

I (or the person in my care) travels (fill in the blank) miles (one-way) from home to appointments (at the mental health provider organization/agency selected above). AND I (or the person in my care) travel(s) to appointments at (the mental health provider organization/agency selected above) using:

Table 46: Travel to Mental Health Care Appointments, LSF Health Systems Consumer Survey, 2025

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Travel in Miles (One-Way) From Home to Mental Health Service Location (location selected in question above, n=28, n=69, n=97)						
5 miles or less	9	32.1	26	37.7	35	36.0
6-15 miles	5	17.9	25	36.2	30	30.9
16-30 miles	4	14.3	11	15.9	15	15.5
31-50 miles	3	10.7	3	4.3	6	6.2
51-75 miles	2	7.1	1	1.4	3	3.1
76-100 miles	0	0	0	0	0	0
More than 100 miles	0	0	0	0	0	0
Don't know	5	17.6	3	4.3	8	8.2
Method of Travel to Mental Health Service Appointments						

(may select all that apply, n=28, n=69, n=97)						
Public transportation	1	3.6	8	11.6	9	9.3
Medicare/Medicaid bus	1	3.6	1	1.4	2	2.1
Personal vehicle	15	53.6	41	59.4	56	57.7
Family/friend drives	10	35.7	13	18.8	23	23.7
Cab/taxi service	0	0	1	1.4	1	1.0
Uber/Lyft/Rideshare	0	0	2	2.9	2	2.1
Walk or ride bicycle	1	3.6	3	4.3	4	4.1
Other (2 – telehealth, 5 – service provided in the home)	7	25.0 (total)	NA	NA	15	15.5 (total)
Other (4 – telehealth, 3 – facility transportation, 1 – in home)	NA	NA	8	11.6 (total)		

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months, I (or the person in my care) received the following services (at the mental health provider organization/agency selected above) (select all that apply). AND The most important mental health services for me (or the person in my care) are: (select up to three).

Table 47: Mental Health Services Received in the Past 12 Months and Most Important Mental Health Services, LSF Health Systems Consumer Survey, 2025

Mental Health Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Mental Health Services Received in the Past 12 Months (may select all that apply, n=28, n=69, n=97)						
Individual counseling	19	67.9	49	71.0	68	70.1
Group Counseling	4	14.3	16	23.2	20	20.6
Residential/Inpatient Treatment (overnight)	5	17.6	3	4.3	8	8.2
Psychiatry - medication services	12	42.9	27	39.1	39	40.2
Primary Care	4	14.3	8	11.6	12	12.4
Clubhouse	0	0	0	0	0	0

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Case Management	8	28.6	10	14.5	18	18.6
Family Therapy	0	0	4	5.8	4	4.1
Support Group	0	0	17	24.6	17	17.5
Certified Recovery Peer Specialist	1	3.6	19	27.5	20	20.6
Self-Directed Care	0	0	4	5.8	4	4.1
Alternative Services (acupuncture, meditation, massage, etc.)	0	0	2	2.9	2	2.1
Housing Assistance (finding and maintaining housing)	2	7.1	0	0	2	2.1
Employment Assistance	0	0	4	5.8	4	4.1
Crisis Services	1	3.6	0	0	1	1.0
Other	0	0	0	0	0	0
Most Important Mental Health Services (for individual or individual in my care; select all that apply, n=28, n=69, n=97)						
Individual counseling	22	78.6	44	63.8	66	68.0
Group Counseling	2	7.1	12	17.4	14	14.4
Residential/Inpatient Treatment (overnight)	2	7.1	1	1.4	3	3.1
Psychiatry - medication services	14	50.0	29	42.0	43	44.3
Primary Care	2	7.1	9	13.0	11	11.3
Clubhouse	0	0	0	0	0	0
Case Management	4	14.3	6	8.7	10	10.3
Family Therapy	5	17.9	3	4.3	8	8.2
Support Group	2	7.1	15	21.7	17	17.5
Certified Recovery Peer Specialist	2	7.1	18	26.0	20	20.6
Self-Directed Care	0	0	3	4.3	3	3.1

	Respondent Type (all received services in Florida in past 12 months)					
Mental Health Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Alternative Services (acupuncture, meditation, massage, etc.)	1	3.6	4	5.8	5	5.2
Housing Assistance (finding and maintaining housing)	2	7.1	3	4.3	5	5.2
Employment Assistance	1	3.6	2	2.9	3	3.1
Crisis Services	0	0	0	0	1	1.0
None are important	0	0	0	0	0	0
Other, please specify	0	0	0	0	0	0

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months, have you (or the person in your care) been to an Emergency Room for a mental health-related condition? for a substance misuse-related condition? AND In the past 12 months have you (or the person in your care) been to an Emergency Room for a substance misuse-related condition?

Table 48: Use of Emergency Room in the Past 12 Months for a Mental Health-related Condition or Substance Misuse-related Condition, LSF Health Systems Consumer Survey, 2025

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
In Past 12 Months Been to an Emergency Room for Mental Health-related Condition (n=32, n=74, n=106)						
Yes	8	25.0	10	13.5	18	17.0
No	24	75.0	64	86.5	88	83.0
In the Past 12 Months Been to an Emergency Room for Substance Misuse-related Condition						
Yes	4	12.5	6	8.1	10	9.4
No	28	87.5	68	91.9	96	90.6

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months did you (or the person in your care) receive substance misuse treatment services in Florida? AND Who referred you (or the person in your care) to treatment? AND I (or the person in your care) sought treatment due to the following reasons (select all that apply) AND I (or the person in your care) have/has been in treatment for this length of time.

Table 49: Initiation of Use of Substance Misuse Treatment Services, LSF Health Systems Consumer Survey, 2025

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Substance Misuse Treatment Services in the Past 12 Months in Florida						
Yes	4	12.5	31	41.9	35	33.0
No	28	87.5	43	58.1	71	67.0
Individual/Entity that Referred the Individual Substance Misuse Treatment (may select all that apply, n=4, n=31, n=35)						
Employer	0	0	1	3.2	1	2.8
Hospital	1	25.0	0	0	1	2.8
Primary care provider	0	0	4	12.9	4	11.4
Family member/friend	0	0	8	25.8	8	22.9
Community-based organization	1	25.0	2	6.5	3	8.6
Attorney	0	0	0	0	0	0
Court system	2	50.0	10	32.3	12	34.3
Police/parole officer	1	25.0	2	6.5	3	8.6
Self-referred	1	25.0	7	22.6	8	22.9
Don't know	0	0	0	0	0	0
Other	0	0	0	0	0	0
Reasons the Individual Sought Treatment (may select all that apply, n=3, n=31, n=35)						
Loss of a job	0	0	6	19.4	6	17.1
Family matter	1	25.0	4	12.9	5	14.3
Baker/Marchman Act	2	50.0	3	9.7	5	14.3
Employer request	0	0	0	0	0	0
Failing school	1	25.0	1	3.2	2	5.7
Rape/sexual violence	1	25.0	3	9.7	4	11.4
Trauma	2	50.0	10	32.3	12	34.3

	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Arrest	2	50.0	7	22.6	9	25.7
Feeling physically ill and sought treatment	0	0	2	6.5	2	5.7
Feeling psychologically ill and sought treatment	1	25.0	2	6.5	3	8.6
Alcohol and/or other drug dependence	4	100.0	10	32.3	14	40.0
Alcohol and/or other drug withdrawal	0	0	3	9.7	3	8.6
Alcohol and/or other drug overdose	0	0	0	0	0	0
Directed by a judge or probation officer	1	25.0	2	6.5	3	8.6
Directed by child welfare organization	0	0	2	6.5	2	5.7
Don't know	0	0	1	3.2	1	2.9
Other	0	0	0	0	0	0
Length of Time the Individual has been In Treatment (n=4, n=31, n=35)						
Less than 1 month	0	0	2	6.5	2	5.7
1 to 3 months	1	25.0	3	9.7	4	11.4
4 to 6 months	0	0	7	22.6	7	20.0
7 to 9 months	1	25.0	1	3.2	2	5.7
10 to 12 months	0	0	5	16.1	5	14.3
1 to 2 years	0	0	4	12.9	4	11.4
Longer than 2 years	2	50.0	9	29.0	11	31.4
I don't know	0	0	0	0	0	0

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months did you (or the person in your care) experience barriers in getting the substance misuse treatment services you (they) needed? AND What barriers did you (or the person in your care) experience when trying to substance misuse treatment services (select all that apply)?

Table 50: Barriers to Substance Misuse Treatment Services, LSF Health Systems Consumer Survey, 2025

	Respondent Type (all received services in Florida in past 12 months)					
Substance Misuse Treatment Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Experienced Barriers in Getting Substance Misuse Treatment Services in the Past 12 Months (n=4, n=31, n=35)						
Yes	4	100.0	13	41.9	17	48.6
No	0	0	18	58.1	18	51.4
Barriers Experienced When Trying to Get Substance Misuse Treatment Services of Those Who Said They Experienced Barriers (select all that apply) (n=4, n=13, n=17)						
Cost	0	0	5	38.5	5	29.4
No insurance, insurance didn't cover	1	25.0	6	46.2	7	41.2
Transportation	1	25.0	4	30.8	5	29.4
Location of service	0	0	4	30.8	4	23.5
Childcare not available	0	0	0	0	0	0
Incarcerated	3	75.0	0	0	3	17.6
Could not find needed service	1	25.0	4	30.8	5	29.4
Could not get a referral	0	0	2	15.4	2	11.8
Service not available when I needed it	1	25.0	1	7.7	2	11.8
Stigma	1	25.0	1	7.7	2	11.8
Person in my care refused services	1	25.0	NA	NA	1	5.9
Work-related problem	0	0	0	0	0	0
Other (1 – housing)	0	0	1	7.7	1	5.9

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months, I (or the person in my care) received most of my (their) substance misuse treatment care at (fill in the blank). AND Please rate (organization/agency selected) on the following statements.

Table 51: Organization or Agency Where Most Substance Misuse Treatment Services were Received and Rating of Substance Misuse Treatment Organization or Agency, LSF Health Systems Consumer Survey, 2025

	Respondent Type (all received services in Florida in past 12 months)					
Substance Misuse Treatment Service Indicator	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Received Most of Substance Misuse Treatment Services at This Location (n=4, n=31, n=35)						
ACE Foundation	0	0	1	3.2	1	2.9
BayCare Behavioral Health	0	0	6	19.4	6	17.1
Community Rehabilitation Center	0	0	1	3.2	1	2.9
EPIC Community Services	1	25.0	2	6.5	3	8.6
Flagler Hospital	0	0	1	3.2	1	2.9
Gateway Community Services	0	0	1	3.2	1	2.9
Langley Health Services	0	0	1	3.2	1	2.9
LifeStream Behavioral Center	0	0	2	6.5	2	5.7
Meridian Behavioral Healthcare	1	25.0	1	3.2	2	5.7
NAMI Hernando	0	0	5	16.1	5	14.3
Northwest Behavioral Health Services	0	0	2	6.5	2	5.7
Outreach Community Care Network	0	0	3	9.7	3	8.6
Zero Hour Life Center	1	25.0	1	3.2	2	5.7
Other (1 – DJJ)	1	25.0	NA	NA	5	14.3 (total)
Other (1 each – UF Health, River Oaks, primary care, Parnell)	NA	NA	4	12.9 (total)		
Rating of Substance Misuse Treatment Provider Organization (organization selected in question above; on scale of 1 to 5 stars with 1 being least favorable and 5 most favorable, n=4, n=31, n=35)						
Appointment availability	5 = 2	50.0	20	64.5	22	62.9
	4 = 0	0	6	19.4	6	17.1
	3 = 0	0	2	6.5	2	5.7
	2 = 2	50.0	1	3.2	3	8.6
	1 = 0	0	2	6.5	2	5.7
Provider hours are convenient	5 = 2	50.0	17	54.8	19	54.3
	4 = 0	0	10	32.3	10	28.6

Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
	3 = 1	25.0	2	6.5	3	8.6
	2 = 0	0	1	3.2	1	2.9
	1 = 1	25.0	1	3.2	1	2.9
Location of provider	5 = 2	50.0	20	64.5	22	62.9
	4 = 0	0	5	16.1	5	14.3
	3 = 2	50.0	2	6.5	4	11.4
	2 = 0	0	1	3.2	1	2.9
	1 = 0	0	3	9.7	3	8.6
Overall, I rate the provider	5 = 2	50.0	21	67.7	23	65.7
	4 = 0	0	6	19.4	6	17.1
	3 = 2	50.0	1	3.2	3	8.6
	2 = 0	0	2	6.5	2	5.7
	1 = 0	0	1	3.2	1	2.9

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

I (or the person in my care) travels (fill in the blank) miles (one-way) from home to appointments (at the substance misuse treatment organization/agency selected above). AND I (or the person in my care) travel(s) to appointments at (the substance misuse treatment organization/agency selected above) using:

Table 52: Travel to Substance Misuse Treatment Services, LSF Health Systems Consumer Survey, 2025

Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Travel in Miles (One-Way) From Home to Substance Misuse Treatment Service Location (location selected in question above, n=4, n=31, n=35)						
5 miles or less	0	0	8	25.8	8	22.9
6-15 miles	3	75.0	10	32.3	13	37.1
16-30 miles	0	0	8	25.8	8	22.9
31-50 miles	0	0	4	12.9	4	11.4

Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
51-75 miles	1	25.0	0	0	1	2.9
76-100 miles	0	0	1	3.2	1	2.9
More than 100 miles	0	0	0	0	0	0
Don't know	0	0	0	0	0	0
Method of Travel to Substance Misuse Treatment Service Appointments (may select all that apply, n=4, n=31, n=35)						
Public transportation	0	0	7	22.6	7	20.0
Medicare/Medicaid Bus	0	0	1	3.2	1	2.9
Personal vehicle	2	50.0	19	61.3	21	60.0
Family/friend drives	2	50.0	7	22.6	9	25.7
Cab/taxi service	0	0	0	0	0	0
Uber/Lyft/Rideshare	0	0	1	3.2	1	2.9
Walk or ride bicycle	1	25.0	3	9.7	4	11.4
Other	0	0	0	0	0	0

Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

In the past 12 months, I (or the person in my care) received the following services (at the substance misuse treatment provider organization/agency selected above) (select all that apply). AND The most important substance misuse treatment services for me (or the person in my care) are: (select up to three).

Table 53: Substance Misuse Treatment Services Received in the Past 12 Months and Most Important Substance Misuse Treatment Services, LSF Health Systems Consumer Survey, 2025

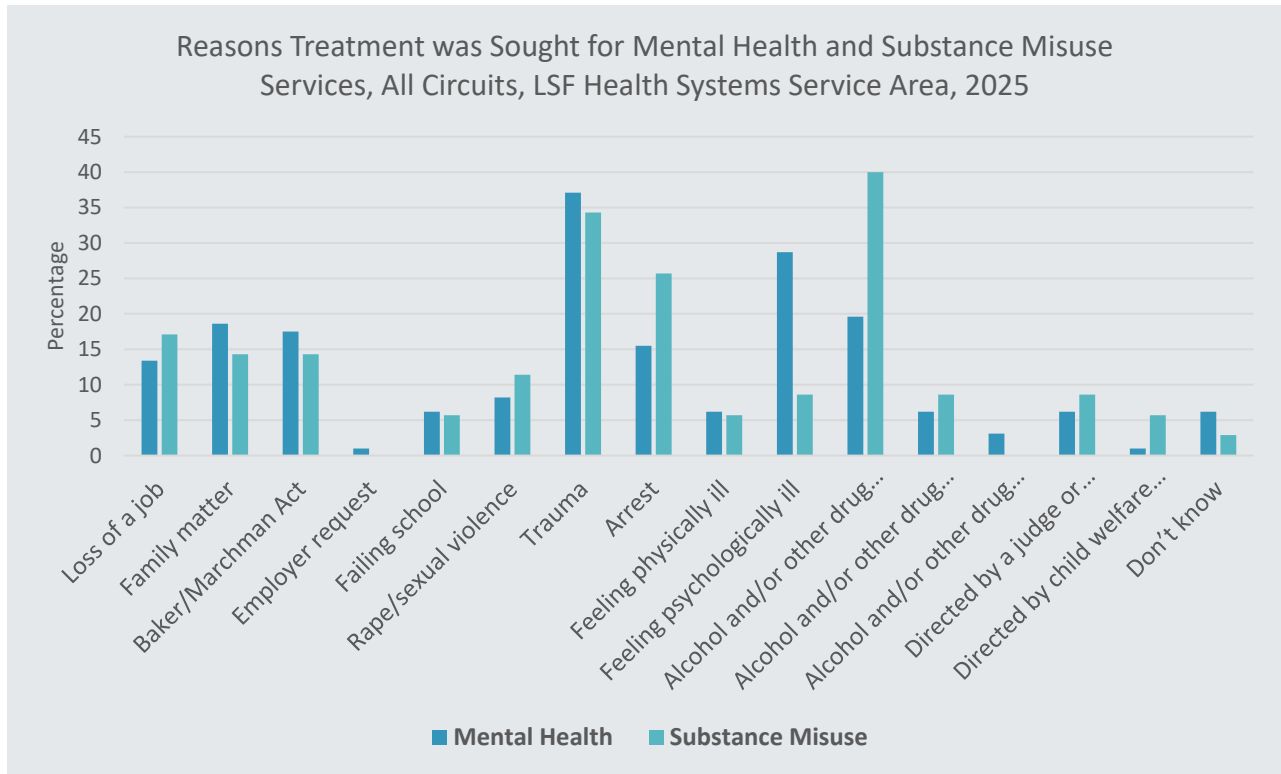
Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Substance Misuse Treatment Services Received in the Past 12 Months (may select all that apply, n=4, n=31, n=35)						

Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Individual counseling	2	50.0	17	54.8	19	54.3
Group Counseling	2	50.0	11	35.5	13	37.1
Residential/Inpatient Treatment (overnight)	2	50.0	5	16.1	7	20.0
Psychiatry - medication services	3	75.0	6	19.4	9	25.7
Primary Care	0	0	4	12.9	4	11.4
Clubhouse	0	0	0	0	0	0
Case Management	1	25.0	4	12.9	5	14.3
Family Therapy	0	0	1	3.2	3.2	2.9
Support Group	0	0	8	25.8	8	22.6
Certified Recovery Peer Specialist	1	25.0	9	29.0	10	28.6
Self-Directed Care	0	0	1	3.2	1	2.9
Alternative Services (acupuncture, meditation, massage, etc.)	0	0	1	3.2	1	2.9
Housing Assistance (finding and maintaining housing)	0	0	0	0	0	0
Employment Assistance	0	0	0	0	0	0
Mobile Response	0	0	0	0	0	0
Crisis Services	0	0	0	0	0	0
Other, please specify (1-drug testing)	0	0	1	3.2	1	2.9
Most Important Substance Misuse Treatment Services (for individual or individual in my care; select all that apply, n=4, n=31, 35)						
Individual counseling	2	50.0	17	54.8	19	54.3
Group Counseling	1	25.0	12	38.7	13	37.1
Residential/Inpatient Treatment (overnight)	0	0	2	6.5	2	5.7
Psychiatry - medication services	2	50.0	8	25.8	10	28.6

Substance Misuse Treatment Service Indicator	Respondent Type (all received services in Florida in past 12 months)					
	Individual in the care of another		Individual		Total	
	Number	Percent	Number	Percent	Number	Percent
Primary Care	0	0	6	19.4	6	17.1
Clubhouse	0	0	0	0	0	0
Case Management	0	0	5	16.1	5	14.3
Family Therapy	0	0	0	0	0	0
Support Group	1	25.0	4	12.9	5	14.3
Certified Recovery Peer Specialist	2	50.0	6	19.4	8	22.9
Self-Directed Care	0	0	1	3.2	1	2.9
Alternative Services (acupuncture, meditation, massage, etc.)	0	0	0	0	0	0
Housing Assistance (finding and maintaining housing)	2	50.0	3	9.7	5	14.3
Employment Assistance	0	0	1	3.2	1	2.9
Mobile Services	0	0	0	0	0	0
Crisis Services	0	0	0	0	0	0
None are important	0	0	0	0	0	0
Other (1 each – KAD, goal setting)	0	0	2	6.5	2	5.7 (total)

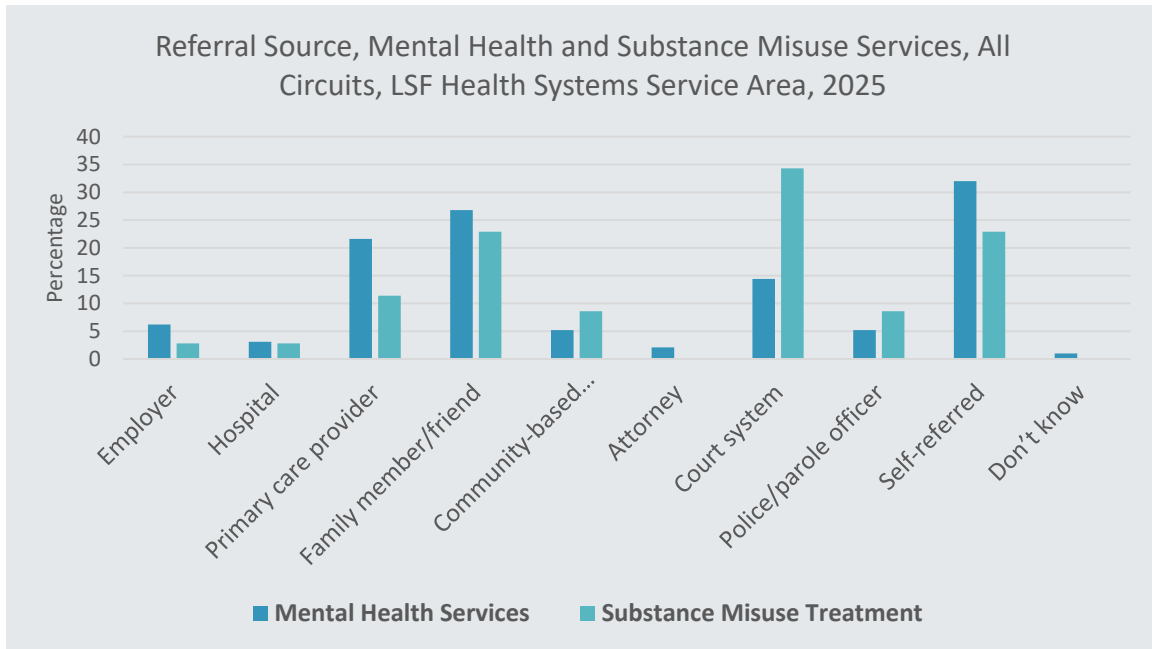
Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 67: Reasons Treatment Sought, Mental Health and Substance Misuse Treatment Services, LSF Health Systems Consumer Survey, All Circuits, 2025



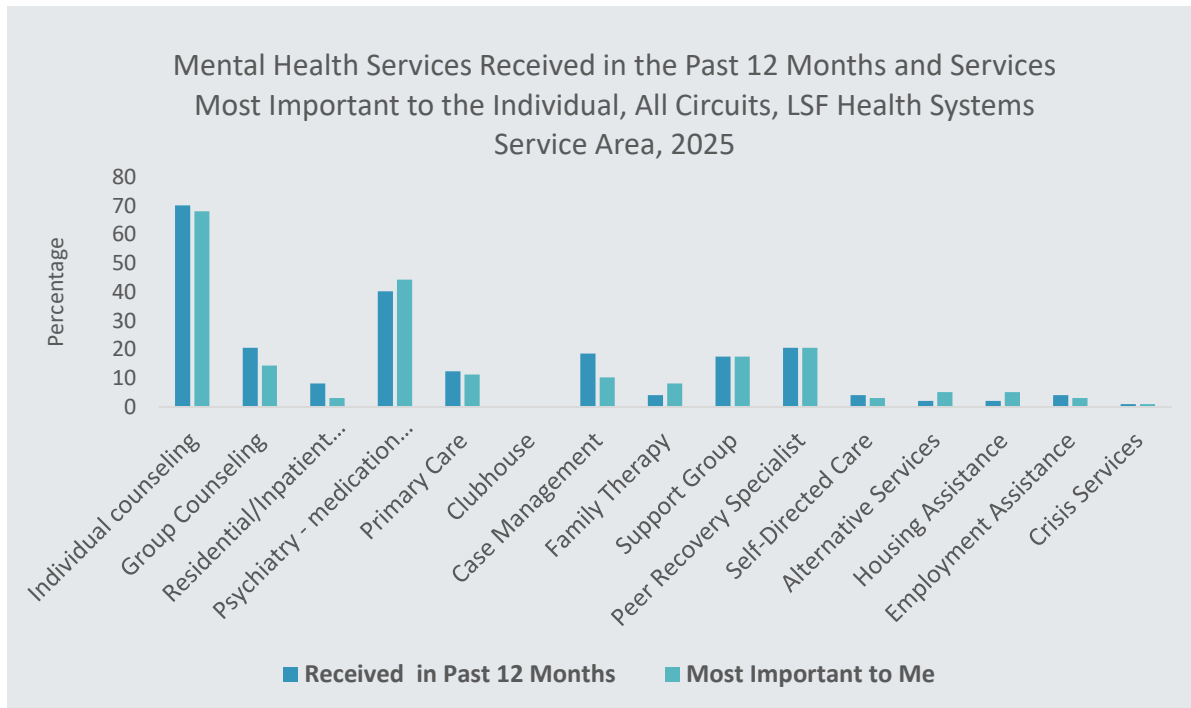
Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 68: Referral Source, Mental Health and Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Consumer Survey, 2025



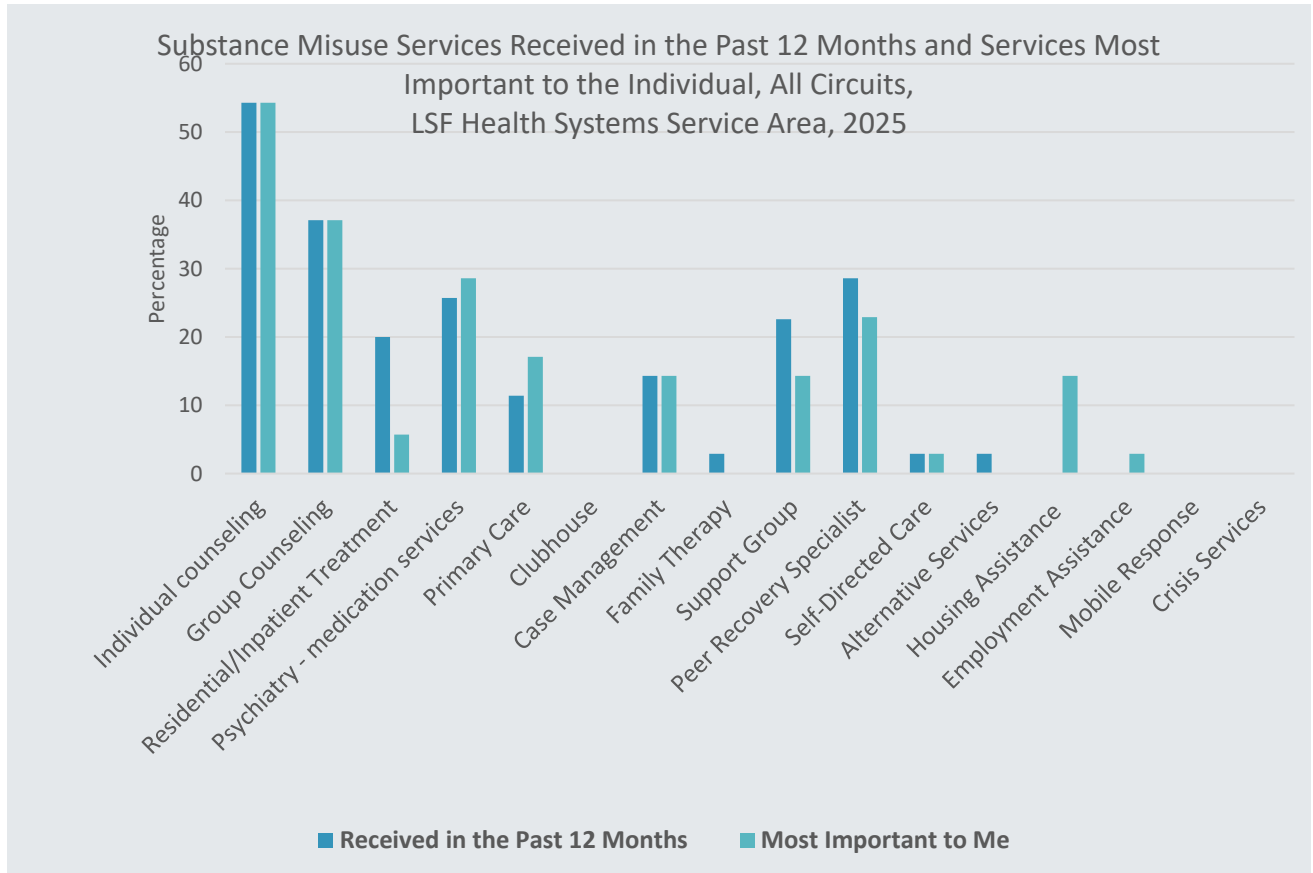
Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 69: Mental Health Services Received in the Past 12 Months and Services Most Important to the Individual, by Percentage, All Circuits, LSF Health Systems Consumer Survey, 2025



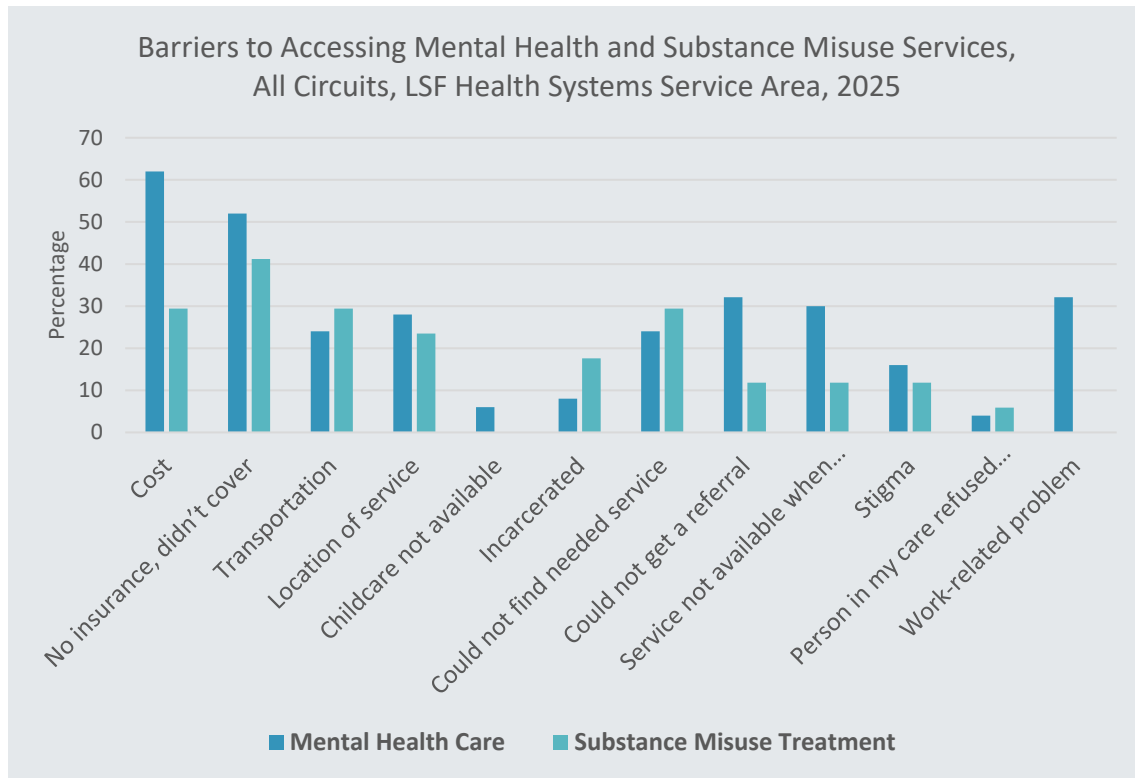
Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 70: Substance Misuse Treatment Services Received in the Past 12 Months and Services Most Important to the Individual, by Percentage, All Circuits, LSF Health Systems Consumer Survey, 2025



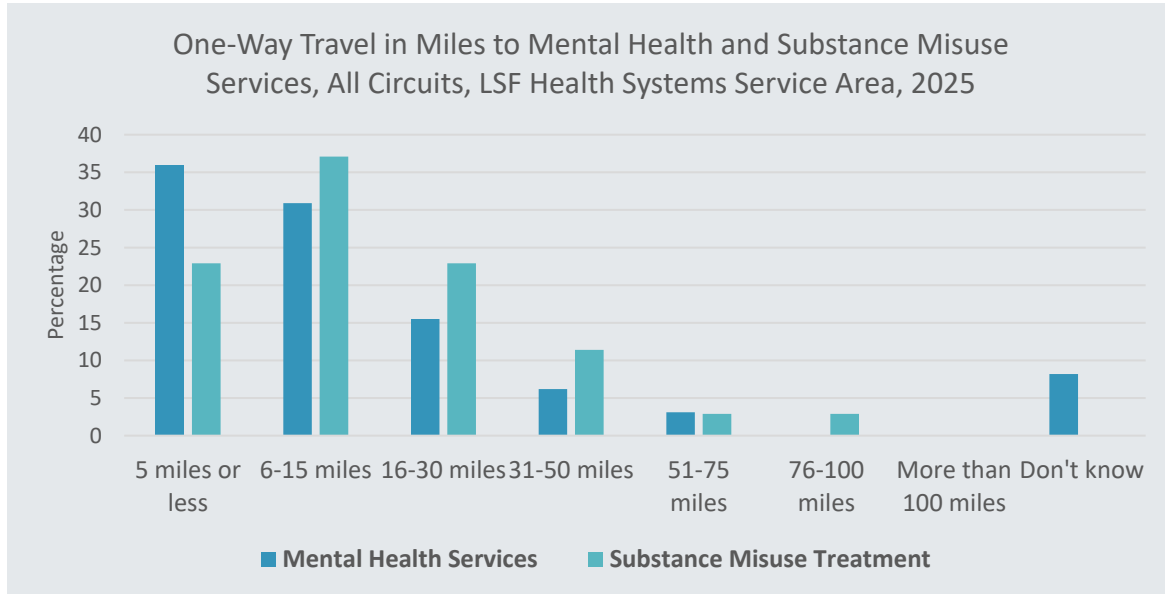
Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 71: Barriers to Mental Health and Substance Misuse Treatment Services Experienced in the Past 12 Months, by Percentage of Those who Reported Having Barriers, All Circuits, LSF Health Systems Consumer Survey, 2025



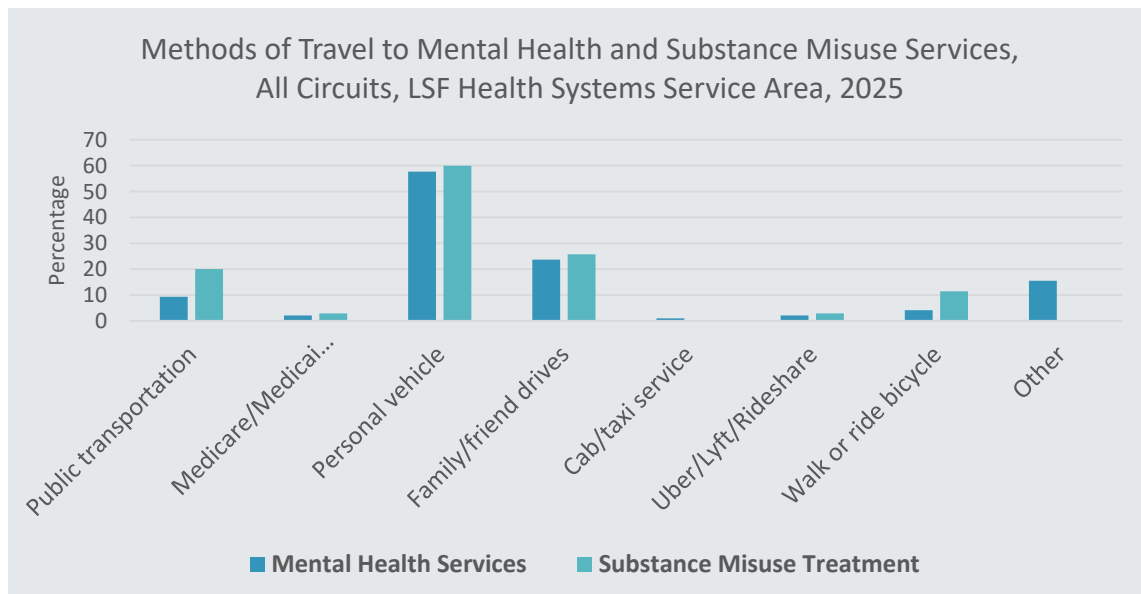
Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 72: Travel in One-Way Miles to Mental Health Services and Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Consumer Survey, 2025



Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 73: Method of Travel to Mental Health Services and Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Consumer Survey, 2025



Source: LSF Health Systems Consumer Survey, 2025, prepared by WellFlorida Council, 2025. Other: 6 each – telehealth, receive service in home, 3 – facility transportation (15.5% total).

Highlights from Consumer Survey

Referral to services, most common entity or individual

- For those who received mental health services, self-referral (32.0 percent) and family/friend (26.0)
- For those who received substance misuse treatment services, court (34.3 percent), self-referral and family/friend (22.9 percent each)

Reasons treatment was sought, top reasons

- For mental health, trauma (37.1 percent), feeling psychologically ill (28.7 percent), and alcohol or other drug dependence (19.6 percent)
- For substance misuse treatment, alcohol and/or other drug dependence (40.0 percent), trauma (34.3 percent), and arrest (28.7 percent)

Length of time in treatment, highest percentage

- Longer than 2 years for mental health (41.2 percent)
- Longer than 2 years for substance misuse (31.4 percent)

Barriers to service access

- Mental health
 - 51.5 percent experienced barriers to access
 - Cost (62.0 percent), no insurance or insurance issue (52.0 percent), could not get a referral (32.1 percent)
- Substance misuse treatment
 - 48.6 percent experienced barriers to access
 - No insurance or insurance coverage issue (41.2 percent)
 - Cost, transportation, service not available when needed (29.4 percent each)

Travel and transportation to services

- Mental health services
 - Travel 5 miles or less (36.0 percent), 6-15 miles (30.9 percent)
 - Use personal vehicle (57.7 percent), family/friend (23.7 percent)
- Substance misuse treatment
 - Travel 6-15 miles (37.1 percent), 5 miles or less and 16-30 miles (22.9 percent each)
 - Use personal vehicle (60.0 percent), family/friend (25.7 percent)

Service quality

- Rating of mental health service organization/agency
 - 5 stars for
 - Appointment availability (66.0 percent)
 - Convenient provider hours (61.9 percent)
 - Location of provider organization/agency (66.0 percent)
 - Overall rating (68.0 percent)
- Rating of substance misuse treatment organization/agency
 - 5 stars for
 - Appointment availability (62.9 percent)

- Convenient provider hours (54.3 percent)
- Location of provider organization/agency (62.9 percent)
- Overall rating (65.7 percent)

Most important services to individuals who received services

- Mental health
 - Individual counseling (68.0 percent)
 - Medication services (44.3 percent)
 - Peer recovery specialist (20.6 percent)
- Substance misuse treatment
 - Individual counseling (54.3 percent)
 - Group counseling (37.1 percent)
 - Medication services (28.6 percent)

Been to an Emergency Department in the past 12 months

- For a mental health-related condition (17.0 percent)
- For a substance misuse-related condition (9.4 percent)

PROVIDER SURVEY

The 2025 LSF Health Systems Behavioral Health Needs Assessment provider survey was developed to collect input from mental health and substance misuse treatment care professionals in the service area. To be eligible to take the survey, providers must have been 18 years of age or older and engaged in the active provision of mental health and/or substance misuse treatment services in one or more of the five circuits in the LSF Health Systems service area. At end of the eight-week survey period there were 181 complete and eligible for inclusion in the analysis. There were five surveys excluded because the provider did not serve in any of the circuits and 12 surveys were set aside as the providers did not provide mental health nor substance misuse treatment services. All the surveys were completed in English. Of the providers in the survey analysis, 55 indicated they provide mental health services exclusively, 13 provide substance misuse treatment services only, and 113 reported they provide both. Topics covered include the types of services provided, diagnoses treated most often, barriers faced by providers and clients, and services needing to be increased or expanded.

Table 54: Demographic of Provider Survey Respondents, LSF Health Systems Provider Survey, 2025

Demographics	n = 181	
	Number	Percent
Age Group		
Less than 30 years	11	6.1
30-39	39	21.5
40-49	44	24.3
50-59	50	27.6

Demographics	n = 181	
	Number	Percent
60-64	14	7.7
65-69	7	3.9
70-79	10	5.5
80 years and older	0	0
Prefer not to answer	6	3.3
Gender Identity		
Man	28	15.5
Woman	146	80.7
Prefer not to answer	7	3.9
Other	0	0
Racial Identity		
American Indian/Alaskan Native	1	0.6
Asian	0	0
Black or African American	19	10.5
Pacific Islander or Native Hawaiian	0	0
Two or more races	13	7.2
White	137	75.7
Prefer not to answer	10	5.5
Other (1 – Spanish)	1	0.6
Ethnicity		
Not Hispanic, Latino/a/x	153	84.5
Of Hispanic, Latino/a/x or Spanish origin	18	9.9
Prefer not to answer	10	5.5
Years in Mental Health and/or Substance Misuse Treatment Practice		
Less than 5 years	44	24.3
5-9 years	48	26.5
10-14 years	22	12.2
15-19 years	16	8.8
20 or more years	48	26.5
Prefer not to answer	3	1.7
Services Provided in LSF Health Systems Service Area		
Mental health services only	55	30.4
Substance misuse treatment services only	13	7.2
Both mental health and substance misuse treatment services	113	62.4
Circuits Where Services are Provided (may select all that apply, n=181 with 10 serving more than 1 circuit)		
Circuit 3 (Columbia, Dixie, Hamilton, Lafayette, Suwannee)	9	5.0

Demographics	n = 181	
	Number	Percent
Circuit 4 (Clay, Duval, Nassau)	30	16.6
Circuit 5 (Citrus, Hernando, Lake, Marion, Sumter)	73	40.3
Circuit 7 (Flagler, Putnam, St. Johns, Volusia)	78	43.1
Circuit 8 (Alachua, Baker, Bradford, Gilchrist, Levy, Union)	14	7.7

Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

Please identify all the services you/your organization provided in the past 12 months (select all that apply).

Table 55: Types of Services Provided by Provider Organizations in the Past 12 Months, by Percentage, LSF Health Systems Provider Survey, 2025

Services	Number	Percent
Adult Mental Health	145	80.1
Adult Substance Misuse	123	68.0
Children's Mental Health	115	63.5
Children's Substance Misuse	69	38.1

Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

What diagnoses do you treat most often? (Select all that apply.)

Table 56: Diagnoses Treated Most Often, by Percentage, All Circuits, LSF Health Systems Provider Survey, 2025

Diagnoses	Number	Percent
Disorders usually first diagnosed in infancy, childhood or adolescence	13	7.2
Attention Deficit and disruptive behavior disorders	44	24.3
Alcohol-related disorders	37	20.4
Amphetamine or amphetamine-like related disorders	20	11.0
Cannabis-related disorders	14	7.7
Cocaine-related disorders	9	5.0
Hallucinogen-related disorders	0	0
Nicotine-related disorders	3	1.7
Opioid-related disorders	59	32.6
Sedative, hypnotic, anxiolytic orders	0	0
Polysubstance-related disorders	35	19.3
Schizophrenia and psychotic disorders	37	20.4
Depressive disorders	74	40.9
Bipolar disorders	28	15.5
Anxiety disorders	53	29.3

Diagnoses	Number	Percent
Post-Traumatic Stress Disorder	31	17.1
Adjustment disorders	18	9.9
Personality disorders	6	3.3
Problems related to abuse or neglect	20	11
Other (1 each – residential treatment, perinatal and postpartum mood disorders, ODD, suicide ideation/self-harm)	4	2.2

Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

What services need to be increased or expanded to meet the needs of the community? (Choose up to three.)

Table 57: Services that Need to be Increased or Expanded to Meet Community Needs, by Percentage, All Circuits, LSF Health Systems Provider Survey, 2025

Service	Number	Percent
Group counseling – mental health	42	23.2
Group counseling – substance misuse	24	13.3
Residential/inpatient treatment - overnight	40	22.1
Individual counseling – mental health	62	34.3
Individual counseling – substance misuse	37	20.4
Detoxification services	1	0.6
Psychiatry	59	32.6
Primary care	23	12.7
Clubhouse	1	0.6
Case management	48	26.5
Family therapy	42	23.2
Support groups	56	30.9
Drop-in center	28	15.5
Other (3 – services for youth/adolescents, 2 each – all of the above, peer support, prevention, homeless shelter/housing, inpatient services, residential treatment, parenting education, after-care services, 1 each – risk reduction, methadone maintenance, intensive outpatient, autism evaluation services, insurance education, law change for psych NPs, increase in DCF staffing)	26	14.4 (total)

Source: LSF Health System Provider Survey, 2025, prepared by WellFlorida Council, 2025.

What are the top barriers you face when trying to meet the needs of your clients? (Select up to three.)

Table 58: Top Barriers Faced by Providers in Meeting Clients' Needs, by Percentage, All Circuits, LSF Health Systems Provider Survey, 2025

Barriers	Number	Percent
Client's lack of housing	74	40.9
Client's arrest	7	3.9
Reimbursement rates	19	10.5
Policies	16	8.8
Staff attrition	19	10.5
Adequate staffing	57	31.5
Education level of providers	8	4.4
Workforce development	13	7.2
Client's lack of access to medications	26	14.4
Funding	75	41.4
Regulations	18	9.9
Staff burnout	50	27.6
Infrastructure	10	5.5
Client's lack of payment source	48	26.5
Other (9 – transportation, 4 each – lack of access, no shows, long wait lists, limited resources, 3 each – lack of parent support, not enough providers, 1 each – stigma, rural poverty, inadequate provider pay, too much paperwork, use of SOR funding, truancy cases)	37	20.4 (total)

Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

What are the top three barriers providers (in general) face when trying to meet the needs of your clients? (Select up to three.)

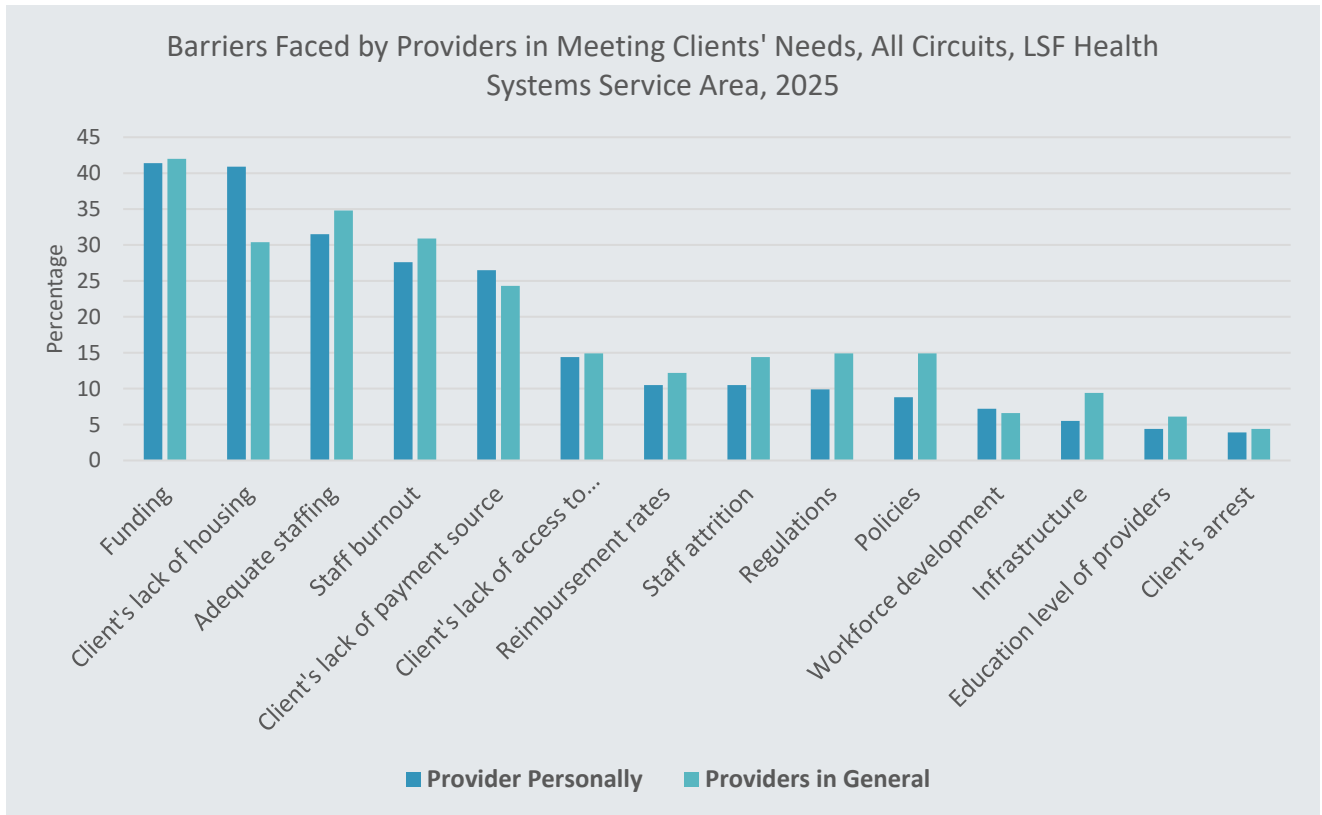
Table 59: Top Barriers Providers Face when Trying to Meet Clients' Needs, by Percentage, All Circuits, LSF Health Systems Provider Survey, 2025

Barriers	Number	Percent
Client's lack of housing	55	30.4
Client's arrest	8	4.4
Reimbursement rates	22	12.2
Policies	27	14.9
Staff attrition	26	14.4
Adequate staffing	63	34.8
Education level of providers	11	6.1
Workforce development	12	6.6
Client's lack of access to medications	27	14.9
Funding	76	42.0
Regulations	27	14.9
Staff burnout	56	30.9
Infrastructure	17	9.4
Client's lack of payment source	44	24.3

Barriers	Number	Percent
Other (3 each – unknown, lack of resources, transportation, 2 each – mistrust of providers, high caseloads, no shows, wait times, 1 each – billing complexity, health insurance, limited time with clients, need to mandate family involvement)	21	11.6 (total)

Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 74: Top Barriers Faced by Providers Personally and Providers in General when Trying to Meet the Needs of Clients, by Percentage, All Circuits, LSF Health Systems Provider Survey, 2025



Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

What are the top three barriers clients face when trying to access mental health and/or substance misuse treatment services? (Select up to three.)

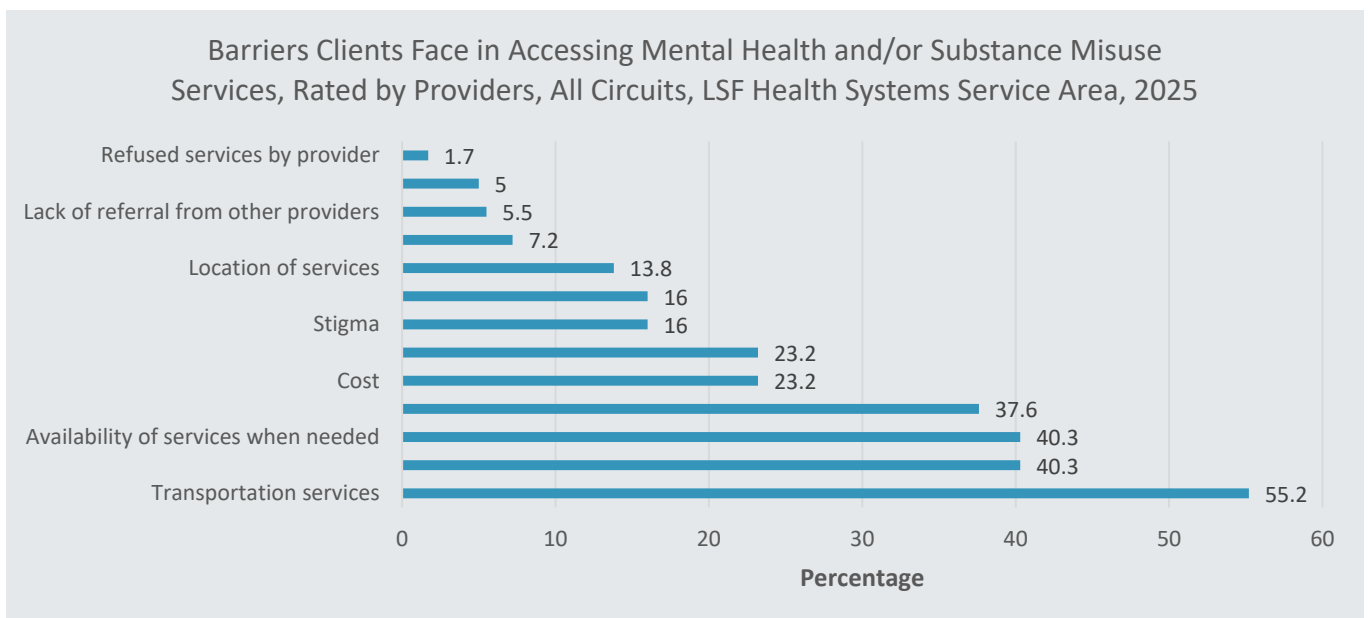
Table 60: Top Barriers Faced by Clients when Trying to Access Mental Health and/or Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Provider Survey, 2025

Barriers	Number	Percent
Work-related issues (e.g., no paid leave, denied leave time)	29	16.0

Barriers	Number	Percent
Physical accessibility	0	0
Stigma	29	16.0
Cost	42	23.2
Lack of referral from other providers	10	5.5
Transportation services	100	55.2
Incarceration	9	5.0
Location of services	25	13.8
Lack of awareness of service availability	42	23.2
Availability of services when needed	73	40.3
Discrimination	0	0
Insurance issues (e.g., no insurance coverage, high deductibles)	73	40.3
Refused services by provider	3	1.7
Childcare issues	13	7.2
Motivation or desire to receive services	68	37.6
Other (1 each – lack of education, lack of therapists and services, no inpatient services, need ASD programs, wait list, minors at mercy of their caretaker/parent, need mobile unit)	7	3.9 (total)

Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 75: Top Barriers Clients Face when Trying to Access Mental Health and/or Substance Misuse Treatment Services, by Percentage, rated by Providers, All Circuits, LSF Health Systems Provider Survey, 2025



Source: LSF Health Systems Provider Survey, 2025, prepared by WellFlorida Council, 2025.

Highlights from Provider Survey

Provider specialties (in the aggregate of those who provide mental health care only or substance misuse treatment only, or provide both, all circuits)

- 80.1 percent provide adult mental health care
- 68.0 percent provide adult substance misuse treatment care
- 63.5 percent provide children's mental health care
- 38.1 percent provide children's substance misuse treatment care

Diagnoses treated most often (in aggregate)

- Depressive disorders and anxiety disorders both reported by 40.9 percent of providers
- Opioid-related disorders reported by 32.6 percent of providers
- Anxiety disorders reported by 29.3 percent of providers

Services that need to be increased or expanded, three top rated (in aggregate)

- Individual counseling – mental health (34.3 percent)
- Psychiatry (32.6 percent)
- Support groups (30.9 percent)

Barriers faced

- By provider (personally) when trying to meet clients' needs
 - Funding (41.4 percent)
 - Clients' lack of housing (40.9 percent)
 - Adequate staffing (31.5 percent)
- By providers (in general) when trying to meet clients' needs
 - Funding (42.0 percent)
 - Adequate staffing (34.8 percent)
 - Staff burnout (30.9 percent)
- By clients when trying to access mental health and/or substance misuse treatment services
 - Transportation (55.2 percent)
 - Insurance issues (40.3 percent)
 - Availability of services when needed (40.3 percent)
 - Motivation or desire to receive services and treatment (37.6 percent)

STAKEHOLDER AND COMMUNITY PARTNER SURVEY

To enrich the 2025 Behavioral Health Needs Assessment, LSF Health Systems polled community partners and stakeholders about issues related to mental health and substance misuse treatment services in the service area. To be eligible to participate in the survey, individuals must have been 18 years of age or older, work or provide services in one or more of the five circuits and 23 counties in the service area, and bring expertise in a variety of disciplines (e.g., law enforcement, social services, health care, education). The electronic survey was administered throughout the area and produced 91 completed surveys for analysis. Survey questions inquired about meeting needs, access barriers, and awareness of mental health and substance misuse treatment services and resources. The survey results are presented below.

Table 61: Demographics of Stakeholder and Community Partner Survey Participants, LSF Health Systems Stakeholder and Community Partner Survey, 2025

Demographics	Number	Percent
Age Group		
18-24	0	0
25-34	12	13.2
35-44	15	16.5
45-54	18	19.8
55-64	32	35.2
65-74	11	12.1
75 and older	2	2.2
Prefer not to answer	1	1.1
Racial Identity		
American Indian/Alaskan Native	0	0
Asian		
Black or African American	11	12.1
Pacific Islander or Native Hawaiian	0	0
Two or more races	2	2.2
White	69	75.8
Prefer not to answer	9	9.9
Other	0	0
Ethnicity		
Not Hispanic, Latino/a/x	77	84.6
Of Hispanic, Latino/a/x or Spanish origin	7	7.7
Prefer not to answer	7	7.7
Circuits and Counties Where Services are Provided (may select all that apply)		
Circuit 3 (Columbia, Dixie, Hamilton, Lafayette, Suwannee)	12	13.2
Circuit 4 (Clay, Duval, Nassau)	15	16.5
Circuit 5 (Citrus, Hernando, Lake, Marion, Sumter)	60	65.9
Circuit 7 (Flagler, Putnam, St. Johns, Volusia)	11	12.1
Circuit 8 (Alachua, Baker, Bradford, Gilchrist, Levy, Union)	23	25.3
Area of Expertise		
Law enforcement	0	0
Corrections	1	1.1
Criminal justice	0	0
Juvenile justice	0	0

Demographics	Number	Percent
Government	2	2.2
Adult, child, and family welfare	8	8.8
Social services	26	28.6
Health care	21	23.1
Education	18	19.8
Faith-based services	2	2.2
Business and economic development	0	0
Other (6 – mental health support and education, 2 – peer support, 1 each – legal services, advocacy, community coalition, methadone clinic, rehabilitation)	13	14.3 (total)

Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025, prepared by WellFlorida Council, 2025.

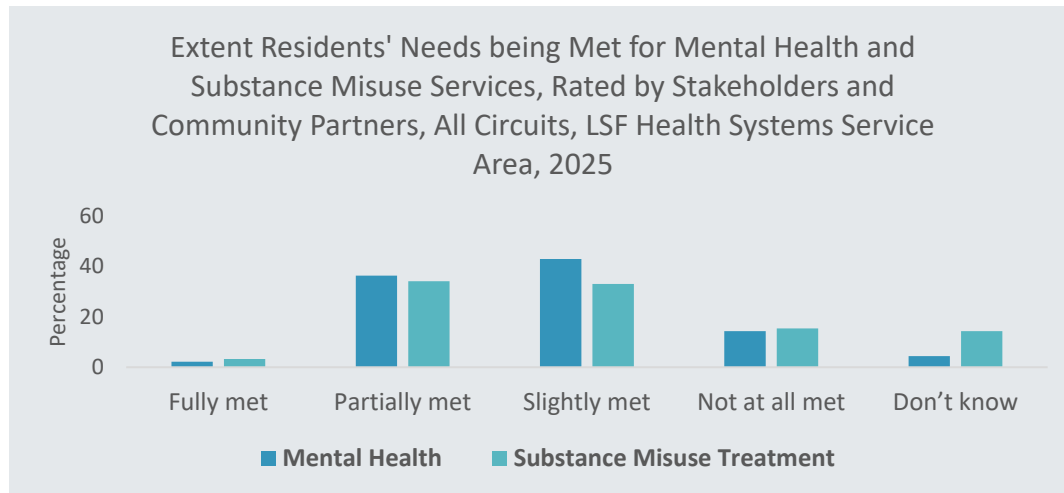
To what extent are the mental health needs of residents being met? AND To what extent are the substance misuse treatment needs of residents being met?

Table 62: Extent Residents' Needs Being Met for Mental Health and Substance Misuse Treatment Services, All Circuits, LSF Health Systems Stakeholder and Community Partner Survey, 2025

Extent Residents' Needs Being Met	Number	Percent
Mental Health Services		
Fully met	2	2.2
Partially met	33	36.3
Slightly met	39	42.9
Not at all met	13	14.3
Don't know	4	4.4
Substance Misuse Treatment Services		
Fully met	3	3.3
Partially met	31	34.1
Slightly met	30	33.0
Not at all met	14	15.4
Don't know	13	14.3

Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025.

Figure 76: Extent Residents' Needs Being Met for Mental Health and Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Stakeholder and Community Partner Survey, 2025



Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025, prepared by WellFlorida Council, 2025.

What are the top three barriers residents face in accessing mental health services? (Select up to three.) AND What are the top three barriers residents face in accessing substance misuse treatment services (Select up to three.)

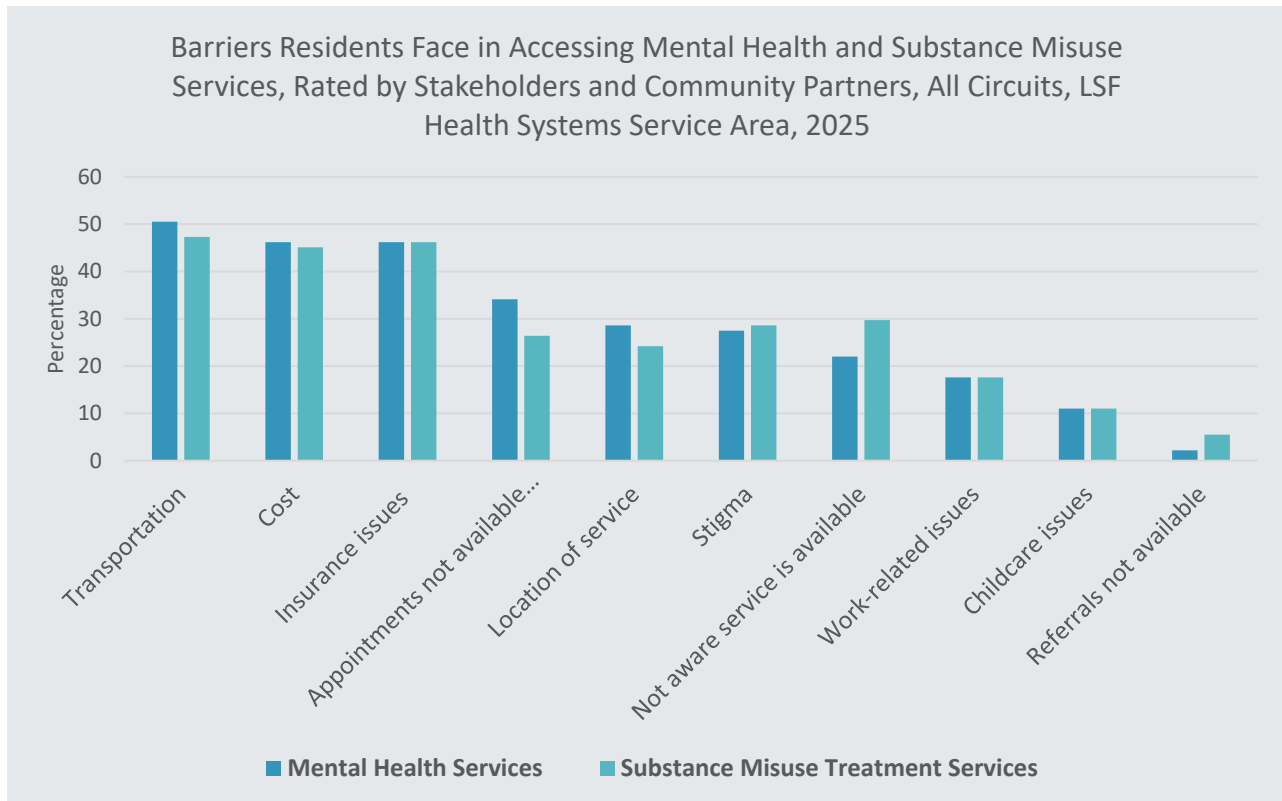
Table 63: Top Barriers Residents Face in Accessing Mental Health and Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Stakeholder and Community Partner Survey, 2025

Barriers to Service Access	Number	Percent
Mental Health Services		
Cost	42	46.2
Childcare issues	10	11.0
Stigma (e.g., fear, shame, worry about what others think)	25	27.5
Work-related issues (e.g., no paid leave time, denied time off)	16	17.6
Not aware service is available	20	22.0
Appointments not available when service is needed	31	34.1
Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance)	42	46.2
Location of service	26	28.6
Referrals not available	2	2.2
Transportation	47	51.6

Barriers to Service Access	Number	Percent
Other (2 – provider unresponsive to calls, minimum services available, 1 each – language, parents, no play therapists, lack inpatient beds)	8	8.8 (total)
Substance Misuse Treatment		
Cost	41	45.1
Childcare issues	10	11.0
Stigma (e.g., fear, shame, worry about what others think)	26	28.6
Work-related issues (e.g., no paid leave time, denied time off)	16	17.6
Not aware service is available	27	29.7
Appointments not available when service is needed	24	26.4
Insurance issues (e.g., no insurance, high deductibles, high co-pays, finding provider that accepts insurance)	42	46.2
Location of service	22	24.2
Referrals not available	5	5.5
Transportation	43	47.3
Other (4 – limited services available)		

Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025, prepared by WellFlorida Council, 2025.

Figure 77: Barriers Residents Face in Accessing Mental Health and Substance Misuse Treatment Services, by Percentage, All Circuits, LSF Health Systems Stakeholder and Community Partner Survey, 2025



Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025, prepared by WellFlorida Council, 2025.

Has access to mental health services improved, worsened or stayed the same in the past 12 months? AND To what do you attribute the improvement in access to mental health services (select all that apply)? AND Why do you think access to mental health services has worsened (select all that apply)?

Table 64: Mental Health Service Access Improved, Worsened, or Stayed the Same in the Past 12 Months, by Percentage, All Circuits, LSF Health Systems Stakeholder and Community Partner Survey, 2025

Access Improved, Worsened, or Stayed the Same in Past 12 Months	Number	Percent
Mental Health Services		
Improved	14	15.4
Worsened	22	24.2
Stayed the same	45	49.5
Don't know	10	11.0

Access Improved, Worsened, or Stayed the Same in Past 12 Months	Number	Percent
Reasons for Improvement (may select all that apply, n=14)		
Technology advances (such as telehealth)	4	28.6
Priority shift(s)	3	21.4
Collaboration among stakeholders and partners	10	71.4
Leadership	4	28.6
Federal focus	0	0
Policy change(s)	0	0
Political change(s)	0	0
Resource availability	8	57.1
State focus	0	0
Advances in mental health treatment practices	1	7.1
Funding changes (increases or reallocations)	4	28.6
Advances in mental health prevention practices	2	14.3
Community demand	4	28.6
Other	0	0
Reasons for Worsening (may select all that apply, n=22)		
Technology advances (such as telehealth)	3	13.6
Priority shift(s)	6	27.3
Collaboration among stakeholders and partners	2	9.1
Leadership	5	22.7
Federal focus	7	31.8
Policy change(s)	4	18.2
Political change(s)	7	31.8
Resource availability	11	50.0
State focus	5	22.7
Community demand	10	45.5
Funding changes (decreases or reallocations)	10	45.5
Other	0	0

Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025, prepared by WellFlorida Council, 2025.

Has access to substance misuse treatment services improved, worsened, or stayed the same in the past 12 months? AND Why do think access to substance misuse treatment services has improved (select all that apply)? AND Why do think access to substance misuse treatment services has worsened (select all that apply)?

Table 65: Access to Substance Misuse Treatment Services Improved, Worsened, or Stayed the Same in the Past 12 Months and Reasons Why, by Percentage, All Circuits, LSF Health Systems Stakeholder and Community Partner Survey, 2025

Access Improved, Worsened, or Stayed the Same in Past 12 Months	Number	Percent
Substance Misuse Treatment Services		
Improved	13	14.3
Worsened	18	19.8
Stayed the same	42	46.2
Don't know	18	19.8
Reasons for Improvement (may select all that apply, n=13)		
Technology advances (such as telehealth)	1	7.7
Priority shift(s)	4	30.8
Collaboration among stakeholders and partners	8	61.5
Leadership	2	15.4
Federal focus	2	15.4
Policy change(s)	1	7.7
Political change(s)	1	7.7
Resource availability	9	69.2
State focus	3	23.1
Advances in substance misuse treatment practices	2	15.4
Funding changes (increases or reallocations)	1	7.7
Advances in substance misuse prevention practices	2	15.4
Community demand	6	46.2
Other	0	0
Reasons for Worsening (may select all that apply, n=18)		
Technology advances (such as telehealth)	0	0
Priority shift(s)	3	16.7
Collaboration among stakeholders and partners	2	11.1
Leadership	2	11.1
Federal focus	6	33.3
Policy change(s)	4	22.2
Political change(s)	4	22.2
Resource availability	12	66.7
State focus	6	33.3
Community demand	10	55.6
Funding changes (decreases or reallocations)	6	33.3
Other	0	0

Source: LSF Health Systems Stakeholder and Community Partner Survey, 2025, prepared by WellFlorida Council, 2025.

Highlights from Stakeholder and Community Partner Survey

Stakeholders and community partner areas of expertise

- 28.6 percent from social services

- 23.1 percent in the area of health care
- 19.8 percent from the education field

Stakeholders and community partners perceptions of residents needs being met

- For mental health services
 - 42.9 percent slightly met
 - 36.3 percent partially met
- For substance misuse treatment services
 - 34.1 percent partially met
 - 33.0 percent slightly met

Barriers faced by residents accessing mental health services

- Transportation (50.5 percent)
- Cost (46.2 percent)
- Insurance issues (46.2 percent)

Barriers faced by residents accessing substance misuse treatment services

- Transportation (47.3 percent)
- Insurance issues (46.2 percent)
- Cost (45.1 percent)

Stakeholders and community partners perceptions on changes to access to mental health services

- 49.5 percent said access has stayed the same in the past 12 months
- 24.2 percent said access has worsened
 - 50.0 percent said due to changes in resources
 - 45.5 percent said due to changes in funding
 - 45.5 percent said due to changes in community demand

Stakeholders and community partners perception on changes to access to substance misuse treatment services

- 46.2 percent said access has stayed the same in the past 12 months
- 19.8 percent said access has worsened or don't know if access has changed
 - 66.7 percent said access worsened due to changes in resources
 - 55.6 percent said access changed due to community demand
 - 33.3 percent said access worsened due to federal focus and decreased in funding (tie)

PROVIDER FOCUS GROUPS

As part of the LSF Health Systems 2025 Behavioral Health Needs Assessment, focus groups were held with LSF providers from the five circuits in the service area. Topics covered in the discussions included use of the No Wrong Door Model, Recovery Oriented System of Care (ROSC), use of evidence-based practices, system challenges, and future priorities.

Methodology

Trained facilitators conducted four virtual focus groups with LSF Health Systems providers in August 2025. LSF Health Systems promoted the focus groups and recruited participants via email invitations and through other network communications. Providers registered in advance for the focus group for the circuit served by their organizations. Focus groups were conducted using the Zoom platform and lasted no more than 90 minutes. The same pre-approved script was used for all four groups. An informed consent statement was shared with participants as part of the focus group discussion slide deck; participants could opt out and leave the group at any time. Questions were displayed on screen with two accompanying optional polls and the focus group began with a word cloud exercise. Zoom built-in features were used to record and transcribe the sessions for analysis purposes. Thematic analysis was used to identify patterns in the discussions and extract recurring ideas and shared perspectives expressed by participants.

Demographics of Focus Group Participants

Focus group participants were provided, both in advance and after the group sessions, a link and QR code to a brief electronic survey to collection participant demographics. Of the total 38 participants, 36 completed the survey. Providers self-selected and attended focus groups based on the circuit(s) in which their organizations provide mental health and/or substance misuse treatment services. Numerous providers indicated they deliver services in many counties in the LSF Health Systems service area serving multiple circuits and/or parts of circuits. Every county in the 23-county service area was represented in the focus groups by provider(s) serving that region.

Table 66: LSF Health Systems Provider Focus Group Participant Demographics, 2025

Demographic Indicator (n=36)	Number	Percent
Age		
Less than 30 years	0	0
30-39	6	16.7
40-49	11	30.6
50-59	10	27.8
60-64	5	13.9
65-69	1	2.8
70-79	2	5.6
80 years or older	0	0
Prefer not to answer	1	2.8
Gender		
Man	4	11.1
Woman	31	86.1

Other	0	0
Prefer not to answer	1	2.8
Ethnicity		
Hispanic or Latino/a/x	4	11.1
Not Hispanic or Latino/a/x	29	80.6
Prefer not to answer	3	8.3
Racial Identity		
American Indian or Native Alaskan	0	0
Asian	0	0
Black or African American	5	13.9
Native Hawaiian or Other Pacific Islander	0	0
Two or more races	0	0
White or Caucasian	28	77.8
Prefer not to say	3	8.3
Other	0	0
Length of Time in Mental Health and/or Substance Misuse Treatment Profession		
Less than 5 years	7	19.4
5 to 9 years	6	16.7
10 to 14 years	3	8.3
15 to 19 years	8	22.2
20 or more years	12	33.3
Prefer not to say	0	0
Types of Services Provided		
Mental health services	6	16.7
Substance misuse treatment services	8	22.2
Both mental health and substance misuse treatment services	21	58.3
Other (1 – services for homeless)	1	2.8
Counties in Which Services are Provided (all that apply)		
Circuit 3 Counties		
Columbia	8	16.7
Dixie	3	8.3

Hamilton	3	8.3
Lafayette	3	8.3
Suwannee	3	8.3
Circuit 4 Counties		
Clay	3	8.3
Duval	5	13.9
Nassau	4	11.1
Circuit 5 Counties		
Citrus	6	16.7
Hernando	10	27.8
Lake	4	11.1
Marion	9	25.0
Sumter	9	25.0
Circuit 7 Counties		
Flagler	9	25.0
Putnam	6	16.7
St. Johns	5	13.9
Volusia	6	16.7
Circuit 8 Counties		
Alachua	10	27.8
Baker	3	8.3
Bradford	3	8.3
Gilchrist	7	19.4
Levy	7	19.4
Union	3	8.3
Provider Organizations Represented		
Alachua County Board of County Commissioners (Fire/Rescue)		
BayCare Behavioral Health (n=2)		
Children's Home Society of Florida (n=4)		
Chrysalis Health		
Clay Action Coalition		

Community Coalition Alliance
Dayspring Village
Eckerd Connects
EPIC Behavioral Healthcare
Flagler Cares and One Voice for Volusia (n=3)
Flagler OARS and Discover Recover
Gateway Community Services
Hernando Community Coalition (n=2)
I.M. Sulzbacher Center for the Homeless
Mental Health Resource Center
Meridian Behavioral Healthcare (n=2)
NAMI Hernando
Nassau County Coalition
St. Augustine Youth Services
SMA Healthcare
Starting Point Behavioral Healthcare
Van Gogh's Palette (Vincent House)
Volunteers of America of Florida
Volusia-Flagler County Coalition for the Homeless
Zero Hour Life Center (n=3)

Source: LSF Health Systems Provider Focus Group Participant Survey, 2025.

Provider Focus Group Key Themes and Summaries

The following section provides a summary of provider focus group discussions covering the topics of the No Wrong Door Model, Recovery-Oriented Systems of Care, use of evidence-based programs by their organizations, and other scripted topics.

Provider Focus Group, Circuit 5

Nine (9) providers participated in the August 5, 2025 group discussion. The organizations represented included BayCare, Hernando Community Coalition, Community Coalition Alliance, Zero Hour Life Center, Children's Home Society Family Intensive Treatment Marion County, Van Gogh's Palette/Vincent House, NAMI Hernando, and the Hernando County Community Anti-Drug Coalition. Circuit 5 serves Citrus, Hernando, Lake, Marion, and Sumter Counties.

Summary: Participating organizations use the No Wrong Door Model and Recovery-Oriented System of Care to assure and promote accessible, person-centered behavioral health services with strong peer support and community collaboration. Despite their holistic approach, challenges like waitlists, housing shortages, stigma, and service gaps persist. Common evidence-based practices include CBT, DBT, and motivational interviewing. Key recommendations focus on flexible funding, expanded rural and youth services, telehealth access, workforce support, and stronger inter-county collaboration.

Key Themes and Insights

No Wrong Door Model

- Implementation:
 - Providers use person-centered approaches, motivational interviewing, and peer support.
 - Strong emphasis on community referrals and collaboration.
 - Challenges include long waitlists, lack of housing, and limited psychiatric care access.
- Effectiveness:
 - Generally seen as effective and holistic.
 - Barriers include staff turnover, lack of resources, and coordination gaps post-discharge.

Notable quote: “Just because someone shows up and they might have housing instability doesn't mean that they necessarily want housing assistance.”

Recovery-Oriented System of Care (ROSC)

- Implementation:
 - Providers offer peer support, mutual aid groups, wellness planning, and community outreach.
 - Emphasis on holistic care including employment, education, and family involvement.
- Challenges:
 - Stigma in workplaces and faith-based organizations.
 - Criminal justice backgrounds and lack of housing create barriers.
 - Limited services for individuals with developmental disabilities and youth with co-occurring disorders.
 - Notable quotes: “ROSC is present in pretty much anything that we offer or do.” and “*You don't want to tell any of them no... they need help. They need a place to belong.*”

Evidence-Based Practices

- Commonly used therapies: CBT, DBT, EMDR, motivational interviewing, wraparound services.
- Prevention programs: Botvin Life Skills, Too Good for Drugs.
- Peer support and Clubhouse Model are widely valued.

Lessons Learned and Recommendations

- Funding Flexibility: Need for less siloed funding between mental health and substance use.
- Resource Gaps:
 - More services for youth, especially in rural areas.
 - Increased telehealth access, though broadband limitations exist.
 - More clubhouses and transportation support.
- Workforce Development:
 - Incentives for clinicians.
 - Support for licensing and retention.
- Collaboration:
 - Hernando County praised for strong provider network.
 - Other counties (Citrus, Lake, Marion, Sumter) are still building relationships.
 - Notable quotes: *"This is our hometown, this is our community... we will coordinate and connect."* and *"Mental health and substance abuse go hand in hand... you can't treat one and not the other."*

Figure 78: Word Cloud, LSF Health Systems Provider Focus Group, Circuit 5, 2025

What is one word to describe the behavioral health system in Circuit 5?



Source: LSF Health Systems Provider Focus Group, Circuit 5, August 5, 2025 using Mentimeter.com

Provider Focus Group, Circuit 4

Nine (9) providers participated in the August 8, 2025 group discussion. The organizations represented included the Mental Health Resource Center, North Florida IDTA, Clay Action Coalition, Gateway, Nassau County Coalition, Starting Point Behavioral Healthcare, I.M. Sulzbacher Center for the Homeless, and Volunteers of America of Florida. Circuit 4 serves Clay, Duval, and Nassau Counties.

Summary: In Circuit 4, the system reflects a strong commitment to integrated, person-centered care through models like No Wrong Door and Recovery-Oriented Systems of Care, supported by the use of evidence-based practices and peer involvement. Despite widespread implementation, challenges persist around workforce capacity, housing, and sustainable funding. Future priorities emphasize prevention, strengthening existing services, and expanding recovery supports to enhance long-term outcomes.

Key Themes and Insights

No Wrong Door Model

- Implementation and Effectiveness
 - Widely implemented across organizations.
 - Challenges include funding eligibility, insurance limitations, and service availability.
 - Strong emphasis on warm handoffs, peer navigators, and care coordination
- Notable quote: *“We provide resources, but not just resources—a warm handoff.”*

Recovery-Oriented System of Care (ROSC)

- Implementation and Effectiveness
 - Embedded in organizational policies and practices.
 - Peer support is a cornerstone, though hiring and retention are challenges.
 - Emphasis on person-centered care, natural supports, and quality of life.
- Notable quotes: *“We focus on quality of life in addition to stability of symptoms.”* and *“Peers are able to reach people at a different level... walking that journey next to them.”*

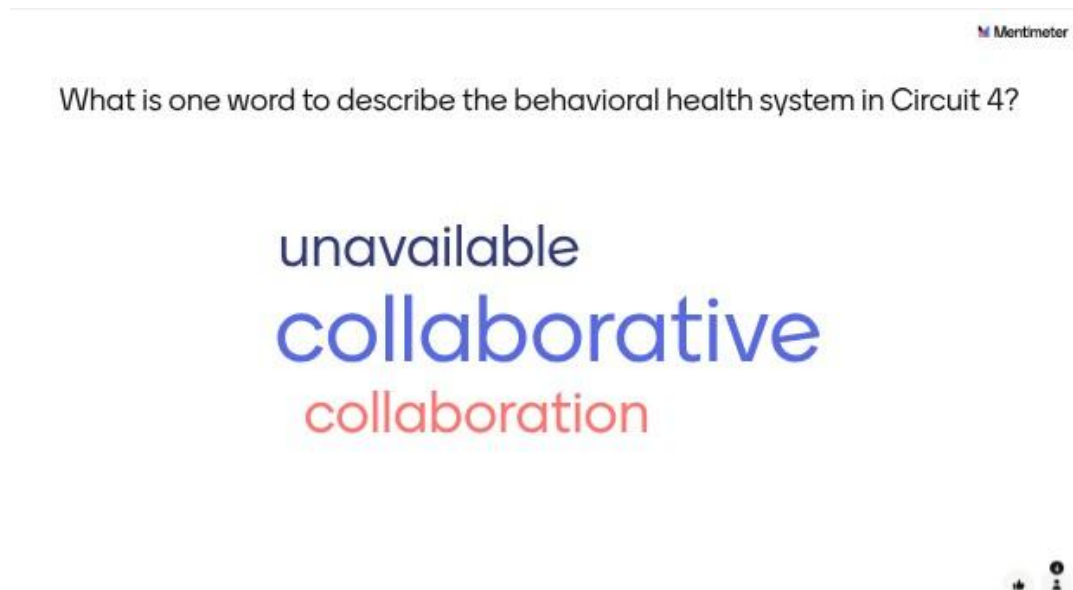
Evidence-Based Practices

- Commonly used models include:
 - ACT (Assertive Community Treatment)
 - Zero Suicide Framework
 - Integrated Dual Diagnosis Treatment
 - Moral Reconnection Therapy (MRT)
 - Trauma-informed care (e.g., EMDR, Seeking Safety)
- Training and continuing education are supported by LSF and other partners.
- Notable quotes: *“Medication-Assisted Treatment is one of the most effective evidence-based practices.”* and *“We’re part of the clinical trials network for National Institute on Drug Abuse.”*

Lessons Learned and Recommendations

- Systemic Challenges
 - Workforce shortages and retention issues.
 - Lack of affordable housing and residential services.
 - Funding constraints and the need for sustainable investment in existing programs.
- Future Priorities
 - Investment in prevention (starting in early education).
 - Strengthening existing programs before expanding.
 - Revisiting case management alongside care coordination.
 - Building more recovery housing and wraparound services.
- Notable quotes: *“The reality is... we’re all miracle workers most of the time with limited resources.”* and *“Training and recruiting health professionals is an ongoing challenge.”* and *“We need to invest in existing programs and sustain adequate staffing.”*

Figure 79: Word Cloud, LSF Health Systems Provider Focus Group, Circuit 4, 2025



Source: LSF Health Systems Provider Focus Group, Circuit 4, August 8, 2025 using Mentimeter.com

Provider Focus Group, Circuits 3 and 8

Ten (10) providers participated in the August 19, 2025 group discussion. The organizations represented included Meridian Behavioral Healthcare, Zero Hour Life Center, Alachua BOCC (Fire Rescue), Chrysalis Health, Community Coalition Alliance, SMA Healthcare, and the Children’s Home

Society. Circuit 3 serves Columbia, Dixie, Hamilton, Lafayette, and Suwannee Counties and Circuit 8 covers Alachua, Baker, Bradford, Gilchrist, Levy, and Union Counties.

Summary: In Circuits 3 and 8 the widely used No Wrong Door and Recovery-Oriented System of Care models emphasize client-centered, peer-supported approaches to behavioral health, despite persistent challenges like housing shortages, administrative burdens, and limited funding flexibility. Providers rely on evidence-based practices and digital tools to ensure quality care, while advocating for strategic improvements such as integrated services, youth-focused programs, and streamlined processes to better meet community needs.

Key Themes and Insights

No Wrong Door Model

- Implementation
 - Widespread Use: Most providers reported using the NWD model extensively.
 - Client-Centered Approach: Emphasis on meeting clients where they are, even if they don't know what services they need.
 - Challenges:
 - Lack of housing resources.
 - Limited community support for referrals.
- Effectiveness:
 - Peer support and warm handoffs.
 - Quality assurance through stakeholder feedback and data tracking
 - Notable quotes: *"It is truly an expectation that everybody throughout the organization, regardless of their role, is utilizing this model... especially supportive for those individuals who don't necessarily know what they need."* and *"When you see folks engaged and moving through the continuum of care... then the model is working. When you see drop-offs, it's not."*

Recovery-Oriented System of Care (ROSC)

- Implementation
 - Peer Support: Central to ROSC implementation; peers help with recovery planning and community integration.
- Organizational Integration:
 - Committees and peer networks.
 - Onboarding and ongoing training for staff.
- Barriers:
 - Background check and exemption processes for peer hires.
 - Staff burnout and retention issues.
 - Limited housing and insurance access for clients.

- Effectiveness:
 - Legal outcomes improved through treatment and peer support.
 - Family reunification and employment post-recovery.
- Notable quotes: “The peer is often the missing link... keeping them engaged, getting through treatment....” and “We ensure that ROSC is front and center....”

Evidence-Based Practices

- Commonly used models:
 - CBT, DBT, EMDR, Moral Reconciliation Therapy (MRT), WRAP (Wellness Recovery Action Planning).
 - Prevention programs tailored to youth and substance use.
- Monitoring and fidelity
 - Use of chart reviews and digital tools to ensure adherence to evidence-based models.
 - Internal committees vet new practices for cost, effectiveness, and training feasibility
- Notable quote: “We have a whole evidence-based committee... they vet them, look at the research, cost of implementation, training... monitor fidelity.”

Lessons Learned and Recommendations

- Need more of:
 - More funding for mental health, not just substance use.
 - Flexibility in funding to adapt to changing needs.
 - Integrated care support, especially for co-occurring disorders.
 - Reduced administrative burden for providers.
 - Streamlined assessment tools to avoid duplication and burnout.
- Concerns:
 - Funding often drives practice rather than clinical need.
 - Small providers struggle with data and reporting requirements.
 - Staff burnout due to excessive documentation and compliance tasks.
- Future Priorities and Recommendations for LSF Health Systems Network
 - Prioritize service enhancement and funding flexibility.
 - Advocate for rate adjustments to reflect current costs.
 - Support administrative simplification to reduce provider burden.
 - Invest in youth services, IOP options, and central receiving facilities.
- Notable quotes: “The funding doesn’t align with the practice... clinical practice should drive assessment tools, not the funding.” and “Clinicians are expected to do best practice and stay up to date... but they hit burnout because of all the documentation.” and “We’ve seen so much

money invested into substance use... I don't think we're seeing that same effort on the mental health side."

Figure 80: Word Cloud, LSF Health Systems Provider Focus Group, Circuits 3 and 8, 2025

What is one word to describe the behavioral health system in Circuits 3/8?



Source: LSF Health Systems Provider Focus Group, Circuits 3 and 8, August 19, 2025 using Mentimeter.com

Provider Focus Group, Circuit 7

Ten (10) providers participated in the August 21, 2025 group discussion. The organizations represented included Flagler Cares, One Voice for Volusia, Flagler Open Arms Recovery Services, Children's Home Society, Volusia-Flagler Coalition for the Homeless, Epic Behavioral Healthcare, and St. Augustine Youth Services. Circuit 7 serves Flagler, Putnam, St. Johns, and Volusia Counties.

Summary: Circuit 7 Providers highlighted three key models in their approach to client care. Use of the No Wrong Door Model ensures clients with complex needs receive coordinated support through intake, referrals, and warm handoffs, though challenges like limited housing resources, agency coordination issues, and restrictive funding models persist. Providers reported that the Recovery-Oriented System of Care (ROSC) promotes holistic, long-term recovery through peer support and wraparound services, but clients face barriers such as stigma, siloed services, and insufficient mental health peer infrastructure. Evidence-based programs like Motivational Interviewing, CBT, and trauma-informed care are widely used, with training and evaluation practices in place to ensure effectiveness. Providers recommend increasing mental health funding, expanding transitional housing, improving rural access, addressing funding silos, and reducing stigma through education, especially in schools and underserved communities.

Key Themes and Insights

No Wrong Door Model

- Implementation: Providers shared how they respond to clients with complex needs (e.g., depression and housing instability) by offering intake, care coordination, referrals, and warm handoffs.
 - Challenges:
 - Lack of housing resources, especially in Flagler and Putnam counties.
 - Limited internal capacity to meet all needs.
 - Coordination issues between agencies, especially at the case manager level.
 - Funding models that discourage collaboration.
 - Effectiveness:
 - Works well for high-need, crisis clients.
 - Collaboration and warm handoffs are essential.
 - Empowering case managers and improving inter-agency communication were suggested improvements
 - Notable quotes: *"This concept of no wrong door is baked into our values... it's part of who we are."* and *"I sometimes think that people see others as competition rather than truly trying to help... because of our funding models."*

Recovery-Oriented System of Care (ROSC)

- Implementation:
 - Some organizations have embedded ROSC principles into their culture.
 - Peer support, wraparound services, and relapse prevention are common.
 - Staff wellness and supervision are emphasized to prevent burnout.
- Effectiveness, Barriers and Benefits
 - Limited peer support infrastructure, especially for mental health.
 - Stigma and lack of community receptiveness (e.g., schools).
 - Siloed funding and service delivery.
 - Encourages holistic support and long-term recovery.
 - Builds protective factors and community engagement.
- Notable quote: *"It's been a slower rollout... peers and support groups are harder to implement on the mental health side."*

Evidence-Based Practices

- Commonly used:

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Trauma-informed care
- Interactive journals
- Training and Implementation:
 - MI is often part of onboarding and ongoing training.
 - Staff are encouraged to pursue certifications relevant to client needs.
- Evaluation:
 - Success tracked through tools like BARC scores and client outcomes.
 - Continuous quality improvement and feedback loops are in place.
- Notable quotes: *"We've trained all clinicians in MI... and anytime we have the opportunity for specialized trainings, we do that."* and *"We track those BARC scores every month."*

Lessons Learned and Recommendations

- Increase investment in mental health services, especially for clients without substance use disorders.
- Expand transitional housing options, particularly for families and single adults.
- Improve access in rural areas, where telehealth is not always viable.
- Address funding silos that limit service flexibility and collaboration.
- Enhance education and reduce stigma, especially in schools and underserved communities
- Notable quotes: *"Mental health side is really struggling... clients say 'I guess I need to have a substance use issue before I get any help.'"* and *"Behavioral health services... have been a void for many years in Circuit 7."*

Figure 81: Word Cloud, LSF Health Systems Provider Focus Group, Circuit 7, 2025

What is one word that describes the behavioral health system in Circuit 7?



Source: LSF Health Systems Provider Focus Group, Circuits 3 and 8, August 19, 2025 using Mentimeter.com

Summary of Provider Focus Groups

As part of the LSF Health Systems 2025 Behavioral Health Needs Assessment, four provider focus groups were convened. Providers from all five circuits (3, 4, 5, 7 and 8) who serve clients in the 23-county LSF service area participated. Highlights and key themes from across the four groups are summarized below.

Summary: Provider feedback highlighted strong adoption of person-centered care models like the No Wrong Door (NWD) and Recovery-Oriented System of Care (ROSC). While peer support and evidence-based practices are widely used, systemic challenges such as funding silos, workforce shortages, and housing gaps persist. Strategic recommendations from providers focus on funding flexibility, service expansion, and reducing administrative burdens.

Key Themes and Insights

No Wrong Door Model

- Implementation and Effectiveness
 - Ensures access to behavioral health services regardless of entry point.
 - Widely implemented with warm handoffs, peer navigators, and care coordination.
 - Challenges: Funding limitations, long waitlists, housing shortages, and coordination gaps.
 - Effective Practices: Peer support, motivational interviewing, digital outreach tools

Recovery-Oriented System of Care

- Implementation and Effectiveness
 - Person-centered model involving peers, families, and communities.
 - Peer support is central; services include wellness planning and wraparound support.
 - Challenges: Stigma, limited youth services, staff burnout.
 - Successes: Legal outcomes, family reunification, employment post-recovery

Evidence-Based Practices

- Common models: CBT, DBT, EMDR, MI, ACT, WRAP, MAT.
- Supported by LSF through training, chart reviews, and digital fidelity tool

Lessons Learned and Recommendations

- Systemic Challenges
 - Workforce shortages and high turnover.
 - Lack of affordable housing and residential services.
 - Siloed funding and excessive administrative burdens.
 - Limited rural access and broadband issues affecting telehealth.
- Strategic Recommendations
 - Funding and Investments
 - Increase flexibility and reduce silos between mental health and substance use.
 - Adjust rates to reflect current service costs.
 - Service Expansion
 - Invest in youth services, transitional housing, and central receiving facilities.
 - Strengthen existing programs before expanding.
- Workforce Development
 - Provide incentives for clinicians and support licensing pathways.
- Administrative Simplification
 - Streamline assessments and reduce documentation burden.
- Community Engagement
 - Enhance education and reduce stigma, especially in schools and underserved areas.

Identification of Needs and Intersecting Themes

The following list summarizes the needs and gaps identified through the behavioral health needs assessment. These needs were identified by secondary and/or primary data and are listed in no particular order.

Needs Identified with Secondary Data:

- Adults in the service area experience higher risk factors related to physical health, unhealthy mental days, depressive disorders, and tobacco use
- Youth in the service area experience high risk factors related to violence, suspension, drug use, bullying, and depressive thoughts
- Residents in the service area experience higher rates of:
 - Mental health related emergency department visits for children; White children experience higher rates than Black children in the service area; mental health emergency department visit rates for children in the service area have been increasing since 2021
 - Mental health related emergency department visits for adults; Black adults experience higher rates than White adults in the service area; Mental health-related emergency department visits rates have been increasing since 2021
 - Substance misuse related emergency department visits for children; White children experience higher rates than Black children in the service area; substance misuse related emergency department visit rates for children in the service area has been increasing since 2021.
 - Substance misuse related emergency department visits for adults; Black adults experience higher substance misuse related emergency department rates than White adults in the service area; substance misuse related emergency department visit rates have been increasing since 2021
 - Mental health related hospitalization rates for children; Black children experience higher rates than White children in the service area
 - Substance misuse related hospitalizations for adults; White adults experience higher rates than Black adults in the service area.
- Death rates related to mental health disorders have remained relatively stable for the state of Florida and the LSF Health Systems service area but have increased dramatically in Circuit 8 for the last three years.
 - White adults experience death related to mental health disorders at a higher rate than their Black and Hispanic counterparts.
 - Hispanic children experienced death related to mental health disorders at a higher rate than their Black and White counterparts in 2023 for the service area. These rates are not consistent across all circuits.
 - Hispanic Children in Circuit 4 and 5 exhibit rates much higher than other demographics and when compared to the state of Florida.
- Rates for death caused by a substance, and those that had substances present at death are decreasing for both the state of Florida and the LSF Health Systems service area.
 - Rates in Circuits 3 and 7 remain much higher than other circuits and for the service area overall.

- Fentanyl is the most prevalent substance in deaths caused by substance misuse and overdose. This is consistent for all circuits in the LSF Health Systems service area, and the state of Florida.
 - Cannabinoids are the most common substance *related* to death
- Overdoses, overall, have decreased for the LSF Health Systems service area, and for the state of Florida, however substances or combinations of substances are frequently found among decedents with 67.8 deaths per 100,000 testing positive for drug occurrence.
 - Opioids and Cocaine (with other psychostimulants) together account for nearly half of these substances found at death.
- Naloxone is mostly administered by EMS for confirmed and suspected overdose cases when EMS is called. Several counties in the service area reported much lower rates of administration prior to EMS than other.

Needs Identified with LSF Utilization Data:

- Some service area circuits (especially Circuit 3) experience gaps related to following services:
 - Adult Mental Health: inpatient services, residential services
 - Adult Substance Misuse: residential services, supporting housing living
 - Child Mental Health: Room/board with supervision, Community Action Team (CAT), waitlists for CAT and outpatient
 - Child Substance Misuse: care coordination, recovery support, room/board with supervision

Needs Identified with Community Input:

Community Member Survey:

- The top three barriers to accessing mental health and substance misuse services are:
 - Transportation
 - Insurance issues
 - Costs
- Most important services to consumers:
 - Individual and group counseling
 - Peer recovery support,
 - Medication

Stakeholder and Community Partners Input:

- According to Stakeholders and Community Partners, service area residence experience these barriers most often:
 - Transportation
 - Costs
 - Insurance issues
 - Service availability
 - Service location
- Due to limited resources, community demand, and funding changes, stakeholders and community partners believe access to services has stayed the same or worsened in the past 12 months.

Provider Survey Input:

- Providers reported experiencing barriers to providing services to clients due to:
 - Funding

- Staffing
 - Staff burnout
- Providers reported the clients experience barriers with housing and payment sources
- Providers indicated a need for increased or expanded:
 - Individual counseling
 - Psychiatry
 - Support groups

Provider Focus Group Input:

- Workforce shortage and high turnover challenges
- Lack of affordable housing and residential services
- Siloed funding and excessive administrative burdens
- Limited rural access and broadband issues impact ability to provide telehealth services

Themes Related to Needs Identified Through a Facilitated Discussion with LSF Health Systems Leadership:

- Intersecting themes and potential priority areas identified:
 - Youth focus and services
 - Workforce
 - Administrative processes and financial planning
 - Access to care and services
 - Prevention, Outreach, and Education