



Summary of E&Y Behavioral Health Gap Analysis

Presented to the Commission on Mental Health and Substance Use Disorder, January 2025

Contracted by DCF in accordance with SB 330, Behavioral Health Teaching Hospitals Act, calling for a detailed study of capacity for inpatient beds for adults with SMI and children with SED or psychosis in this state’s forensic inpatient, safety-net voluntary and involuntary civil inpatient placement, and Medicaid statewide inpatient psychiatric programs. The study must include analyses of current capacity, current and projected future demand, and the state’s current and projected future ability to meet that demand and must include recommendations for enhancing the availability of inpatient treatment services and for providing *alternatives* to such services.

Data presented in this assessment describes gaps in capacity across the following behavioral health facilities and services included in the scope of the study: public and private hospitals, state mental health treatment facilities (SMHTF) – civil, forensic, and juvenile incompetent to proceed programs (JITP), facilities providing inpatient psychiatric treatment services, crisis stabilization units (i.e. emergency receiving), and residential treatment centers and facilities. This assessment examined the availability of behavioral health community-based services and gaps in the system of care and offered options for service enhancement.

Further this assessment identified factors impacting the behavioral health system of care including Florida’s behavioral health workforce shortages and outdated behavioral health service reimbursement rates.

Projected number of additional beds for **children and adolescents** that will be needed 2025 to 2029, by region, specifically for inpatient (general) hospital psychiatric beds:

	2025	2026	2027	2028	2029
NE	1	1	1	2	2
Central	4	5	6	8	9
SE	9	10	10	11	11
Suncoast	2	3	3	4	5

[none needed in southern region and only 1 in NW]

Related: There are 93 facilities serving children and adolescents: • One Juvenile Incompetent to Proceed program (JITP) • 37 inpatient treatment facilities (including 18 hospitals with psychiatric beds/inpatient units and 19 specialty psychiatric hospitals, Class 3) • 22 crisis stabilization units (CSUs) • 33 residential facilities. The residential treatment centers include the 8 Statewide Inpatient Psychiatric Program (SIPP) facilities and 13 therapeutic group homes. The Central and Suncoast regions have the highest number of facilities, 21 each, while the Southern region has the fewest, 8 facilities. **SIPP facilities and the JITP facility accept applications for children across Florida (and beyond), regardless of where they reside.**

Projected number of additional beds for **children and adolescents** that will be needed 2025 to 2029, by region for inpatient specialty (meaning these hospitals only serve psychiatric patients) hospital psychiatric beds:

	2025	2026	2027	2028	2029
Central	4	5	6	8	11
Suncoast	2	3	3	4	10
Southern	NONE				

Children/Adolescents – CSU Beds:

NW	NONE				
Central	3	4	5	6	7

Children/Adolescents – Residential Treatment Center Beds:

Central	72	74	76	78	80
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Children/Adolescents – Specialized Therapeutic Group Home Beds:

NW	NONE				
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Children/Adolescents – Short-Term Residential Treatment Center Beds:

NE	NONE				
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NW	NONE				
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Central	NONE				
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SE	NONE				
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Suncoast	NONE				
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Southern	0	0	0	0	0*	*unsure why this says 0 and others say N/A. N/A is used in the analysis when there is no facility to gauge demand.
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ADULT BEDS:

Projected number of additional beds for **adults** that will be needed 2025 to 2029, by region, specifically for inpatient (general) hospital psychiatric beds:

	2025	2026	2027	2028	2029
NE	12	16	21	26	31
NW	6	9	11	14	16
Central	12	17	22	27	32
SE	13	19	24	30	36
Suncoast	15	22	28	35	41
Southern	12	17	22	28	33

Adults: Specialty inpatient psychiatric beds:

NE	6	9	11	14	17
NW	3	5	6	8	9
Central	23	32	42	52	62
SE	9	13	17	21	25
Suncoast	19	27	35	44	52
Southern	1	2	3	3	4

Adults: Crisis Stabilization Unit (CSU) beds:

NE	2	3	4	5	7
NW	1	2	3	3	4
Central	10	14	18	22	27
SE	2	3	4	5	6
Suncoast	5	8	10	12	14
Southern	2	2	3	4	4

Adults: Residential Treatment Facility beds:

	2025	2026	2027	2028	2029
NE	22	27	32	36	41
NW + + + + +					
Central	2	8	13	19	25
SE	27	37	47	58	68
Suncoast	20	26	32	39	45
Southern	14	17	20	23	26

Adults: Short-Term Residential Treatment Facility beds:

	2025	2026	2027	2028	2029
NE	NONE				
NW	9	9	9	10	10
Central + + + + +					
SE	0	1	1	2	2
Suncoast	10	10	10	11	11
Southern	NONE				

Statewide, the largest gaps in beds are in adult residential treatment facilities and hospitals with psychiatric beds, with 205 and 190 beds, respectively under the baseline occupancy scenario. Specialty psychiatric hospitals (Class 3) have the next largest gap at 169 beds at baseline occupancy.

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Opportunities for Enhancement:

1. Conduct broad scale, multi-channel, community **public information campaigns** to spread information about behavioral health services and access. (also recommended by Commission)
2. Enhance the availability of **targeted care coordination** to ensure that individuals with complex behavioral health needs receive personalized, coordinated care and appropriate navigation of services that address their unique circumstances and supports their long-term treatment and recovery goals.
3. Increase availability of **integrated behavioral and physical health services** (also recommended by the Commission). Increase **co-located** services for the uninsured and underinsured population.

4. Increase the availability of recovery **Clubhouses** by at least one in the Northwest region to provide recovery-oriented supports for individuals with behavioral health conditions.
5. **Increase the number of adult residential beds by 149-205, and child and adolescent residential beds by 72- 106, across short-term residential treatment, and therapeutic group home facilities throughout the state.** These transitional beds provide a structured and supportive living environment for individuals with behavioral health needs, and crucial stabilization and treatment for individuals transitioning out of psychiatric inpatient care, helping to reduce inpatient lengths of stay and support successful community reintegration. Expand the availability of **short-term residential treatment services for adults and children and adolescents such that there is at least one facility present in each region for each of the two populations.**
6. Addition of at least **29 Florida Assertive Community Treatment (FACT)** community-based services to support diversion from inpatient admission and readmission across the state. Additional FACT teams by region: Southern – 4, Suncoast – 4, Southeast – 8, Central – 8, Northeast – 4, and Northwest – 1. Addition of at least one Intermediate Level FACT team each in the Southern, Suncoast, and Central regions.
7. BH Workforce needs expansion and support. **FL needs at least 34 additional psychiatrists to provide sufficient coverage and availability such that each county has at least one psychiatrist and that no county has fewer than 1 psychiatrist per 30,000 residents. • 25,133 additional mental health professionals are needed statewide.** Of note is the newly created Florida Center for Behavioral Health Workforce implemented by SB 330.
8. Expand the availability of CSU beds (additional 62–369 for adults and 26–48 for children and adolescents) to provide community-based alternatives to inpatient care; ensure that each county has sufficient capacity to meet the needs of individuals experiencing a BH crisis.

The state mental health facilities gap for civil beds in 2025 is estimated to be 248 beds. If no new civil beds are added, the gap is forecast to grow to 770 beds in 2029. The state mental health facilities gap for forensic beds in 2025 is estimated to be 612 beds. If no new forensic beds are added, the gap is forecast to grow to 1,074 beds by 2029.

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The Gap Analysis includes a table on page 7 with estimated costs for needed services.

Behavioral Health Prevalence and Suicide Rates appear on page 8.

Page 9 includes a map of Florida showing that **most counties have a shortage of behavioral health professionals. Counties with no resident psychiatrist: Calhoun, Dixie, Franklin, Gilchrist, Glades, Gulf, Hamilton, Hardee, Holmes, Jackson, Jefferson, Lafayette, Liberty, Madison, Suwannee, Taylor, Union, Wakulla, Walton, Washington.**

The Analysis (pp. 10-12) includes information on services and responsibilities by state agencies: DCF and the Managing Entities, FL Dpt. of Education, FL Dpt. of Corrections, AHCA (and FL Medicaid), FL Dpt. of Juvenile Justice, Dpt. of Health, Agency for Persons with Disabilities.

Pages 12-15 describe behavioral health services, such as FACT, CAT, FIT, Residential levels of care, etc.

This is an extremely useful document with clear data on how to improve Florida's Behavioral Health System. It is critical that it is referenced and utilized and not forgotten.

--Gayle Giese, 8/13/2025



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