Tampa Bay Region Behavioral Health Workforce Assessment

Respark Leadership Consulting
Patrick Curran, MBA, CEO
Jill Misra, MSW, LSW, Principal Consultant

Content

Introduction 2
Executive Summary 3
Approach 6
Current State: The Tampa Bay Region and its Behavioral Health Workforce 7
- i. Geographic Context & Local Demand 7
- ii. Workforce Size & Composition 10
- iii. Workforce Training & Experience 12
- iv. Workforce Lifestyle Patterns (Income, Debt, Commute, etc.) 15
- v. Workforce Motivation & Satisfaction 17

Future State: The Tampa Bay Region and its Behavioral Health Workforce 18
- i. Public Policy Trends 18
- ii. Behavioral Health Care Model Trends 21
- iii. Behavioral Health Reimbursement Trends 24
- iv. Behavioral Health Employer Needs 25
- v. Behavioral Health Demand 28

Recommendations 29
- Employer Programs 29
- Systemic Interventions 33

Next Steps 35
Conclusion 36
Appendix I: Research Framework 37
Appendix II: Definitions & Abbreviations 40
Appendix III: Workforce Estimation Assumptions 41
Appendix IV: Bibliography 41

Introduction

As part of its goal to strengthen and enhance the behavioral health system in Hillsborough, Pasco, Pinellas, and Polk counties, Tampa Bay Thrives (TBT) convened a task force to explore ways to support behavioral health workers in the region. In mid-2023 the behavioral health workforce (BHWF) task force commissioned a study of the current state of the workforce, seeking to better understand the labor supply needs and training requirements to meet anticipated future demand.

1. What and who comprises the behavioral health workforce in the State of Florida?
2. What is the projected BHWF supply in the State of Florida? In the Tampa Bay region?
3. What are key implications from the overall care landscape and trends in BH service demands to the BHWF in the Tampa Bay region? To the State of Florida?

The study team worked with TBT staff and BHWF task force members to further define the scope and refine the areas of exploration, narrowing the key questions to primarily focus "hyper-local" on the four-county Tampa Bay region. The counties include Hillsborough, Pasco, Pinellas, and Polk. The study scope was established to include direct service roles in behavioral health, inclusive of both mental health and substance use, as defined in the Approach below (see also Appendix I: Research Framework for additional details). As an output of this study, the TBT BHWF task force seeks tactical and programmatic recommendations for the recruitment, training, support, and retention of behavioral health workers in the Tampa Bay region.

The findings of the study are contained in this report, including actionable recommendations for TBT stakeholders and next steps for the Florida Mental Health Institute (FMHI) to build on this work in strengthening the behavioral health workforce for the Tampa Bay community.

The study team, including staff at Tampa Bay Thrives and Respark Leadership Consulting, would like to thank the many contributing individuals and organizations that have helped make this work possible. Stakeholders across the region (and the country) have offered their time, expertise, experience, and other resources by responding to interviews, completing surveys, connecting relevant data sources, and collaborating with the study team. Among that support, the members of the TBT BHWF task force provided additional guidance and assistance. Questions and comments related to this work should be directed to info@tampabaythrives.org.

Executive Summary

Context

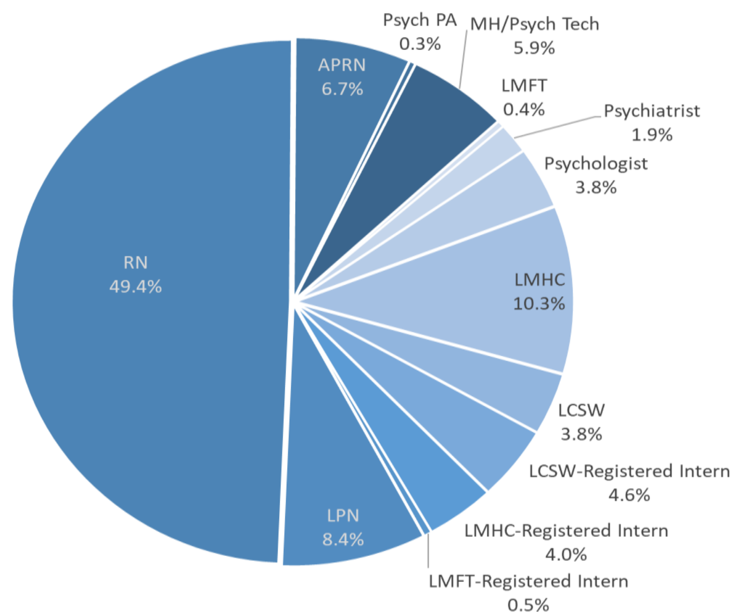
As part of its goal to strengthen and enhance the behavioral health system in Hillsborough, Pasco, Pinellas, and Polk counties, Tampa Bay Thrives (TBT) convened a task force to explore ways to support behavioral health workers in the region. In 2023, the behavioral health workforce (BHWF) task force commissioned a study of the current state of the workforce and projected future trends to identify programmatic recommendations for recruitment, retention, and training in addition to systemic approaches to support and expand the local BHWF.

Current State

Population: The Tampa Bay region has experienced significant growth since at least 2020, and the local population continues to grow faster than the state average. In fact, Tampa Bay represents one of the fastest growing metro areas in the nation (US Census Bureau, 2024). The regional growth rate expected through 2030 is especially noteworthy and indicates that the next five years are a critical time to strengthen the BHWF. Retaining the local workforce and accelerating recruitment of new workforce is essential, both locally and beyond. Targeted efforts to develop BHWF competencies with older adults and Hispanic/Latinos are needed—and should include growing representation in the workforce from within these demographics.

BH Professionals: According to Florida Health Charts data the total count of LMFT's, LMHC's, LCSW's, and Psychologists registered in the four-county region increased from 4,736 in 2020-21 to 5,775 in 2022-23 and declined slightly to 5,708 in 2023-24. The Tampa Bay region has gained an increasing proportion of these professionals relative to the state, growing from 15.6% in 2020-21 to 17.3% in 2023-24.

A workforce data model was developed to estimate the total number of BH professionals in direct service roles (excluding administrative, non-practicing, etc.). The model estimates there were approximately 11,567 direct service BH professionals comprising the local workforce in 2022.



Source: Respark workforce estimation model

State of the Workforce: Study interviews and surveys suggest that pay and salary continue to be a major issue for many. When asked about attracting additional professionals to the region, increased costs of living relative to wage growth and the political/educational environment in the state ranked within the top three barriers. Despite these pressures, BH professionals continue to be motivated by client interactions and their professional team environment.

Future State

The future BHWF in the Tampa Bay region will be shaped and influenced by ongoing evolutions in at least five interconnected categories:

Care Models

- Invest in the crisis response continuum of care
- Pursue additional funding for CCBHC's
- Fully implement integrated care protocols
- Expand use of technology to both deliver and manage care

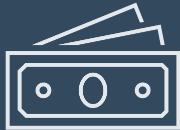
Public Policy

State

- Attract WF through loan repayments
- Inform development of BHWF Center at USF
- Maximize slots within BH teaching hospitals

Federal

- Develop adaptive staffing models for changes in MAT oversight and Medicaid redetermination criteria



Reimbursement

- Augment current revenue with flexible funding and value-based opportunities
- Modify staffing and care models to align with evolving covered services

Employer Needs

- Identify and recruit quality staff at all levels, especially BIPOC and other under-represented professionals
- Train managers and program supervisors for effective people leadership and service line management
- Expand hiring policies to include individuals with life experience and criminal history

Demand

- Conduct deeper demand analysis for more nuanced projections, including customized approaches for varying paces of MH and SU workforce growth
- Represent and meet needs of subpopulations (e.g. age, race/ethnicity)

Recommendations

TBT and its stakeholders hold multiple opportunities to strengthen the region's BHWF and influence related efforts Statewide. This study indicates a need for a multi-layered approach to WF initiatives: data-informed action within provider organizations, ongoing systemic interventions, and a coordination of efforts that offers outcomes tracking beyond WF head count. TBT is poised to leverage approaches with regional reach while also informing Statewide momentum in BHWF investments.

Provider Programs

Recruitment

1. Attend to the organizational recruiting brand
2. Elevate opportunities to create impact and help others
3. Diversify the applicant pool
4. Loosen internal policies related to education, experience, and criminal history
5. Proactively fill the organizational talent pipe
6. Leverage recently allocated funding to offer tuition reimbursement opportunities
7. Design "work & learn" opportunities that lead to debt-free graduation

Retention

1. Continue improving salary and benefits
2. Invest in and empower team leaders and people managers
3. Create ongoing opportunities to gather staff perspective and use it to prioritize actions
4. Offer/enable meaningful, individualized recognition
5. Clarify how entry roles connect to career pathways within the organization

Training

Top 3 training opportunities:

1. Organizational leadership and program management
2. Trauma-informed and/or trauma-based approaches for staff at all levels
3. How to provide and manage coordinated care and integrated care models

Employer Programs

System Interventions

Systemic Change

Convening

1. Fostering opportunities for data-driven, action-oriented cross-sector initiatives
   a. Develop a regional data map to identify "hot spot" gaps and opportunities in BHWF recruitment, retention, and distribution
   b. Identify a metric system for gauging ongoing headcount, role distribution, and adequacy in the BHWF
2. Directly align with other BHWF initiatives in FL to inform and accelerate those efforts

Advocacy

Big "P" Policy:

1. Accelerate full implementation of initiatives passed in the 2024 Florida legislative session
2. Future legislative priorities:
   a. 988 funding
   b. Social work interstate compact
   c. Assess barriers to access and retention in internship, licensure, and certification requirements
   d. Advise state leadership on opportunities for federal match initiatives, waivers, or State Plan Amendments

Little "p" policy:

Define roles for professional associations to gather data that support understanding the BHWF

Workforce Pipeline Dev.

1. Connect early influences on career exploration, volunteer opportunities, and education during and beyond high school
2. Leverage vocation-focused programs and employer-based workforce development training to make joining the workforce more accessible
3. Infuse BH training content and career information in primary care initiatives, anti-stigma materials, and wherever possible to expand the top of the funnel

Approach

A variety of existing and primary source data was used to develop an understanding of the current state of the behavioral health workforce in the Tampa Bay region and develop insights related to the key questions as outlined in the Research Framework (Appendix I). The study team requested local organizational data and interviewed local behavioral health organization leaders to help clarify what data sets might be available and what key pain points leaders were trying to solve for their workforce. This effort revealed that hyper-local data available to the study team was limited, and that leaders felt that they needed more specific understanding of the nuances related to local workforce including compensation, commute, work structure, training, and other issues related to motivation and retention. The study team then began to collect and review available regional and national studies to assess broad trends in the behavioral health landscape and trends within the workforce.

Stakeholders in the BHWF were divided into four groups: a) current professionals; b) former professionals; c) students; and d) BH organizational, program, and human resources leaders. Concurrent with the broad landscape analysis, local stakeholders in these four groups were interviewed or participated in focus groups. In total, over 40 interviews and 5 focus groups were conducted to explore first-hand accounts and individual experiences of the workforce. Themes from the interviews and focus groups informed the development of a behavioral health professionals survey and a behavioral health students survey which were used to expand the primary source data. The BH professionals survey collected more than 300 usable responses to help inform and validate descriptions of the current state and ways to support and retain the existing workforce. The BH student survey collected 71 responses to help inform and validate approaches for recruitment and retention of the future workforce.

The landscape analysis to identify industry trends included a cursory review of more than 70 existing reports and assessments, and deeper analysis of a subset as referenced in the Bibliography. Existing publicly available data sets informed projection models, especially the Census 2020 database, the US Bureau of Labor Statistics, USA FACTS, Florida Health CHARTS, Florida Office of Economic & Demographic Research, and the National Survey on Drug Use and Health.

Definitions & Project Assumptions

The definitions and project assumptions listed below were developed in conjunction with TBT leadership and its BHWF task force and/or were nuanced specifically for this study. Additional relevant definitions and acronyms commonly used in data sources can be found in Appendix II.

Definitions

- **Behavioral Health (BH)** - General term encompassing both mental health and substance use
- **BH Workforce (BHWF)** - Individuals in roles whose core function is to provide mental health and substance use disorder services as defined in the research framework
- **Direct service** - Role whose core function is to provide mental health and/or substance use disorder service(s) to a patient/client/consumer/individual in need of and/or seeking services
- **Mental Health Conditions** - Strain or stress on the mental/emotional processes that impact one's sense of wellness, ability to manage stressors- situationally or longer term. In persistent cases, includes impairment of the mental/emotional processes that exercise conscious control of one’s actions or ability to perceive or understand reality, which substantially interferes with meeting ordinary life demands

- **Substance Use Disorder** – Misuse of alcohol, prescription drugs (other than how prescribed), or illegal/street drugs
- **Tampa Bay region, "Hyper-local"** - Hillsborough, Pasco, Pinellas, Polk counties

Project Assumptions

Project assumptions existed as foundational beliefs, agreed to be true, as they were generally accepted by TBT and the BHWF task force or already validated by other sources prior to this study—and therefore determined to be outside the scope of this assessment:

1. A BHWF shortage has been an emerging concern nationwide, comprised of both increased demand and not enough BH workforce to address it.
2. Overall, the Florida BHWF gaps mirror national trends, with some models showing it having the greatest gap by 2030 if current trends continue--which may be further compounded by regional population growth.
3. Specifically, in the Tampa Bay region, some indicators of BH needs are even greater than the State or national indicators (such as the number of people in population per provider).
4. The impact of COVID on the BHWF, care models/modalities, and demand is significant and likely has not yet been fully realized.
5. Due to overall disruption of all workforce landscapes because of COVID, assumptions about the BHWF and trends that pre-date the pandemic are considered to be null.

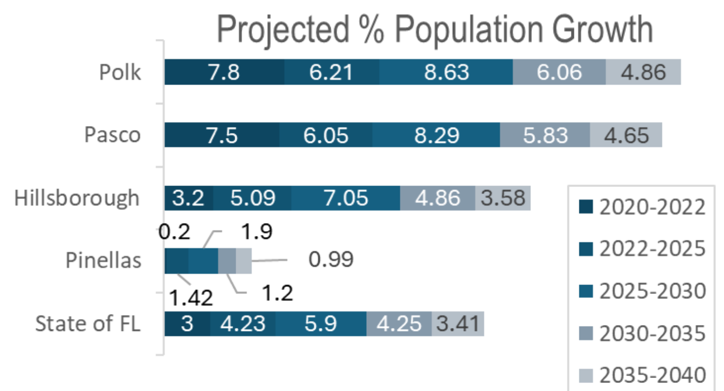
Current State: The Tampa Bay Region and its Behavioral Health Workforce

Data and analysis informing the current state of the Tampa Bay region's BHWF is grouped into five areas:

i. Geographic Context & Local Demand
ii. Workforce Size & Composition
iii. Workforce Training & Experience
iv. Workforce Lifestyle Patterns (Income, Debt, Commute, etc.)
v. Workforce Motivation & Satisfaction

i. Geographic Context & Local Demand

The Tampa Bay region has experienced significant growth since at least 2020, and the local population continues to grow faster than the state average. In fact, Tampa Bay represents one of the fastest growing metro areas in the nation (US Census Bureau, 2024). Polk is the fastest growing county in the state and region on a percentage basis while Hillsborough's growth is largest regionally by headcount. Given Pinellas's historical population density, it continues to grow but at a slower pace than other areas (USA FACTS, 2022). 2025-2030 is projected to be the largest 5-year growth segment from 2020-2040 for both the region and the state. In 2022, the 4-county region represented 14.4% of the State's population and is estimated to represent 17.3% by 2030.



Sources: United States Census Bureau, 2020; Florida Office of Economic & Demographic Research, 2022

Tampa Bay Region: Population Highlights

	State of FL	Hillsborough	Pasco	Pinellas	Polk
% population 18+ (2020)	81%	78%	80%	85%	80%
% population < 18 (2020)	19%	22%	20%	15%	20%
Fastest growing race (2020-2022)	Hispanic/Latino	Hispanic/Latino	Hispanic/Latino	Hispanic/Latino	Hispanic/Latino
Fastest growing age group (2020-2022)	65+	65+	35-49	65+	20-34
Slowest growing age group (2020-2022)	0-4	0-4	0-4	5-19	0-4
Moved in from different state in past year (2020)	3.4%	3.6%	4.3%	4.2%	3.8%
Moved from different FL county (2020)	n/a	2.8%	4.3%	2.4%	3.6%
% Uninsured (2020)	12.3%	11.9%	11.2%	11.0%	13.0%

Sources: Florida Health Charts, 2020, United States Census Bureau, 2020

As stated in the project assumptions, demand for BH services continues to grow throughout the state. A broad subset of trends is notable from BHWF task force guidance and publicly available data:

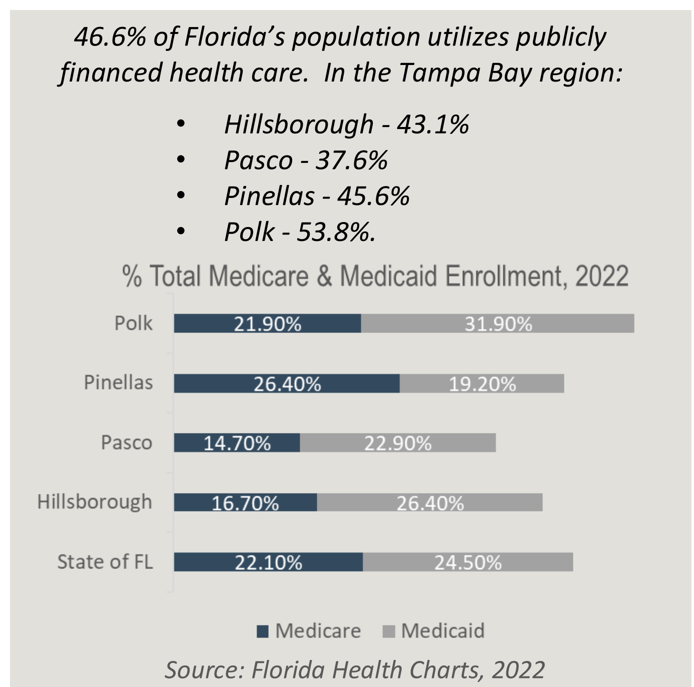
- Substance Use, Children (0-18)
  - Youth alcohol use has remained steady, yet concerns persist about its prevalence
  - Youth illicit drug use is a growing concern

- Behavioral Health, Adults (18+)
  - Ages 18-25: Highest prevalence for both AMI (33%) and SMI (12%)
  - 3% report illicit drug use
  - More likely to see treatment for MH than for AUD

- Telehealth has decreased since the height of the pandemic with TBT coalition members reporting mixed patient response to ongoing virtual offerings, as evidenced by unclaimed appointments and inconsistent attendance.

46.6% of Florida's population utilizes publicly financed health care. In the Tampa Bay region:

- *Hillsborough - 43.1%*
- *Pasco - 37.6%*
- *Pinellas - 45.6%*
- *Polk - 53.8%.*



Source: Florida Health Charts, 2022

- MH treatment rates across adult age groups are more equal than prevalence; younger adults are more likely to self-report MH issues, but not necessarily more likely to seek treatment than other age groups.

- In 2022, a TBT resident survey of adults (Tampa Bay Thrives, 2022) revealed active MH service usage at time of the survey by county: Hillsborough 16%, Pasco 28%, Pinellas 10%, Polk 19%. 2023 results (Tampa Bay Thrives, 2023) indicate a 7% decrease in those reporting MH utilized over the past year.

- TBT studies indicate 26% of adults needing MH care were not able to get it in both 2022 and 2023.

- Florida SUD program enrollees, aged 18+, have increased since the pandemic but have not reached pre-pandemic levels, EXCEPT in Pasco where it now exceeds (Florida Department of Health, 2022).

- Floridians in PPO plans are 5x more likely to be pushed out of network for inpatient mental health than for medical/surgical hospitalizations. While this trend has improved (from 13x more likely in 2017), it is still higher than the national average of 2.8x (Devanport S., 2019).

- In its annual State of Mental Health in America report (Reinert, 2023), Mental Health America conducted a review of publicly available data, and reported the following for Florida:

	2019	**2023**
Adults with AMI	17.3%	20.0%
Adults with SUD in past year	7.4%	14.8%
Adults with AMI who sought treatment but couldn't get it ("unmet need")	18.5%	28.2%
Youth experiencing severe major depression	9.2%	12.3%
Youth experiencing severe major depression, no treatment ("unmet need")	62.4%	61.8%
Youth with SUD in past year	4.3%	5.9%
Youth with private insurance that does not cover mental or emotional problems	9.9%	11%

Geographic Context & Local Demand Implications for BHWF

The momentum in Tampa Bay's population growth naturally brings both new BHWF members and added BH demand. The regional growth rate expected through 2030 is especially noteworthy and indicates that the next five years are a critical time to strengthen the BHWF. Understanding the alignment of workforce primary residency to work sites will be helpful to map potential gaps and opportunities in regional workforce distribution. Retaining the regional workforce is essential as is accelerating recruitment of new workforce members from locally and beyond. Targeted efforts to develop BHWF competencies with older adults and Hispanic/Latinos will be needed—and ideally would include growing representation in the workforce from within these demographics.

As anti-stigma efforts continue, individuals may become more likely to self-report for themselves or loved ones, possibly adding to future demand. Several interview participants and about 1 in 5 survey respondents indicated joining the field because of personal interaction with MH and BH concerns, either for themselves or a friend/family member. One might conclude, then, that while demand will go up, this will also help drive supply as more people become aware of ways to help and specific service gaps that they can fill.

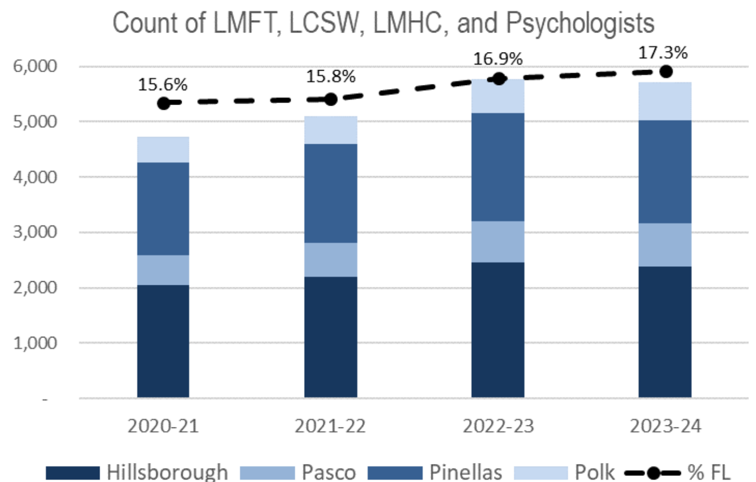
Given the significant rates of publicly financed health care in the region, providers must remain abreast of ongoing changes in both reimbursement and covered services. These evolutions, discussed later in this report, can impact where and how care is accessed and delivered, possibly resulting in varied staffing needs.

Increased staffing needs exist in both MH and SU programs for all ages, but likely at a more accelerated rate for MH due to the higher prevalence and higher likelihood of seeking treatment. Trends indicate that SU program enrollment meeting, if not exceeding, pre-pandemic levels has not yet been fully realized. Provider competencies

in treating subpopulations, such as adults aged 18-25, those 65+, and racial/ethnic groups not broadly represented in the current composition of providers are needed as is workforce recruitment to increase representation from these groups.

ii. Workforce Size & Composition

FL Health Charts estimates the number of marriage and family therapists (LMFT), clinical social workers (LCSW), mental health counselors (LMHC), and psychologists in Florida in 2023-24 to be 33,069 licensed professionals. 5,708 (~17%) of those are identified within the 4-county study area. This is a slight decrease locally of 67 (~1%) professionals from the 2022-23 count and it is 603 (~12%) professionals greater than 2021-22. The proportion of Florida's MH and BH professionals living in the Tampa Bay region has grown slightly in recent years, from 15.6% in 2020-21 to 17.3% in 2023-24.



Source: FL Health Charts

Workforce Estimation Model

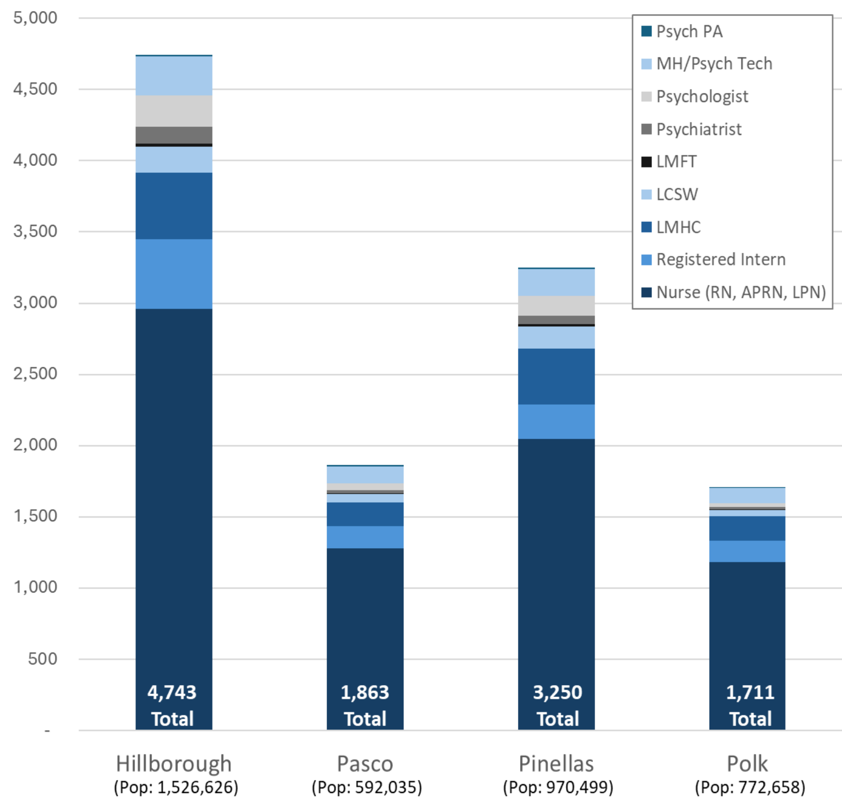
The TBT BHWF task force sought to understand more specifically how many individuals in which types of roles were actually providing mental health and substance use services in Hillsborough, Pasco, Polk, and Pinellas counties. Therefore, the research framework established the scope for workforce estimation as those providers primarily in a "direct service" role, meaning roles whose core function is to provide mental health and/or substance use disorder service(s) to a patient/client/consumer/individual in need of and/or seeking services. This scope attempts to exclude roles that are primarily administrative, supervisory, or otherwise unavailable or not responsible for serving individuals seeking care, even if the professional in that role is appropriately trained or credentialed to do so. This scope also includes roles that may not fall under the purview of state licensure- such as technicians, case workers, and community health workers- and the variety of registered nurses (RN), advanced practice nurses (APRN), and practical nurses (LPN) serving in behavioral health settings. Appendix I: Research Framework contains additional details.

Among the various roles defined in scope for this study, certified BH roles (such as CWCM, CRPS, CBHT, CAC, CCHW, MCAP, etc.) are considered an important part of the current workforce and essential opportunities for effectively expanding access. Due to inconsistencies in tracking and reporting and the likelihood of double-counting (i.e., a LMHC may also be a CAP), the study team opted to exclude them from the count in the workforce estimation model. More work is needed to accurately assess the current and future counts of certified professionals and their distinctive roles within this labor supply.

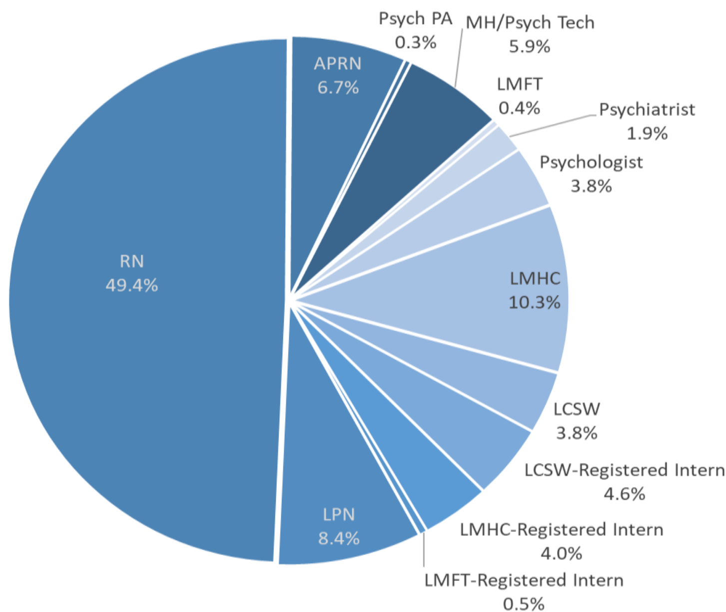
A data model was developed to create an understanding of the current direct service workforce size and composition. The model relied on data from the Florida Department of Health (Florida Department of Health, 2022), the US Bureau of Labor Statistics (United States Department of Labor, 2022), County Health Rankings and Roadmaps (University of Wisconsin Public Health Institute, 2023), and the American Academy of Child & Adolescent Psychiatry (American Academy of Child & Adolescent Psychiatry, 2024).

2022 was selected as the baseline year for "current state" based on data availability at the time of modeling. Most sources use registrations, licenses, and/or certificates to generate counts; locations based on these typically use a "home address" which may or may not be the same county where an individual works. The workforce model estimates that there were approximately 11,567 direct service BH professionals in 2022 in the four-county region.

In 2022, the BH workforce in the TBT region was estimated to include a spectrum of roles with various specialties across the continuum of care, ranging from technicians to specialized nursing to licensed practitioners.



Source: Respark workforce estimation model



Source: Respark workforce estimation model

Various nursing roles are estimated to compose more than half of the direct service BH workforce in the Tampa Bay area. In 2019, the American Psychiatric Nurses Association (APNA) concluded that "Psychiatric-Mental Health (PMH) registered nurses (RN) and advanced practice registered nurses (APRN) represent the second largest group of behavioral health professionals in the U.S." (American Psychiatric Nurses Association, 2019). Statewide, Florida healthcare providers have been consistently able to attract skilled nurses and recent data shows steep declines in nursing turnover and vacancy rates that soared during the COVID-19 pandemic (Florida Hospital Association, 2023). These trends lead some to conclude that nursing opportunities will grow in behavioral health where other roles are falling off. While opportunities for these roles are likely to

grow based on demand trends, nursing shortages across the country indicate that nursing alone will not fill all of the gaps for behavioral health professionals.

Licensed mental health counselors (LMHC) are estimated to make up 10% of the direct service roles and licensed clinical social workers (LCSW) more than 3%. Registered Interns for these roles are estimated between 4% and 5% respectively.

Clinical psychologists are estimated to be just below 4% of direct service providers, and their numbers are expected to plateau or decrease by 2030.

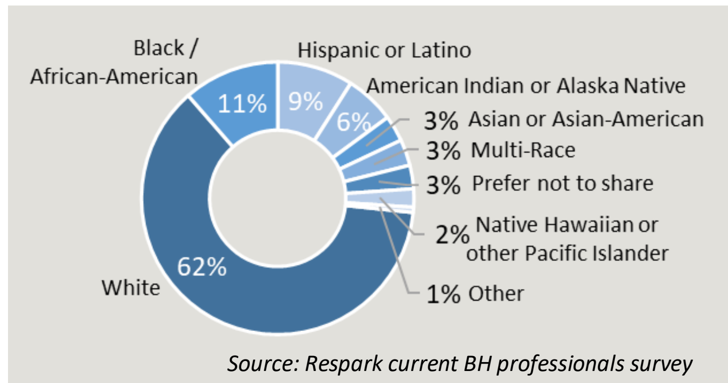
Supporting technician roles have been a growing area across the healthcare spectrum for years, and BH is no different. In 2022 mental health and psychiatric technicians are estimated to contribute about 6% of the direct service workforce, while psychiatric physician assistants were less than 1%.

Current Professionals Survey

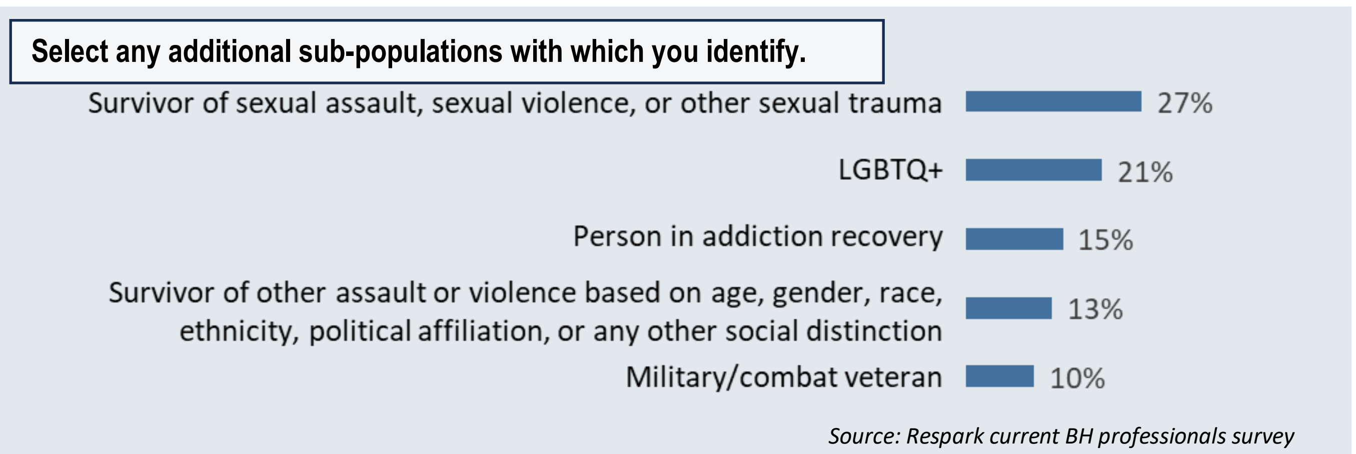
Among the 317 accepted responses to the behavioral health current professionals survey, 80% identified as employed in a full-time role, and 75% identified as serving in a "direct service" role (either clinical or non-clinical). 44% identified as ages 30-39 years old, and 53% identified as female (8% transgender, non-binary, or prefer not to share). This data set likely underrepresents part-time professionals in the field, as well as those ages 40-65 years old, a meaningful proportion of which are assumed to be retiring within the next five years. Even with these likely skews, the study team feels the responses are indicative of certain underlying trends in the region and that perspectives gleaned from the responses are useful for TBT's stakeholders.

37% of respondents identified as a race other than White/Caucasian, and 15% indicated speaking a language other than English at home.

Among survey respondents, more than 1 in 4 professionals identified as a survivor of sexual trauma and 1 in 5 professionals identified as LGBTQ+.

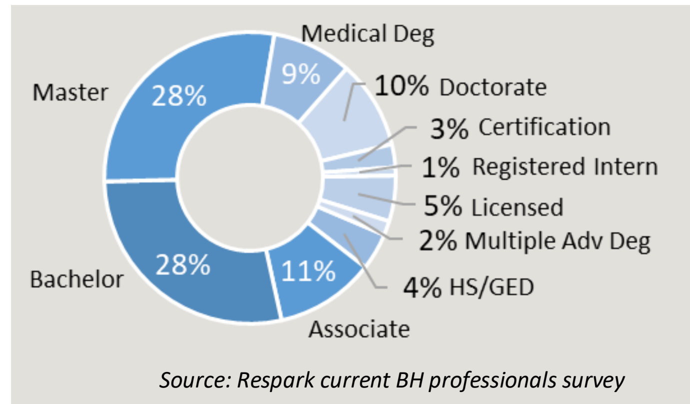


Source: Respark current BH professionals survey



Source: Respark current BH professionals survey

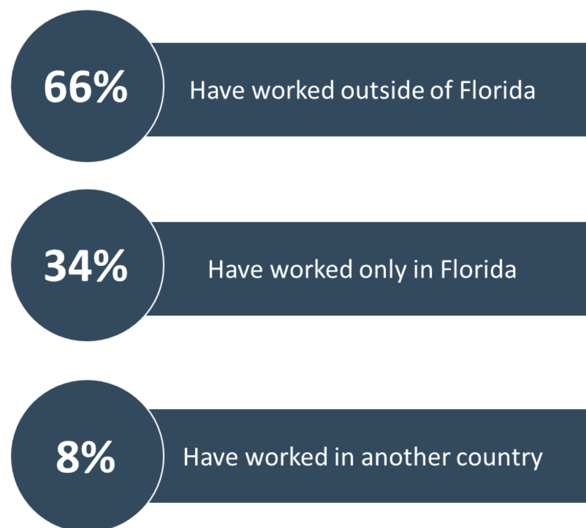
iii. Workforce Training & Experience



Source: Respark current BH professionals survey

Among survey respondents, 56% attained a bachelor's or master's degree, and an additional 25% attained a medical degree, doctorate degree, and/or state licensure. Approximately 70% indicated less than 8 years of professional behavioral health experience.

Given the high rate of population growth due to people moving into the state, the TBT BHWF task force desired an understanding of what experience local professionals had working in other states, and how that experience compared to their professional experience in the Tampa Bay area. Approximately 66% of survey respondents indicated behavioral health work experience in other states. Among those with experience working in the field outside of Florida, 78% of that experience comes from 11 states: California (84), Alaska (49), Alabama (43), Arizona (34), Arkansas (34), Colorado (34), New York (27), Connecticut (24), Delaware (24), Hawaii (19), and Georgia (16). Additionally, 7.9% indicated professional BH experience working in another country.



Source: Respark current BH professionals survey

When asked, "How would you compare the experience of working in another state/country to your experience working in Florida?" 95 open-ended responses were 39% positive, 32% neutral, and 29% negative.

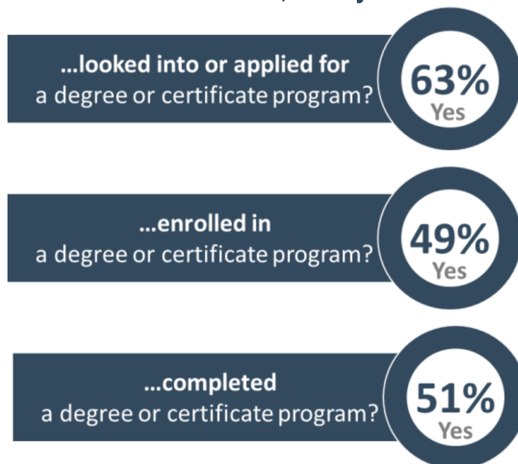
Neutral responses generally indicated equivalency or non-comparison, with statements such as, "I don't think there is any difference. Every region has its own characteristics, and there will always be differences between jobs;" or "Work experience is different from state to state and cannot be compared."

Positive and negative sentiments mention a variety of themes including overall convenience and satisfaction, the cultural and political environment, personal financial considerations, and work role satisfaction. The table below shows the distribution of responses according to themes identified by the study team with example comments for each.

How would you compare the experience of working in another state/country to your experience working in Florida?

% of total	Count	Theme	% Pos/ Neut/Neg	*Example responses*
14.9%	14	Funding, Resources, and System Coordination	21.43%	*Alabama was tough due to lack of resources. Florida is better in certain areas.*
			7.14%	*Nowhere has enough resources.*
			71.43%	*My experience in other states has been a lot better. Soley due to the fact that there is more state funding.*
12.8%	12	Cultural and Political Environment	16.67%	*Different country - different customs. I enjoy working in FL.*
			58.33%	*Work and living habits are different.*
			25.00%	*The political landscape makes it incredibly scary in FL.*
11.7%	11	Convenience and Satisfaction	100%	*It's really easier commuting to work and less issues with management here.* *It's all good. It's more comfortable working in FL.*
			-	
			-	
10.6%	10	Work Role Satisfaction	30.00%	*Florida is not as strict with determination levels or inpatient requirements for mentally ill.... It was very complicated and difficult to get mentally ill individuals admitted to the State Hospital in Arizona; it is common that an individual can spend 5+ years in the State Hospital once admitted. Florida's state hospital has lax requirements and admission lengths in comparison.*
			20.00%	*Florida has the most complex patient population I have ever encountered.*
			50.00%	*Care is more coordinated [there] than here in Florida. Providers are much more burdened by reduced resources than in Pennsylvania and Delaware. Housing is not seen as part of behavioral health supports in Florida and use of involuntary assessments is high in Florida but does not lead to inpatient stay. Very strange that this is a solution knowing that it does not work. Florida requires more partnership with other provider agencies.*
8.5%	8	Workplace Culture	50.00%	*Here, I can more intuitively feel the difference in work attitude, which is very efficient and responsible.*
			37.50%	*There are differences in working hours.*
			12.50%	*Colleagues have vastly different levels of enthusiasm and leadership attitudes.*
6.4%	6	Licensing and Professional Opportunities	83.33%	*I feel that Florida has better training opportunities for their employees.*
			-	
			16.67%	*Colorado made it easier to get licensed and renew my license. Otherwise, it is about the same.*
3.2%	3	Personal Financial Considerations	33.33%	*The cost of living is relatively low for working in FL.*
			-	
			66.67%	*Oregon, Pennsylvania, and Virginia pay more.*
31.9%	30	Non-specific	26.67%	*I think I am more impressed by my work experience in Florida than in another place.*
			56.67%	*It’s been very similar.*
			16.67%	*Stressful.*

Of those who have worked in other states, respondents with experience in the northeastern US, Illinois, California, and Colorado indicated that services in those states seemed better coordinated, better funded, and/or to have better accessibility for patients than what they have experienced in Florida. Respondents who have worked elsewhere in the southeastern and central US often indicated that Florida is an equivalent or better work environment than their previous experience.



Source: Respark current BH professionals survey

In conjunction with their work experience, many current professionals are pursuing additional training. Professional development was a theme raised by 76% of interviewees, who described seeking or desiring training for topics ranging from program management and team leadership to advanced clinical degrees or specialized trauma approaches. When asked, "What professional growth/development opportunities are you currently seeking in BH?" survey respondents most frequently selected program management (37%), specialized trauma-related topics and methods (34%), and team leadership (30%) as their main topics of interest.

Moving from interest to action, 63% of survey respondents indicated that within the last 18 months they have looked into or applied for a degree or certificate program to advance professionally, while 51% indicated they have completed a degree or certificate program in the same time period.

iv. Workforce Lifestyle Patterns (Income, Debt, Commute, etc.)

The TBT BHWF task force sought to understand how issues related to compensation, cost of education, daily commute patterns and work structure were impacting local professionals. Anecdotally, several organizational and program leaders as well as current and former BH professionals report that staff are dissatisfied with wages, working multiple jobs to make ends meet, and facing increasing commute times as local population growth is driving up the cost of living and traffic congestion.

The study interviews and surveys suggest that pay and salary continue to be a major issue for many. Among current professionals who responded to the study survey, about 1 in 3 (32%) indicated being "dissatisfied" or "highly dissatisfied" with their wages. Of 168 open-ended responses to, "What is one thing your employer could do that would have a major positive impact to help you stay in your role or in your current organization?" 59 answers (35%) were directly related to pay increases.

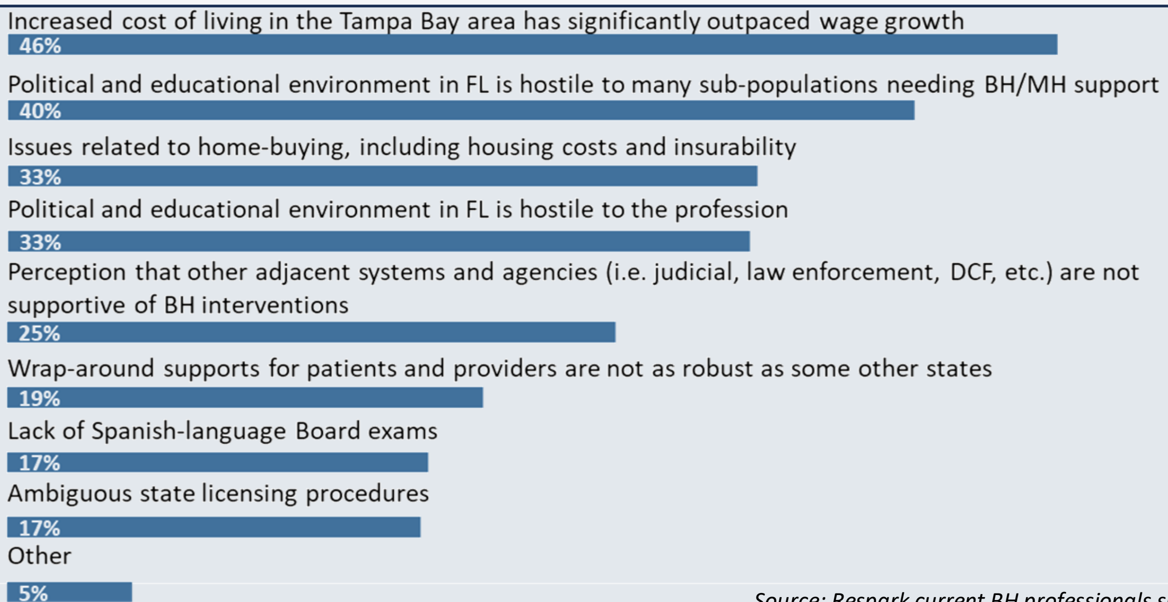
While local employers and funding organizations report trying to boost wages recently ("We funded salaries, in some cases 20%-30% increases; we're not seeing the needle change on satisfaction and retention."), interview and survey participants feel these efforts are exacerbated by low reimbursement rates in the state of Florida; rapidly increasing local cost of living outpacing wage growth, especially when local employers are dependent on national trends and federal funding sources; national providers being unaware of or insensitive to local wage issues; and for-profit and government providers poaching staff for higher wages that community organizations cannot compete with in the current system.

"Tuition reimbursement and loan support is a big deal." This statement from an employer participant reflects the impact of education loans for local professionals. Approximately half (55.1%) of survey respondents indicated that they are paying off student debt. Of those that are:

- Professionals with a household income below $75,000 (66% "Yes") are more likely to have student debt than those with an expected income of $75,000 or more (42% "Yes").
- Professionals with an associate or bachelor's degree are more likely to have debt (61% "Yes") than master's and medical degree professionals (50% "Yes").

Given these high rates of student debt, it is no surprise that employers, recruiters, and HR leaders are trying to find ways to support staff to pay down debt.

When asked about attracting additional professionals to the area, 46% of survey respondents selected increased costs of living relative to wage growth among the top three barriers. The political and educational environment in the state was also raised by several interviewees and focus group participants and ranked second among the top three barriers to attracting other professionals. Barriers to licensing, including the Florida state licensing procedure and access to Spanish language Board exams were selected by 17% of respondents. Interview participants who related to experiencing these issues often represent demographics that are growing in the region, especially Hispanic/Latino.



Source: Respark current BH professionals survey

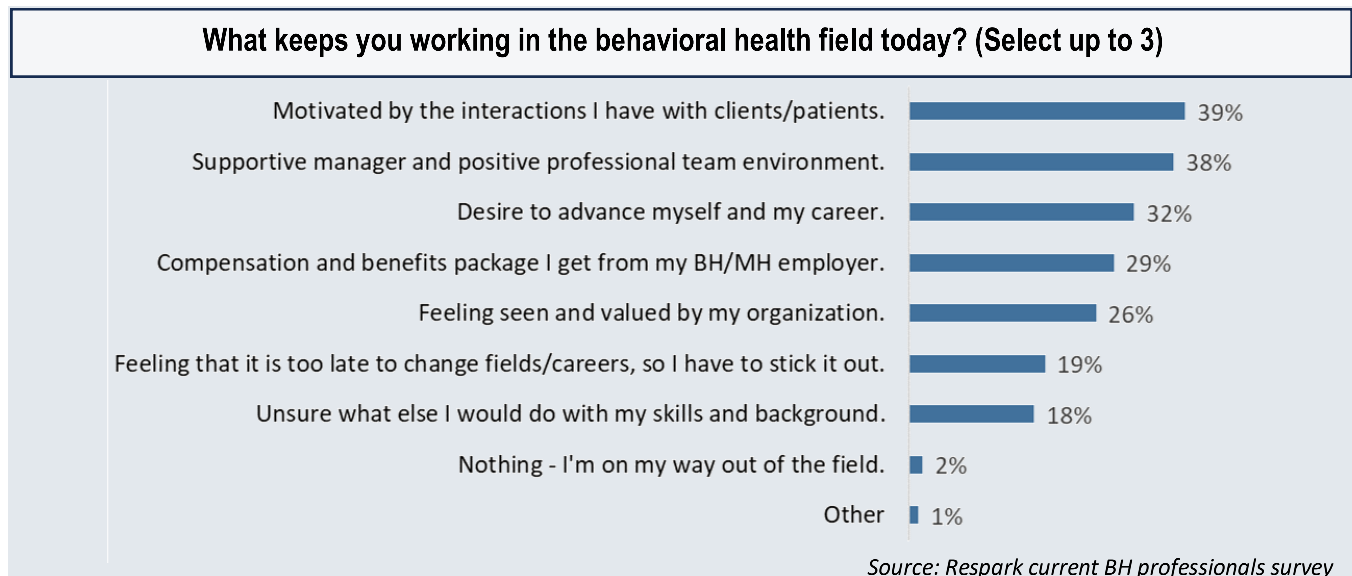
While economic concerns seemed consistent across study participants, commute time was not a major issue for most survey respondents. Among current professionals, 63% of respondents are satisfied with their daily commute and 17% are "indifferent." Approximately 53% indicated that they commute 30 minutes or less daily, while less than 11% commute more than 60 minutes daily.

v. Workforce Motivation & Satisfaction

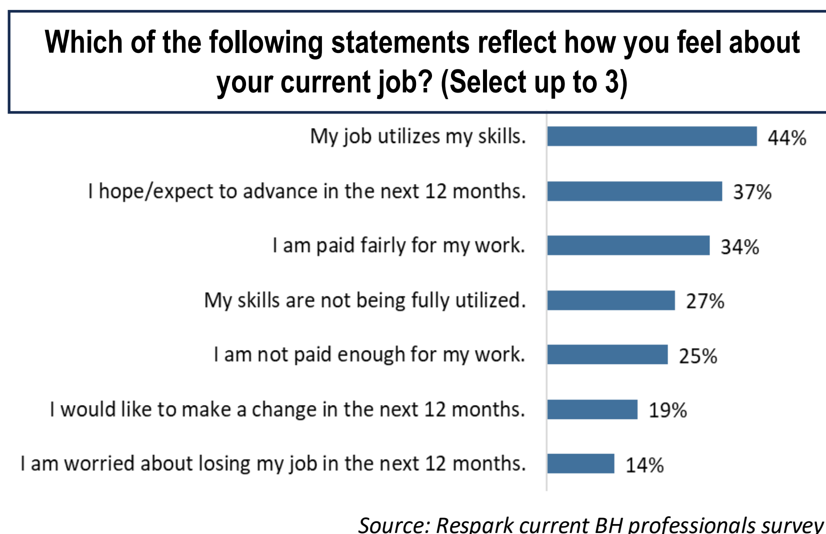
Healthcare workforce turnover has been a national concern since the height of the COVID-19 pandemic, and burnout continues to be a pervasive topic among behavioral health professionals. 90% of interview participants raised issues related to retention as a key workforce challenge in the Tampa Bay region. Burnout is seen as part of a negative cycle by some direct service providers: "People leave and are not replaced, so other people have to pick up the slack, which leads to burnout."

Among BH professionals that responded to the study survey, 50% feel their organizations are regularly or sometimes understaffed, and just 7% reported, "I have not faced burnout in my role." 37% feel their organizations take employee burnout and work-life balance seriously, while 40% indicated they feel they have to "fight the system" to address self-care needs.

Despite these pressures and constraints, behavioral health professionals continue to be motivated by client interactions and their professional team environment. When asked, "What keeps you working in the BH field today?" fewer than 1 in 3 respondents ranked compensation among the top three motivators. Instead, clients, colleagues, and self-advancement provide the motivation for these professionals to keep working.



Source: Respark current BH professionals survey



Source: Respark current BH professionals survey

Regarding job satisfaction among survey respondents, less than half (44%) feel their current job utilizes their skills. Within the next 18 months, 8% expect to move away from direct service into administration, 5% indicated going back to school full time, and 2% plan to exit the field. 13% indicated that they feel it is unclear how to advance in their role so they will likely move to another organization, and 3% indicated leaving a large provider organization to join or start a private practice.

Future State: The Tampa Bay Region and its Behavioral Health Workforce

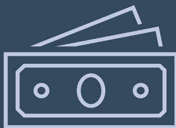
Multiple factors in the operating environment inform a future state understanding of BHWF needs, opportunities, and constraints. Healthcare landscape trends of interest, prioritized in the research framework include:

Public Policy

State
- Loan repayment for BH workers
- Establishment of BHWF center at USF
- Designation of BH teaching hospitals

Federal
- Medicaid unwinding
- Loosened regulations for MAT

Care Models
- Expanding crisis response continuum of care
- CCBHC expansion
- Fully implemented integrated care
- Technology to deliver and manage care



Reimbursement
- Evolving payment models
- Change in covered services

Employer Needs
- Quality staff at all levels
- Effective managers and program supervisors
- Diversified workforce

Demand
- More nuanced projections of total demand
- MH workforce requirements likely to outpace SU; both are needed
- Ability to represent and meet needs of subpopulations (e.g. age, race/ethnicity) via recruitment and training

While this section distinguishes trends by category for simplicity, their interrelatedness is significant and often driven by the overarching political environment. As such, public policy is noted first given the significant changes achieved on healthcare policy during the 2024 Florida Legislative Session.

i. Public Policy Trends

The political environment directly influences BH provider organizations and workforce members. Policy impacts include scope of practice, licensing, and regulatory guidance.

State policy

In recent years, Florida has accelerated investments in its overall health care system with targeted behavioral health investments noted in 2024. These changes represent structural improvements and financial resources to increase access to care, enhance provider reimbursement, and draw workers to the BHWF pipeline. A Legislative Session Wrap-up report (Florida Behavioral Health Association, 2024) offers the following funding highlights:

- $7.6 million rate increase for a Statewide Inpatient Psychiatric Program for children
- $7 million for Certified Community Behavioral Health Centers
- $83.9 million in Opioid Settlement funding for services
- $95 Million for Community Substance Abuse Mental Health including State Opioid Response funding

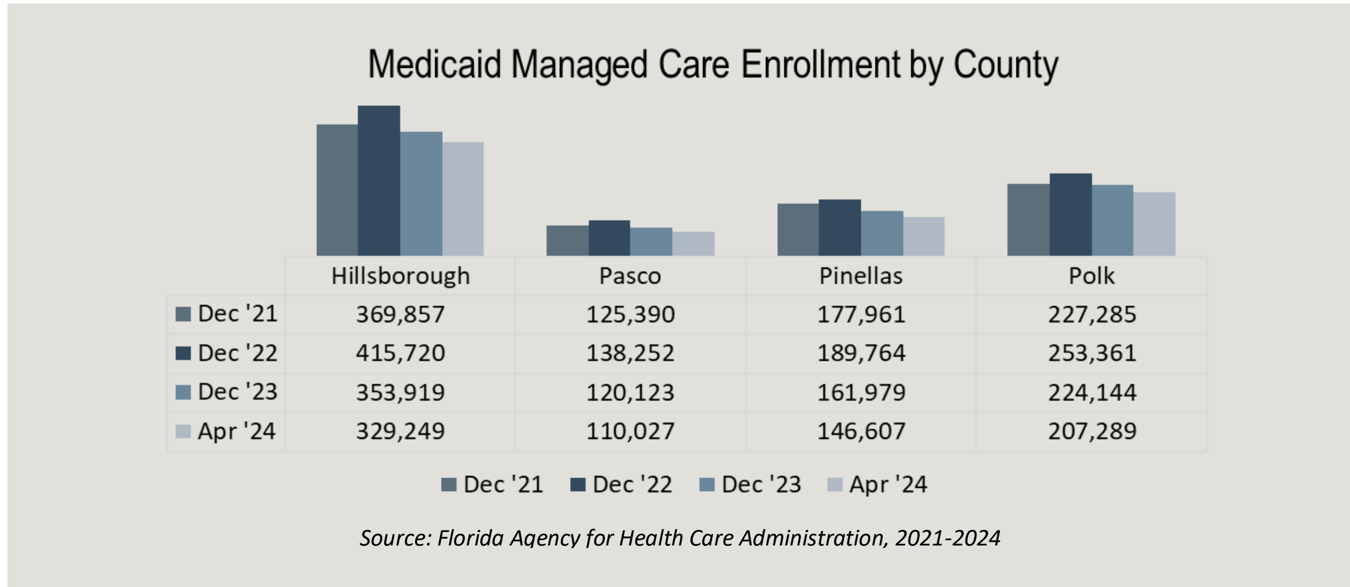
Several bills from the 2024 session specifically mention BHWF. With passage of SB 7016 Live Healthy, there are 500 new medical residency slots statewide, offsets for administrative costs to offer clinical training programs for behavioral health, loan repayment opportunities for mental health professionals offering Medicaid services, an elimination of minimum experience requirements for clinical psychologists and psychiatric nurses to work at their full scope of practice upon completion of their education, and an expansion of mobile crisis teams. The Live Healthy initiatives make choosing BH roles more appealing through financial incentives, accelerates contributions from psychologists and psychiatric nurses sooner after training, and may help improve BHWF retention.

SB330 Behavioral Health Teaching Hospitals "creates the designation of behavioral health teaching hospitals to advance Florida's behavioral health systems of care" including such designation for Tampa General Hospital. The bill also establishes the Florida Center for BHWF at Louis de la Parte Florida Mental Health Institute at USF to analyze workforce needs and make recommendations to address gaps. Behavioral health teaching designations lend credibility to one's training and can incentivize those in the pipeline to choose such programs. The BHWF Center will drive a more in-depth understanding of Florida's BHWF and may be key in aligning related efforts Statewide.

Interstate practice compacts, which allow providers to practice across state lines without additional licensing, have gained traction to expand BH access. In 2023, Florida joined the Psychology Interjurisdictional Compact (PSYPACT) which "facilitates the practice of both telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries" (Florida Board of Psychology, n.d.). Currently, there are 753 psychologists registered with Florida as their home state--in the compact total of 13,228 psychologists. PSYPACT allows practitioners to practice in any state although they do not have to designate those states in their registration record (Polk, 2024). Florida also participates in the Licensed professional counselor compact (along with 33 other states) (Counseling Compact, 2024) and the Nursing compact (along with 39 other states) (NCBSN, 2024). In its 2024 session, Florida passed legislation for participation in the Interstate Medical Licensure Compact for physicians (Interstate Medical Licensure Compact, 2024). Note that Florida attempted legislation to participate in the social worker compact in 2023 and 2024 without success (Social Work Licensure Compact, 2024). Interstate compacts allow Florida residents access to a wider breadth of providers, ensuring that care is not delayed due to local capacity constraints. Additionally, the local workforce benefits from less strain on caseloads and waiting lists, scheduling flexibility, and opportunities for remote work. Remote work opportunities exist for both BH professionals within Florida wanting to serve patients in other states as well as out of state providers wanting to provide service to Florida. This flexibility for currently out of state providers may attract workforce participants in a way that bypasses noted concerns of the licensing process in Florida and the local cost of living in the Tampa Bay region.

Federal policy

The rollback of continuous Medicaid coverage offered as a COVID-era pandemic protection began in April 2023. The chart below indicates peak Medicaid enrollment in the Tampa Bay Region at the end of 2022 with continued decline in enrollment since that time.



	Hillsborough	Pasco	Pinellas	Polk
Dec '21	369,857	125,390	177,961	227,285
Dec '22	415,720	138,252	189,764	253,361
Dec '23	353,919	120,123	161,979	224,144
Apr '24	329,249	110,027	146,607	207,289

Source: Florida Agency for Health Care Administration, 2021-2024

These numbers continue to decrease despite the population growth in the region. While the unwinding is largely complete as of April 2024, data is still emerging on coverage status for those who were unenrolled. One report indicates that 23% of unenrolled adults are now uninsured, 28% obtained other coverage, and about 50% will be determined as eligible for Medicaid upon reapplication (Galewitz, 2024). A related change in the Florida Medicaid landscape is the recent announcement of new Medicaid managed care contracts effective 2025 (State of Florida, 2024). The overall number of available plans has been reduced statewide. Providers are likely to experience disruption or transition in coverage for patients and shifting provider networks with these changes. The specific impact of coverage changes on BH demand is unclear, but potential implications could be for greater demand due to increased financial stressors or less demand if navigation during transitions or without insurance become barriers to access. Staffing needs may shift with these fluctuations.

Other policy trends of note

SAMHSA updates for prescribing and administering methadone and buprenorphine may impact provider operations, reimbursement, and care models. These changes "support take-home doses of methadone upon entry to treatment" and gives providers the permanent ability "to initiate buprenorphine via telehealth, both audio-visual and audio-only, and adds initiation of treatment with methadone through audio-visual telehealth platforms" (Substance Abuse and Mental Health Association, 2024). These changes can result in expanding access to MAT services but only if there are enough providers to participate. As discussed in the next section of this report, "crisis continuum," CCBHC's typically are able to both expand MAT services and increase staffing through wage competitiveness. Therefore, CCBHC sites may offer distinct opportunities to further maximize provider skill sets within SAMHSA's relaxed guidelines.

The Consolidated Appropriations Act of 2023 extended the ability to prescribe buprenorphine for the treatment of OUD to all practitioners with Schedule III authority on their DEA Registration, eliminated the related waiver

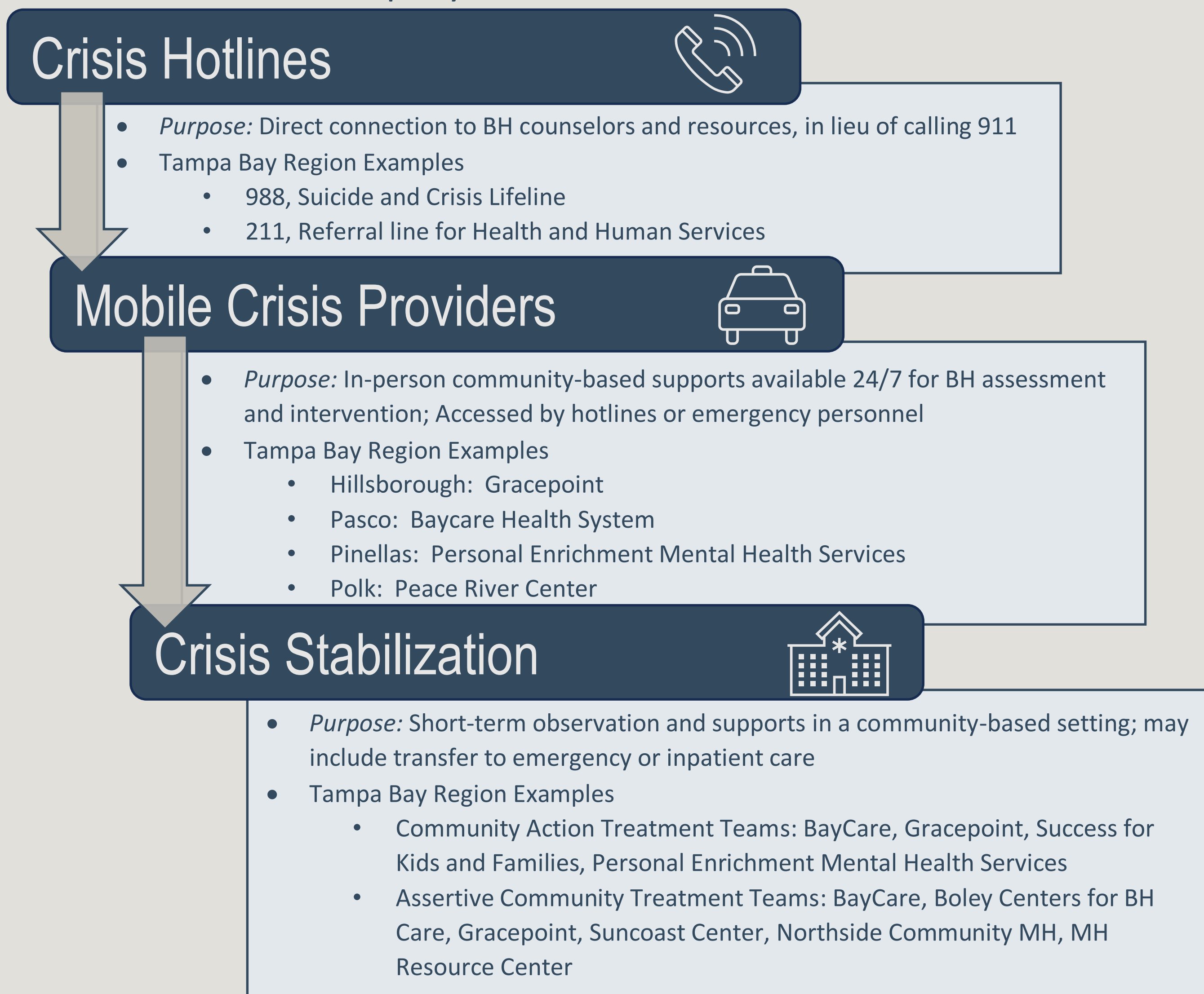
requirement, and eliminated patient caps per provider (Substance Abuse and Mental Health Services Administration, 2024). These changes broaden the scope of who can prescribe buprenorphine and allow providers to add to their caseloads if capacity allows. The Act does not apply to methadone. Florida Schedule III prescribers include MD's, DOs, PA's, APN's. Noting the somewhat low rate of survey respondents in this assessment indicating that their current BH employment utilizes their skills, this regulatory change offers authorized prescribers the opportunity to work to an expanded scope of practice.

ii. Behavioral Health Care Model Trends

Developing a continuum of care for BH crisis response

SAMHSA guidelines (2020) state that crisis response includes: crisis hotlines, mobile crisis, and crisis stabilization. These efforts are designed to meet increasing demand evidenced by law enforcement and hospital EDs, reduce service silos, and improve continuity of care for individuals exhibiting acute behavioral health symptoms. This

Tampa Bay Behavioral Health Crisis Continuum



Sources: Florida Department of Children and Families, 2024; Substance Abuse and Mental Health Administration, 2020

continuum promotes a "no-wrong-door" approach to getting to the right level of care and is available to anyone at any time. Strengthening of crisis response systems may result in reduction of unnecessary ED visits, involuntary hospitalizations, and justice-involved interactions. Mobile response teams in Florida have achieved an 80%+ diversion rate from involuntary hospitalizations. Tampa Bay 988 initiates calls to 911 only about 2% of the time to intervene with callers. These metrics are illustrative of the impact that crisis services can have on connecting individuals with a targeted level of care in the community. Coordinated crisis care can reduce social costs, incarcerations, and emergency room expenditures.

The Tampa Bay 988 line has the 4th highest call volume in the state and an 80% answer rate (Colombini, 2023). The Kaiser Family Foundation (2023) reports that statewide, Florida managed 22,234 calls from Apr-May 2023 with a 74% answer rate. Nationally, response rates are highest for incoming chat and texts (98 and 99%, respectively). Most 988 lines are currently funded by time-limited grants with several states implementing telecommunication fees for sustainability. While there are funding possibilities for crisis services through Medicaid, not all states offer this. As of July 2022, Kaiser Family Foundation reported that 41 states covered at least 1 crisis service through Medicaid with Florida being 1 of only 4 states that covers none (Saunders, 2023). The Florida legislature did not pass a proposed bill for 988 funding in the 2023 session (Bryant, 2022). 988 lines hold value in addressing BH crisis worker shortages as they can be staffed remotely and also offer support via chat and text.

Expansion of Certified Community Behavioral Health Clinics (CCBHC's)

A CCBHC is a specially designated behavioral health clinic that meets specific statute guidelines for a comprehensive range of services that are available to all, regardless of ability to pay. This model is supported by a more flexible funding mechanism than traditional clinics.

The Tampa Bay region currently has four SAMHSA grants for CCBHC initiatives:

Organization	County	New / Expansion	Population Served
Cove Behavioral Health	Hillsborough	Expansion	POF minorities, pregnant women, veterans, youth
Suncoast	Pinellas	New	POF anyone who seeks care
Peace River Center	Polk	New	POF rural, children, veterans; adding buprenorphine to its MAT capabilities, expanding care coordination beyond crisis care
Tricounty Human Services	Polk (and 2 other counties not in the region)	New	POF cooccurring, children and youth; ACT implementation

The National Council on Mental Wellbeing (2021) published a report about CCBHC implementation and outcomes. Findings reveal that CCBHC models allow sites to serve more people, hire more staff, and expand service types. On average, CCBHC's in the study reported serving 17% more people than prior to CCBHC implementation, hired an average of 41 new staff per site, and greatly reduced length of times to next available appointment. About half of CCBHC's provide same-day appointment access and 93% were able to see clients within 10 days. Most CCBHC's also have law enforcement partnerships in which they aid with mental health crisis response. For CCBHC's who have increased hiring, this is largely due to offering more competitive wages and bonuses alongside staff well-being programs and robust benefits.

The CCBHC model has also expanded access to MAT. 89% of CCBHC's offer one or more forms of MAT, compared to only 56% of substance use clinics nationwide. 60% of clinics added MAT services for the first time as a result of becoming a CCBHC, and 31% were able to offer more forms of MAT after CCBHC implementation than before. "92% of CCBHCs offer MAT due to state-driven requirements and a reimbursement rate that supports prescriber hiring and training." (National Council for Mental Wellbeing, 2021). Medication-assisted treatment is the standard of care for opioid use. Methadone and buprenorphine treatments have been shown to be most successful for keeping people connected to care, reducing misuse, and reducing overdoses.

If CCBHC implementation increases provider capacity, certain workforce stressors are alleviated with the hiring of staff. This, of course, is dependent upon these positions being filled. Providers will likely find a need for training to serve new populations and full integration of services.

Fully implementing integrated care models

Integrated care includes physical and mental health within the same provider team or location. This approach uses care team and physical site designs that integrate previously siloed approaches. Integration can be as simple as adding a behavioral health professional to a primary care team or co-locating services. More fully integrated models expand support for health-related social needs and also include data sharing, interoperability, and alignment of financial incentives.

The Florida Pediatric Mental Health Collaborative is a statewide network supporting primary care settings with behavioral health capacity. Regional health hubs support providers with technical assistance, training, and ongoing consultation (Florida Health, 2024). The Tampa Bay region's hub is the Florida Program for Behavioral Health Improvements and Solutions, University of South Florida.

Local examples include BayCare's behavioral health urgent care model launched in late 2023, Tampa Bay General's urgent care with behavioral health capabilities, and Evara Health's family and pediatric practices with embedded behavioral health capabilities.

Increasing use of technology to deliver and manage care

Online scheduling and electronic medical records have increasingly become commonplace in health care. However, offering telehealth as a core service and utilization of electronic platforms for managing care are newer. For care management and utilization review, automated referral platforms and health information exchanges allow providers to coordinate care and remotely monitor a patient's movement among providers. These initiatives enhance care coordination and improve utilization analysis. More sophisticated tools use predictive analytics to recommend targeted interventions to minimize patients from cycling into higher acuity levels of care or unnecessarily frequent utilization.

Telehealth became ubiquitous during the COVID-19 pandemic as special rules for originating site, provider type, technology used, and reimbursement were offered. Across payer types, telehealth support strengthened during the pandemic with many special rules being extended through the end of 2024 or becoming permanent.

The most recent updates to Medicare coverage and payment for telehealth are available via the 2024 Medicare Learning Network fact sheet. Florida Medicaid has continued to pay for video telehealth but no longer pays for audio only as it did during the pandemic. Florida does not require behavioral health rate parity for telehealth. While telehealth options for MH care have expanded, some providers find that many who need services do not want to or cannot use a virtual/telehealth option. Some interviewees stated that they feared that prioritizing telehealth appointments is driving the neediest people out of the system and unintentionally targeting services

for individuals with greater economic means and flexibility. One interviewee mentioned losing clinicians to other provider organizations with telehealth options. Thus, providers are staffing both in-person and virtual modalities.

iii. Behavioral Health Reimbursement Trends

Evolving payment models

Payment models continue to shift away from traditional fee for service structures. Value-based initiatives exist in many forms ranging from minimal risk to higher risk/reward structures, and can include quality incentives, accountable care organizations, clinically integrated networks, and risk-bearing models.

CCBHC's offer a flexible reimbursement model to participating providers. Reimbursement varies by payer type with Medicaid offering prospective payment rates for "qualifying encounters" for demonstration sites and grant funds supplementing reimbursement rates for expansion sites. The State of Florida has issued a CCBHC Implementation plan indicating that it will submit a State Plan Amendment in late 2024 in hopes of adding CCBHC as a Medicaid covered service in 2025 (Florida Agency for Health Care Administration: ACHA, 2023).

While behavioral health payment models have shifted more quickly than substance use disorder models, higher service demand since the COVID-19 pandemic is driving interest for new/adapted SUD models. As of early 2023, less than 50% of states were utilizing value-based reimbursement for SUD, including Florida. Locally, Cove Behavioral Health's community mental health center joined a Medicare demonstration project called Value in Opioid Use Disorder Treatment in 2021 (scheduled to end 2024) (Center for Medicare and Medicaid Services, 2024). BayCare has the region's largest Medicare accountable care organization, that while not behavioral health specific, offers potential for integrated care approaches to support it (BayCare, 2021).

Covered services evolution

The type of services covered by payers requires ongoing monitoring by providers. While some coverage is dictated by government parameters, payers may cover additional services at their discretion. Business planning for provider organizations is largely driven by the scope of covered services by payer, those specific reimbursement rates, and the payer's portion of total payer mix.

Increased additions of "little C" supports to care models is noted nationally although these roles have not typically been broadly reimbursable. This may include community health workers, apprentices, and roles with lived experience in lieu of formal BHWF education. The Florida Behavioral Health Association leads HealthQuestWorks which focuses on building pipelines via an apprentice model. To date, it has produced 138 BHWF members including 24 peer specialists, 34 addictions counselors, and 79 behavioral technicians (Florida Behavioral Health Association, 2023). As of 2024, Medicare now allows for community health care reimbursement in certain settings under supervision of a Medicare-enrolled provider with evidence of "sufficient clinical integration" (Kelly, L., Center for Health Care Strategies, 2024). Florida Medicaid managed care allows for, but does not require, community health worker coverage via its Healthy Behaviors program. Related to behavioral health, the Healthy Behaviors program includes interventions for medically approved alcohol or substance abuse recovery programs (Florida Agency for Health Care Administration, 2023).

In addition to adding coverage for community health workers, Medicare now allows for enrollment of marriage and family therapists and mental health counselors as providers, provides coverage for intensive outpatient services, increased reimbursement rates for psychotherapy provided in crisis settings, and increased rate for primary care providers (Sheshamani, 2023).

A survey of state Medicaid leaders in 2022 revealed that an average of 44 out of 55 possible behavioral health services are covered for adults by State FFS plans. At the time, Florida had 30 covered services which was the second lowest in the nation (with 6 states not reporting) (Guth, 2023). Importantly, while the report noted that many states with higher rates of covered services had expended Medicaid, it is notable that coverage does not equal access; particularly, with significant workforce shortages. The 2022 list of covered services for Florida is available as a Custom State Report on the Kaiser Family Foundation website.

Medicaid waivers are an opportunity for states to gain time-limited flexibility to pilot benefits geared to specific needs for services and/or populations. Waiver opportunities offer federal matching funds for the demonstration period, typically an initial five-years. Medicaid.gov currently listed seven approved waivers for Florida, none of which are targeted to behavioral health. Thirty-six other states have Substance Use Disorder Demonstration waivers, and twelve states have waivers for Serious Mental Illness. Any insurance company participating in Medicaid managed care also has discretion to cover additional services beyond the State program. Waiver programs offer provider flexibility to participate in new care or reimbursement models.

Other payment trends to watch

Rate inadequacy for behavioral health is an ongoing provider concern. While Medicaid is the most common payer for behavioral health services, it often does not cover the full costs. Funding opportunities from opioid settlements, awarded in 2022 and dispersed over eighteen years, will fund opioid related support in the region. Initiatives funded so far include the BayCare behavioral health urgent care in Pasco County (Pasco County, 2024) and the expansion of the Florida Coordinated Opioid Response Network into Polk County (Ford, 2023). Hillsborough County has considered a Request for Applications process for fund distribution, but this process is on hold as of 4/24/2024 per the County's website. Pinellas County has awarded funds for recovery support services to be co-located in hospital emergency rooms, with preference given to Certified Recovery Peer Specialists. (Pinellas County, 2023).

iv. Behavioral Health Employer Needs

The COVID-19 pandemic upended the US labor market in all sectors. Since 2021, many healthcare providers have struggled to replace staff that left their field of practice or reduced their hours. Workforce replacement takes years to train and license while employers have fewer qualified people available to give trainings, lead teams, and supervise. New graduates into the BH field have high salary expectations and may or may not have a correct understanding of the nature and stresses of their job, while the COVID experience has left many wanting flexible roles with remote work options. In these market conditions the workforce is able to extract certain demands while employers face increasing costs and risk lower quality services. For both the employee and employer, mismanaging this challenging dynamic can lead to downward spirals of burnout, workforce turnover, reduced quality, lost revenue, and lower community impact.

Local employer needs were highlighted across study interviews with provider organization executives, HR managers, and program leaders. Challenges related to pay, recruitment, and employee churn continue to permeate almost all discussions with employer executives. When exploring these issues, Tampa Bay area employers articulated needs for hiring quality staff at all levels, hiring or developing effective managers and program supervisors, diversifying the workforce, and certain tactical steps to expanding who is included in the workforce. Most of these themes were reflected in interviews and survey comments from current provider individuals as well.

Quality staff

Local leaders expressed a continuous need to find, recruit, and hire quality individuals, regardless of their experience or the role that needed to be filled. "Success equals personal drive," one program leader shared. "If you love your job, you're going to go the extra mile." While this may seem obvious, interviewees related stories that included large numbers of "no show" candidates in the hiring process; new hires starting in a role and leaving within a few weeks because of mismatched expectations; and poor understanding of professional behavior or low accountability for quality of work. Some study participants described feeling that many people who are responding to job postings either lack the professional qualifications or the individual aptitude for the roles for which they are applying. There is a sense of desperation from some employers feeling that this situation is exacerbated by low salaries in the field, so they must "take what they can get." Others related stories of organizational efforts to improve employee culture, leading to longer retention rates and reductions in turnover, fueling improved quality of work and better candidates for open positions. "Many nurses here have been in their roles for 3 years or more. It comes down to finding the right people- it's not easy work; we must be transparent about the work in interviews."

Participants expressed shared accountability for developing, finding, and attracting quality staff- stating that some aspects fall to workforce development channels such as university training programs and their responsibility to ensure students are adequately prepared for the professional work; some aspects fall to employers in the ways they support and cultivate the quality staff they have so that those individuals attract and recruit similar professionals; and some aspects fall to the culture at large and the realities of the post-COVID labor market. One hiring manager shared: "When supervisors make the time to take on interns, those interns often become good hires. They come here as interns and like what they see."

Effective managers and program supervisors

Employers expressed a need to hire or develop from internal candidates effective business managers, people managers, and program supervisors. Staff that are in direct service roles are often passionate about serving people in need and frequently focus their skill development on these professional interests. However, employers that participated in the study understand the link between effective business management and the sustainability of their program offerings. Many of these leaders also connect overall business impact to very effective team managers- individual team leaders who are attentive to their direct service staff in ways that promote and maximize their contribution to the organization. These effective managers understand how to contain costs and maximize resources by developing service delivery efficiencies and fostering a healthy work culture that yields low turnover and high productivity.

Local employer organizations need effective managers now to navigate the current labor market dynamics, innovate their program offerings to meet community need and demand for services, and continue finding ways to deliver services at available market rates. One program leader highlighted, "Creating multidisciplinary teams that communicate and remove duplication has allowed us to do more work with our teams." In the future, increased demand will mean greater volumes of service delivery, new types of behavioral health services and programs, and- if workforce recruitment efforts materialize- a larger workforce to be managed, supported, and developed.

Diversify the workforce

90% of interviewees either made direct statements about the need to diversify the workforce, or indirectly described instances where patient needs were not met because a provider could not be matched to the person seeking services and specific demographics related to personnel diversity likely played a role. The Hispanic/Latino population is the fastest growing demographic in the four-county region. One provider stated needing, "Bi-lingual

behavioral health therapists, especially Spanish. We also have growing communities of Haitian Creole and Brazilian Portuguese speakers." Another provider stated that they felt lack of representation was an issue in the workforce, especially with a very low percentage of Black/African American providers: "I'm hearing a lot of: 'I would like to see a therapist that looks like me.' … Race becomes the reason that people don't seek help." As the population demographics continue shifting employers need a workforce that reflects their community to deliver services and meet demand. One leader described their recruiting tactics to address this: "Make sure your advertising includes diverse people. Our organization included blurbs that explicitly acknowledged the need and lack of people of color in their job postings."

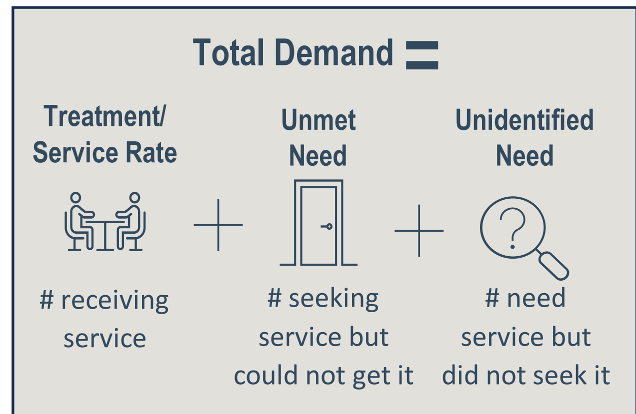
Expand the workforce

Employer participants named a variety of pain points with tactical solutions that they believe would help them expand who is included in the workforce and be more competitive recruiters.

Flexibility to hire individuals with drug use and/or criminal history: Many provider organizations are interested in leveraging more "little c" roles like peer counselors to help expand the workforce and lower costs for services. Currently, individuals who carry a State of Florida Medical Use card for THC/marijuana will be disqualified from many of these roles depending on how they are funded or policies of the provider organization. Similarly, individuals who have been convicted of certain crimes will fail the background screen required to serve in some "little c" roles, even if those convictions are 10 or 15 years old. "For peer specialists, it feels like DCF requirements are too tight for people with lived experience." Despite not being able to access these interested individuals as part of the workforce, many employers feel they are the best suited for the roles specifically because of their direct personal experience with the types of challenges clients are facing. As reimbursement for "little c" supports expands, employers want to expand the workforce pool to include these individuals who they believe are best qualified to deliver the services and drive outcomes.

Flexible work structure: Local Tampa Bay behavioral health employers feel they need flexibility in order to compete for workers in the post-COVID remote and hybrid work environments. One hiring manager shared, "It is *very* difficult to find people who *want* to do this community-based role because there are so many options for at-home/remote roles for experienced, licensed practitioners that can get more pay from larger institutions." Another program leader stated: "Many of our programs require in-person positions; many people are looking for/expecting hybrid or remote options since COVID." Other leaders empathized with their staff who are working multiple jobs or trying to manage at-home demands alongside their work as a BH professional. Looking beyond the typical remote and hybrid options, some employers have tried to restructure roles to three or four days per week (i.e., full time = 4 x 10-hr shifts instead of 5 x 8-hr shifts) or allow early morning or later evening hours that also align to client needs. As treatment modalities evolve in the future, employers need flexible work structures to attract and retain the workforce and design program offerings that meet service demands.

v. Behavioral Health Demand



Behavioral health demand generally refers to the quantity of services provided and sometimes includes those requested but not currently available (as indicated by waiting lists or number of days until the next appointment/opening). While "demand" is a commonly used term and metric, a comprehensive projection of need to determine workforce requirements- referred to here as "total demand"- includes the service rate, unmet need, and unidentified need.

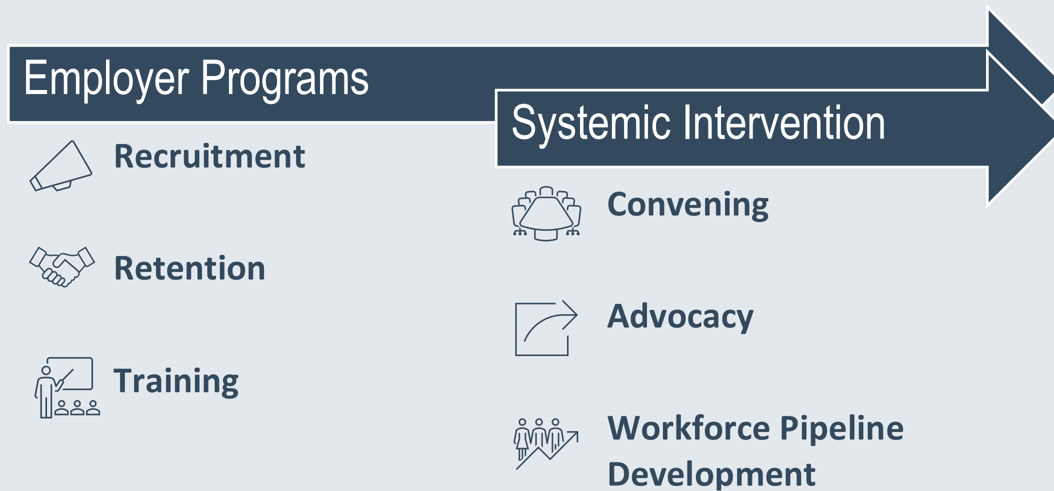
The growing population in Tampa Bay, increased awareness of behavioral health needs, and results of anti-stigma efforts are inextricably linked when projecting future total demand. While education and prevention efforts are essential, an indicator of their success is accessing care which can increase demand. Conversely, effective treatment models should result in individuals cycling out of care. The rate of those entering care compared to those leaving care due to addressed needs is unknown for this study but could be further understood.

While total demand indicates quantity, adding an understanding of utilization (usage metrics and patterns) offers a deeper view that directly impacts BHWF staffing needs and models. Utilization includes provider type, service site, payer mix, visit frequency, service received, service duration, and duplicated/unduplicated dynamics. A thorough analysis of total demand, utilization data, and BHWF headcount projections is needed to fully quantify needs for future BHWF levels in the region. Such a model can also be used to indicate a variety of scenarios based on trends by provider role, turnover and retirement rates, population growth ranges, and other potential drivers (increasing number of uninsured, geographic disparities of workforce location to service sites, etc.).

Additional subtleties within demand and utilization data can inform targeted efforts to serve specific populations or treatment needs. As indicated by self-report data, adults are more likely to seek MH treatment than SU, but a growing workforce is needed for both. Continued advancement of integrated care models will help providers identify co-occurring needs and create workforce efficiencies with direct handoff and referrals. Gaps can also be identified for strengthening workforce demographic diversity to align with demographics of patient populations more closely.

Recommendations

Given the constraints and pressures on the current workforce and projected growth in population and concurrent BH demand in the Tampa Bay region, the study team has identified near term actions that local employers and providers can take to retain and support existing staff and recruit new staff. Additionally, the study team has identified the next steps that Tampa Bay Thrives and its stakeholders can take to advance broader systemic changes and enhance the behavioral health workforce system in the region. Closing the gap in Tampa Bay's BHWF requires a multi-pronged approach that prioritizes short-term acceleration of hiring and retention while continuing to leverage opportunities in the delivery system.

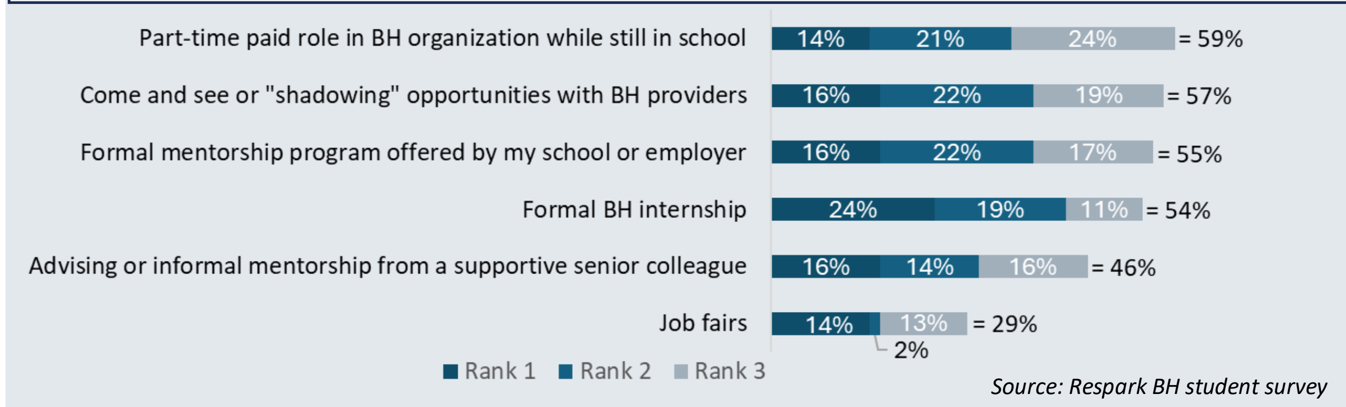


Employer Programs

Recruitment

Survey and interview data related to recruitment suggests that pipeline workforce participants primarily discover professional opportunities through firsthand experience with behavioral health providers. Employers can prioritize and invest in time for staff to be present in schools for career days or providing talking points for one-on-one discovery/interest conversations. Opportunities may also exist to increase awareness and promote the field through broader publicity efforts and strategic partnerships; for example, collaborating with local advertisers, content creators, or sports teams to highlight firsthand encounters with local BH professionals. Both student and current professional survey respondents ranked “helping other people” among their top reasons for pursuing careers in the field or providing motivation to stay in their role. Promotion and recruiting efforts should elevate the impact these roles have on other people and their connection to improving society as a whole.

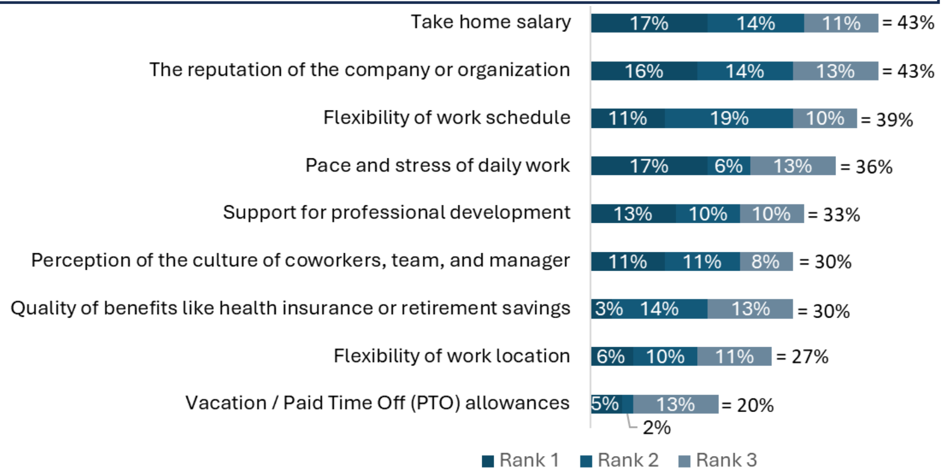
Survey respondents also indicated the importance of direct experience in helping them learn about BH careers, and about half of current professional respondents indicated that they still have debt from their BH training. Student respondents ranked part-time paid roles, formal BH internships, and other hands-on opportunities above job fairs for helping inform their BH career path.



Source: Respark BH student survey

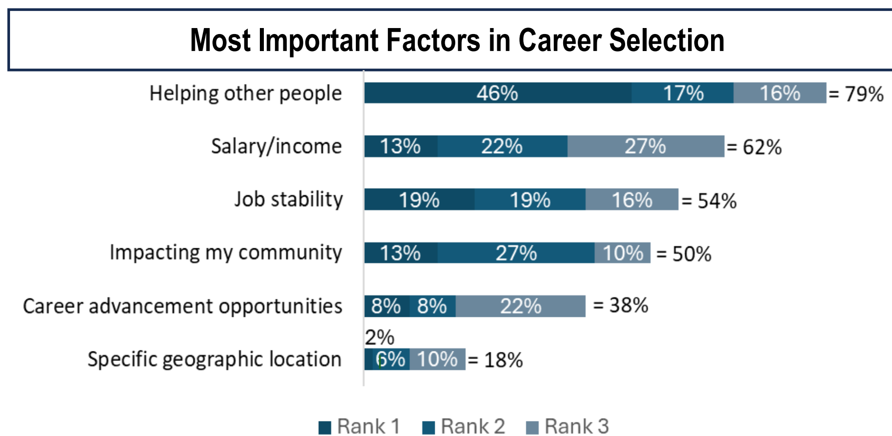
Recruitment efforts can be bolstered by developing and expanding hands-on learning pathways as paid positions for career exploration. Expanding tuition reimbursement opportunities was a common theme among interviewees and some survey respondents. Employers should leverage recently allocated funding to design programs that alleviate debt through tuition reimbursement while providing students and new graduates with direct hands-on experience to inform their career path while adding value to the organization. Community-based non-profits may be able to identify funding partners who will "sponsor" a role, providing opportunities for local community members to enter the field and support their community. Employers and workforce educators can partner to design "work & learn" opportunities that lead to debt-free graduation. Partners in these models structure complementary education and work schedules, and design roles in the field that can be staffed flexibly (e.g., taking a FT need for a technician and sharing the role among 4 students). Unlike an unpaid internship, the student is compensated for their labor indirectly as the employer applies the position funding toward tuition via the partnership agreement.

When it is time to commit to a professional role, survey respondents indicated that take-home salary and employer reputation were the driving factors for accepting a job offer. Interviewees suggested that employers diminish their reputational status when employees feel that corporate profits or organizational activities are prioritized over providing quality care for patients and staff wellbeing. One student described his perspective: "I also see and believe that non-profit organizations prey on this [helper] mindset and take advantage of their employees by asking them to do more and not providing appropriately for their employees."



Source: Respark BH student survey

Employers can boost recruitment efforts in part by attending to their recruiting brands, or their reputation in the community and among workforce participants. In this context, that means taking care of existing employees by improving salaries and compensation, enhancing employee supports for training, burnout, and work-life balance, and helping staff members focus on what motivates them: providing quality care to clients and helping other people.



Source: Respark BH student survey

When designing positions to attract new workforce members, employers should be as creative as possible with work structures and open minded about candidate backgrounds. Survey respondents ranked "flexibility of work schedule" as the third most important factor for accepting a job offer. One interviewee commented about their recruitment success: "Be very flexible... It could mean working remotely for a day or 1/2 day." Other examples of flexibility included adjusted schedules such as 4 x 10-hr shifts for a full-time role instead of 5 x 8-hr shifts or having options for people to manage their own time flexibly to address family needs or prevent burnout.

When considering applicant backgrounds, opportunities may exist within provider organizations to loosen internal policies related to education, experience, and criminal history, opening the field to more candidates that are in training and interested in the positions. Leaders who report low/no turnover in certain areas describe robust programs for regular employee development and training. Employers that require training specific to their delivery models may be able to re-align expectations for minimum requirements of candidates, anticipating that most upskilling will occur after the candidate is onboarded. This can reduce the required background, training, or experience expected of new candidates and broaden the recruitment funnel.

Finally, recruiters need to embrace a proactive approach. One network coordinator shared: "I've been hearing more and more about people working with colleges to fill the pipe for up-and-coming positions. They are no longer waiting for people to show up after graduation." When provider organizations partner with workforce educators to provide meaningful experience during training, and they attend to their staff and boost their recruiting brand among the workforce, then they are positioned to begin effective recruitment conversations even before a candidate graduates. This effort can create opportunities to highlight needs in your organization for diverse candidates, promote and target specific skills and interests, and home in on quality candidates that are a good culture fit.

Retention

Programmatic opportunities for provider organizations to boost retention abound in efforts to center the staff in provider operations. It may be easy to assume that in the current wage climate employees will leave simply for higher pay, and some study participants did report having to leave jobs because they could not make ends meet on the available salary. However, the study data shows that employees are more motivated to stay in their roles when they feel supported by good managers and able to do work that connects with their passion for helping

others. These trends exist in all industries and across most workforces. If improving salary and benefits are ongoing efforts for most employers, there are other opportunities that may be more readily accessible and able to impact provider retention in the short term.

To improve retention by centering the employee, provider organizations can create opportunities to gather, collect, listen to, and prioritize actions based on the perspectives of their staff. One current professional stated: "What has led me to feel comfortable in my work life is feeling that you (the employer) value me as much as you value the people we are serving." Organizational leaders report establishing "Employee Care" committees and elevating the voice of staff members to enhance culture and identify what types of support will be most impactful for their staff. When employees feel that their concerns are truly heard, they are able and willing to be part of the solutions. Employee recognition programs are a frequent outgrowth of such efforts. Some interviewees report positive outcomes from their recognition programs, while one leader cautioned: "Find methods of recognition that are actually meaningful, i.e., individualized. Leaders don't be lazy."

Another opportunity for centering the staff is making investments in leadership development and training. Study participants reported frequently that their team leaders were the reason they stayed in roles even though they felt the work was difficult or other aspects like pay and schedules were unsatisfactory. Effective people managers and effective program managers are able to identify the strengths and motivators of their team and align those resources with the outcomes that the organization requires. "Team leadership" and "program management" were among the top three topics survey participants selected for training and professional development. The workforce is hungry for employers to make these investments and provider organizations will reap the benefits of stability and longevity of their staff.

For employees not ready or interested in leadership roles, employers can clarify career pathways within their organization that map to professional advancement in the field. Employees want to know, "Where do I go from here and how do I get there?" Discrete training and development pathways that paint a picture of the employee's career over the next 5-10 years or longer help provide motivation and connect the work of the moment with goals in the future. Additionally, employers should develop programs that support staff along these pathways, whether through investments in education and training or creating structured experiences for professional growth and development (e.g., staff mentorships, tailored shadowing opportunities, or temporary program assignments).

Training

Among the many training opportunities identified and relevant for the Tampa Bay BH workforce, high impact opportunities may be available by focusing training efforts on:

1. Organizational leadership and program management
2. Trauma-informed and/or trauma-based approaches for staff at all levels
3. How to provide and manage coordinated care and integrated care models

As discussed in previous sections of this report, the need for effective organization, people, and program management skills is a recurring theme throughout this study. Investments in leadership development for various aspects of effective organizational management present opportunities for low hanging fruit and quick ROI.

Awareness of trauma and the sustaining impacts of trauma are growing, and many consumers of mental and behavioral health services have traumatic experiences intertwined with their MH and SUD issues. The desire for and implications of trauma-informed approaches was ubiquitous throughout this study. Participants related clients seeking out or needing services from trauma-trained providers in overwhelming volumes. Leaders

discussed the impacts of lack of trauma informed approaches in settings like court hearings and employee reviews. As demand grows the need for trauma-informed delivery is likely to grow with it.

Trends in the healthcare landscape for service delivery innovation, payer models, and improving outcomes continue elevating coordinated care and integrated care models. Workforce training should focus on the various aspects of providing these models for enhanced service delivery and managing these models as part of the overall business portfolio, including technologies that are used to deliver coordinated care.

Other training opportunities that were expressed during the study and employers should consider include:

- ☐ Work-life integration supports promoting resiliency and prevent burnout (i.e. time management; setting and maintaining effective boundaries; physical health and emotional health; etc.)
- ☐ Building connections in a virtual environment
- ☐ MAT prescriber and related support roles to match increasing utilization
- ☐ Integrated care delivery: multi-disciplinary teams, care coordination, "no wrong door" approaches to accessing and navigating care
- ☐ Population-specific knowledge for local communities, especially older adults and Hispanic/Latino cultural awareness
- ☐ Value-based care practices
- ☐ Care coordination beyond crisis care, and including health related social needs
- ☐ Co-responder models in schools
- ☐ Ongoing training on Medicare and Medicaid benefits, Medicaid eligibility and redetermination

Systemic Interventions

Convening

TBT is uniquely positioned to both convene stakeholders and influence decision-makers. The credibility of its own programs and research along with the reputational cache of its membership brings opportunity to lead chosen macro efforts for the BHWF to align with others. TBT has expressed interest in potentially developing a pilot program from study recommendations, and systemic interventions may be a top area to prioritize. Specifically, TBT should consider:

Fostering opportunities for data-driven, action-oriented cross-sector initiatives including collective tracking of shared outcomes. The interrelated nature of health and human systems was a repeated theme in this study, from interview notes to BHWF task force discussions. One sector alone, or even sectors working simultaneously but siloed, is not able to leverage the collective resources and efforts needed to expand the BHWF. Payer representation will be essential in these efforts to understand market concerns, offer essential data on demand and utilization, and to identify where flexibility might exist for reimbursement rates or pilot program funding.

Two cross-sector possibilities emerged from this study:

- Develop a regional data map to identify "hot spots" for biggest gaps and opportunities in BHWF recruitment, retention, and distribution. This could include an understanding of where BH resides and works in relation to BH employer sites and demand as well as detailed views into patterns by role type.
- Collectively identify an effective metric system for gauging ongoing headcount, role distribution, and adequacy in the BHWF. A commonly used BHWF headcount:population ratio lends visibility to trends but lacks effectiveness in identifying what detailed changes are occurring and whether or not they are

sufficient. A more dynamic metric system to inform decision-making and prioritization of efforts might also involve care model efficacy, staffing patterns, and demand patterns.

Directly align with other BHWF initiatives in FL to inform and accelerate those efforts. Examples of such efforts include the Florida Chamber's health and well-being research (Florida Chamber Health Council, 2024), The Florida Alliance for Healthcare Value's "Path Forward" initiative (Florida Alliance for Healthcare Value, 2023), the Florida State Health Improvement Plan, and the forthcoming establishment of the Florida Center for BHWF at Louis de la Parte Florida Mental Health Institute at USF, or related initiatives from the Office of Program Policy Analysis and Government Accountability (OPPAGA) in Florida.

The data call output and landscape research revealed numerous efforts underway nationwide to assess and build the BHWF. Findings from one study are often repeated in another, and their respective recommendations often duplicate or overlap. TBT is armed with a wealth of information to ensure that efforts within Florida, while well-intentioned, are as localized and action oriented as possible. Using information gleaned from this and other existing assessments, TBT can advise on known data gaps, influence study methodology, and reduce possibilities of duplication. Specific data gaps identified in this study that should be considered in future efforts include count and impact of "certified" roles, information on those leaving the workforce, mobility of the BHWF within Florida, and the impact of interstate compact practitioners. TBT may also be positioned to articulate a framework and simplified approach for measurement to help provider organizations quantify and assess their own current and projected service gaps where they may not already have or be willing to share that data. Future pipeline assessment and projection efforts require coordinated collaboration from BH training programs, including high schools, vocational schools, colleges and universities, and employer-based workforce development programs.

Advocacy

As articulated in the research framework, TBT distinguishes between "Big P" Policy and "little p" policy. Those categories are used here to outline advocacy recommendations.

"Big P" Policy: laws, regulations, court rulings, administrative rules, budgetary rules, entitlement programs

It will be advantageous to identify efforts that accelerate full implementation of initiatives passed in the 2024 Florida legislative session as described earlier in this report. This includes rollout of student loan repayment, designation of the behavioral health training hospitals, fully leveraging interstate compacts, and establishing the BHWF Center at USF.

TBT and its stakeholders can influence future legislative priorities that support the multi-pronged approach outlined in this study. Behavioral health specific supports can include 988 funding, participation in the social work interstate compact, and broader economic and community supports that attract BHWF to the region (whether as local or as telehealth providers). More general opportunities include an assessment of internship, licensure, and certification requirements for BHWF roles to identify barriers to access and retention and advising State leadership on opportunities for federal match initiatives, waivers, or State Plan Amendments that will increase access, strengthen workforce, and support organizational capacity.

Other advocacy opportunities may be identified by an assessment of behavioral health rate parity and consistency across payer types. The potential to equalize reimbursement rates may incentivize more participating providers and enable employer organizations to implement salary and benefit enhancements.

Finally, TBT should seek to advise on the distribution of opioid settlement funds to attend to the priorities for strengthening the current BH and expanding and accelerating the future workforce pipeline.

“Little p” policy: professional association guidelines, recommendations of panel experts, institutional rules

Define roles for professional associations to gather data that support gaps in understanding the BHWF. Behavioral health associations and networks routinely collect data from provider members. These existing mechanisms can be enhanced by informing additional information needed from respondents. Ideally, this information would then be made publicly available to lend a more detailed view of Florida’s BHWF.

Workforce Pipeline Development

Workforce educators play an essential role connecting early influences on career exploration, volunteer opportunities, and education during and beyond high school. In addition to traditional colleges and university settings, vocation-focused programs such as Area Health Education Centers (AHECs) and employer-based workforce development training programs are key opportunities to make joining the workforce more accessible. Opportunities may exist to infuse behavioral health content and opportunities into these programs within primary care initiatives and as stand-alone tracts. Consider the addition of behavioral health career information into anti-stigma education materials to broaden the audience and expand the top of the funnel.

Furthermore, educator/employer partnerships can be of benefit. Job preparedness and placement programs ease graduates’ transitions into the workforce while offering immediate opportunity for earnings. Educators and employers can also partner together (with additional community entities as well) to subsidize costs of time and education to qualify for the BHWF. Scholarships, stipends, paid internships, and tuition reimbursement are all common models that should be leveraged with newly available funding. Periodically available federal support through HRSA Bureau of Healthcare Workforce grants and SAMHSA’s Minority Fellowship program can supplement fund contributions from employers and educational institutions.

Next Steps

Individual BH task force organizations can seek perspectives unique to their stakeholders, create customized action plans that resonate with organization needs, and determine success factors for obtaining internal buy-in. Early in the study, task force members outlined support of middle management as a success factor in activating recommendations. Those roles can be leveraged as advisors and leaders in any chosen priorities and initiatives.

Organization-specific 'actions plans' allow for customized solutions. Some organizations may prioritize recruitment efforts while others may prioritize retention. Aligning with convening efforts may have the greatest impact for one organization while another may benefit from expanding virtual care models. These decisions are best guided by internal workforce data and capacity. Chosen actions are intended to align with, not duplicate or compete with, existing BHWF efforts. This customized, data-specific approach was an expressed interest by task force members throughout the study.

Key questions for individual organizations to consider may include:

1. What organizational data- especially workforce data related to recruitment, retention, headcount, salaries, turnover, caseloads, trainings, and certifications, etc.- is available to identify and prioritize report recommendations that will have the greatest benefit to our BHWF?

2. What other workforce efforts exist internally where data gathering, pilot initiatives, or outcomes tracking can be integrated?
3. Are there organizational capacity components to address that can further meet the demand needs of our patients while also streamlining/supporting BHWF (i.e., care model innovations or enhancements, maximizing reimbursements, ensuring providers are supported to maximize their skill sets, etc.)?
4. What, if any, action can our organization take to support the emerging BH demand trends? (i.e., operational efficiencies, evaluate efficacy of current care models, expansion of prevention and education efforts, etc.)?

Tampa Bay Thrives has indicated interest in a stakeholder convening after this study concludes to gauge response to the assessment and to further advise on TBT's emerging role in regional BHWF development. This reflection can also consider the ongoing scope and role of the BHWF task force. While represented organizations would likely be involved with TBT convening efforts from this study, there is also opportunity to use the task force as a technical assistance platform in developing and implementing organization-specific action plans, monitoring shared reporting mechanisms, and advising on broader systemic initiatives.

Conclusion

This study solidifies the need for a systemic and coordinated response to the BHWF shortage in the Tampa Bay region. From the study outset, TBT and its task force articulated the challenges in siloed approaches at the provider organization level and across sectors (primarily health care, child welfare, schools, and advocacy). While a multitude of responses to the BHWF shortages speak to the ongoing need and urgency of the matter, disparate efforts lack the ability to maximize data-driven decisions, ensure alignment of efforts, track collective impact, and reduce duplications.

Increasing the workforce headcount alone is not the sole solution. Additional drivers of the BHWF shortage include growing demand, organizational practices, and systemic interventions. Multiple opportunities exist for Tampa Bay Thrives to leverage public attention to behavioral health needs and favorable momentum in the political environment to utilize the outcome of this study in a dynamic way.

Appendix I: Research Framework

Key Questions to explore

1. What and who comprises the current behavioral health workforce in the state of Florida?
    a. Focus on Tampa Bay region; compare to statewide when relevant
    b. Overall composition and conditions of the workforce, inclusive of headcount by role type; wages and benefits; organizational aspects such as recruitment, retention, reimbursement, caseloads, work structure, and demographics; job growth and decline and/or replacement; available training, education, and promotional efforts for behavioral health careers from high school onwards; vacancy and behavioral health workforce departure trends
    c. General relationship to current demand
2. What is the projected behavioral health workforce supply in the state of Florida? In the Tampa Bay region?
    a. Focus on Tampa Bay region; compare to statewide as available
    b. Head count by role type
    c. Demographics such as education, certification/licensure, age, select personal identifiers
3. What are the key implications from the overall care landscape and trends in behavioral health service demands to the behavioral health workforce in the Tampa Bay region? To the state of Florida?
    a. Macro trends including behavioral health care models, behavioral health reimbursement, related public policy, and behavioral health employer needs
    b. Need for BH services, both MH and SU aspects

Definitions

- **Behavioral Health (BH)** - General term encompassing both mental health and substance use disorders
- **Mental Health Conditions** - Strain or stress on the mental/emotional processes that impact one's sense of wellness, ability to manage stressors- situationally or longer term. In persistent cases, includes impairment of the mental/emotional processes that exercise conscious control of one's actions or ability to perceive or understand reality, which substantially interferes with meeting ordinary life demands.
- **Substance Use Disorder** (SUD) – Misuse of alcohol, prescription drugs (other than how prescribed), illegal/street drugs
- **BH Workforce** - Individuals in roles whose core function is to provide mental health and substance use disorder services as defined in this framework.

Research Scope

1. Behavioral health training programs:
    a. In scope: educational programs that prepare one to be hirable in a behavioral health role; community college, university, graduate programs, and medical schools; apprenticeships, internships
    b. Out of scope: Programs that do not lead to certified or clinical credentials; continuing education
2. Regional priorities
    a. Policy (Big "P"): laws, regulations, court rulings, administrative rules, budgetary rules, entitlement programs
    b. Policy (Little "p"): professional association guidelines, recommendations of panel experts, institutional rules

    c. Education: pathways for incoming behavioral health workforce
    d. Employer approaches: recruitment, wages/benefits, roles, retention
3. Timeframe:
    a. Executable: 3-5 years
    b. Labor force levels: 5-10 year projections
    c. Possible systemic change: up to 10 years
4. Geography
    a. "Hyper-local" focus: 4-county region: Hillsborough, Pasco, Pinellas, Polk

Scope of Services

	In Scope	**Out of Scope**
MH Conditions	Mental or emotional strain/stress (see "Definitions" above)	Dementia; traumatic brain injury (TBI); intellectual and developmental disabilities
Substances	Alcohol; prescription drugs used other than prescribed; illegal/street drugs	Medical marijuana
Services	Mobile crisis; case management; detox services; medication assisted treatment (MAT); medication management; individual counseling; group therapy; family therapy; outreach; peer mentoring; prevention efforts via credentialed individuals (e.g., screenings and hotlines services); school supports; justice-involved supports/diversions; forensic evaluation	Care offered by out-of-state providers to Florida residents; court-based programs; employer-funded programs (e.g., employee assistance programs (EAP) , at-work initiatives); general education, prevention, or ongoing recovery support provided by non-credentialed individuals (such as guidance counselors)
Sites	Residential; inpatient; outpatient; home; school; virtual platform	Carceral settings; state-run residential facilities; nature-based treatment programs
Payors	Commercial insurance; Medicare; Medicaid; dual-eligible; uninsured; self-pay; Veterans Affairs (VA); Victims of Crime Act (VOCA)	N/A
Ages	Early childhood through 100+ years old	Infant; neonatal

Behavioral Health Roles in scope

Clinical (Big "C")

- Doctor: MD, DO, Psychiatrist and non-psychiatrist
- Clinical psychologist
- Psychiatric nurse practitioner
- Psychiatric nurse
- Psychiatric physician's assistant
- Psychiatric technician
- Licensed marriage & family therapist (LMFT)
- Licensed clinical social worker (LCSW)
- Registered Interns (LMHC, LCSW, LMFT)
- Master's level certified addiction professional (MCAP)
- Certified addiction professional (CAP)
- Addiction counselor
- Certified recovery peer specialist (CRPS)

- Psychological specialties (e.g., forensics, autism services)
- Clinical supervisors
- Licensed mental health counselor (LMHC)
- Certified prevention specialist (CPS)
- Certified behavioral health technician (CBHT)

Case Management

- Certified behavioral health case manager supervisor
- Certified behavioral health case manager (CBHCC)
- Mental health targeted case manager
- Certified child welfare case manager

Clinical (Little "c")

- Care coordinator
- Community health worker (CHW)
- Behavioral health navigator
- Other case managers

Excluded / Out of Scope

- Administrative roles that lead, supervise, or direct
- Specialty supports (e.g., art therapist)
- Outreach worker
- Psychiatric aide
- Sitter
- Law enforcement with behavioral health training
- Security with behavioral health training
- School nurse
- School guidance counselor
- Call center representative

Appendix II: Definitions & Abbreviations

- ACT – Assertive community treatment
- AMI - Any mental illness
- AUD - Alcohol use disorder
- Behavioral Health (BH) - general term encompassing both mental health and substance use
- BH Workforce - individuals in roles whose core function is to provide mental health and substance use disorder services as defined in the research framework
- CAC - Certified Addictions Counselor
- CAP - Certified Addiction Professional
- CBHCM - Certified Behavioral Health Case Manager
- CBHT - Certified Behavioral Health Technician
- CCHW - Certified Community Health Worker
- CPS - Certified Prevention Specialist
- CRPS - Certified Recovery Peer Specialist
- CWCM - Child Welfare Case Manager
- C-SWCM - Certified Social Work Case Manager
- Demand - the term commonly used to describe how many people are connected to care for a BH need
    - Total demand - treatment rate + unmet need + unidentified need
- Direct service - role whose core function is to provide mental health and/or substance use disorder service(s) to a patient/client/consumer/individual in need of and/or seeking services
- LCSW - Licensed Clinical Social Worker
- LMFT - Licensed Marriage & Family Therapist
- LMHC - Licensed Mental Health Counselor
- MCAP - Master's Level Certified Addiction Professional
- Mental Health Conditions - Strain or stress on the mental/emotional processes that impact one's sense of wellness, ability to manage stressors- situationally or longer term. In persistent cases, includes impairment of the mental/emotional processes that exercise conscious control of one's actions or ability to perceive or understand reality, which substantially interferes with meeting ordinary life demands
- MI - Mental illness
- POF - Population of Focus: the specific group of individuals that you will provide services or training to during the course of the grant project
- Psych NP - Psychiatric Nurse Practitioner
- Psych PA - Psychiatric Physician's Assistant
- Psych RN - Psychiatric Registered Nurse
- SMI – Serious mental illness
- SU – Substance use
- Substance Use Disorder - Misuse of alcohol, prescription drugs (other than how prescribed), or illegal/street drugs
- Tampa Bay region, "Hyperlocal" - Hillsborough, Pasco, Pinellas, Polk counties
- Treatment rate - self-reported or projected number or % of individuals engaged in MH or SU services
- Unidentified need - those who didn't seek behavioral health care but need it
- Unmet need - those who sought behavioral health care and couldn't get it for a variety of reasons

Appendix III: Workforce Estimation Assumptions

The workforce estimation model assumes workforce participation in direct service roles as follows:

Role / Labor Type	Est. % in direct BH/MH roles
LMFT	15%
Psychiatrist (adult, child, & adolescent)	50%
Clinical Psychologist	50%
LMHC	50%
LCSW	20%
Registered Intern – LCSW	50%
Registered Intern – LMHC	50%
Registered Intern – LMFT	50%
LPN	8%
RN	8%
APRN	8%
Psychiatric Physician's Assistant	50%
MH/Psychiatric Technician	50%

Appendix IV: Bibliography

American Academy of Child & Adolescent Psychiatry. (2024). *Workforce Maps by State*. Retrieved from American Academy of Child & Adolescent Psychiatry: https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

American Medical Association. (2023, June 13). *AMA adopts new policies on substance use during second day of Annual Meeting*. Retrieved from American Medical Association: https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policies-substance-use-during-second-day-annual-meeting#:~:text=The%20AMA%20will%20encourage%20states,policy%20adopted%20by%20the%20nation%27s

American Psychiatric Nurses Association. (2019, April). *Expanding Mental Health Care Services in America: The Pivotal Role of Psychiatric-Mental Health Nurses.* Retrieved from American Psychiatric Nurses Association: https://www.apna.org/wp-content/uploads/2021/03/Expanding_Mental_Health_Care_Services_in_America-The_Pivotal_Role_of_Psychiatric-Mental_Health_Nurses_04_19.pdf

BayCare. (2021, December 21). *BayCare Physician Partners ACO Leads with High-Quality Care at Lower Cost*. Retrieved from BayCare: https://baycare.org/newsroom/2021/december/baycare-physician-partners-aco-leads-with-high-quality-care-at-lower-cost

Bryant, S. (2022, May 17). *988: The New Suicide Hotline and Crisis Response System*. Retrieved from Disability Rights Florida: https://disabilityrightsflorida.org/blog/entry/new_988_suicide_hotline_and_crisis_response_system

Center for Applied Research Solutions. (2022, April). *Behavioral Health Workforce Development.* Retrieved from California Department of Healthcare Services: https://www.workforce.buildingcalhhs.com/wp-content/uploads/2023/07/Behavioral-Health-Workforce-Full-Report_508.pdf

Center for Connected Health. (2024). *Florida*. Retrieved from Center for Connected Health: https://www.cchpca.org/florida/?category=medicaid-medicare&topic=miscellaneous-medicaid-medicare

Center for Medicare and Medicaid Services. (2024). *CMS.* Retrieved from Value in Opioid Use Disorder Treatment Demonstration Program: https://www.cms.gov/priorities/innovation/media/document/vit-selected-participants

Center on Budget and Policy Priorities. (2024, May 9). *Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End*. Retrieved from Center on Budget and Policy Priorities: https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end#:~:text=As%20of%20April%201%2C%202023,to%20redetermine%20their%20full%20caseloads.

Colombini, S. (2023, July 18). *Crisis Center in Tampa sees a huge uptick in calls in the first year of 988*. Retrieved from WLRN PBS & NPR: https://www.wlrn.org/health/2023-07-18/tampa-crisis-center-988-calls

Counseling Compact. (2024). *Counseling Compact map*. Retrieved from Counseling Compact: https://counselingcompact.org/map/

CVS Health. (2019, May 19). *Certified Peer Support Specialists: Transforming Traditional Recovery for Members.* Retrieved from CVSHealth: https://www.cvshealth.com/news/mental-health/certified-peer-support-specialists-transforming-traditional.html

Devanport S., &. G. (2019, November 19). *Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement*. Retrieved from Milliman: https://www.milliman.com/en/insight/addiction-and-mental-health-vs-physical-health-widening-disparities-in-network-use-and-p

Florida Agency for Health Care Administration. (2021-2024). *Medicaid Monthly Enrollment Report*. Retrieved from State of Florida Agency for Health Care Administration: https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/medicaid-monthly-enrollment-report

Florida Agency for Health Care Administration. (2023, April 1). *SMMC: Healthy Behaviors Report.* Retrieved from Florida Agency for Health Care Administration: https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/reports-guides/smmc-healthy-behaviors-report

Florida Agency for Health Care Administration: ACHA. (2023, September 15). *CCBHC Implementation Plan.* Retrieved from Florida Agency for Health Care Administration: https://ahca.myflorida.com/content/download/23169/file/CCBHC.Implementation.Plan_FINAL.pdf

Florida Alliance for Healthcare Value. (2023, June 1). *Transforming Care and Improving Access: The Path Forward for Mental Health & Substance Use*. Retrieved from Florida Alliance for Healthcare Value: https://flhealthvalue.org/our-work/mental-health-and-substance-use/

Florida Behavioral Health Association. (2023, December 31). *Apprenticeship Dashboard*. Retrieved from Health Quest: https://healthquestworks.org/dashboard/

Florida Behavioral Health Association. (2024). *2024 Legislative Session Wrap Up.* Florida Behavioral Health Association.

Florida Board of Psychology. (n.d.). *PSYPACT FAQ's*. Retrieved from Florida Board of Psychology: https://floridaspsychology.gov/psypact-faqs/#:~:text=The%20Psychology%20Interjurisdictional%20Compact%20(PSYPACT,Florida%20will%20join%20the%20compact.

Florida Chamber Health Council. (2024). *Making Florida the National Leader for Mental Health and Well-Being: 25 Strategies to Unite Leaders for Action and Outcomes.* Florida Chamber of Commerce.

Florida Department of Children and Families. (2024). *Specialty Treatment Teams Map*. Retrieved from Florida Department of Children and Families: https://www.myflfamilies.com/specialty-treatment-team-maps

Florida Department of Health. (2020). *Population Non-institutionalized civilians with health insurance*. Retrieved from FLHealthCHARTS: https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndGrp.Dataviewer&cid=9835

Florida Department of Health. (2022). *Behavioral/Mental Health Professionals*. Retrieved from FLHealthCHARTS: https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer&cid=9892

Florida Department of Health. (2022). *Monthly Medicaid Enrollment*. Retrieved from FLHealthCHARTS: https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=NonVitalIndNoGrp.Dataviewer

Florida Department of Health. (2022). *Substance Use Dashboard*. Retrieved from FLHealthCHARTS: https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.SubstanceUseandTreatment

Florida Department of Health. (n.d.). *Florida's 2022-2026 State Health Improvement Plan*. Retrieved from Florida's State Health Improvement Plan: https://floridaship.org/about/

Florida Health. (2024, May 20). *Behavioral Health and Related Topics.* Retrieved from Florida Health: https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/title-5-program/Behavioral-Health-Services/index.html

Florida Hospital Association. (2023). *2023 Workforce Report: Recognizing the Progress Today and the Challenges Ahead.* Tallahassee, FL: Florida Hospital Association.

Florida Legislature. (2023). *The 2023 Florida Statutes (including Special Session C).* Retrieved from Online Sunshine: http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0397/Sections/0397.427.html

Florida Office of Economic & Demographic Research. (2022). *Population and Demographic Data - Florida Products*. Retrieved from Florida EDR: https://www.bebr.ufl.edu/wp-content/uploads/2022/02/projections_2022.pdf

Ford, A. (2023, January 2). *Polk deputies seize enough Fentanyl to kill 3 million people, in one day*. Retrieved from BayNews9: https://baynews9.com/fl/tampa/news/2023/01/02/polk-recieves--30-million-to-fight-opiod-crisis-in-the-county-

Galewitz, P. (2024, April 12). *Nearly 1 in 4 adults dumped from Medicaid are now uninsured, survey finds*. Retrieved from Health News Florida: https://health.wusf.usf.edu/health-news-florida/2024-04-12/nearly-1-in-4-adults-dumped-from-medicaid-are-now-uninsured-survey-finds

Guth, M. &. (2023, March 17). *Medicaid Coverage of Behavioral Health Services in 2022: Findings from a State Survey of Medicaid Programs.* Retrieved from Kaiser Family Foundation: https://www.kff.org/medicaid/issue-brief/medicaid-coverage-of-behavioral-health-services-in-2022-findings-from-a-survey-of-state-medicaid-programs/

Health Management Associates. (2023, July 26). Webinar replay: new tools for Medicare policy changes impacting behavioral health services.

Health Resources and Services Administration. (2023). *VIII. Behavioral Health Care Modeling Provider Components*. Retrieved from Health Resources and Services Administration: https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation/behavioral-health-care-provider

Interstate Medical Licensure Compact. (2024). *Participating States*. Retrieved from Interstate Medical Licensure Compact: https://www.imlcc.org/participating-states/

Kaiser Family Foundation. (2021). *State Health Facts*. Retrieved from Total Medicaid MCO Enrollment: https://www.kff.org/other/state-indicator/total-medicaid-mco-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Kaiser Family Foundation. (2023, June 9). *10 Things to know about the unwinding of the Medicaid continuous enrollment provision*. Retrieved from Kaiser Family Foundation: https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/

Kaiser Family Foundation. (2023, July 14). *Taking a Look at 988 Suicide & Crisis Lifeline Implementation One Year After Launch*. Retrieved from Kaiser Family Foundation: https://www.kff.org/mental-health/issue-brief/taking-a-look-at-988-suicide-crisis-lifeline-implementation-one-year-after-launch/

Kelly, L., Center for Health Care Strategies. (2024, February 7). *New Ways to Finance Community Health Worker Services in Medicare: Evidence Roundup*. Retrieved from Better Care Playbook: New Ways to Finance Community Health Worker Services in Medicare: Evidence Roundup

Medicaid and CHIP Payment and Access Commission. (2022). *Transitions between Medicaid, CHIP, and Exchange Coverage*. Retrieved from Medicaid and CHIP Payment and Access Commission: https://www.macpac.gov/wp-content/uploads/2022/07/Coverage-transitions-issue-brief.pdf

National Council for Mental Wellbeing. (2021, December 13). *CCBHCs Moving Behind "Business as Usual" to Fill the Addiction and Mental Health Treatment Gap.* Retrieved from National Council for Mental Wellbeing: https://www.thenationalcouncil.org/resources/ccbhcs-moving-behind-business-as-usual-to-fill-the-addiction-and-mental-health-treatment-gap/

National Council on Mental Wellbeing. (2021, May). *CCBHS Impact Report.* Retrieved from National Council on Mental Wellbeing: https://www.thenationalcouncil.org/wp-content/uploads/2022/09/2021-CCBHC-Impact-Report.pdf

NCBSN. (2024). *Nurse Licensure Compact*. Retrieved from NCBSN: https://www.nursecompact.com/index.page#map

Newton, H. &.-R. (2024). Availability of Medication for Opioid Use Disorder Among Accountable Care Organizations: Evidence From a National Survey. *Psychiatric services*, 182-185. doi:https://doi.org/10.1176/appi.ps.20230087

Pasco County. (2024, January 18). *News Post.* Retrieved from Pasco County Florida: https://www.pascocountyfl.net/_T18_R46.php

Pinellas County. (2023, December 13). *Pinellas County Purchasing & Risk.* Retrieved from Pinellas County: https://procurement.opengov.com/portal/pinellasfl/projects/65383

Polk, G. (2024, May 21). PSYPACT Specialist. *Email communication*.

Reinert, M. &. (2023). *The State of Mental Health in America 2023.* Retrieved from Mental Health America: https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf

Saunders, H. &. (2023, May 25). *Behavioral Health Crisis Response: Findings from a Survey of State Medicaid Programs*. Retrieved from Kaiser Family Foundation: https://www.kff.org/mental-health/issue-brief/behavioral-health-crisis-response-findings-from-a-survey-of-state-medicaid-programs/

Sheshamani, M. &. (2023, July 14). *Important New Changes to Improve Access to Behavioral Health in Medicare.* Retrieved from Centers for Medicare and Medicaid Services: https://www.cms.gov/blog/important-new-changes-improve-access-behavioral-health-medicare

Social Work Licensure Compact. (2024). *Compact Map*. Retrieved from Social Work Licensure Compact: https://swcompact.org/compact-map/

State of Florida. (2024, April 12). *State of Florida Advertisements*. Retrieved from My Florida MarketPlace: https://vendor.myfloridamarketplace.com/search/bids/detail/8624

Substance Abuse and Mental Health Administration. (2020). *National Guidelines for Behavioral Health Care Crisis: Best Practice Toolkit.* Retrieved from SAMHA: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

Substance Abuse and Mental Health Association. (2024, January 1). *42 CFR Part 8 FAQs*. Retrieved from SAMHSA: https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8/faqs

Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved from Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration. (2023, November). *Exploring Value-Based Care for Substance Use Disorder in the United States.* Retrieved from Substance Abuse and Mental Health

Services Administration: https://store.samhsa.gov/product/exploring-value-based-payment-substance-use-disorder-services-united-states/pep23-06-07-001

Substance Abuse and Mental Health Services Administration. (2024). *Grants Dashboard.* Retrieved from SAMHSA: https://www.samhsa.gov/grants/grants-dashboard

Substance Abuse and Mental Health Services Administration. (2024). *National Survey on Drug Use and Health (NSDUH) Population Data*. Retrieved from Substance Abuse and Mental Health Services Administration: https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2020-nsduh-2020-ds0001

Substance Abuse and Mental Health Services Administration. (2024, April 11). *Waiver Elimination (MAT Act).* Retrieved from SAMHSA: https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act

Tampa Bay Thrives. (2022). *Tampa Bay Thrives Resident Mental Health Study.* Tampa: Tampa Bay Thrives.

Tampa Bay Thrives. (2023). *Tampa Bay Thrives Resident Mental Health Study.* Tampa: August.

The Commonwealth Fund. (2024, March 7). *How Community Health Centers Can Meeting the Rising Demand for Behavioral Health Care*. Retrieved from The Commonwealth Fund: https://www.commonwealthfund.org/blog/2024/how-community-health-centers-can-meet-rising-demand-behavioral-health-care?utm_source=linkedin&utm_medium=social&utm_campaign=Improving+Health+Care+Quality

United States Census Bureau. (2020). *Florida Census Bureau Profile*. Retrieved from Census 2020: https://data.census.gov/profile/Florida?g=040XX00US12

United States Department of Labor. (2022). *Employment Projections*. Retrieved from U.S. Bureau of Labor Statistics: https://www.bls.gov/emp/#:~:text=Total%20employment%20is%20projected%20to%20grow%20by%20almost%204.7%20million,care%20and%20social%20assistance%20sector.

University of Wisconsin Public Health Institute. (2023). *State: Florida*. Retrieved from County Health Rankings & Roadmap: https://www.countyhealthrankings.org/health-data/florida?year=2023&measure=Mental+Health+Providers&tab=1

US Census Bureau. (2024, March 14). *Four of Nation's Fastest Growing Metro Areas are in Florida*. Retrieved from US Census: https://www.census.gov/library/stories/2024/03/florida-and-fast-growing-metros.html#:~:text=The%20growth%20of%20Florida%27s%20metro,United%20States%20and%20other%20countries.

US Government. (n.d.). *Section 1115 Demonstrations*. Retrieved from Medicaid.gov: https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html

US Government, 117th Congress. (2023). *Public Law 117 - 328 - Consolidated Appropriations Act, 2023.* Retrieved from GovInvo.gov: https://www.govinfo.gov/app/details/PLAW-117publ328#:~:text=Document%20Citations&text=Consolidated%20Appropriations%20Act%2C%202023%2C%20Pub,%2Fdetails%2FPLAW%2D117publ328.

USA FACTS. (2022, July). *Our Changing Population: Florida*. Retrieved from USA FACTS Our Nation in Numbers: https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/florida/