

Investing in Behavioral Health Access and Criminal Justice Diversion in Florida

Executive Summary

Florida faces significant challenges in providing adequate behavioral health services to individuals with mental health and substance use disorders (Drake and Panchal, 2024; Reinart et al., 2022; Florida Supreme Court, 2007). Annually, the state funds nearly \$2B on behavioral health services to support 1.6M individuals in seeking services. This equates to approximately 7 percent of Florida's population (State of Florida Commission on Mental Health and Substance Abuse, 2024). Nationally, Florida ranks #4 for the highest number of people with mental illness and substance use disorder and at the same time, does not have the existing capacity to meet treatment demand; Florida ranks 49th out of 50 states for access to health insurance and mental health treatment (Reinart et al., 2022).

This gap in access to care has a direct correlation with increased criminal justice involvement, as individuals who lack proper behavioral health support often encounter the criminal justice system instead of receiving the care they need (Ghiasi et al., 2023; Prince and Wald, 2018; McFarland et al., 1989; Teplin, 1984; Abram and Teplin, 1991). More than 20 percent of Florida's incarcerated population has been diagnosed with a mental health disorder (Commission on Mental Health and Substance Abuse, 2024) and the state's Department of Corrections estimates that nearly 60 percent of incarcerated individuals have a substance use disorder. Alarming, only about one-third of these individuals receive services (Commission on Mental Health and Substance Abuse, 2024).

Florida Statute § 394.656 established the Florida Reinvestment Grant in 2007 to address these intersecting crises by expanding access to behavioral health services in the community and implementing diversion programs aimed at reducing criminal justice involvement for those with behavioral health issues (Florida Reinvestment Grant Program Report, 2023). To date, Florida's Reinvestment Grant has served more than 12,000 Floridians and diverted more than \$54M from the criminal justice system in jail-day savings (Shockley et al., 2023).

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (TAC), housed at the University of South Florida evaluates the impact of the Florida Reinvestment Grant by analyzing both qualitative and quantitative data resulting from reinvestment grant programs and exploring outcomes that have been effective at increasing treatment access and diverting individuals with behavioral health conditions from arrest. These outcomes include community-based services, reductions in arrest and incarceration rates, and outcomes for behavioral health treatment access across grantee communities. This brief aims to highlight these grant outcomes to understand the impact of Florida's reinvestment grant program on improving behavioral health access and enhancing criminal justice diversion in communities that receive the grant during FY 23-24. Outcomes and lessons learned from the grant's implementation have informed policy recommendations contained in this brief aimed to continue to improve Florida's intersecting behavioral health and criminal justice ecosystems.

Introduction

Florida invests nearly \$2 billion annually to support approximately 1.6 million residents—about 7% of Florida’s population—in seeking these critical services. Despite this investment, Florida ranks fourth nationally for the highest prevalence of mental illness and substance use disorders, while simultaneously ranking 49th for access to health insurance and mental health treatment (Drake and Panchal, 2024; Reinart et al., 2022).

The magnitude of the problem is underscored by the alarming statistics regarding criminal justice involvement for individuals with behavioral health issues. Over 20 percent of Florida’s incarcerated population has been diagnosed with a mental health disorder, and nearly 60 percent of these individuals struggle with substance use disorders (State of Florida Commission on Mental Health and Substance Abuse, 2024) (Figure 1).

Concerningly, only about one-third (Figure 2) receive the treatment they need while incarcerated. This gap in access to care not only exacerbates individual suffering but also contributes to the cycle of incarceration, highlighting the urgent need for more effective community-based interventions.

Figure 1. Prevalence of Behavioral Health Disorders in Florida’s Criminal Justice System

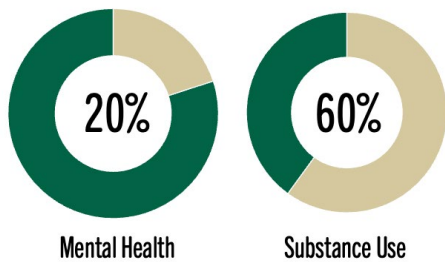


Figure 2. Prevalence of Treatment Among Incarcerated Individuals in Florida



Context and Background

Florida’s behavioral health system faces systemic barriers, including limited healthcare coverage, workforce shortages, and insufficient coordination between behavioral health and criminal justice systems. These challenges result in untreated conditions, escalating costs, and adverse outcomes for individuals and communities.

Established in 2007, Florida Statute § 394.656 created the Florida Reinvestment Grant program to address these intersecting crises. The program aims to expand access to behavioral health services in the community and implement diversion strategies that reduce criminal justice involvement for individuals with behavioral health issues. The reinvestment grant funds a multitude of evidence-based practices aimed at improving both behavioral health and criminal justice systems, including

- mobile response models,
- crisis intervention teams,
- problem-solving courts,
- and community diversion programs.

To date, the Florida Reinvestment Grant has served more than 12,000 Floridians and successfully diverted over \$54 million from the criminal justice system through estimated jail-day savings (Shockley et al., 2023).

Florida’s approach aligns with national trends in which states invest in technical assistance centers to drive systems change by supporting evidence-based practices and fostering cross-agency collaboration (Griffin et al., 2015). These centers, like the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the University of South Florida (University of South Florida, 2024), provide crucial support through strategic planning, training,

data analysis, and Sequential Intercept Mapping (SIM). They enable communities to identify gaps in care, develop innovative solutions, and enhance coordination among mental health, criminal justice, and social services sectors. Such centers have proven vital in supporting programs like Florida's Reinvestment Grant, aiding in the expansion of crisis intervention teams, peer support programs, and diversion strategies across the state.

Policy Solutions

To address Florida's behavioral health challenges, this brief proposes the following evidence-based policy solutions:

1. Expand Telehealth Services

Leveraging telehealth can overcome geographical barriers, increasing access to underserved populations. Studies show telehealth enhances engagement and reduces costs, particularly in rural areas. However, telehealth has been criticized for potential access challenges in rural or lower-income communities due to limited broadband infrastructure or technology gaps. Acknowledging these concerns, this recommendation does not propose telehealth as a one-size-fits-all solution. Instead, telehealth should complement in-person services, offering a hybrid approach that maximizes access where infrastructure and conditions allow for effective implementation.

2. Enhance Workforce Development

Address workforce shortages by partnering with academic institutions to create streamlined pathways into behavioral health careers. Offer incentives such as loan forgiveness and sign-on bonuses to attract qualified professionals.

3. Integrate Behavioral and Medical Health Services

Collaborative care models, such as Comprehensive Community Behavioral Health Clinics (CCBHCs), improve outcomes by addressing behavioral and physical health needs holistically. Partnerships with Federally Qualified Health Centers (FQHCs) can expand this integration.

4. Develop Community-Based and Peer Support Programs

Peer support programs empower individuals with lived experience to provide essential services, reducing stigma and enhancing recovery outcomes. However, these programs may face criticism due to lingering stigma about the competence of peer workers, which can hinder their acceptance and effectiveness. To address this, the expansion of peer support services should also include a stigma-reduction initiatives to foster understanding and acceptance within communities and traditional behavioral health systems.

5. Sustain and Expand the Florida Reinvestment Grant

Continued funding for the Reinvestment Grant and technical assistance is essential to maintaining and expanding successful diversion programs. Integrating grant initiatives with state opioid response goals and initiatives can enhance their reach and impact. Specific goals for this initiative could include minimum threshold metrics such as a 15% reduction in recidivism rates, a 20% improvement in treatment adherence, and set dollar amount for required annual criminal justice cost-savings. To measure these outcomes, a robust data collection and monitoring framework is recommended, incorporating metrics such as pre- and post-intervention recidivism rates, adherence metrics from treatment programs, and economic analyses of cost reductions.

By analyzing reinvestment grant outcomes related to increased treatment access and reduced arrest rates, this brief aims to present identified gaps in the existing system and propose enhancements that could improve behavioral health services and diversion efforts in Florida's communities. Through the exploration of reported successes and barriers to implementation for the reinvestment grant (University of South Florida, 2024; Shockley et al., 2023; Shockley et al., 2022; Shockley et al., 2021), evidence-supported policy recommendations (Table 1) inform

policymakers and stakeholders about the critical need for continued investment and innovation in Florida’s behavioral health landscape.

Table 1. Policy Solutions Summary

Policy Solution	Description	Supporting Citations
Expand Telehealth Services	Increase access for underserved populations by leveraging technology to overcome geographical barriers.	Mulvaney-Day et al., 2022, Rural Health Information Hub, 2024
Enhance Interprofessional Collaboration	Redefine roles within healthcare teams to optimize resource use and improve patient care.	Reeves et al., 2017
Increase Education and Training Initiatives	Develop partnerships with academic institutions to streamline pathways into behavioral health careers.	Lyon et al., 2011
Develop Community-Based and Peer Support Programs	Empower individuals with lived experience to serve as care team members and provide essential support.	Repper & Carter, 2011; Matthews et al., 2024 ; Gillard et al.,2024.
Innovative Recruitment and Retention Strategies	Implement shared staff models and sign-on bonuses to attract and retain qualified professionals.	Saunders et al., 2023
Integrate Medical and Behavioral Health Services	Collaborate with Federally Qualified Health Centers to provide holistic care. Explore Comprehensive Community Behavioral Health Clinic (CCBHC) models of care	Staab et al., 2022; Matthews et al., 2024
Continued Investment in Reinvestment Grant and Outcome Monitoring	Sustain and enhance funding for the Florida Reinvestment Grant and CJMHTA TAC and integrate it with state opioid response initiatives. The TAC would maintain responsibility for oversight and evaluation of data to assess impact.	National League of Cities, 2018; Shockley et al., 2023

Policy Recommendations

Policy actions to sustain and enhance Florida’s behavioral health response, focus on expansion of telehealth, collaborative care, workforce development, and enhanced grant funding (Figure 1). These approaches represent a strategic, multi-pronged approach to addressing Florida’s behavioral health crisis. This approach is likely to yield substantial improvements in health outcomes and reduce criminal justice involvement for individuals experiencing mental illness and/or substance use disorder, which will ultimately benefit individuals, the broader community, and the state as a whole. The proposed solutions are actionable, sustainable, and designed to address Florida’s behavioral health and criminal justice challenges comprehensively and unique to Florida’s reinvestment grant model. Expanding telehealth and workforce development will immediately increase service capacity, while integrating care models and community-based programs will ensure long-term sustainability. Continued investment in the Florida Reinvestment Grant is critical for maintaining momentum and addressing unmet needs.

The implications for health policy for Florida’s Reinvestment Grant Program are profound. Implementing these recommendations will continue to divert costs from the criminal justice system, improve individual and community health and economic outcomes, and position Florida as a leader in innovative behavioral health solutions and service delivery. Florida’s behavioral health challenges require bold, evidence-based action. The Florida Reinvestment Grant has demonstrated success in addressing critical gaps, but sustained investment and strategic enhancements are needed to maximize its impact. By expanding access to best practice consultation through technical assistance, strengthening the workforce, and incentivizing integrated care, Florida can build a more effective and efficient behavioral health system.

Recommendation	Description and Outcome	Legislative and Regulatory Actions
<p>Expand Telehealth Services for Behavioral Health</p>	<p>Telehealth has proven effective in overcoming geographical barriers and can support continuity of care, reduce transportation burdens, and make behavioral health services more accessible to vulnerable populations.</p> <p>By implementing state-supported telehealth initiatives focused on mental health and SUD treatment, Florida can expand service reach while reducing strain on in-person providers (Mulvaney-Day et al., 2022).</p>	<ul style="list-style-type: none"> • Join the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact (PSYPACT) to allow licensed behavioral health providers to deliver telehealth services across state lines. • Enact new legislation requiring reimbursement parity for behavioral health telehealth services, ensuring that providers receive the same payment rates as in-person services. This would encourage more providers to offer telehealth services by making it financially viable. • Amend Florida Statute § 456.47 to mandate coverage of behavioral health services, specifically for mental health and substance use disorder (SUD) treatment, under telehealth. This amendment could require insurers to cover telehealth visits for behavioral health at parity with in-person services, including both video and audio-only options.
<p>Develop Community-Based Peer Support Programs</p>	<p>Community-based programs, especially those that integrate peer support specialists, provide significant support for individuals in recovery. Peer support, led by individuals with lived experience, fosters trust and improves engagement with services, which can be particularly beneficial for people with complex behavioral health needs. Evidence indicates that peer support reduces relapse rates and promotes long-term recovery by creating a sense of community and providing mentorship (Repper & Carter, 2011; Matthews et al, 2024)</p>	<ul style="list-style-type: none"> • Develop a tax credit or grant program for behavioral health providers and community-based organizations that employ certified peer support specialists. These incentives can encourage the integration of peers into treatment teams • Amend Florida statutes to require the inclusion of peer support specialists in criminal justice diversion programs and reentry initiatives, ensuring individuals transitioning from incarceration receive mentorship and community reintegration support. • Direct technical assistance centers, like the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at USF, to provide resources and support for the development and scaling of peer support programs across the state.
<p>Enhance Interprofessional Collaboration and Training Initiatives</p>	<p>Establishing interprofessional collaboration models within behavioral health teams can optimize resources and improve service delivery. For instance, collaboration with Federally Qualified Health Centers and the development of Comprehensive Community Behavioral Health Clinics (CCBHCs) could provide holistic, integrated care to individuals with co-occurring mental and physical health conditions (Staab et al., 2022; Matthews et al., 2024). By partnering with academic institutions, Florida could also create streamlined pathways into behavioral health careers to address workforce shortages (Lyon et al., 2011).</p>	<ul style="list-style-type: none"> • Introduce state legislation to fund the establishment and support of CCBHCs across Florida. This would require allocating state funds to expand CCBHCs' capacity for integrated care, allowing them to address both mental and physical health needs in underserved communities. • Establish a certification program, overseen by the Florida Department of Health, to certify behavioral health professionals in interprofessional collaboration and integrated care best practices. This certification could be developed in partnership with academic institutions and CCBHCs to ensure that curricula reflect realworld demands in integrated care settings. • Create state-funded incentives, such as grants or tax credits, for FQHCs to incorporate behavioral health services into their existing primary care offerings. These incentives could encourage FQHCs to hire or train behavioral health specialists and establish collaborative care teams.

Recommendation	Description and Outcome	Legislative and Regulatory Actions
<p>Continued Investment in the Florida Reinvestment Grant Program</p>	<p>Sustaining and enhancing funding for the Florida Reinvestment Grant is essential to scaling community-based interventions and diversion programs that have proven successful. The grant has already demonstrated a positive impact, diverting \$54 million from the criminal justice system and expanding access to behavioral health care for thousands of Floridians (Shockley et al., 2023)</p>	<ul style="list-style-type: none"> • Expand the eligible uses of reinvestment grant funds to include a broader range of community-based services, including non-reinvestment grantee communities. • Allocate additional funding to the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (TAC) at the University of South Florida to provide increased support for counties applying for and implementing reinvestment grant programs and seeking support for EBP fidelity outside of the reinvestment grant program. • Establish a workgroup comprised of representatives of the Florida Department of Children and Families and the TAC to formally align reinvestment grant funding with Florida’s opioid response initiatives. This could involve coordinated planning and funding allocation with the state’s opioid response programs, such as expanding access to MAT or supporting specialized opioid intervention teams.
<p>Support and Expand Behavioral Health Workforce Development Initiatives</p>	<p>Establishing interprofessional collaboration models within behavioral health teams can optimize resources and improve service delivery. For instance, collaboration with Federally Qualified Health Centers and the development of Comprehensive Community Behavioral Health Clinics (CCBHCs) could provide holistic, integrated care to individuals with co-occurring mental and physical health conditions (Staab et al., 2022; Matthews et al., 2024).</p> <p>By partnering with academic institutions, Florida could also create streamlined pathways into behavioral health careers to address workforce shortages (Lyon et al., 2011).</p>	<ul style="list-style-type: none"> • Pass legislation to provide loan forgiveness for behavioral health professionals who commit to working in underserved areas, particularly those within FQHCs, CCBHCs, and community mental health centers. Eligible professionals could include psychologists, social workers, counselors, and addiction specialists. • Establish paid internship and residency programs within CCBHCs and FQHCs, providing training in interprofessional collaboration and integrated care models. Funding could be made available through state budget allocations or public-private partnerships with healthcare providers. • Fund a behavioral health career pathway program that partners with high schools, community colleges, and universities to introduce students to behavioral health careers early, offering scholarships, apprenticeships, and fast-track programs to promote entry into the field.

References

- Abram, K. M., & Teplin, L. A. (1991). Co-occurring disorders among mentally ill jail detainees. *American Psychologist*, 46(10), 1036–1045.
- Drake, P., & Panchal, N. (2024). Mental health in Florida. KFF. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/florida/>
- Florida Supreme Court. (2007). Final report of the Florida Supreme Court task force on treatment-based drug courts (No. SC07-11). <https://supremecourt.flcourts.gov/content/download/240540/file/sc07-11.pdf>
- Ghiasi, N., Azhar, Y., & Singh, J. (2023). Psychiatric illness and criminality. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK537064/>
- Gillard, S., Foster, R., White, S. et al. (2024). Implementing peer support into practice in mental health services: a qualitative comparative case study. *BMC Health Services Research*, 24,(1050). <https://doi.org/10.1186/s12913-024-11447-5>
- Griffin, P., Heilbrun, K., Mulvey, E. P., DeMatteo, D., & Schubert, C. (2015). *The sequential intercept model and criminal justice: Promoting community alternatives for individuals with serious mental illness*. Oxford University Press.
- Jonathan, D. P., & Wald, C. (2018). Risk of criminal justice system involvement among people with co-occurring severe mental illness and substance use disorder. *International Journal of Law and Psychiatry*, 58, 1–8. <https://doi.org/10.1016/j.ijlp.2018.02.002>
- Lyon, A. R., Stirman, S. W., Kerns, S. E., & Bruns, E. J. (2011). Developing the mental health workforce: Review and application of training approaches from multiple disciplines. *Administration and Policy in Mental Health*, 38(4), 238–253. <https://doi.org/10.1007/s10488-010-0331-y>
- Matthews, E. B., Stanhope, V. E., Hu, Y., & Baslock, D. M. (2024). The role of certified community behavioral health centers in improving access to peer-supported services. *The Journal of Behavioral Health Services & Research*. Advance online publication. <https://doi.org/10.1007/s11414-024-09903-5>
- McFarland, B. H., Faulkner, L. R., & Bloom, J. D. (1989). Chronic mental illness and the criminal justice system. *Hospital and Community Psychiatry*, 40(7), 718–723.
- Mulvaney-Day, N., Dean, D., Jr., Miller, K., & Camacho-Cook, J. (2022). Trends in use of telehealth for behavioral health care during the COVID-19 pandemic: Considerations for payers and employers. *American Journal of Health Promotion: AJHP*, 36(7), 1237–1241. <https://doi.org/10.1177/08901171221112488e>
- National League of Cities. (2018). Aligning city, county, and state resources to address the opioid epidemic: Lessons learned and future opportunities. https://www.naccho.org/uploads/downloadable-resources/H_NLC-Mayors-Institute-on-Opioids.pdf
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *The Cochrane Database of Systematic Reviews*, 6(6), CD000072. <https://doi.org/10.1002/14651858.CD000072.pub3>
- Reinert, M., Fritze, D., & Nguyen, T. (2022). The state of mental health in America 2022. *Mental Health America*. <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

- Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health (Abingdon, England)*, 20(4), 392–411. <https://doi.org/10.3109/09638237.2011.583947>
- Rural Health Information Hub. (2024). *Barriers to telehealth in rural areas*. Retrieved December 12, 2024, from <https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers>
- Saunders, H., Guth, M., & Eckart, G. (2023). A look at strategies to address behavioral health workforce shortages: Findings from a survey of state Medicaid programs. KFF. <https://www.kff.org/mental-health/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/>
- Shockley, A., Melendez, K., Young, M. S., & Holland, M. (2023). Annual report 2022-2023: *Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program*. University of South Florida. <https://www.usf.edu/cbcs/mhlp/tac/documents/florida-main/cjmhsa-tac-reports/annual-reports/cjmhsatacannualreportfinalwebsiteupload.pdf>
- State of Florida Commission on Mental Health and Substance Use Disorder. (2024). *Annual interim report*. <https://www.myflfamilies.com/sites/default/files/2024-01/Commission%20on%20Mental%20Health%20Substance%20Abuse%20Interim%20Report%201.1.2024.pdf>
- Staab, E. M., Wan, W., Li, M., Quinn, M. T., Campbell, A., Gedeon, S., Schaefer, C. T., & Laiterapong, N. (2022). Integration of primary care and behavioral health services in midwestern community health centers: A mixed methods study. *Families, Systems & Health: The Journal of Collaborative Family Healthcare*, 40(2), 182–209. <https://doi.org/10.1037/fsh0000660>
- Teplin, L. A. (1984). Criminalizing mental disorder: The comparative arrest rate of the mentally ill. *American Psychologist*, 39(7), 794–803.
- University of South Florida. (2024). *Criminal justice, mental health and substance abuse technical assistance center*. <https://www.usf.edu/cbcs/mhlp/tac/>