

Behavioral Health Community Needs Assessment and Plan -2025-



NWF Health
Network



October 1, 2025

NWF Health Network's Mission is to provide the highest quality child protection, behavioral health services to children, adults, and their families within their communities through a managed network of accredited providers.

Effective * Accountable * Compassionate

TABLE OF CONTENTS

Cover Page.....	1
Table of Contents and Appendix.....	2
NWFHN CEO Welcome.....	4
Acknowledgment.....	5
Executive Summary.....	6
Circuit Specific Summaries and Recommendations	10
Circuit 1.....	11
Circuit 2 and Circuit 3 Madison and Taylor Counties.....	16
Circuit 14.....	21
All Circuit Recommendations.....	26
Community Feedback: Qualitative Survey Summary.....	29
Community Feedback Methodology.....	31
Behavioral Health Survey of School District Personnel.....	32
Behavioral Health Survey of Stakeholders.....	38
Behavioral Health Survey of Service Providers.....	45
Behavioral Health Survey of Consumer Satisfaction.....	51

APPENDIX

Appendix.....	A-1
Circuit 1 County Profiles: Quantitative Data.....	A-2
Escambia County.....	A-3
Santa Rosa County.....	A-9
Okaloosa County.....	A-16
Walton County.....	A-23

APPENDIX CONTINUED

Circuit 2 and Circuit 3 Madison and Taylor Counties: Quantitative Data.....A-29

 Franklin County.....A-30

 Gadsden County.....A-37

 Jefferson County.....A-44

 Leon County.....A-50

 Liberty County.....A-57

 Wakulla County.....A-64

 Madison County.....A-71

 Taylor County.....A-78

Circuit 14 County Profiles: Quantitative Data.....A-86

 Bay County.....A-87

 Calhoun County.....A-94

 Gulf County.....A-101

 Holmes County.....A-108

 Jackson County.....A-115

 Washington County.....A-122

October 1, 2025

Dear Community Stakeholders,

On behalf of NWF Health Network (NWFHN), I am honored to present this Behavioral Health Community Needs Assessment and Plan. This document reflects our unwavering commitment to improving the lives of children, youth, and families across Northwest Florida through a comprehensive, data-informed, safety network and community-driven approach.

As the Behavioral Health Managing Entity for our region, NWF Health Network recognizes the complex and evolving multifaceted needs of our communities. This assessment is the result of extensive collaboration with providers, stakeholders, families, and youth. It identifies critical service gaps, emerging trends, and opportunities for innovation in care delivery—particularly for high-acuity populations, including those involved in the child protection and juvenile justice systems.

Our goal is to ensure that every individual—regardless of age, background, or circumstance—has access to timely, effective, and responsive behavioral health services. This plan outlines strategic priorities and actionable steps to strengthen our system of care, enhance interagency coordination, and promote long-term well-being.

We extend our deepest gratitude to all partners who contributed their time, expertise, and lived experience to this effort. Together, we are building a more resilient and responsive behavioral health system for Northwest Florida that incorporates a safety network that embraces humility, respect, empathy, and goodwill in all that we do.

Sincerely,



Mike Watkins
Chief Executive Officer
NWF Health Network

ACKNOWLEDGEMENT

The development of the *2025 Behavioral Health Community Needs Assessment and Plan* would not have been possible without the dedication, insight, and collaboration of our partners, providers, and community stakeholders across Northwest Florida.

NWF Health Network extends its deepest gratitude to the individuals and organizations who contributed their time, expertise, and lived experiences to this important initiative. Your voices have shaped a plan that reflects the real needs of our communities and the shared commitment to improving behavioral health outcomes for children, youth, and families.

We especially acknowledge the contributions of:

- Behavioral health providers and clinicians
- Law enforcement partners
- Child protection and juvenile justice partners
- School district representatives
- Family and youth advocates
- Community-based organizations
- Local government and public health agencies

Your partnership has been instrumental in identifying service gaps, prioritizing needs, and crafting actionable strategies that will guide our work over the next three years. Together, we are building a more responsive, equitable, and coordinated behavioral health system for Northwest Florida.

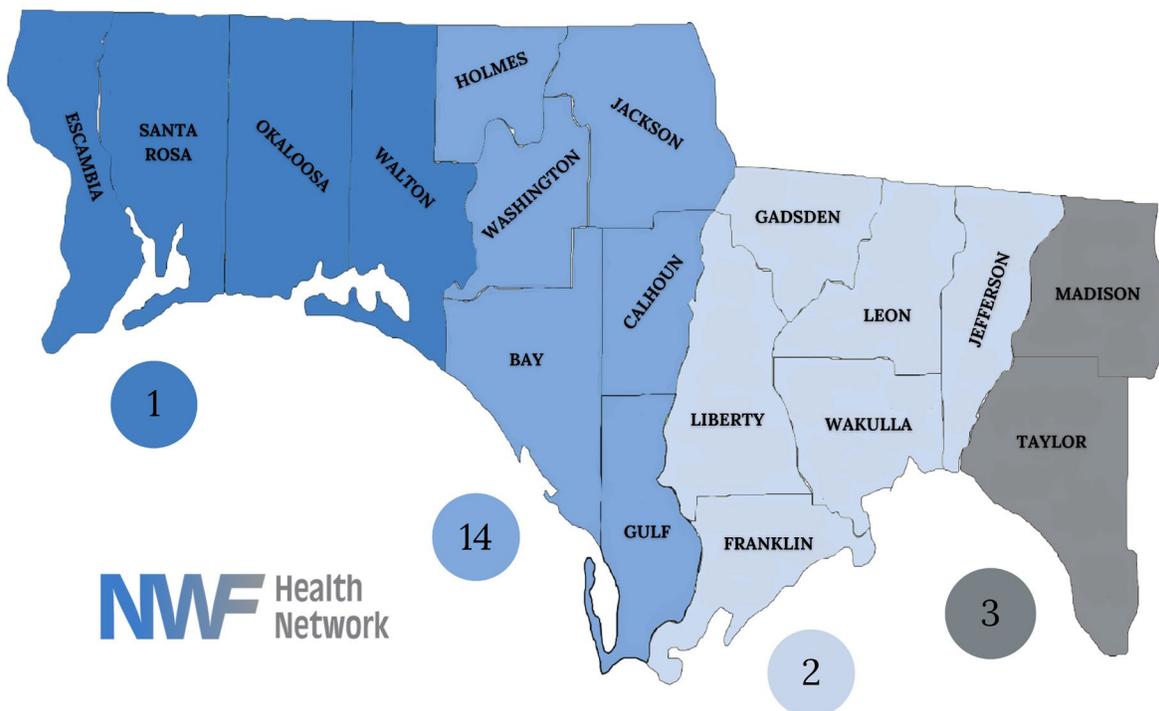
Respectfully submitted,

The NWF Health Network Leadership Team

EXECUTIVE SUMMARY

NWF Health Network (NWFHN) stands as a national leader in integrated behavioral health and child protection. As the only private managed care network in the country with this dual responsibility, NWFHN serves 18 counties and over 1.6 million residents with compassion, innovation, and excellence. Each year, more than 65,000 individuals benefit from NWFHN's commitment to whole-person care, driven by the values of Humility, Respect, Empathy, and Goodwill.

As the Behavioral Health Managing Entity for the Florida Department of Children and Families (Department) Northwest Region, NWFHN oversees services across the Region's Circuits 1, 2, and 14, as well as Madison and Taylor counties in Circuit 3. Through strategic partnerships and a culture of collaboration, NWFHN continues to set the standard for improving outcomes for children, families, and communities throughout Florida's Panhandle.



Circuit 1: Escambia, Santa Rosa, Okaloosa, and Walton counties

Circuit 2: Gadsden, Liberty, Franklin, Wakulla, Leon, and Jefferson counties

Circuit 3: Madison and Taylor counties

Circuit 14: Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties

The impact of Hurricane Michael in 2018 was profound, reshaping the region by destroying homes, closing businesses, and displacing thousands. Beyond the physical devastation, the emotional toll was significant—residents faced trauma, job loss, and disrupted lives, while children experienced heightened anxiety and instability. Recovery

was slow, hindered by housing shortages and economic challenges. Just as progress began, the COVID-19 pandemic introduced new setbacks, stalling rebuilding efforts as contractors departed and volunteer support waned.

Subsequent storms—including Hurricanes Idalia, Debby, and Helene—further strained recovery efforts. Each event compounded existing damage, creating a cycle of rebuilding and setbacks. These repeated crises have had a lasting impact on mental

health, with increased reports of stress, depression, and displacement. Vulnerable populations, particularly children, low-income families, and older adults, have borne the greatest burden. In this context, recovery has evolved beyond physical restoration to encompass the sustained well-being of communities.

Purpose & Scope

- Every three years, NWFHN conducts a comprehensive behavioral health needs assessment to guide strategic planning and service delivery.
- The assessment integrates quantitative data (e.g., surveys, health statistics) and qualitative insights (e.g., provider, school, stakeholder, and consumer feedback).
- The goal is to identify emerging strengths, service opportunities, and community priorities for children, youth, and adults.

The findings presented in this report offer a valuable foundation for understanding shifts in community health and well-being. This initial analysis marks a critical step in identifying where progress has occurred and where additional support may be needed. While interpreting change over time in small, rural communities presents inherent challenges—such as expected, limited sample sizes that may affect statistical power and generalizability—the data nonetheless illuminate meaningful patterns of resilience and opportunity.

Importantly, this report highlights areas where individuals and communities are thriving, as well as those where persistent challenges remain. However, the data alone do not explain the underlying causes of these changes or prescribe specific actions. This is a common feature of early-phase needs assessments, which are designed to surface trends before delving into the root drivers that inform effective programming and policy development.

To build on these insights, NWFHN will target specific qualitative methods—such as community focus groups and listening sessions—be conducted in select areas of interest. These approaches will allow for deeper exploration of the contextual factors influencing outcomes and help uncover the causal elements behind both successes and ongoing challenges. When synthesized, these findings can guide thoughtful recommendations for programmatic or policy adjustments that are responsive to community needs.

Key Findings: Community Strengths & Opportunities

1. Youth Substance Use: A Positive Shift

- Findings provide that High school students across the region have significant reductions in alcohol, tobacco, and marijuana use.
- Middle school trends are stable or improving, with increased awareness around vaping and binge drinking.
- Marijuana vaping is being proactively monitored, with rates up to 12.6% in some counties.

2. Adverse Childhood Experiences (ACEs): Building Resilience

- Many counties report declines in ACEs, especially in areas like parental incarceration and household substance use.
- Students are increasingly supported through trauma-informed practices and protective community environments.

3. Youth Mental Health: Empowering Early Support

- Middle schoolers are showing greater self-awareness of emotional needs, prompting earlier intervention.
- High school students in several counties report declines in depression and suicidal ideation.
- Gender-responsive strategies are helping address the unique needs of female youth, who report higher symptom levels.

4. Childhood Trauma & Abuse: Progress Through Prevention

- While some counties still report elevated rates, many are seeing declines in child abuse and sexual violence.
- Increased access to services and community vigilance are driving these improvements.

5. Mental Health Services (Ages 1–5): Leading in Early Intervention

- Service rates for young children are well above state averages, especially in Circuit 1 counties.
- This reflects a strong commitment to early identification and support for developmental and emotional needs.

6. Adult Behavioral Health: Expanding Access and Engagement

- Enrollment in substance use programs and emergency mental health services is increasing, signaling greater community engagement.
- Hospitalization trends show that adults aged 25–64 are receiving timely and appropriate care.

- Adults are increasingly accessing services, reflecting improved outreach and inclusion.

7. Suicide & Overdose Prevention: A Call to Action

- Youth suicide rates have declined since 2020, though continued focus is needed.
- Adult suicide and overdose rates remain above state averages in some counties, but data-informed strategies are being implemented to reverse these trends.

What the Data Tells Us: A Story of Strength and Growth

Emerging Themes

- Youth are making healthier choices, and communities are responding with effective prevention.
- Trauma-informed care is expanding, especially in rural and high-need areas.
- Mental health services are reaching more people, especially young children and families.
- Communities are resilient, adapting to challenges with innovation and compassion.

Systemic Opportunities

- Enhance data collection in rural areas to ensure all voices are heard.
- Strengthen cross-system collaboration between schools, justice, child welfare, and health systems.
- Continue investing in culturally responsive, community-based care.

Strategic Recommendations: Empowering the Path Forward

1. Expand trauma-informed care in high-ACE communities.
2. Strengthen youth suicide prevention, with gender-responsive supports.
3. Increase early childhood mental health services and caregiver engagement.
4. Enhance overdose and substance use interventions, especially in high-impact areas.
5. Improve data systems to better capture rural and underserved populations.
6. Deepen cross-sector partnerships to address complex needs holistically.

Conclusion: A Region Community Rising Together

The 2025 needs assessment reflects a region that is resilient, responsive, and continuing to lead. Through data, collaboration, and a shared commitment to well-being, NWFHN and its partners are building a future where every child, youth, and adult has the opportunity to thrive.

CIRCUIT AND COUNTY PROFILES: QUANTITATIVE DATA

This section of the Behavioral Health Community Needs Assessment presents key quantitative data across 18 counties within the service region. Data are displayed in twenty-four (24) charts and graphs, organized by population group: children, young adults, and adults aged eighteen (18) and older. Each county profile concludes with a high-level summary of notable findings.

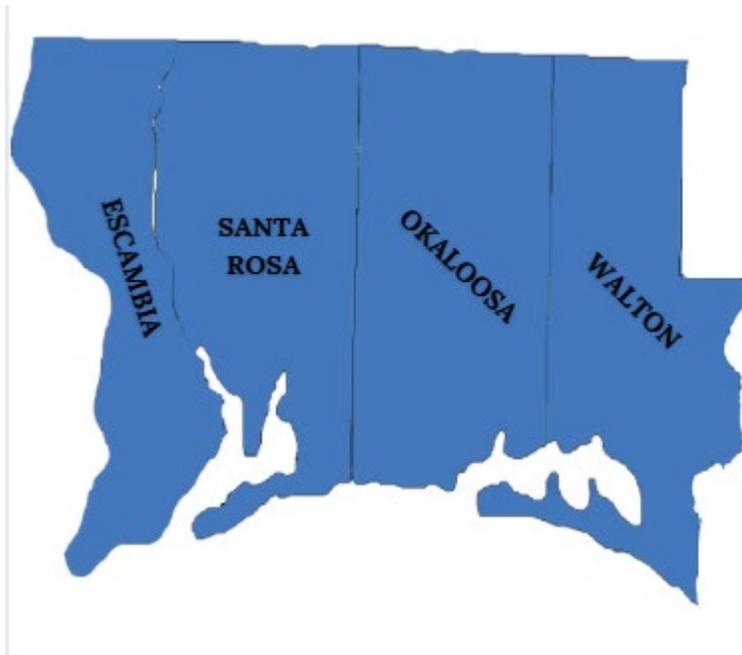
Due to the extensive volume of information, the summary emphasizes the most salient trends rather than detailing every data point. This approach ensures the content remains concise, accessible, and actionable for stakeholders and decision-makers. Variability in survey participation and data availability across counties may influence the inclusion of specific years and the patterns observed.

It is important to exercise caution when interpreting data from small or rural communities. Limited sample sizes may introduce statistical distortions, potentially exaggerating anomalies or misrepresenting broader trends. Therefore, findings from these areas should be viewed as indicative patterns rather than definitive conclusions.

COUNTY PROFILES

CIRCUIT 1

ESCAMBIA, OKALOOSA, SANTA ROSA, AND WALTON COUNTIES



CIRCUIT 1

General Trends: Children and Youth

Table 1. Substance Use

- **Overall Declines:** The dominant trend is a steady decline in substance use among both middle and high school students across all counties.
- **Alcohol:** Past 30-day alcohol use consistently dropped across counties, with the steepest declines observed among high school students. Binge drinking also decreased.
- **Nicotine and Cigarettes:** Cigarette smoking and nicotine vaping showed marked reductions. Nicotine vaping fell dramatically among high schoolers.
- **Marijuana/Hashish:** Decreases were reported in all counties. However, data on marijuana vaping were first collected in 2024 and range between 1.9% and 12.6%; therefore, trend analyses are not yet available. Continued monitoring is essential.
- **Other Substances:** Over-the-counter drug misuse, prescription drug misuse, and synthetic marijuana generally declined, though several counties noted slight upticks in specific substances (e.g., inhalants, methamphetamine, club drugs).

Tables 2-3. Youth Depression

Throughout Circuit 1, high school students consistently reported higher rates of past 12-month depression compared to middle school students. However, the trends differed: from 2018 to 2024, middle school students showed increases across all measures of past 12-month depression, while high school students generally reported declines over the same period.

Suicide ideation responses were mixed: in some Circuit 1 counties, middle school students reported higher levels than their high school counterparts, while in others, the opposite pattern emerged.

Graphs 1-5. Adverse Childhood Experiences (ACEs)

High school students are surveyed on 10 categories of adverse childhood experiences (ACEs). Experiencing four or more ACEs is considered a high level of trauma. The chart below shows a summary of ACEs in the four Circuit 1 counties.

COUNTY	AVERAGE ACE SCORE	FOUR OR MORE ACES
Escambia	1.9	19.8%
Santa Rosa	2.0	22.9%
Okaloosa	2.2	24.7%
Walton	2	21.7%

For depression indicators by gender, both 2018 and 2024, female students in Circuit 1 reported higher levels of depression indicators compared to male students. Despite the persistent gender gap, both male and female students reported fewer depression symptoms in 2024 compared to 2018, except for Okaloosa students, for whom increases were reported.

Graphs 6-7. Children Experiencing Sexual Violence, and Children Experiencing Child Abuse

Between 2023 and 2024, all Circuit 1 counties reported higher rates of children experiencing sexual violence and child abuse compared to the state of Florida overall. However, most counties showed a downward trend on both measures, except Santa Rosa, which reported an increase in the rate of sexual violence against children during this period

Graph 8. Children 1-5 Receiving Mental Health Treatment

Between 2023 and 2024, the rates of children 1-5 years of age receiving mental health treatment and, in Escambia and Santa Rosa decreased, while those in Okaloosa remained the same, and those in Walton increased. All counties were above the state average for this measure.

Graphs 9-10. Children and Youth Emergency Department (ED) Visits from Mental Disorders, and from Drug and Alcohol-Induced Mental Health Disorders

All Circuit 1 counties reported higher rates of emergency department (ED) visits for mental disorders among children and youth compared to the state of Florida overall. However, all counties, except Okaloosa, showed a downward trend in 2023, the most recent year for which data were available.

Santa Rosa and Okaloosa reported zero ED visits for drug- and alcohol-induced mental health disorders, while data for Walton were unavailable. Escambia showed a reduction from the prior year but remained above the state average.

Graph 11. Hospitalizations of Children and Youth from Mental Disorders

Except Escambia, the rest of the Circuit 1 counties showed increases between 2022 and 2023 (the latest year for which data were available), and all but Walton was above the state average on this measure.

Graph 12. Deaths from Suicide Among 12–18-Year-Olds

Escambia and Santa Rosa counties reported increases in this rate between 2022 and 2023 (the latest year for which data were available), and higher rates than the state average, while Okaloosa and Walton counties reported zero deaths from suicide among this age group.

General Trends: Adults

Graphs 13-14. Adult Substance Use Program Enrollee Counts, and Adult ED Visits from Mental Disorder Counts

Between 2022 and 2023, all four counties saw decreases in the number of adults enrolled in substance use programs, though Santa Rosa's decline was minimal, with only three fewer clients. For adult emergency department (ED) visits related to mental disorders, rates increased in all counties except Okaloosa.

Graphs 15-16. Hospitalizations for Drug and Alcohol-Induced Mental Health Disorders and for Non-Drug and Alcohol-Induced Mental Disorders, by Adult Age Group

Circuit 1 counties showed significant variation across reporting years and age groups for both of these measures, making it difficult to draw generalizations at the circuit-wide level. One notable trend was an increase in the rate of hospitalizations from mental disorders for the age group 75 and older in all Circuit 1 counties but Walton County.

Graphs 17-18. Adult Deaths from Suicide and Age Groups

All Circuit 1 counties except Santa Rosa reported a reduction in the suicide death rates among 19–21-year-olds in 2023, the latest year data were available.

For suicide death rates for other adult age groups, Circuit 1 counties showed significant variation across reporting years and age groups, making it difficult to draw generalizations at the circuit-wide level.

Graphs 19-20. Age-Adjusted Death Rates from Alcoholic Liver Disease and from Drug Poisoning

Except Walton County, age-adjusted death rates from alcoholic liver disease were above the state average, and all but Santa Rosa, appear to be on a downward trajectory in 2023. Drug poisoning rates also show a downward trend in 2023 in three of the Circuit's counties, again with Walton as the exception.

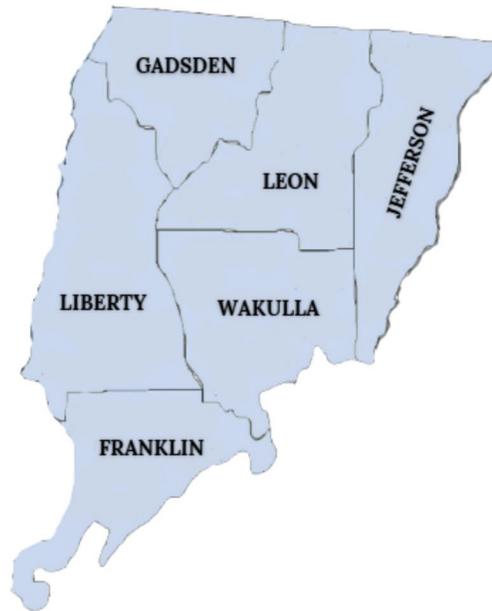
Graph 21. Drug Overdose Rates (for Opioids and All Drugs)

Circuit 1 counties displayed notable year-to-year variation on both measures. Between 2022 and 2023 (most recent data), all counties in the circuit reported declines in opioid overdose death rates; however, Escambia and Okaloosa remained above the state average. During the same period, Walton County recorded an increase in overdose deaths from other drugs, while the rest of the circuit saw decreases. Despite these declines, every county except Santa Rosa continued to exceed the state rate for this measure.

COUNTY PROFILES

CIRCUIT 2

FRANKLIN, GADSDEN, JEFFERSON, LEON, LIBERTY, AND WAKULLA COUNTIES



AND

CIRCUIT 3

MADISON AND TAYLOR COUNTIES



CIRCUIT 2 AND CIRCUIT 3 MADISON AND TAYLOR COUNTIES

General Trends: Children and Youth

Table 1. Substance Use

Widespread Declines with Notable Exceptions: Across most Circuit 2 counties, as well as Madison and Taylor counties, substance use among middle and high school students shows a generally steady, though modest, decline. However, several exceptions stand out. Among middle school students, increases were reported in Jefferson (alcohol and marijuana), Liberty (alcohol), Wakulla (alcohol and nicotine vaping), and Madison (alcohol, binge drinking, and nicotine vaping).

For high school students, the most notable rises were in nicotine vaping across Franklin, Gadsden, Jefferson, and Wakulla counties, marijuana/hashish use in Franklin and Jefferson, prescription amphetamines in Gadsden and Wakulla, and alcohol use in Gadsden.

- **Alcohol:** Past 30-day alcohol use consistently dropped across counties, with the steepest declines observed among high school students. Binge drinking also substantially decreased in some counties.
- **Nicotine and Cigarettes:** Cigarette smoking showed reductions circuit-wide.
- **Marijuana/Hashish:** Decreases were reported in most Circuit 2 counties, though at different levels. Data on marijuana vaping, however, were first collected in 2024 and range between 3.2% and 21.4%; therefore, trend analyses are not yet available. Continued monitoring is essential.
- **Other Substances:** Over-the-counter drug misuse, prescription drug misuse, and synthetic marijuana generally remain declined, though several counties noted slight upticks in specific substances (e.g., inhalants, methamphetamine, club drugs).

Less Common Substances Remain Rare but Show Sporadic Upticks

- Across several counties, nicotine vaping increased. Also, in several counties (Gadsden, Jefferson, Liberty, Wakulla), there were small increases in substances such as methamphetamine, cocaine/crack, club drugs, and hallucinogens.
- Though prevalence remains low (<2% in most cases), these upticks warrant monitoring.

Tables 2 and 3. Youth Depression

Circuit 2 counties, and Madison and Taylor showed significant variation across reporting years and age groups, making it difficult to draw generalizations at the circuit level; however, most middle and high school students reported increases in past 12-month depression.

Suicide ideation responses were mixed: in some Circuit 2 counties, middle school students reported higher levels than their high school counterparts, while in others, the opposite pattern emerged.

Graphs 1-5. Adverse Childhood Experiences (ACEs)

High school students are surveyed on 10 categories of adverse childhood experiences (ACEs). Experiencing four or more ACEs is considered a high level of trauma. The chart below shows a summary of ACEs in Circuit 2 and Madison and Taylor counties.

COUNTY	AVERAGE ACE SCORE	FOUR OR MORE ACES
Franklin	3.1	40.5%
Gadsden	2.0	24.2%
Jefferson	N/A	N/A
Leon	1.8	19.7%
Liberty	1.6	16.5%
Wakulla	N/A	N/A
Madison	1.5	14%
Taylor	1.8	19.7%

This geographic area does not exhibit a singular, uniform ACEs pattern. The most consistent cross-county themes are household disruption (parental separation/divorce, caregiver mental illness, incarceration, and household substance abuse) and signals of emotional neglect and abuse, with sexual abuse increasing in select counties. Overall movement varies by county, underscoring the need for county-specific interpretation and response.

In Circuit 2 and Madison and Taylor counties, female students consistently reported higher levels of depression indicators than male students, regardless of year or specific measure. This gender disparity appears to be a stable, cross-county pattern. Most counties reported higher depression symptom levels in later years compared to 2018 for both genders. This suggests a broad upward trend in student-reported depression across much of the region.

Graphs 6-7. Children Experiencing Sexual Violence, and Children Experiencing Child Abuse

In 2024, except Leon, all Circuit 2 counties, and Marion and Taylor counties, reported declines in the rate of children experiencing sexual violence compared to the prior year, and each of these counties also reported rates below the state average. Among those counties with declines, all but Gadsden reported rates of zero.

In contrast, except Madison, Taylor, Liberty and Wakulla, all Circuit 2 counties reported increased rates of child abuse in 2024 compared to 2023, and all but Wakulla's rates were also above the state average for that period.

Graph 8. Children 1-5 Receiving Mental Health Treatment

Between 2023 and 2024, the rate per 1,000 of children ages 1–5 receiving mental health treatment increased in every county except Franklin, Liberty, Madison, and Taylor, with the latter three reporting a rate of zero. Of all counties, only Liberty fell below the state average for this measure.

Graphs 9-10. Children and Youth Emergency Department (ED) Visits from Mental Disorders, and from Drug and Alcohol-Induced Mental Health Disorders

Circuit 2, and Madison, and Taylor counties reported lower rates of emergency department (ED) visits for mental disorders among children and youth compared to the state of Florida overall. However, Leon, Wakulla, and Taylor showed an upward trend in 2023, the most recent year for which data were available.

For ED visits for drug- and alcohol-induced mental health disorders, data were only available in two counties, Leon and Wakulla. Both reported a rate of zero and were also below the state average.

Graph 11. Hospitalizations of Children and Youth from Mental Disorders

Between 2022 and 2023, Circuit 2 and Madison and Taylor counties reported increases in this measure, and all were above the state average.

Graph 12. Deaths from Suicide Among 12–18-Year-Olds

The only counties in the geographic area for which 2023 data were available were Jefferson (reporting zero) and Leon, reporting a rate of 7.0, twice the state average.

General Trends: Adults

Graphs 13-14. Adult Substance Use Program Enrollee Counts, and Adult ED Visits from Mental Disorder Counts

Between 2022 and 2023, all Circuit 2 counties, along with Madison and Taylor, reported increases in the number of adults enrolled in substance use programs, with Liberty holding steady. During the same period, adult emergency department visits related to mental disorders rose in every county except Gadsden, Leon, Madison, and Taylor.

Graphs 15-16. Hospitalizations for Drug and Alcohol-Induced Mental Health Disorders and for Non-Drug and Alcohol-Induced Mental Disorders, by Adult Age Group

Circuit 2 counties showed significant variation across reporting years and age groups for both of these measures, making it difficult to draw generalizations at the geographic area level.

Graphs 17-18. Adult Deaths from Suicide and Age Groups

The only Circuit 2 counties for which 2023 data were available for adults 19-21 were Leon, reporting a rate of 10.5, slightly higher than the state average, and Liberty (reporting zero). Taylor County also reported zero.

Across reporting years, Circuit 2, and Madison and Taylor counties showed significant variation in adult suicide deaths by age group, making it difficult to draw circuit-level generalizations.

Graphs 19-20. Age-Adjusted Death Rates from Alcoholic Liver Disease and from Drug Poisoning

Except for Jefferson and Leon counties, age-adjusted death rates from alcoholic liver disease appear to be on a downward trajectory in 2023, though most remain above the state average.

Except for Leon and Wakulla, drug poisoning rates reflect an upward trend in 2023 in Circuit 2 and Madison and Taylor counties.

Graph 21. Drug Overdose Rates (for Opioids and All Drugs)

Circuit 2, and Madison and Taylor counties displayed notable year-to-year variation on both measures. Between 2022 and 2023 (most recent data), counties that experienced rising overdose death rates from opioids included Franklin, Jefferson, Liberty, Madison, and Taylor. These same counties also saw increases in overdose deaths from other drugs. In contrast, all remaining counties in the region reported declines in both opioid- and other drug-related overdose death rates. It is important to note that some counties reported higher overdose death rates than the state average.

COUNTY PROFILES

CIRCUIT 14

BAY, CALHOUN, GULF, HOLMES, JACKSON, AND WASHINGTON



CIRCUIT 14

General Trends: Children and Youth

Table 1. Substance Use

- **Overall Declines:** The dominant trend is a steady decline in substance use among both middle and high school students across all counties.
- **Alcohol:** Past 30-day alcohol use dropped across several counties, with the steepest declines observed among high school students. Binge drinking also decreased in several counties.
- **Nicotine and Cigarettes:** Cigarette smoking and nicotine vaping showed marked reductions in most counties.
- **Marijuana/Hashish:** Decreases were reported in all counties but Jackson and Washington. Data on marijuana vaping, however, were first collected in 2024 and range between 1.0% and 14.0%; therefore, trend analyses are not yet available. Continued monitoring will be essential.
- **Other Substances:** Over-the-counter drug misuse, prescription drug misuse, and synthetic marijuana generally declined, though several counties noted slight upticks in specific substances (e.g., inhalants, methamphetamine, club drugs).

Tables 2-3. Youth Depression

Circuit 14 counties displayed considerable variation across these measures, limiting circuit-wide generalizations, except that middle school students consistently reported higher levels of depression than high school students.

Graphs 1-5. Adverse Childhood Experiences (ACEs)

High school students are surveyed on 10 categories of adverse childhood experiences (ACEs). Experiencing four or more ACEs is considered a high level of trauma. ACEs that appeared to increase in a few counties include parental separation/divorce, caregiver mental illness, and emotional and physical neglect and abuse. The chart below shows a summary of ACEs in the four Circuit 14 counties.

COUNTY	AVERAGE ACE SCORE	FOUR OR MORE ACEs
Bay	2.3	27.4%
Calhoun	2.6	33.6%
Gulf	2.5	32.2%
Holmes	2.2	22.9%
Jackson	2.0	22.1%
Washington	1.6	17.2%

While county-level differences limit broad geographic conclusions across Circuit 14, overall depression indicators rose for both male and female students between 2018 and 2024, with female students consistently reporting higher levels than their male peers.

Graphs 6-7. Children Experiencing Sexual Violence, and Children Experiencing Child Abuse

Between 2023 and 2024, every Circuit 14 county, except Bay and Jackson, saw an increase in the rate of children experiencing sexual violence, with all six counties reporting rates above the state average. During the same period, Calhoun, Gulf, and Jackson reported higher rates of child abuse, and again, all six counties exceeded the state average.

Graph 8. Children 1-5 Receiving Mental Health Treatment

Between 2023 and 2024, every Circuit 14 county, except Calhoun, reported an increase in the rate per 1,000 of children ages 1–5 receiving mental health treatment, and all six counties remained above the state average for this measure.

Graphs 9-10. Children and Youth Emergency Department (ED) Visits from Mental Disorders, and from Drug and Alcohol-Induced Mental Health Disorders

Between 2022 and 2023, the most recent years of available data, all Circuit 14 counties, except Holmes, reported declines in emergency department (ED) visits for mental disorders among children and youth. However, each county still remained above the state average during this period.

For ED visits related to drug- and alcohol-induced mental health disorders, data were available only for Bay County, which reported a rate of zero, below the state average.

Graph 11. Hospitalizations of Children and Youth from Mental Disorders

Between 2022 and 2023, all Circuit 14 counties except Bay and Washington reported increases in this measure, and all were above the state average.

Graph 12. Deaths from Suicide Among 12–18-Year-Olds

The only counties in the geographic area for which 2023 data were available were Bay and Washington (reporting zero) and Jackson, reporting a rate of 28.1, more than five times the state average.

General Trends: Adults

Graphs 13-14. Adult Substance Use Program Enrollee Counts, and Adult ED Visits from Mental Disorder Counts

Between 2022 and 2023, all Circuit 14 counties except Gulf reported decreases in the number of adults enrolled in substance use programs. During the same period, adult emergency department visits related to mental disorders rose in every county except Calhoun and Jackson.

Graphs 15-16. Hospitalizations for Drug and Alcohol-Induced Mental Health Disorders and for Non-Drug and Alcohol-Induced Mental Disorders, by Adult Age Group

Circuit 14 counties showed significant variation across reporting years and age groups for both of these measures, making it difficult to draw generalizations at the geographic area level.

Graphs 17-18. Adult Deaths from Suicide and Age Groups

The only Circuit 2 counties for which 2023 data were available for adults 19-21 were Bay, Jackson, and Washington (the latter two reporting zeros), with Bay being slightly higher than the state average.

Across reporting years, Circuit 14 counties showed significant variation in adult suicide deaths by age group, making it difficult to draw circuit-level generalizations.

Graphs 19-20. Age-Adjusted Death Rates from Alcoholic Liver Disease and from Drug Poisoning

With the exception of Gulf and Jackson counties, age-adjusted death rates from alcoholic liver disease showed an upward trend in 2023, and all counties except Gulf remained above the state average.

Similarly, apart from Bay, Calhoun, and Jackson, drug poisoning rates trended upward in 2023, with Bay and Gulf exceeding the state average for this measure.

Graph 21. Drug Overdose Rates (for Opioids and All Drugs)

Between 2022 and 2023, the most recent data available, all counties—except Holmes and Washington—experienced increases in opioid overdose death rates. During the same period, overdose deaths from other drugs declined across all counties. Notably, Bay, Holmes, and Washington reported opioid overdose death rates higher than the state average.

ALL CIRCUIT RECOMMENDATIONS

Children and Youth

1. Expand Early Evidence-based Substance Use Prevention

Rationale: Since 2018, most Northwest Florida (NWF) counties have reported significant declines in alcohol, nicotine, and other substance use among students. These reductions are most pronounced among high school students, while middle school trends show less progress. Although marijuana use appears to be decreasing overall, use through electronic vaping remains a persistent concern. Periodic upticks in substances such as inhalants and prescription stimulants further underscore the need for ongoing vigilance.

To sustain and build upon these prevention gains, it is critical to embed evidence-based programs within schools, beginning at the middle school level, if not earlier. Effective programs should emphasize coping skills, refusal strategies, and social-emotional learning to strengthen resilience and reduce early substance use.

2. Strengthen Trauma-Informed Practices and Supports

Rationale: On average, one in five high school students across the NWF circuits have experienced four or more ACEs, placing them at elevated risk for behavioral health challenges. Trauma-informed school and community systems, such as professional development for educators, peer mentoring programs, and coordinated care models, can buffer against long-term impacts. Emphasizing resilience and protective factors is especially important, given the persistent prevalence of ACEs.

3. Enhance Mental Health Screening, Access, and Continuity of Care

Rationale: Children and adolescents consistently present above-average rates of depression, suicide ideation, emergency department visits, and hospitalizations for mental disorders. While some declines are visible, mental health needs remain high. Expansion of school-based mental health services, routine screenings, and referral networks can reduce reliance on emergency and hospitalization services by connecting youth to earlier treatment and follow-up support.

4. Address Gender-Specific Mental Health Needs

Rationale: Female students consistently report higher depression indicators than male peers, and in some cases, symptoms are increasing. Implementing gender-responsive programming, such as small-group supports for girls, male-friendly engagement strategies, and staff training to recognize depression and other signs of trauma, can help address persistent gaps while normalizing help-seeking behaviors for all youth.

5. Invest in Early Childhood Intervention and Family Supports

Rationale: Children as young as ages 1–5 show high rates of engagement with mental health treatment, far exceeding state averages. At the same time, elementary-aged children face elevated risks of abuse and neglect. Expanding access to early intervention, home visiting programs, parent education, and wraparound supports can strengthen family resilience, reduce maltreatment, and stabilize children before issues escalate.

6. Enhance child protection systems and access to trauma services.

Rationale: Although sexual violence has declined in many areas, child abuse rates have increased and remain above state averages, underscoring the need for stronger prevention and response systems.

7. Develop Integrated Suicide Prevention and Postvention Strategies

Rationale: Adolescent suicide rates across some NWF counties have fluctuated, at times exceeding state averages before showing recent declines. Because suicidal ideation remains concerning, particularly among middle schoolers, there is a need for comprehensive prevention approaches. Strategies might include standardized suicide risk assessments in schools, crisis response teams, peer-led awareness programs, and postvention protocols to support communities after a loss.

Adults

1: Expand and Stabilize Substance Use Treatment Capacity

Rationale: Across multiple counties, adult enrollment in substance use programs fluctuated sharply, with some areas showing steep declines before partial rebounds. These shifts suggest inconsistent treatment access and engagement. Stabilizing capacity and reducing systemic barriers, such as affordability, wait times, and stigma, will help sustain recovery support over time.

2. Expand overdose prevention through naloxone distribution, community training, and treatment-on-demand pathways.

Rationale: Drug poisoning rates are increasing, and more adults are entering substance use programs, indicating both high need and readiness for expanded risk-reduction measures.

3. Scale alcohol risk-reduction strategies, including SBIRT in healthcare settings and community-level prevention campaigns.

Rationale: While some areas report declines in liver disease mortality, rates remain above state averages, reflecting ongoing alcohol-related harms.

4. Strengthen Crisis and Behavioral Health Continuum of Care

Rationale: Emergency department visits for mental disorders remained high or increased, underscoring continued reliance on acute care for mental health crises. Expanding preventive and outpatient behavioral health services, paired with better coordination between hospitals and community providers, can reduce repeat emergency visits and improve outcomes for adults experiencing mental health disorders.

5. Address Age-Specific Risk Trends in Hospitalizations

Rationale: In many NWF counties, hospitalization data show that middle-aged adults (25–64) consistently bear the highest burden of drug- and alcohol-related mental health disorders. At the same time, young adults (18–24) show episodic but alarming spikes in hospitalization rates. Tailoring strategies by age, such as early prevention and resilience programs for young adults and integrated treatment for middle-aged populations, will better target the highest-need groups.

6. Strengthen Suicide Prevention Infrastructure

Rationale: Suicide death rates exceeded state averages in several areas and fluctuated significantly across age groups, with some counties experiencing dramatic spikes in particular years. While some groups saw declines, overall instability in suicide rates highlights the need for sustained prevention efforts, crisis supports, and age-appropriate interventions spanning youth through older adulthood.

COMMUNITY FEEDBACK: QUALITATIVE SURVEY SUMMARY

The surveys reveal a consistent theme: despite high satisfaction with services among consumers, there is a significant disconnect between the awareness of available services and the ability to actually access them.

Access Barriers

- **Geographical and Logistical Barriers:** Travel distance is a major issue, especially for those in rural areas, and inconvenient hours (no evening or weekend appointments) limit access.

Service Gaps: There is an overall lack of available services for both mental health and substance use, with a particular shortage of child psychiatrists and services for specific conditions like neonatal abstinence syndrome (NAS) and fetal alcohol spectrum disorder (FASD).

Financial and Administrative Barriers: Cost, lack of insurance, and cumbersome application processes are major hurdles for families and youth. Service providers also report low Medicaid reimbursement rates, which contributes to a workforce shortage.

Stigma and Confidentiality: Stigma and concerns about confidentiality are significant barriers to seeking help.

Service Adequacy and Provider Relationships

- **Referral Challenges:** While most school personnel and stakeholders know where to refer people for mental health services, far fewer refer youth to substance use services. Referrals do not guarantee access due to long waitlists and other barriers.

Lack of Youth-Specific Care: Many services are not designed for adolescents, making care coordination difficult. This is especially true for involuntary examinations, which need facilities that focus on children.

Evidence-Based Practices (EBPs): The use of EBPs is limited, with trauma-focused EBPs being notably absent in some school districts.

Helplines: The 2-1-1 helpline was not found to be helpful by school district personnel who used it, primarily because of a lack of available resources, not the service itself.

System Improvements

- **Expand Services:** Prioritize the expansion of residential treatment, supportive housing, and inpatient detoxification services for all populations. There is also a strong need for more outpatient and crisis stabilization services, especially for youth.

Enhance Care Coordination: Improve communication and coordination between mental health and substance use systems to ensure a unified approach to service delivery. The new NWF Health Connects system is a promising step, although more outcome data is needed.

Standardize Processes: Standardize intake and screening instruments across agencies and make eligibility criteria and application processes easier to navigate.

Training and Awareness

- **Targeted Training:** Provide specific training for providers on effective local services, new drug trends, and certification in evidence-based practices (EBPs) like Eye Movement Desensitization Reprocessing (EMDR), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), and Dialectic Behavioral Therapy (DBT). There is also a need for booster and refresher trainings and training and technical assistance on trauma-informed care.

Staff Development: Address staff shortages and high turnover by providing adequate funding and addressing low Medicaid reimbursement rates. Implement training to address staff attitudes and behaviors, especially those related to disrespect, judgment, and lack of compassion, which were noted by consumers. Also, provide training on confidentiality, especially for transgender individuals.

Increase Public Awareness: Brief community members and stakeholders on available behavioral health services to bridge the knowledge gap.

**COMMUNITY FEEDBACK METHODOLOGY:
QUALITATIVE DATA SURVEY SUMMARY**

School Survey Results

Stakeholder Survey Results

Behavioral Health Provider Survey Results

Consumer Survey Results

BEHAVIORAL HEALTH SURVEY OF SCHOOL DISTRICT PERSONNEL

This report summarizes the results from thirteen school district personnel who returned the surveys.

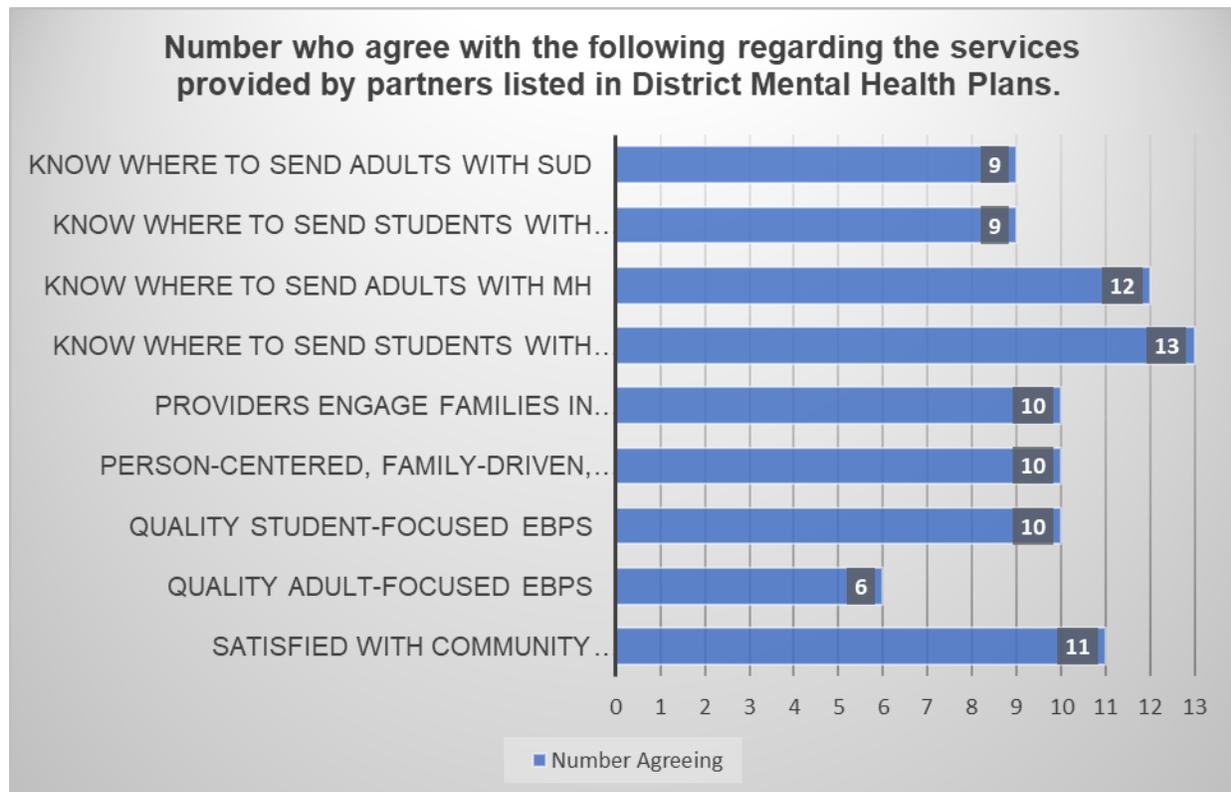
Results

2-1-1, 9-8-8, and TESS: Respondents noted several services they were unaware of or deemed inadequate, impacting access to care. In terms of emergency helplines, individuals from the same two counties were unaware of 2-1-1 and 9-8-8. All four of the respondents who accessed the 2-1-1 resource on behalf of a student or their parent/caregiver reported that the resource was not helpful. Upon reviewing the text data, it became clear that the rating was more about the lack of necessary resources to make 2-1-1 effective rather than the service itself. As written, "...211 staff were helpful, but the actual resources to send the parents to were also *limited*." The one individual who used 9-8-8 found it helpful. Four respondents referred students to TESS, a self-help texting resource, and reported that these students did not find TESS helpful.

Established Relationships with Service Providers: The table below illustrates the agencies that have established or not established relationships with a school district.

AGENCIES BY RELATIONSHIP WITH A SCHOOL DISTRICT		
ESTABLISHED		NOT ESTABLISHED
211 Big Bend	Gulf Coast CAC	Ability 1st
211 Northwest / United Way	HCA Florida Fort Walton-Destin	Access Discount Health Care (ADHC)
Apalachee Center	Lakeview Center	Family Connects
Baptist Hospital	Life Management Center	Florida Springs and Wellness Center
Boystown	Mental Health Association of Okaloosa/Walton	Hanley Foundation
Bridgeway Center	NAMI - Tallahassee	Leon County Public Defender's Office
CARE	Okaloosa County Board of Commissioners	Leon Sheriff (CALM)
CDAC	PanCare	N/A
Covenant Care (Nonie's Place)	Panhandle Behavioral Services	N/A
DISC Village	Twin Oaks	N/A
Early Learning Coalition of NW Florida	N/A	N/A
Write-in: Panhandle Therapy, A New Dawn, A New Beginning		N/A

As shown below, most respondents were satisfied with the Multi-Tiered System of Supports (MTSS) and knew where to refer students and parents/caregivers with a substance use or mental health problem. The substance use rating is notable; the majority did not feel there were adequate substance use services. Qualitatively, respondents noted that knowing where to send someone did not guarantee access. Similarly, respondents reported the use of EBPs by Providers. Similarly, despite reporting that EBPs were used, the use of EBPs was reported to be limited.



Service Type Referrals: Family therapy, community mental health services, and private counseling services constituted the service types that at least half of the respondent's referred students and/or parents/caregivers to. Fewer respondents referred students to Children and Youth Community Substance Use Services (n=4) or parents/caregivers to Adult Community Substance Use Services (n=1).

Youth Mental Health Service Adequacy: As seen in the graphic below, respondents reported that six of the eight mental health services listed were adequate (compared to only one substance use service). Similar to residential or inpatient substance use services, mental health residential and inpatient treatment were also not seen as adequate. Finally, five respondents indicated an overall lack of mental health services for students, with eleven noting a lack of staff experienced in working with students with mental health needs.



Additionally, all respondents reported there were not enough services for those with neonatal abstinence syndrome or fetal alcohol spectrum disorder (answered not enough of or did not know). Eleven respondents reported that there were not enough child psychiatrists.

EBPs for Youth Receiving Behavioral Health Services: The following table summarizes the number of respondents who noted the use of specific EBPs in their school district. Few identified the use of any EBP, with notable exceptions of EBPs known to effectively address trauma, family functioning, and multidimensional factors related to overall substance use treatment outcomes and recovery. Twelve of the 18 listed EBPs were not utilized by the district.

USE OF EVIDENCE-BASED TREATMENTS AND PRACTICES (BOLD SHOWS USE)	
Adolescent Community Reinforcement Approach (ACRA)	Motivational Interviewing (MI) (n=2)
Applied Behavior Analysis (ABA) (n=3)	Motivational Enhancement Therapy (MET)
Brief Strategic Family Therapy (BSFT)	Multidimensional Family Therapy (MDFT)
Community Action Team (CAT) (n=2)	Mobile Response Team (MRT) (n=1)
Cognitive Behavioral Therapy (CBT) (n=4)	Multisystemic Therapy (MST)
Dialectical Behavior Therapy (n=2)	Parent and Child Interactive Therapy (PCIT)
Family Behavior Therapy	Seeking Safety
Functional Family Therapy (FFT)	Seven Challenges
Matrix Program	Trauma-Informed CBT

Qualitative data show the disconnect between knowing where to refer, ratings of adequacy, and the ability to access. Whether there are long waitlists, out-of-county services, a lack of adequate insurance, or limited after-school and weekend appointments, access barriers to substance use and mental health services are common.

As written by respondents:

“The services are available but may not be utilized due to ineligibility or other internal barriers preventing treatment or care.”

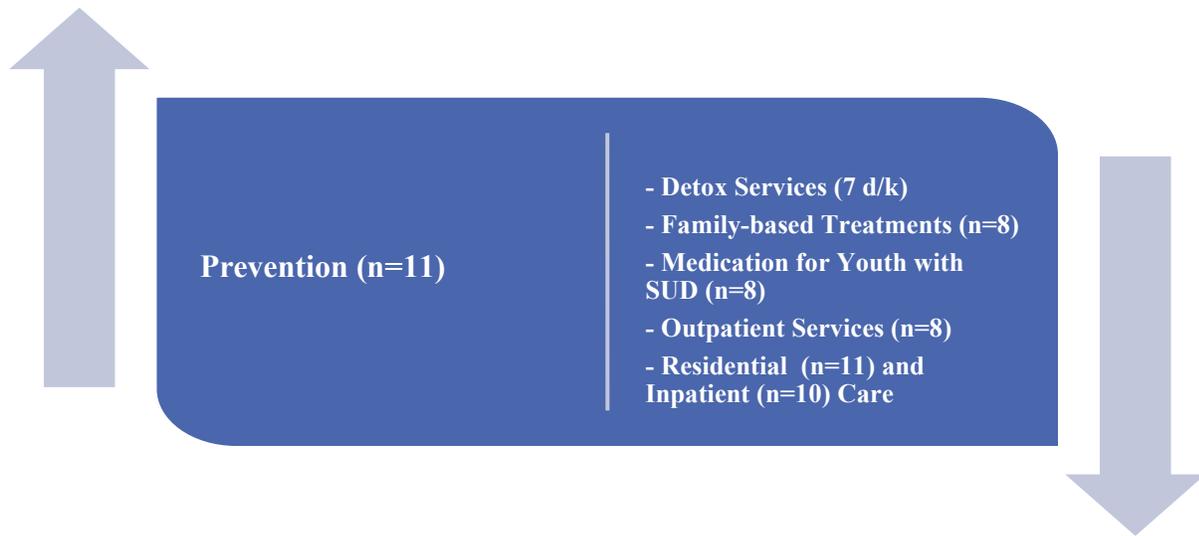
“With one community mental health agency and both acute, residential, or IOP care being out of county, this makes it extremely difficult for parents and families to access care and continue with treatment.”

“The difficulty in our county is timely services with our community partners. Our community mental health agencies have months-long waitlists.”

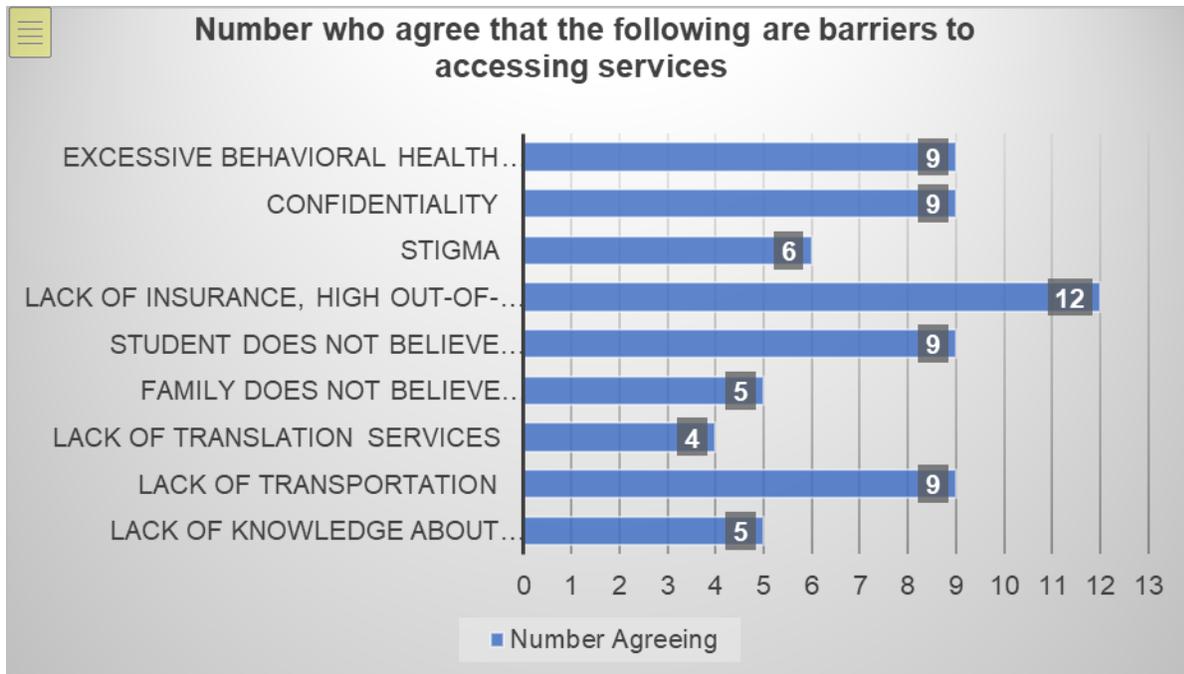
“Families struggle navigating a higher level of care.”

More specifically: “Okaloosa County's children and families desperately need a pediatric crisis stabilization and pediatric inpatient *facility*. Currently, east and west, that facility is across two counties.”

Youth Substance Use Service Adequacy: Eleven of the thirteen respondents reported that substance use prevention services were adequate. Conversely, as illustrated in the graphic below the majority of respondents disagreed that residential and inpatient care were “adequate,” with eight disagreeing with the adequacy of outpatient services, family-based treatments, or medication for youth with a substance use disorder (SUD). Seven respondents were unsure whether detoxification services were adequate. Finally, seven respondents indicated an overall lack of substance use services for students, with six noting a lack of staff experienced working with students with SUD.



In addition to the need for additional behavioral health services, barriers to accessing care or services that do exist are common (see chart below). Families and youth also struggle to access support and wrap-around services, as well as complete the application processes. Respondents indicated that the youth services were not designed for this age group (n = 8), that intake and screening instruments are not standardized across the service areas (n = 11), and that they were not specifically designed for youth (n = 7). Respondents noted that it is challenging to link multiple services if needed, that it can take 120 minutes (up to 50 miles) for rural youth and 60 minutes (up to 30 miles) for urban youth to travel to needed services.



Summary

Thirteen school district staff members completed the survey, so results should be viewed with caution. Nonetheless, there are several takeaways. Despite inconsistent answers across similar questions, it does appear that additional behavioral health services are needed and that there are significant barriers to accessing the care that does exist. Services are not necessarily adolescent-specific, making care coordination between services difficult. While some EBPs were mentioned, trauma-focused EBPs were notably missing, suggesting expansion opportunities.

BEHAVIORAL HEALTH SURVEY OF STAKEHOLDERS

This report summarizes the results from 44 stakeholders who completed and returned the surveys.

Results

2-1-1 and 9-8-8: Thirty-three of the forty-four stakeholders were aware of the 2-1-1 resource. Of these, sixteen accessed the 2-1-1 resource on behalf of a consumer, with thirteen of the sixteen finding the resource helpful. Thirty-three of the forty-four stakeholders were also aware of the 9-8-8 resource. Of these, two accessed the 2-1-1 resource on behalf of a consumer, with one of the two finding the resource helpful.

Text data reveals:

"[...] give it as a resource to CRF and inpatient care facilities."

"Boys Town also offers this service, and consumers have utilized it in the area as an alternative."

Service categories where the stakeholder referred someone to behavioral health treatment in the past 12 months. As illustrated below, all respondent stakeholders referred adults to mental health and substance use services. Twenty-nine (29) referred youth to mental health services with far fewer (9) referring youth to substance use services.

AGENCIES BY RELATIONSHIP STATUS				
	Adult Mental Health	Adult Substance Use	Youth Mental Health	Youth Substance Use
Referred	44 (100%)	44 (100%)	29 (66%)	9 (20%)

In answer to the question "Which agencies do you have an established relationship with?" there were only two agencies not associated with the group of stakeholders that responded to the survey: Access Discount Health Care (ADHC) and Ability 1st. The table below summarizes the agencies.

AGENCIES BY RELATIONSHIP STATUS		
ESTABLISHED		NOT ESTABLISHED
211 Big Bend	Hanley Foundation	Access Discount Health Care (ADHC)
211 Northwest United Way	HCA Florida Fort Walton-Destin	Ability 1st
Apalachee Center	Leon County Public Defender's Office	N/A
Baptist Hospital	Leon Sheriff (CALM)	N/A
Boystown	Lakeview Center	N/A
Bridgeway Center	Life Management Center	N/A
CARE	Mental Health Association of Okaloosa/Walton	N/A
CDAC	NAMI – Tallahassee	
Covenant Care (Nonie's Place)	Okaloosa County Board Commissioners	N/A
DISC Village	PanCare	N/A
Early Learning Coalition of NW Florida	Panhandle Behavioral Services	N/A
Family Connects	Twin Oaks	N/A
Florida Springs and Wellness Center	N/A	N/A
Gulf Coast CAC	N/A	N/A
Other: Center of Hope; Department of Health, Wakulla & Taylor; Elevate Bay; Family Services Agency; Healthy Start; Right Move; Chrome, Humble House, Earthen Vessels, Innovative Charities		

Service Types in Need of Expansion:

As illustrated below, the continuum of care for adults and youth/children with mental health and/or substance use problems is in need of expansion (i.e., outpatient, inpatient, residential), endorsed by many stakeholders. For those with mental health issues (adult or children/youth), an increase in crisis stabilization services is noted. For those with substance use issues (adult or children/youth), detoxification services need expansion. The need for medication management is an endorsed need for three of the four populations (i.e., adult and youth mental health, adult substance use). Ascertaining whether medication management is sufficient for youth with substance use disorders (and hence not identified as needing expansion) or whether stakeholders are unaware of co-occurring mental health and substance use disorders among youth is needed to ensure mental health needs are met. Similarly, given that detoxification services are commonly identified as needing expansion, understanding whether the lack of endorsement for expansion of medications for addiction treatment means that services can meet demand or whether individuals (especially those with opioid use disorders) are failing to receive medications for opioid use disorder (MOUD), the gold standard of care for this particular disease.

In terms of special populations, stakeholders noted the need for services for infants/children with neonatal abstinence syndrome (NAS) but did not identify such a need for children/youth with fetal alcohol spectrum disorder (FASD). Expanding services targeted to pregnant and post-partum women is also needed.

Service Types in Need of Expansion by Population Type and Number Endorsing (n=44)				
	Adult Mental Health	Adult Substance Use	Youth Mental Health	Youth Substance Use
Clinical Services				
Crisis Stabilization	16 (36%)	13 (30%)	16 (36%)	N/A
Detoxification		18/41%		13/30%
Inpatient	15 (34%)	18 (41%)	16 (36%)	20 (45%)
Medication Management	17 (39%)	8 (18%)	12 (27%)	
Medication for Addiction Treatment	N/A	N/A	N/A	N/A
Outpatient Services	19 (43%)	18 (41%)	20 (45%)	20 (45%)
Psychiatry	19 (43%)	7 (13%)	16 (36%)	13 (30%)
Residential Treatment	19 (43%)	17 (39%)	18 (41%)	17 (79%)
Suicide Prevention	9 (20%)	N/A	N/A	N/A
Services for FASD	N/A	N/A	N/A	N/A
Services for NAS	N/A	N/A	N/A	9 (20%)
Services for PPW	N/A	7 (100%)	N/A	N/A
Prevention Services				
Mental Health Promotion	12 (27%)	N/A	N/A	N/A
Prevention	N/A	11 (25%)	19 (43%)	22 (50%)

The least intensive and restrictive level of care:

Thirty-seven stakeholders reported that their program or system collaborates to deliver mental health and substance use treatment at the least intensive and restrictive level of care, ensuring both safety and effectiveness.

Strengths/resources that are available to consumers for accessing behavioral health care in the community:

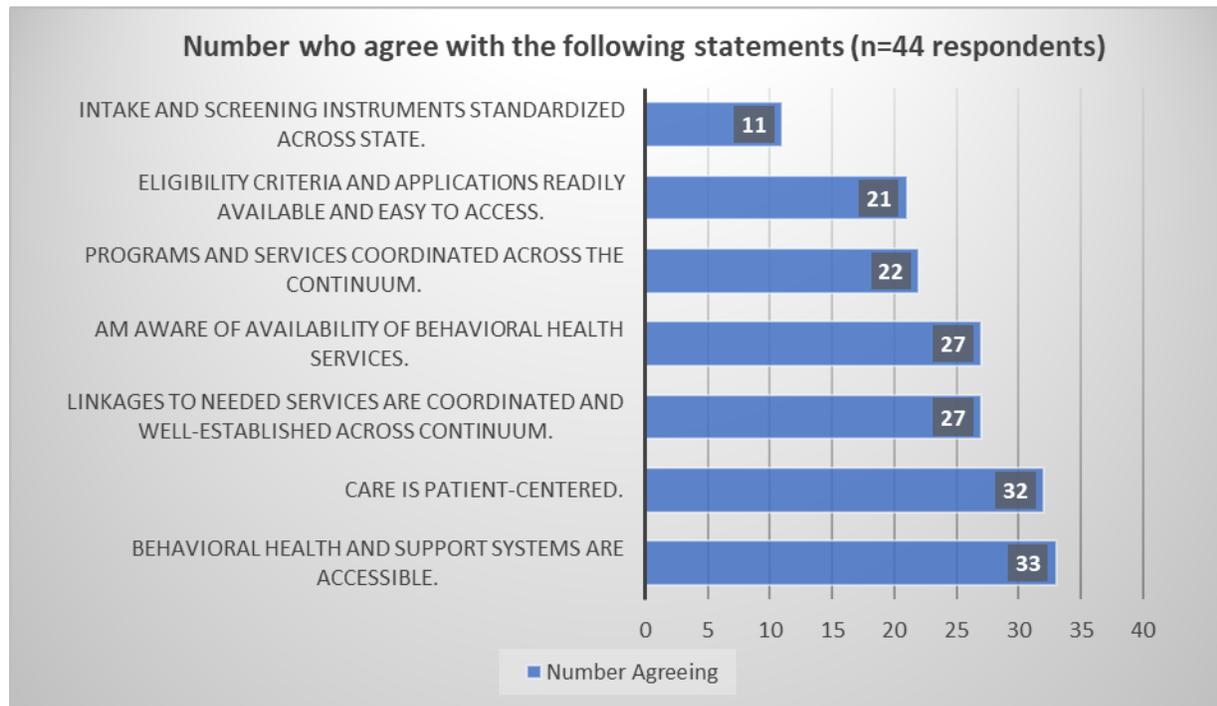
The following table highlights the strengths/resources stakeholders believe are available/not available in the community as consumers access behavioral health care. Assurances of confidentiality, coupled with family/friend/community awareness of the need for behavioral health services, are seen as community strengths in accessing care. Travel distances are not seen as impediments to treatment access. Stakeholders indicate that there is affordable access to services, yet they also suggest that the availability of needed services, as well as awareness of what is available, is lacking. Translation and transportation services are often not viewed as readily available resources that individuals can access when seeking behavioral health care.

Community Strengths/Resources That Are Available to Consumers for Accessing Behavioral Health Care in the Community (N= 44)	
<i>At least 50% aligned with available</i>	<i>At least 50% aligned with not available</i>
Assurance of confidentiality (n=32)	Translation (n=31)
Family/community awareness of need for behavioral health services (n=28)	Availability of needed services (n=30)
Rural travel distance (50 miles/120 minutes) (n=27)	Awareness of available services (n=26)
Urban travel distance (30 miles/60 minutes) (n=26)	Transportation (n=26)
Affordable access to services (n=23)	

Barriers to Treatment Access: While stakeholders indicate that several strengths and resources are available in the community, it does not appear that all are adequate: most are listed as both a strength and a barrier (see table below).

Consumers Face the Following Barriers to Accessing Behavioral Health Care (N=44)	
<i>Barrier</i>	<i>Converse Indicated as a Strength/Resource</i>
Transportation unavailable (n=38)	X
Concerns about confidentiality (n=32)	X
Stigma (n=32)	
Lack of knowledge of available services (n=32)	X
Unaffordable treatment (n=31)	X
Lack of translation services (n=31)	X
Lack of available services (n=30)	
Insurance reimbursement burdens (n=29)	
Excessive referral requirements (n=20)	

Based on the information in the following figure, it appears that the system would benefit by increasing standardization of assessment information collected at different provider agencies and systems of care which could potentially improve referral decisions and care coordination which could also be improved. It also appears that eligibility criteria and application processes could be made more accessible. More than half are aware of behavioral health services and service linkages are established.



No Wrong Door Approach:

Twenty-seven (27) respondents noted that they use a “no wrong door” approach, ensuring anyone seeking behavioral health support is helped and connected to appropriate services, regardless of how they enter the system.

Qualitative Information:

In addition to answering specific questions, stakeholders noted gaps in services, believed demand for care exceeded availability of services, and suggested that this can be exacerbated by providers that do not accept Medicaid.

“As a community we are working to enhance the accessibility and availability of mental health and substance use services. A common issue is that at times there are not enough providers to deliver some of the services needed (supply/demand).”

“There appears to be a waiting ... for behavioral health services...Clients are getting a lot of push back and not getting the help they need.”

“We do not have enough that accept Medicaid.”

Additionally, services designed for children and youth are needed.

“We need somewhere for our children to go for involuntary examination that focuses on kids!!”

There is also concern that care coordination between the mental health and substance use systems needs improvement, with one stakeholder believing both types of services could be more effective.

“The mental health and substance use system of care in my community would be more effective if they worked together.”

“When we refer for detox, etc., there's not a lot of coordination that I've found for next steps.”

As suggested in other reports, stakeholders are interested in being briefed on the various behavioral health services available in their communities and stated that prevention could use more awareness.

“I'd like a brief overview of all organizations in our area and how they care for the mental/emotional needs of adults & children in our community.”

“Substance abuse and mental health I feel is still evolving. Prevention for both mental health and substance abuse could use more awareness.”

One stakeholder summed the various issues in this way:

“While there are dedicated providers and collaborative partnerships in Circuit 14 working hard to meet the needs of families, significant concerns remain regarding access to care. Many behavioral health professionals are well-informed about the services available and understand how to navigate the system; however, the community members who most need these resources often face major barriers in accessing them. These include limited transportation, affordability, stigma, and a lack of awareness about what services exist and how to get connected. This disconnect between system knowledge and community access is especially problematic for rural families, children, and vulnerable populations such as pregnant mothers with OUD. Despite these challenges, the ongoing efforts toward a “no wrong door” approach and strong cross-agency coordination are valuable strengths that, if supported further, could improve equity and outcomes across the system.”

Summary

Stakeholders throughout the 18-county region partner with a variety of agencies and report a need for service expansion within most levels of care (e.g., residential, outpatient). While stakeholders indicate that several strengths and resources are available in the community, it does not appear that all are adequate: most are listed as both a strength to the system and a barrier to consumers trying to access services. While most stakeholders refer adults and youth to mental health and substance use services, few refer youth to substance use services. Ensuring that youth with substance use disorders are not falling through the cracks is indicated.

In closing, there is clearly actionable information in this report, particularly around needed service expansion and follow-up to ensure MOUD is accessible and youth with substance use disorders are identified and receive evidence-based treatment services.

BEHAVIORAL HEALTH SERVICE PROVIDER SURVEY

This report summarizes the results from 30 service providers who completed and returned the surveys.

Results

None of the respondents indicated current affiliation with Access Discount Health Care (ADHC), Covenant House (Nonie’s Place), or Turn About in response to the question, “What agencies are you associated with?”

AGENCIES BY RELATIONSHIP STATUS		
ESTABLISHED		NOT ESTABLISHED
211 Big Bend	Gulf Coast CAC	Access Discount Health Care (ADHC)
211 Northwest United Way	Hanley Foundation	Covenant Care (Nonie’s Place)
Apalachee Center	HCA Florida Fort Walton-Destin	N/A
Ability 1st	Leon County Public Defender's Office	N/A
Baptist Hospital	Leon Sheriff (CALM)	N/A
Boystown	Lakeview Center	N/A
Bridgeway Center	Life Management Center	N/A
CARE	Mental Health Association of Okaloosa/Walton	N/A
CDAC	NAMI - Tallahassee	N/A
DISC Village	Okaloosa County Board of Commissioners	N/A
Early Learning Coalition of NW Florida	PanCare	N/A
Family Connects	Panhandle Behavioral Services	N/A
Florida Springs and Wellness Center	Twin Oaks	N/A

Service Types in Need of Expansion: As illustrated below, 10 of the 17 service types need expansion for at least one population. Across all populations, residential treatment is the service type most in need, followed closely by short-term residential care. For those with mental health issues (adults or children/youth), additional case management and outpatient services are needed. For youth with mental health issues, crisis stabilization and inpatient services need to be expanded, while more supportive housing is needed for adults with mental health conditions. Expansion of inpatient detoxification services for those using substances, regardless of age, is needed, with additional aftercare services noted for adults with substance use.

Service Types in Need of Expansion by Population Type and Number Endorsing				
	Adult Mental Health	Adult Substance Use	Youth Mental Health	Youth Substance Use
Bold highlights endorsement by 5 or more providers				
Case Management	7	4	8	3
Crisis Stabilization	2	1	8	3
Mobile Crisis Support	3	2	3	1
Walk-in Crisis Support	4	2	5	1
FACT Team	3	0	0	0
Inpatient	2	4	5	0
Medical Services	1	3	1	0
Outpatient Services	7	3	10	6
Recovery Support from Certified Recovery Support Specialist	1	4	0	3
Recovery Support from Paraprofessionals	0	0	0	1
Residential Treatment	8	14	11	11
Short-term Residential Treatment	4	5	8	8
Inpatient Detoxification	3	6	3	5
Outpatient Detoxification	3	2	2	1
Supportive Housing	10	5	1	3
Addiction Receiving	2	2	2	0
Continuing Care (Aftercare)	6	2	4	2

Eighty-three percent of respondents noted that they deliver care within the least intensive and restrictive level of care, and they use a “no wrong door” approach to entering the system and the services they require.

Strengths/resources That Support/Do Not Support Meeting Community Needs:

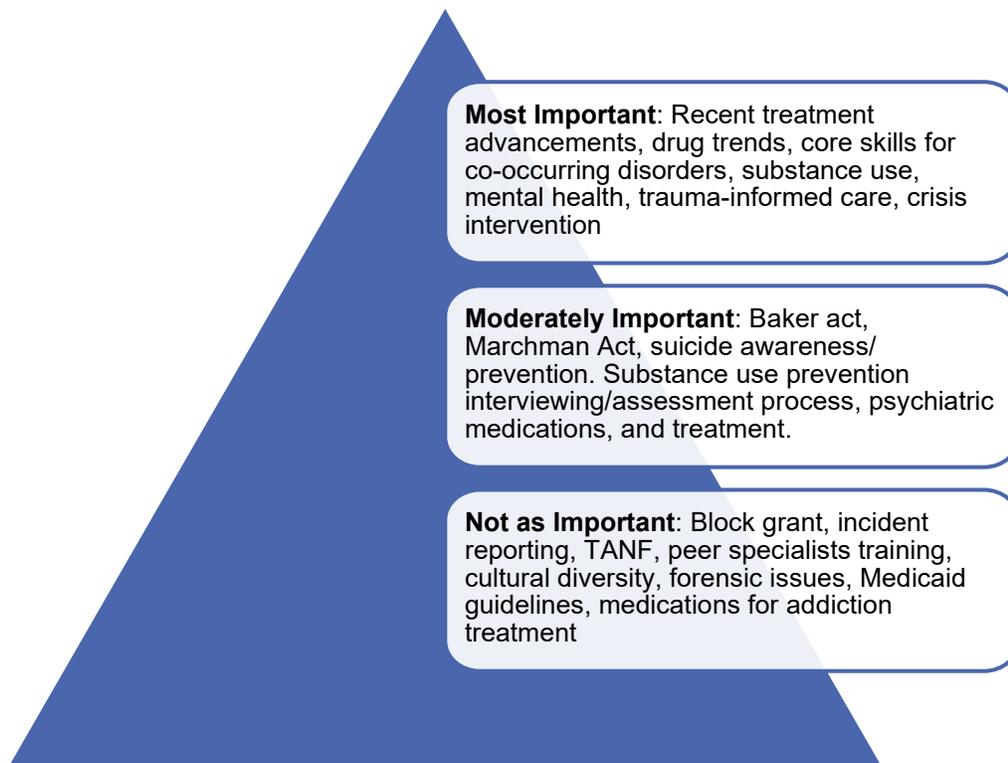
The following table summarizes results from Q13. The wording and response options make interpretation difficult. It is unclear whether the “do not agree” options suggest the statements highlight areas where things are not sufficient or in place for providers to meet community needs. Conversely, “do not agree” options may mean that the issue has no bearing on a provider’s ability to meet community needs. Hence, interpretation is left to the reader, who may have a better understanding of the intent of the question.

Community Strengths/Resources That Support/Do Not Support Meeting Consumer Needs	
Agree	Do Not Agree
Adequate education opportunities for staff (n=29)	Availability of consumer housing (n=25)
Rural travel distance (50 miles/120 minutes) (n=26)	Adequate levels of funding to support service needs (n=23)
Ease of referrals to other service providers (n=25)	Staff enthusiasm for consumer care (n=17)
Readily available workforce (n=21)	Adequate rate of reimbursement (n=12)
Consumers can typically access services within 10 days or less (n=20)	Ease of regulatory requirements (n=11)
	Consumer access to needed medications (n=10)
	Urban travel distance (30 miles/60 minutes) (n=9)
	Logical and relevant policy implementation from funding sources (n=8)
Write-in: No inflationary increases mean no raises for staff.	

Barriers to Treatment Access: Providers reported transportation as the primary barrier faced by consumers (see the following figure). Insurance coverage gaps and delays in insurance reimbursement, coupled with stigma, inadequate service availability, and a lack of knowledge about available services, rounded out the top barriers consumers face. Lack of affordability, inconvenient service locations, and limited risk reduction services were also reported, but to a lesser extent than those already mentioned. Few noted concerns about confidentiality, hours of operation, or literacy/language issues. Qualitative data indicate that low Medicaid reimbursement, combined with a shortage of qualified staff, leads to workforce vacancies that are challenging to fill.



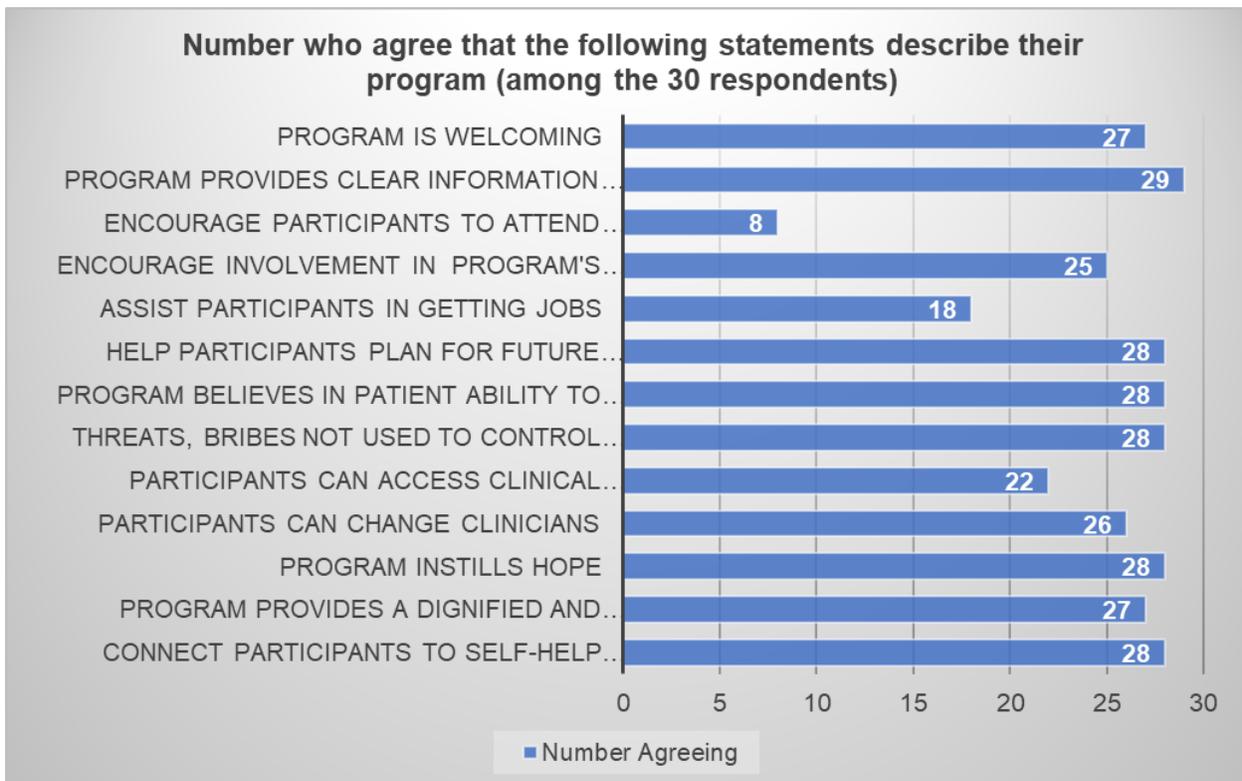
Training Needs: The pyramid below summarizes provider preferences for training. The top box identifies trainings that most providers listed as their first training choice, while the bottom box contains trainings that far fewer providers were interested in. In terms of trainings endorsed by many providers, keeping up to date on treatment advancements and learning about the latest drug trends are a core interest of respondents. Trauma-informed care and crisis intervention were also frequently endorsed. In terms of format, in-person trainings are preferred with live webinars and self-paced trainings tying for the second spot.



Additional TTA Needs: Respondents provided text data on training and technical assistance (TTA) needs not mentioned in previous questions. For mental health services, certification training programs for EBPs such as EMDR, TF-CBT, and DBT were said to be important, as was TTA related to creating trauma-informed care across someone’s service array. For substance use treatment, TTA that focuses on assessment practices and medication, trauma training for addiction receiving facilities, implementation models for group treatment, and relapse prevention are essential. Substance use prevention would benefit from TTA on access and engagement strategies with schools, effective outreach strategies, and EBP prevention-specific training. The need for boosters and refresher training, regular updates about added services, and an overview of effective local services was common across the groups. More funding to provide services was also identified.

Additional Training and Technical Assistance Needs Reported by Providers Related To:		
<i>Mental Health Services</i>	<i>Substance Use Treatment</i>	<i>Substance Use Prevention</i>
Certification Training Programs (e.g., TF-CBT, DBT, EMDR)	Assessment and Medications	Access to and Engagement of Schools
Information on Local Services That Are Effective	Trauma-specific Trainings for Addiction Receiving Facilities	Effective Outreach Strategies
Information on Local Aftercare Services	Models for Group Treatment	Overview of EBPs
Overview of EBPs	Relapse Prevention	EBP Prevention-specific Trainings
How to Create Trauma-Informed Care Across Systems	More funding to provide services	More funding to provide services
Booster Sessions and Refresher Trainings	Booster Sessions and Refresher Trainings	Regular Updates About Added Services
Regular Updates About Added Services	Regular Updates About Added Services	

Programmatic Overview: As illustrated below, programs report a welcoming physical environment with staff who instill hope and believe in a participant’s ability to recover. They provide clear information on program requirements and connect participants to self-help groups. Accessing their clinical records, obtaining job assistance, and being able to attend advisory board meetings are far less common.



Summary

Service providers throughout the 18-county region partner with various agencies and endorse items that create an inviting and welcoming environment, staffed by individuals who care, instill hope, and plan for recovery. They report a need for service expansion within all levels of care (e.g., residential, outpatient). An increase in supportive housing for individuals with mental health disorders, inpatient detoxification services for individuals with substance use disorders regardless of age, and crisis stabilization and walk-in crisis support for youth with mental health disorders are also needed. Consumers face numerous barriers to care that track with peer-reviewed literature on the topic.

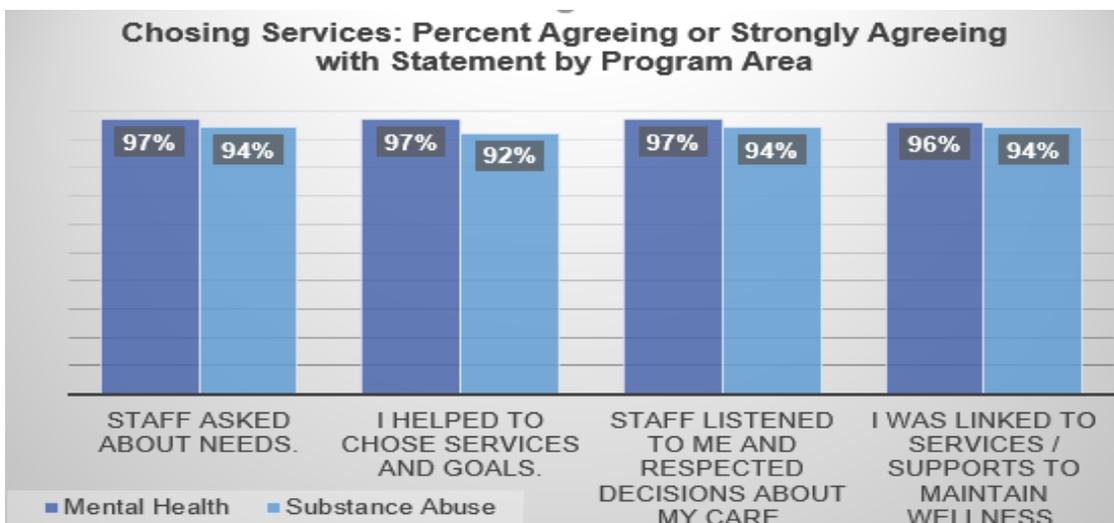
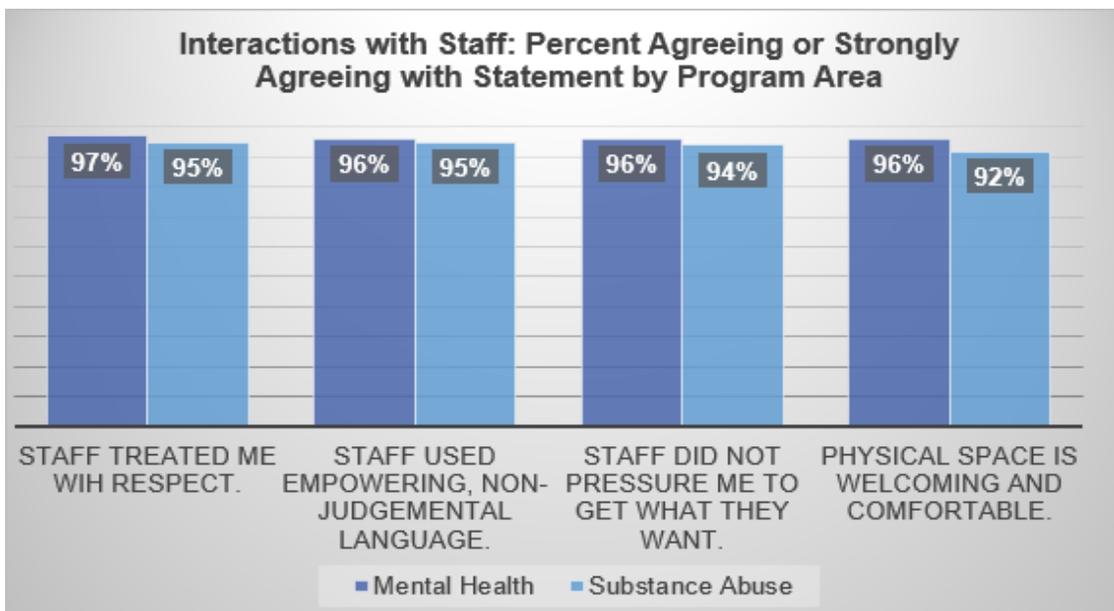
Survey respondents noted training they were interested in and provided additional topics not included within the list. Booster and refresher training, certification training for certain EBPs, and updates on what is new in the field, drug trends, and added services that might be beneficial for their clients were also recommended.

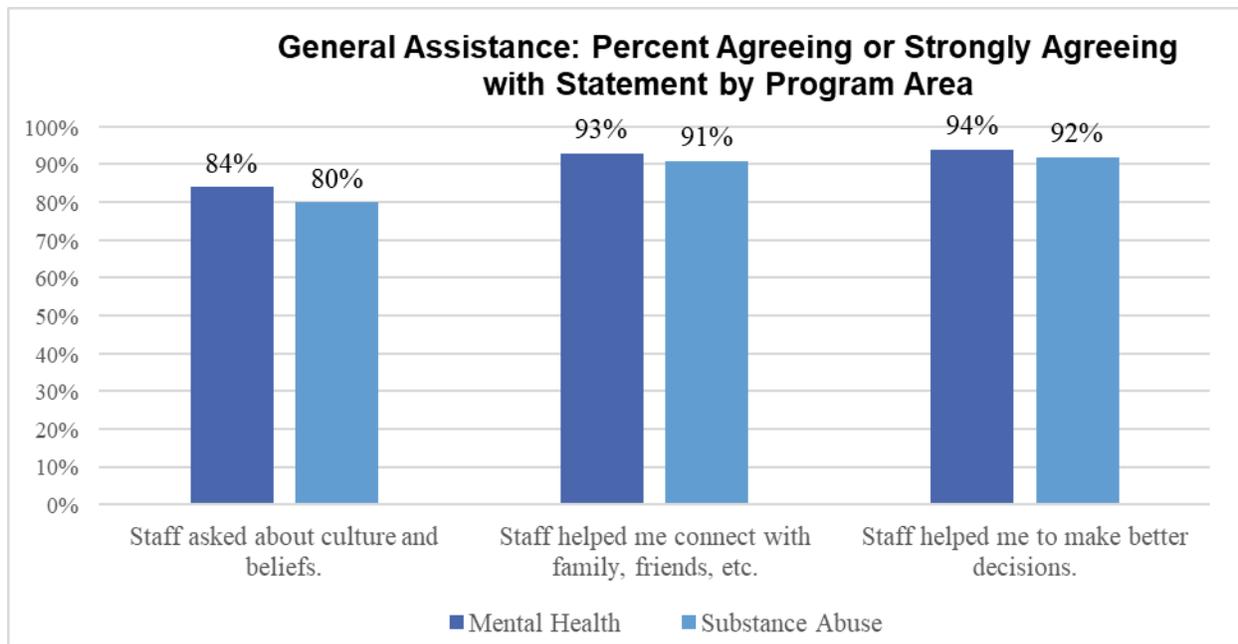
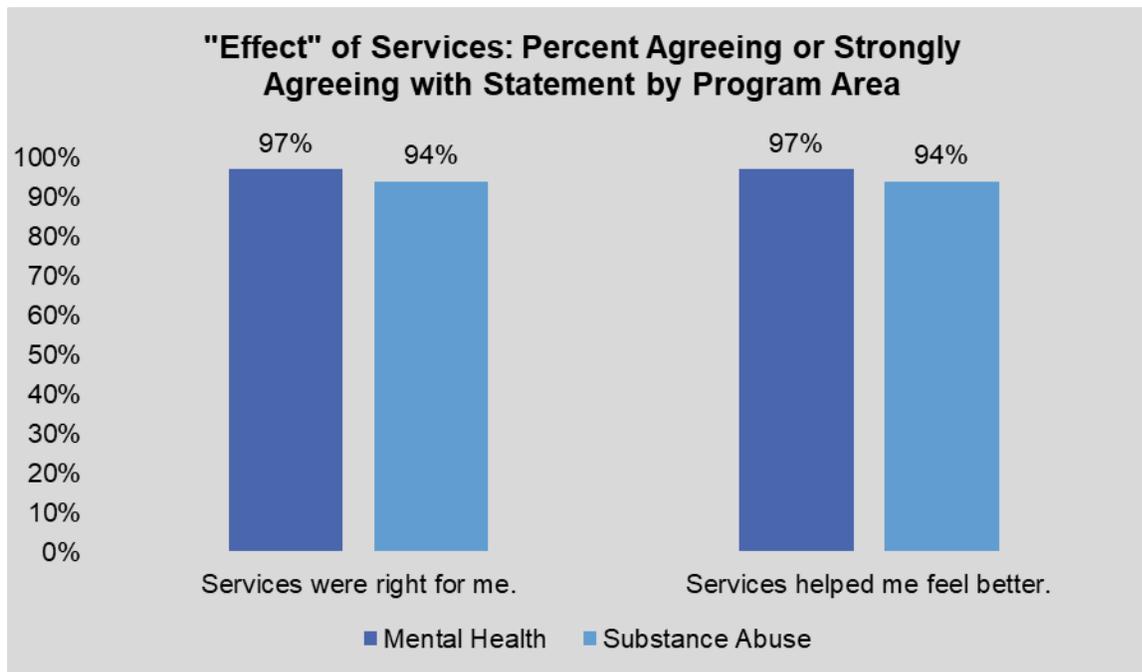
CONSUMER SATISFACTION SURVEY

Quantitative Data Results: As illustrated in the Table below, except for the question about culture and beliefs, consumer satisfaction ratings are high, ranging from 75% to 88% in 2022-2025, depending on the specific item. It appears that satisfaction with services has increased from what was reported in 2018, but this should be viewed with caution. In 2018, missing data were not excluded from calculations. This impacts on the denominator from which percentages are calculated, resulting in generally lower percentages than the actual number. Hence, satisfaction in 2018 is probably higher than reported.

Consumer satisfaction with services		
Percent who agree or strongly agree with the statement		
(Note: In 2018, missing data were used when calculating percentages, potentially underestimating percentages of agreement. In 2022-2024, missing data are excluded from analysis, providing a more accurate picture of consumer satisfaction.)		
Survey Questions	2018	2022-2024
Staff helped me to make better decisions (e.g., where to live, when to work, with whom to be friends, etc.).	53%	76%
The services I received have helped me feel better.	58%	85%
Staff asked me about my culture and beliefs.	42%	60%
Staff treated me with respect.	63%	89%
Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	62%	88%
The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels welcoming, and comfortable.	56%	82%
	2022-2024	
Staff use language that empowers me and is not judgmental.	86%	
I have been linked to services and supports needed to maintain my wellness.	84%	
I received services that were right for me.	86%	
I helped choose services and treatment plan goals.	82%	
Staff asked me about my needs.	85%	
The services I received helped me feel better.	86%	
I feel I am a part of my community.	72%	

Satisfaction by Program Area: As illustrated in Figures below, satisfaction with staff and services within the mental health and substance abuse program areas is high with little variability between the program areas. Consumers receiving services, regardless of the program area in which they received services, felt that the staff were respectful, used empowering language, and did not pressure them with threats to get them to comply. Consumers believed they received services that were tailored to their needs, and these services helped them feel better. They also agreed that they were linked with services and supports to maintain their wellness. Consumers felt involved in their care by helping to choose services and goals, which were supported by staff. Finally, consumers agreed that staff helped reconnect them with family/friends and also helped them make better decisions. There were no substantive differences in ratings between males and females, or between youth/adults, but differences were noted by program.





Results. Qualitative Data:

A few themes emerged during an analysis of qualitative data. While most consumers felt staff were respectful, some had a very different experience. As illustrated by the quotes below, it is clear that “not all staff are created equal,” with some having a detrimental impact on consumers. These feelings appear to be somewhat concentrated within care coordination services. In fact, one consumer noted that they did not feel comfortable answering the survey questions. Directors were mentioned most often when consumers mentioned staff disrespect. As written by some consumers:

“Nurses were sweet. Director needs to learn compassion or be replaced.”

“Toxic place impossible to get help when the clients and staff are talking terribly about the director.”

“In my opinion, XXX should not be working around females period.”

“Counselor XXX made me feel very low at times. She talked to me as if I wasn't important. She was very mean and hurtful to me.”

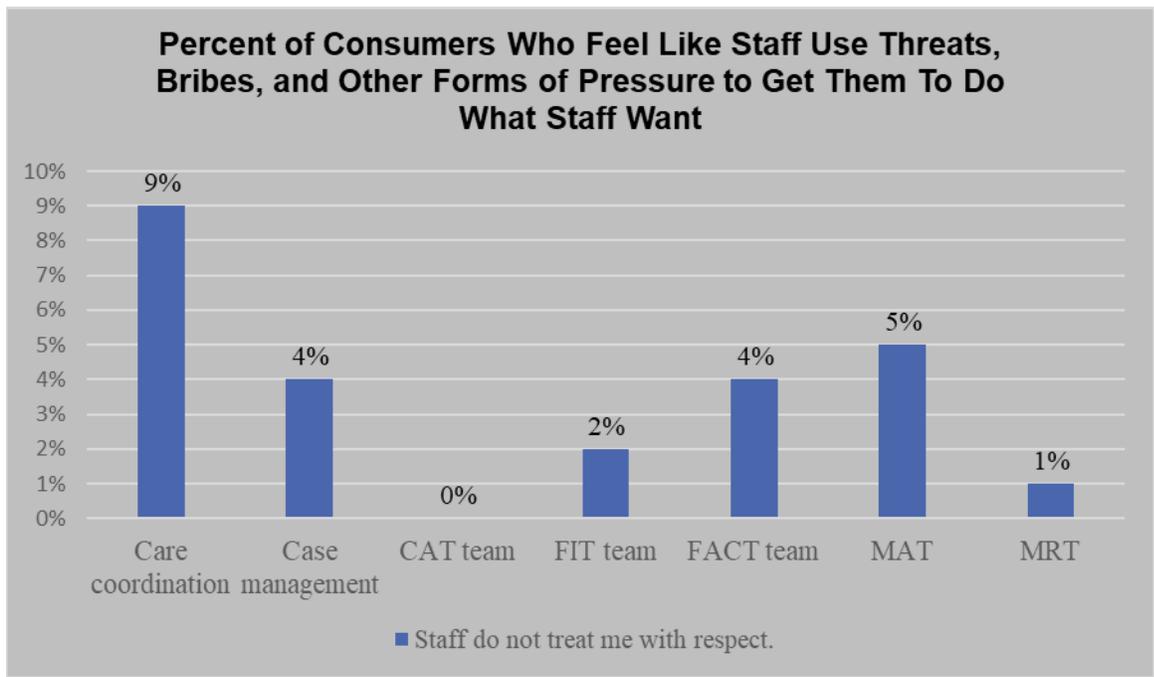
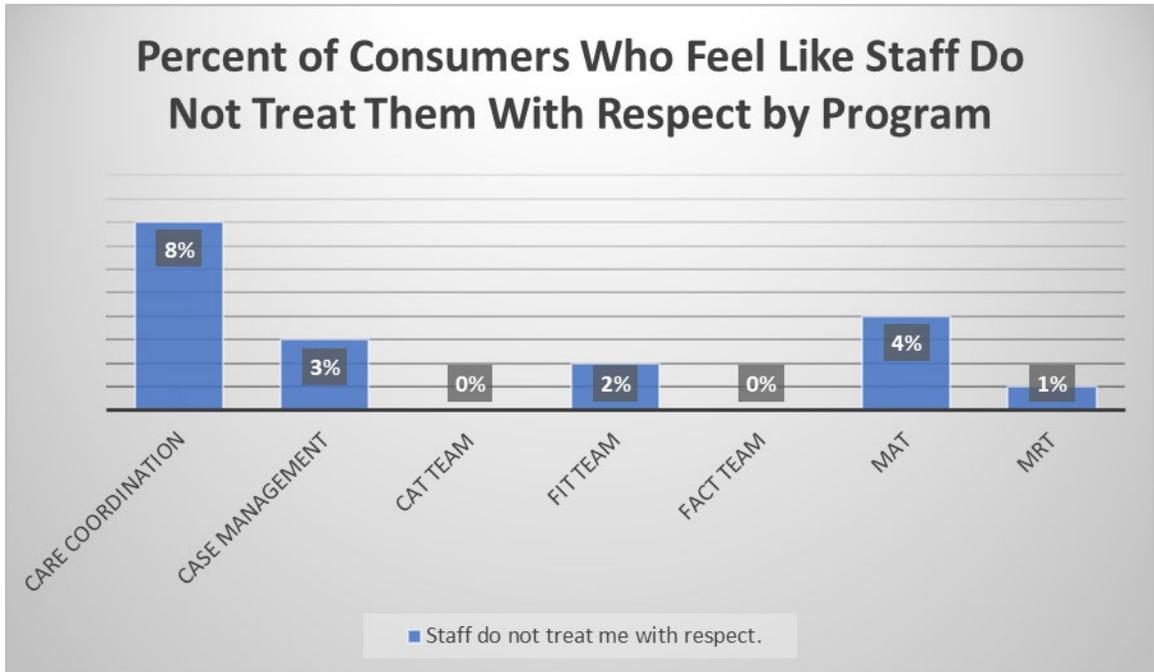
“My counselor was great case management was awesome. staff and the director were very judgmental, rude, belittling and not sure if they genuinely care.”

“The director is horrible and should not be working with people who need compassion and patience and a kind demeanor.”

“Very unprofessional. makes the people who care feel bad but truly was not treated my best while being here.”

“Staff should not threaten.”

Given that 11% of consumers did not feel respected, which is supported by qualitative data, reviewing data when it comes in is critical to address negative staff-consumer interactions by obtaining additional information, implementing corrective action when indicated, determining training needs, and reducing negative impact on consumers.



Some consumers expressed the need for additional services or at the least, information about additional services. Ascertaining whether optional activities can be added to schedules and providing information about additional internal and community services is indicated.

“It would be nice if we had a psychiatric support team that helped with our living needs such as our disability needs without prejudices.”

“There was no communication of other services available.”

“There is nothing to do in here.” “Still waiting for case management.”

Third, while only two consumers noted this issue, the severity warrants inclusion. It appears that there may be lack of understanding, respect, confidentiality, or acceptance of individuals who may be transgender. While this can be a polarizing issue throughout the country, therapeutic environments are generally considered safe spaces. Admitting these individuals into a program and receiving dollars for their care suggests that they will receive the same confidential and respectful care that is provided to other consumers. Providers and staff will need to ascertain how to best address this issue.

“I was outted at work the other day cause the person from here (XXX) who called used my deadname, though my preferred name is on file. Please tread with more care.”

“Nurses mis-gender & dead name me.”

There were a few mentions about the need for medication policy review.

“Eliminate blanket policies against effective meds that have potential for abuse. All things can be abused (i.e. food, alcohol, meds) but people are individuals & you can't provide the best care for each individual with blanket policies in place.”

Finally, the MRT program was frequently mentioned as being fantastic while there were nods to a lack of trauma therapy and need for staff better trained in substance abuse and recovery.

“MRT was wonderful.”

“Have yet to receive help w/housing, not sure if that applies here...I also need therapy for the trauma I have been put through w/my “Babymama” and DCF/FFN.”

“Children are not getting trauma therapy.”

“Some of the sat workers could be better trained on substance abuse and recovery”

Summary:

Overall satisfaction with services is quite good, but there are areas for improvement. Given that 8%-9% of consumers receiving care coordination services did not feel respected or acknowledged that staff used inappropriate means to get them to do what staff wanted, gaining additional knowledge and then addressing what may need to

change is indicated. Retraining of staff in confidentiality procedures is always necessary, but it should also cover how personal beliefs can impact confidentiality and respect. Finally, since physical space can be interpreted to mean many things, and roughly 2 out of 10 consumers felt the physical space was not welcoming, looking for ways to improve the space should be considered. While improving uncomfortable furniture is a more challenging area, given costs and budgets, adding magazines, other reading materials, and pictures to rooms can help bolster feelings of warmth and worth.

APPENDIX

County Profiles: Quantitative Charts and Graphs

Qualitative Survey Instruments Summary

**CIRCUIT 1 COUNTY PROFILES:
QUANTITATIVE DATA**

ESCAMBIA, OKALOOSA, SANTA ROSA, AND WALTON COUNTIES



ESCAMBIA COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (the most recent available year). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	8.6	4.0	↓	24.0	12.5	↓
Binge Drinking	2.8	2.4	↓	11.4	4.9	↓
Cigarettes	1.8	0.6	↓	6.5	1.8	↓
Vaping Nicotine	5.0	4.2	↓	18.7	8.5	↓
Vaping Marijuana	--	2.4		--	6.5	
Marijuana or Hashish	4.3	3.1	↓	16.5	8.3	↓
Synthetic Marijuana	--	--		0.9	0.3	↓
Inhalants	2.0	2.4	↑	0.5	0.9	↑
Club Drugs	0.4	0.1	↓	1.7	0.0	↓
LSD, PCP or Mushrooms	0.0	0.0	↔	1.6	0.4	↓
Methamphetamine	0.0	0.4	↑	0.3	0.3	↔
Cocaine or Crack	0.1	0.0	↓	1.0	0.2	↓
Heroin	0.0	0.0	↔	0.0	0.0	↔
Prescription Depressants	0.8	0.5	↓	2.9	0.1	↓
Prescription Pain Relievers	0.6	0.9	↑	3.0	1.1	↓
Prescription Amphetamines	0.8	1.3	↑	2.9	1.2	↓
Over-the-Counter Drugs	1.6	1.1	↓	5.0	0.9	↓

-- Data questions unavailable for that age group or year

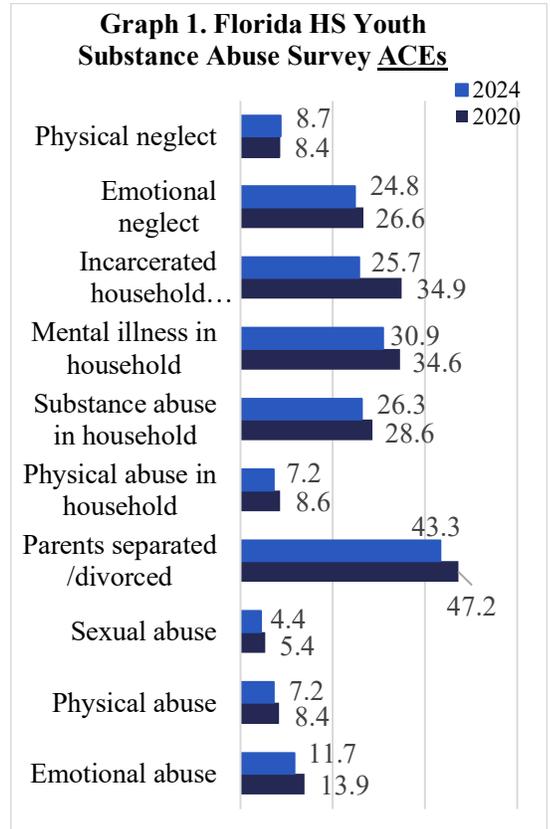


Table 2. Depression, and Table 3. Suicide Ideation Reported by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. Table 3 provides suicide ideation data for 2022 and 2024. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

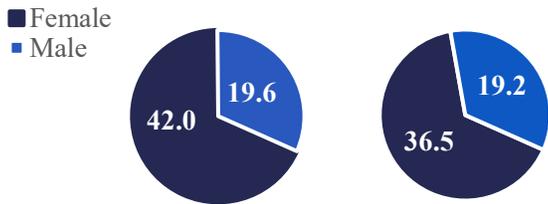
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it.	27.7	30.5	↑	33.3	26.2	↓
At times, I think I am no good at all.	39.9	41.9	↑	47.8	33.5	↓
All in all, I am inclined to think that I am a failure,	24.7	27.7	↑	33.9	22.3	↓
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	42.6	43.6	↑	54.4	38.7	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	18.0	--	12.9
Made a suicide plan	--	11.2	--	9.1
Attempted suicide one or more times	--	10.2	--	7.0
Suicide attempt that required medical care	--	2.1	--	1.6
*First collection	2022		2022	
Thought about committing suicide	33.0	--	30.6	--
Attempted suicide	9.0	--	8.7	--

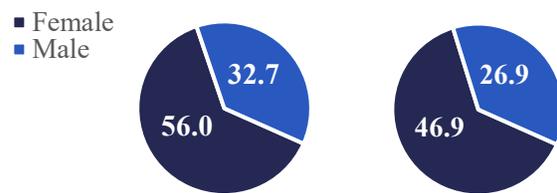
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2–5 display pre- and post-pandemic depression indicators by gender for both middle and high school youth.

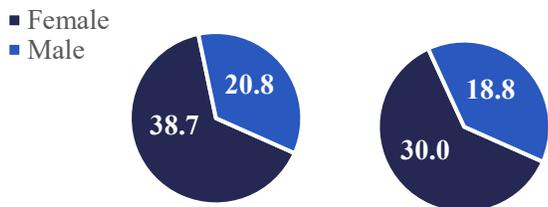
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



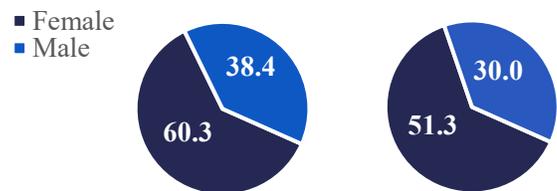
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes

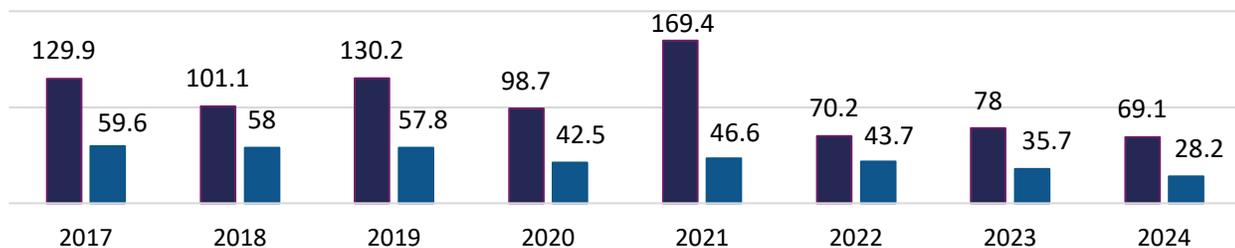


Childhood Trauma¹ Reported by County Compared to Statewide Data

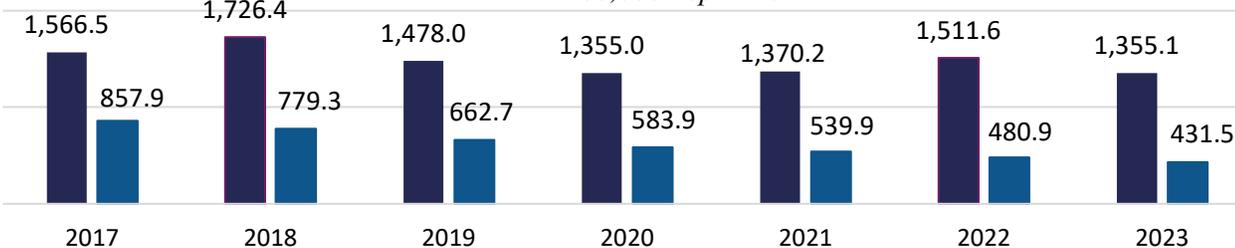
Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

Graph 6 Children Experiencing Sexual Violence (Aged 5-11 Years)
Rate Per 100,000 Population

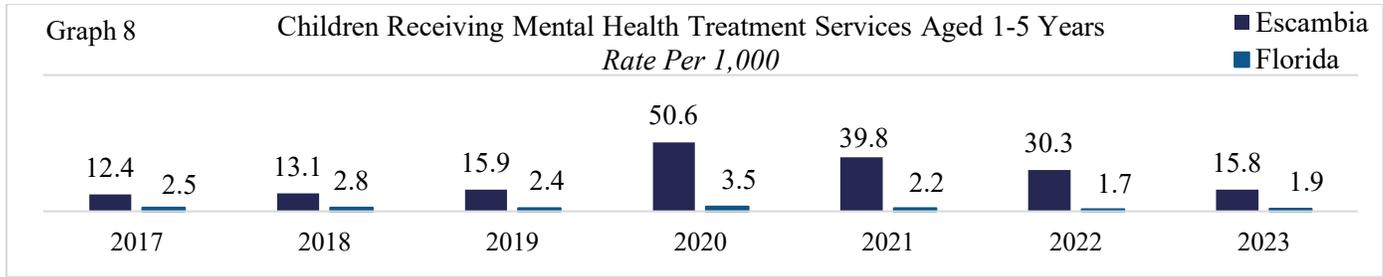


Graph 7 Children Experiencing Child Abuse (Aged 5-11 Years)
Rate Per 100,000 Population

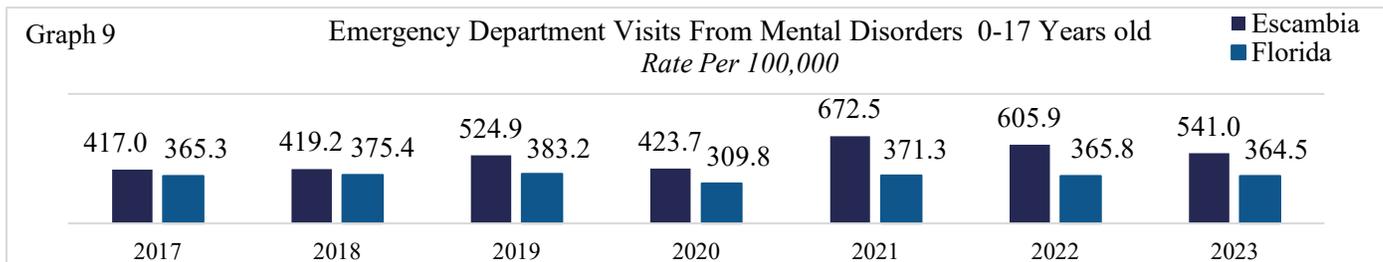


¹ Data Source: Florida Department of Children and Families, Florida Safe Families Network

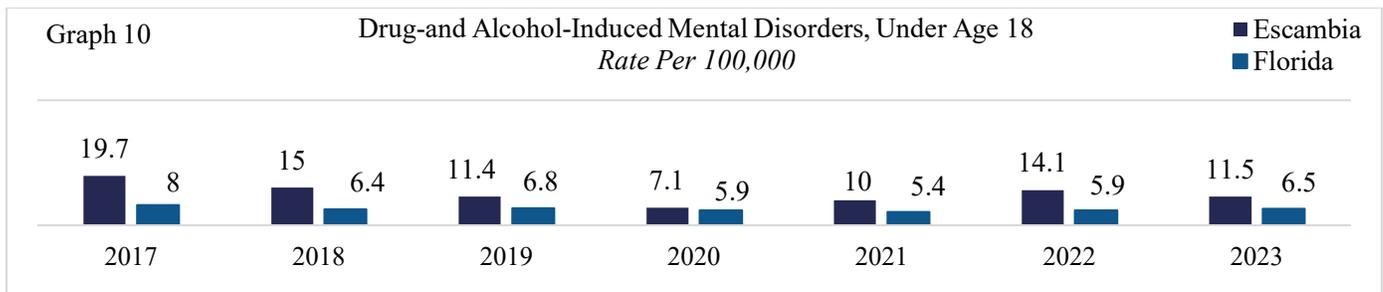
Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023². Data for other age groups is not available.



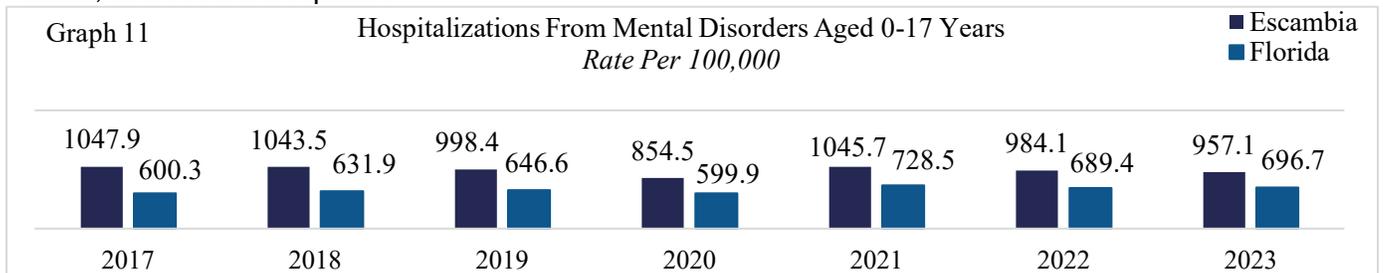
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023³.



Graph 10. Drug-and Alcohol-Induced Mental Disorders⁴, Under Age 18.



Graph 11. Hospitalizations From Mental Disorders⁵ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



² Data Source: Florida Department of Children and Families

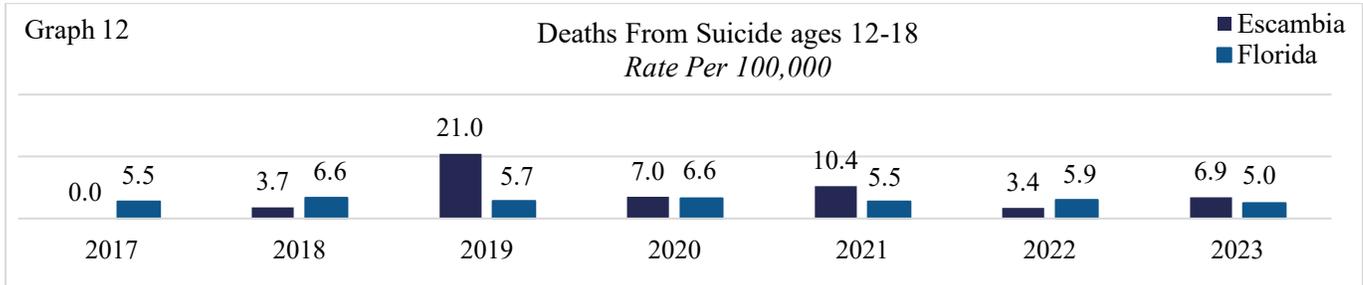
³ Florida Agency for Health Care Administration

⁴ Florida Agency for Health Care Administration

⁵ Florida Agency for Health Care Administration

Suicide

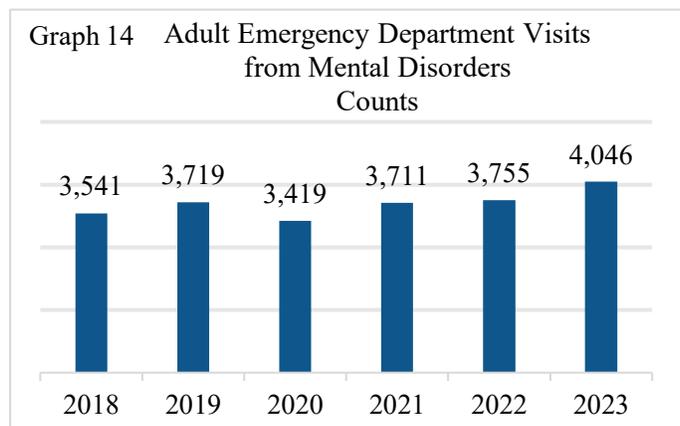
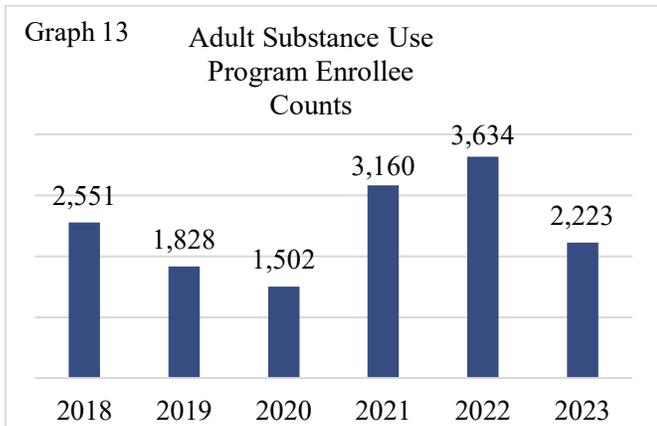
Graph 12. Death Rates from Suicide⁶ Ages 12-18.



Adult Substance Use Programs Enrollees; Adult Emergency Department Visits from Mental Disorders

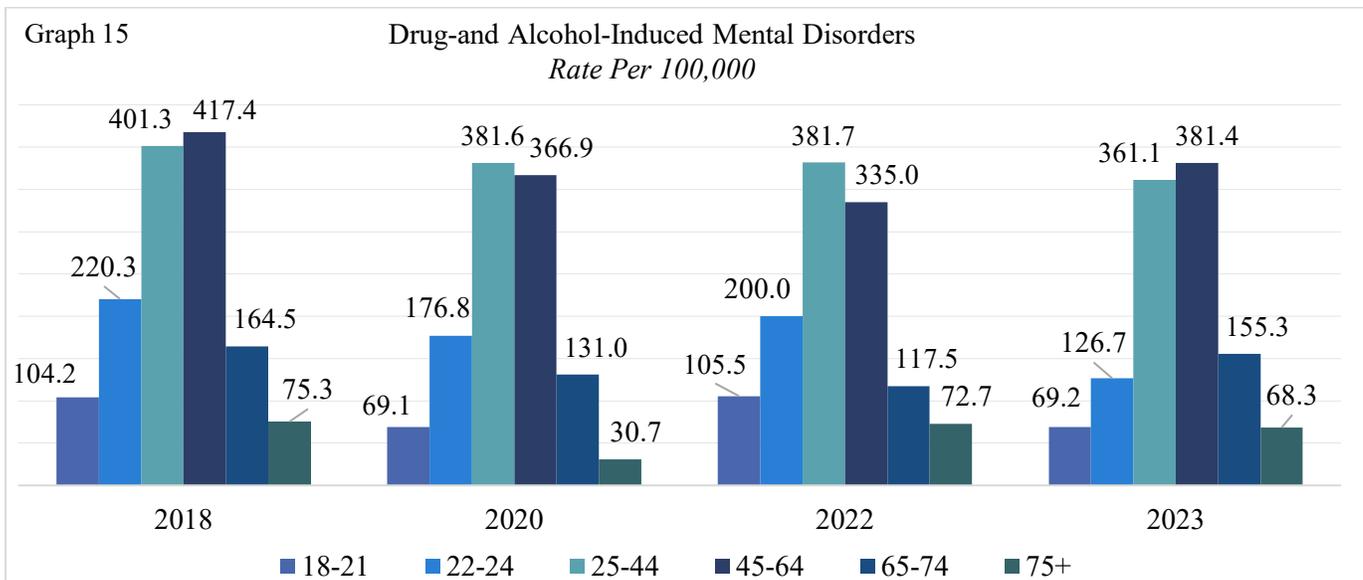
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders⁷

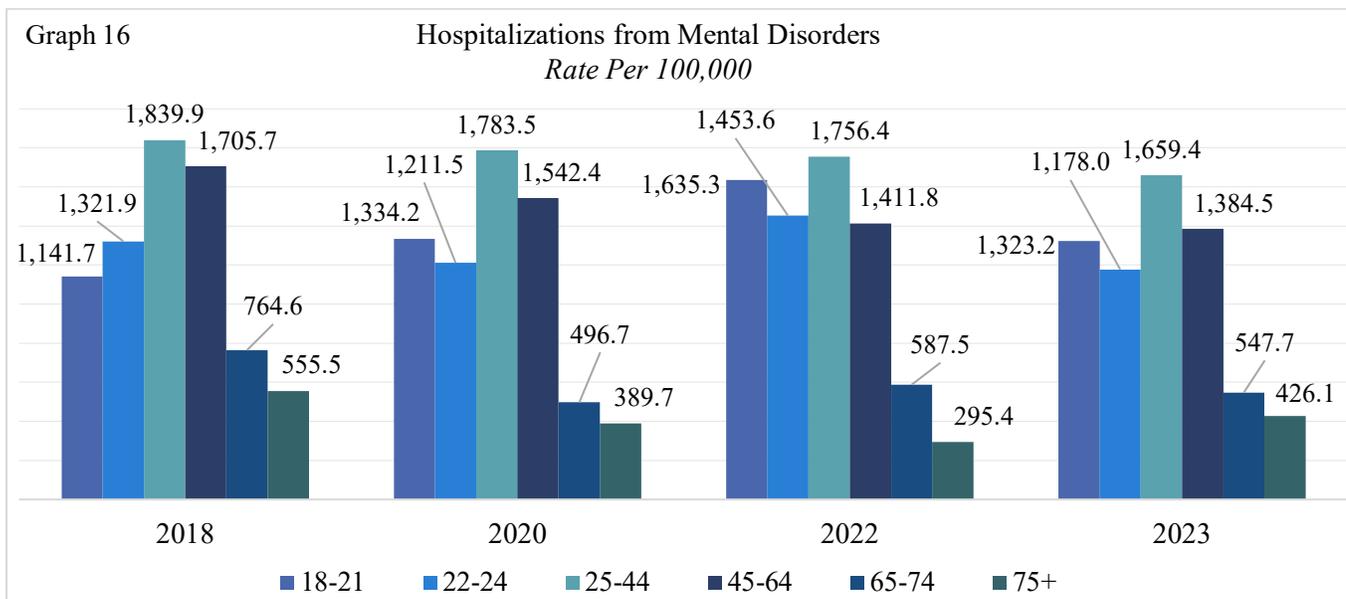
Graph 15. Drug-and Alcohol-Induced Mental Disorders by Age Range



⁶ Data Source: Florida Department of Health, Bureau of Vital Statistics

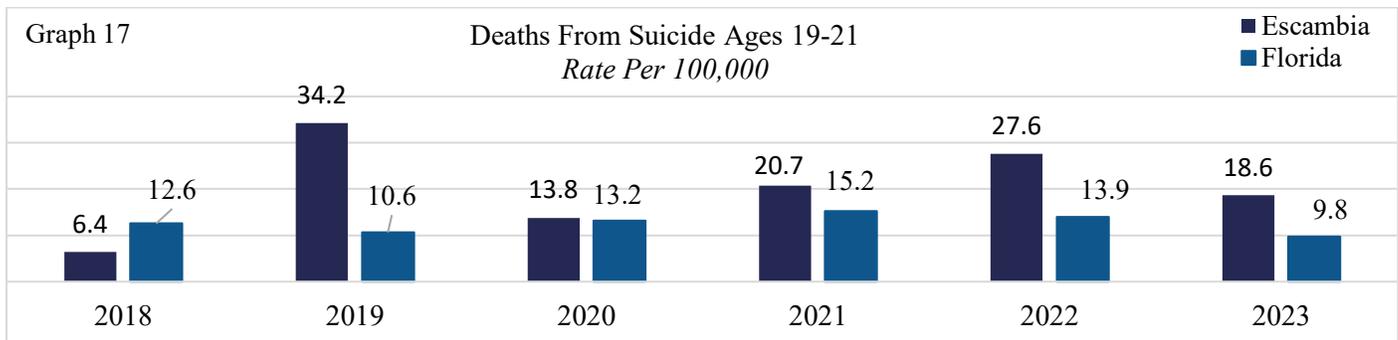
⁷ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders⁸, by Age Ranges



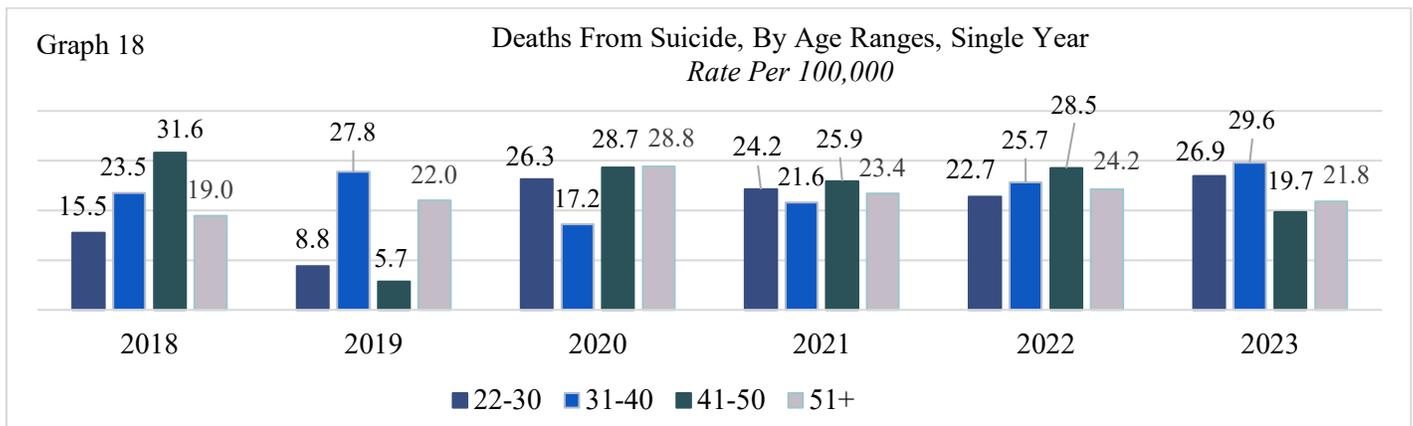
Adult Suicide⁹

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide¹⁰

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



⁸ Data Source: Florida Agency for Health Care Administration

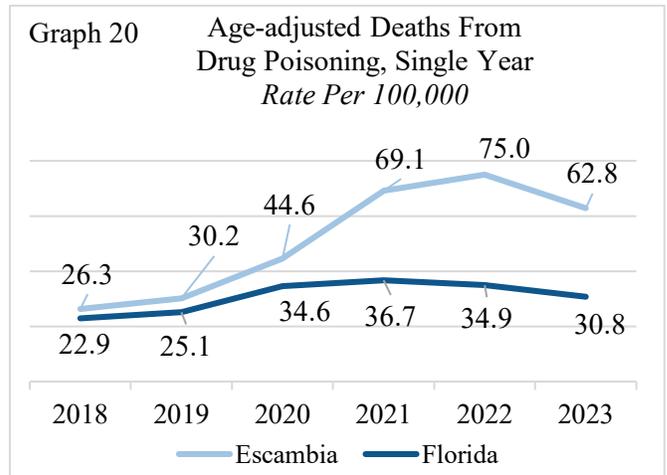
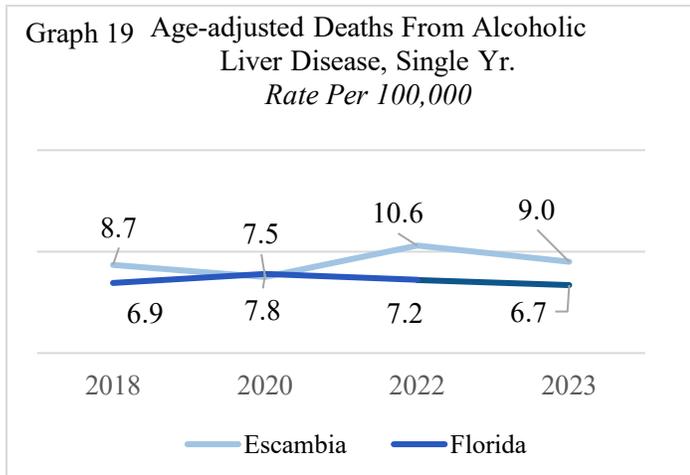
⁹ Florida Department of Health, Bureau of Vital Statistics

¹⁰ Florida Agency for Health Care Administration

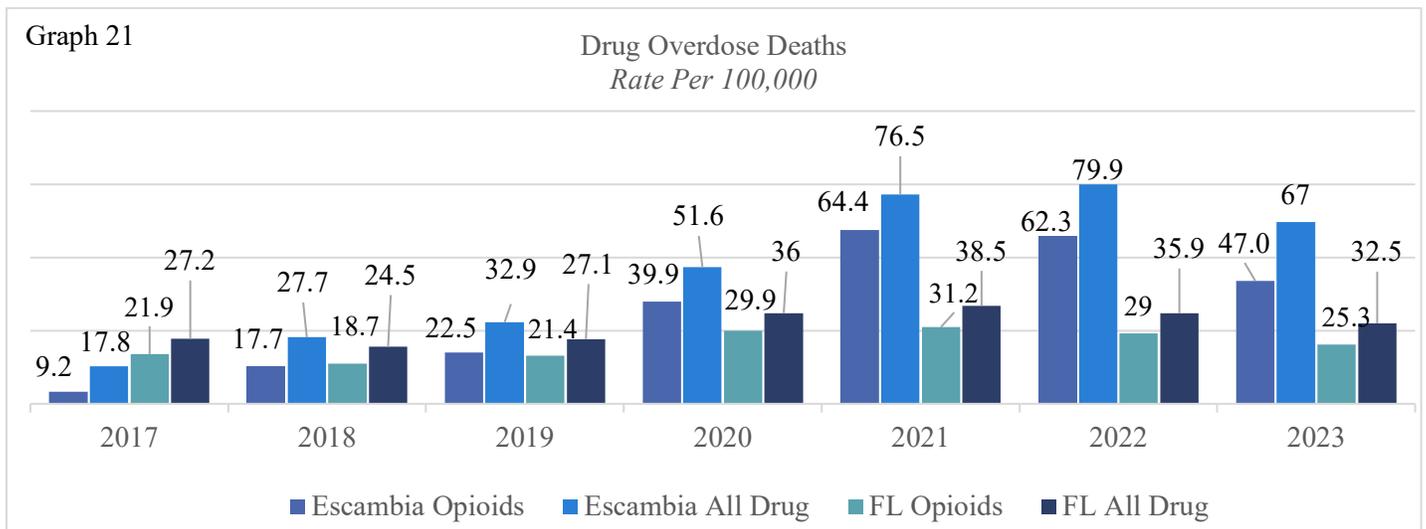
Adult Alcohol and Drug-Related Deaths¹¹

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹², Single Year.



Graph 21. Drug Overdose Death¹³, All Ages. Opioids and All Drugs State Comparison



¹¹ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹² Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

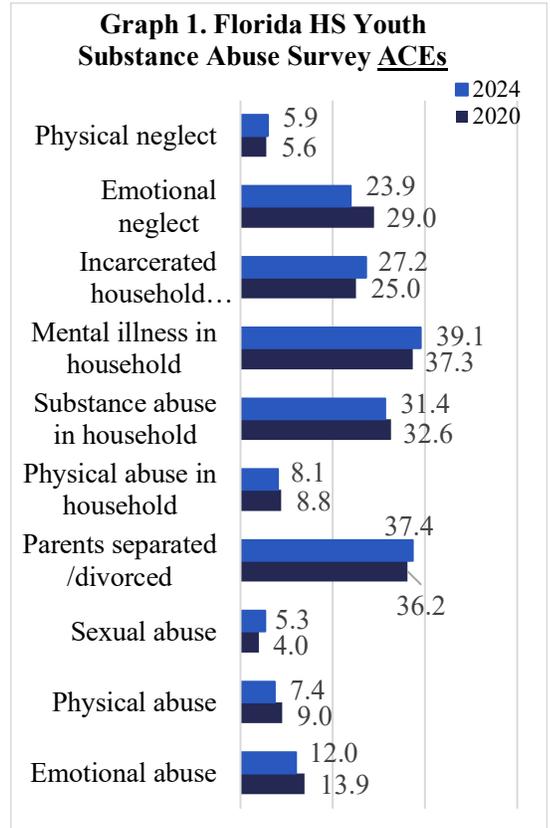
¹³ Florida Department of Law Enforcement

SANTA ROSA COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	8.0	6.0	↓	22.0	15.2	↓
Binge Drinking	2.1	1.1	↓	11.1	5.4	↓
Cigarettes	2.1	0.3	↓	5.3	1.9	↓
Vaping Nicotine	5.1	4.4	↓	21.0	10.3	↓
Vaping Marijuana	--	2.4		--	9.2	
Marijuana or Hashish	2.4	2.3	↓	11.8	9.9	↓
Synthetic Marijuana	--	--		1.0	0.6	↓
Inhalants	2.2	1.6	↓	0.0	1.4	↑
Club Drugs	0	0	↔	0.6	0.5	↓
LSD, PCP or Mushrooms	0.4	0.1	↓	1.2	1.2	↓
Methamphetamine	0.1	0	↓	0.4	0.1	↓
Cocaine or Crack	0	0	↔	0.4	0.3	↓
Heroin	0	0	↔	0.4	0.3	↓
Prescription Depressants	0.9	0.3	↓	2.4	0.2	↓
Prescription Pain Relievers	1.6	0.7	↓	2.3	0.5	↓
Prescription Amphetamines	0.2	0.5	↑	0.9	0	↓
Over-the-Counter Drugs	1.1	1.1	↔	1.1	0.6	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

On the next page, **Table 2** presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

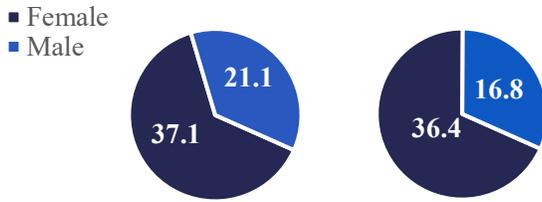
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	25.5	26.5	↑	31.4	27.1	↓
At times I think I am no good at all	38.5	42.8	↑	41.9	40.2	↓
All in all, I am inclined to think that I am a failure	25.1	25.5	↑	24.7	26.3	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	41.2	44.7	↑	42.6	41	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	12.8	--	13.8
Made a suicide plan	--	12.4	--	10.1
Attempted suicide one or more times	--	7.7	--	5.6
Suicide attempt that required medical care	--	1.2	--	1.9
*First collection	2022		2022	
Thought about committing suicide	34.6	--	36.9	--
Attempted suicide	8.1	--	7.8	--

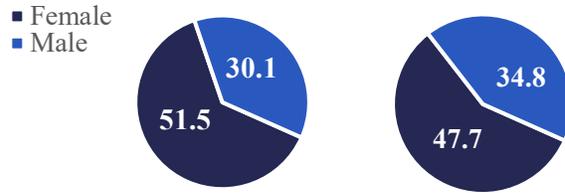
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

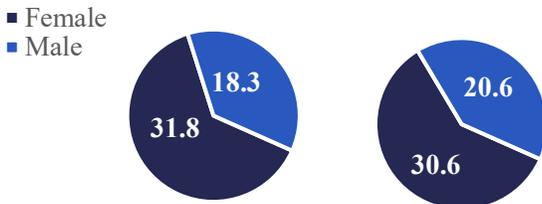
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



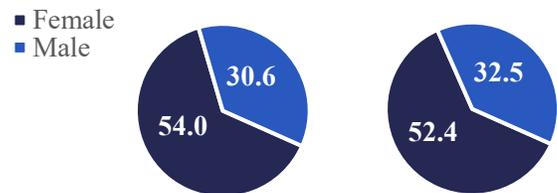
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



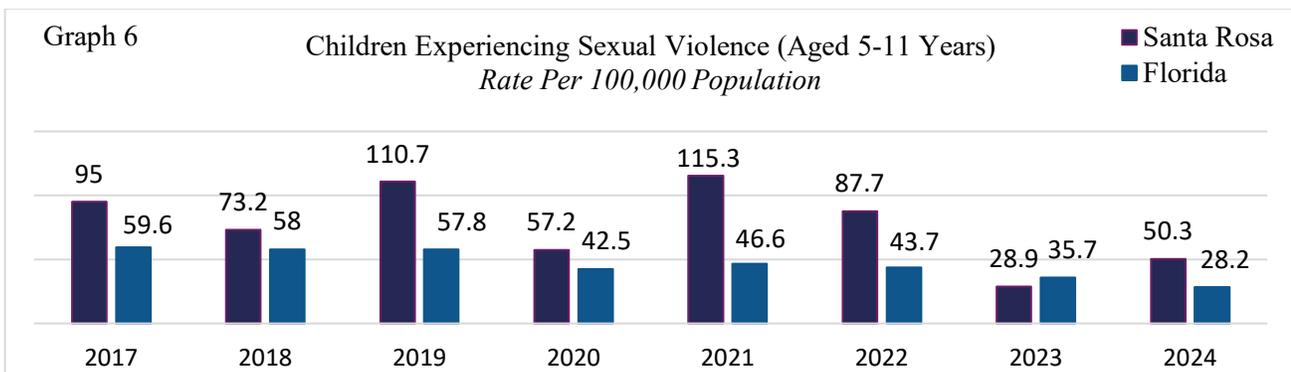
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



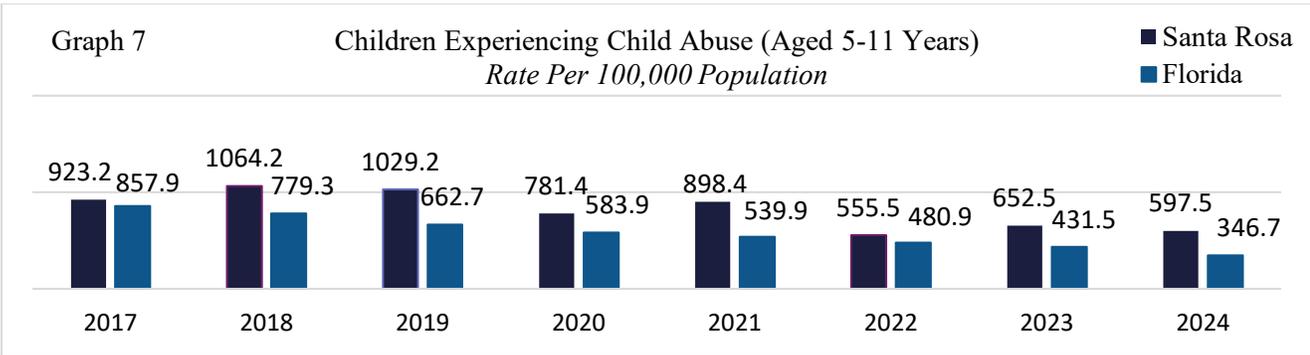
Childhood Trauma¹⁴ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

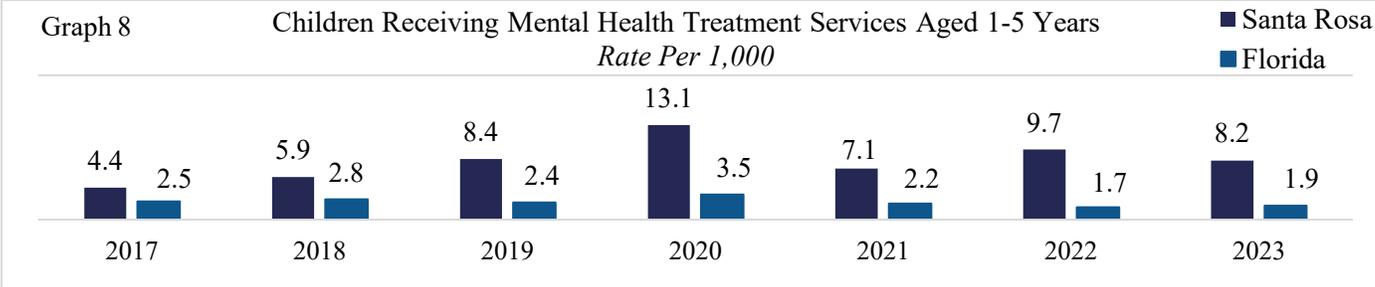
Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



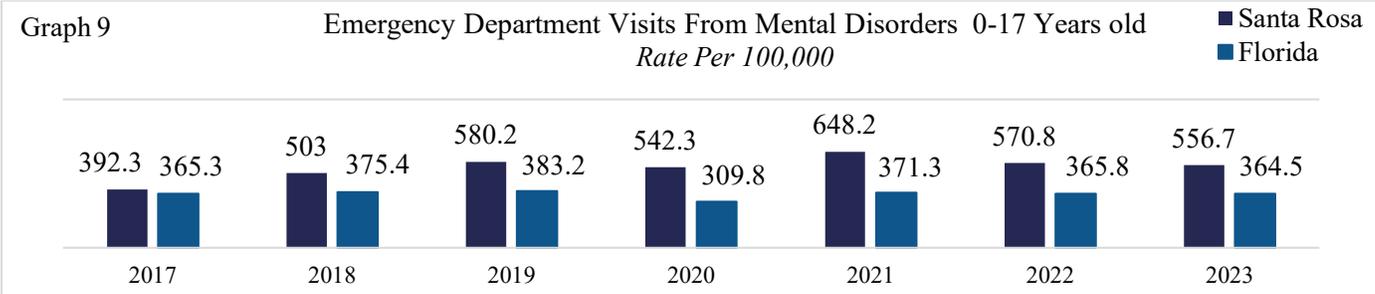
¹⁴ Data Source: Florida Department of Children and Families, Florida Safe Families Network



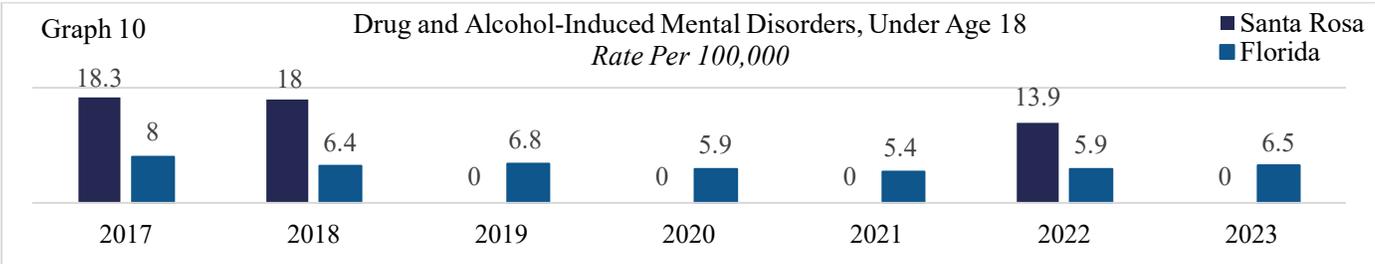
Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁵. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁶.



Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁷, Under Age 18.

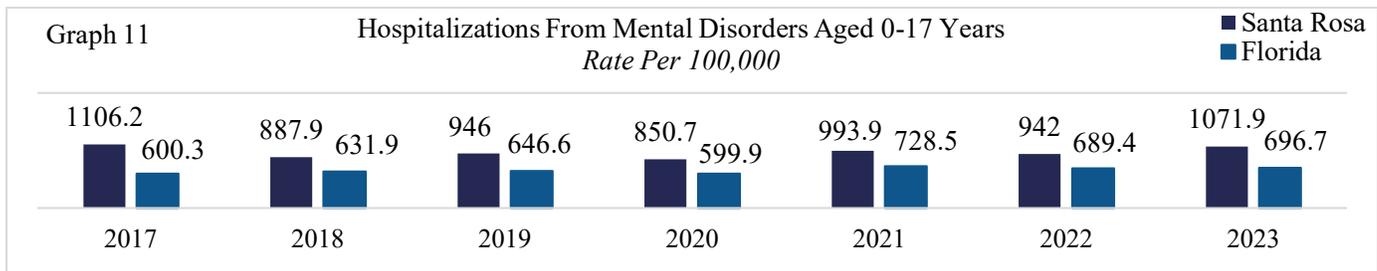


¹⁵ Data Source: Florida Department of Children and Families

¹⁶ Florida Agency for Health Care Administration

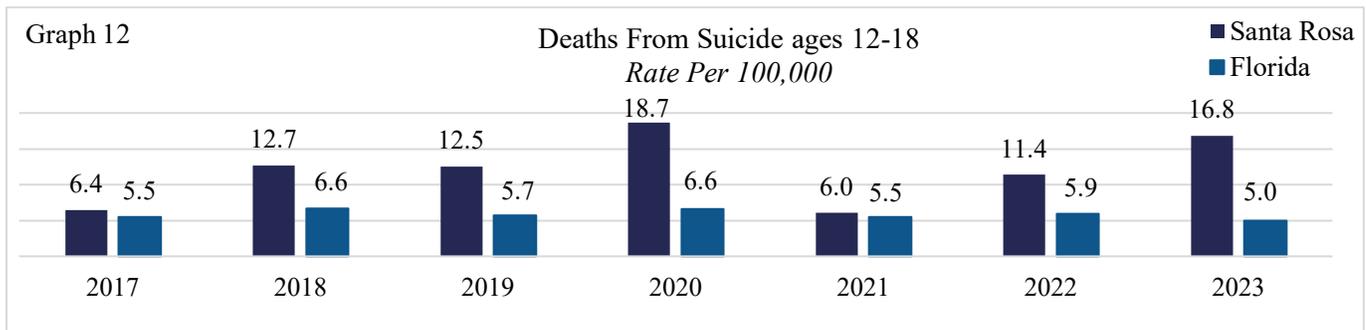
¹⁷ Florida Agency for Health Care Administration

Graph 11. Hospitalizations From Mental Disorders¹⁸ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.

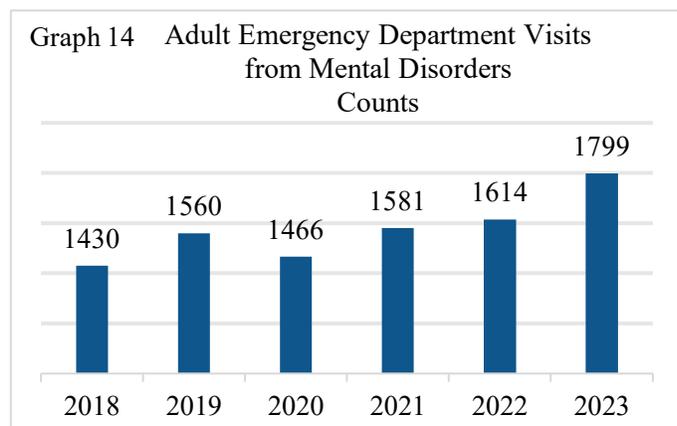
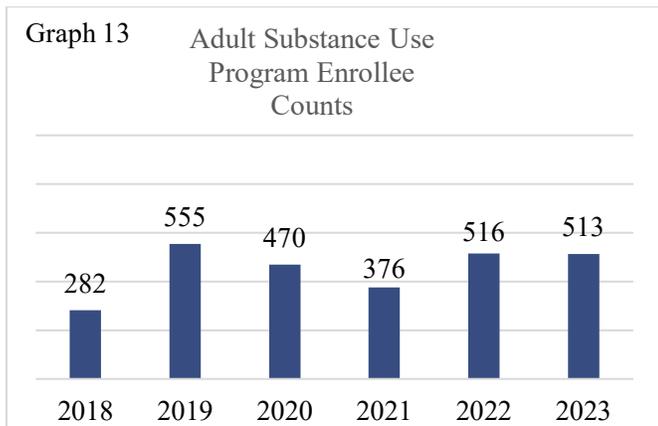


Suicide

Graph 12. Death Rates from Suicide¹⁹ ages 12-18.



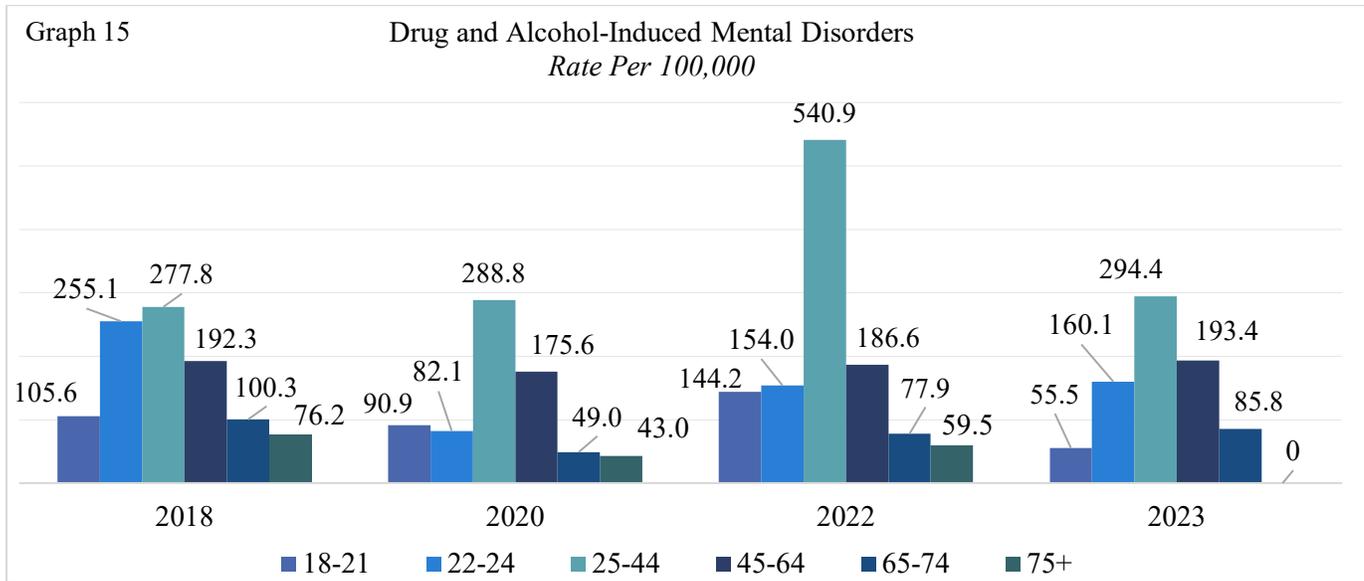
Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.
Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



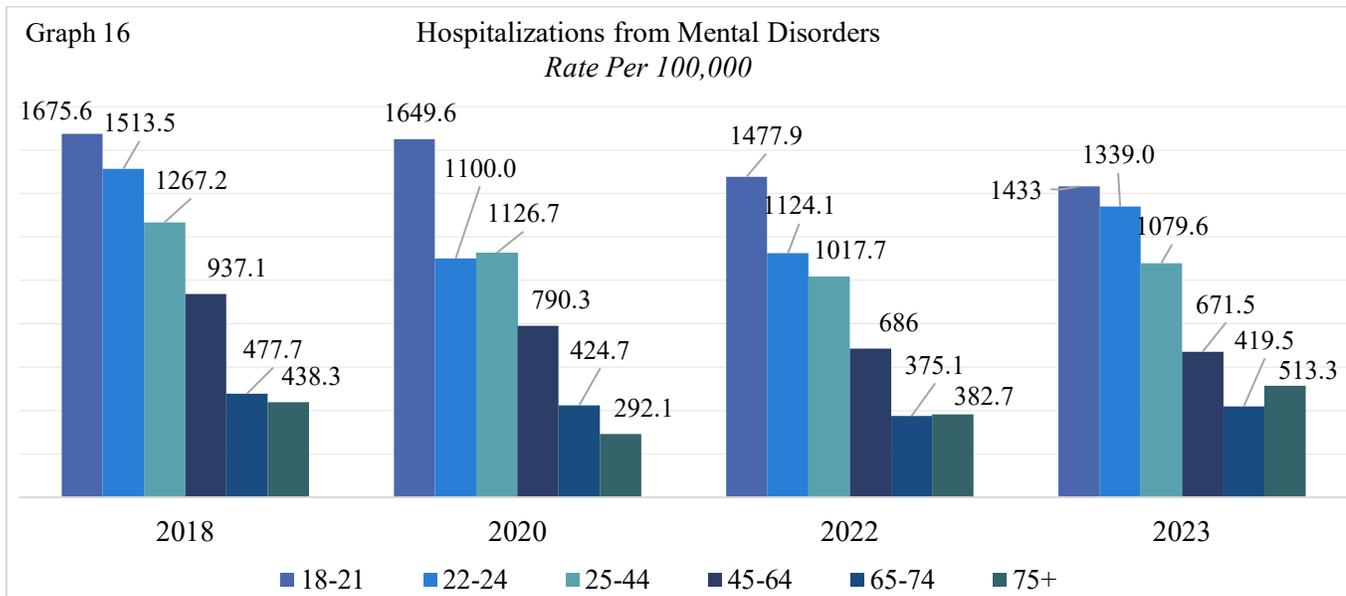
¹⁸ Florida Agency for Health Care Administration
¹⁹ Data Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations for Mental and Behavioral Health Disorders²⁰

Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



Graph 16. Hospitalizations from Mental Disorders²¹, by Age Ranges

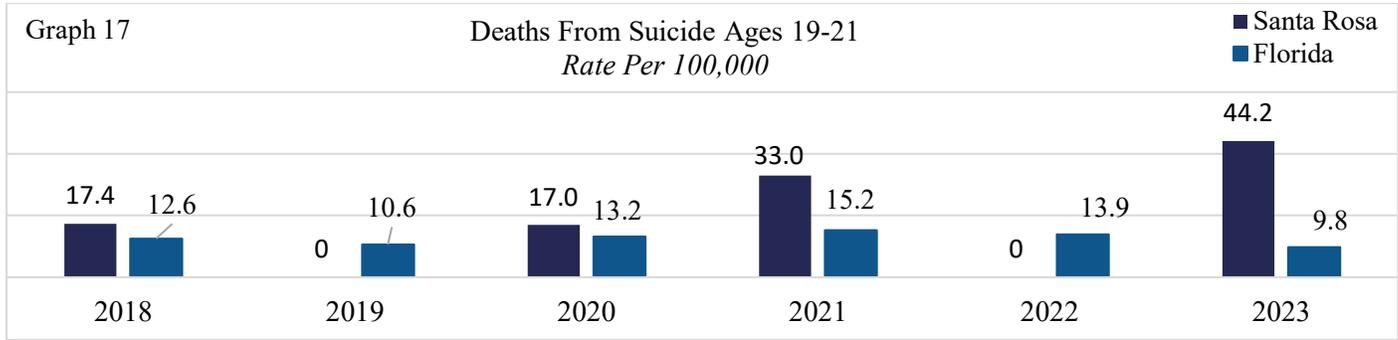


²⁰ Florida Agency for Health Care Administration

²¹ Data Source: Florida Agency for Health Care Administration

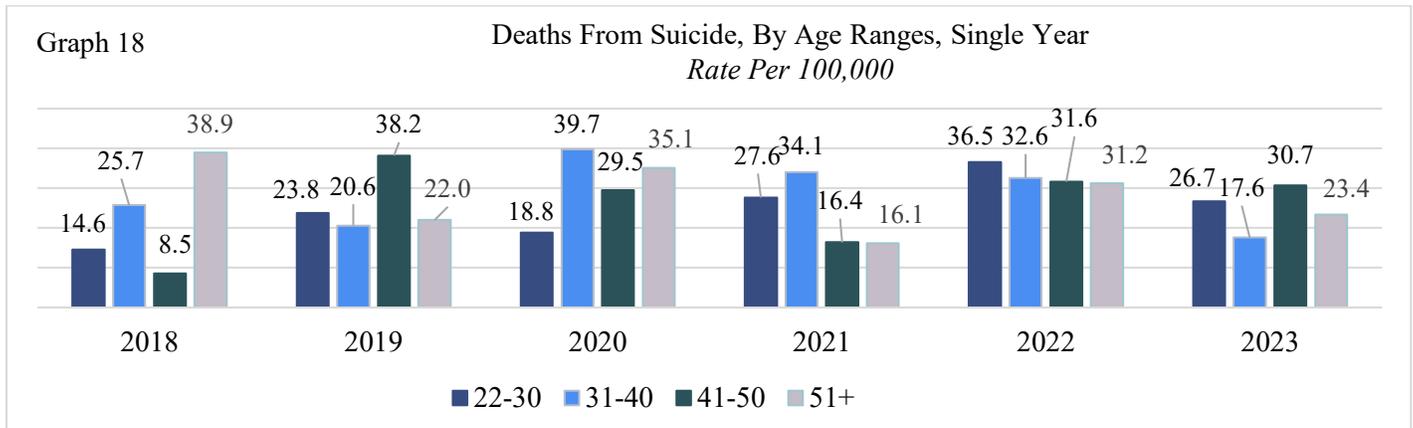
Adult Suicide²²

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide²³

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year

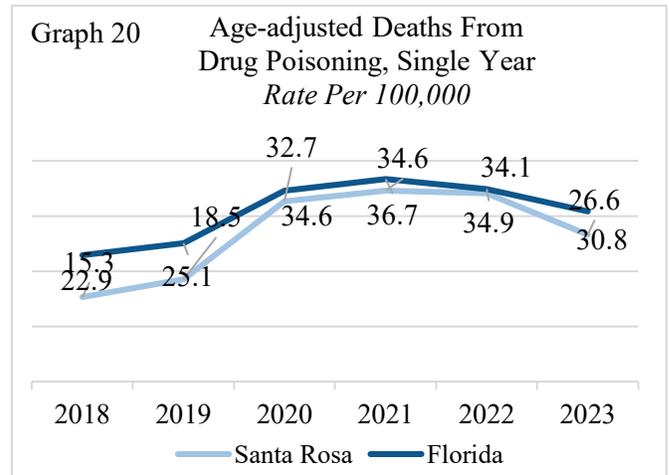
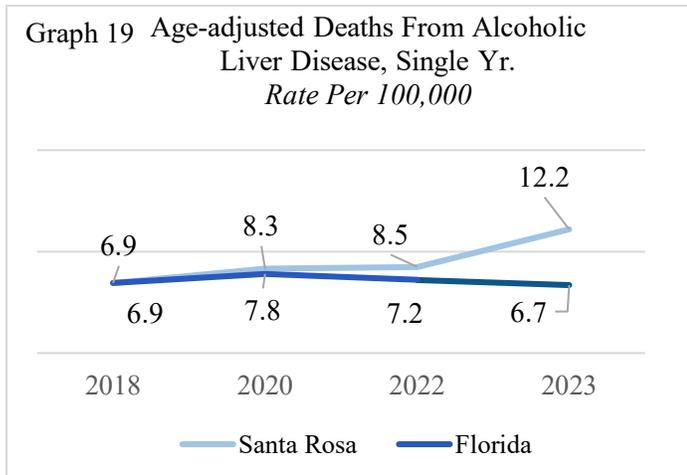


²² Florida Department of Health, Bureau of Vital Statistics
²³ Florida Agency for Health Care Administration

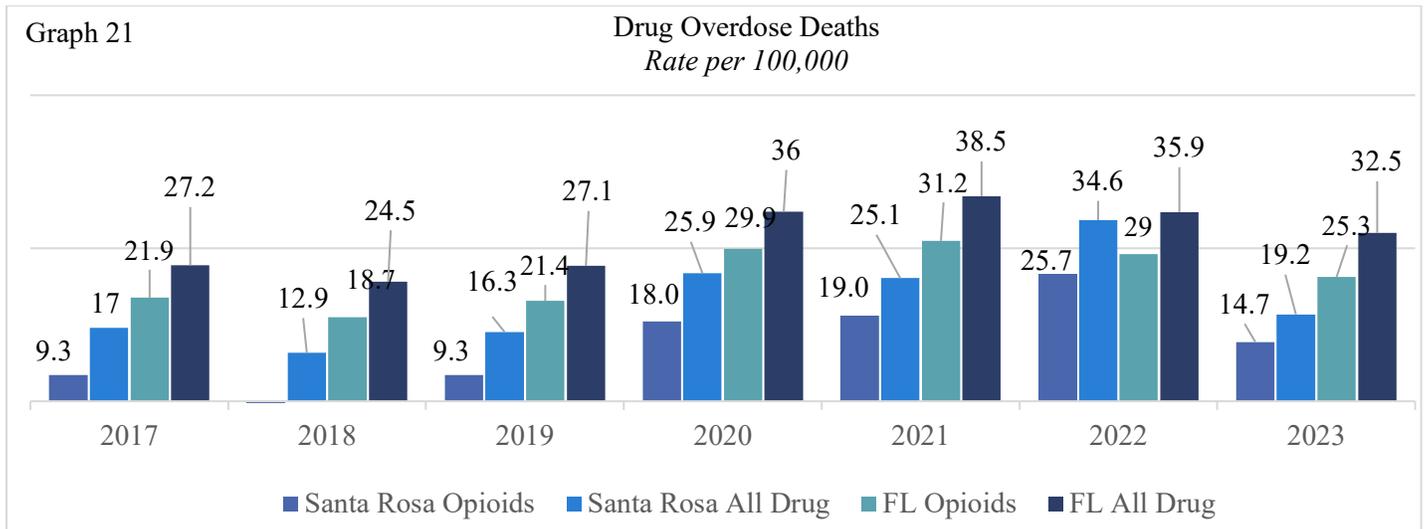
Adult Alcohol and Drug-Related Deaths²⁴

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning²⁵, Single Year.



Graph 21. Drug Overdose Death²⁶, All Ages. Opioids and All Drugs State Comparison



²⁴ Data Source: Florida Department of Health, Bureau of Vital Statistics

²⁵ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

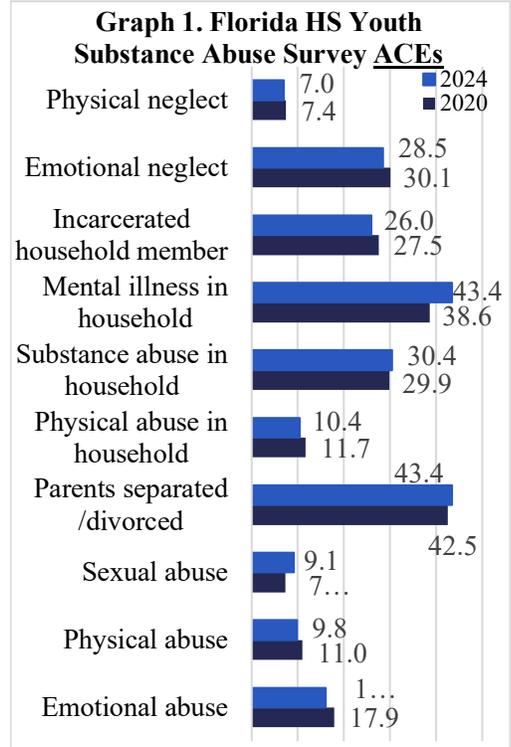
²⁶ Florida Department of Law Enforcement

OKALOOSA COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School		High School			
	2018	2024	2018	2024		
Alcohol	6.3	4.7	↓	21.6	16.0	↓
Binge Drinking	2.7	1.3	↓	10.4	6.4	↓
Cigarettes	1.4	0.2	↓	4.6	1.8	↓
Vaping Nicotine	5.8	4.9	↓	21.5	10.5	↓
Vaping Marijuana	--	1.9		--	9.6	
Marijuana or Hashish	3.5	1.5	↓	13.2	9.8	↓
Synthetic Marijuana	--	--		0.8	1.4	↑
Inhalants	3.3	1.7	↓	0.8	1.6	↑
Club Drugs	0.1	0.3	↑	0.4	0.8	↑
LSD, PCP or Mushrooms	0.5	0.3	↓	1.7	0.5	↓
Methamphetamine	0.1	0.3	↑	0.5	0.7	↑
Cocaine or Crack	0.2	0.1	↓	0.4	0.2	↓
Heroin	0.1	0.1	↔	0.2	0.3	↑
Prescription Depressants	1.4	0.6	↓	2.5	0.6	↓
Prescription Pain Relievers	0.8	0.6	↓	1.4	0.5	↓
Prescription Amphetamines	0.5	0.9	↑	1.2	0.5	↓
Over-the-Counter Drugs	1.3	0.6	↓	2.1	1.4	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

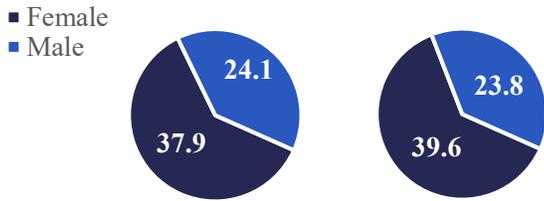
Past 12 months Depression	Middle School		High School			
	2018	2024	2018	2024		
Sometimes I think that life is not worth it	26.4	27.2	↑	35.1	34.8	↓
At times I think I am no good at all	41.4	44.2	↑	47.0	47.4	↑
All in all, I am inclined to think that I am a failure	27.1	33.4	↑	31.0	32.4	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	40.1	41.8	↑	47.6	43.9	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	15.4	--	21.6
Made a suicide plan	--	13.3	--	17.0
Attempted suicide one or more times	--	8.3	--	10.3
Suicide attempt that required medical care	--	2.5	--	1.9
*First collection	2022		2022	
Thought about committing suicide	37.7	--	39.5	--
Attempted suicide	8.9	--	9.8	--

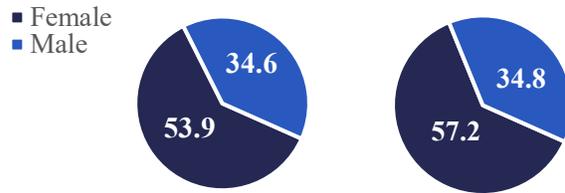
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

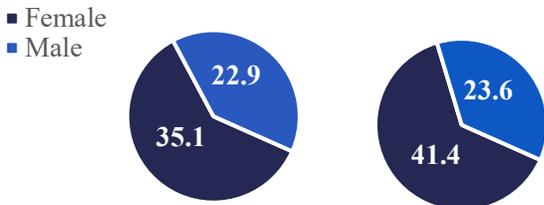
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



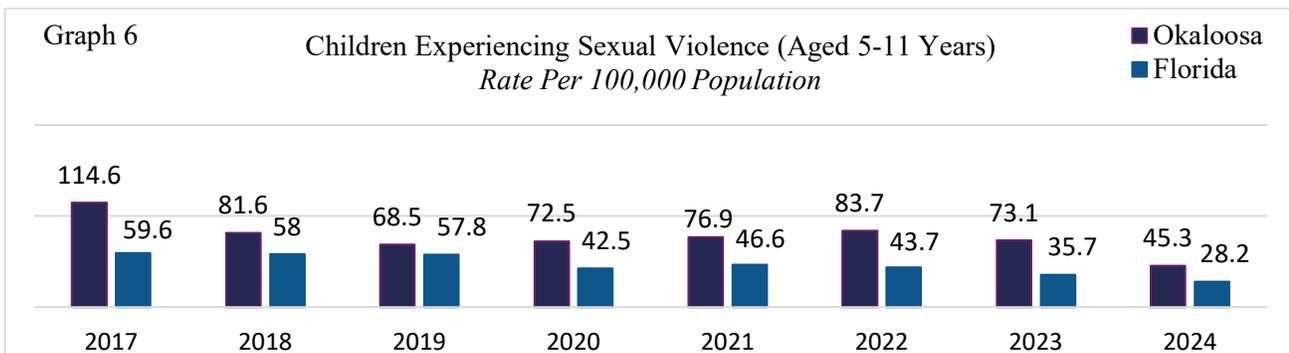
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



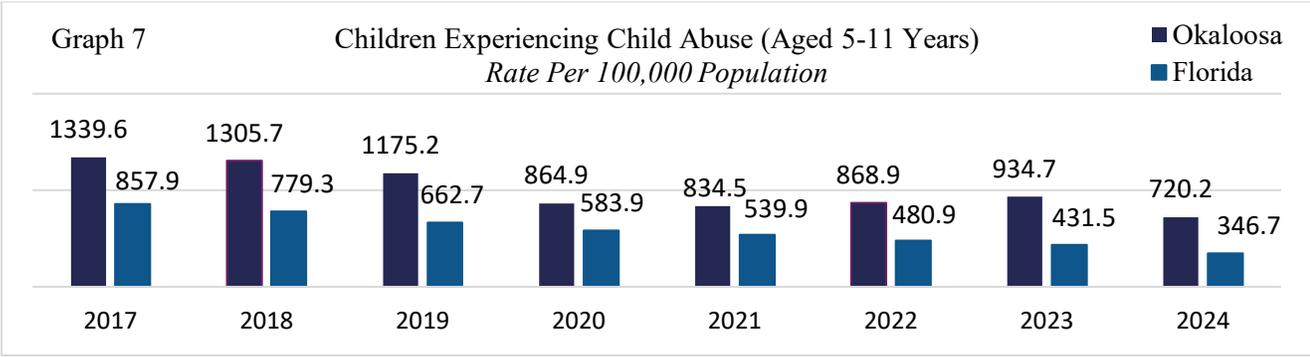
Childhood Trauma²⁷ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

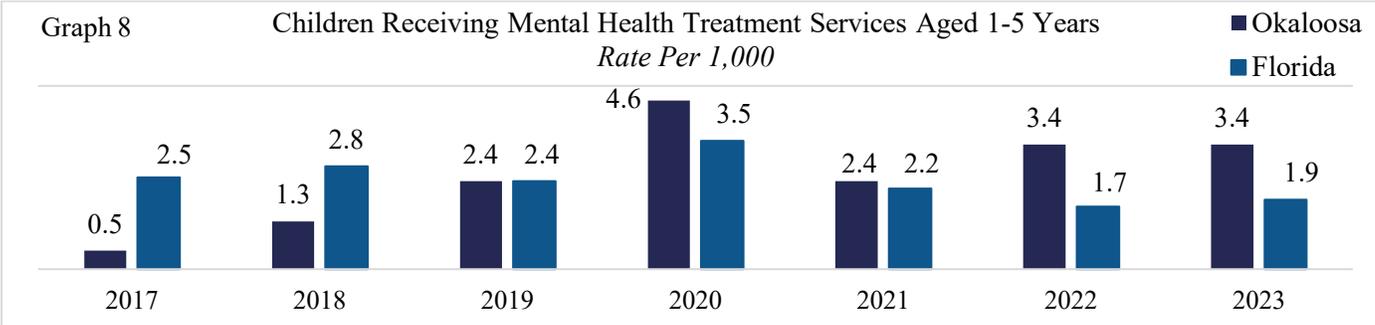
Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



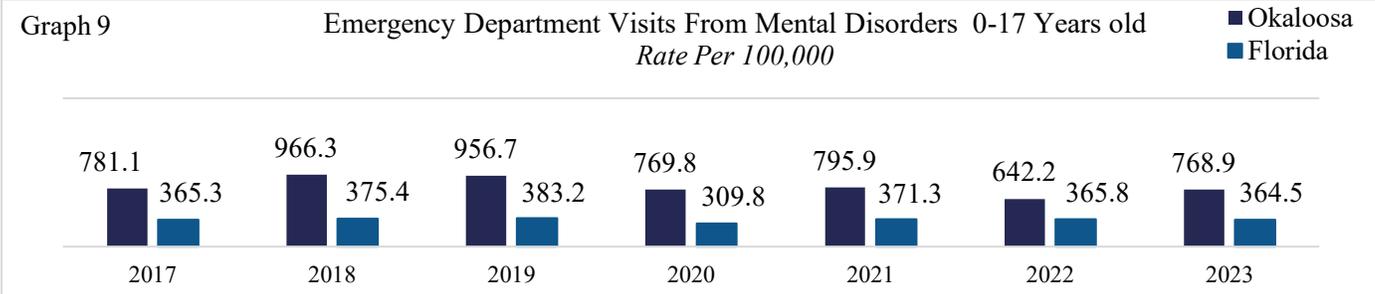
²⁷ Data Source: Florida Department of Children and Families, Florida Safe Families Network



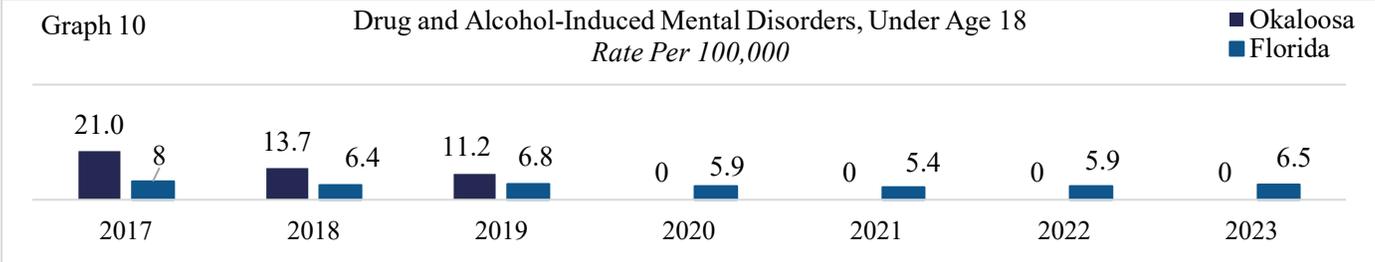
Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023²⁸. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023²⁹.

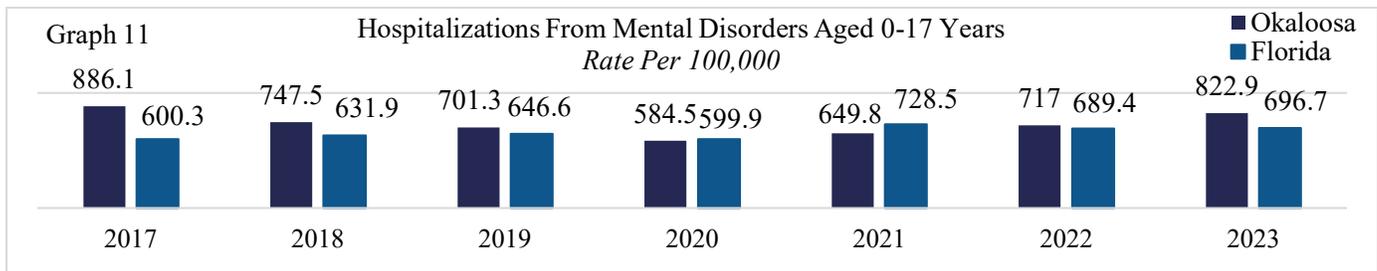


Graph 10. Drug and Alcohol-Induced Mental Disorders³⁰, Under Age 18.



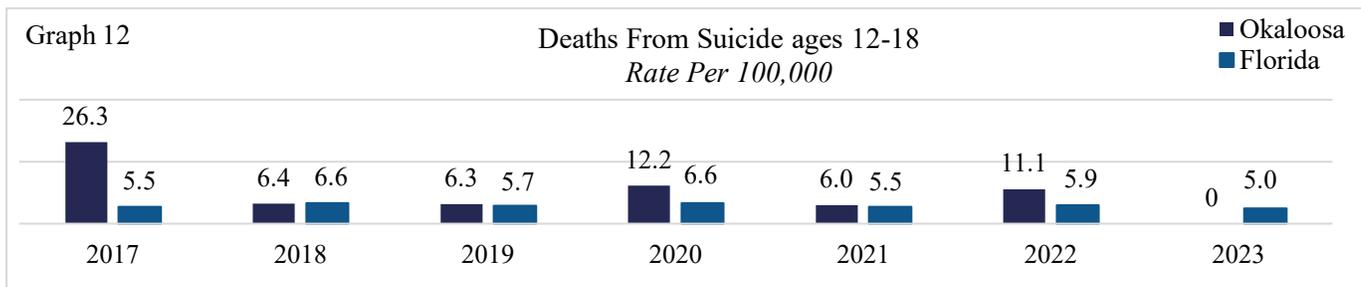
²⁸ Data Source: Florida Department of Children and Families
²⁹ Florida Agency for Health Care Administration
³⁰ Florida Agency for Health Care Administration

Graph 11. Hospitalizations From Mental Disorders³¹ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



Suicide

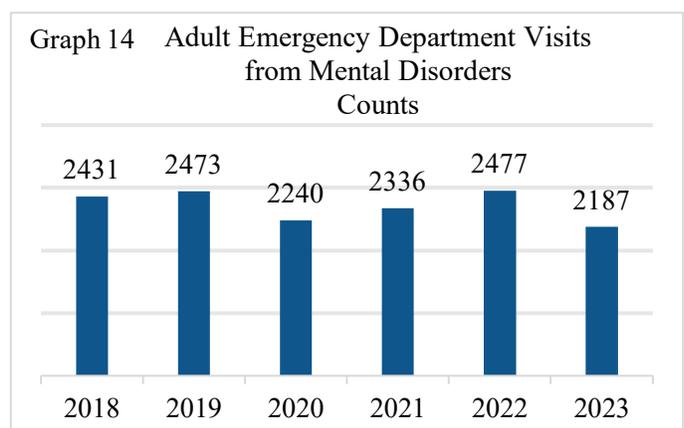
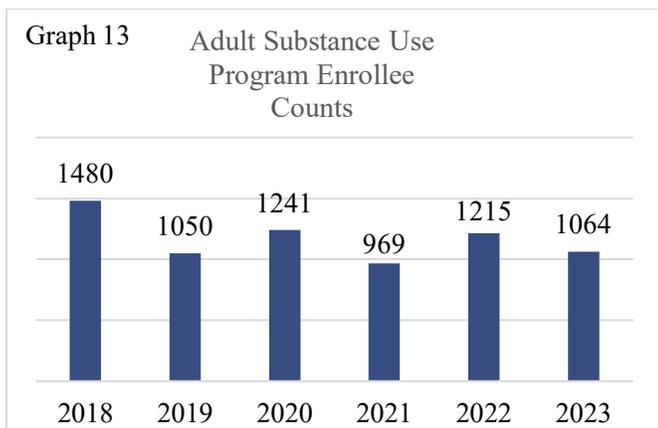
Graph 12. Death Rates from Suicide³² ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



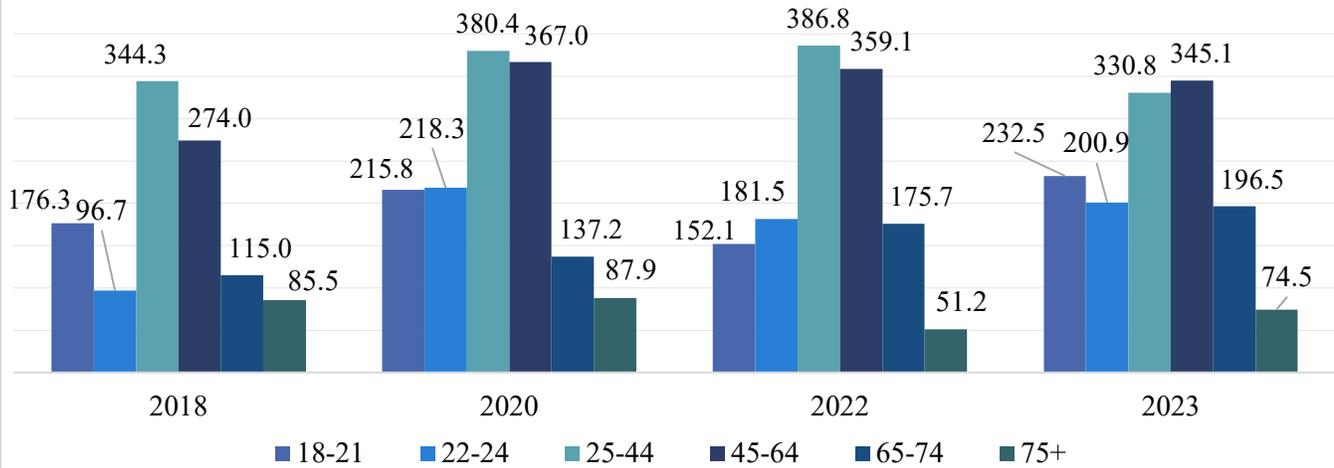
Hospitalizations for Mental and Behavioral Health Disorders³³

Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range

³¹ Florida Agency for Health Care Administration
³² Data Source: Florida Department of Health, Bureau of Vital Statistics
³³ Florida Agency for Health Care Administration

Graph 15

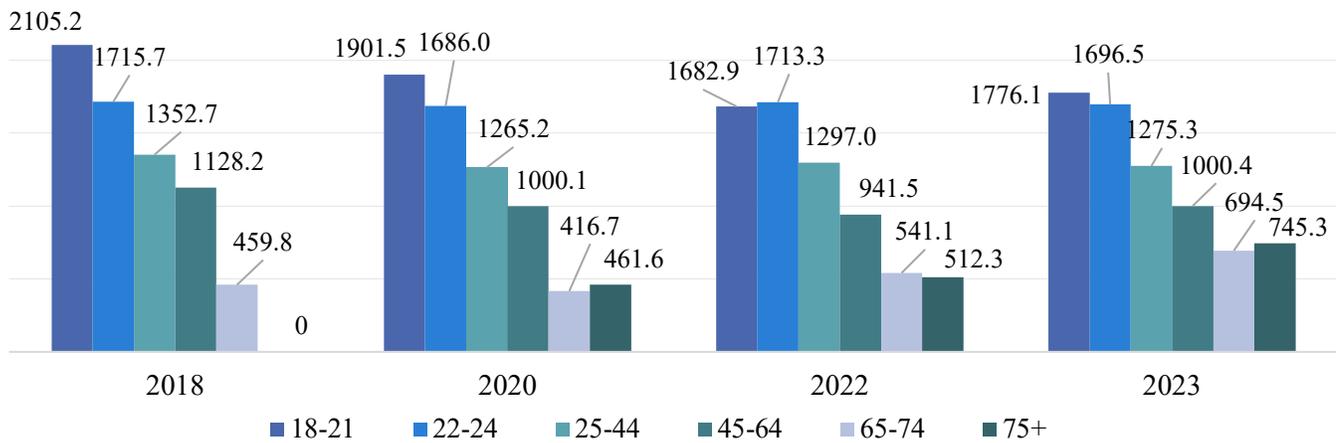
Drug and Alcohol-Induced Mental Disorders
Rate Per 100,000



Graph 16. Hospitalizations from Mental Disorders³⁴, by Age Ranges

Graph 16

Hospitalizations from Mental Disorders
Rate Per 100,000



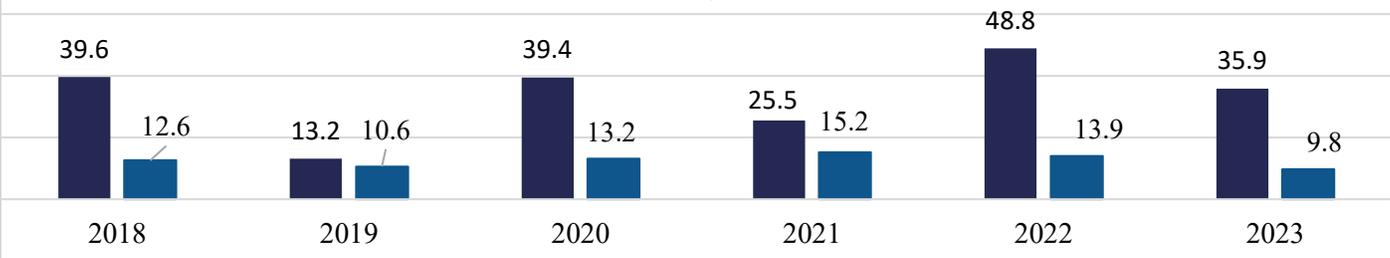
Adult Suicide³⁵

Graph 17. Deaths From Suicide Ages 19-21

Graph 17

Deaths From Suicide Ages 19-21
Rate Per 100,000

■ Okaloosa
■ Florida

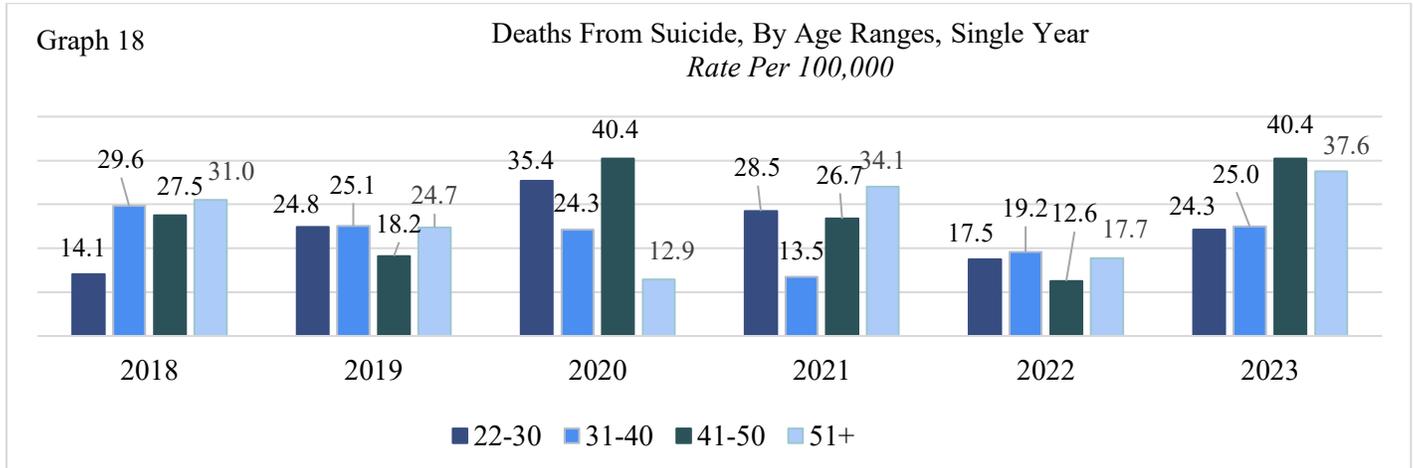


³⁴ Data Source: Florida Agency for Health Care Administration

³⁵ Florida Department of Health, Bureau of Vital Statistics

Adult Mental Health and Suicide³⁶

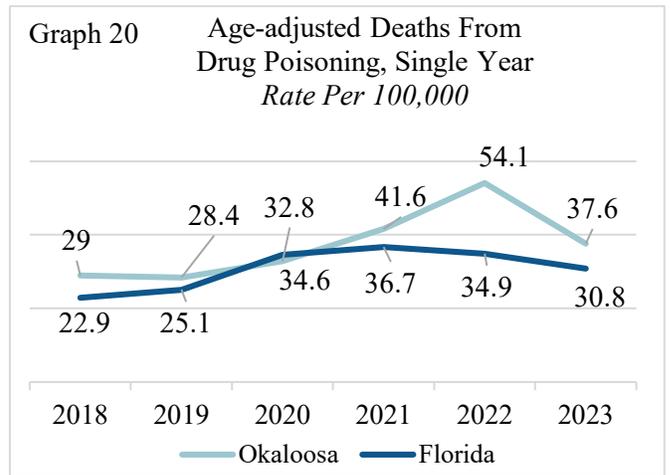
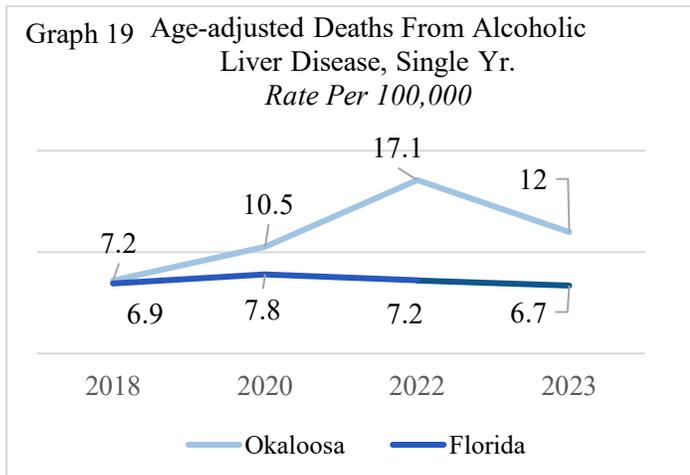
Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



Adult Alcohol and Drug-Related Deaths³⁷

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning³⁸, Single Year.

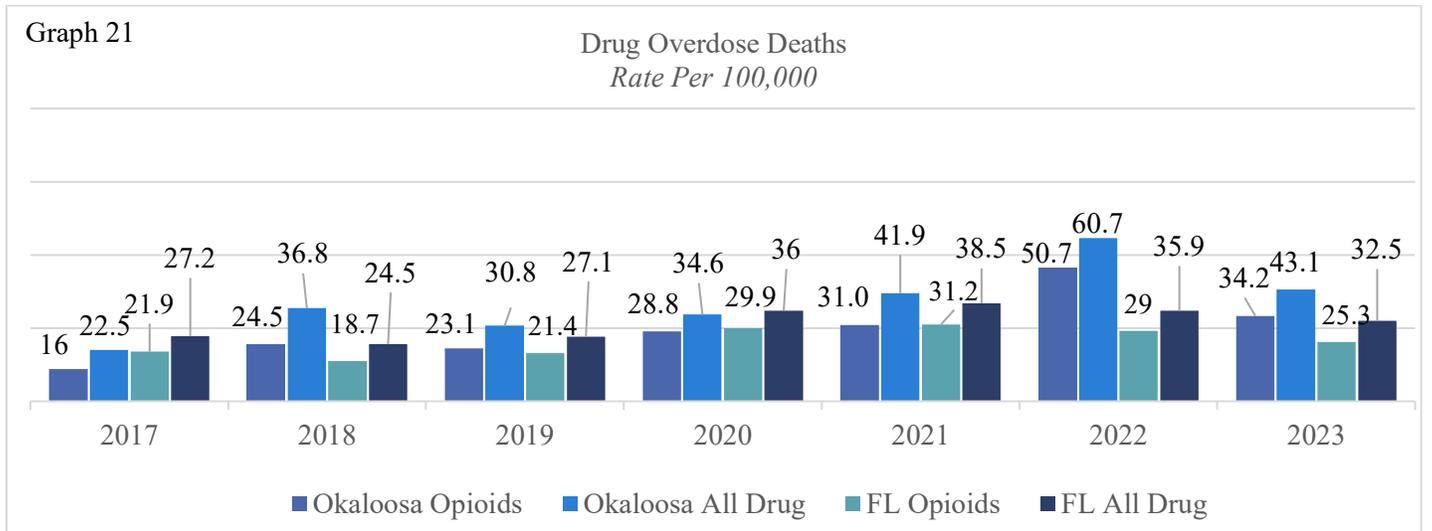


³⁶ Florida Agency for Health Care Administration

³⁷ Data Source: Florida Department of Health, Bureau of Vital Statistics

³⁸ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

Graph 21. Drug Overdose Death³⁹, All Ages. Opioids and All Drugs State Comparison



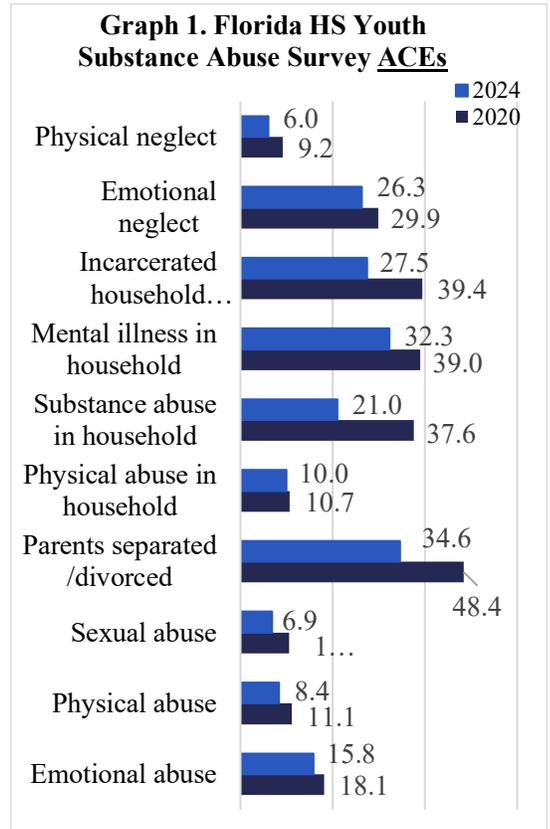
³⁹ Florida Department of Law Enforcement

WALTON COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	7.5	8.1	↑	33.0	16.5	↓
Binge Drinking	4.3	2.9	↓	20.1	8.8	↓
Cigarettes	1.1	0.5	↓	7.9	3.5	↓
Vaping Nicotine	9.0	3.2	↓	35.0	13.8	↓
Vaping Marijuana	--	--		--	12.6	
Marijuana or Hashish	3.1	2.0	↓	21.4	13.2	↓
Synthetic Marijuana	--	--		2.0	2.2	↑
Inhalants	1.7	2.2	↑	1.6	1.1	↓
Club Drugs	0.4	0	↓	0.7	0.1	↓
LSD, PCP or Mushrooms	1.2	0.3	↓	3.0	0.9	↓
Methamphetamine	0.4	0.3	↓	1.6	0	↓
Cocaine or Crack	0.4	0.1	↔	1.2	0	↓
Heroin	0	0	↔	0	0	↔
Prescription Depressants	0.8	0.1	↓	2.9	0.2	↓
Prescription Pain Relievers	1.0	1.1	↑	3.7	0.4	↓
Prescription Amphetamines	0.8	0.4	↓	4.0	1.6	↓
Over-the-Counter Drugs	1.3	0.4	↓	1.5	0.4	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

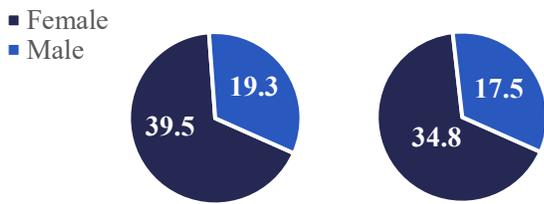
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	24.0	27.9	↑	33.1	24.9	↓
At times I think I am no good at all	36.2	39.2	↑	46.1	39.2	↓
All in all, I am inclined to think that I am a failure	22.3	28.9	↑	31.7	28.9	↓
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	39.5	41.3	↑	45.9	41.3	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	14.9	--	13.8
Made a suicide plan	--	9.9	--	9.5
Attempted suicide one or more times	--	7.1	--	8.5
Suicide attempt that required medical care	--	0.4	--	0.9
*First collection	2022		2022	
Thought about committing suicide	34.0	--	40.6	--
Attempted suicide	8.2	--	10.6	--

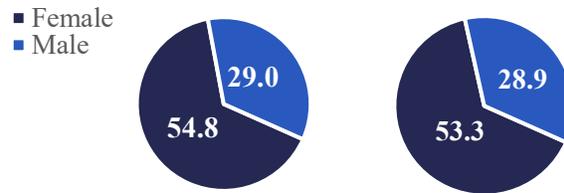
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

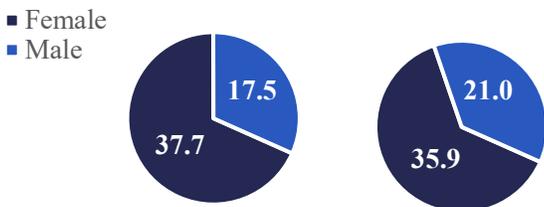
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



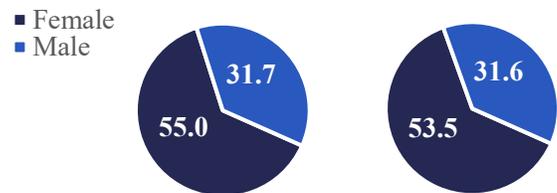
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure

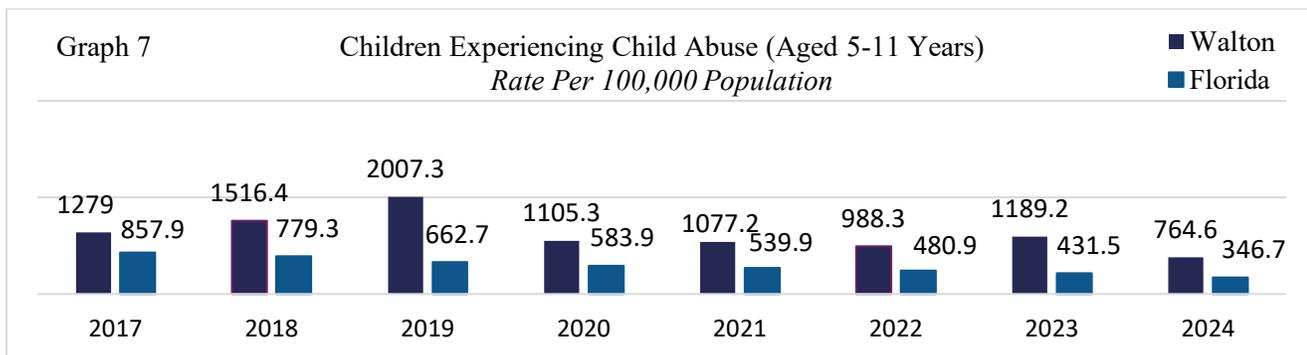
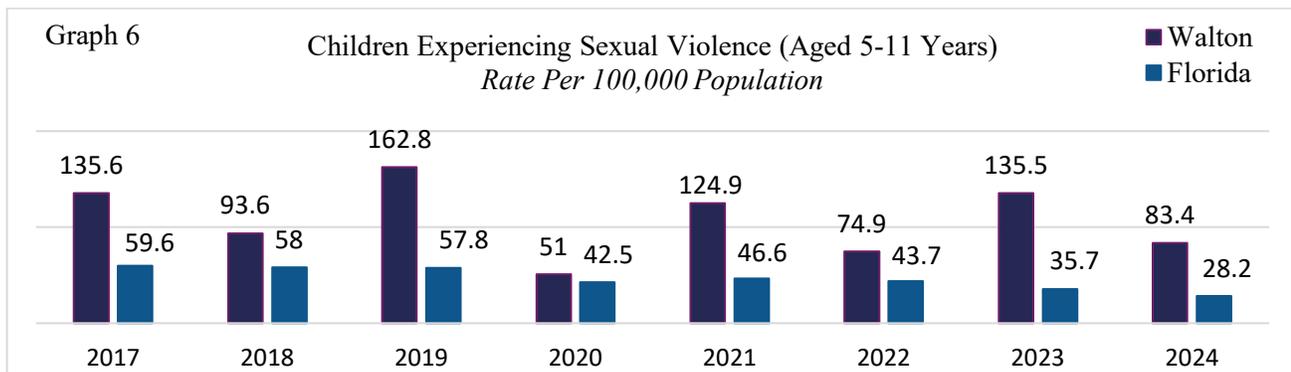


Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



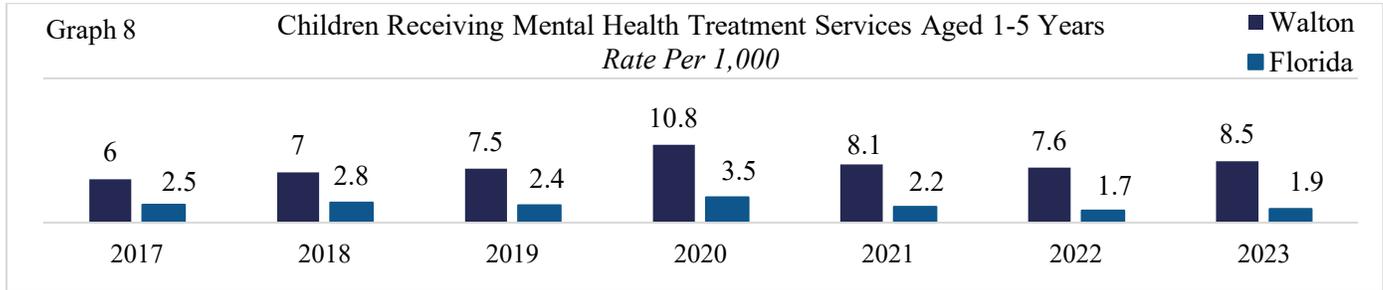
Childhood Trauma⁴⁰ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

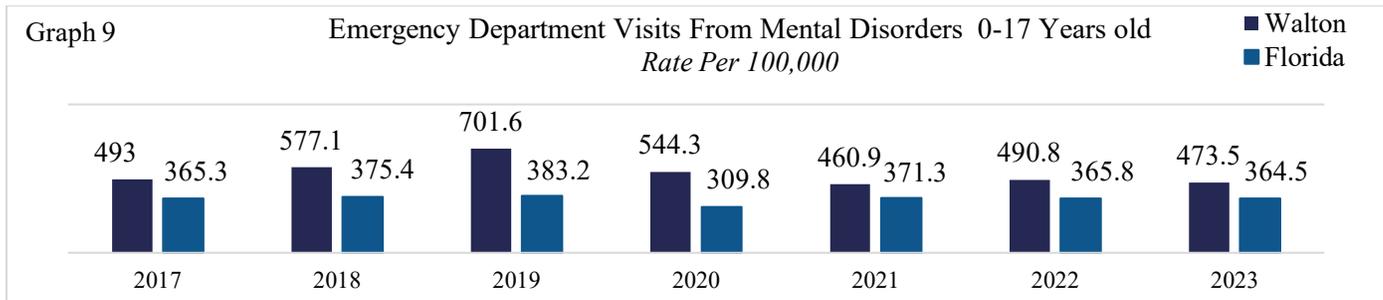


⁴⁰ Data Source: Florida Department of Children and Families, Florida Safe Families Network

Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023⁴¹. Data for other age groups is not available.



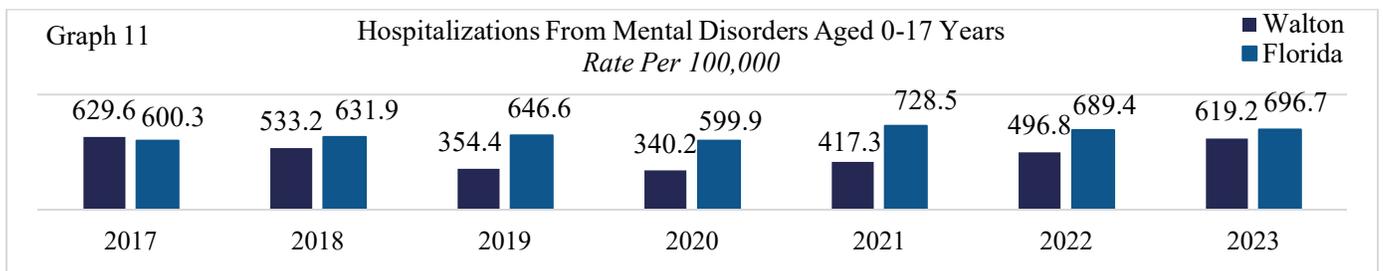
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023⁴².



Graph 10. Drug and Alcohol-Induced Mental Disorders⁴³, Under Age 18.

Note: Walton County data are not available.

Graph 11. Hospitalizations From Mental Disorders⁴⁴ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



⁴¹ Data Source: Florida Department of Children and Families

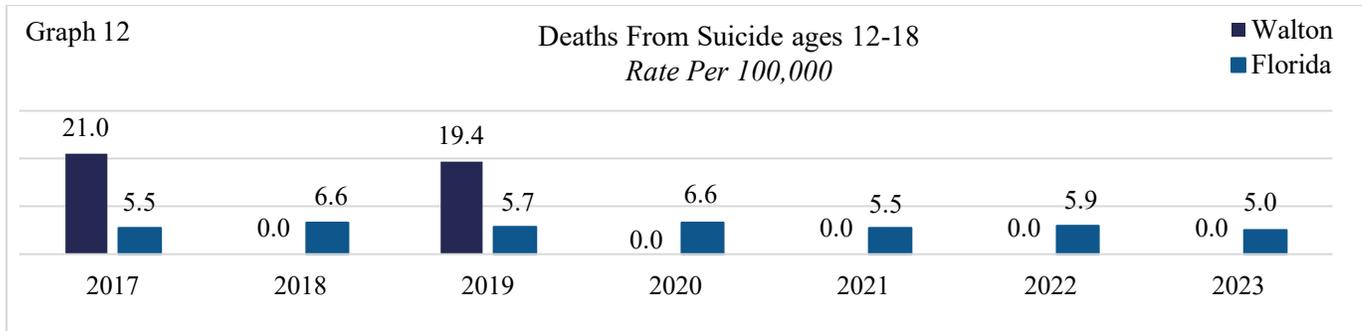
⁴² Florida Agency for Health Care Administration

⁴³ Florida Agency for Health Care Administration

⁴⁴ Florida Agency for Health Care Administration

Suicide

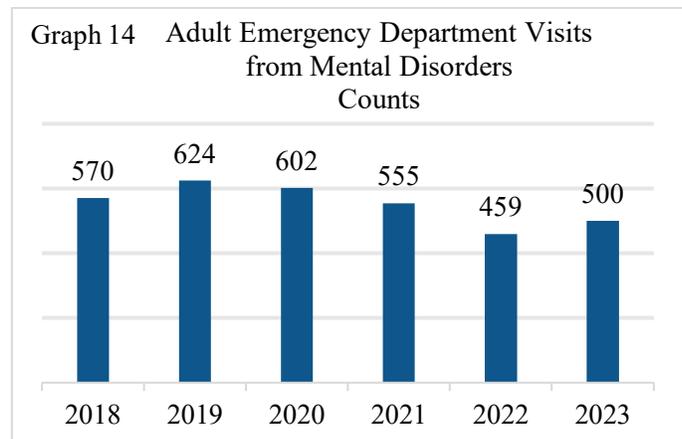
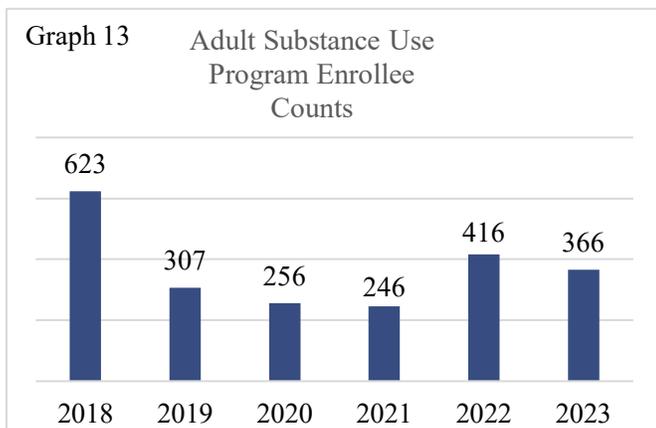
Graph 12. Death Rates from Suicide⁴⁵ ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

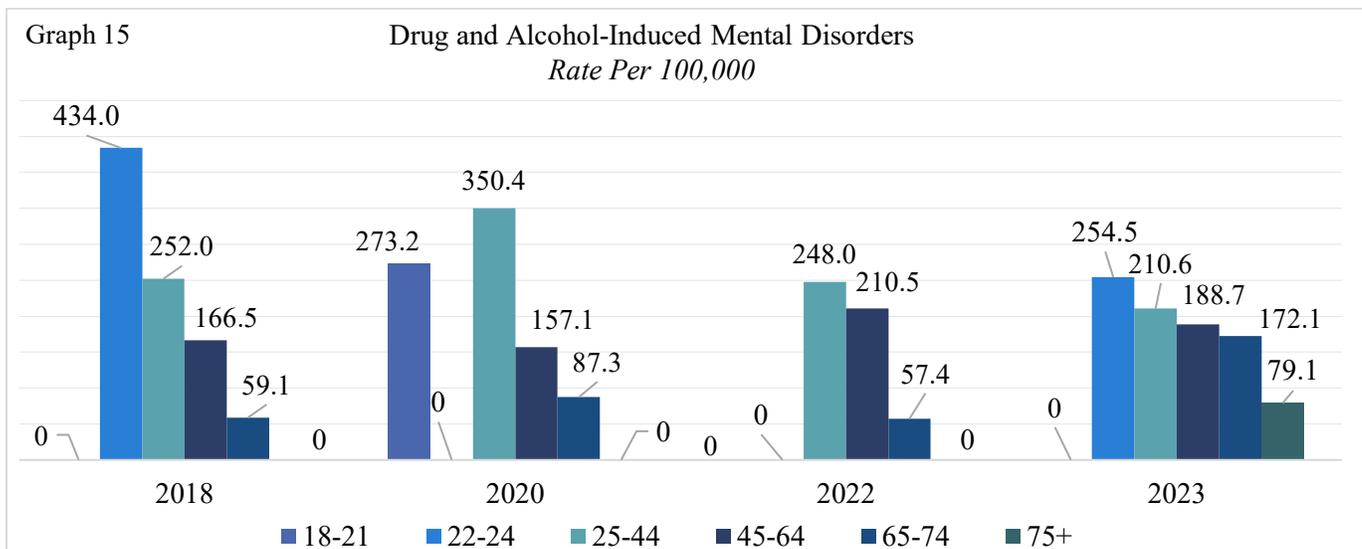
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders⁴⁶

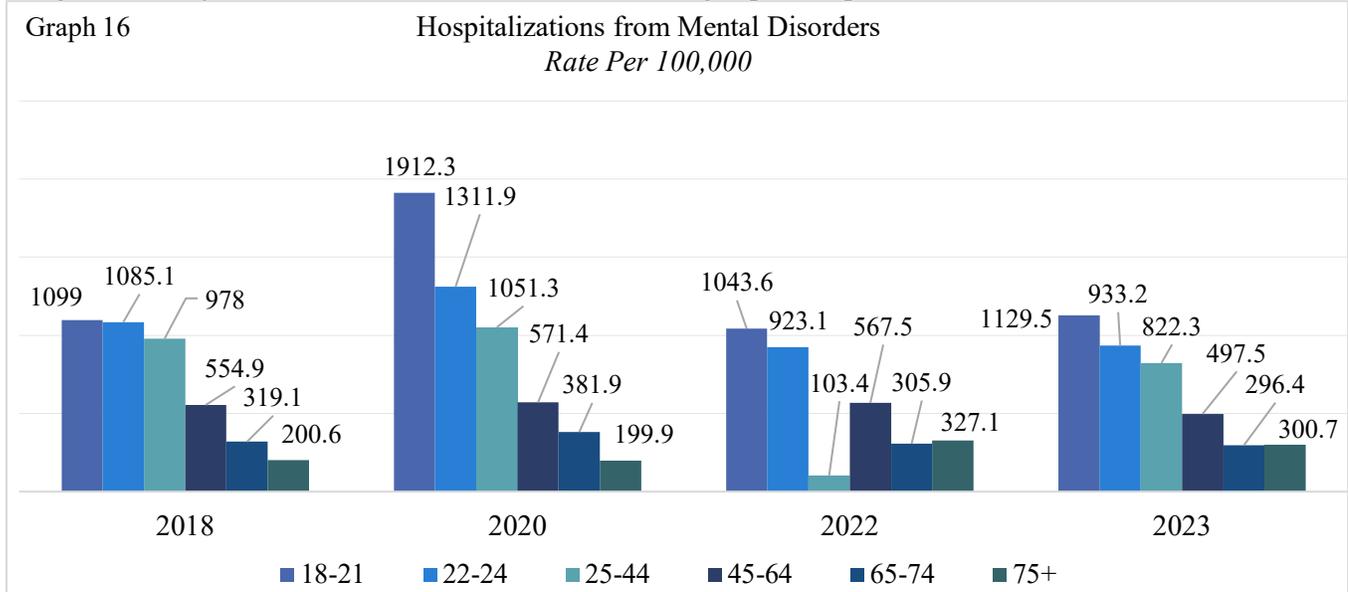
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



⁴⁵ Data Source: Florida Department of Health, Bureau of Vital Statistics

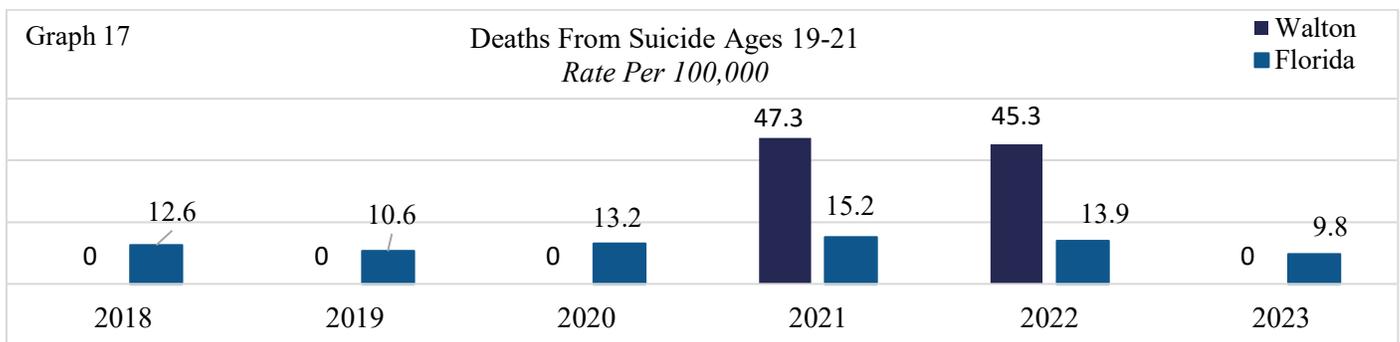
⁴⁶ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders⁴⁷, by Age Ranges



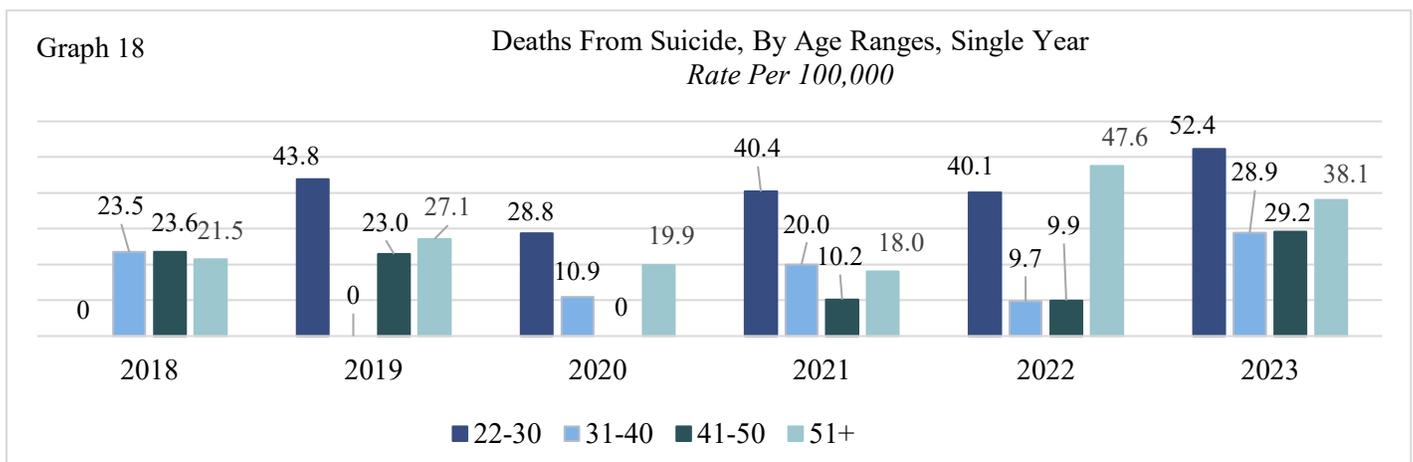
Adult Suicide⁴⁸

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide⁴⁹

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



⁴⁷ Data Source: Florida Agency for Health Care Administration

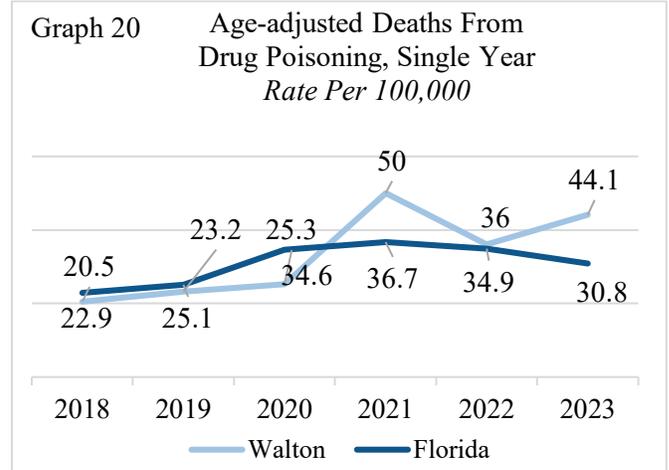
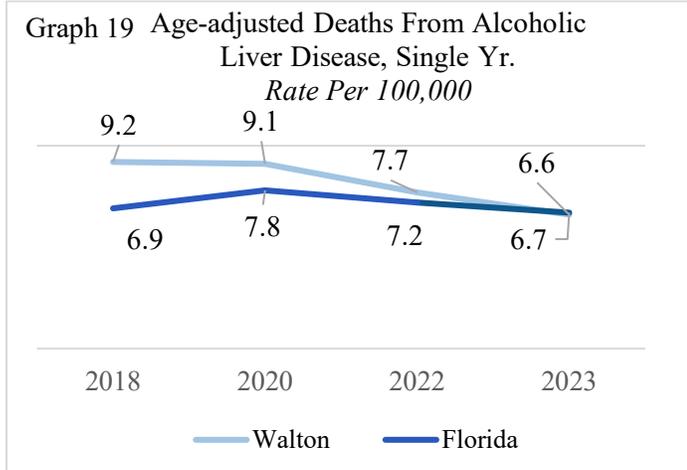
⁴⁸ Florida Department of Health, Bureau of Vital Statistics

⁴⁹ Florida Agency for Health Care Administration

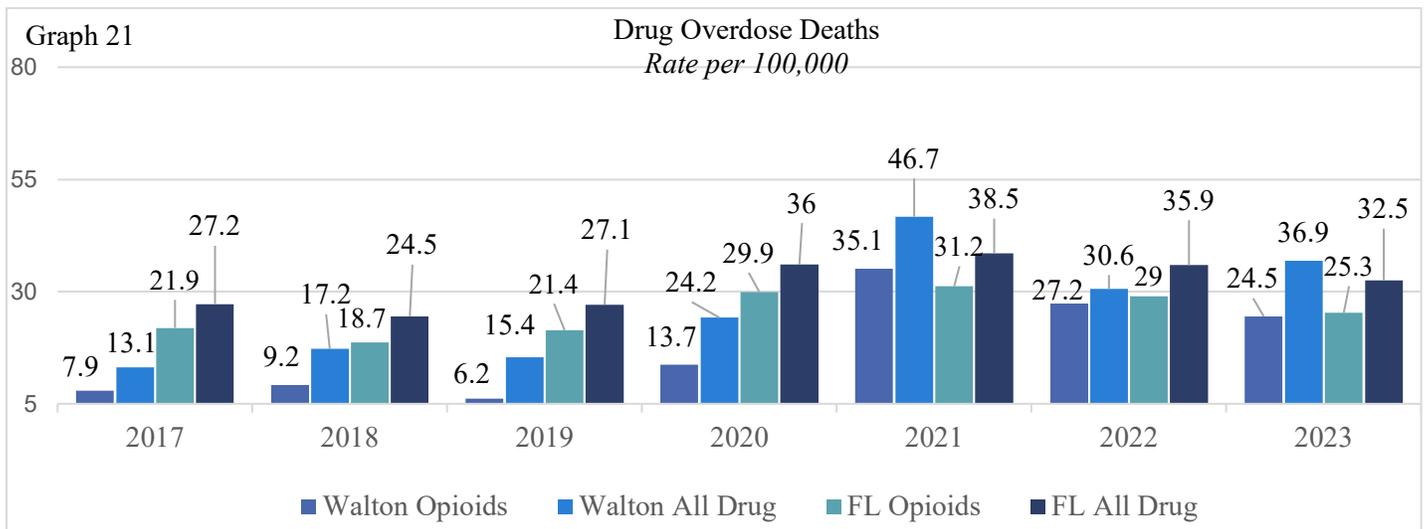
Adult Alcohol and Drug-Related Deaths⁵⁰

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning⁵¹, Single Year.



Graph 21. Drug Overdose Death⁵², All Ages. Opioids and All Drugs State Comparison



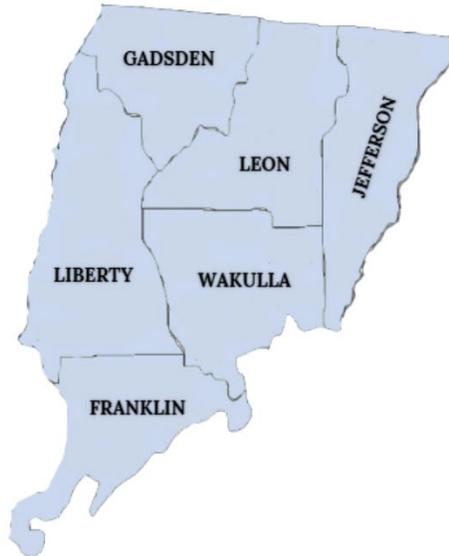
⁵⁰ Data Source: Florida Department of Health, Bureau of Vital Statistics

⁵¹ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

⁵² Florida Department of Law Enforcement

**CIRCUIT 2 COUNTY PROFILES:
QUANTITATIVE DATA**

FRANKLIN, GADSDEN, JEFFERSON, LEON, LIBERTY, AND WAKULLA COUNTIES



AND

**CIRCUIT 3 COUNTY PROFILES:
QUANTITATIVE DATA**

MADISON AND TAYLOR COUNTIES

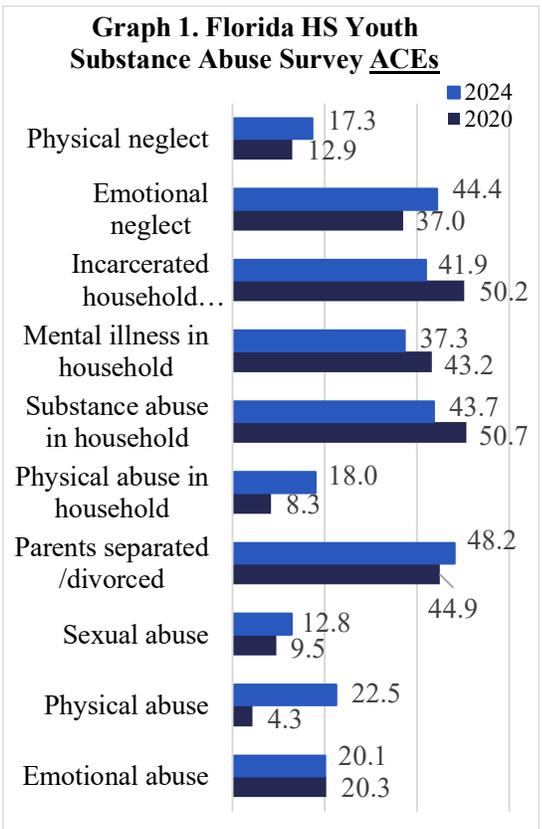


FRANKLIN COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	7.5	8.1	↑	24.4	17.4	↓
Binge Drinking	4.3	2.9	↓	21.4	15.1	↓
Cigarettes	1.1	0.5	↓	10.5	2.0	↓
Vaping Nicotine	9.0	3.2	↓	22.1	31.1	↑
Vaping Marijuana	--	--		--	21.4	
Marijuana or Hashish	3.1	2.0	↓	17.7	25.8	↑
Synthetic Marijuana	--	--		6.7	3.7	↓
Inhalants	1.7	2.2	↑	6.7	3.8	↓
Club Drugs	0.4	0	↓	0.8	0	↓
LSD, PCP or Mushrooms	1.2	0.3	↓	0.8	0	↓
Methamphetamine	0.4	0.3	↓	0.8	0	↓
Cocaine or Crack	0.4	0.1	↓	0.8	0	↓
Heroin	0	0	↔	0	0	↔
Prescription Depressants	0.8	0.1	↓	0.8	0	↓
Prescription Pain Relievers	1.0	1.1	↑	2	1.7	↓
Prescription Amphetamines	0.8	0.4	↓	2.0	0	↓
Over-the-Counter Drugs	1.3	0.4	↓	9.5	0	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

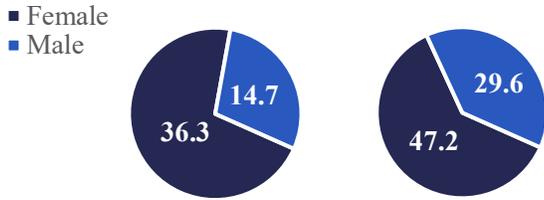
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	27.3	35.1	↑	24.9	42.1	↑
At times I think I am no good at all	36.4	44.5	↑	30.9	42.5	↑
All in all, I am inclined to think that I am a failure	32.2	32.0	↓	26.9	35.7	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	46	46.3	↑	35.1	36.9	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	24.9	--	8.3
Made a suicide plan	--	18.8	--	6.2
Attempted suicide one or more times	--	17.3	--	7.6
Suicide attempt that required medical care	--	10.8	--	1.0
*First collection	2022		2022	
Thought about committing suicide	19.7	--	41.7	--
Attempted suicide	16.1	--	8.6	--

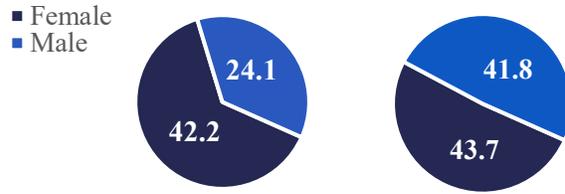
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre-and post-pandemic depression indicators by gender for middle and high school youth combined.

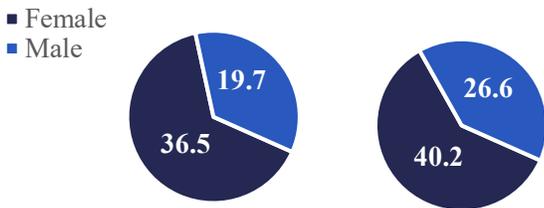
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



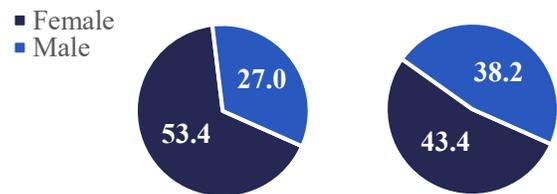
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



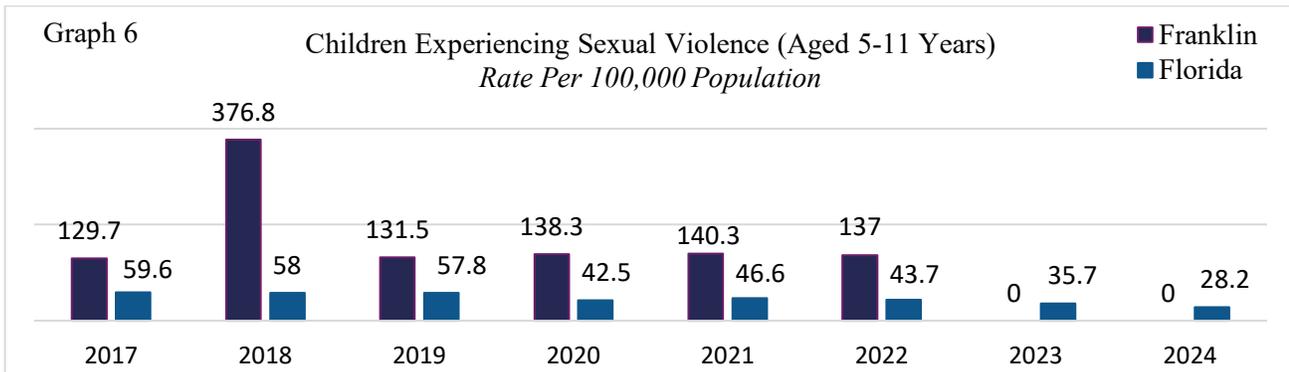
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



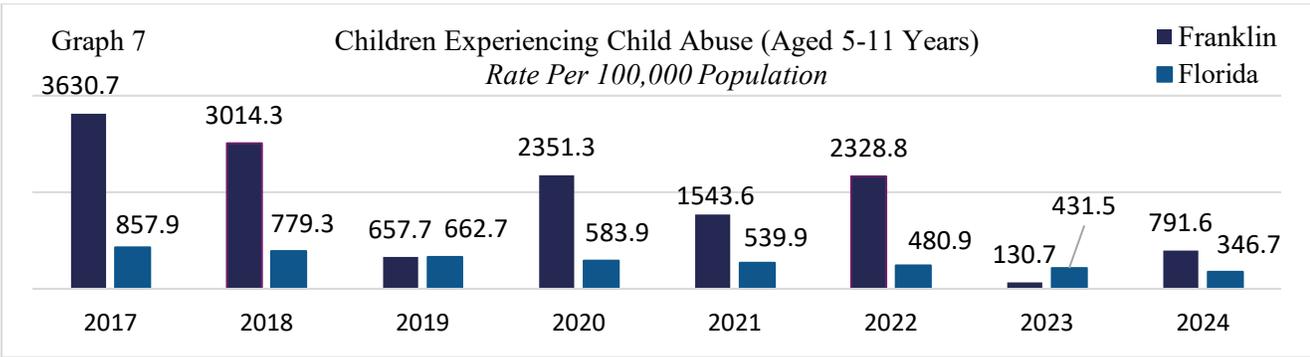
Childhood Trauma⁵³ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

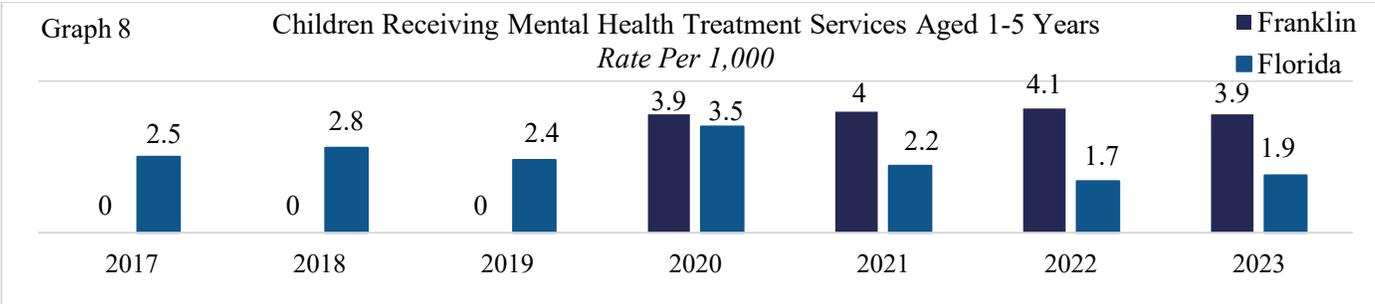
Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



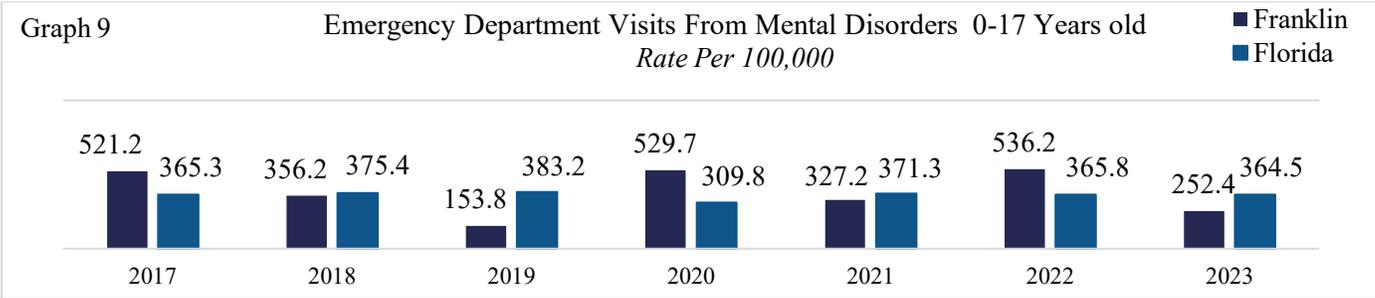
⁵³ Data Source: Florida Department of Children and Families, Florida Safe Families Network



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023⁵⁴. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023⁵⁵.



Graph 10. Drug and Alcohol-Induced Mental Disorders⁵⁶, Under Age 18.

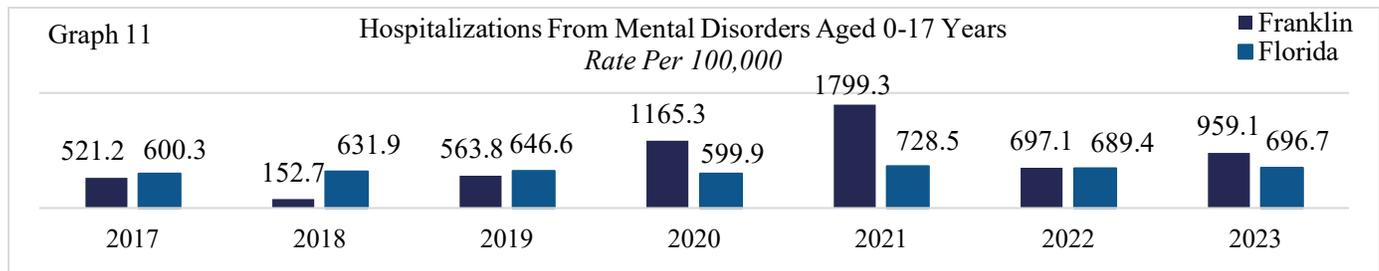
Note: Franklin County data are not available

⁵⁴ Data Source: Florida Department of Children and Families

⁵⁵ Florida Agency for Health Care Administration

⁵⁶ Florida Agency for Health Care Administration

Graph 11. Hospitalizations From Mental Disorders⁵⁷ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



Suicide

Graph 12. Death Rates from Suicide⁵⁸ ages 12-18.

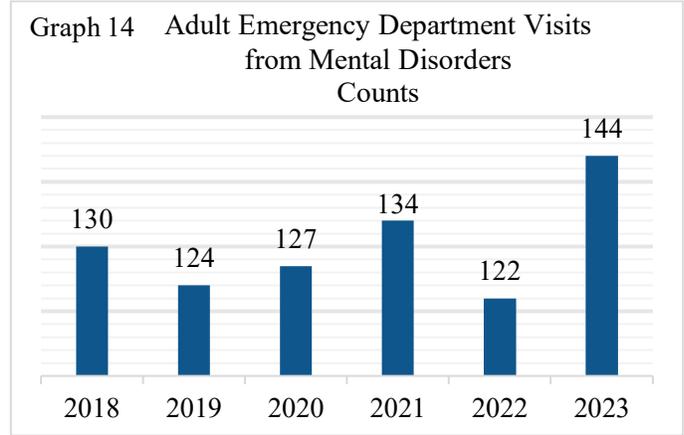
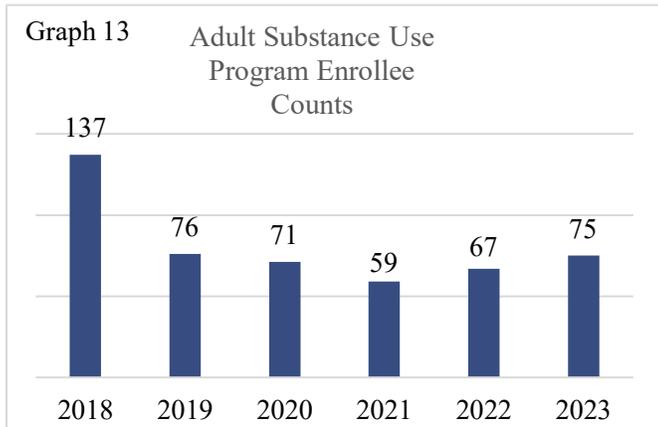
Note: Franklin County data are not available.

⁵⁷ Florida Agency for Health Care Administration
⁵⁸ Data Source: Florida Department of Health, Bureau of Vital Statistics

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

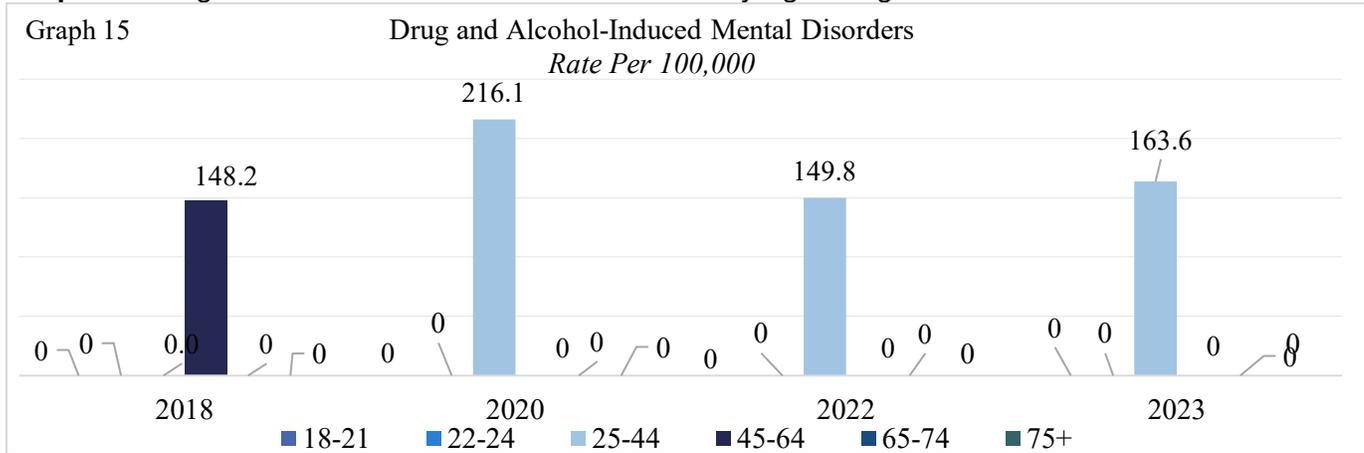
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).

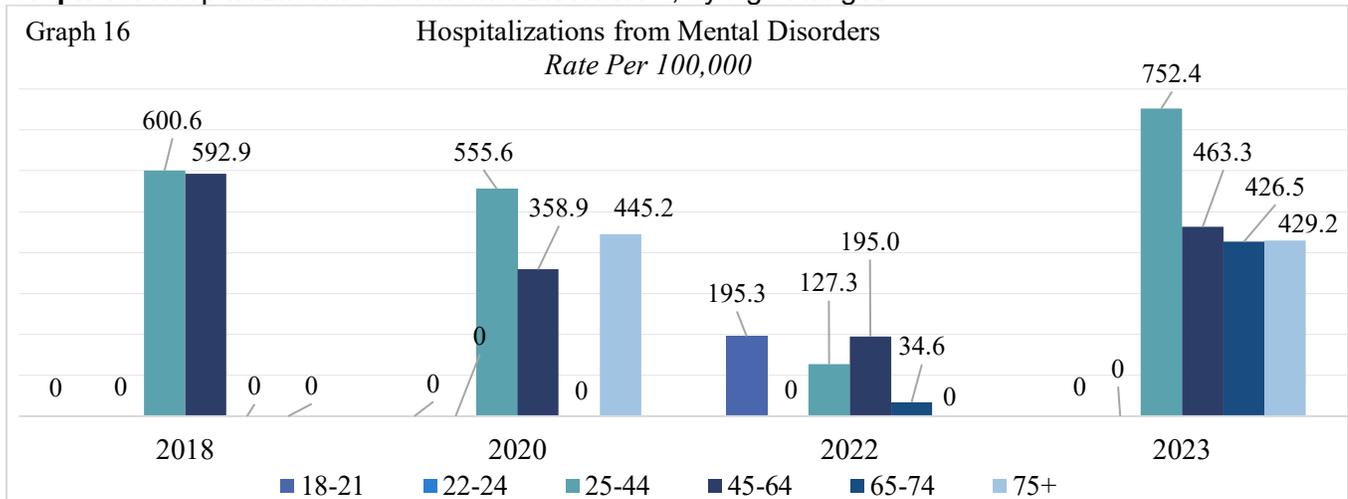


Hospitalizations for Mental and Behavioral Health Disorders⁵⁹

Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



Graph 16. Hospitalizations from Mental Disorders⁶⁰, by Age Ranges



⁵⁹ Florida Agency for Health Care Administration

⁶⁰ Data Source: Florida Agency for Health Care Administration

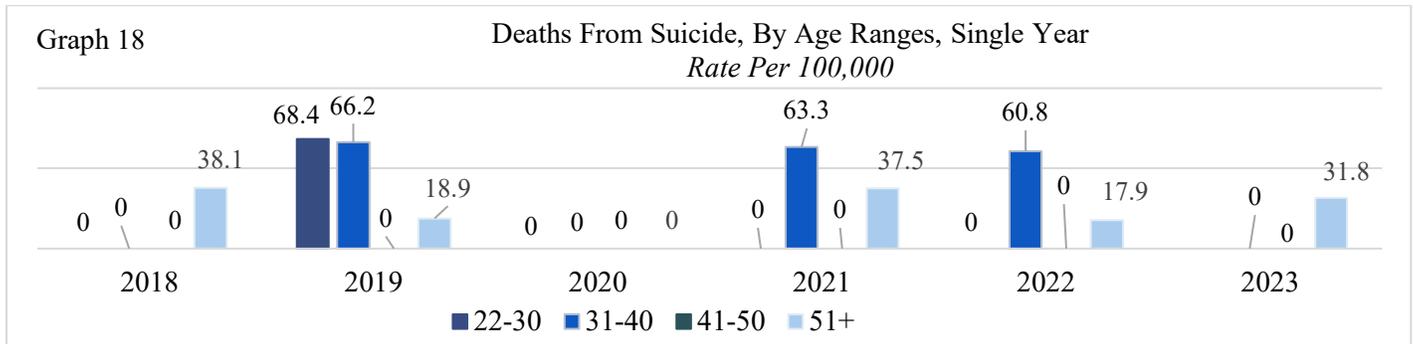
Adult Suicide⁶¹

Graph 17. Deaths From Suicide Ages 19-21

Note: Franklin County data are not available

Adult Mental Health and Suicide⁶²

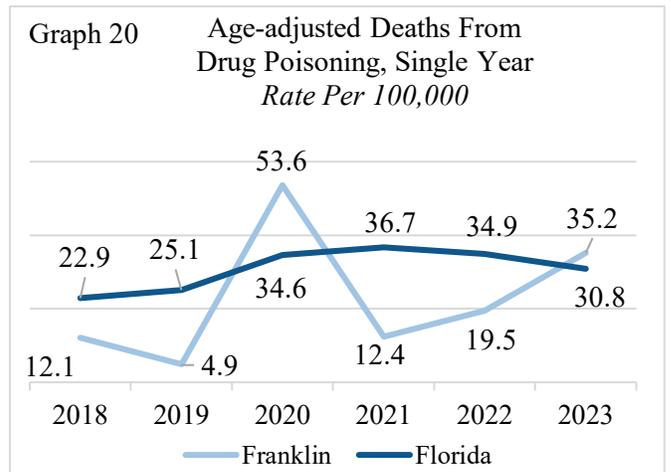
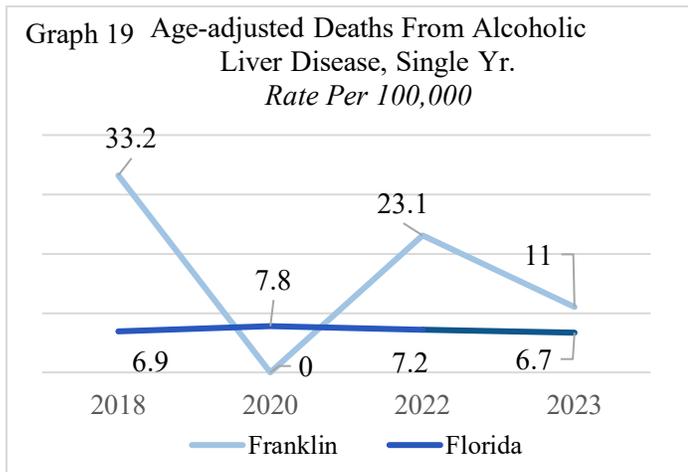
Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



Adult Alcohol and Drug-Related Deaths⁶³

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning⁶⁴, Single Year.



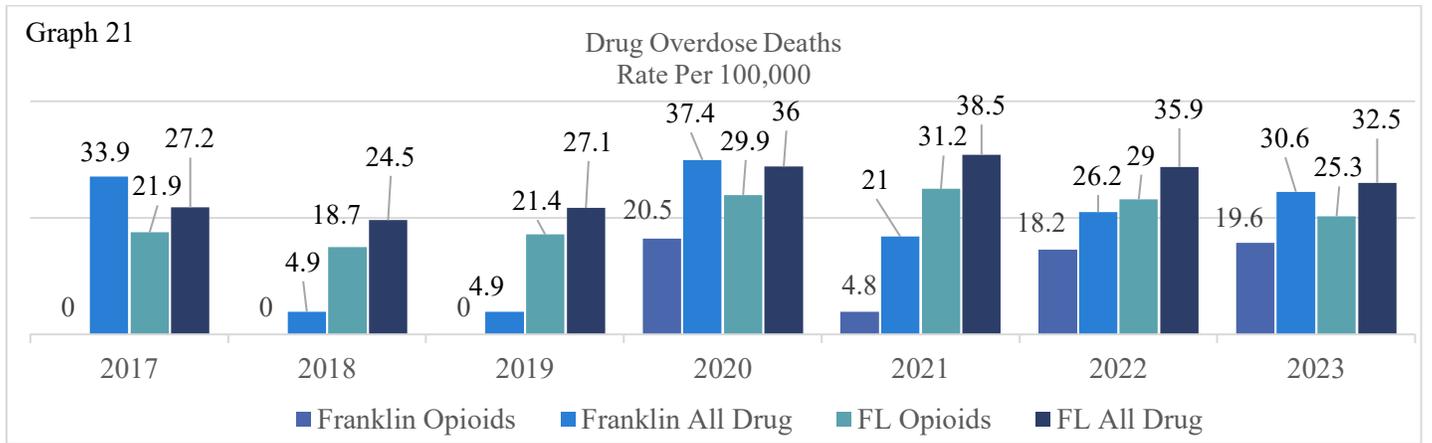
⁶¹ Florida Department of Health, Bureau of Vital Statistics

⁶² Florida Agency for Health Care Administration

⁶³ Data Source: Florida Department of Health, Bureau of Vital Statistics

⁶⁴ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

Graph 21. Drug Overdose Death⁶⁵, All Ages. Opioids and All Drugs State Comparison



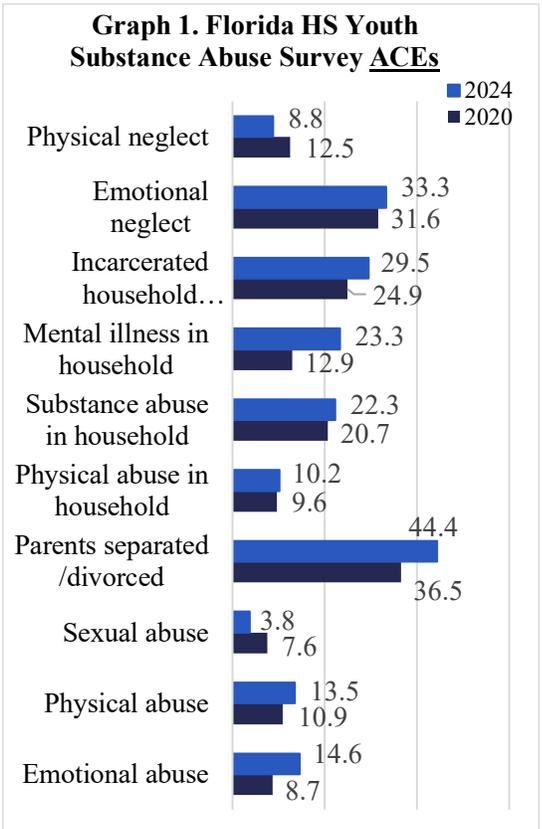
⁶⁵ Florida Department of Law Enforcement

GADSDEN COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School		High School			
	2018	2024	2018	2024		
Alcohol	9.9	7.1	↓	10.5	20.4	↑
Binge Drinking	5.6	6.1	↑	9.0	11.4	↑
Cigarettes	1.8	1.5	↓	2.1	1.4	↓
Vaping Nicotine	3.8	8.4	↑	3.7	7.8	↑
Vaping Marijuana	--	6.5		--	6.8	
Marijuana or Hashish	8.8	7.1	↓	11.2	11.1	↓
Synthetic Marijuana	--	--		0.5	0.4	↓
Inhalants	4.6	2	↓	2.2	1.8	↓
Club Drugs	1.2	0.4	↓	0	0.4	↑
LSD, PCP or Mushrooms	1	0.9	↓	0.5	0	↓
Methamphetamine	1.2	0.4	↓	0	0.4	↑
Cocaine or Crack	1.2	0.6	↓	0	0	↔
Heroin	0.7	0	↓	0.3	0	↓
Prescription Depressants	0.6	1.3	↑	0.5	0.3	↓
Prescription Pain Relievers	1.2	0.8	↓	1.8	2.9	↑
Prescription Amphetamines	1	0.6	↓	0	2.9	↑
Over-the-Counter Drugs	2.4	0.5	↓	1.2	2.0	↑

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

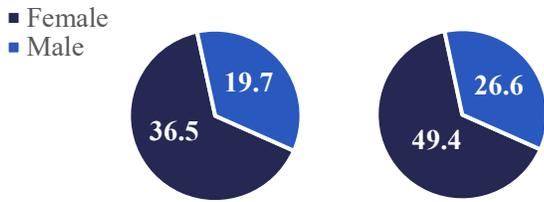
Past 12 months Depression	Middle School		High School			
	2018	2024	2018	2024		
Sometimes I think that life is not worth it	32.7	41.4	↑	23.5	34.9	↑
At times I think I am no good at all	37.5	46.3	↑	28.7	45.1	↑
All in all, I am inclined to think that I am a failure	24.1	30.0	↑	17.5	24.6	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	45.8	55.5	↑	44.6	50.5	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	20.2	--	14.1
Made a suicide plan	--	18	--	12.3
Attempted suicide one or more times	--	16.8	--	6.4
Suicide attempt that required medical care	--	3.3	--	1.9
*First collection	2022		2022	
Thought about committing suicide	42.0	--	31.3	--
Attempted suicide	18.2	--	16.0	--

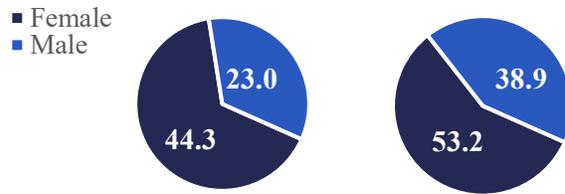
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

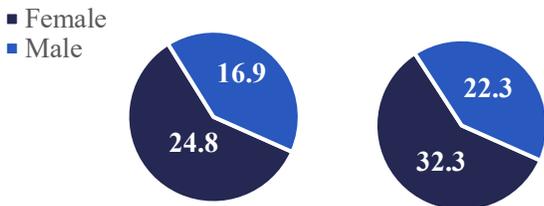
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



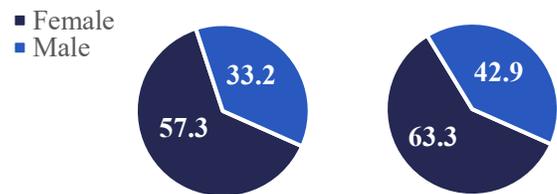
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



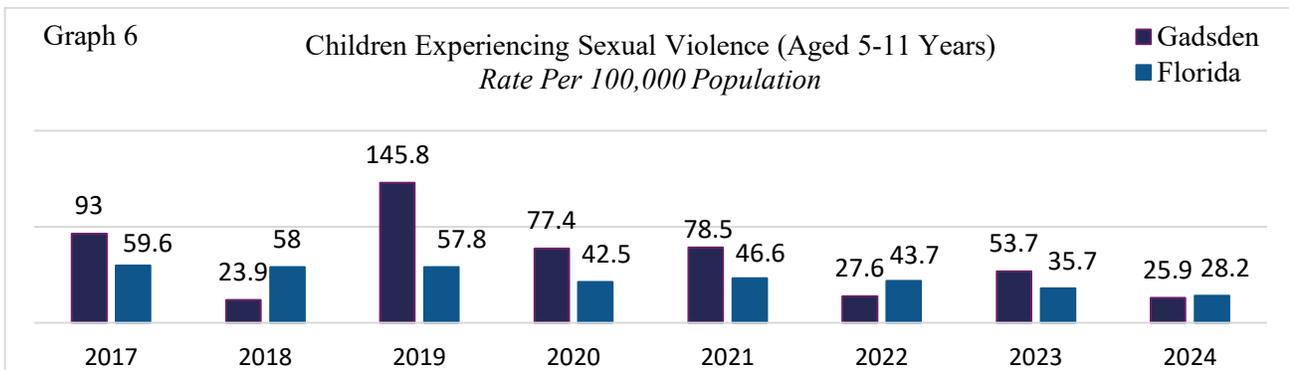
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma⁶⁶ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



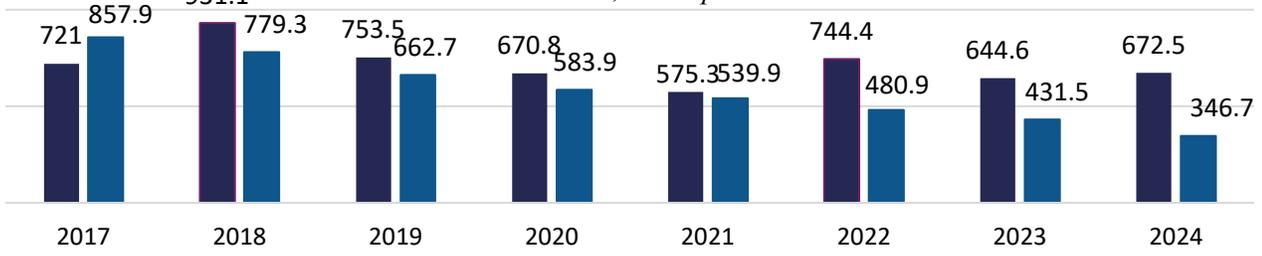
⁶⁶ Data Source: Florida Department of Children and Families, Florida Safe Families Network

Graph 7

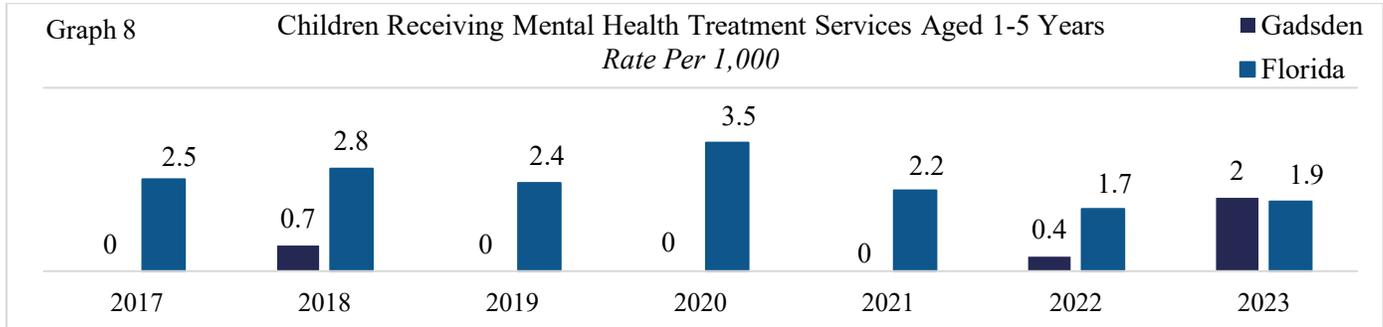
Children Experiencing Child Abuse (Aged 5-11 Years)

Rate Per 100,000 Population

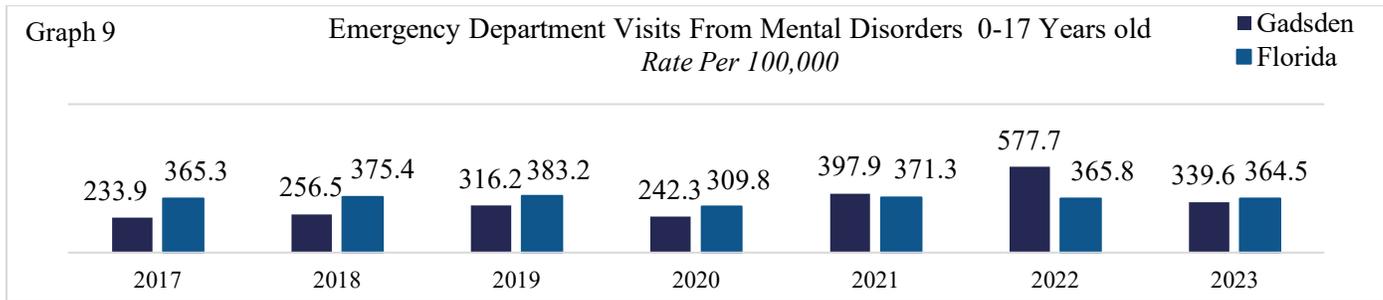
■ Gadsden
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023⁶⁷. Data for other age groups is not available.



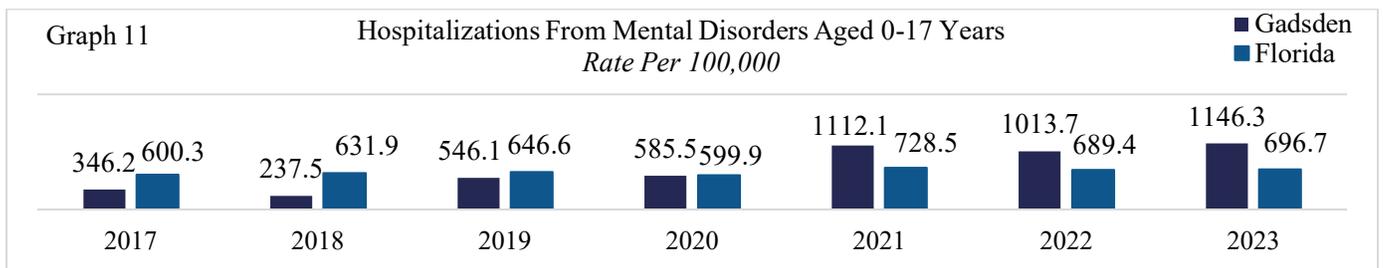
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023⁶⁸.



Graph 10. Drug and Alcohol-Induced Mental Disorders⁶⁹, Under Age 18.

Note: Gadsden County data are not available.

Graph 11. Hospitalizations From Mental Disorders⁷⁰ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



Suicide

Graph 12. Death Rates from Suicide⁷¹ ages 12-18.

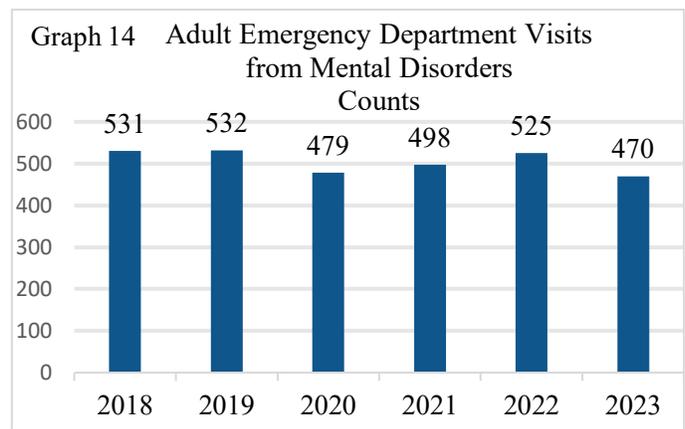
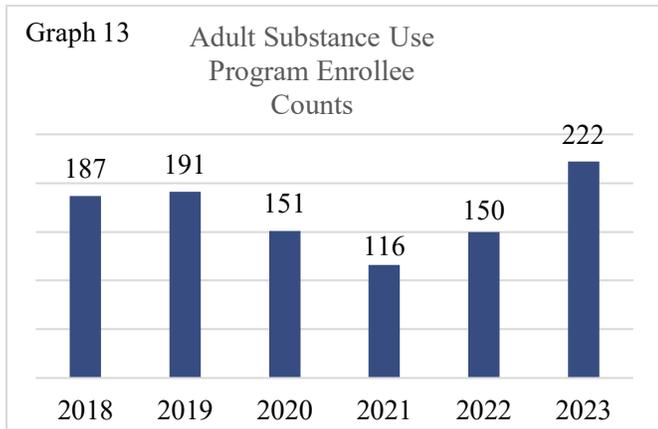
Note: Gadsden County data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

⁶⁷ Data Source: Florida Department of Children and Families
⁶⁸ Florida Agency for Health Care Administration
⁶⁹ Florida Agency for Health Care Administration
⁷⁰ Florida Agency for Health Care Administration
⁷¹ Data Source: Florida Department of Health, Bureau of Vital Statistics

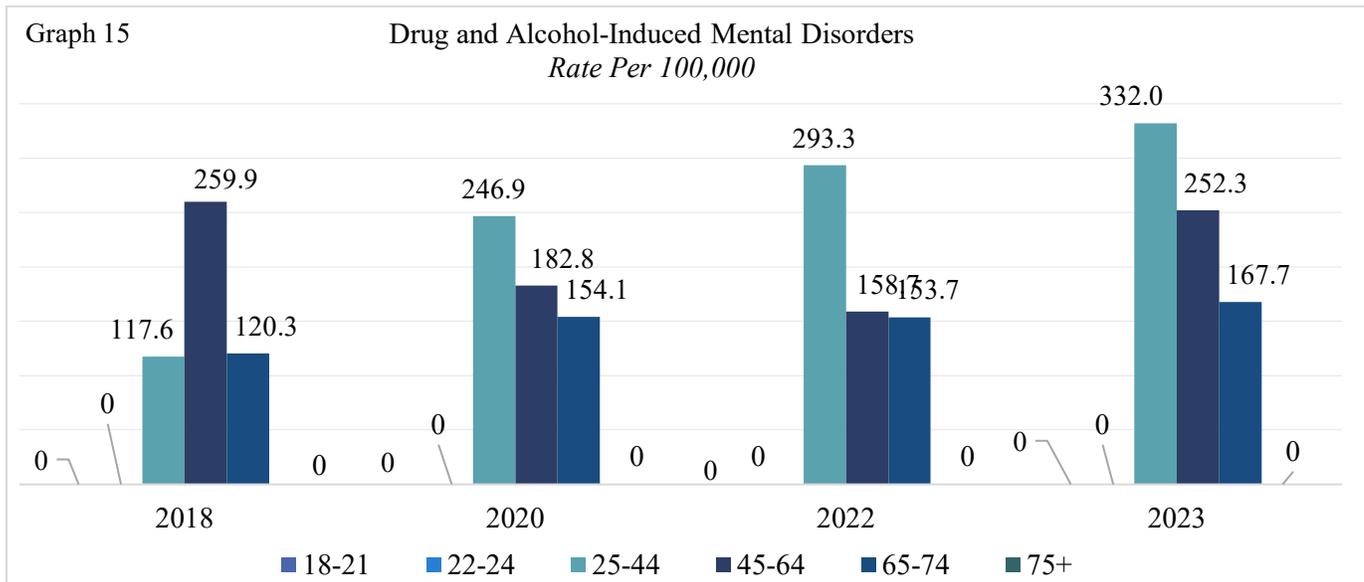
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



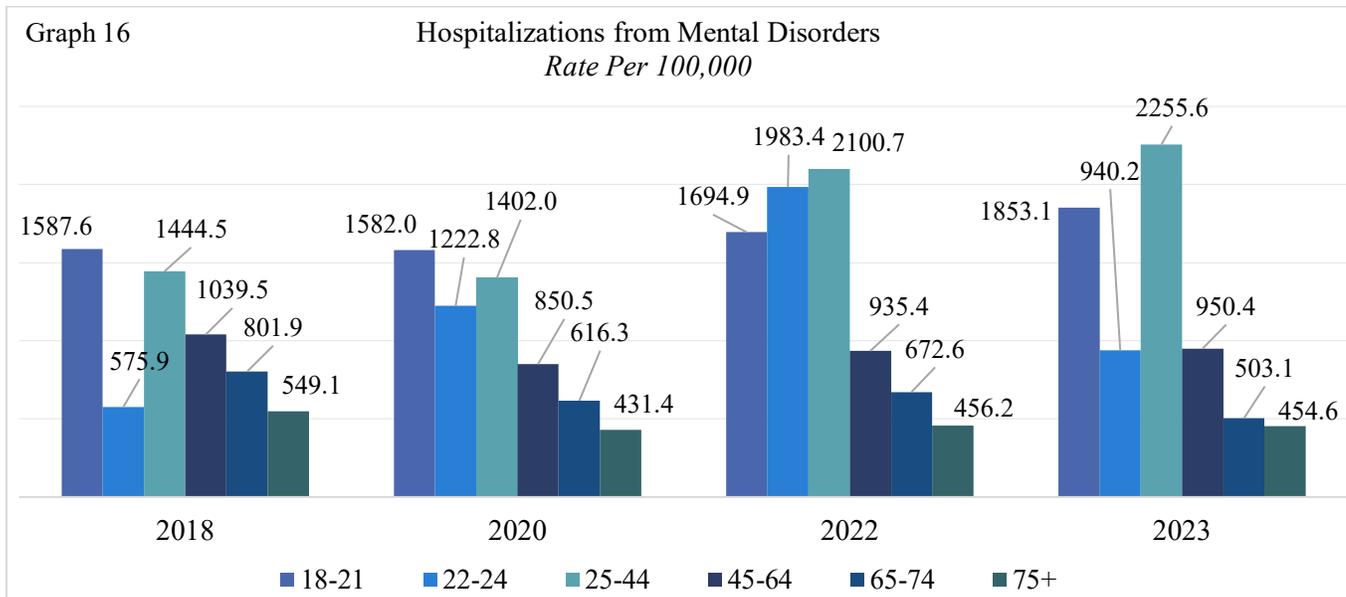
Hospitalizations for Mental and Behavioral Health Disorders⁷²

Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



⁷² Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders⁷³, by Age Ranges



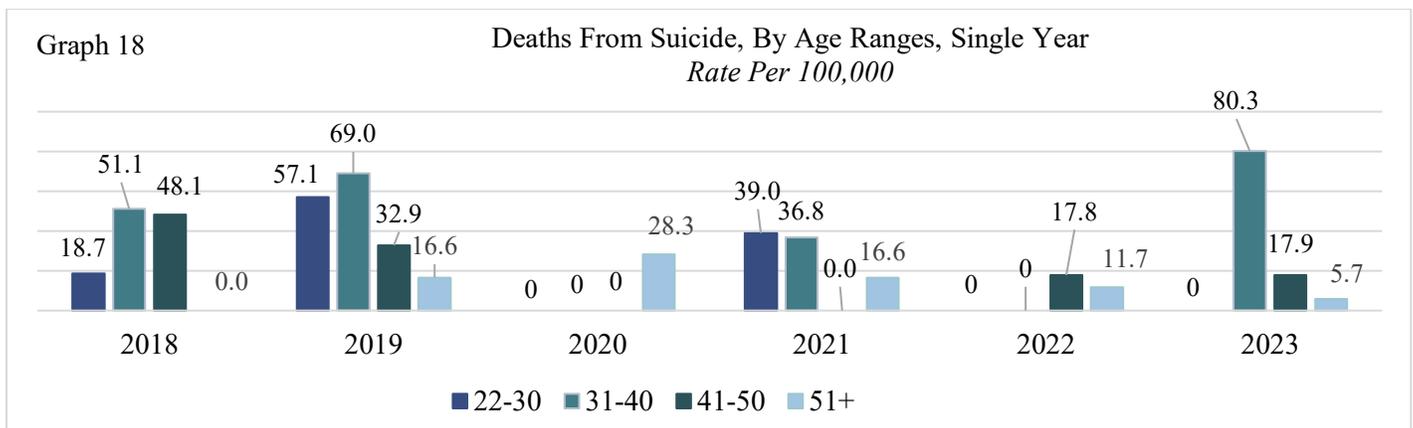
Adult Suicide⁷⁴

Graph 17. Deaths From Suicide Ages 19-21

Note: Gadsden County data are not available.

Adult Mental Health and Suicide⁷⁵

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



⁷³ Data Source: Florida Agency for Health Care Administration

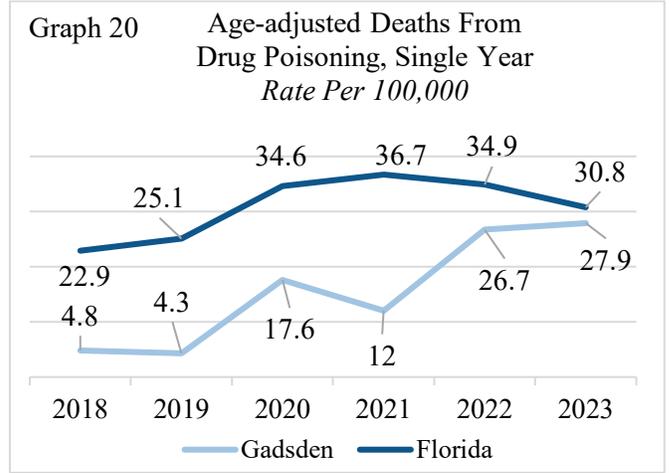
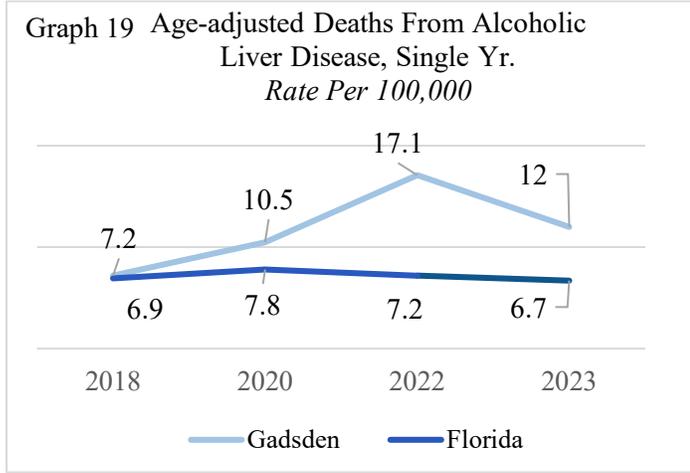
⁷⁴ Florida Department of Health, Bureau of Vital Statistics

⁷⁵ Florida Agency for Health Care Administration

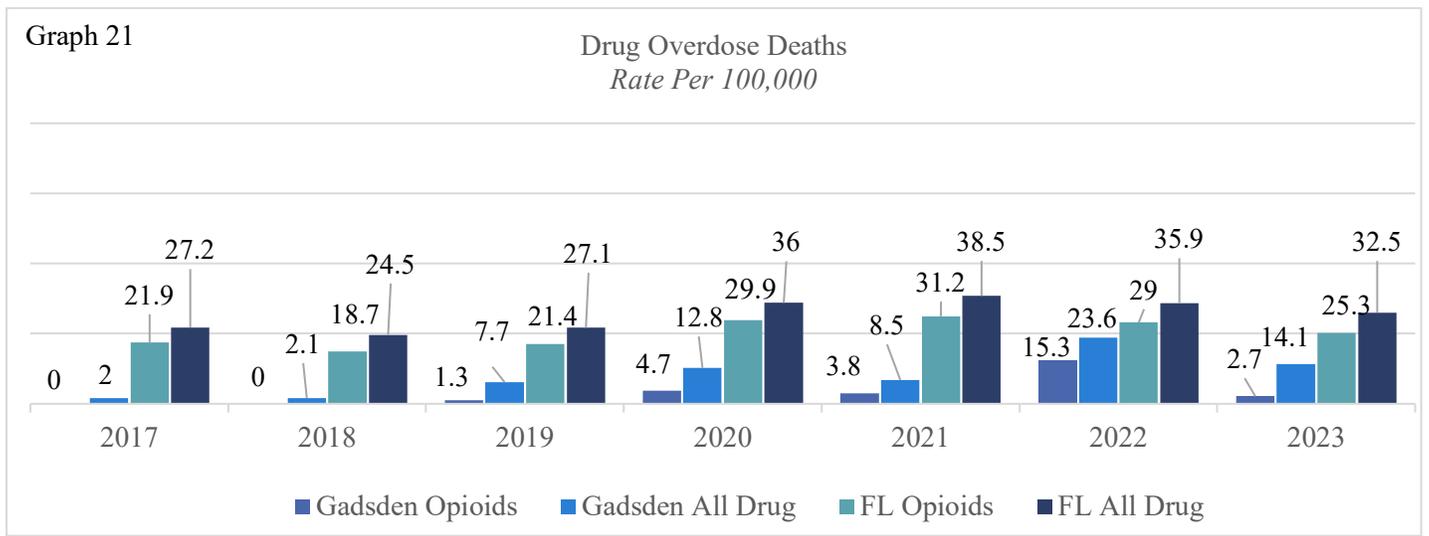
Adult Alcohol and Drug-Related Deaths⁷⁶

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning⁷⁷, Single Year.



Graph 21. Drug Overdose Death⁷⁸, All Ages. Opioids and All Drugs State Comparison



⁷⁶ Data Source: Florida Department of Health, Bureau of Vital Statistics

⁷⁷ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

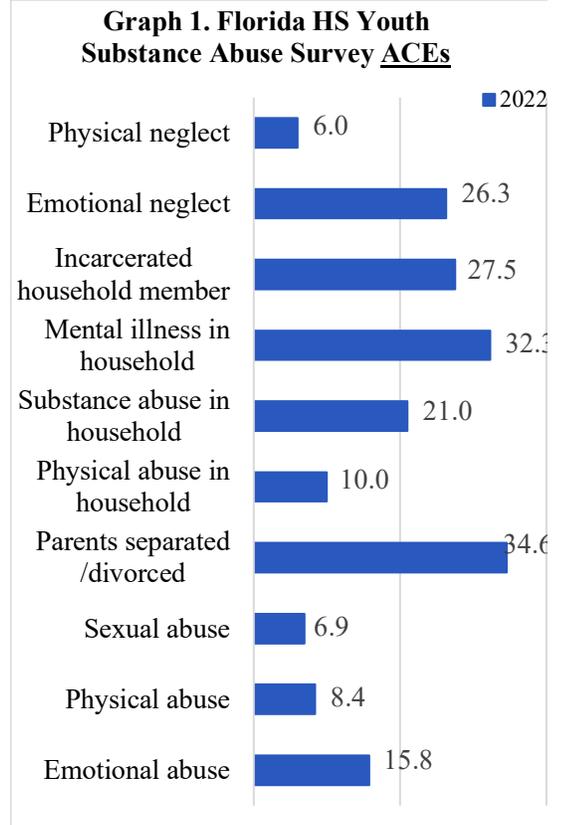
⁷⁸ Florida Department of Law Enforcement

JEFFERSON COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2022	
Alcohol	6.4	11.5	↑	26.8	28.5	↑
Binge Drinking	2.2	9.5	↑	4.6	17.8	↑
Cigarettes	0	0	↔	1.2	0	↓
Vaping Nicotine	4.1	5.1	↑	4.7	12.1	↓
Vaping Marijuana	--	10.1		--	12.3	
Marijuana or Hashish	5.8	10.1	↑	11.9	15.5	↑
Synthetic Marijuana	--	--		0	0	↔
Inhalants	2.3	0	↓	0	0	↔
Club Drugs	0	0	↔	0	0	↔
LSD, PCP or Mushrooms	0	0	↔	0	0	↔
Methamphetamine	0	0	↔	0	0	↔
Cocaine or Crack	0	0	↔	0	0	↔
Heroin	0	0	↔	0	0	↔
Prescription Depressants	0	0	↓	0	8.4	↓
Prescription Pain Relievers	0	5.2	↑	0	0	↓
Prescription Amphetamines	0	0	↓	0.7	0	↓
Over-the-Counter Drugs	5.1	0	↓	0.7	1.1	↑

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2022. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

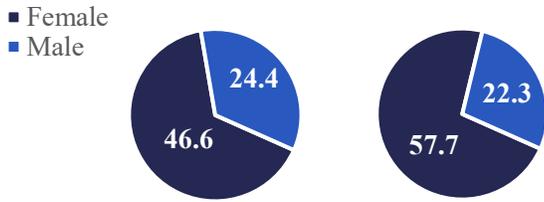
Past 12 months Depression	Middle School			High School		
	2018	2022		2018	2022	
Sometimes I think that life is not worth it	29.4	37.6	↑	36.0	40.7	↑
At times I think I am no good at all	22.8	57.7	↑	49.5	71.3	↑
All in all, I am inclined to think that I am a failure	17.0	33.8	↑	40.3	66.7	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	36.7	60.7	↑	61.5	73.3	↑

Note: Jefferson's high school suicide ideation data are unavailable.

FYSAS Depression Indicators by Gender for Years 2018 and 2022

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

Graph 2. FYSAS 2018 FYSAS 2022
Sometimes I think that life is not worth it



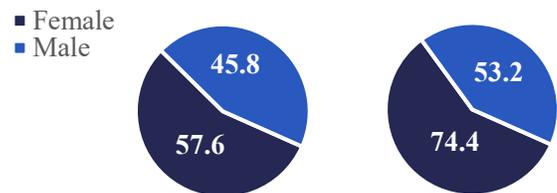
Graph 3. FYSAS 2018 FYSAS 2022
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2022
All in all, I am inclined to think that I am a failure



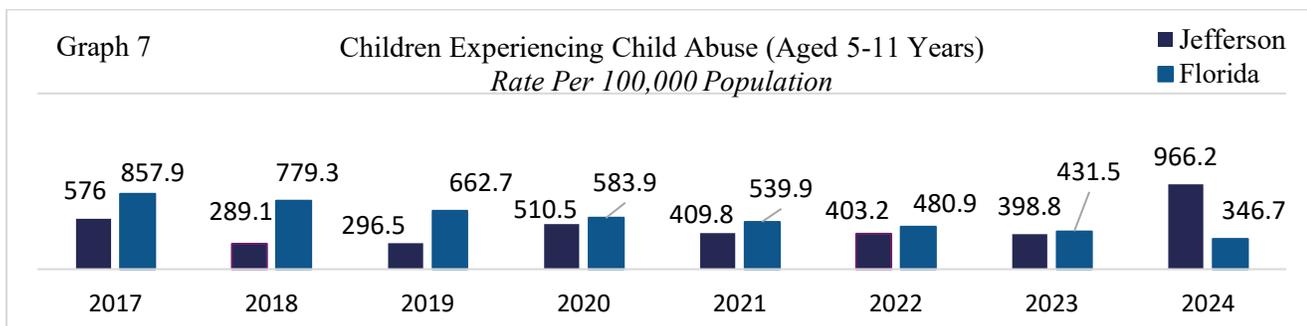
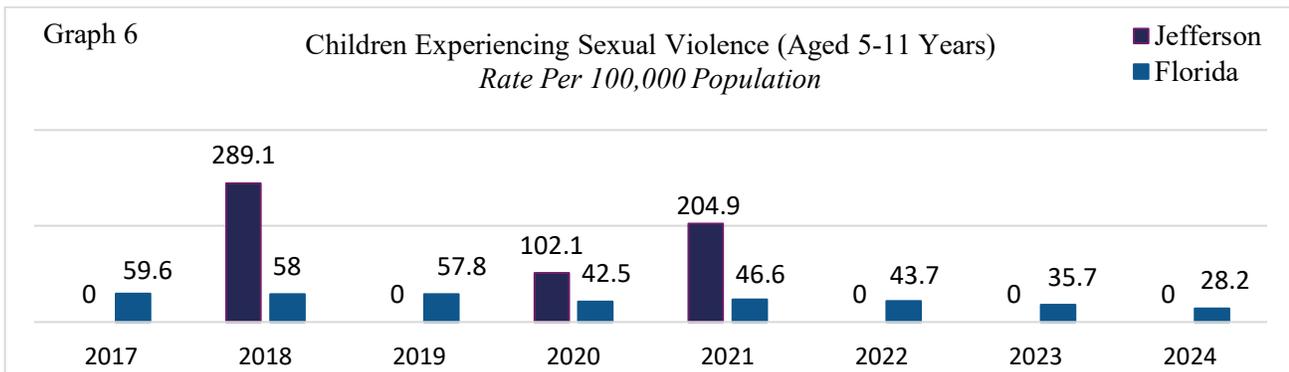
Graph 5. FYSAS 2018 FYSAS 2022
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma⁷⁹ Reported by County Compared to Statewide Data

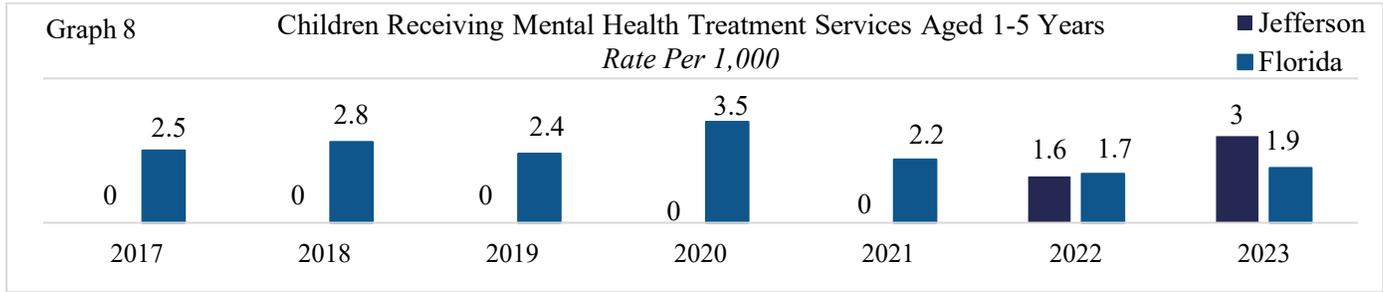
Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

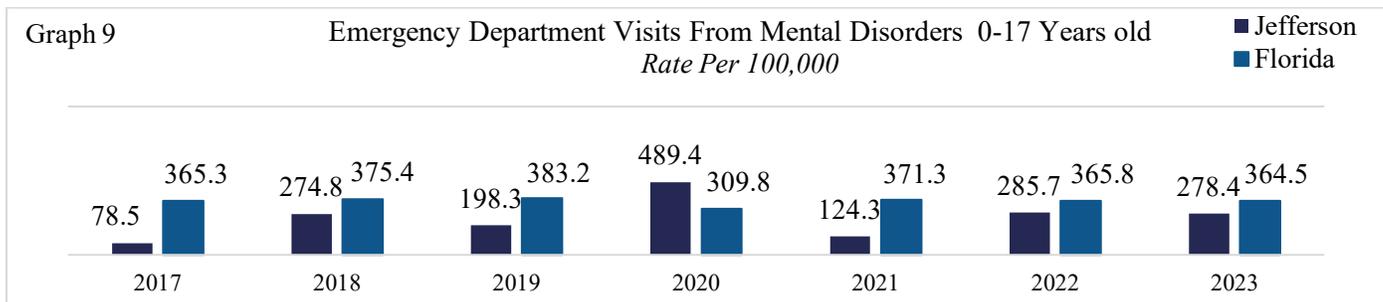


⁷⁹ Data Source: Florida Department of Children and Families, Florida Safe Families Network

Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023⁸⁰. Data for other age groups is not available.



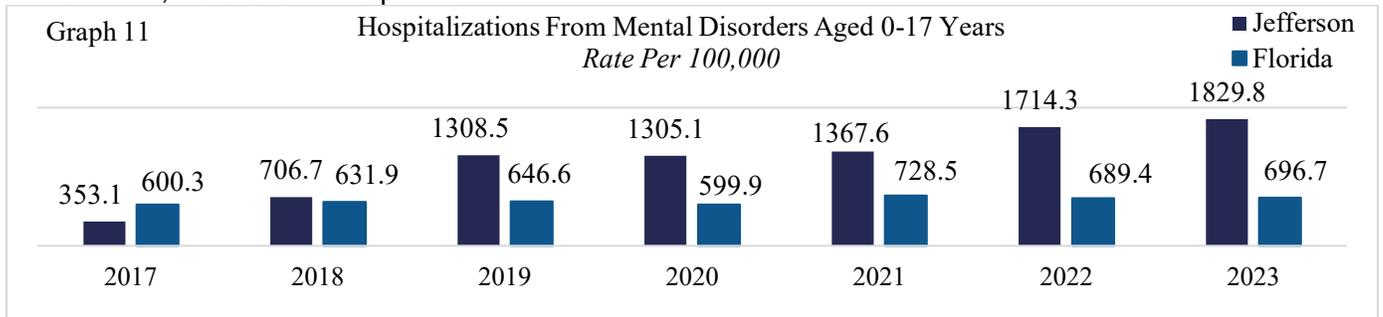
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023⁸¹.



Graph 10. Drug and Alcohol-Induced Mental Disorders⁸², Under Age 18.

Note: Jefferson data are not available.

Graph 11. Hospitalizations From Mental Disorders⁸³ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



⁸⁰ Data Source: Florida Department of Children and Families

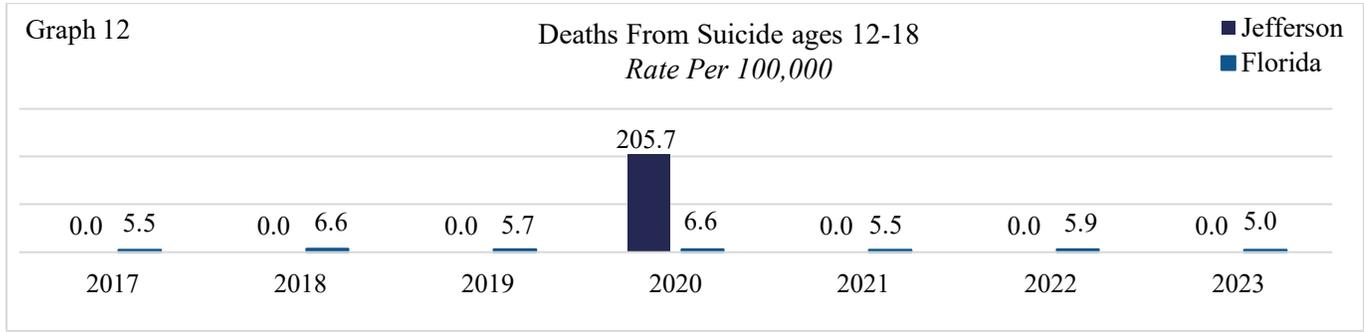
⁸¹ Florida Agency for Health Care Administration

⁸² Florida Agency for Health Care Administration

⁸³ Florida Agency for Health Care Administration

Suicide

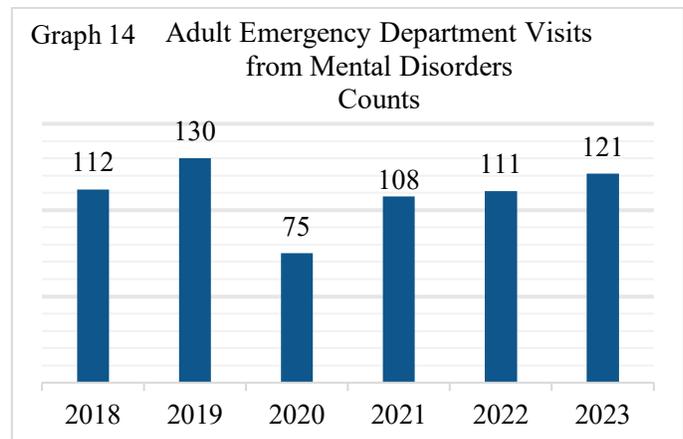
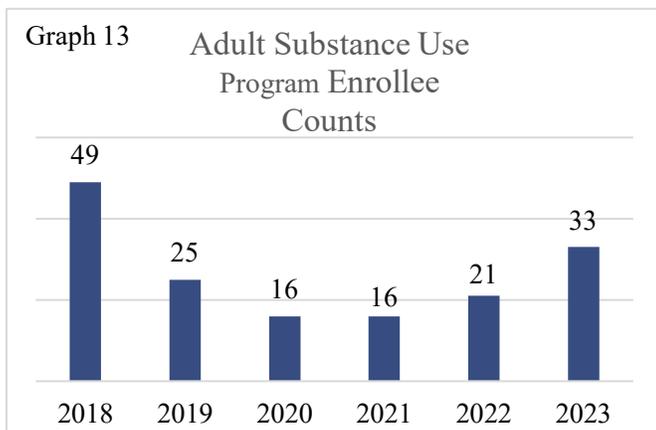
Graph 12. Death Rates from Suicide⁸⁴ ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

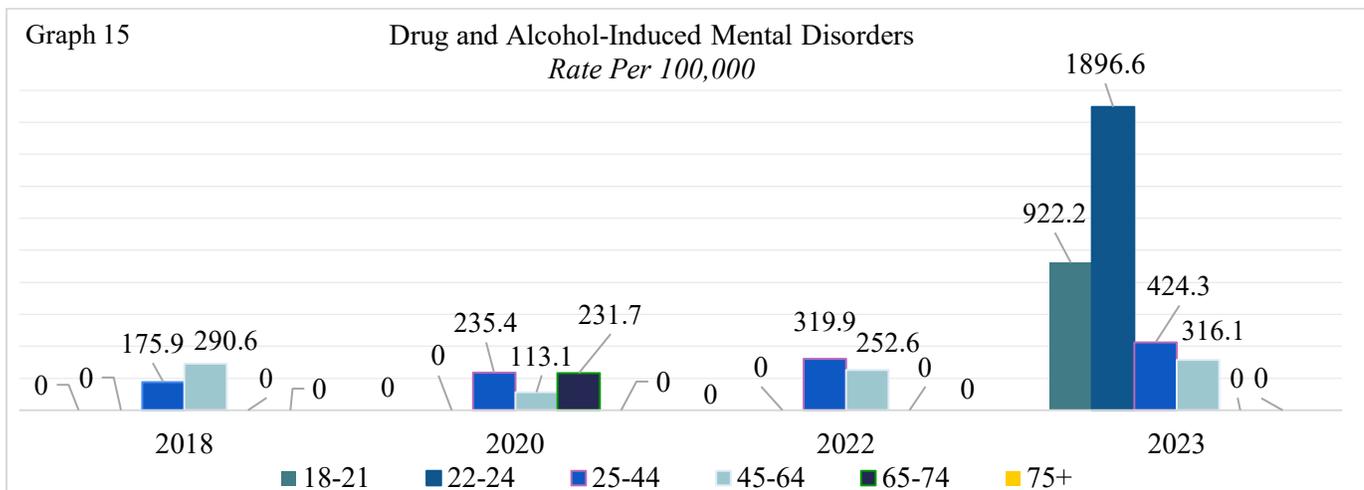
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders⁸⁵

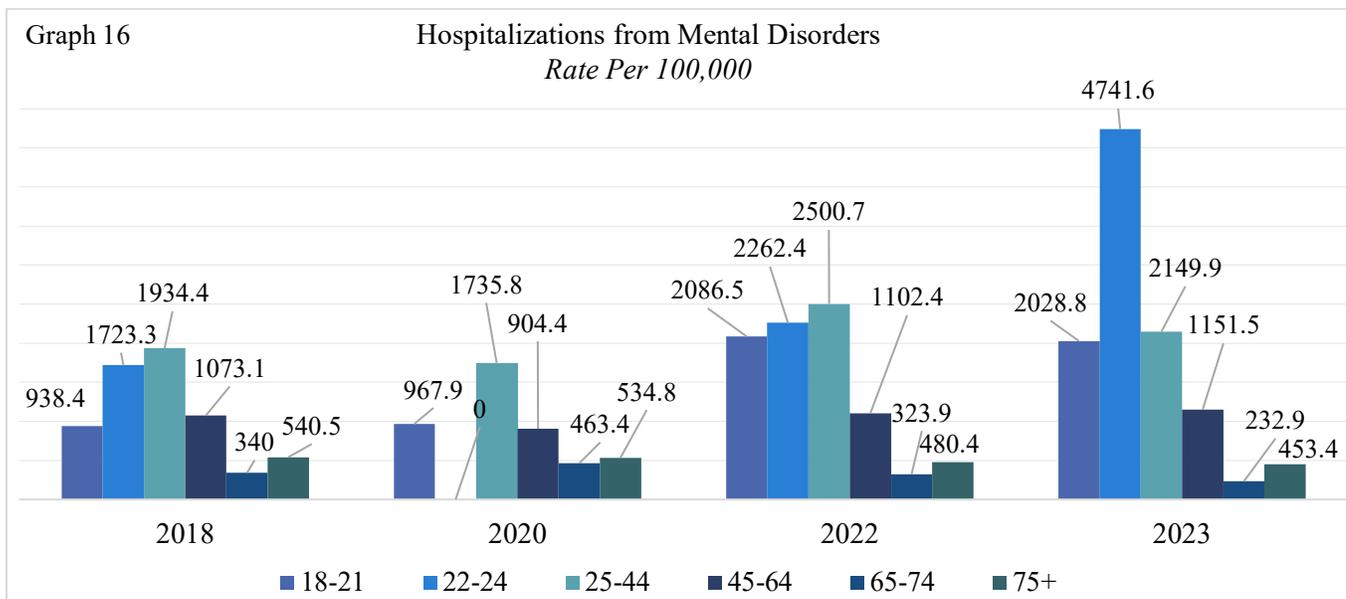
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Ranges



⁸⁴ Data Source: Florida Department of Health, Bureau of Vital Statistics

⁸⁵ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders⁸⁶, by Age Ranges



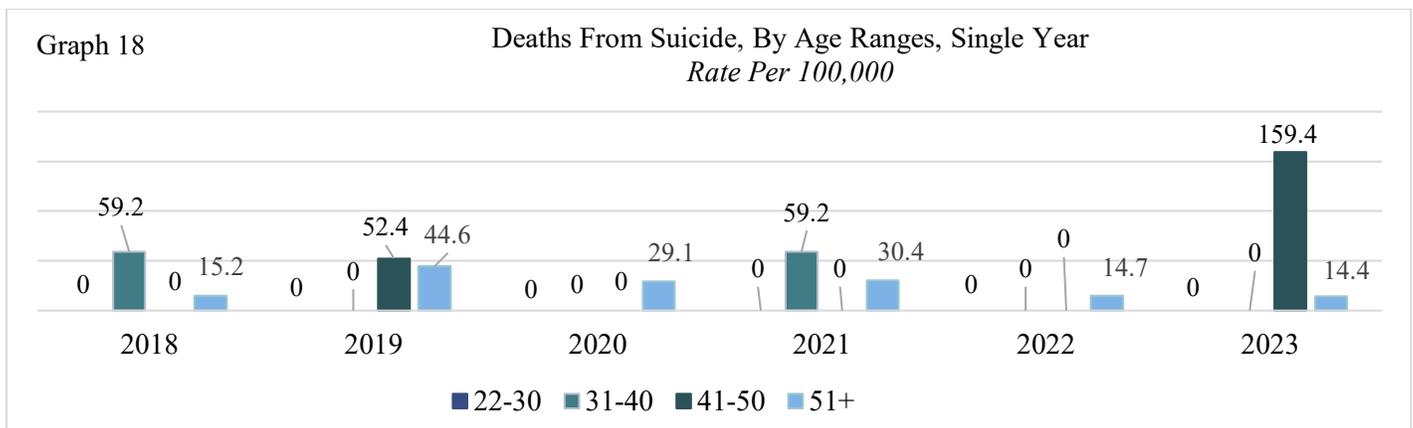
Adult Suicide⁸⁷

Graph 17. Deaths From Suicide Ages 19-21

Note: Jefferson data are not available.

Adult Mental Health and Suicide⁸⁸

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



⁸⁶ Data Source: Florida Agency for Health Care Administration

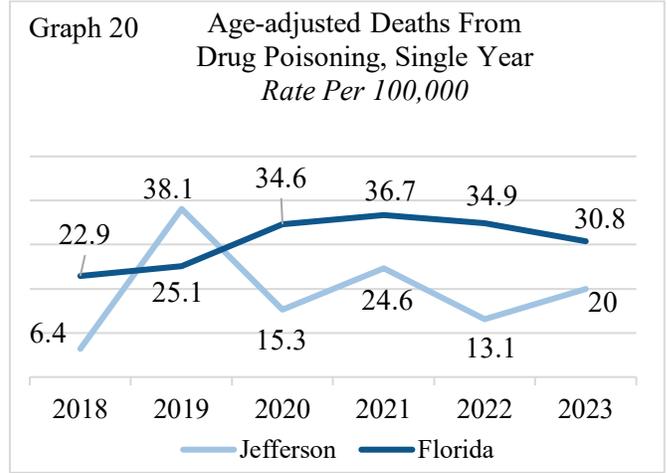
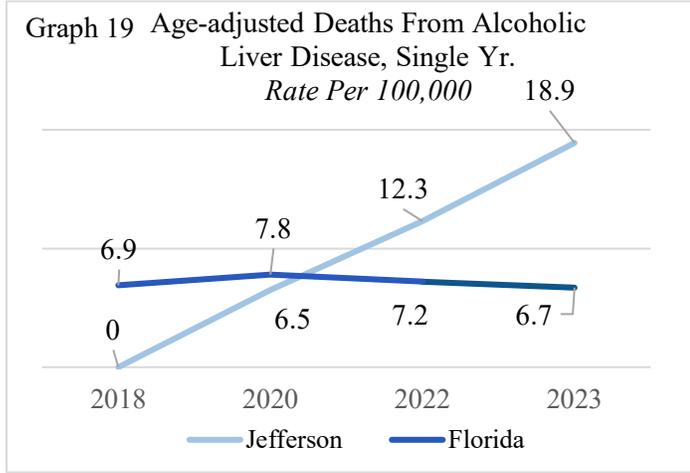
⁸⁷ Florida Department of Health, Bureau of Vital Statistics

⁸⁸ Florida Agency for Health Care Administration

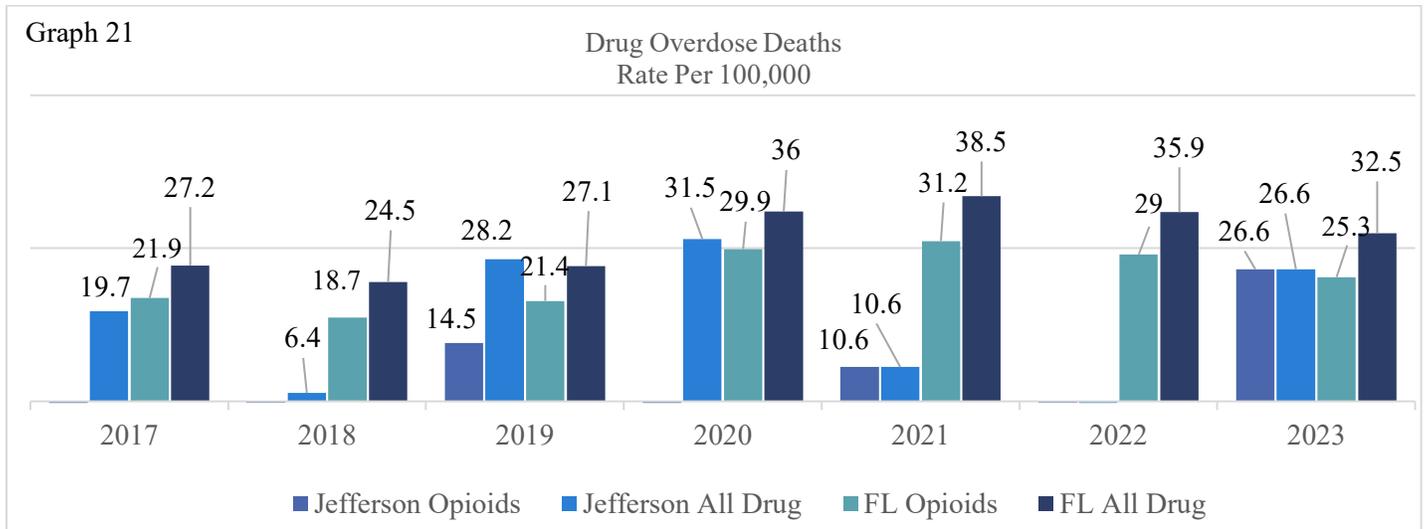
Adult Alcohol and Drug-Related Deaths⁸⁹

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning⁹⁰, Single Year.



Graph 21. Drug Overdose Death⁹¹, All Ages. Opioids and All Drugs State Comparison



⁸⁹ Data Source: Florida Department of Health, Bureau of Vital Statistics

⁹⁰ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

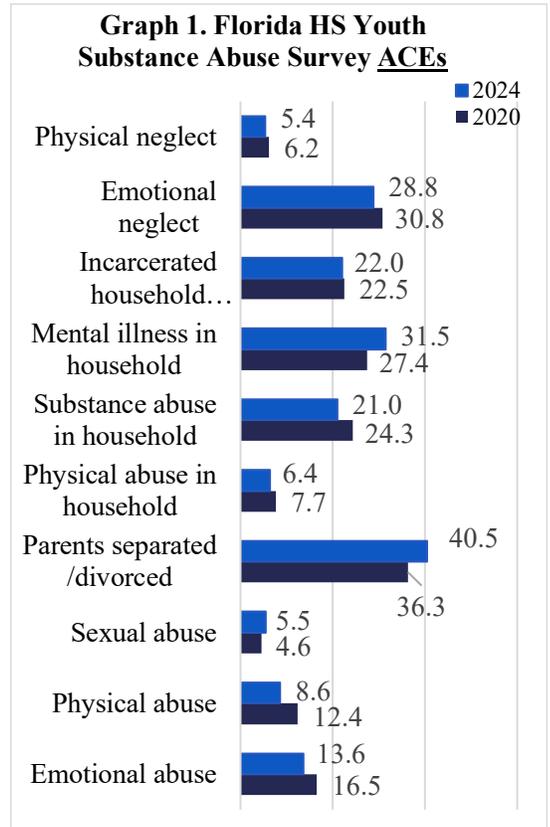
⁹¹ Florida Department of Law Enforcement

LEON COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2022	
Alcohol	12.2	3.3	↓	21.9	9.8	↓
Binge Drinking	1.6	1.8	↑	11.7	4.3	↓
Cigarettes	1.1	0.7	↓	3.0	2.0	↓
Vaping Nicotine	4.4	2.8	↓	19.7	8.2	↓
Vaping Marijuana	--	1.0		--	7.3	
Marijuana or Hashish	2.2	2.3	↑	15.6	11.4	↓
Synthetic Marijuana	--	--		2.3	0.6	↓
Inhalants	3.5	1.3	↓	1.7	1.0	↓
Club Drugs	0.1	0	↓	0.3	0.1	↓
LSD, PCP or Mushrooms	0.5	0.2	↓	1.0	0.2	↓
Methamphetamine	0.5	0	↓	0	0	↔
Cocaine or Crack	0	0	↔	1.1	0.2	↓
Heroin	0	0.1	↑	0	0	↔
Prescription Depressants	0.3	0.3	↔	1.7	0.4	↓
Prescription Pain Relievers	0.5	0.6	↑	1.8	0.7	↓
Prescription Amphetamines	0.7	0.4	↓	1.1	0.9	↓
Over-the-Counter Drugs	2.0	0.4	↓	1.1	0.8	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

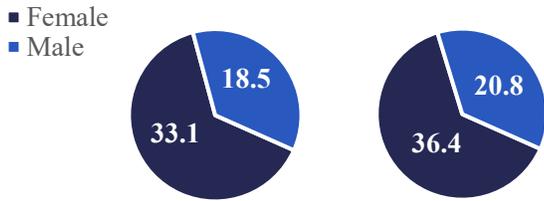
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	22.5	24.1	↑	28.8	32	↑
At times I think I am no good at all	39.3	35.5	↓	41.5	41.2	↓
All in all, I am inclined to think that I am a failure	20.9	24.7	↑	21.9	27.2	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	40.7	38.6	↓	42.0	41.7	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	11.0	--	15.4
Made a suicide plan	--	10.2	--	12.5
Attempted suicide one or more times	--	8.6	--	7.8
Suicide attempt that required medical care	--	1.6	--	1.3
*First collection	2022		2022	
Thought about committing suicide	37.9	--	38.0	--
Attempted suicide	13.8	--	11.3	--

FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

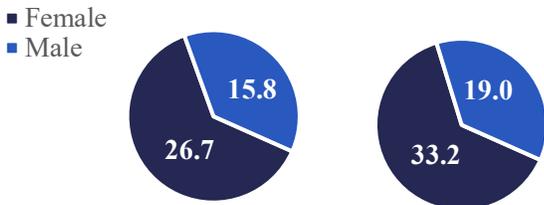
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



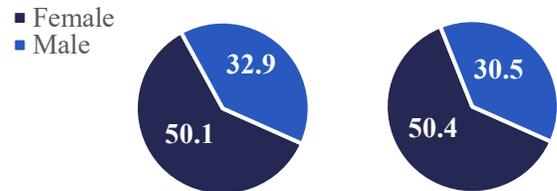
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure

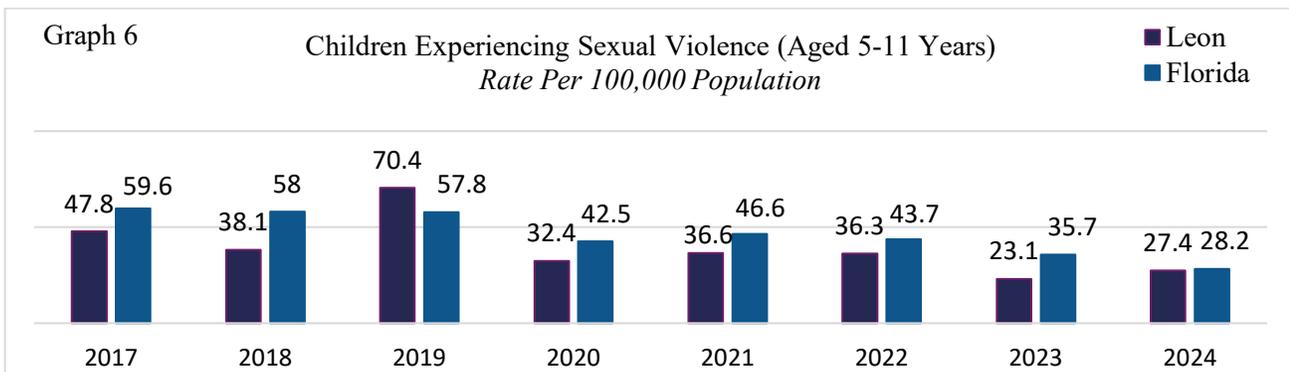


Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes

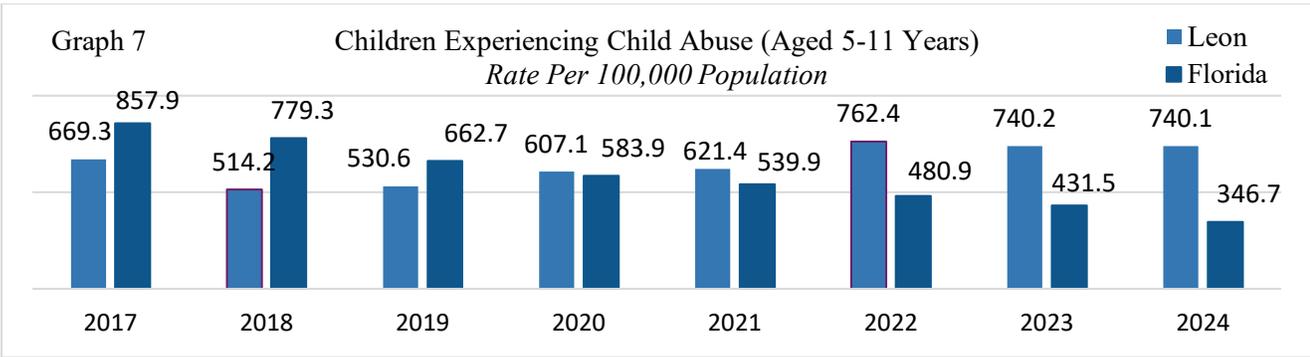


Childhood Trauma⁹² Reported by County Compared to Statewide Data

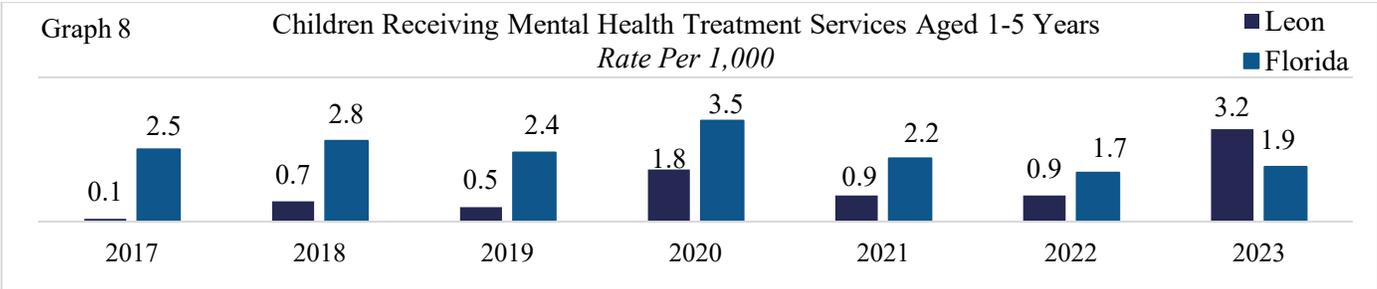
Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



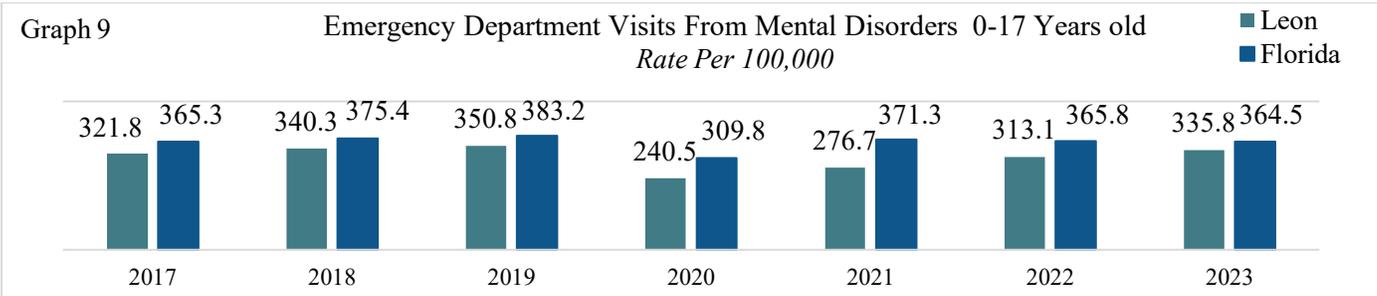
⁹² Data Source: Florida Department of Children and Families, Florida Safe Families Network



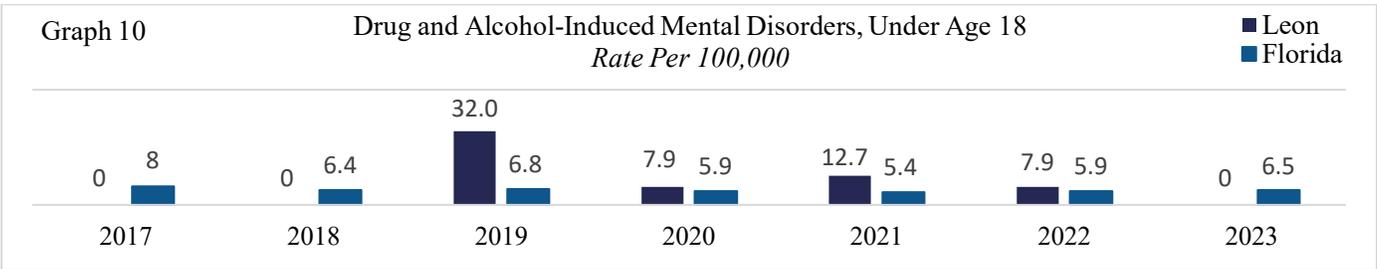
Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023⁹³. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023⁹⁴.



Graph 10. Drug and Alcohol-Induced Mental Disorders⁹⁵, Under Age 18.



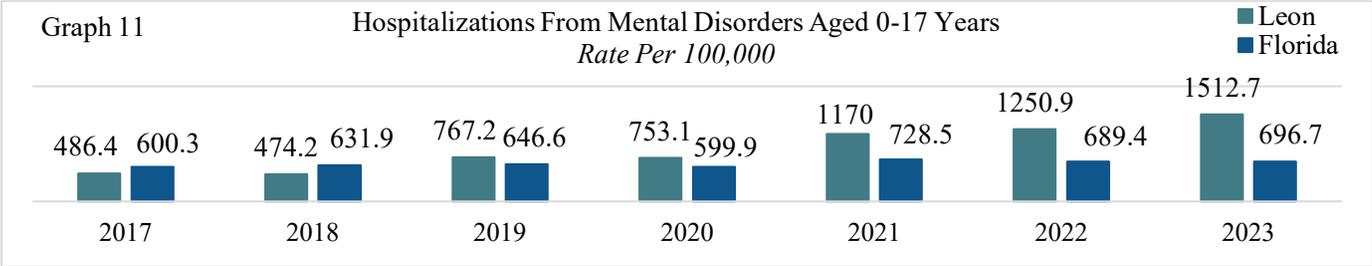
Graph 11. Hospitalizations From Mental Disorders⁹⁶ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.

⁹³ Data Source: Florida Department of Children and Families

⁹⁴ Florida Agency for Health Care Administration

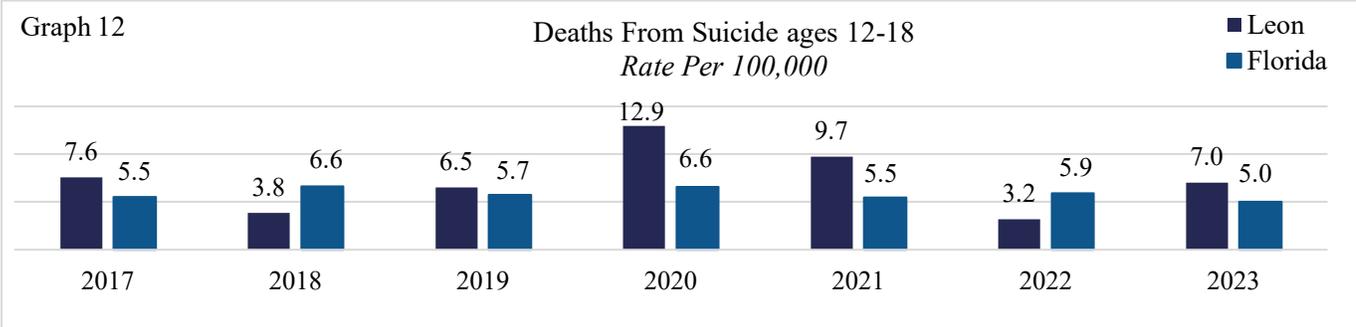
⁹⁵ Florida Agency for Health Care Administration

⁹⁶ Florida Agency for Health Care Administration



Suicide

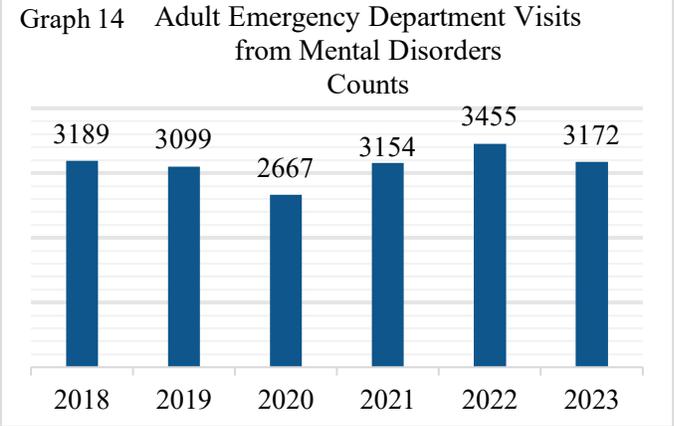
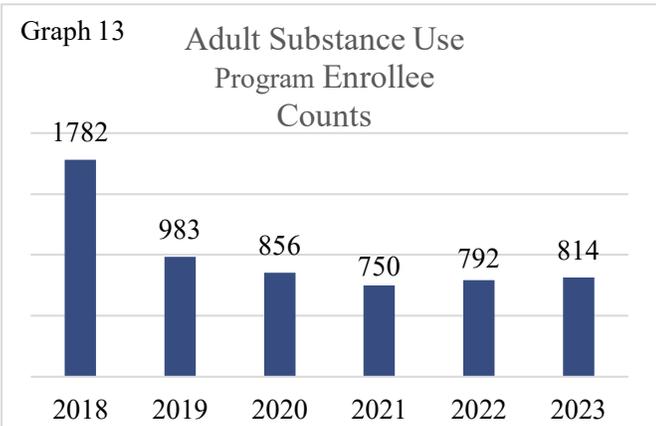
Graph 12. Deaths Rates from Suicide⁹⁷ ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

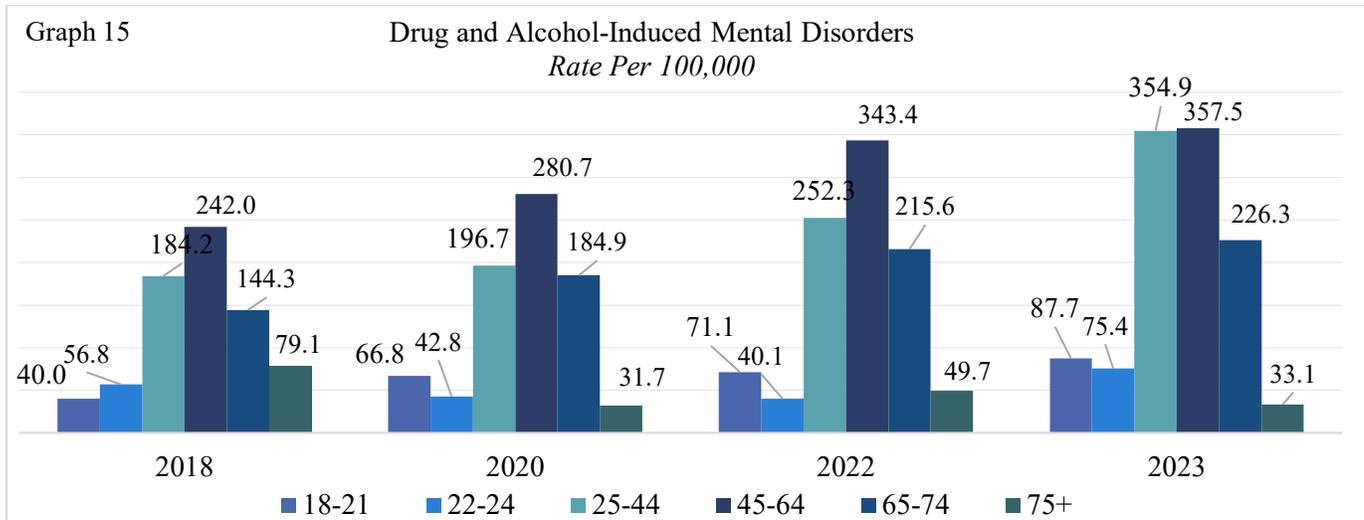
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).

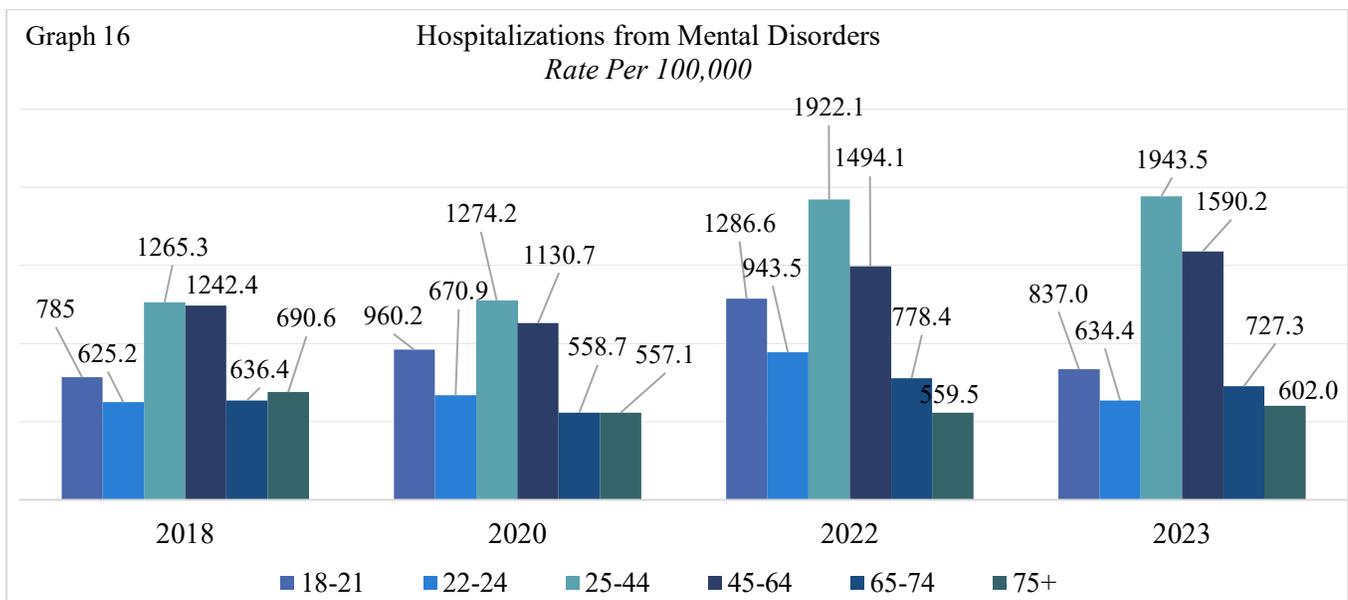


⁹⁷ Data Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations for Mental and Behavioral Health Disorders⁹⁸
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Ranges



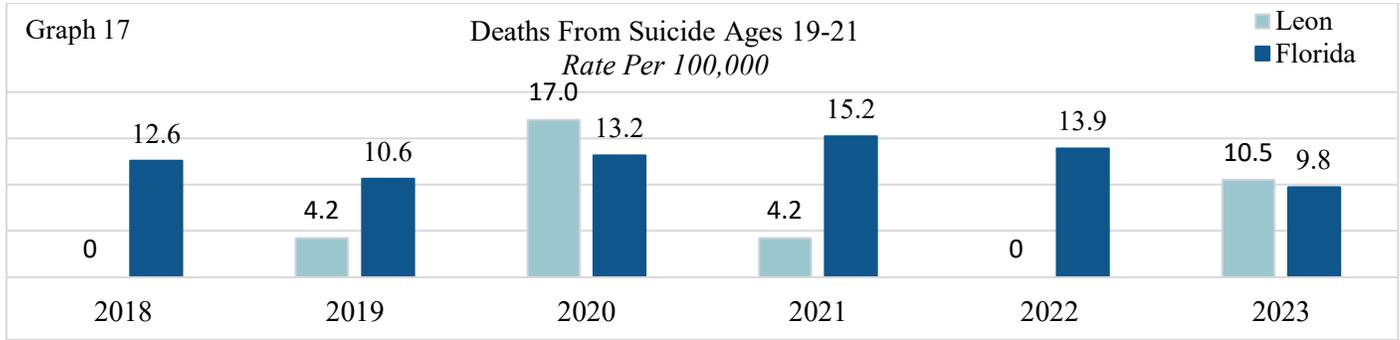
Graph 16. Hospitalizations from Mental Disorders⁹⁹, by Age Ranges



⁹⁸ Florida Agency for Health Care Administration
⁹⁹ Data Source: Florida Agency for Health Care Administration

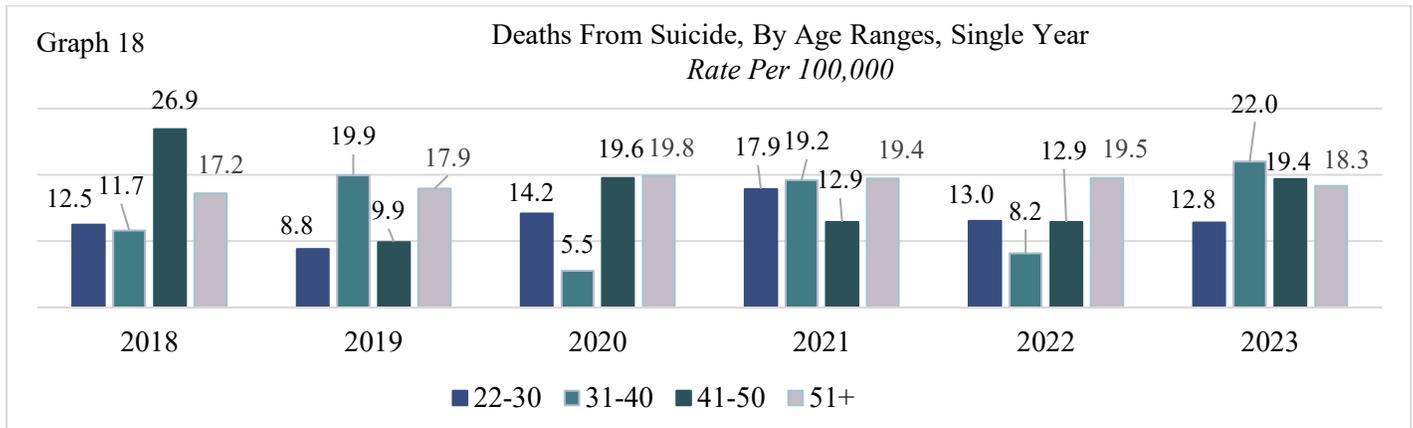
Adult Suicide¹⁰⁰

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide¹⁰¹

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



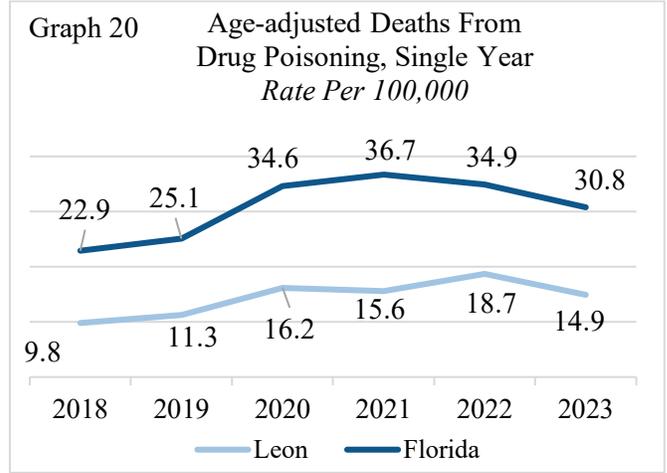
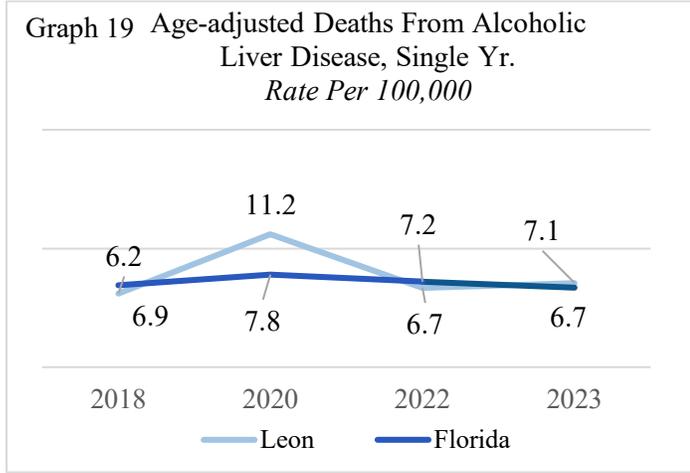
¹⁰⁰ Florida Department of Health, Bureau of Vital Statistics

¹⁰¹ Florida Agency for Health Care Administration

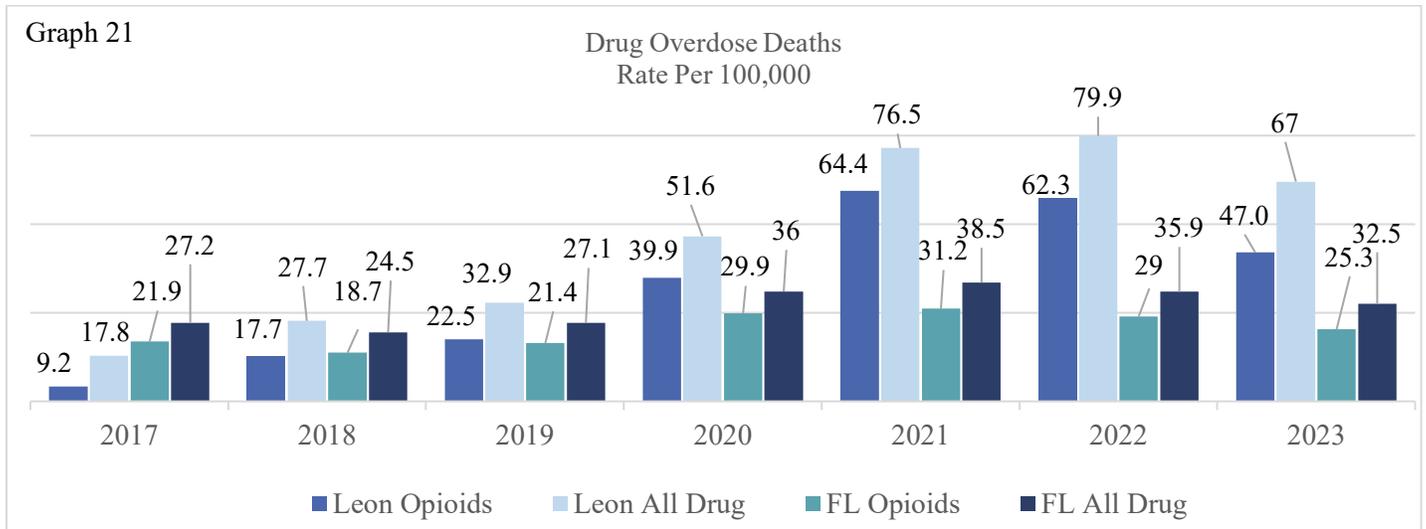
Adult Alcohol and Drug-Related Deaths¹⁰²

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹⁰³, Single Year.



Graph 21. Drug Overdose Death¹⁰⁴, All Ages. Opioids and All Drugs State Comparison



¹⁰² Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁰³ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

¹⁰⁴ Florida Department of Law Enforcement

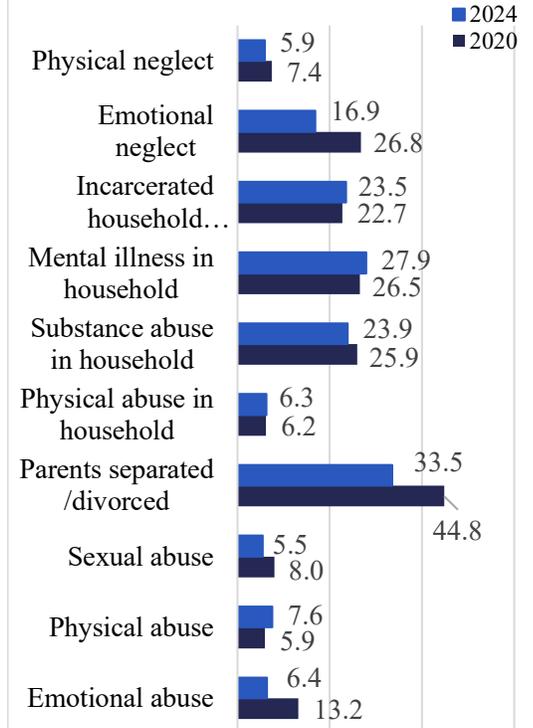
LIBERTY COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School		High School			
	2018	2024	2018	2024		
Alcohol	8.3	12.8	↑	22.5	15.0	↓
Binge Drinking	5.1	5.3	↑	6.9	7.2	↑
Cigarettes	3.8	2.5	↓	5.9	5.8	↓
Vaping Nicotine	7.1	4.7	↓	16.0	14.9	↓
Vaping Marijuana	--	2.6		--	6.0	
Marijuana or Hashish	4.4	1.8	↓	8.4	7.2	↓
Synthetic Marijuana	--	--		0	1.8	↑
Inhalants	3.1	4.7	↑	0	1.0	↑
Club Drugs	0	1.7	↑	0	1.0	↑
LSD, PCP or Mushrooms	0.5	0	↓	0	1.0	↑
Methamphetamine	0	1.7	↑	0	1.1	↑
Cocaine or Crack	0	1.2	↑	0	1.8	↑
Heroin	0	0	↔	0	0	↔
Prescription Depressants	0	0.3	↑	0.4	0	↓
Prescription Pain Relievers	0.9	0	↓	0.7	0	↓
Prescription Amphetamines	1.2	0	↓	1.7	1.6	↓
Over-the-Counter Drugs	1.6	0.6	↓	0.3	0	↓

-- Data questions unavailable for that age group or year

Graph 1. Florida HS Youth Substance Abuse Survey ACEs



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

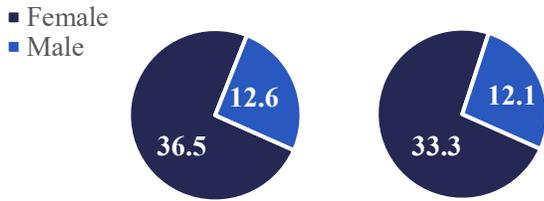
Past 12 months Depression	Middle School		High School			
	2018	2024	2018	2024		
Sometimes I think that life is not worth it	24.8	21.5	↓	22.8	21.8	↓
At times I think I am no good at all	35.9	37.9	↑	47.2	33.6	↓
All in all, I am inclined to think that I am a failure	19.8	21.3	↑	25.8	21.1	↓
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	37.8	39.2	↑	40.0	28.8	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	7.4	--	9.1
Made a suicide plan	--	8.7	--	8.7
Attempted suicide one or more times	--	4.7	--	2.2
Suicide attempt that required medical care	--	2.7	--	0
*First collection	2022		2022	
Thought about committing suicide	21.5	--	31.2	--
Attempted suicide	4.1	--	9.3	--

FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

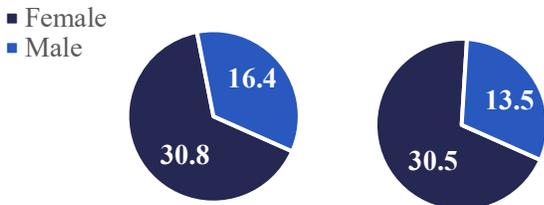
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



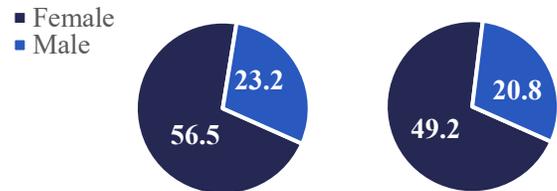
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure

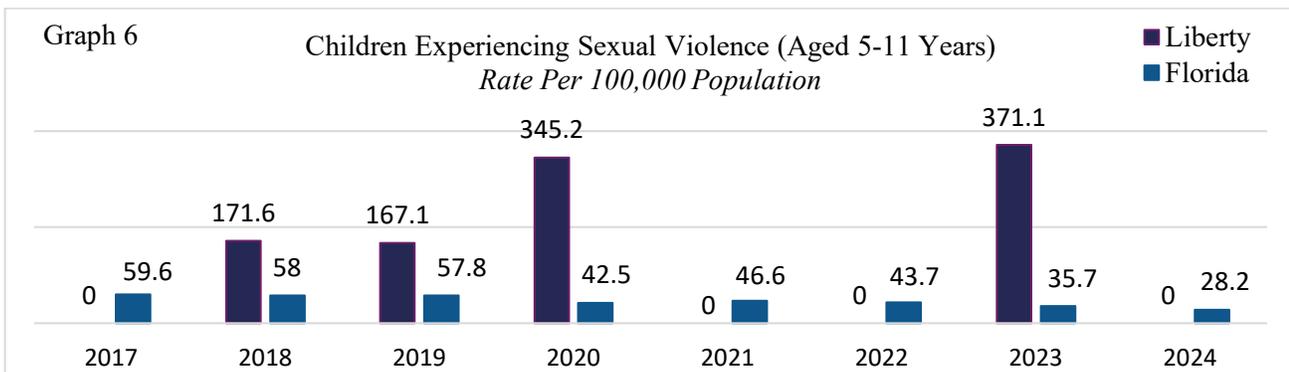


Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes

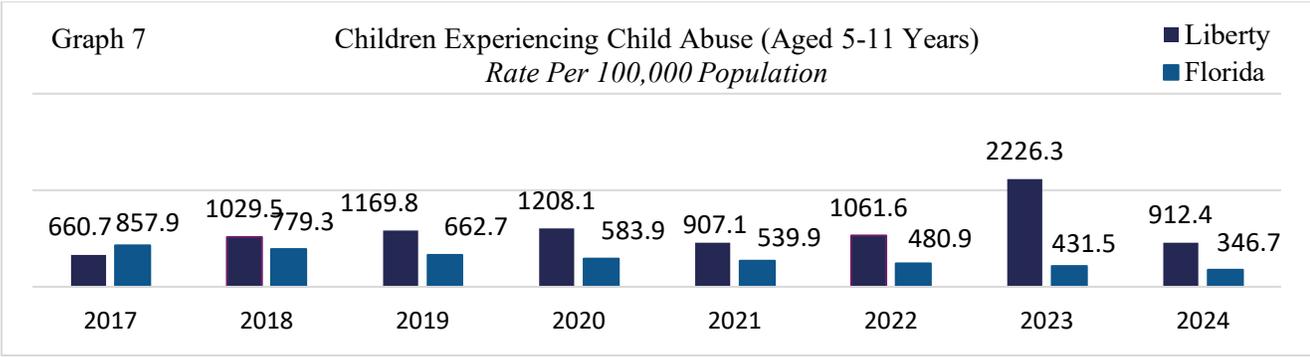


Childhood Trauma¹⁰⁵ Reported by County Compared to Statewide Data

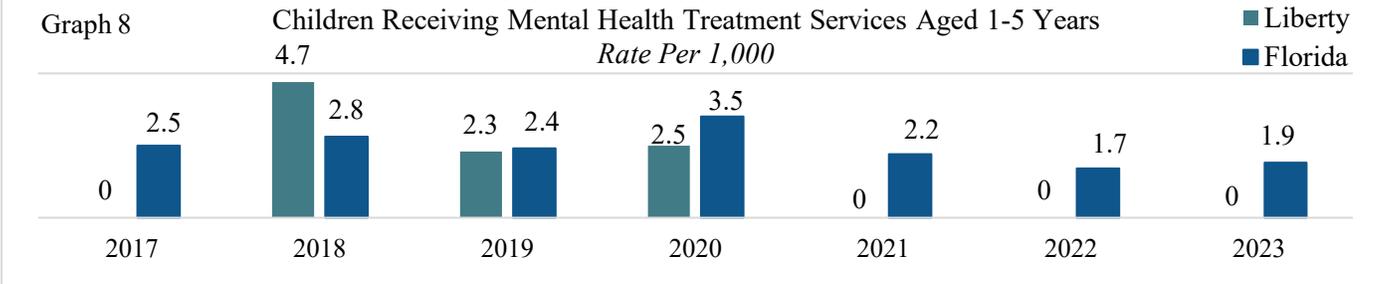
Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



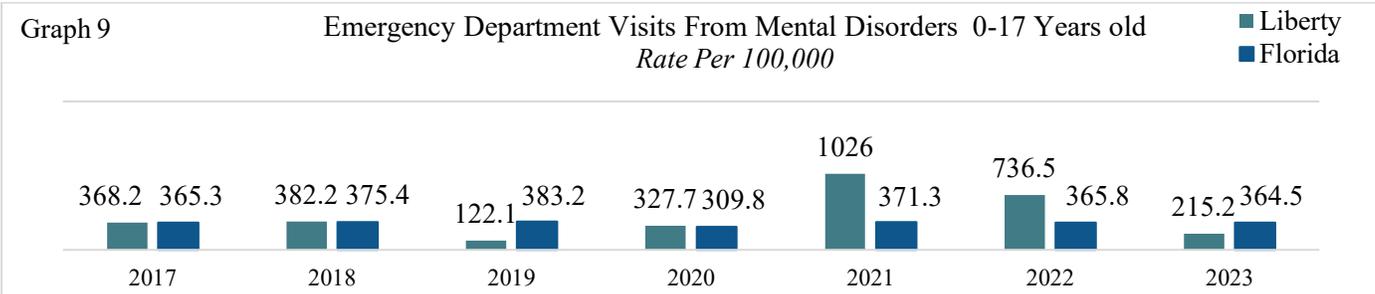
¹⁰⁵ Data Source: Florida Department of Children and Families, Florida Safe Families Network



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁰⁶. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁰⁷.

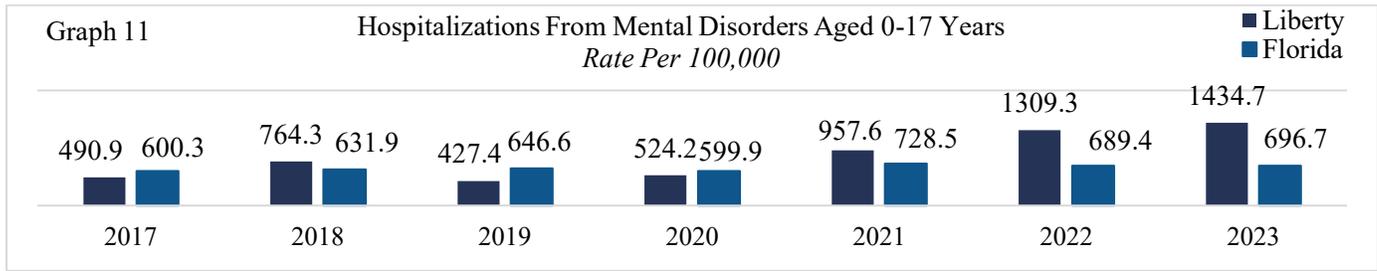


Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁰⁸, Under Age 18.

Note: Liberty County data are not available.

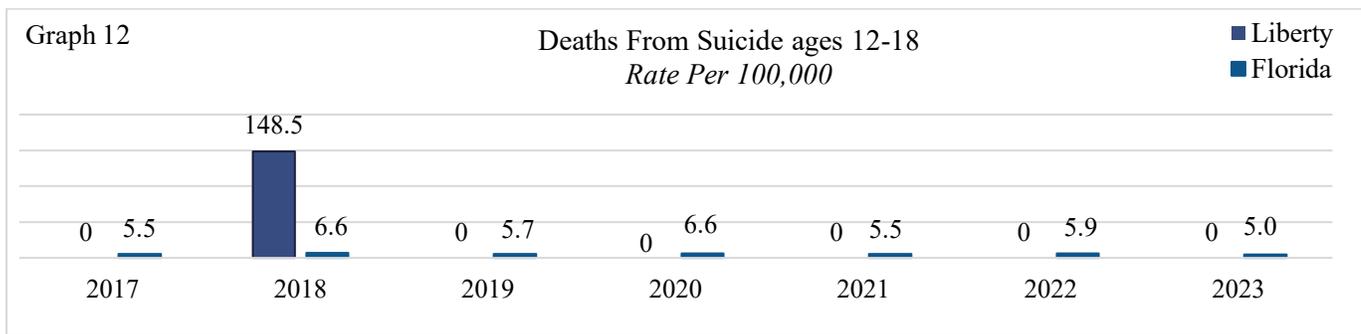
¹⁰⁶ Data Source: Florida Department of Children and Families
¹⁰⁷ Florida Agency for Health Care Administration
¹⁰⁸ Florida Agency for Health Care Administration

Graph 11. Hospitalizations From Mental Disorders¹⁰⁹ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



Suicide

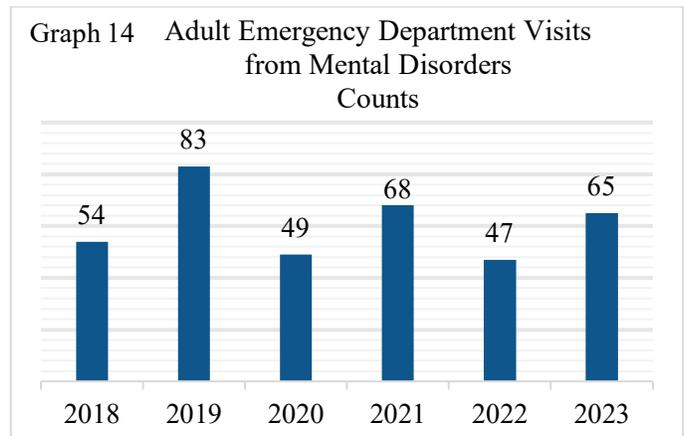
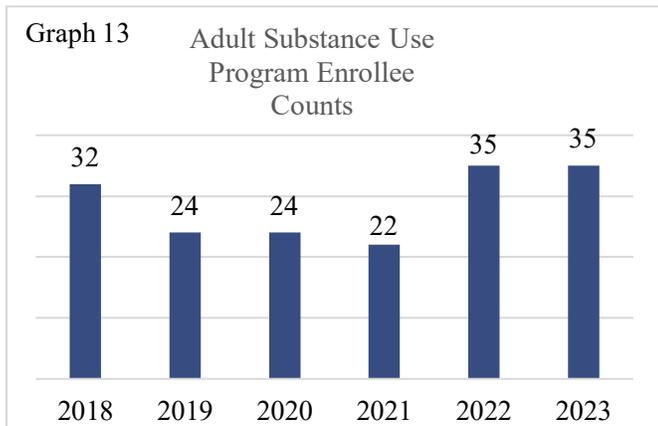
Graph 12. Death Rates from Suicide¹¹⁰ ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).

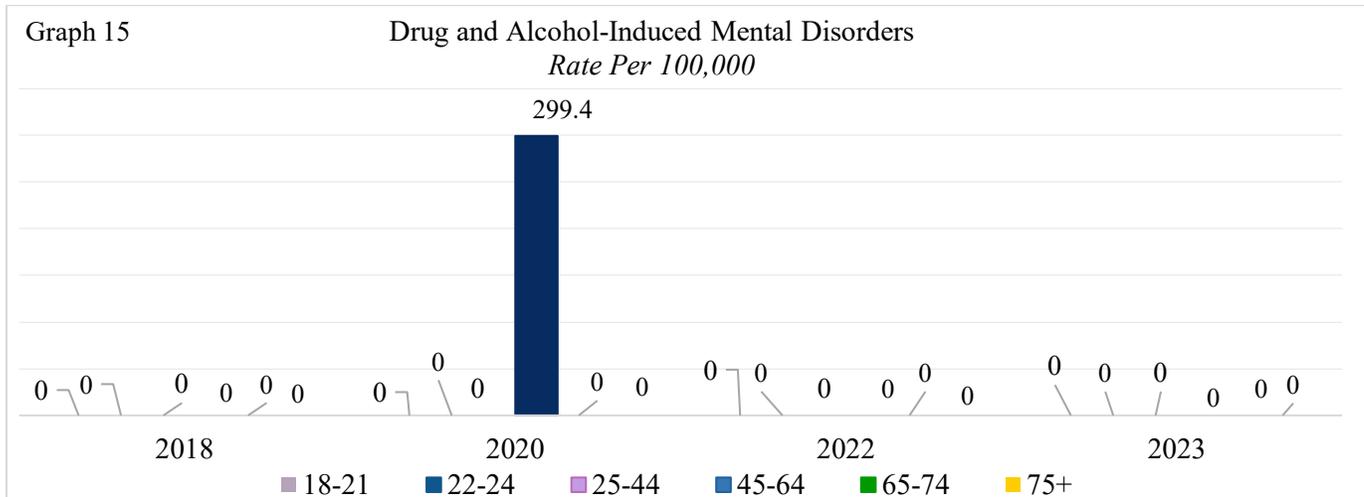


¹⁰⁹ Florida Agency for Health Care Administration

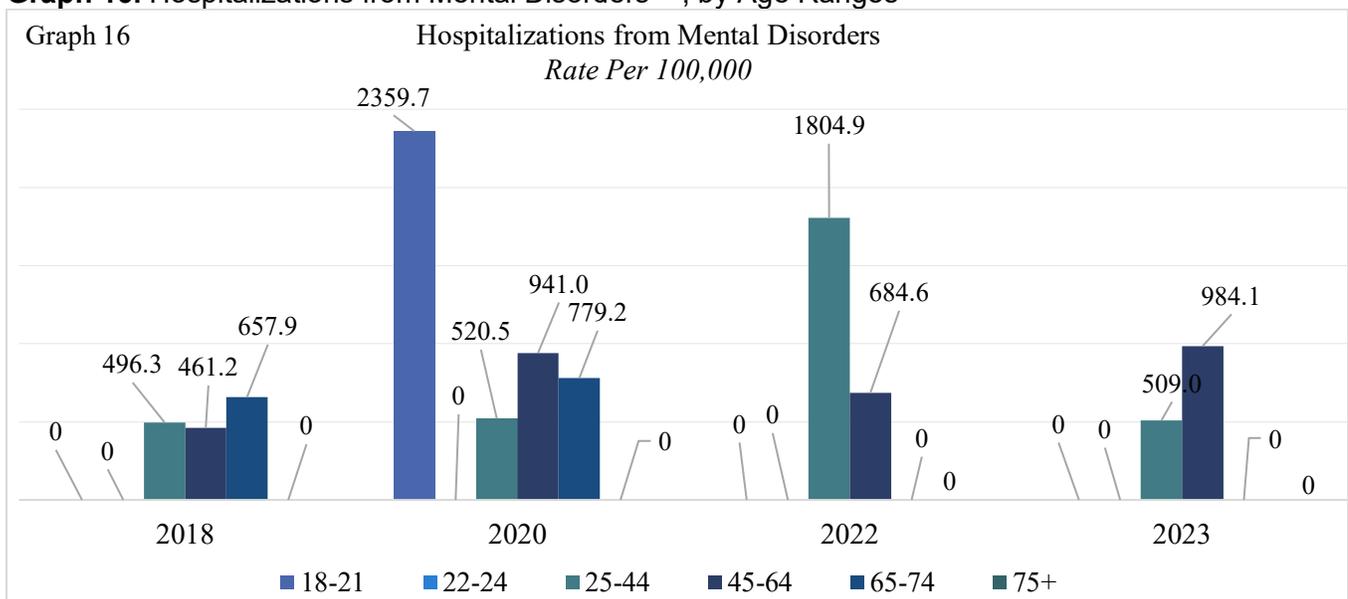
¹¹⁰ Data Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations for Mental and Behavioral Health Disorders¹¹¹

Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



Graph 16. Hospitalizations from Mental Disorders¹¹², by Age Ranges

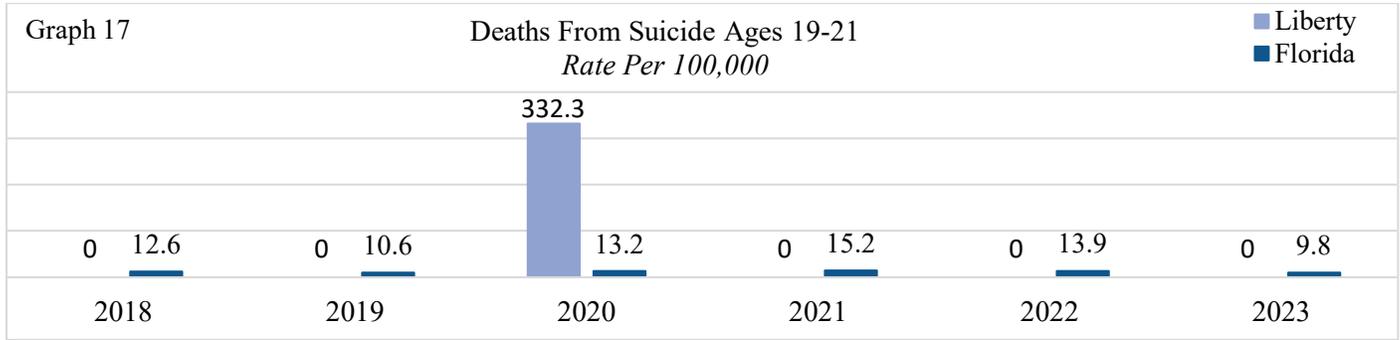


¹¹¹ Florida Agency for Health Care Administration

¹¹² Data Source: Florida Agency for Health Care Administration

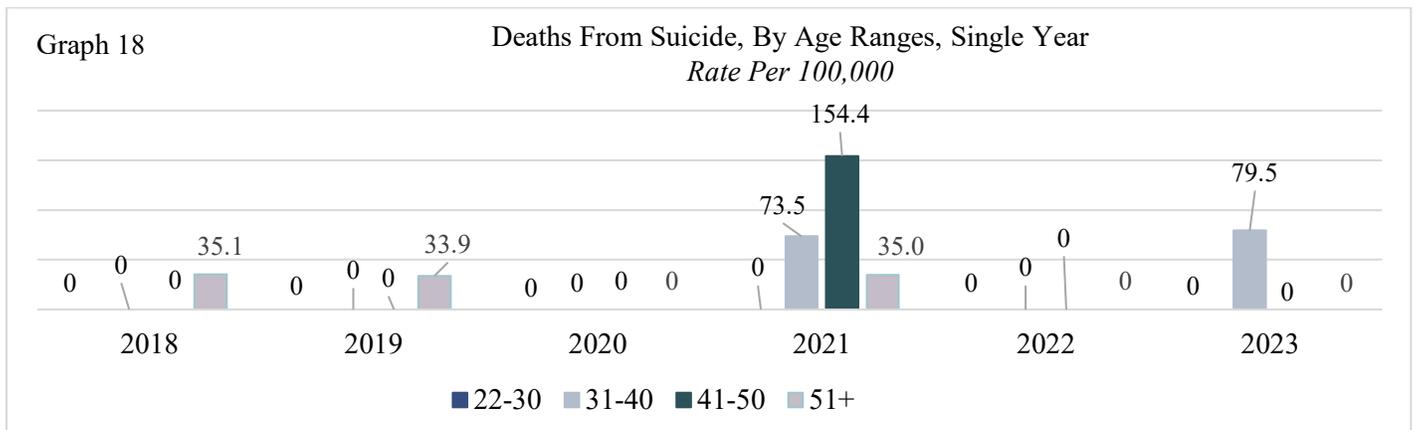
Adult Suicide¹¹³

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide¹¹⁴

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



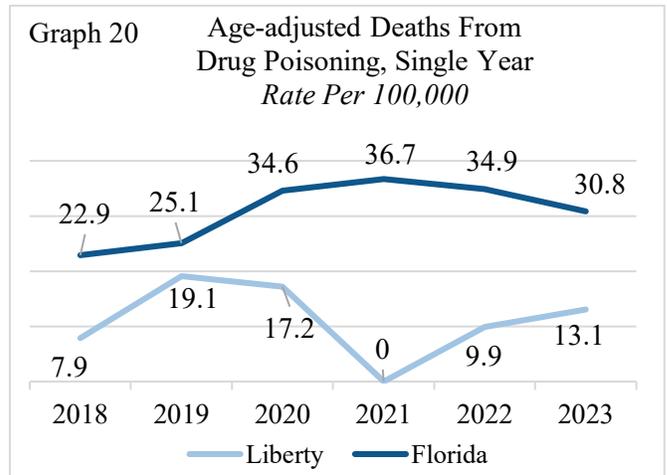
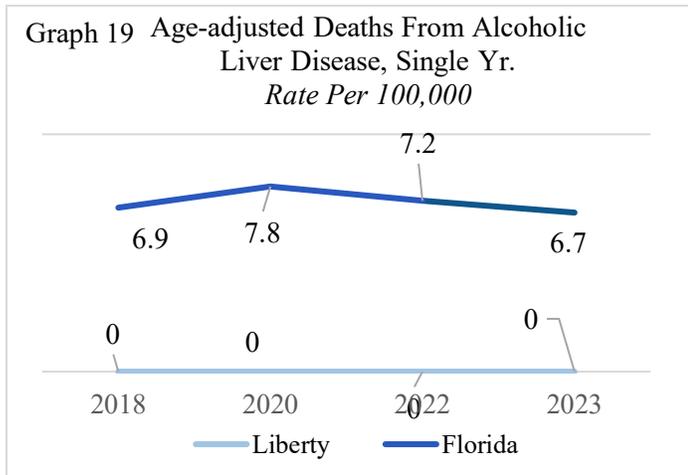
¹¹³ Florida Department of Health, Bureau of Vital Statistics

¹¹⁴ Florida Agency for Health Care Administration

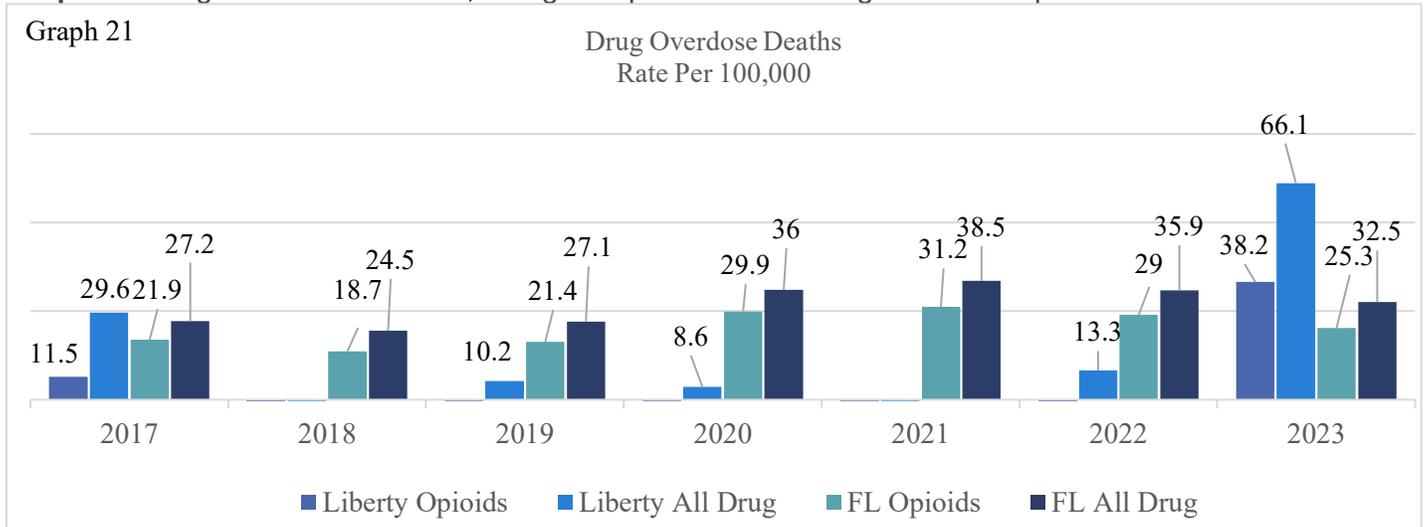
Adult Alcohol and Drug-Related Deaths¹¹⁵

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹¹⁶, Single Year.



Graph 21. Drug Overdose Death¹¹⁷, All Ages. Opioids and All Drugs State Comparison



¹¹⁵ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹¹⁶ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

¹¹⁷ Florida Department of Law Enforcement

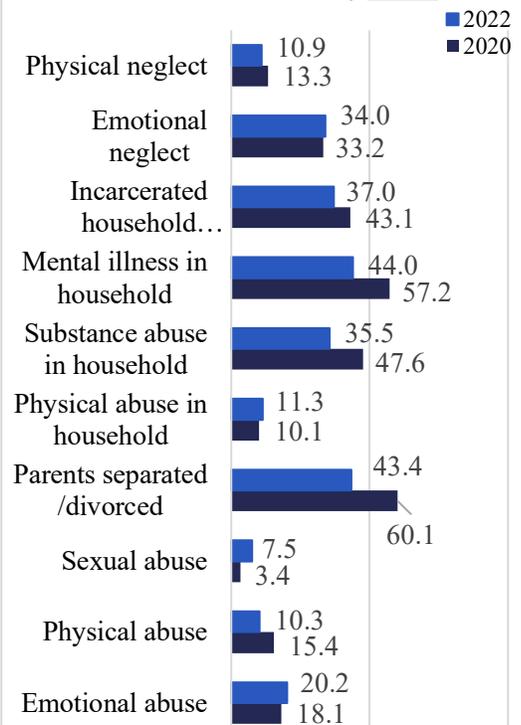
WAKULLA COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2022		2018	2022	
Alcohol	8.0	11.5	↑	31.5	28.7	↓
Binge Drinking	2.5	5.5	↑	15.3	17.3	↑
Cigarettes	0.9	0.8	↓	7.2	5.1	↓
Vaping Nicotine	4.2	10.8	↑	23.4	26.5	↑
Vaping Marijuana	--	6.0		--	19.4	
Marijuana or Hashish	6.1	5.7	↓	24.6	23.3	↓
Synthetic Marijuana	--	--		1.0	1.6	↑
Inhalants	2.7	3.2	↑	0.7	2.0	↑
Club Drugs	1.1	0.3	↓	0	1.6	↑
LSD, PCP or Mushrooms	1.2	0.4	↓	2.3	1.0	↓
Methamphetamine	1.2	0	↓	0.2	1.9	↑
Cocaine or Crack	1.1	0.1	↓	0.5	2.1	↑
Heroin	0	0	↔	0	0.4	↑
Prescription Depressants	0.5	0.8	↑	3.8	2.0	↓
Prescription Pain Relievers	0.7	2.5	↑	1.6	2.3	↑
Prescription Amphetamines	1.1	0.8	↓	1.7	3.8	↑
Over-the-Counter Drugs	2.3	0.9	↓	1.3	1.9	↑

-- Data questions unavailable for that age group or year

Graph 1. Florida HS Youth Substance Abuse Survey ACEs



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2022. **Table 3** shows suicide ideation data are unavailable for 2024. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

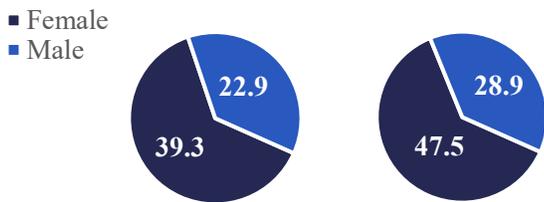
Past 12 months Depression	Middle School			High School		
	2018	2022		2018	2022	
Sometimes I think that life is not worth it	26.7	37.7	↑	33.5	39.5	↑
At times I think I am no good at all	43.7	55.2	↑	46.0	54.7	↑
All in all, I am inclined to think that I am a failure	23.6	37.3	↑	28.1	36.1	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	38.4	45.0	↑	40.4	52.6	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	--	--	--
Made a suicide plan	--	--	--	--
Attempted suicide one or more times	--	--	--	--
Suicide attempt that required medical care	--	--	--	--
*First collection	2022		2022	
Thought about committing suicide	36.5	--	43.8	--
Attempted suicide	11.6	--	10.6	--

FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

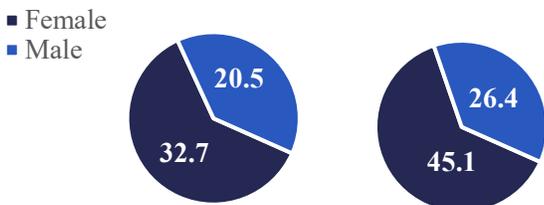
Graph 2. FYSAS 2018 FYSAS 2022
Sometimes I think that life is not worth it



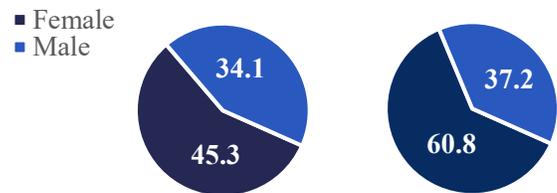
Graph 3. FYSAS 2018 FYSAS 2022
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2022
All in all, I am inclined to think that I am a failure

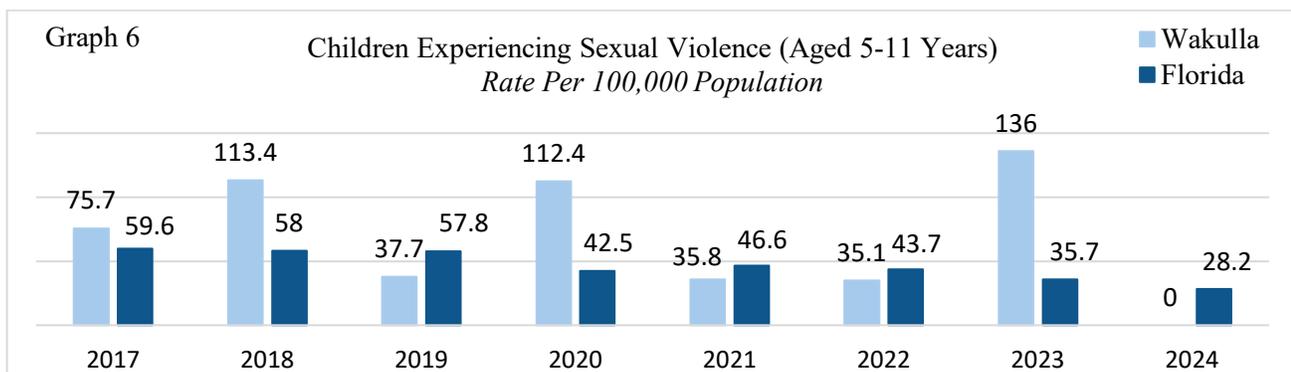


Graph 5. FYSAS 2018 FYSAS 2022
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma¹¹⁸ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



¹¹⁸ Data Source: Florida Department of Children and Families, Florida Safe Families Network

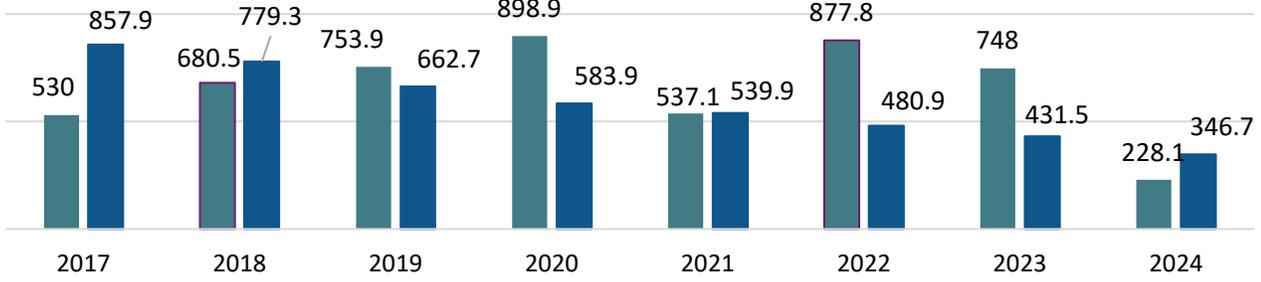
Graph 7

Children Experiencing Child Abuse (Aged 5-11 Years)

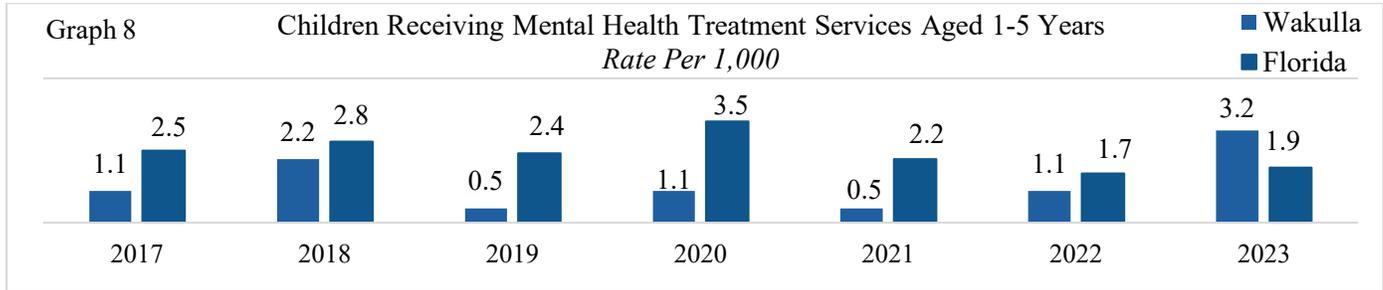
Rate Per 100,000 Population

■ Wakulla

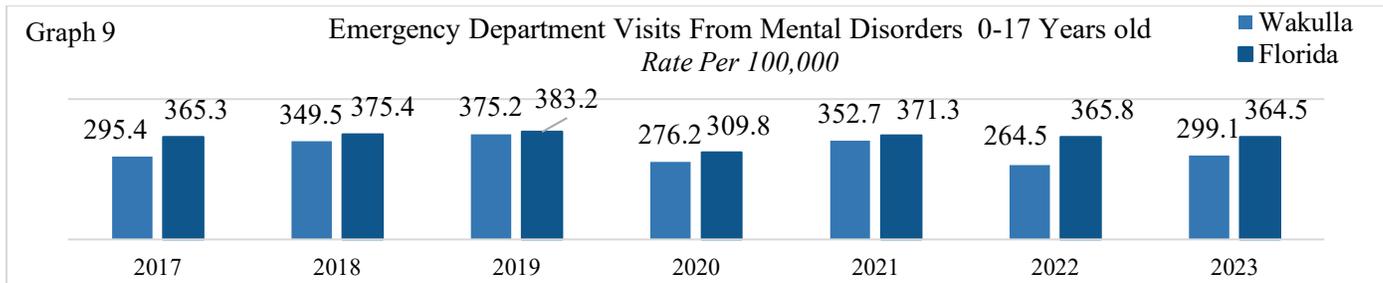
■ Florida



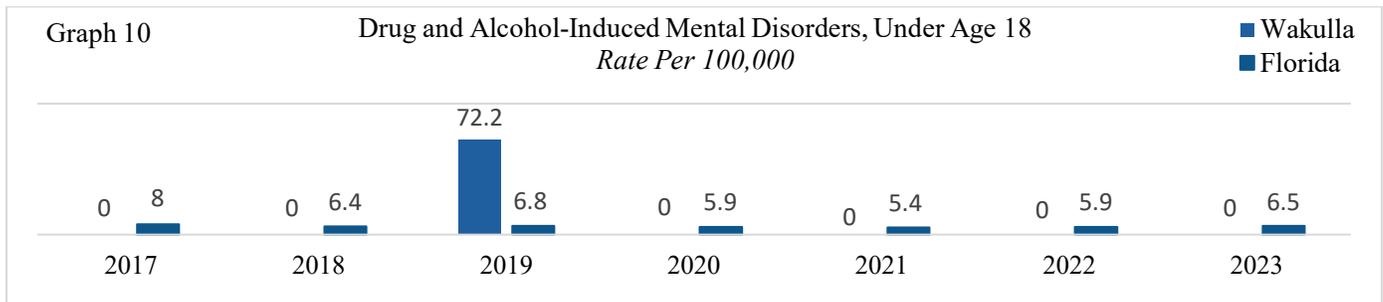
Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹¹⁹. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹²⁰.



Graph 10. Drug and Alcohol-Induced Mental Disorders¹²¹, Under Age 18.



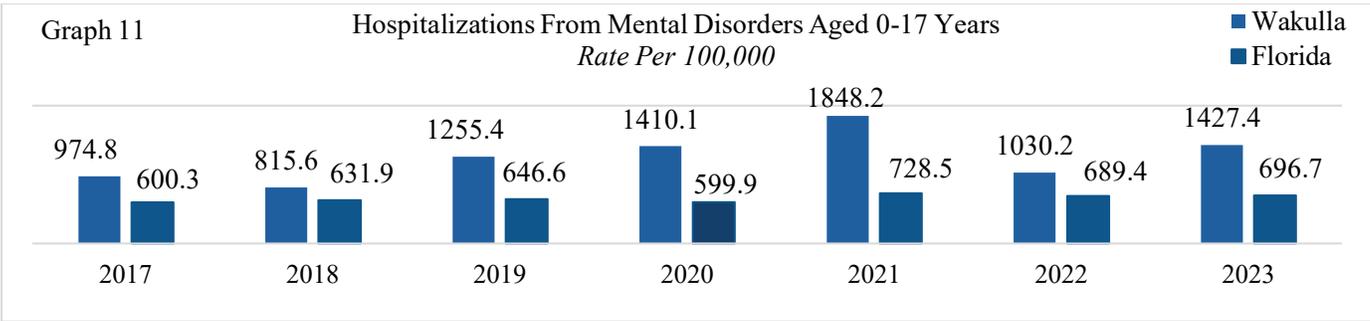
Graph 11. Hospitalizations From Mental Disorders¹²² (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.

¹¹⁹ Data Source: Florida Department of Children and Families

¹²⁰ Florida Agency for Health Care Administration

¹²¹ Florida Agency for Health Care Administration

¹²² Florida Agency for Health Care Administration



Suicide

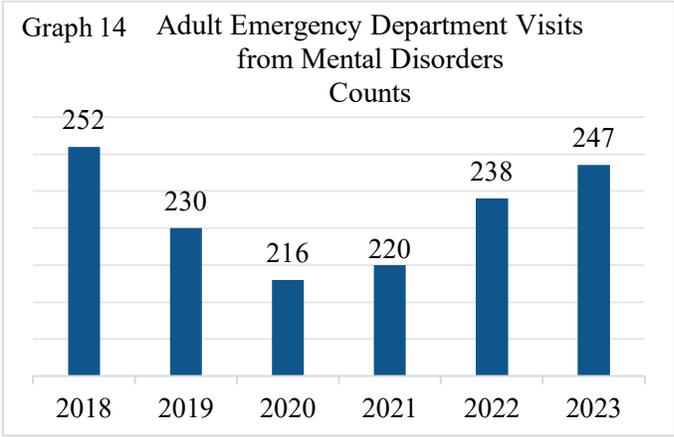
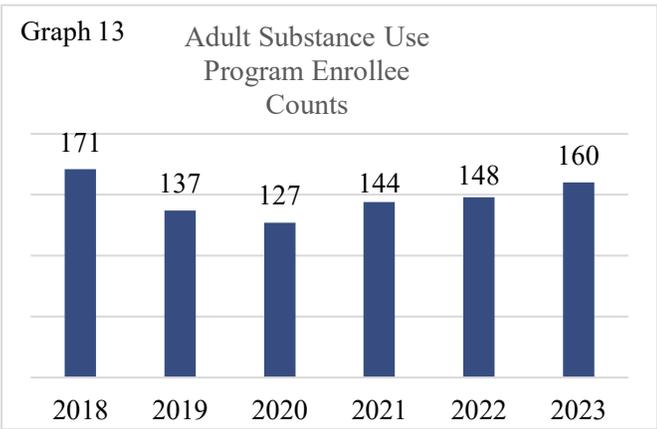
Graph 12. Death Rates from Suicide¹²³ ages 12-18.

Note: Wakulla County data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders¹²⁴

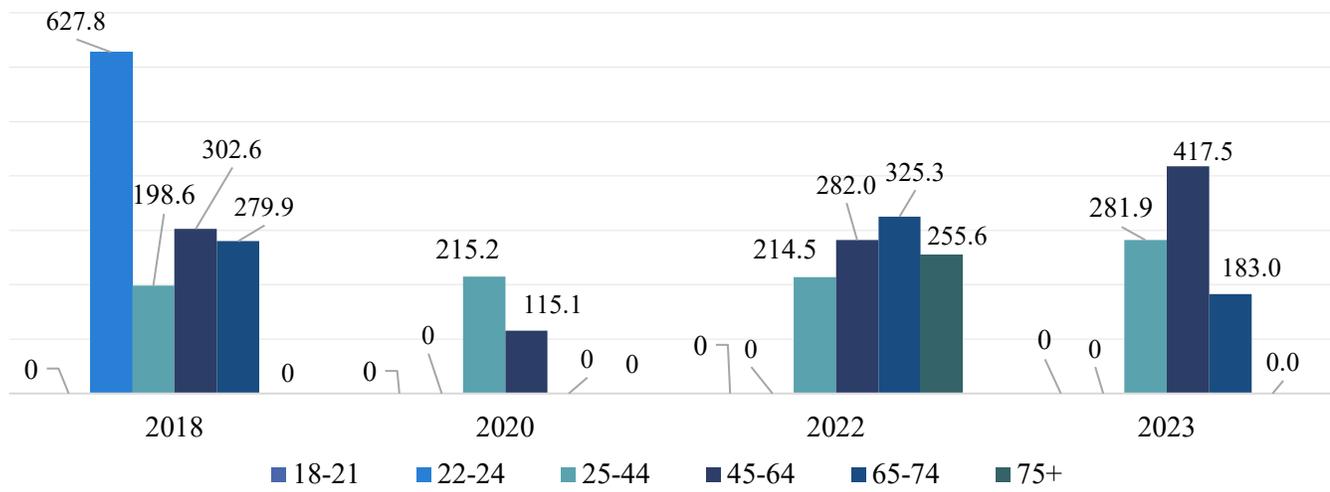
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range

¹²³ Data Source: Florida Department of Health, Bureau of Vital Statistics

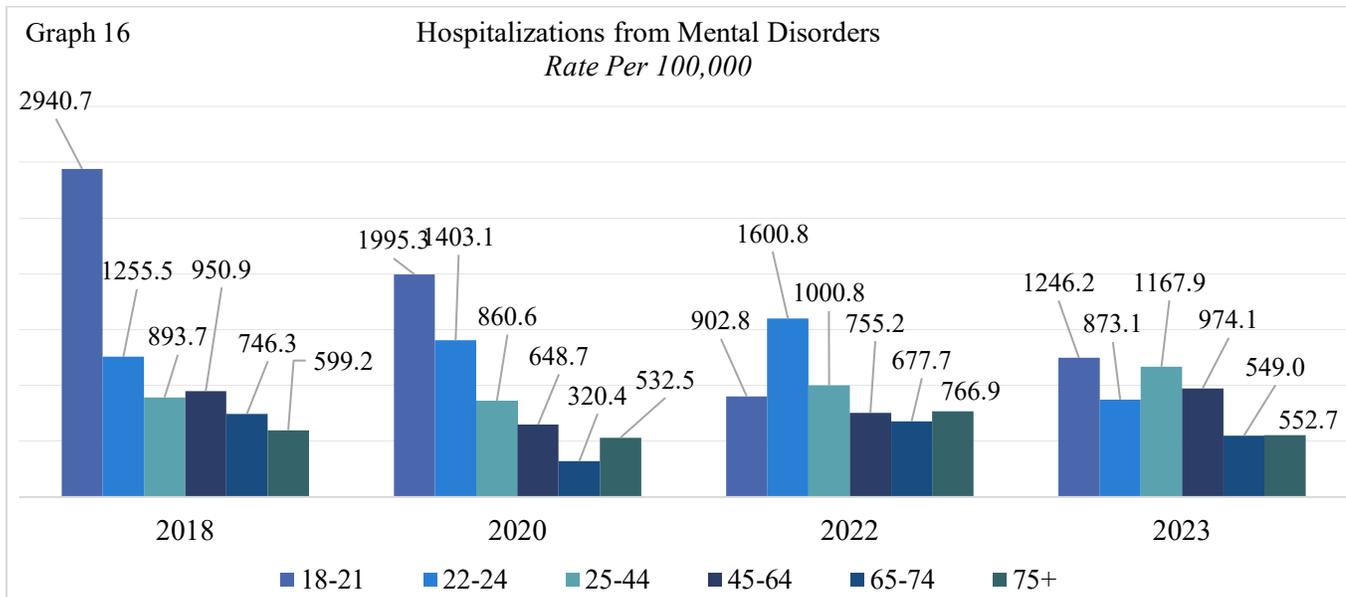
¹²⁴ Florida Agency for Health Care Administration

Graph 15

Drug and Alcohol-Induced Mental Disorders
Rate Per 100,000



Graph 16. Hospitalizations from Mental Disorders¹²⁵, by Age Range



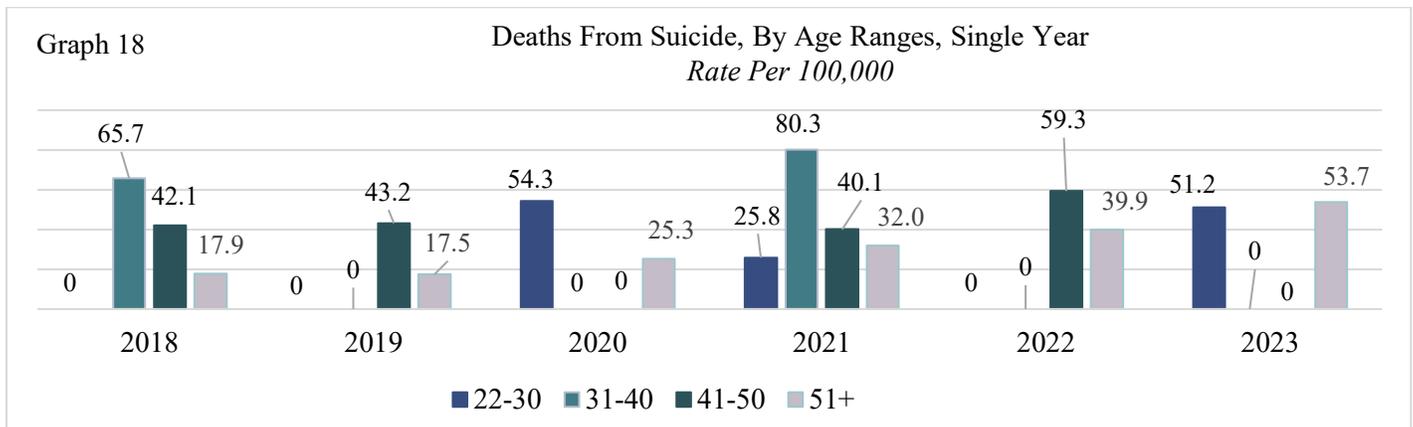
Adult Suicide¹²⁶

Graph 17. Deaths From Suicide Ages 19-21

Note: Wakulla County data are not available.

Adult Mental Health and Suicide¹²⁷

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



¹²⁵ Data Source: Florida Agency for Health Care Administration

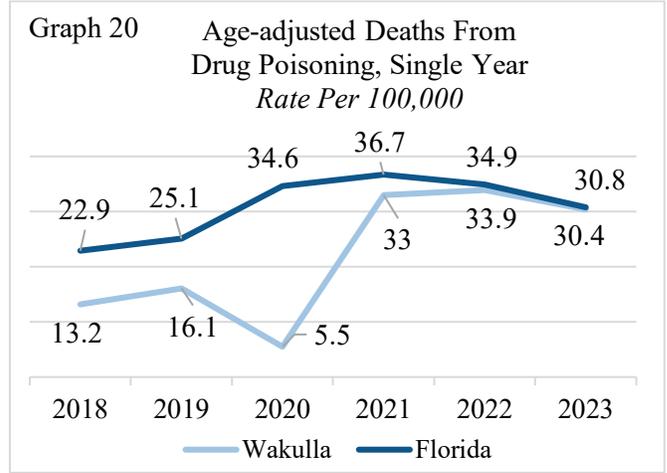
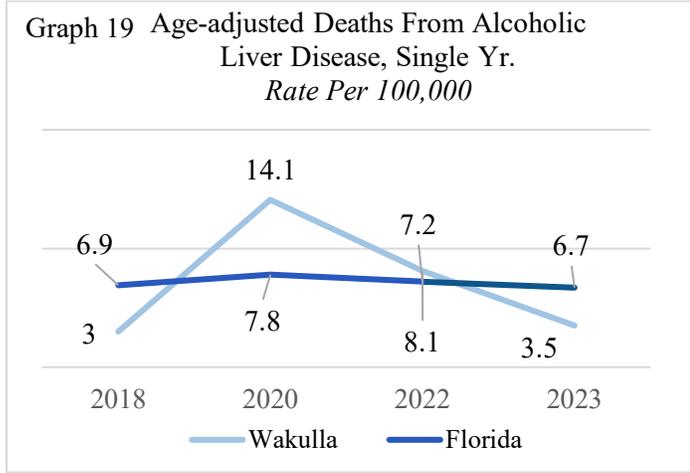
¹²⁶ Florida Department of Health, Bureau of Vital Statistics

¹²⁷ Florida Agency for Health Care Administration

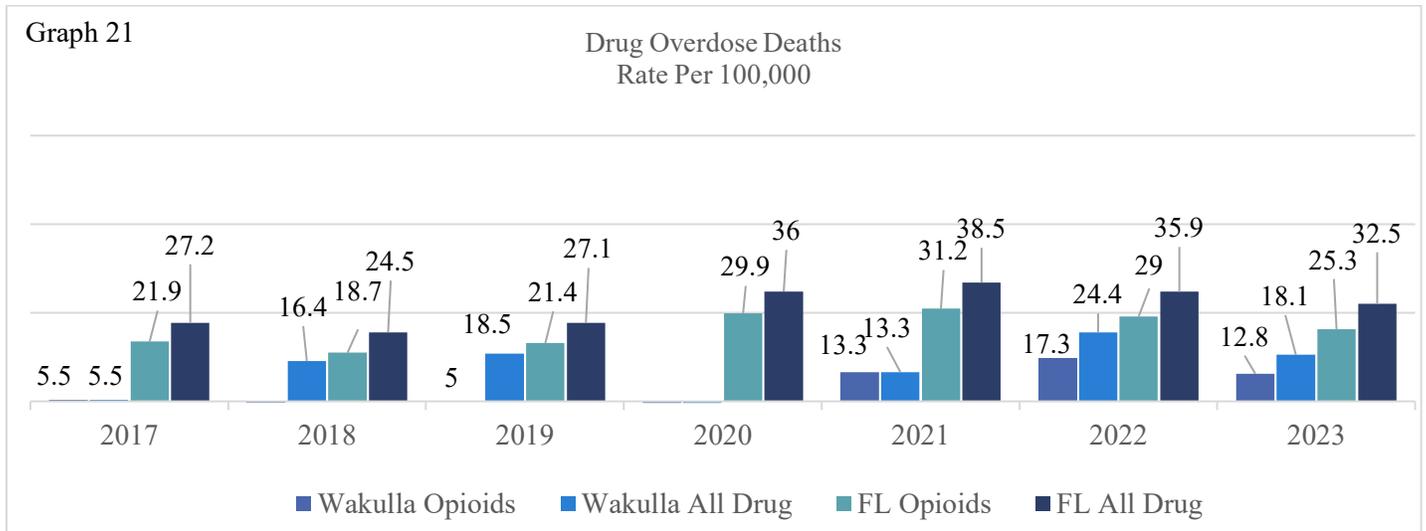
Adult Alcohol and Drug-Related Deaths¹²⁸

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹²⁹, Single Year.



Graph 21. Drug Overdose Death¹³⁰, All Ages. Opioids and All Drugs State Comparison



¹²⁸ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹²⁹ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

¹³⁰ Florida Department of Law Enforcement

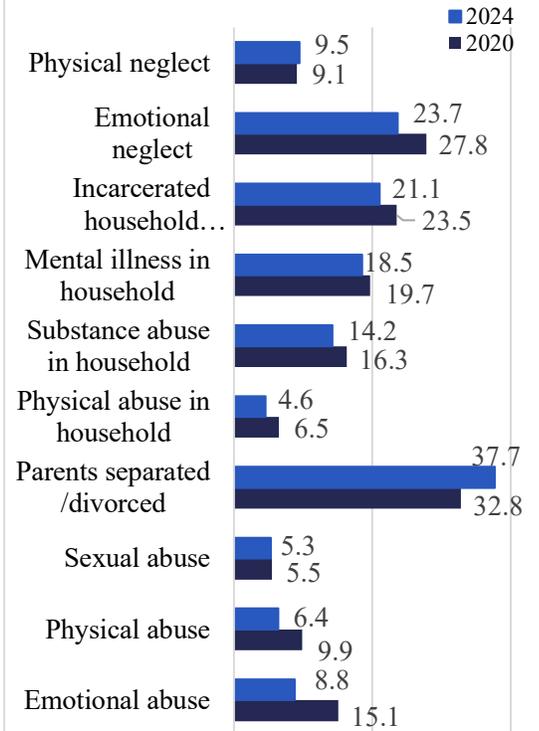
MADISON COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	6.0	9.3	↑	20.0	7.3	↓
Binge Drinking	3.6	6.6	↑	14.4	6.3	↓
Cigarettes	2.0	3.2	↑	10.1	3.6	↓
Vaping Nicotine	3.9	8.7	↑	19.8	11.4	↓
Vaping Marijuana	--	3.2		--	7.1	
Marijuana or Hashish	2.1	3.8	↑	16.7	8.0	↓
Synthetic Marijuana	--	--		3.5	0.7	↓
Inhalants	4.4	5.0	↑	5.5	0.3	↓
Club Drugs	0	0	↔	2.7	0	↓
LSD, PCP or Mushrooms	0	0.5	↑	3.0	1.2	↓
Methamphetamine	0	0.3	↑	2.2	0.4	↓
Cocaine or Crack	0	0.3	↑	2.2	0	↓
Heroin	0	0	↔	0	0	↔
Prescription Depressants	0.4	0.8	↑	2.6	0.3	↓
Prescription Pain Relievers	0.4	0	↓	0.9	0.8	↓
Prescription Amphetamines	0.2	1.5	↑	0	0.3	↑
Over-the-Counter Drugs	0.8	1.7	↑	1.3	0.8	↓

-- Data questions unavailable for that age group or year

Graph 1. Florida HS Youth Substance Abuse Survey ACEs



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

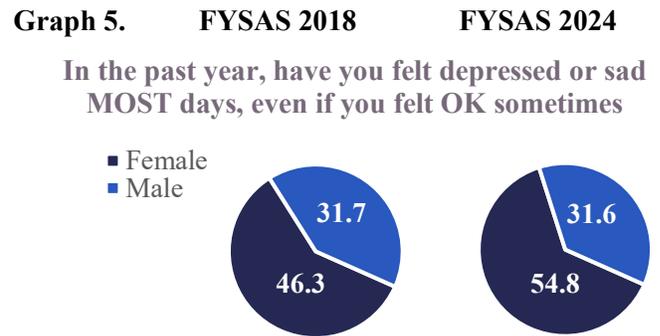
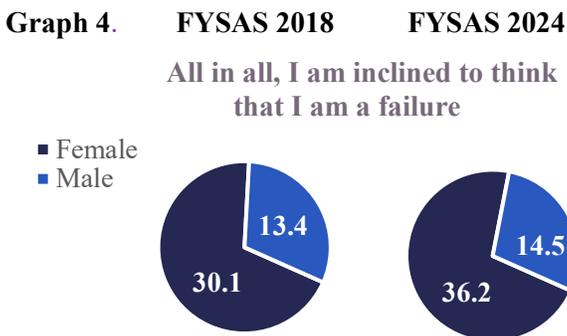
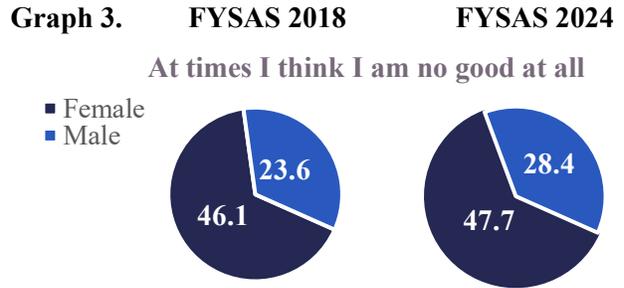
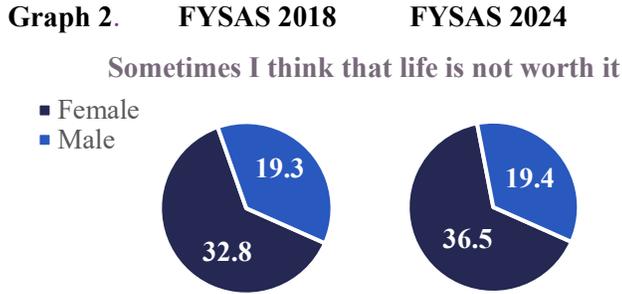
Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

Past 12 months Depression	Middle School			High School		
	2020	2024		2208	2024	
Sometimes I think that life is not worth it	25.2	31.4	↑	26.4	25.5	↓
At times I think I am no good at all	32.4	41.6	↑	38.0	35.6	↓
All in all, I am inclined to think that I am a failure	23.4	30.2	↑	20.0	21.5	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	43.4	48.8	↑	35.7	39	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	16.4	--	12.2
Made a suicide plan	--	13.7	--	10.1
Attempted suicide one or more times	--	10.5	--	6.7
Suicide attempt that required medical care	--	4.8	--	2
*First collection	2022		2022	
Thought about committing suicide	26.7	--	31.5	--
Attempted suicide	10.1	--	10.0	--

FYSAS Depression Indicators by Gender for Years 2018 and 2024

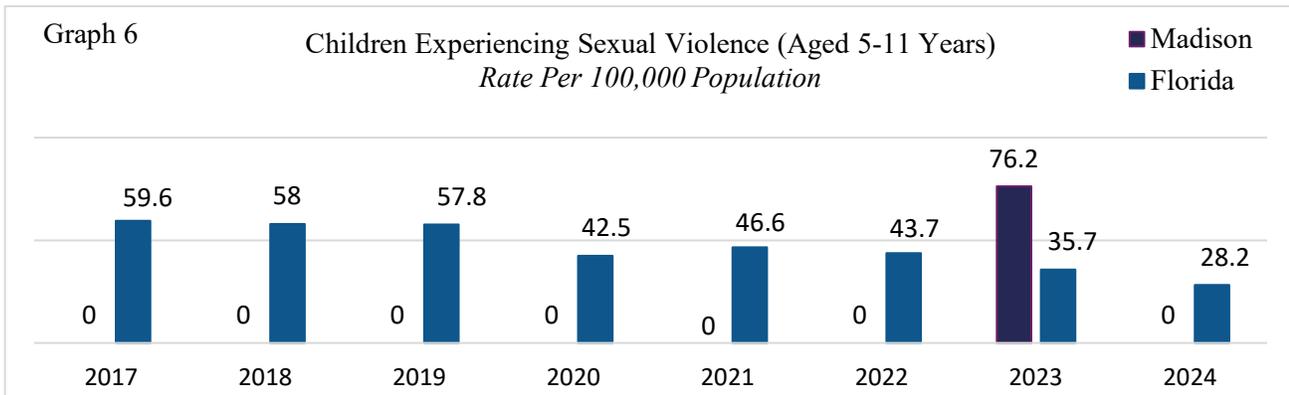
Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.



Childhood Trauma¹³¹ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



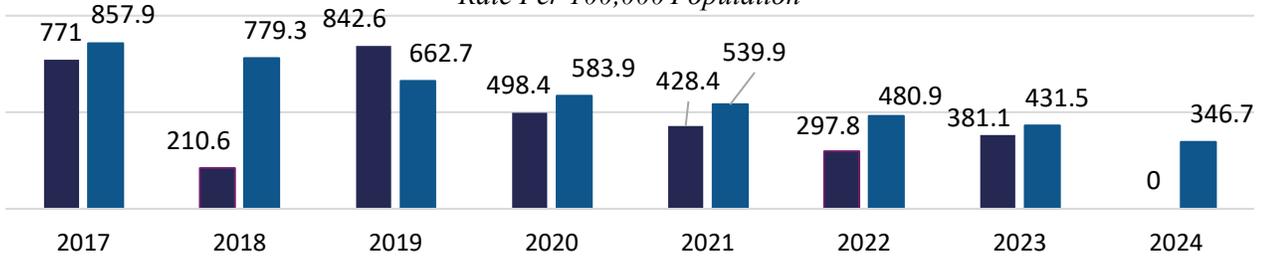
¹³¹ Data Source: Florida Department of Children and Families, Florida Safe Families Network

Graph 7

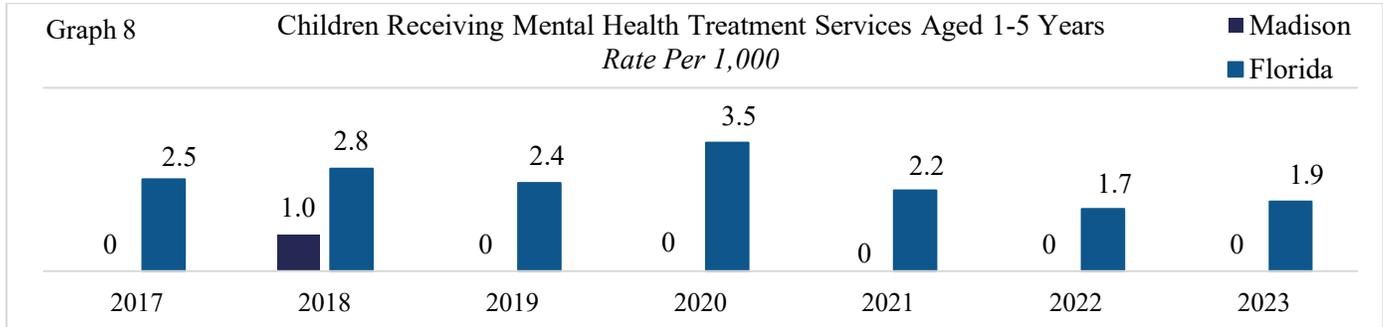
Children Experiencing Child Abuse (Aged 5-11 Years)

Rate Per 100,000 Population

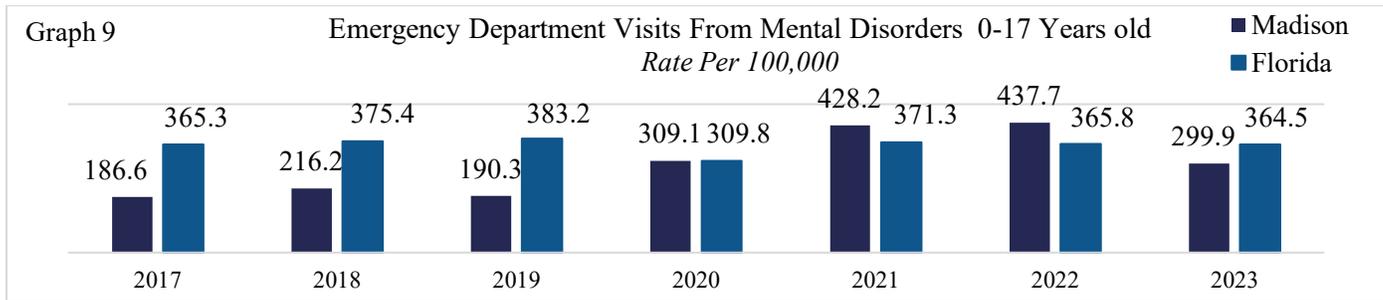
■ Madison
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹³². Data for other age groups is not available.



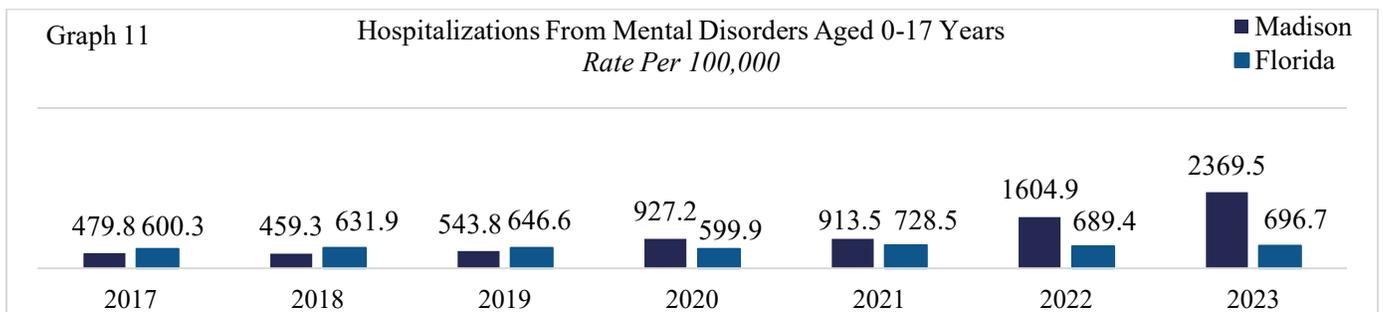
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹³³.



Graph 10. Drug and Alcohol-Induced Mental Disorders¹³⁴, Under Age 18.

Note: Madison County data are not available.

Graph 11. Hospitalizations From Mental Disorders¹³⁵ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



¹³² Data Source: Florida Department of Children and Families

¹³³ Florida Agency for Health Care Administration

¹³⁴ Florida Agency for Health Care Administration

¹³⁵ Florida Agency for Health Care Administration

Suicide

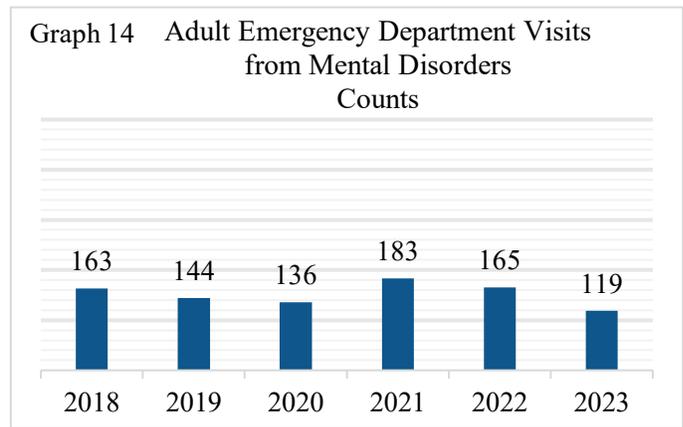
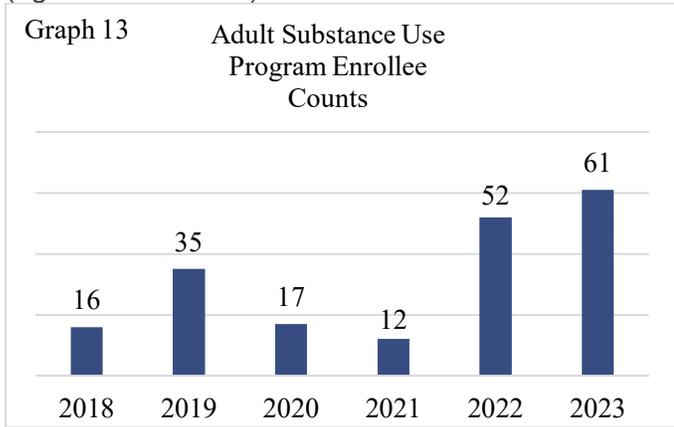
Graph 12. Death Rates from Suicide¹³⁶ ages 12-18.

Note: Madison County data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

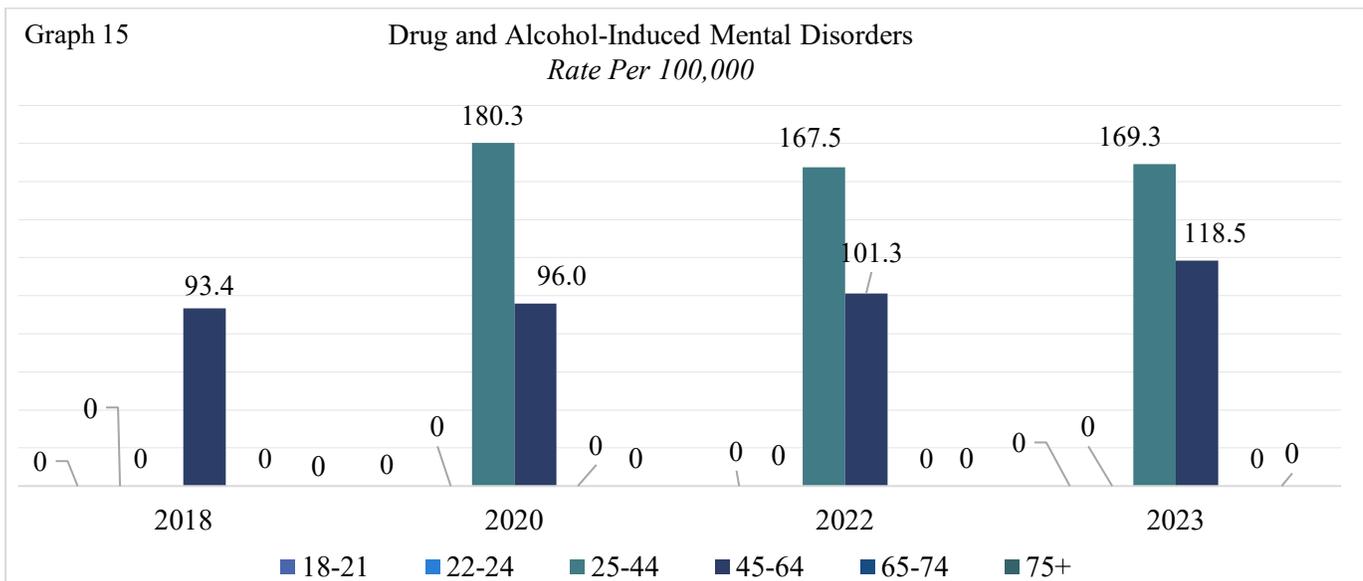
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders¹³⁷

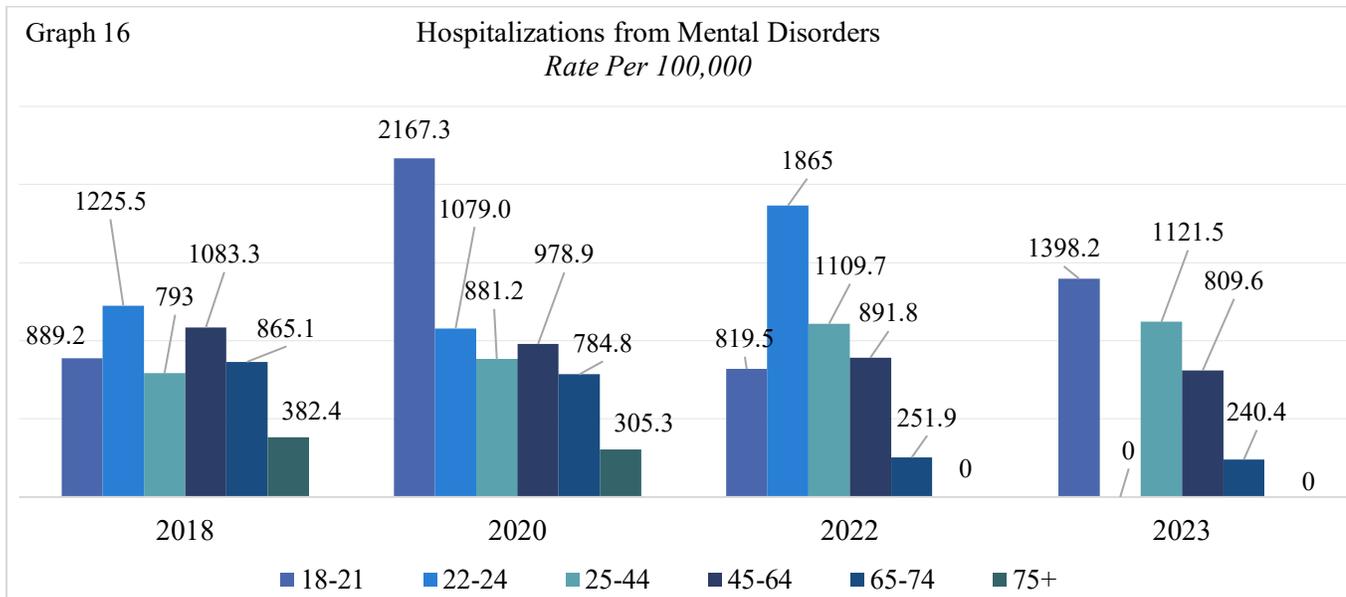
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



¹³⁶ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹³⁷ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders¹³⁸, by Age Ranges



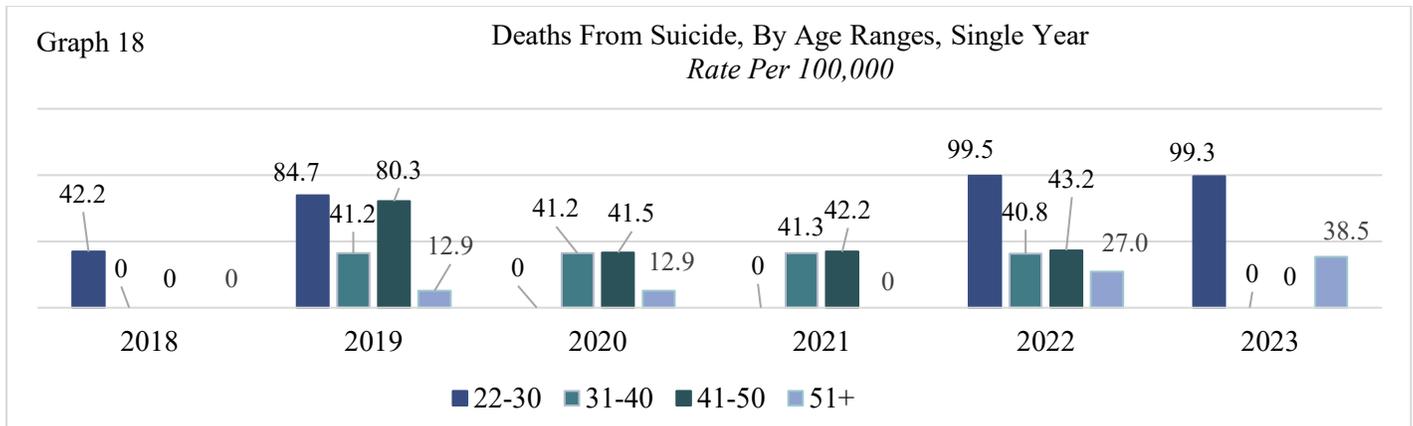
Adult Suicide¹³⁹

Graph 17. Deaths From Suicide Ages 19-21

Note: Madison County data are not available.

Adult Mental Health and Suicide¹⁴⁰

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



¹³⁸ Data Source: Florida Agency for Health Care Administration

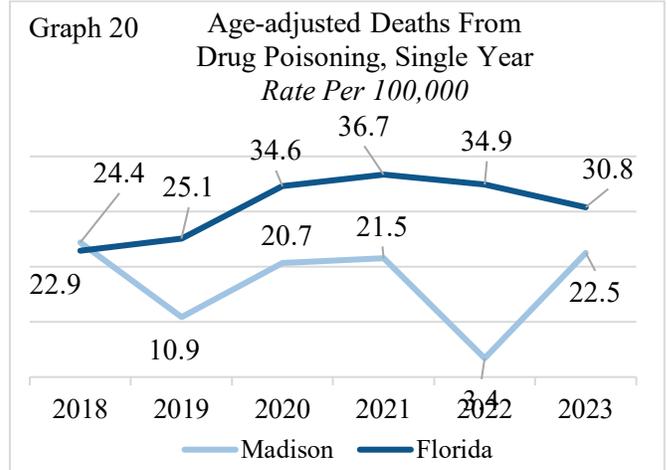
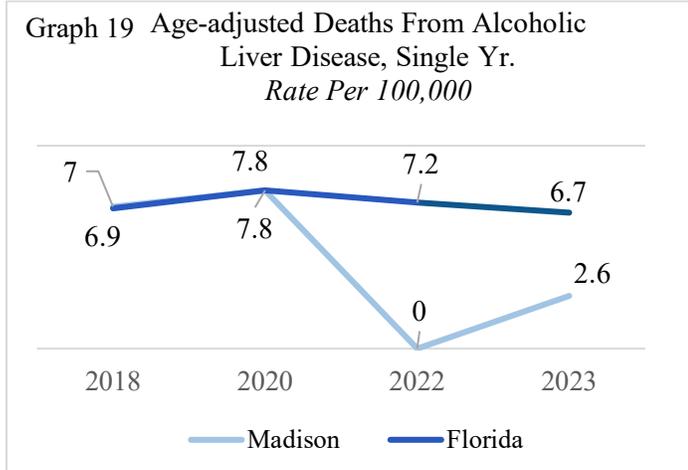
¹³⁹ Florida Department of Health, Bureau of Vital Statistics

¹⁴⁰ Florida Agency for Health Care Administration

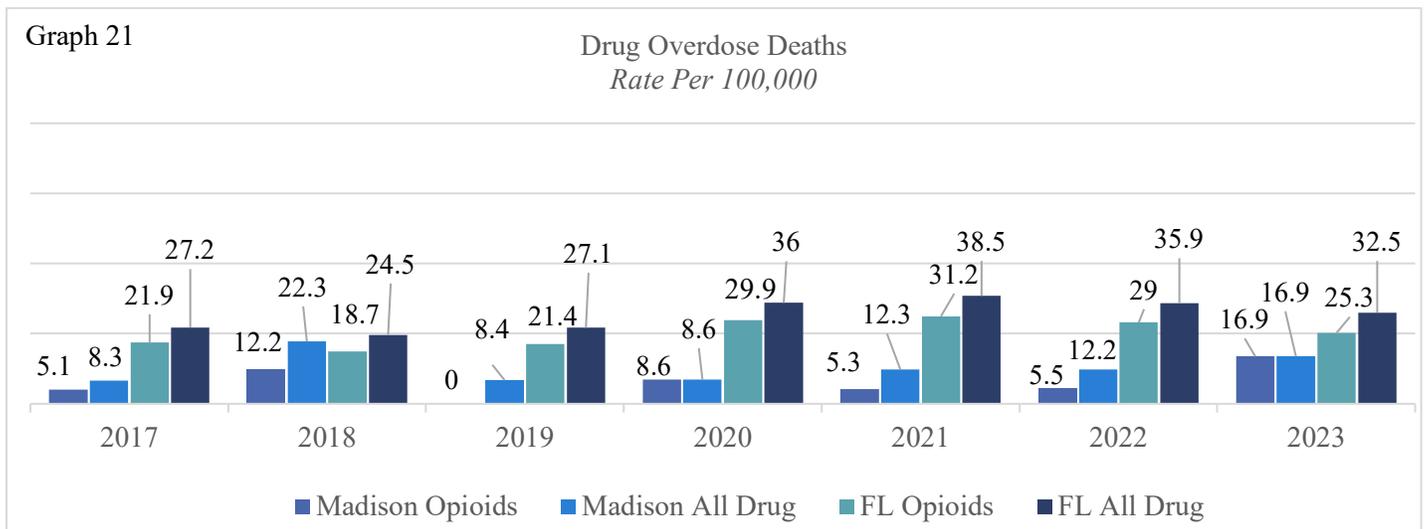
Adult Alcohol and Drug-Related Deaths¹⁴¹

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹⁴², Single Year.



Graph 21. Drug Overdose Death¹⁴³, All Ages. Opioids and All Drugs State Comparison



¹⁴¹ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁴² Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

¹⁴³ Florida Department of Law Enforcement

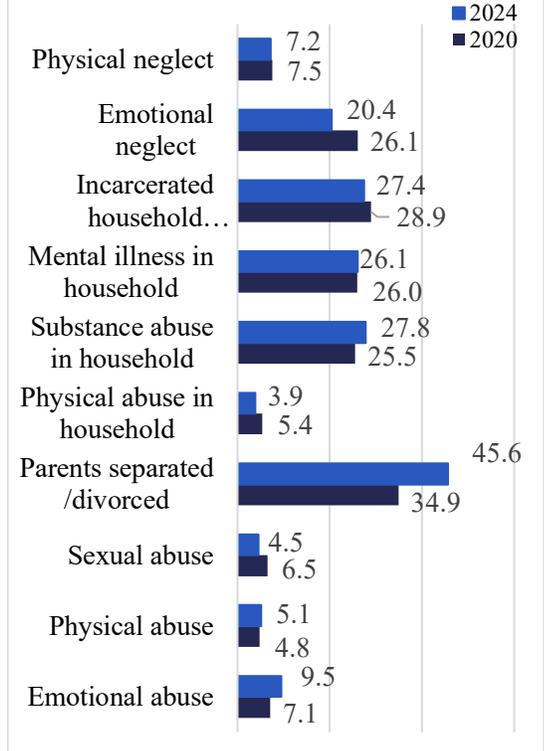
TAYLOR COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2020	2024		2020	2024	
Alcohol	13.6	10	↓	13.5	8.1	↓
Binge Drinking	5.0	5.0	↔	8.8	10.1	↑
Cigarettes	2.2	0	↓	5.2	3.2	↓
Vaping Nicotine	8.0	6.5	↓	10.1	9.3	↓
Vaping Marijuana	3.9	3.5	↓	3.4	4.6	↑
Marijuana or Hashish	4.1	3.4	↓	9.5	5.4	↓
Synthetic Marijuana	--	--		0.3	0	↓
Inhalants	1.2	1.5	↑	0.5	0.2	↓
Club Drugs	2.3	0	↓	1.2	0	↓
LSD, PCP or Mushrooms	0.6	0	↓	1.2	0	↓
Methamphetamine	0.6	0.6	↔	0.6	0.2	↓
Cocaine or Crack	0.5	0	↓	0.6	0	↓
Heroin	0.5	0	↓	0	0	↔
Prescription Depressants	2.5	0	↓	3.2	1	↓
Prescription Pain Relievers	1.2	0	↓	0.8	0	↓
Prescription Amphetamines	1.3	0	↓	0	0	↔
Over-the-Counter Drugs	3.1	0	↓	1.2	0	↓

-- Data questions unavailable for that age group or year

Graph 1. Florida HS Youth Substance Abuse Survey ACEs



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

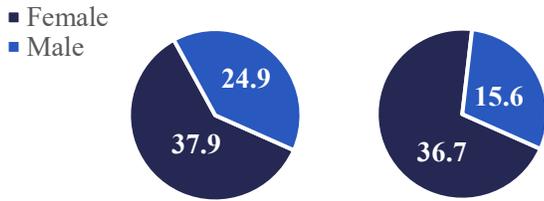
Past 12 months Depression	Middle School			High School		
	2020	2024		2020	2024	
Sometimes I think that life is not worth it	35.8	30.3	↓	26.1	21.7	↓
At times I think I am no good at all	48.6	38.6	↓	40.0	36.2	↓
All in all, I am inclined to think that I am a failure	25.2	27.0	↑	29.1	20.0	↓
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	51.0	44.3	↓	43.9	37.2	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	14.0	--	12.2
Made a suicide plan	--	12.4	--	8.8
Attempted suicide one or more times	--	13.3	--	7.9
Suicide attempt that required medical care	--	1.0	--	1.6
*First collection	2022		2022	
Thought about committing suicide	29.1	--	28.3	--
Attempted suicide	8.1	--	9.5	--

FYSAS Depression Indicators by Gender for Years 2020 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

Graph 2. FYSAS 2020 FYSAS 2024
Sometimes I think that life is not worth it



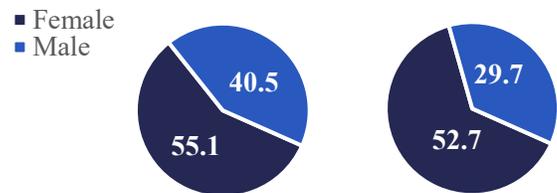
Graph 3. FYSAS 2020 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2020 FYSAS 2024
All in all, I am inclined to think that I am a failure

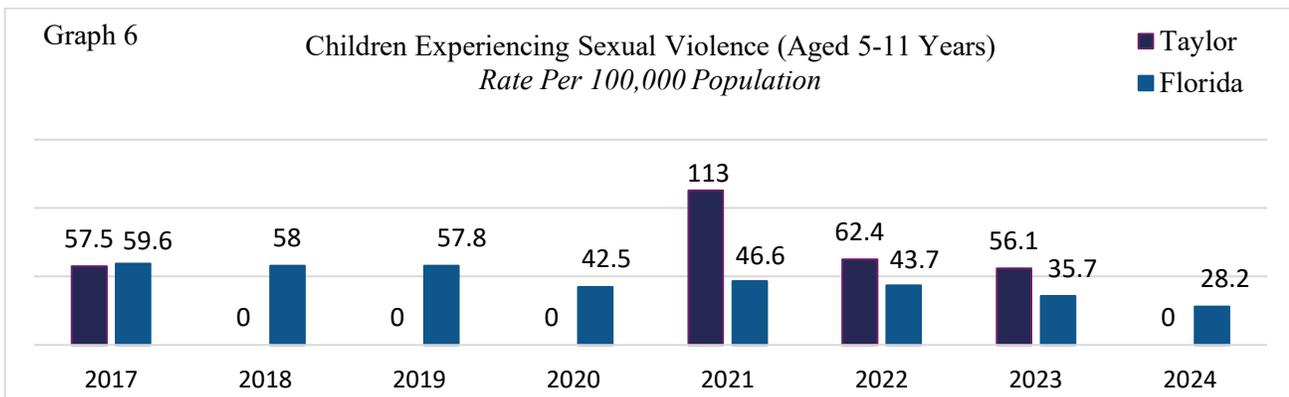


Graph 5. FYSAS 2020 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma¹⁴⁴ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

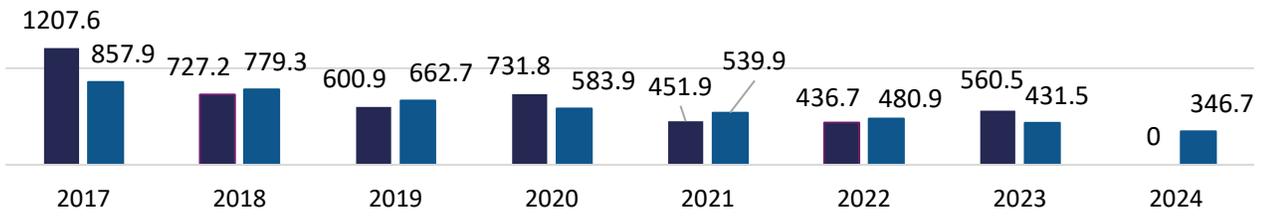


¹⁴⁴ Data Source: Florida Department of Children and Families, Florida Safe Families Network

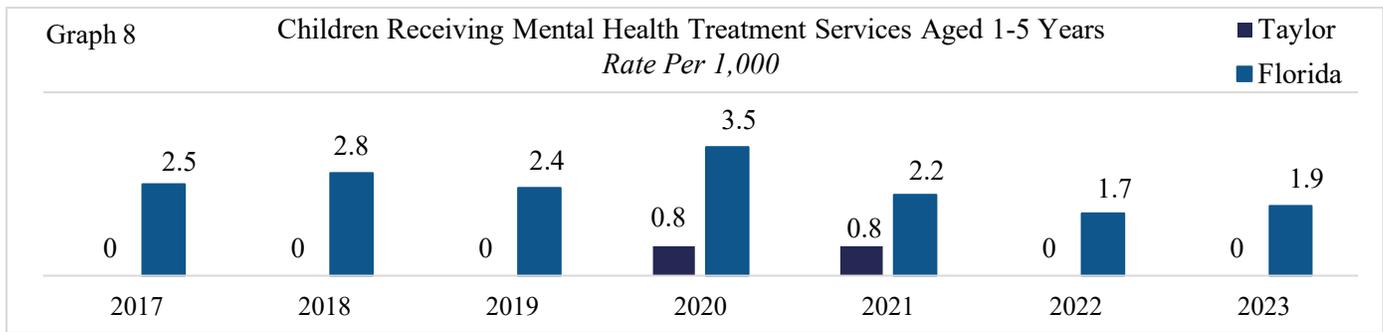
Graph 7

Children Experiencing Child Abuse (Aged 5-11 Years)
Rate Per 100,000 Population

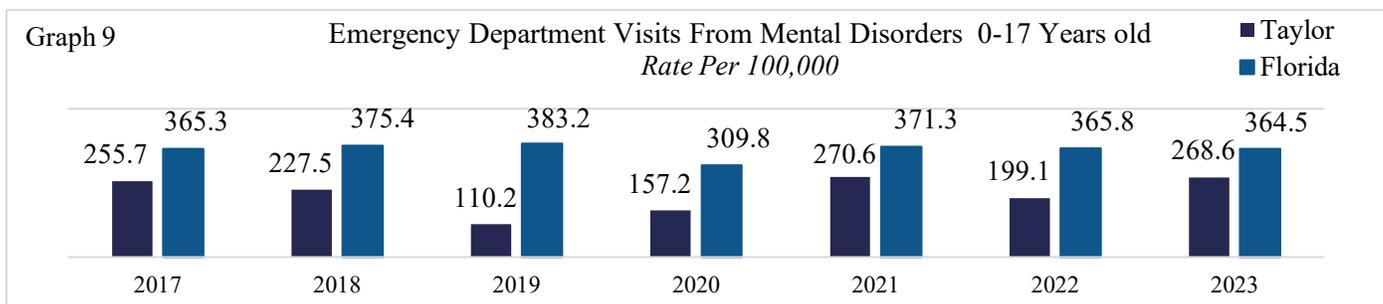
■ Taylor
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁴⁵. Data for other age groups is not available.



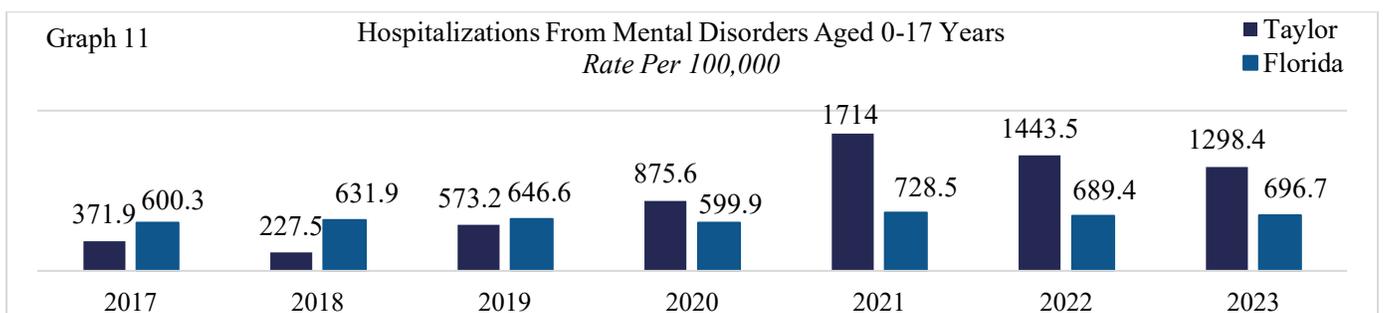
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁴⁶.



Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁴⁷, Under Age 18.

Note: Taylor County data are not available.

Graph 11. Hospitalizations From Mental Disorders¹⁴⁸ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



¹⁴⁵ Data Source: Florida Department of Children and Families

¹⁴⁶ Florida Agency for Health Care Administration

¹⁴⁷ Florida Agency for Health Care Administration

¹⁴⁸ Florida Agency for Health Care Administration

Suicide

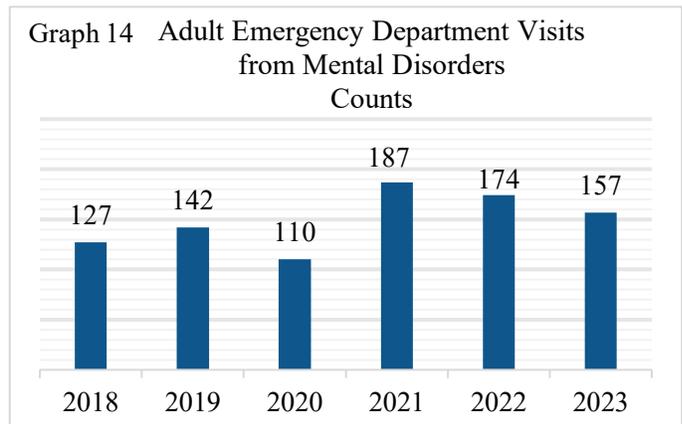
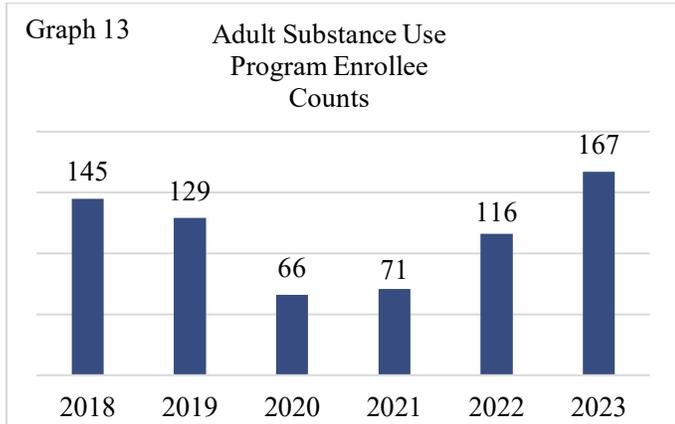
Graph 12. Death Rates from Suicide¹⁴⁹ ages 12-18.

Note: Taylor County data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

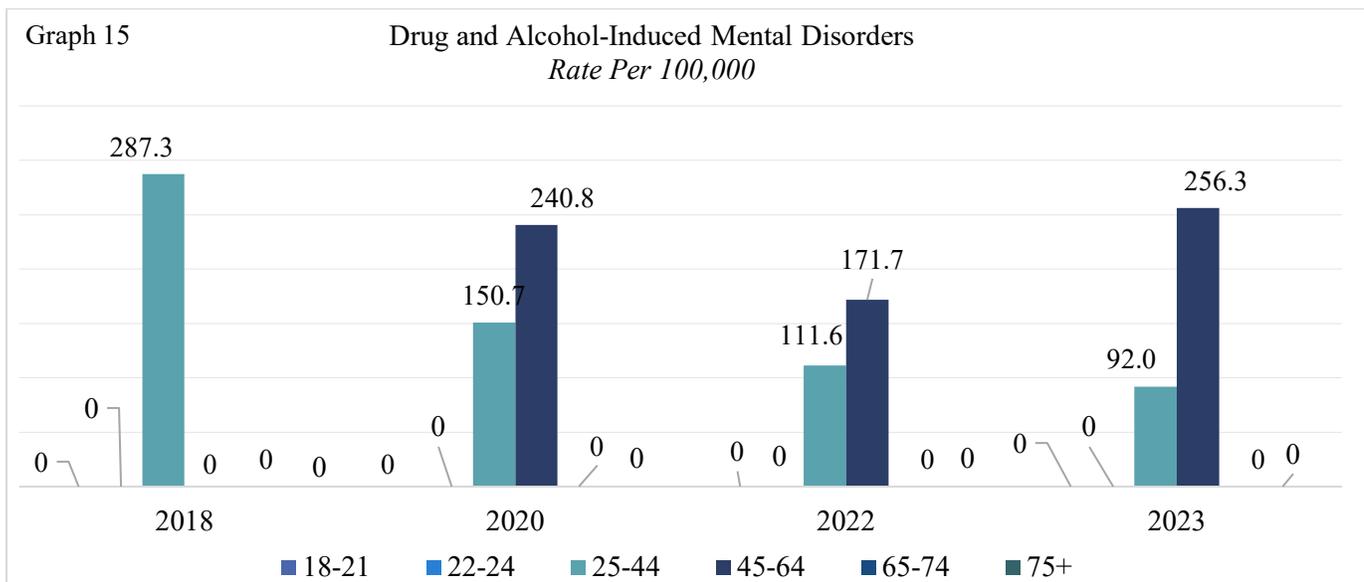
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders¹⁵⁰

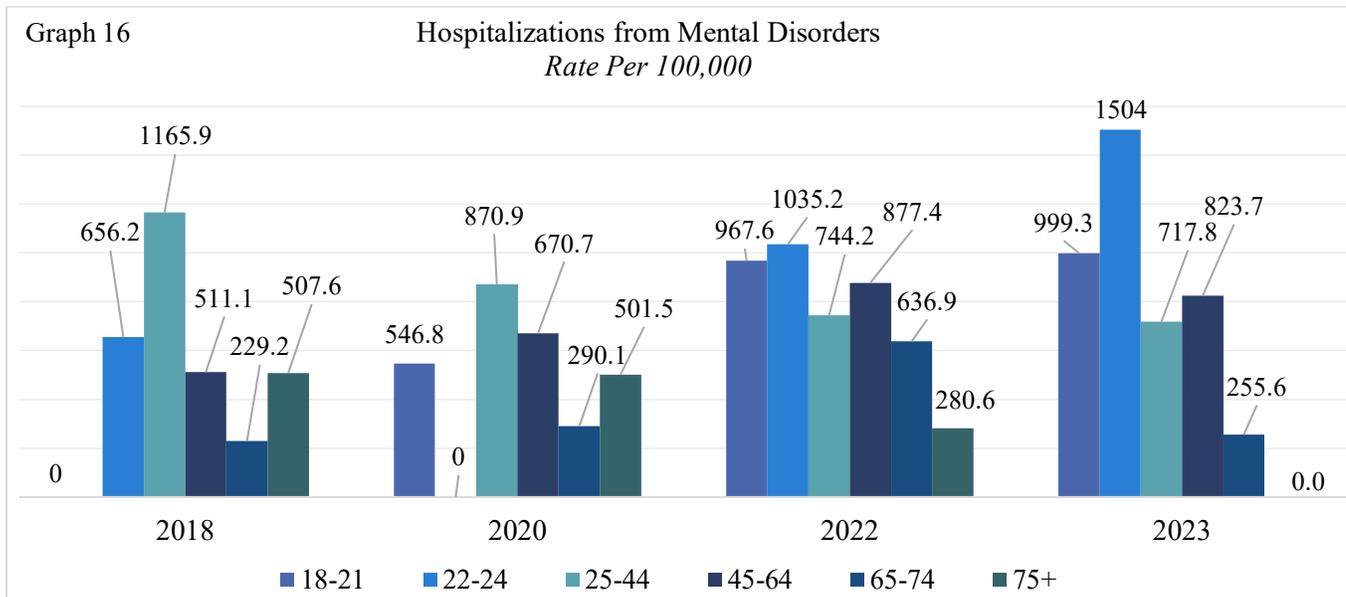
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



¹⁴⁹ Data Source: Florida Department of Health, Bureau of Vital Statistics

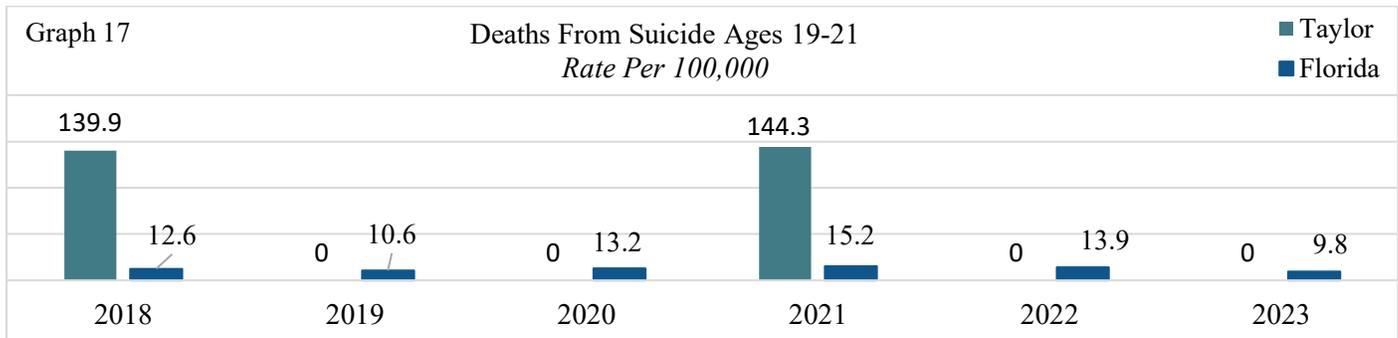
¹⁵⁰ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders¹⁵¹, by Age Ranges



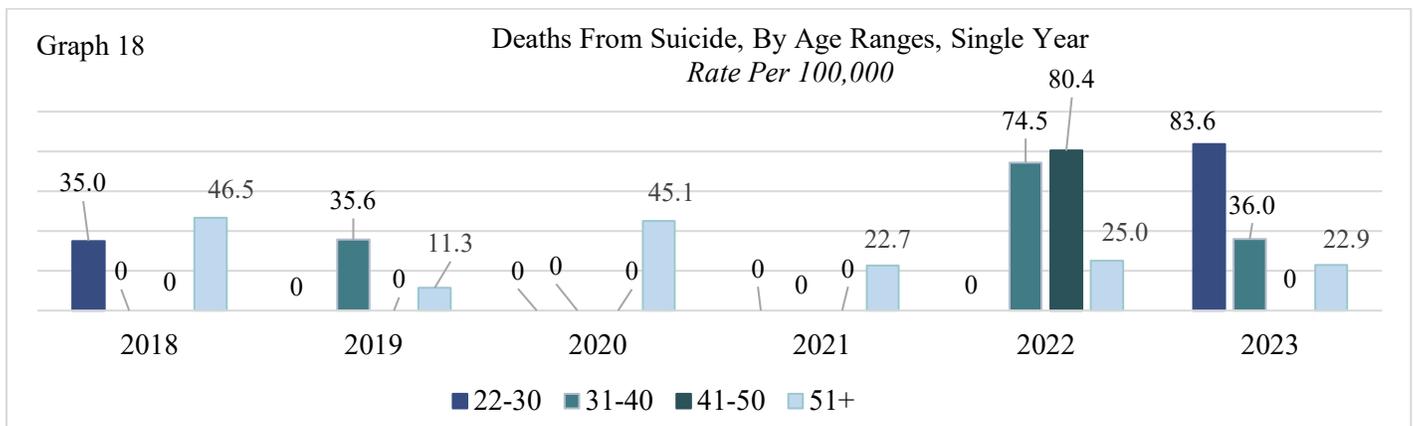
Adult Suicide¹⁵²

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide¹⁵³

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



¹⁵¹ Data Source: Florida Agency for Health Care Administration

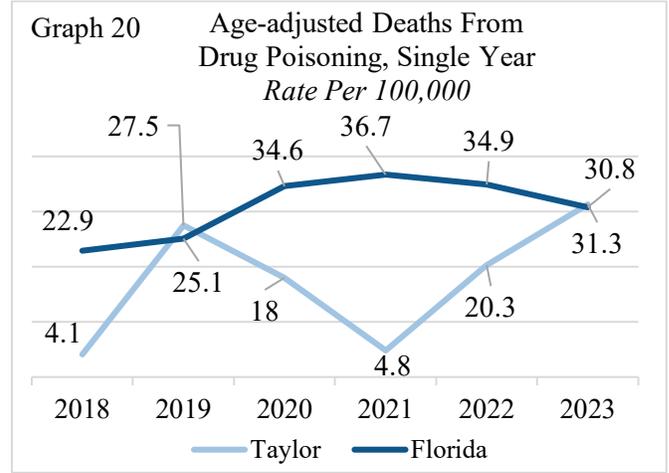
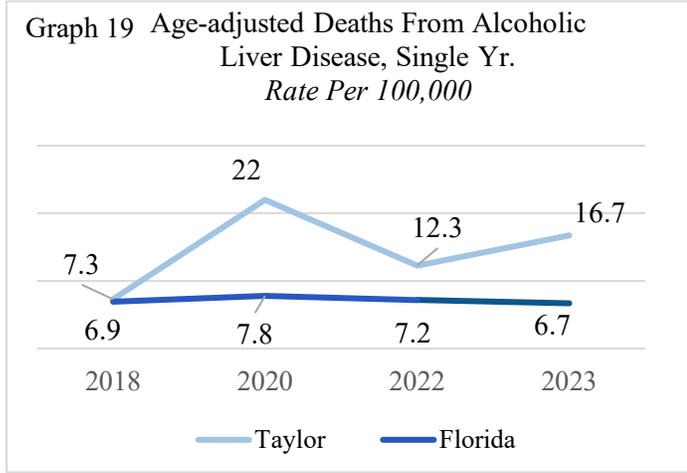
¹⁵² Florida Department of Health, Bureau of Vital Statistics

¹⁵³ Florida Agency for Health Care Administration

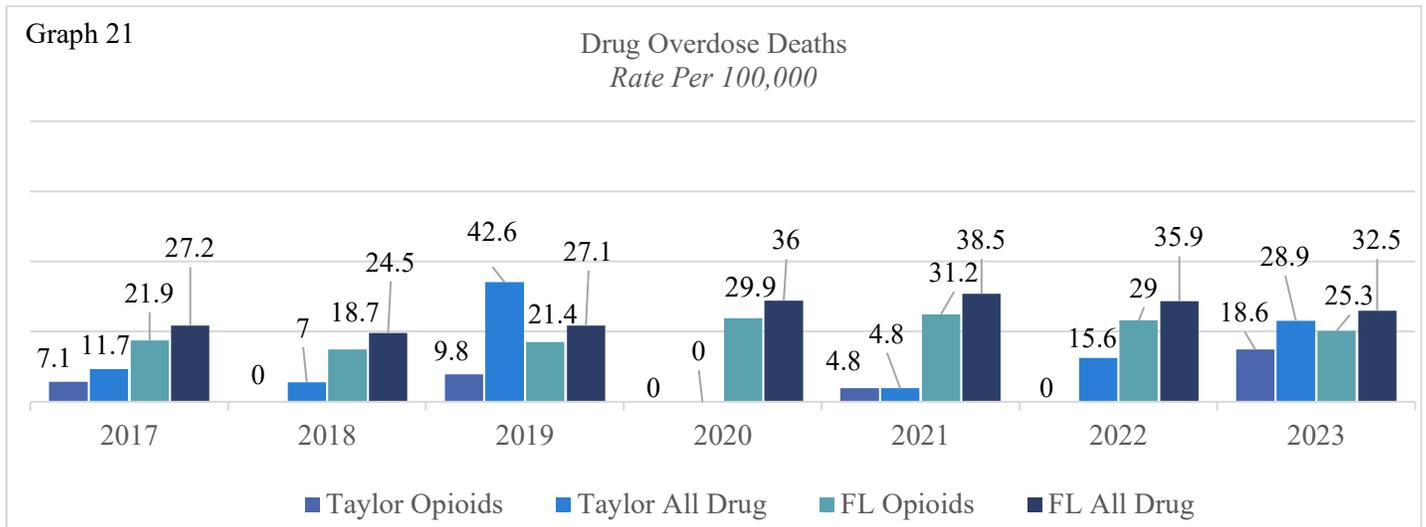
Adult Alcohol and Drug-Related Deaths¹⁵⁴

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹⁵⁵, Single Year.



Graph 21. Drug Overdose Death¹⁵⁶, All Ages. Opioids and All Drugs State Comparison



¹⁵⁴ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁵⁵ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

¹⁵⁶ Florida Department of Law Enforcement

**CIRCUIT 14 COUNTY PROFILES:
QUANTITATIVE DATA**

BAY, CALHOUN, GULF, HOLMES, JACKSON, AND WASHINGTON

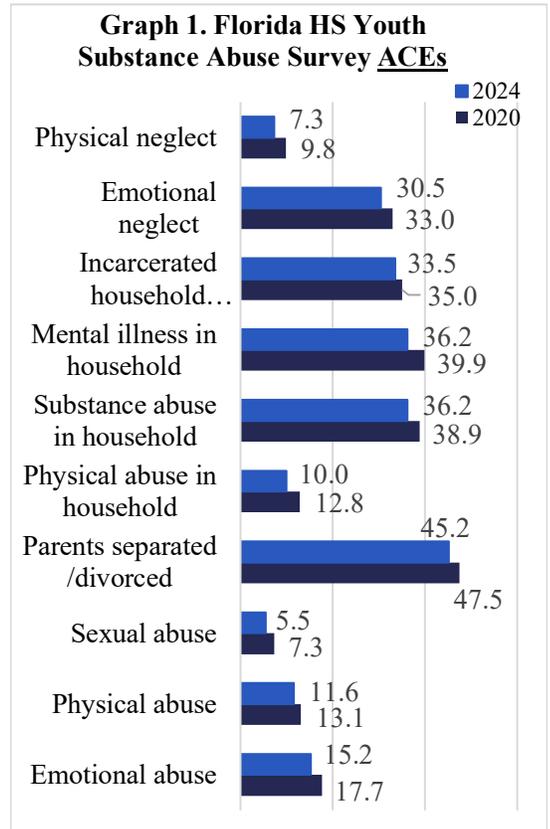


BAY COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	7.8	5.0	↓	26.0	15.6	↓
Binge Drinking	2.8	2.6	↓	9.0	6.5	↓
Cigarettes	2.3	1.1	↓	6.1	1.7	↓
Vaping Nicotine	9.4	3.8	↓	28.2	13.3	↓
Vaping Marijuana	--	2.5		--	10.5	
Marijuana or Hashish	4.2	3.3	↓	15.9	12.1	↓
Synthetic Marijuana	--	--		1.2	0.9	↓
Inhalants	4.8	2.2	↓	1.7	1.2	↓
Club Drugs	0.2	0.4	↑	0.4	0.3	↓
LSD, PCP or Mushrooms	0.1	0.1	↔	0.7	1.3	↑
Methamphetamine	0	0.4	↑	0.4	0.6	↑
Cocaine or Crack	0.7	0.1	↓	0.4	0.6	↑
Heroin	0.2	0	↓	0	0	↔
Prescription Depressants	1.7	0	↓	2.0	0.5	↓
Prescription Pain Relievers	0.9	1.8	↑	0.6	0.6	↔
Prescription Amphetamines	0.9	0.3	↓	1.9	1.5	↓
Over-the-Counter Drugs	1.1	1.3	↑	1.9	0.6	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

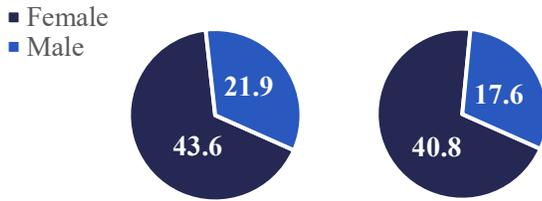
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	31.6	30.4	↓	33.3	28.2	↓
At times I think I am no good at all	41.4	45.1	↑	45.4	44.1	↓
All in all, I am inclined to think that I am a failure	28.1	33.8	↑	31.1	32.5	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	44.9	43.5	↓	46.7	43.8	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	15.4	--	14.0
Made a suicide plan	--	10.7	--	12.0
Attempted suicide one or more times	--	8.8	--	6.5
Suicide attempt that required medical care	--	1.4	--	1.2
*First collection	2022		2022	
Thought about committing suicide	39.5	--	37.3	--
Attempted suicide	10.9	--	8.9	--

FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

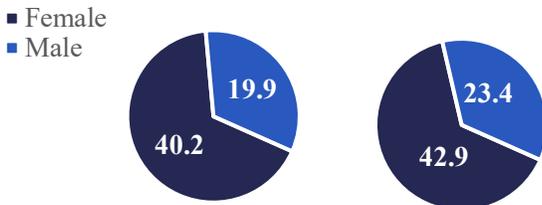
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



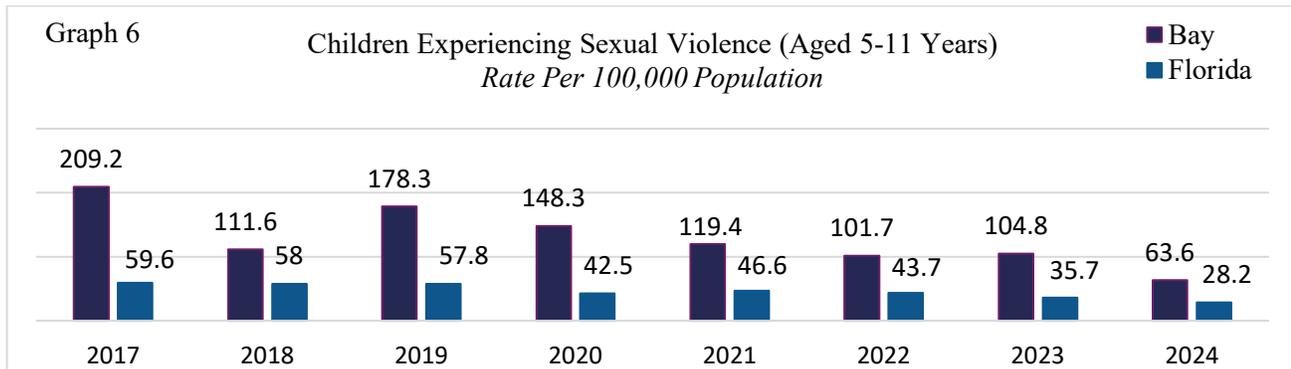
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



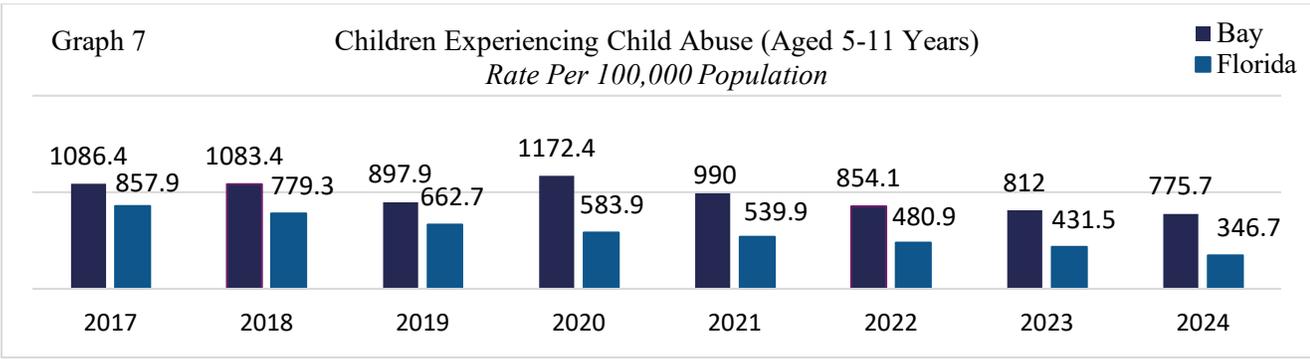
Childhood Trauma¹⁵⁷ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

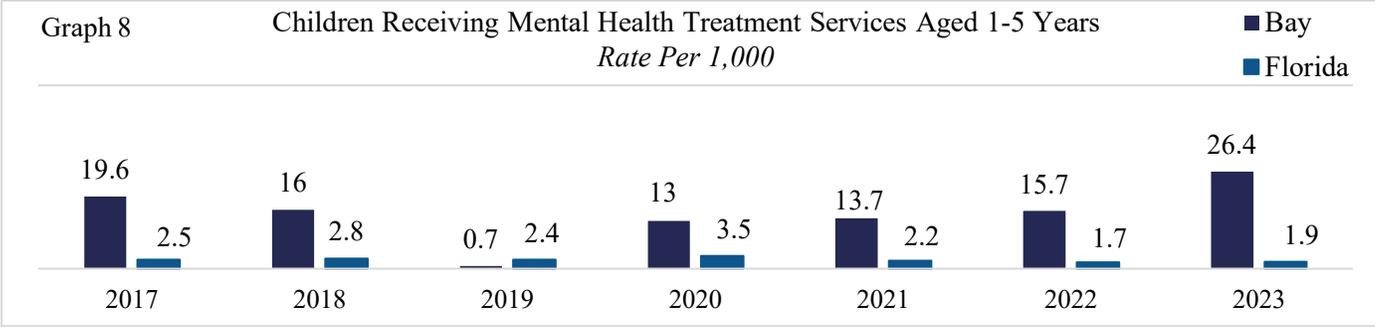
Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



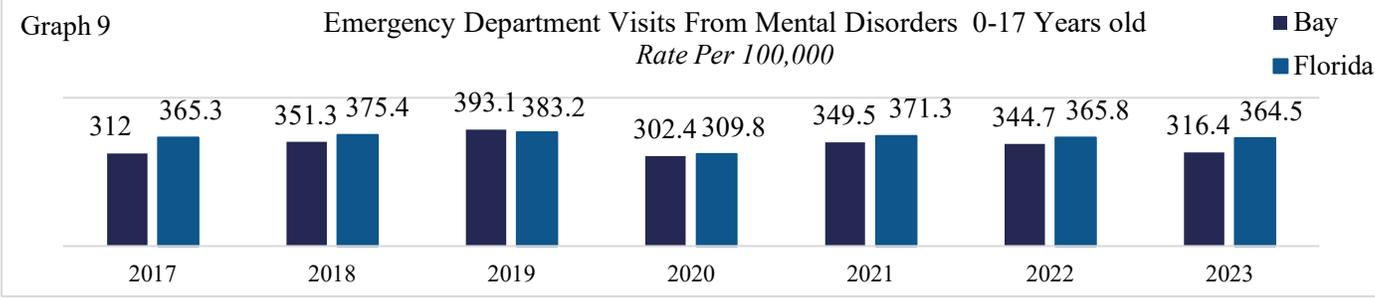
¹⁵⁷ Data Source: Florida Department of Children and Families, Florida Safe Families Network



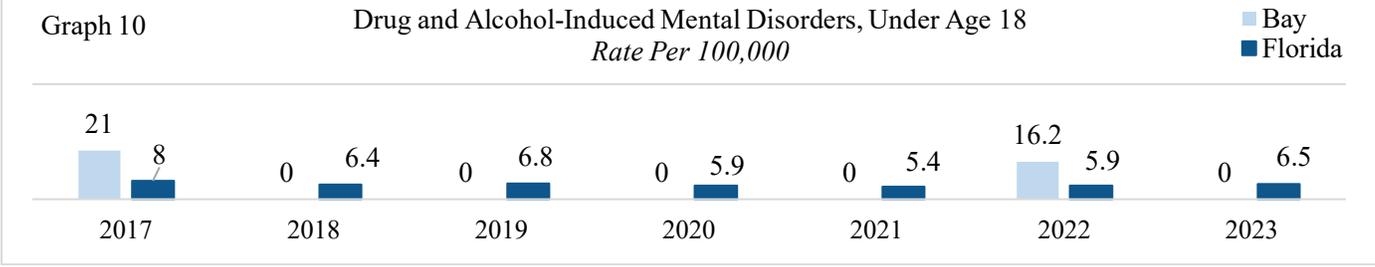
Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁵⁸. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁵⁹.

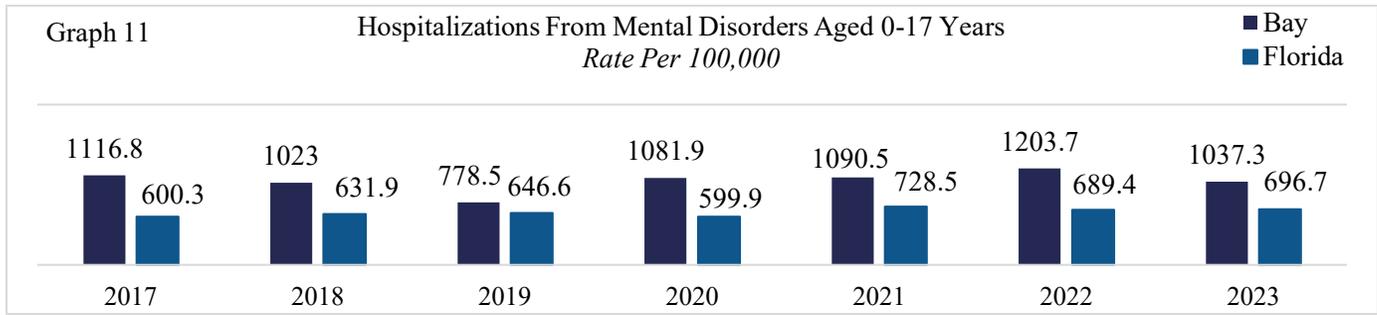


Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁶⁰, Under Age 18.



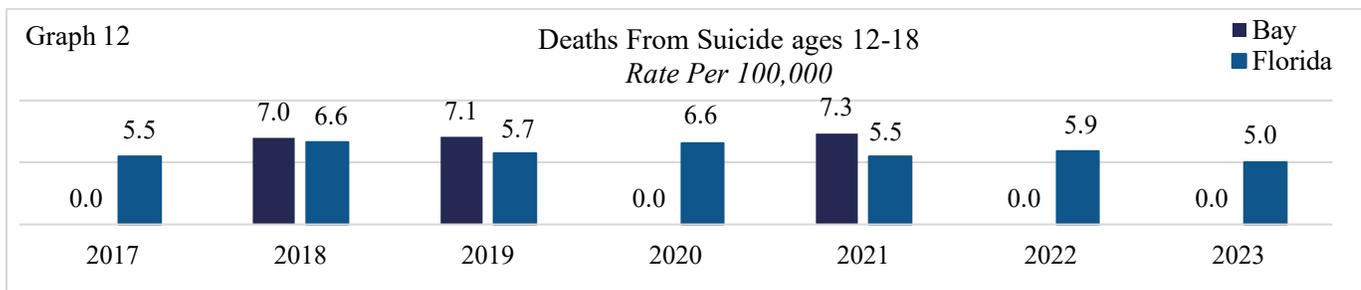
¹⁵⁸ Data Source: Florida Department of Children and Families
¹⁵⁹ Florida Agency for Health Care Administration
¹⁶⁰ Florida Agency for Health Care Administration

Graph 11. Hospitalizations From Mental Disorders¹⁶¹ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



Suicide

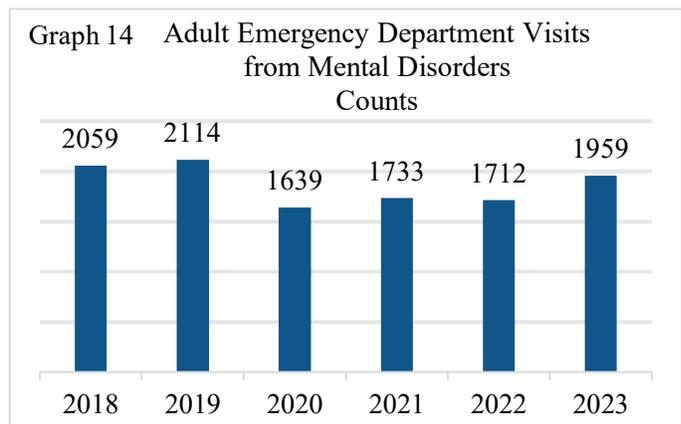
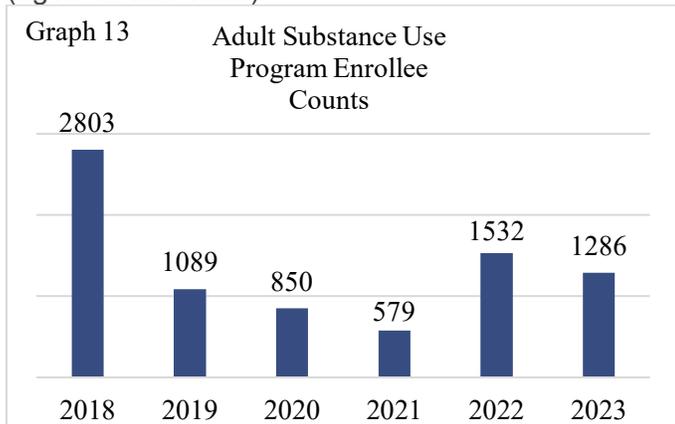
Graph 12. Death Rates from Suicide¹⁶² ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

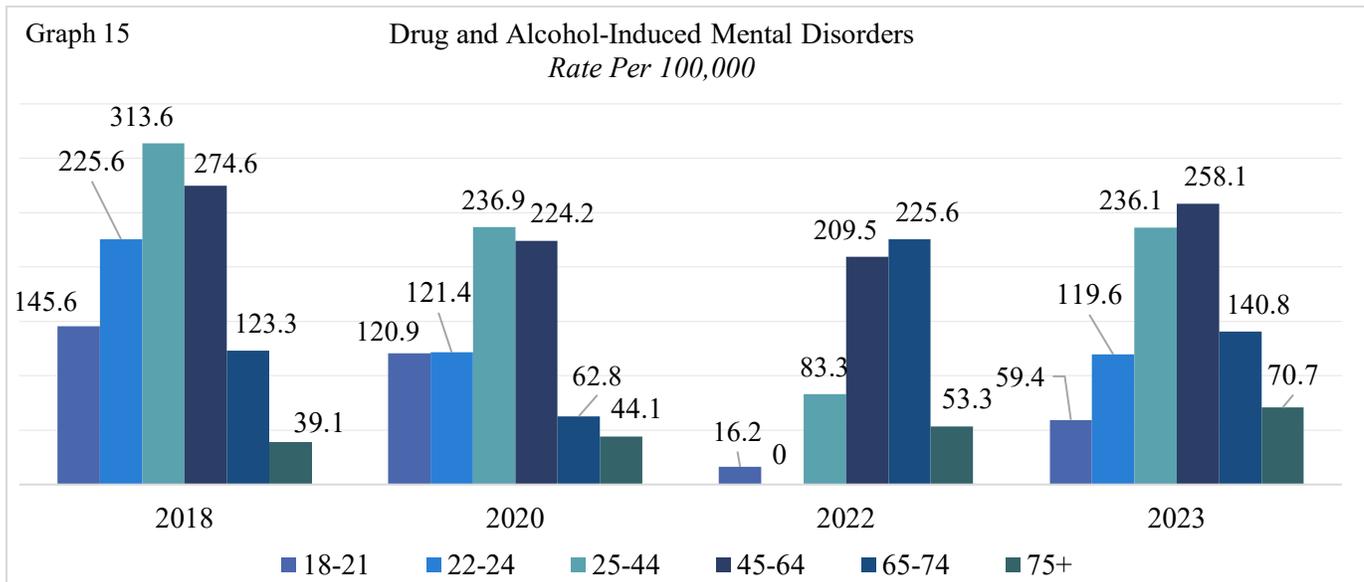
Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



¹⁶¹ Florida Agency for Health Care Administration

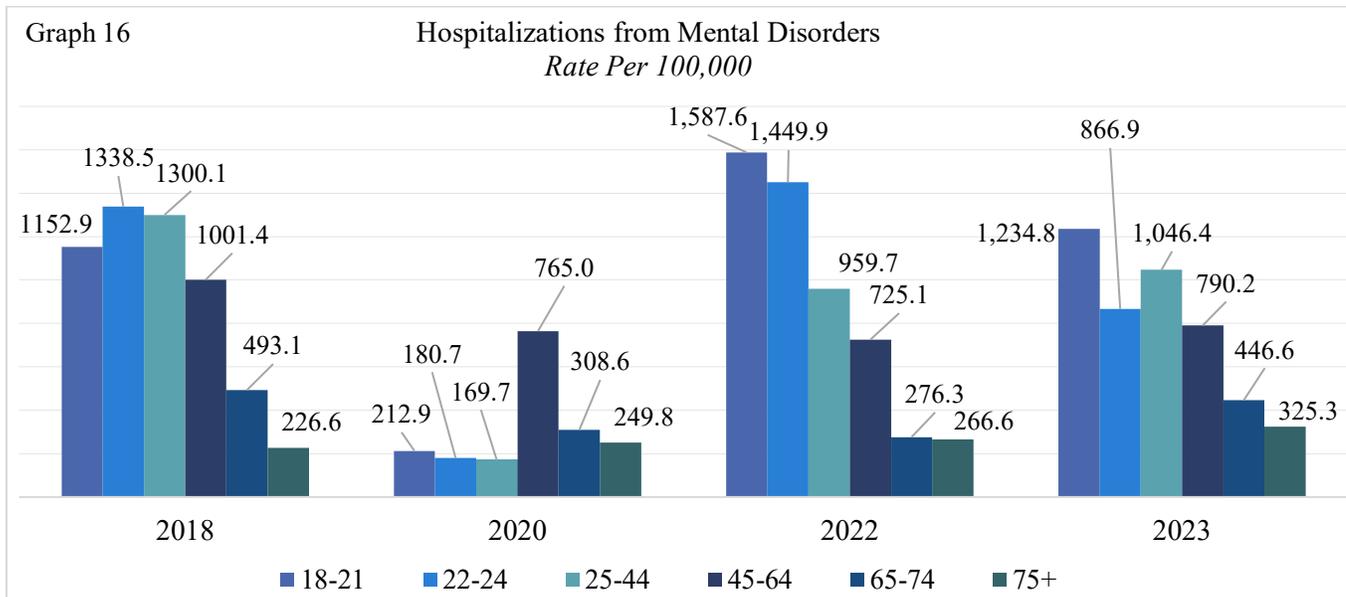
¹⁶² Data Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations for Mental and Behavioral Health Disorders¹⁶³
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



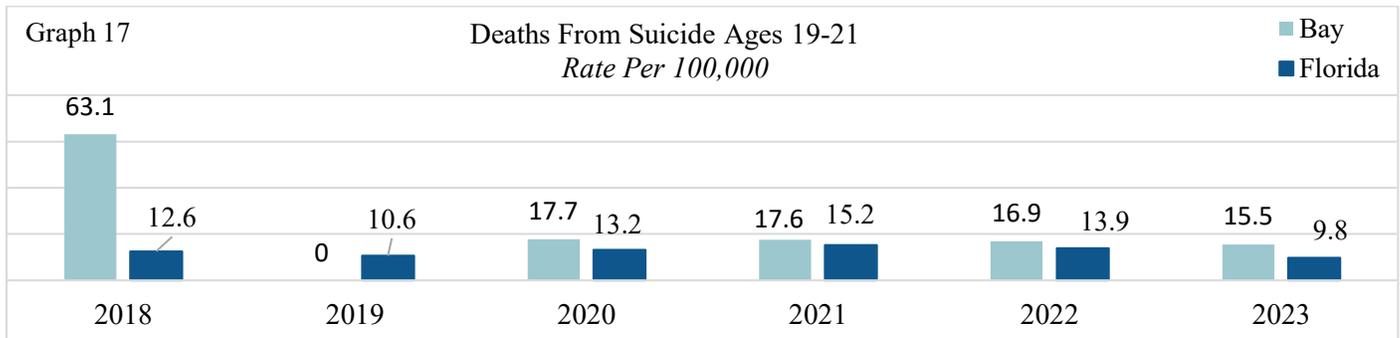
¹⁶³ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders¹⁶⁴, by Age Ranges



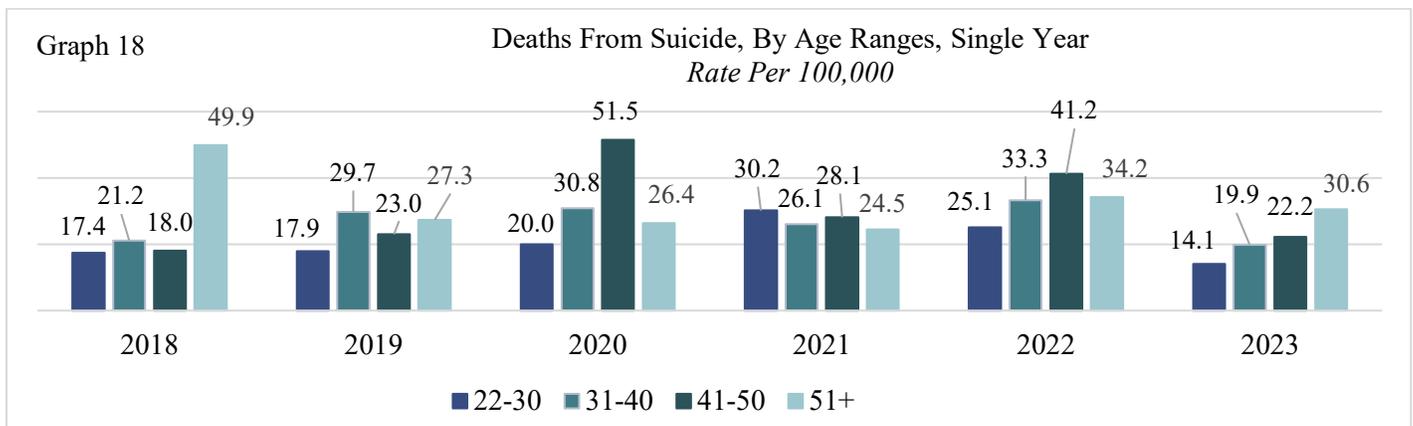
Adult Suicide¹⁶⁵

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide¹⁶⁶

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



¹⁶⁴ Data Source: Florida Agency for Health Care Administration

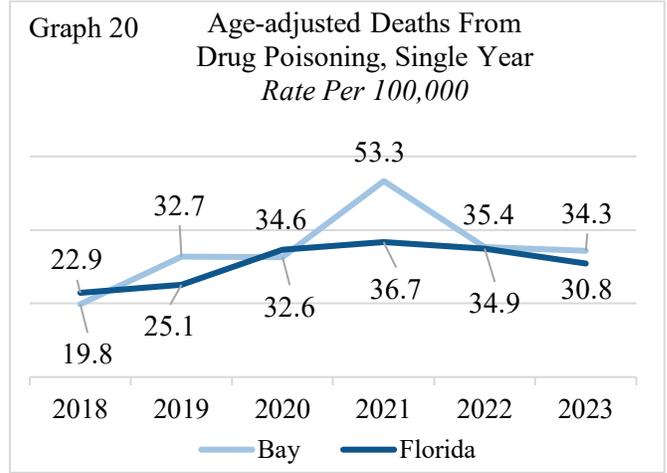
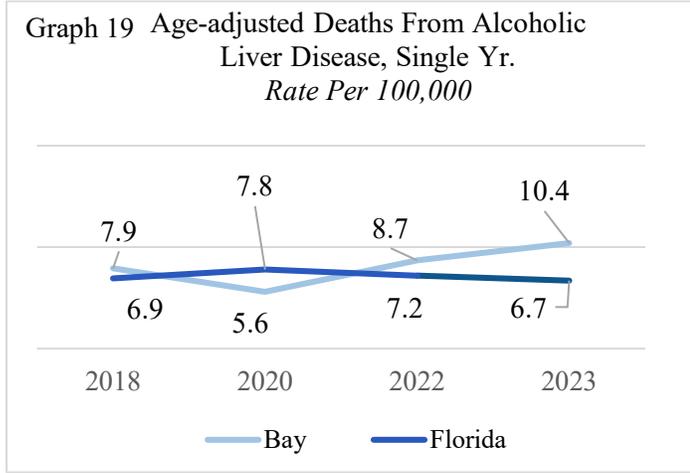
¹⁶⁵ Florida Department of Health, Bureau of Vital Statistics

¹⁶⁶ Florida Agency for Health Care Administration

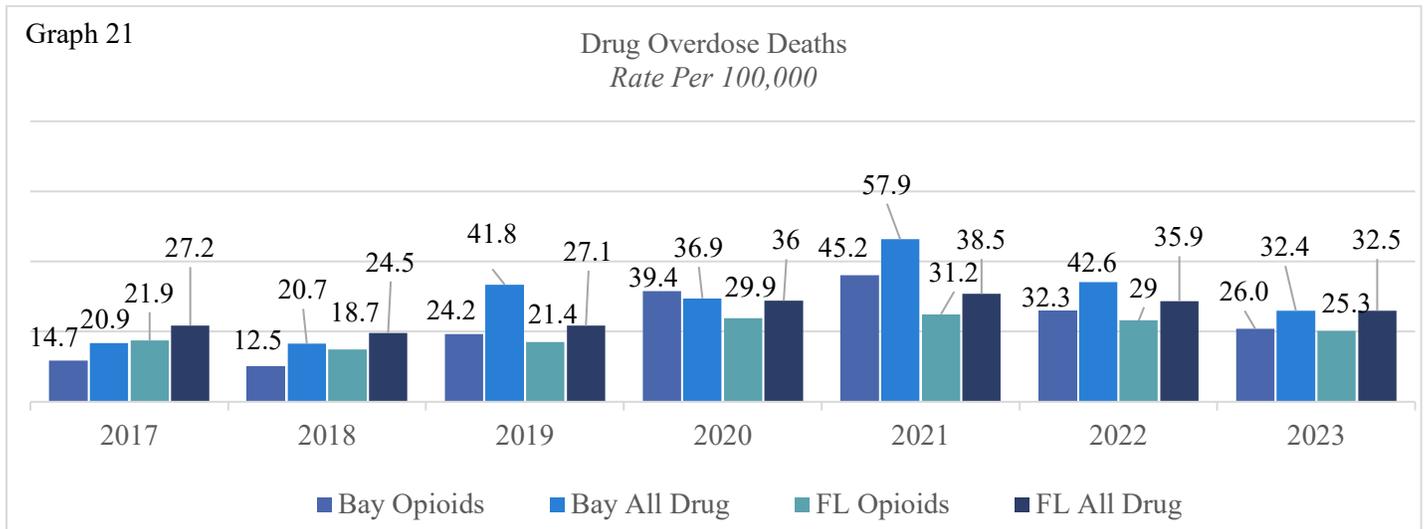
Adult Alcohol and Drug-Related Deaths¹⁶⁷

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹⁶⁸, Single Year.



Graph 21. Drug Overdose Death¹⁶⁹, All Ages. Opioids and All Drugs State Comparison



¹⁶⁷ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁶⁸ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

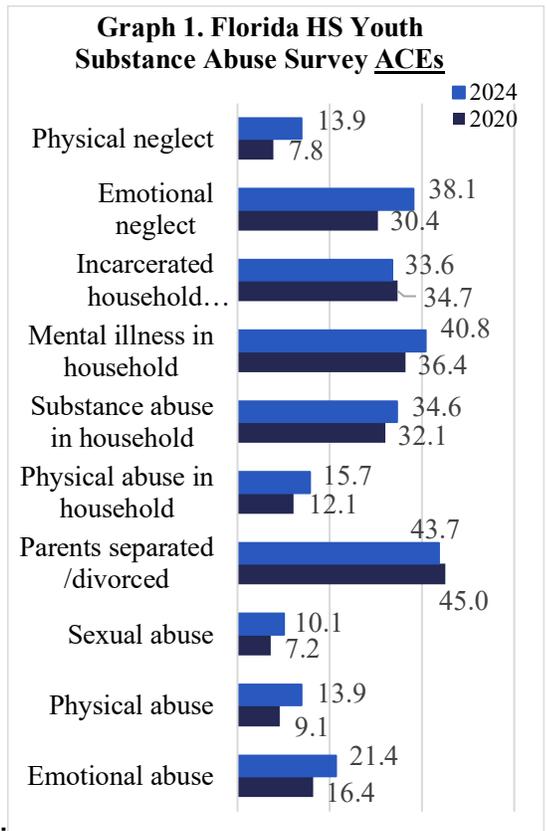
¹⁶⁹ Florida Department of Law Enforcement

CALHOUN COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	10.8	11.4	↑	24.3	17.1	↓
Binge Drinking	5.3	5.5	↑	13.9	9.1	↓
Cigarettes	2.3	4.8	↑	12.4	4.3	↓
Vaping Nicotine	4.3	9.6	↑	24.7	22.0	↓
Vaping Marijuana	--	4.6		--	12.4	
Marijuana or Hashish	4.3	5.5	↑	12.5	14.0	↑
Synthetic Marijuana	--	--		1.0	1.5	↑
Inhalants	1.8	2.8	↑	1.9	3.0	↑
Club Drugs	0.7	1.3	↑	0.4	0.2	↓
LSD, PCP or Mushrooms	0.9	1.3	↑	0.8	1.4	↑
Methamphetamine	0.9	1.2	↑	1.5	0.6	↓
Cocaine or Crack	0.9	0	↓	0.4	0	↓
Heroin	0	0.3	↑	0	0.2	↑
Prescription Depressants	1.4	2.5	↑	3.3	0.2	↓
Prescription Pain Relievers	0.9	4.4	↑	2.6	1.6	↓
Prescription Amphetamines	0	4.1	↑	0.7	0.8	↑
Over-the-Counter Drugs	1.1	1.3	↑	1.9	0.6	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

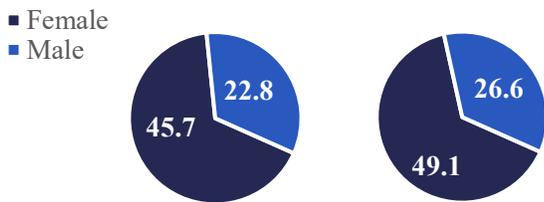
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	30.3	36.6	↑	37.9	39.1	↑
At times I think I am no good at all	41.5	44.3	↑	45.2	48.7	↑
All in all, I am inclined to think that I am a failure	26.6	34.5	↑	31.4	36.7	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes?	41.7	52.3	↑	46.4	51.7	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	16.5	--	19.5
Made a suicide plan	--	13.3	--	13.2
Attempted suicide one or more times	--	10.3	--	12.4
Suicide attempt that required medical care	--	1.8	--	1.5
*First collection	2022		2022	
Thought about committing suicide	41.2	--	37.3	--
Attempted suicide	17.2	--	12.7	--

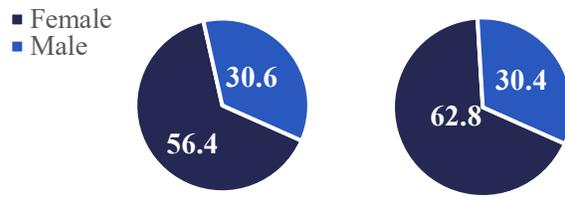
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

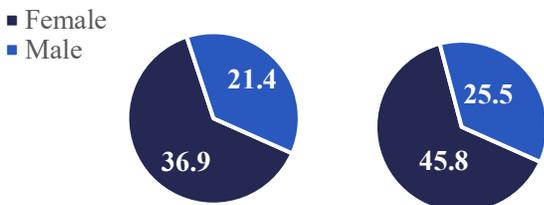
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



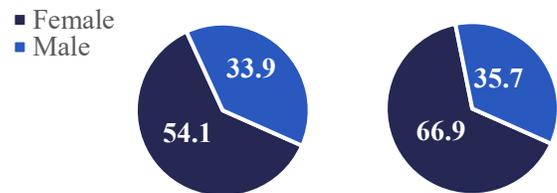
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure

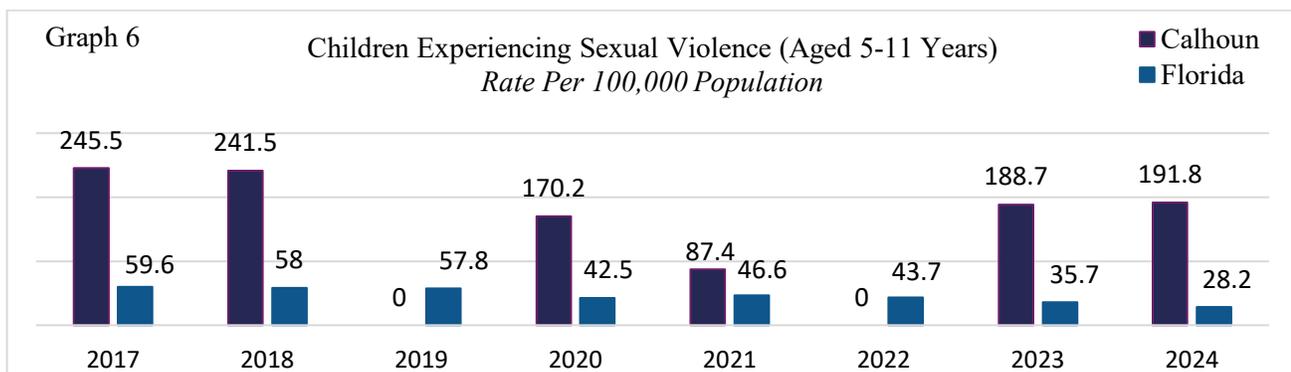


Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma¹⁷⁰ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

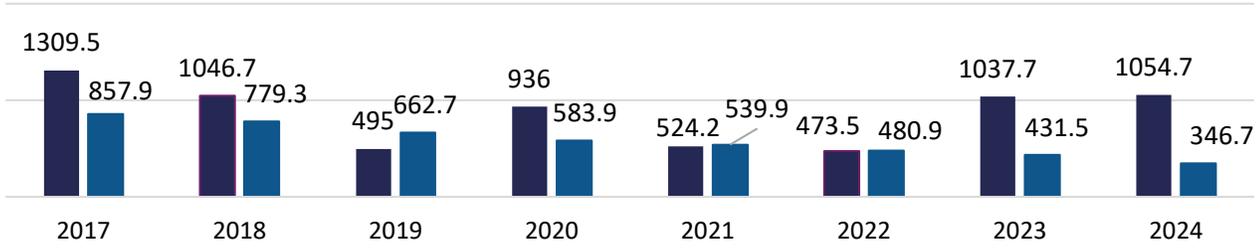


¹⁷⁰ Data Source: Florida Department of Children and Families, Florida Safe Families Network

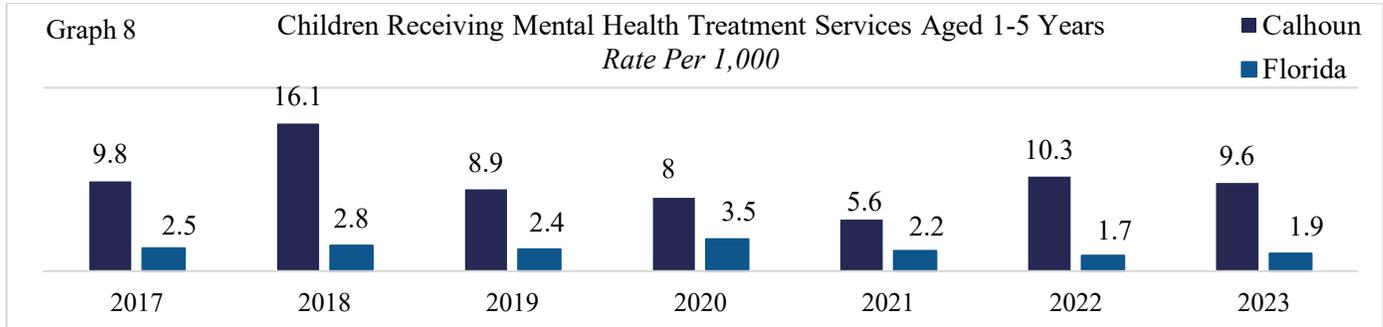
Graph 7

Children Experiencing Child Abuse (Aged 5-11 Years)
Rate Per 100,000 Population

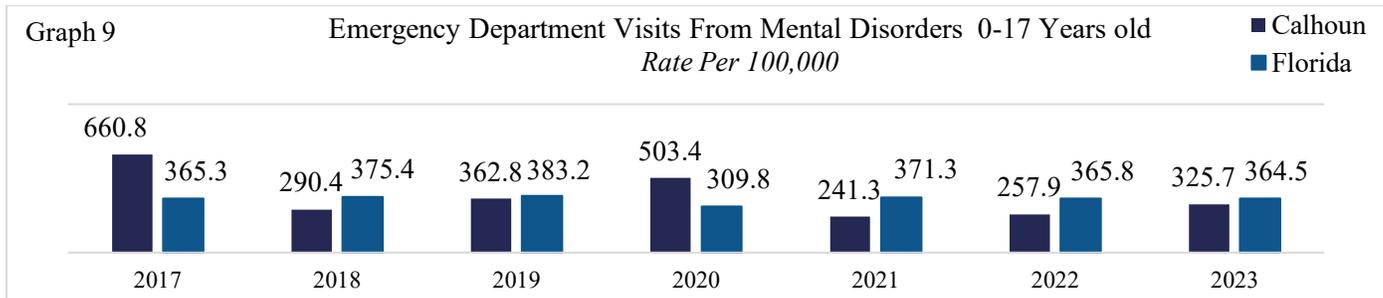
■ Calhoun
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁷¹. Data for other age groups is not available.



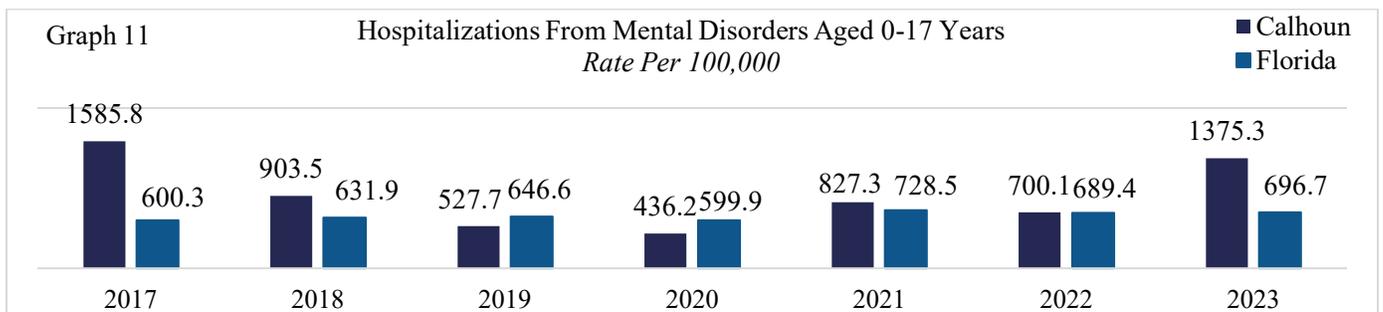
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁷².



Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁷³, Under Age 18.

Note: Calhoun County data are not available.

Graph 11. Hospitalizations From Mental Disorders¹⁷⁴ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



¹⁷¹ Data Source: Florida Department of Children and Families

¹⁷² Florida Agency for Health Care Administration

¹⁷³ Florida Agency for Health Care Administration

¹⁷⁴ Florida Agency for Health Care Administration

Suicide

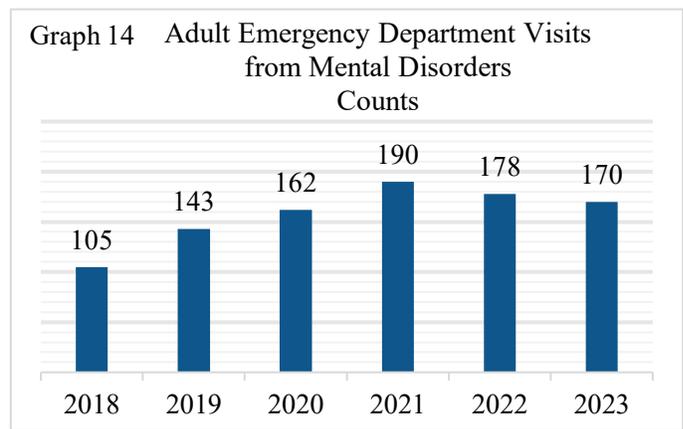
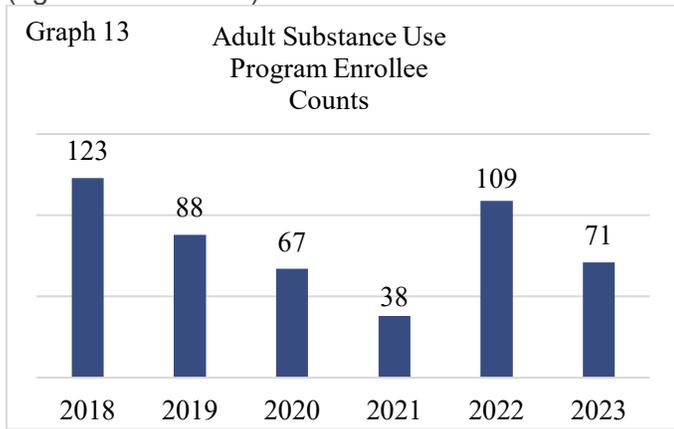
Graph 12. Death Rates from Suicide¹⁷⁵ ages 12-18.

Note: Calhoun County data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

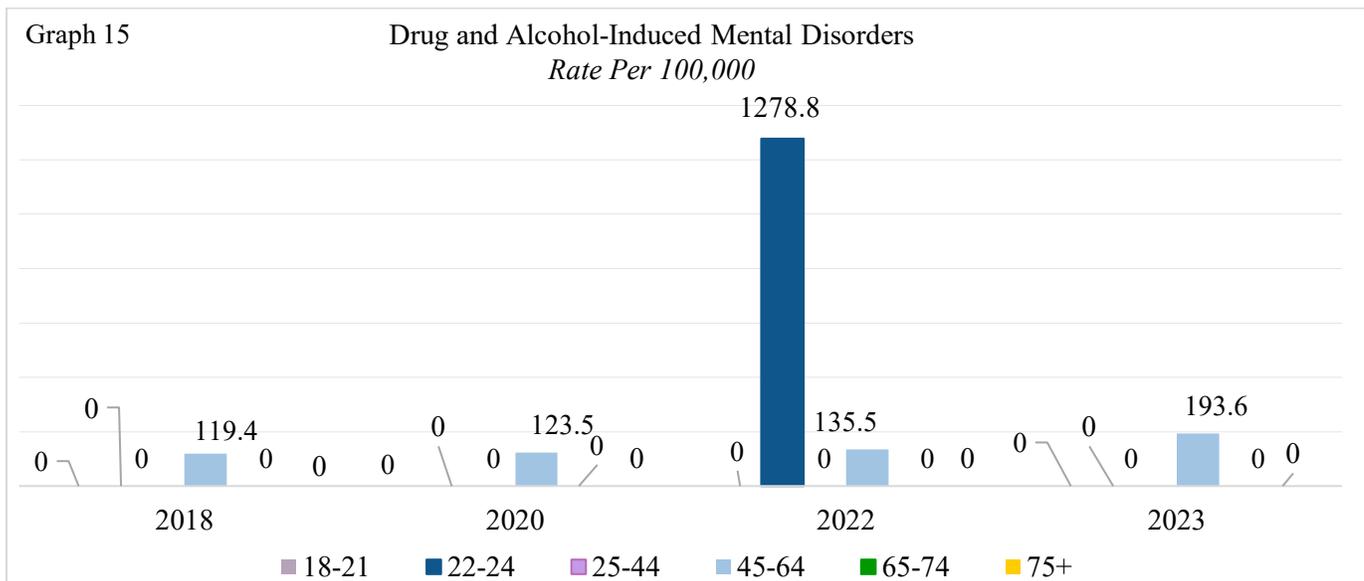
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders¹⁷⁶

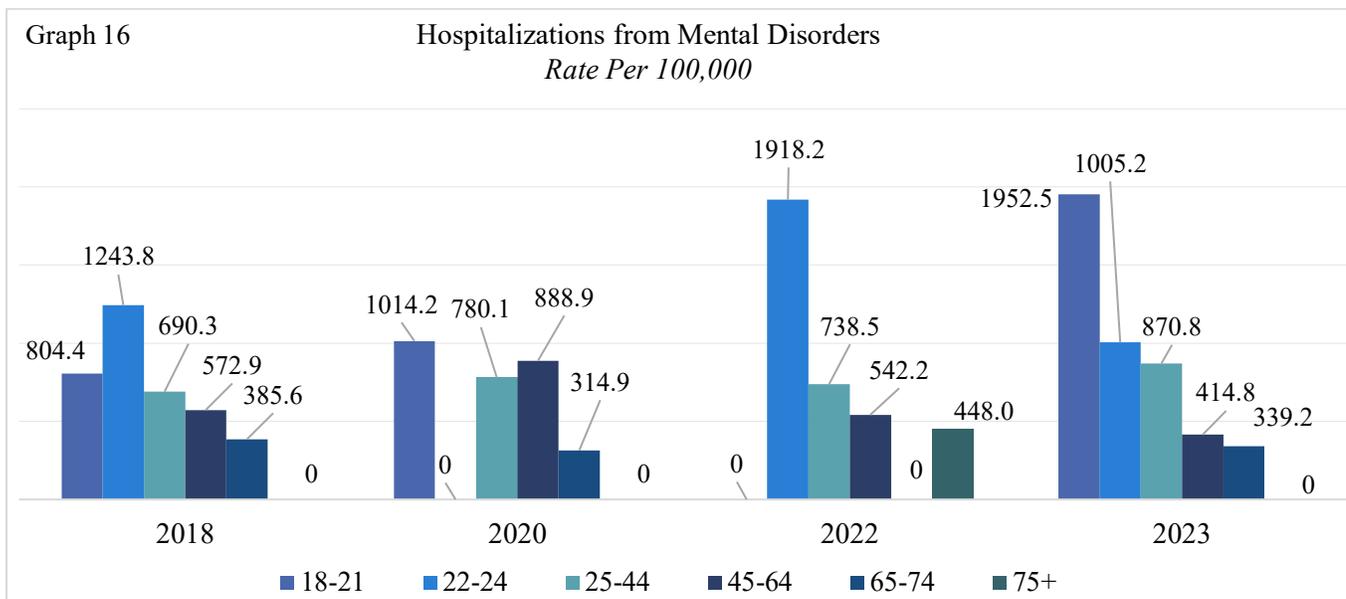
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



¹⁷⁵ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁷⁶ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders¹⁷⁷, by Age Ranges



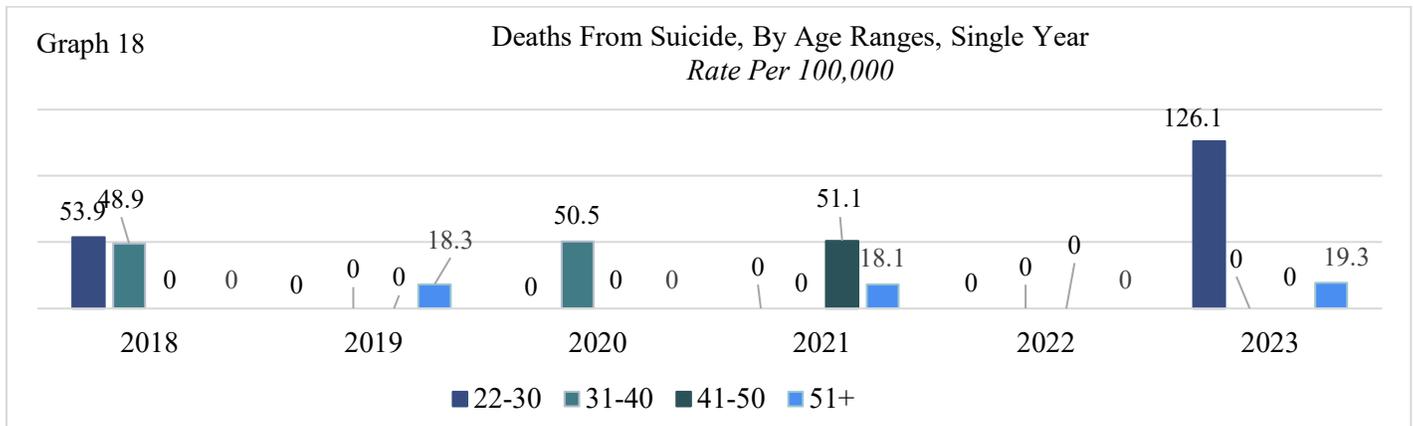
Adult Suicide¹⁷⁸

Graph 17. Deaths From Suicide Ages 19-21

Note: Calhoun County data are not available.

Adult Mental Health and Suicide¹⁷⁹

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



¹⁷⁷ Data Source: Florida Agency for Health Care Administration

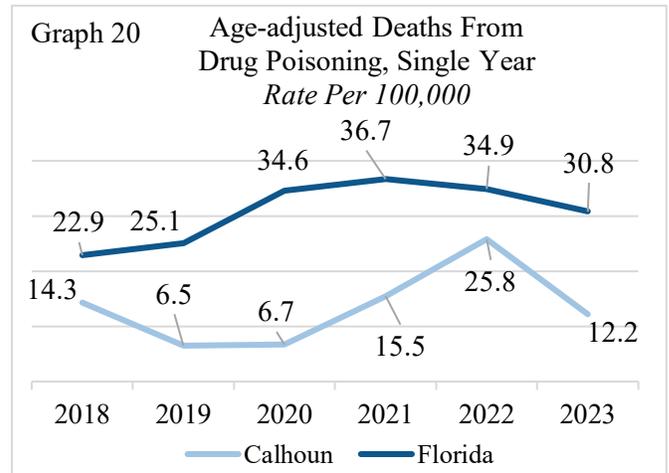
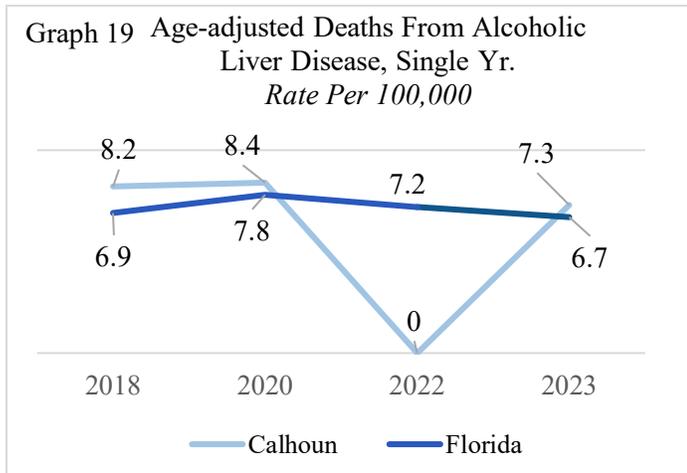
¹⁷⁸ Florida Department of Health, Bureau of Vital Statistics

¹⁷⁹ Florida Agency for Health Care Administration

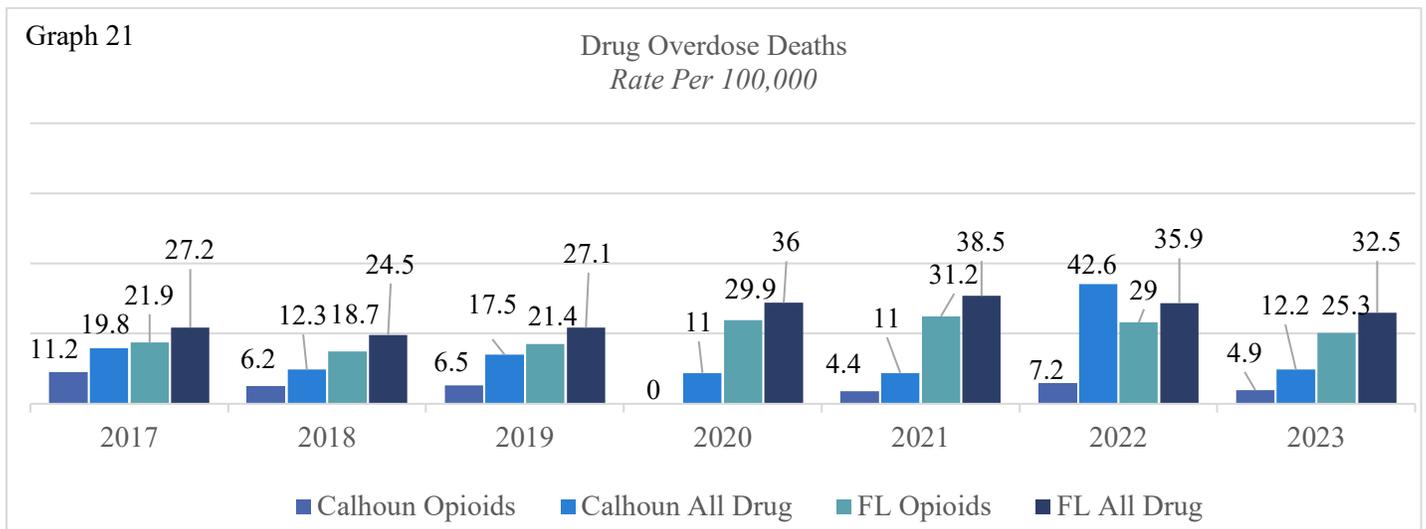
Adult Alcohol and Drug-Related Deaths¹⁸⁰

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹⁸¹, Single Year.



Graph 21. Drug Overdose Death¹⁸², All Ages. Opioids and All Drugs State Comparison



¹⁸⁰ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁸¹ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

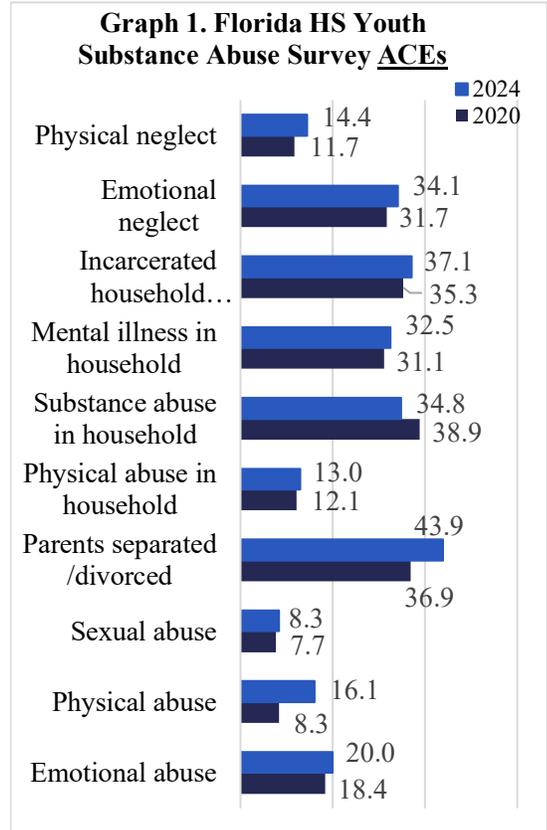
¹⁸² Florida Department of Law Enforcement

GULF COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	6.3	9.4	↑	32.5	17.7	↓
Binge Drinking	6.1	5.1	↓	19.3	7.5	↓
Cigarettes	0.6	0	↓	9.4	1.6	↓
Vaping Nicotine	9.7	7.1	↓	31.2	21.1	↓
Vaping Marijuana	--	3.1		--	13.3	
Marijuana or Hashish	5.7	2.4	↓	25.6	13.5	↓
Synthetic Marijuana	--	--		1.1	0.3	↓
Inhalants	2.0	2.8	↑	3.3	0.4	↓
Club Drugs	2.0	0.5	↓	2.1	1.1	↓
LSD, PCP or Mushrooms	0.7	0	↓	1.5	0.6	↓
Methamphetamine	1.2	0.8	↓	0	0.4	↑
Cocaine or Crack	0.7	0	↓	2.4	0	↓
Heroin	1.2	0	↓	0	0	↔
Prescription Depressants	1.9	1.7	↓	2.2	1.3	↓
Prescription Pain Relievers	1.9	1.3	↓	0.4	0.9	↑
Prescription Amphetamines	0.7	0	↓	1.1	0.2	↓
Over-the-Counter Drugs	3.0	2.3	↓	3.4	0	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

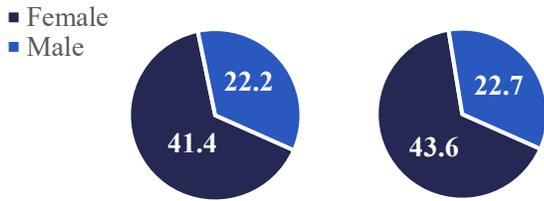
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	26.5	31.5	↑	36.0	34.4	↓
At times I think I am no good at all	36.9	44.0	↑	47.1	45.6	↓
All in all, I am inclined to think that I am a failure	23.4	27.6	↑	27.1	32.8	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	42.2	49	↑	45.2	49.7	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	13.8	--	18.3
Made a suicide plan	--	12.8	--	15.1
Attempted suicide one or more times	--	12.9	--	7.5
Suicide attempt that required medical care	--	1.1	--	2.3
*First collection	2022		2022	
Thought about committing suicide	31.9	--	40.5	--
Attempted suicide	9.6	--	9.0	--

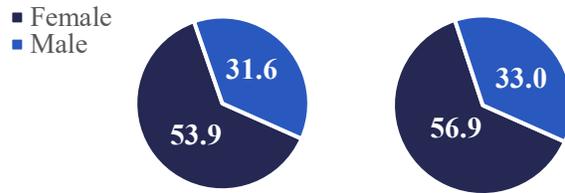
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

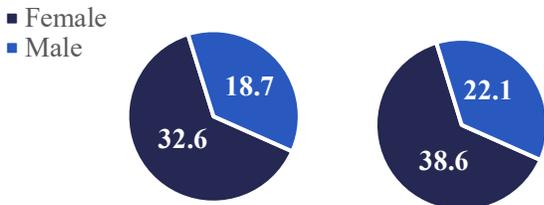
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



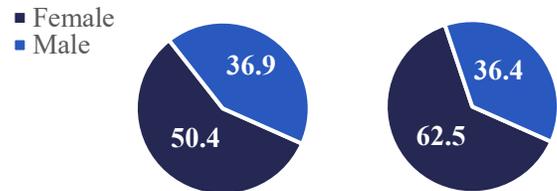
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure

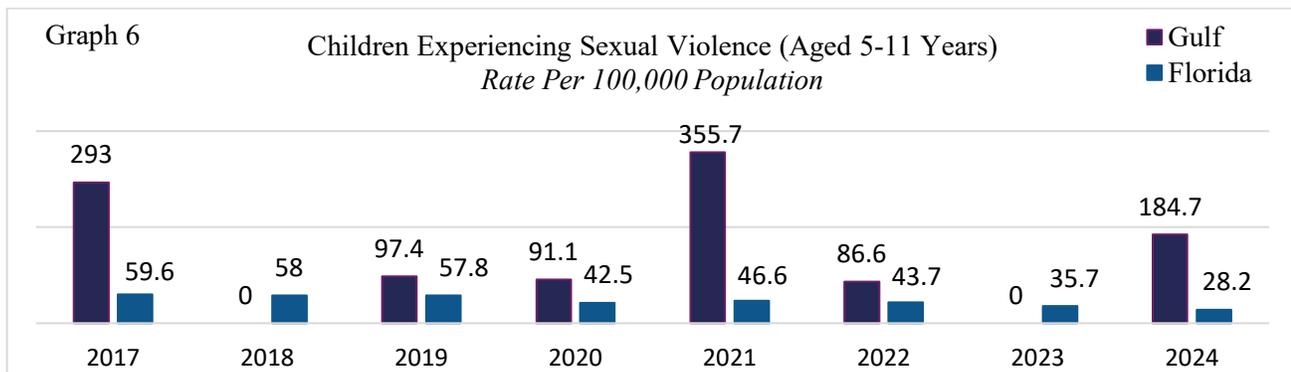


Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma¹⁸³ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence. Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

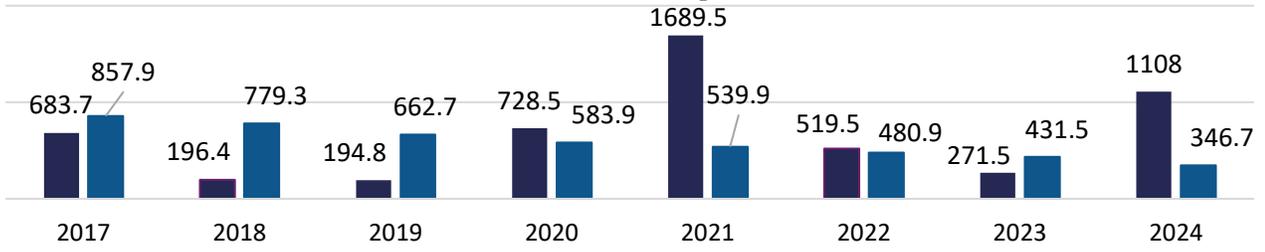


¹⁸³ Data Source: Florida Department of Children and Families, Florida Safe Families Network

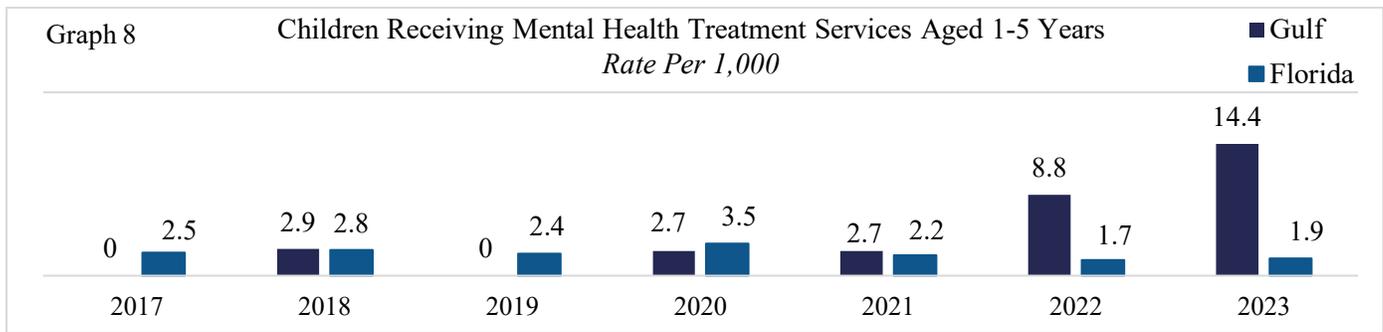
Graph 7

Children Experiencing Child Abuse (Aged 5-11 Years)
Rate Per 100,000 Population

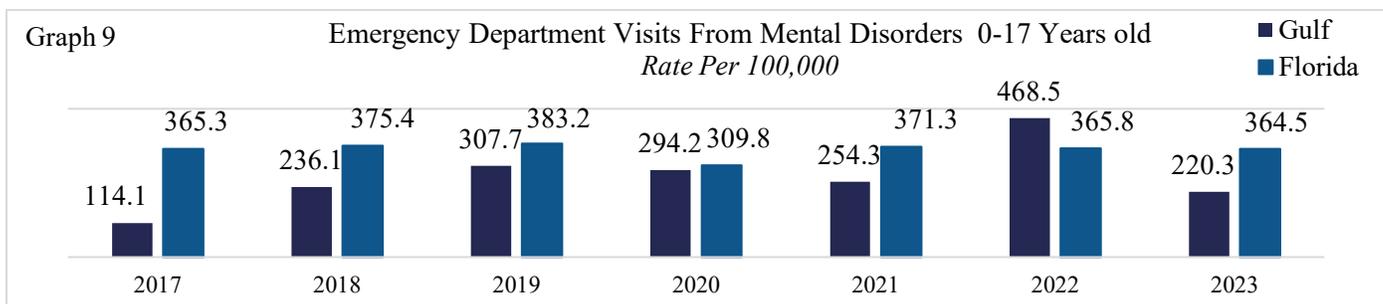
■ Gulf
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁸⁴. Data for other age groups is not available.



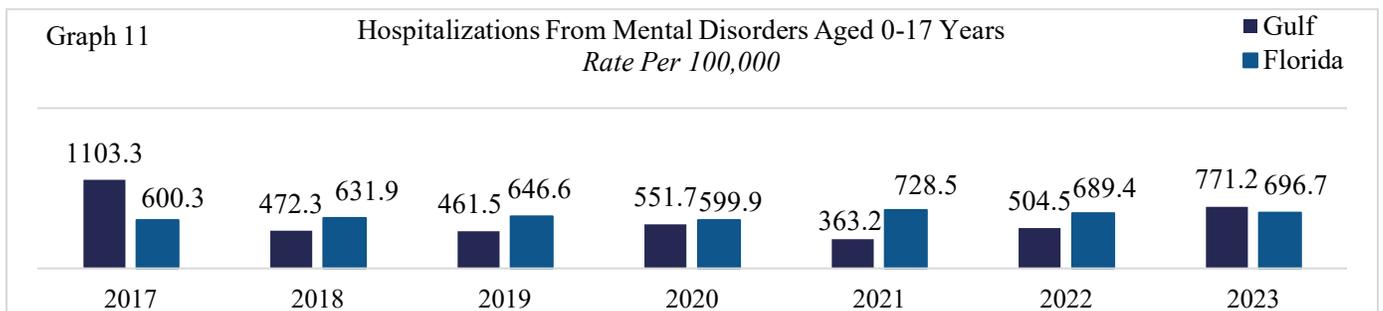
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁸⁵.



Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁸⁶, Under Age 18.

Note: Gulf County data are not available.

Graph 11. Hospitalizations From Mental Disorders¹⁸⁷ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



¹⁸⁴ Data Source: Florida Department of Children and Families

¹⁸⁵ Florida Agency for Health Care Administration

¹⁸⁶ Florida Agency for Health Care Administration

¹⁸⁷ Florida Agency for Health Care Administration

Suicide

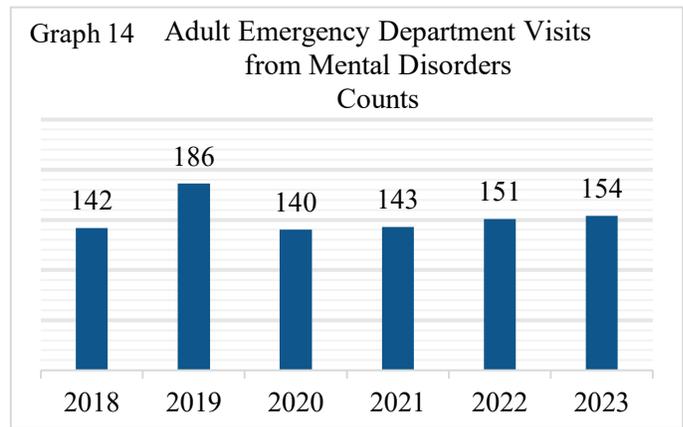
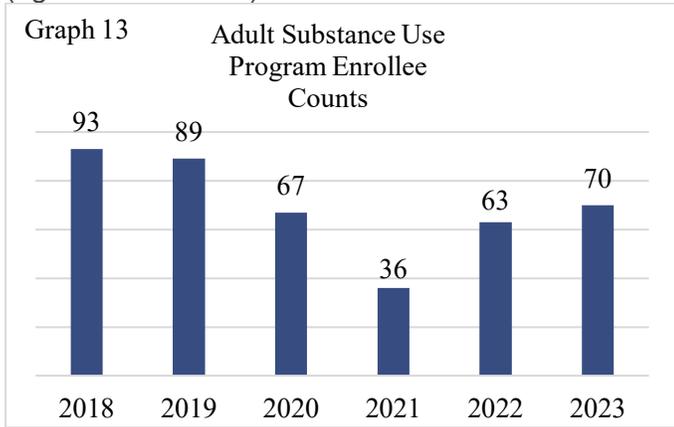
Graph 12. Death Rates from Suicide¹⁸⁸ ages 12-18.

Note: Gulf data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

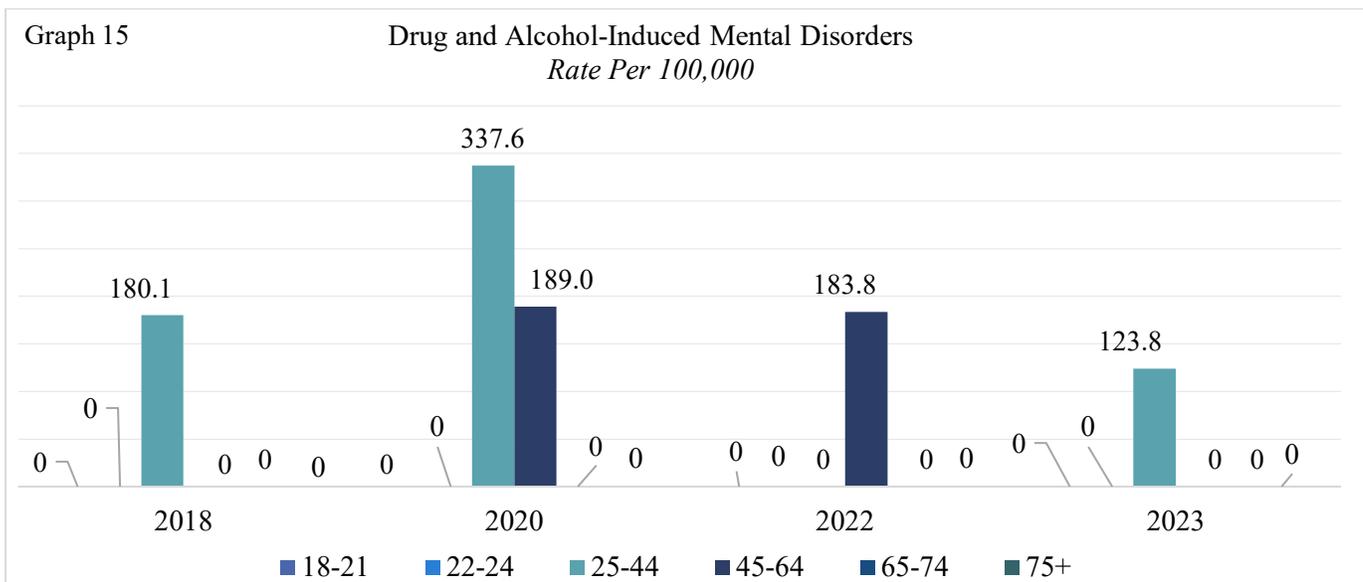
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders¹⁸⁹

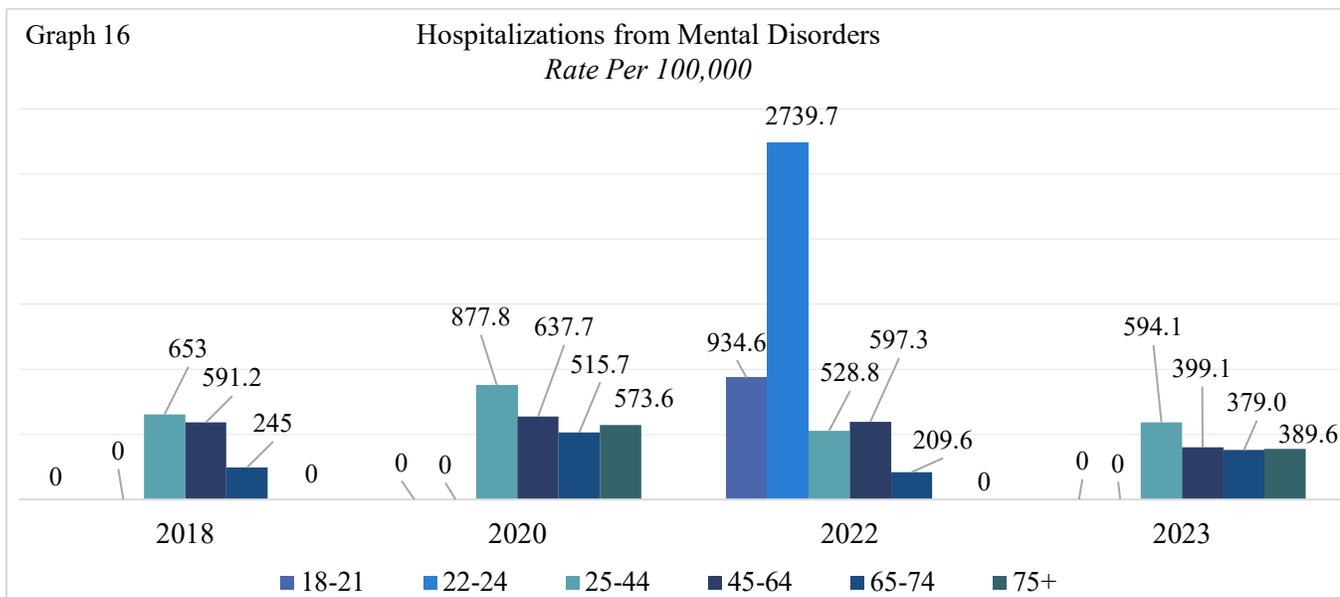
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



¹⁸⁸ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁸⁹ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders¹⁹⁰, by Age Ranges



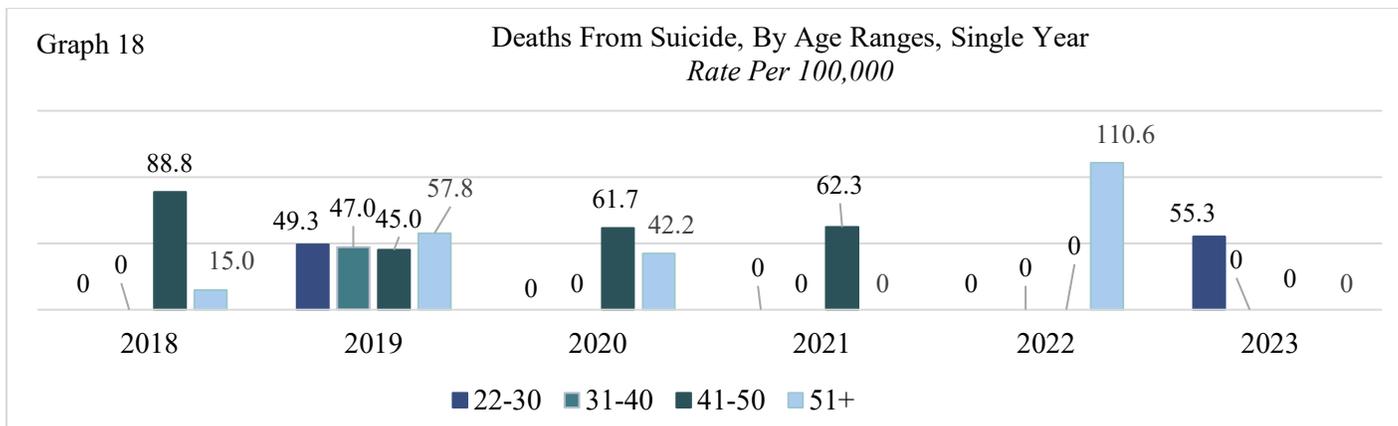
Adult Suicide¹⁹¹

Graph 17. Deaths From Suicide Ages 19-21

Note: Gulf County data are not available.

Adult Mental Health and Suicide¹⁹²

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



¹⁹⁰ Data Source: Florida Agency for Health Care Administration

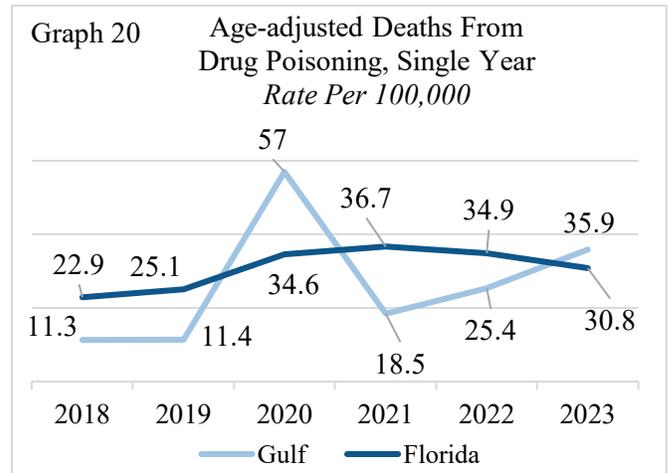
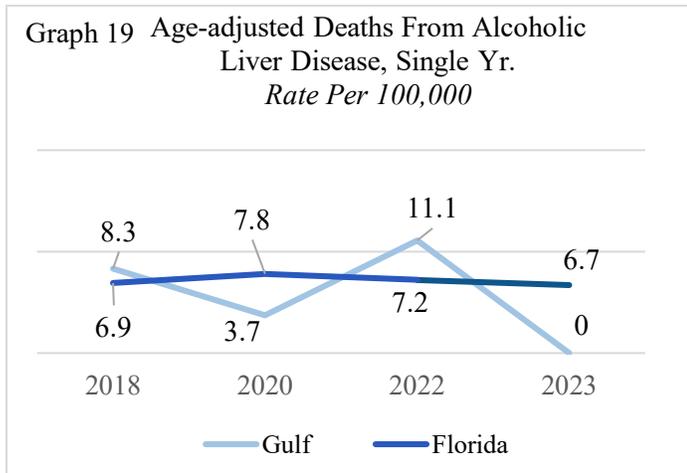
¹⁹¹ Florida Department of Health, Bureau of Vital Statistics

¹⁹² Florida Agency for Health Care Administration

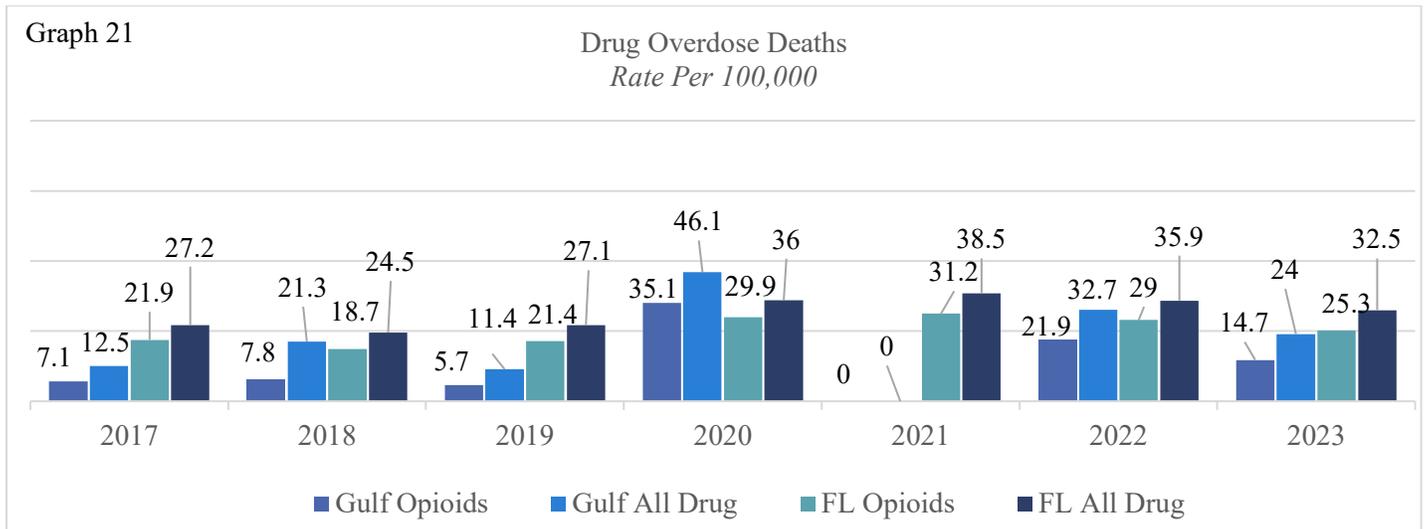
Adult Alcohol and Drug-Related Deaths¹⁹³

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning¹⁹⁴, Single Year.



Graph 21. Drug Overdose Death¹⁹⁵, All Ages. Opioids and All Drugs State Comparison



¹⁹³ Data Source: Florida Department of Health, Bureau of Vital Statistics

¹⁹⁴ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

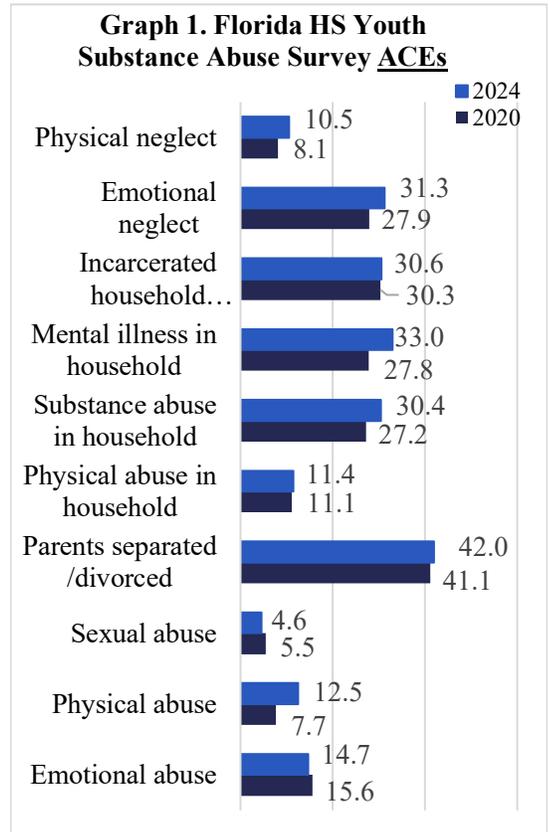
¹⁹⁵ Florida Department of Law Enforcement

HOLMES COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	8.4	8.1	↓	22.7	14.2	↓
Binge Drinking	3.1	4.4	↑	10.2	11.6	↑
Cigarettes	1.9	1.1	↓	7.3	3.9	↓
Vaping Nicotine	5.0	7.8	↑	19.2	16.3	↓
Vaping Marijuana	--	--		--	9.9	
Marijuana or Hashish	2.9	3.8	↓	12.3	11.2	↓
Synthetic Marijuana	--	--		2.0	0.1	↓
Inhalants	2.8	2.2	↓	2.3	1.9	↓
Club Drugs	0.1	0.6	↓	0.3	0	↓
LSD, PCP or Mushrooms	0.6	0.6	↔	0.9	1.7	↑
Methamphetamine	0.1	0	↓	1.2	0.2	↓
Cocaine or Crack	0	0	↔	0.6	0.5	↓
Heroin	0	0	↔	0	0	↔
Prescription Depressants	0.8	0	↓	1.9	0.6	↓
Prescription Pain Relievers	1.2	1.5	↑	0.9	1.3	↑
Prescription Amphetamines	0	0.3	↑	0	0	↓
Over-the-Counter Drugs	1.2	1.1	↓	1.4	1.3	↔

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

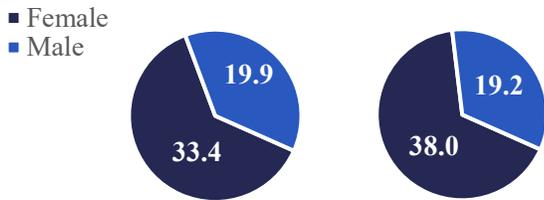
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	25.7	23.8	↓	26.7	31.4	↑
At times I think I am no good at all	37.3	40.8	↑	34.8	37.6	↑
All in all, I am inclined to think that I am a failure	22.9	23.3	↑	24.2	29.4	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	40.1	40.2	↑	39.3	42.3	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	12.7	--	16.9
Made a suicide plan	--	8.9	--	17.5
Attempted suicide one or more times	--	10.7	--	9.4
Suicide attempt that required medical care	--	3	--	1.1
*First collection	2022		2022	
Thought about committing suicide	23.7	--	30.5	--
Attempted suicide	6.2	--	8.3	--

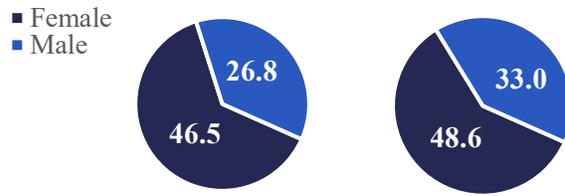
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

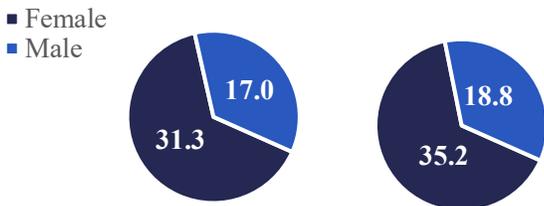
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



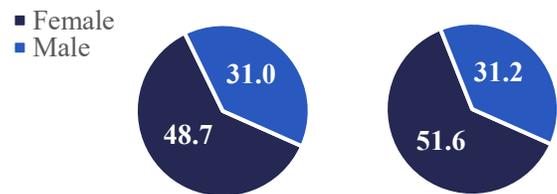
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



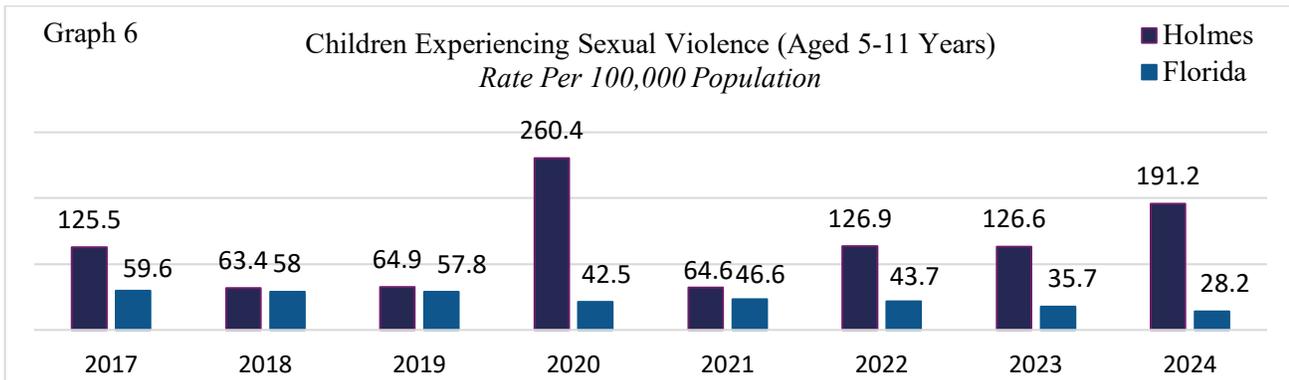
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma¹⁹⁶ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.



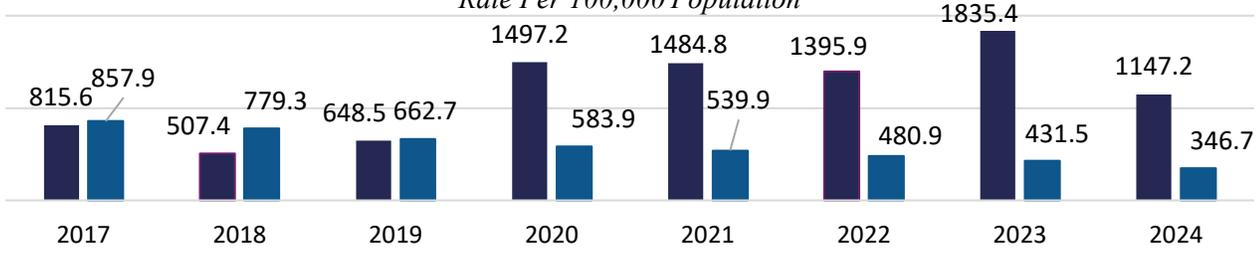
¹⁹⁶ Data Source: Florida Department of Children and Families, Florida Safe Families Network

Graph 7

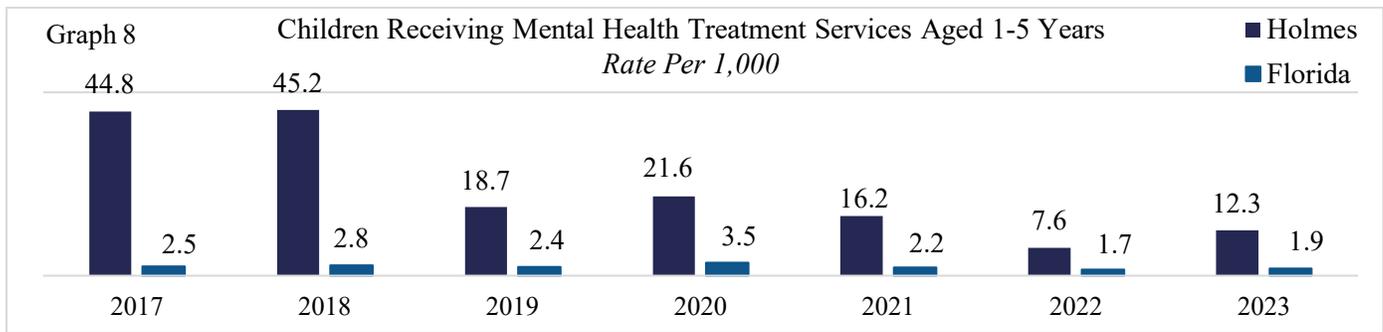
Children Experiencing Child Abuse (Aged 5-11 Years)

Rate Per 100,000 Population

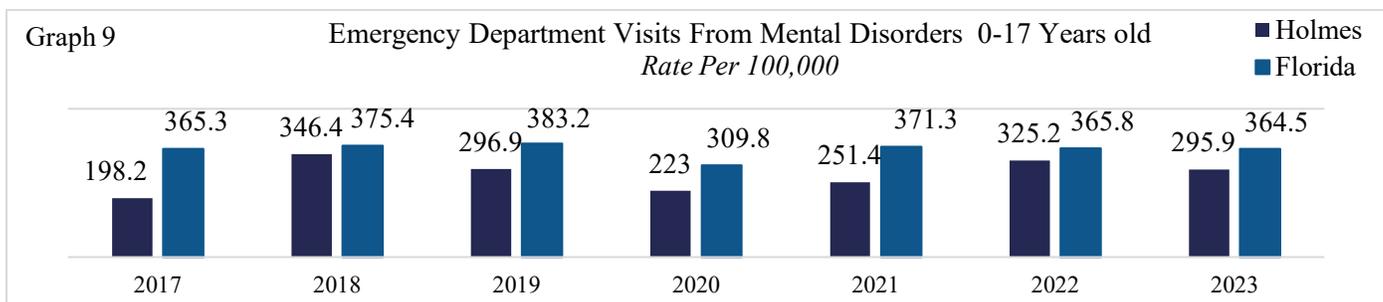
■ Holmes
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023¹⁹⁷. Data for other age groups is not available.



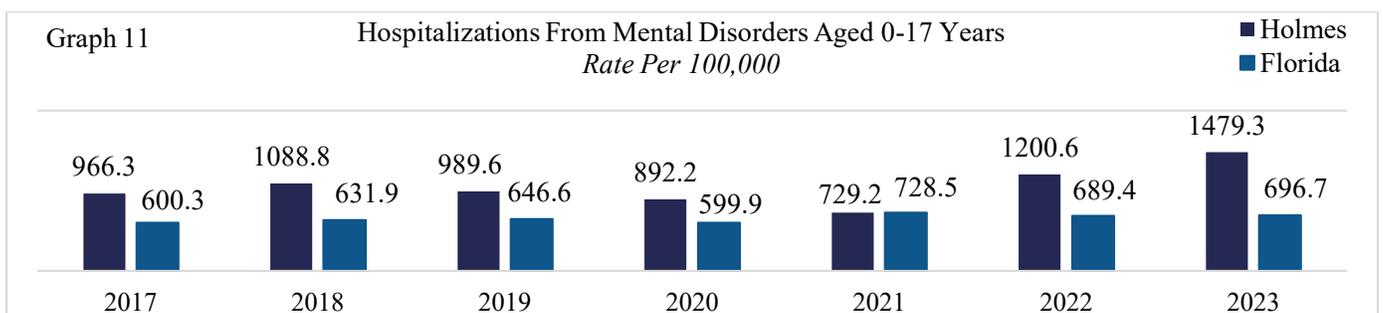
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023¹⁹⁸.



Graph 10. Drug and Alcohol-Induced Mental Disorders¹⁹⁹, Under Age 18.

Note: Holmes County data are not available.

Graph 11. Hospitalizations From Mental Disorders²⁰⁰ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



¹⁹⁷ Data Source: Florida Department of Children and Families

¹⁹⁸ Florida Agency for Health Care Administration

¹⁹⁹ Florida Agency for Health Care Administration

²⁰⁰ Florida Agency for Health Care Administration

Suicide

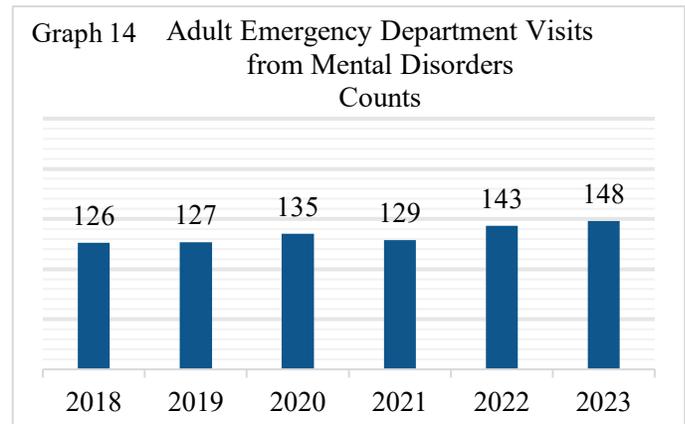
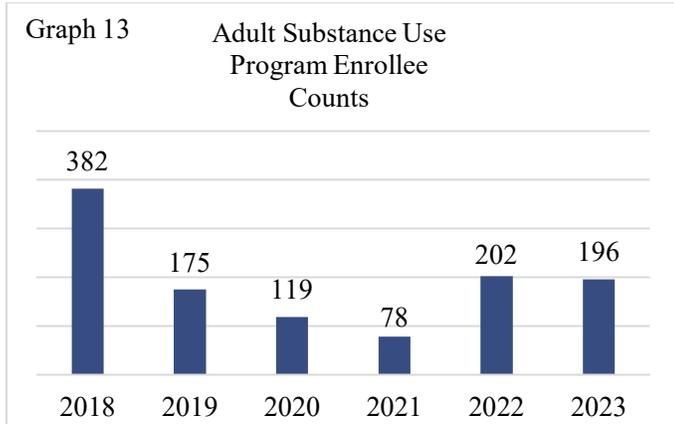
Graph 12. Death Rates from Suicide²⁰¹ ages 12-18.

Note: Holmes County data are not available.

Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

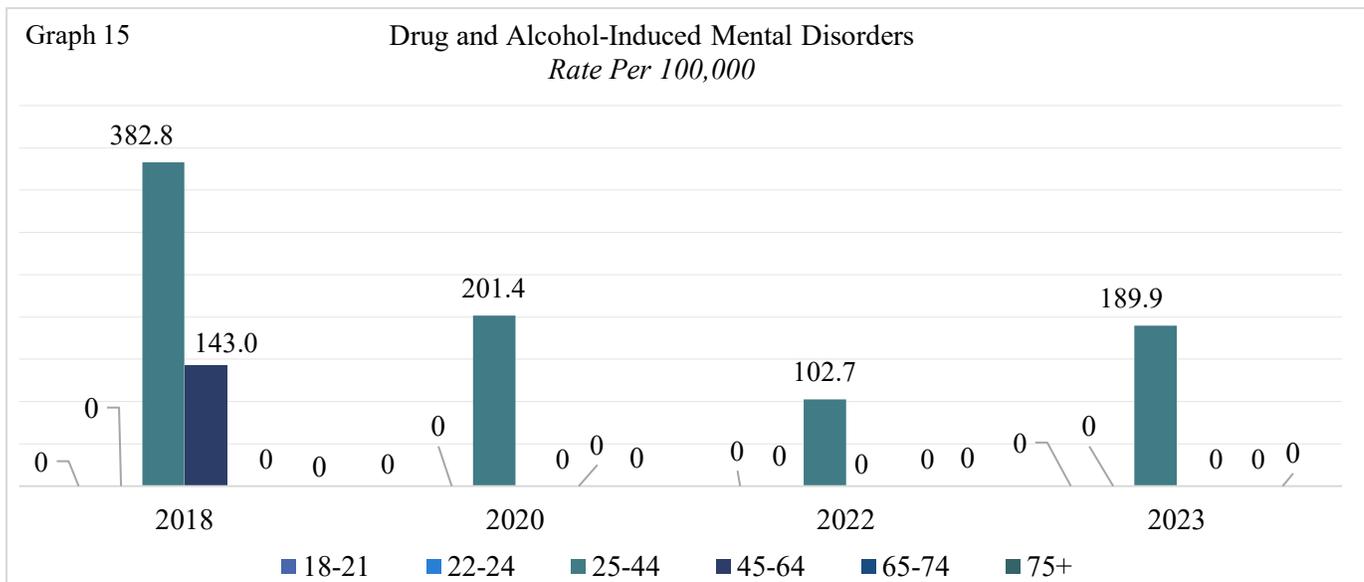
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders²⁰²

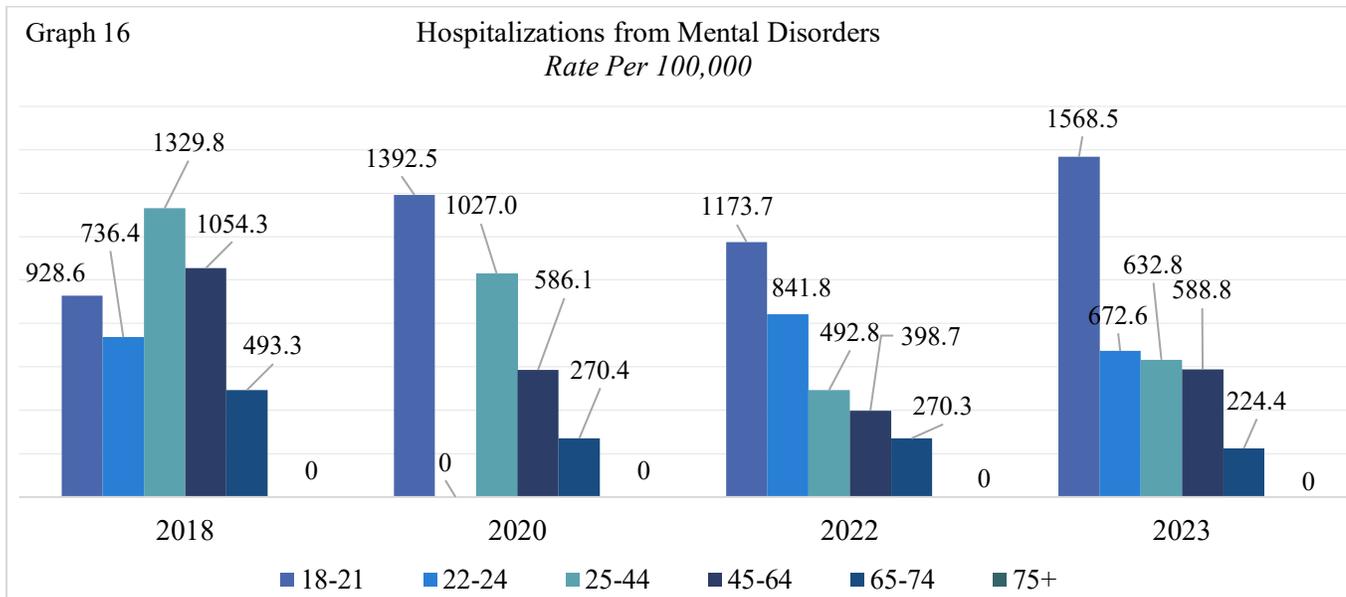
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



²⁰¹ Data Source: Florida Department of Health, Bureau of Vital Statistics

²⁰² Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders²⁰³, by Age Ranges



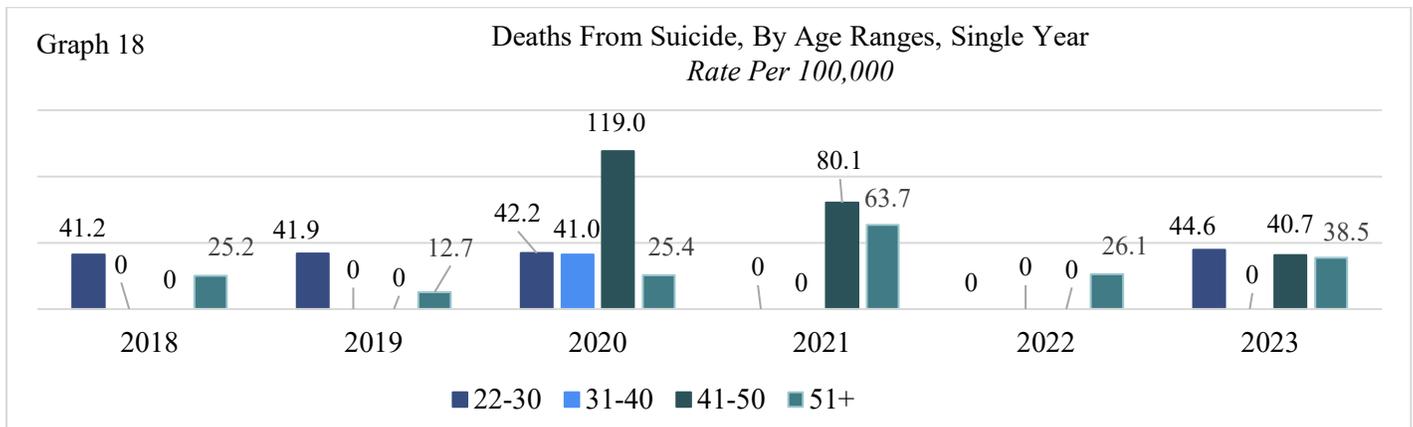
Adult Suicide²⁰⁴

Graph 17. Deaths From Suicide Ages 19-21

Note: Holmes County data are not available.

Adult Mental Health and Suicide²⁰⁵

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



²⁰³ Data Source: Florida Agency for Health Care Administration

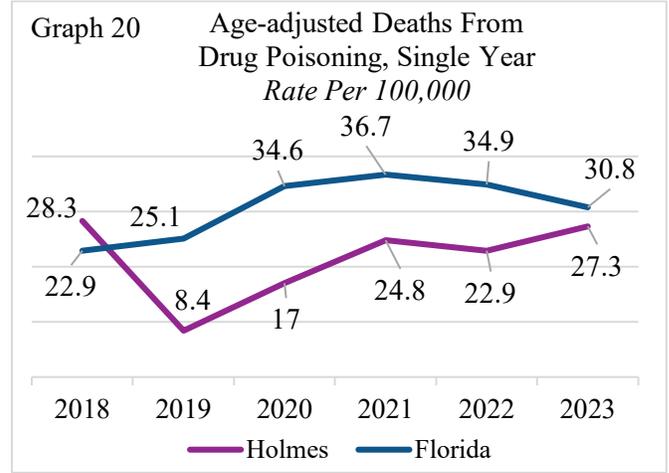
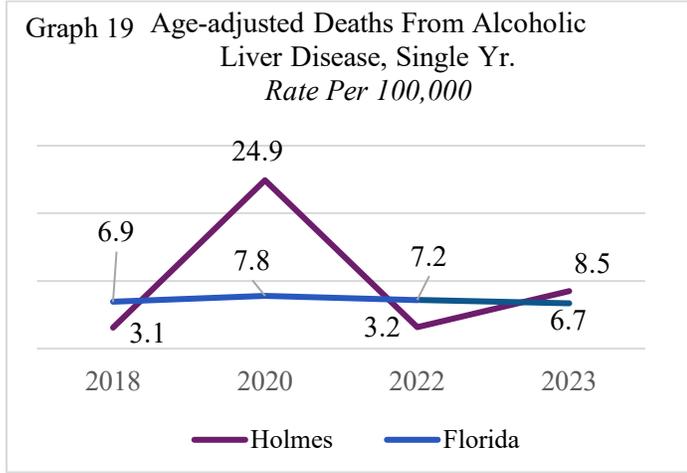
²⁰⁴ Florida Department of Health, Bureau of Vital Statistics

²⁰⁵ Florida Agency for Health Care Administration

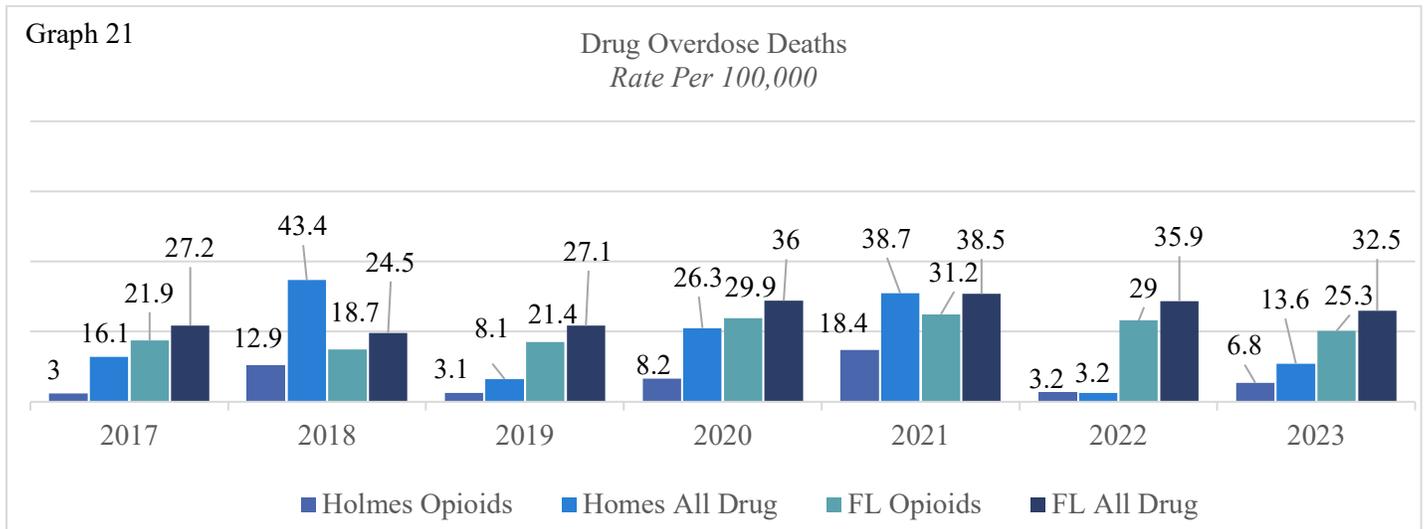
Adult Alcohol and Drug-Related Deaths²⁰⁶

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning²⁰⁷, Single Year.



Graph 21. Drug Overdose Death²⁰⁸, All Ages. Opioids and All Drugs State Comparison



²⁰⁶ Data Source: Florida Department of Health, Bureau of Vital Statistics

²⁰⁷ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

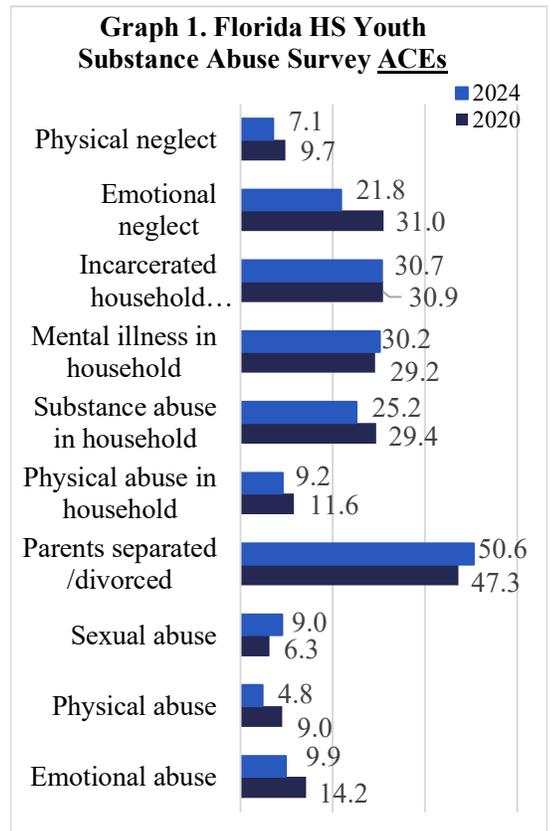
²⁰⁸ Florida Department of Law Enforcement

JACKSON COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School		High School			
	2018	2024	2018	2024		
Alcohol	9.7	8.5	↓	21.9	15.0	↓
Binge Drinking	4.5	2.9	↓	12.2	11.1	↓
Cigarettes	3.0	0.8	↓	9.2	3.7	↓
Vaping Nicotine	9.5	7.4	↓	26.3	15.6	↓
Vaping Marijuana	--	3.3		--	8.6	
Marijuana or Hashish	3.1	3.4	↑	0	9.9	↑
Synthetic Marijuana	--	--		0.5	2.1	↑
Inhalants	4.4	4.4	↔	1.5	1.7	↑
Club Drugs	0.6	0.5	↓	0.6	1.3	↑
LSD, PCP or Mushrooms	0.7	0.5	↓	0.6	1.6	↑
Methamphetamine	0	0.1	↑	0.4	1.2	↑
Cocaine or Crack	0.5	0.2	↓	1.3	2.1	↑
Heroin	0	0.5	↑	0.6	0	↓
Prescription Depressants	0.5	0.8	↑	1.8	1.0	↓
Prescription Pain Relievers	1.2	1.5	↑	1.3	1.9	↑
Prescription Amphetamines	0	0.3	↑	0.6	0.1	↓
Over-the-Counter Drugs	1.2	1.1	↓	5.5	1.6	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

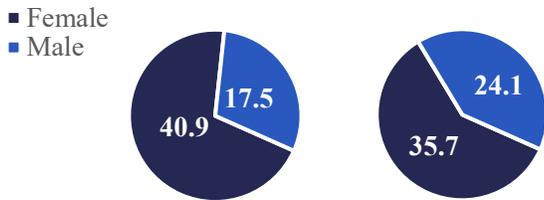
Past 12 months Depression	Middle School		High School			
	2018	2024	2018	2024		
Sometimes I think that life is not worth it	26.8	30.0	↑	21	29.4	↑
At times I think I am no good at all	40.6	47.7	↑	42.2	40.4	↓
All in all, I am inclined to think that I am a failure	22.5	35.4	↑	25.5	28.7	↑
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	38.5	45.9	↑	38.4	44.8	↑

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	16.3	--	16.1
Made a suicide plan	--	9.0	--	12.8
Attempted suicide one or more times	--	9.4	--	11.5
Suicide attempt that required medical care	--	1.6	--	3.8
*First collection	2022		2022	
Thought about committing suicide	31.8	--	31.8	--
Attempted suicide	10.0	--	10.3	--

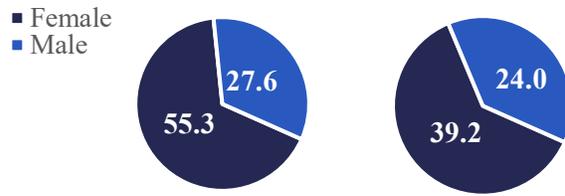
FYSAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

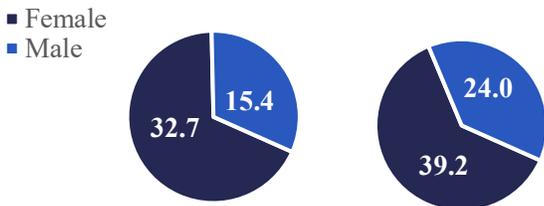
Graph 2. FYSAS 2018 FYSAS 2024
Sometimes I think that life is not worth it



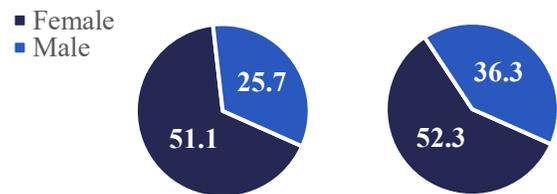
Graph 3. FYSAS 2018 FYSAS 2024
At times I think I am no good at all



Graph 4. FYSAS 2018 FYSAS 2024
All in all, I am inclined to think that I am a failure



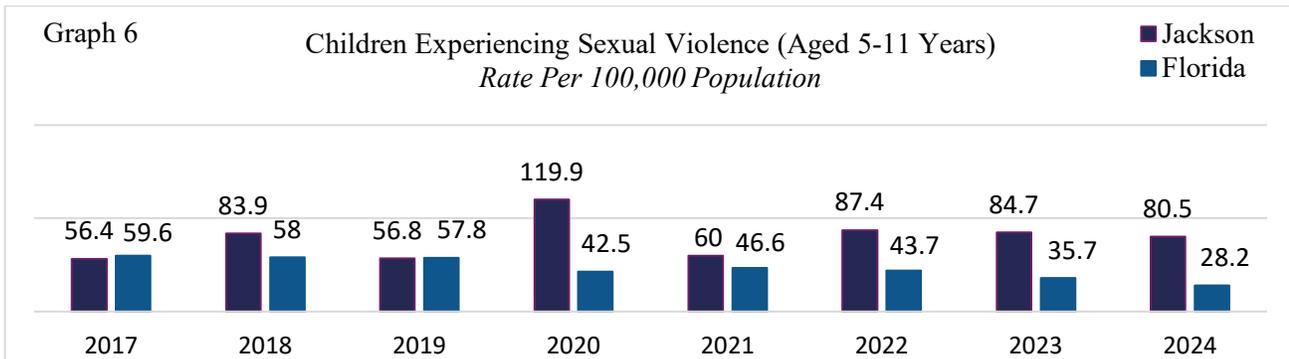
Graph 5. FYSAS 2018 FYSAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes



Childhood Trauma²⁰⁹ Reported by County Compared to Statewide Data

Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

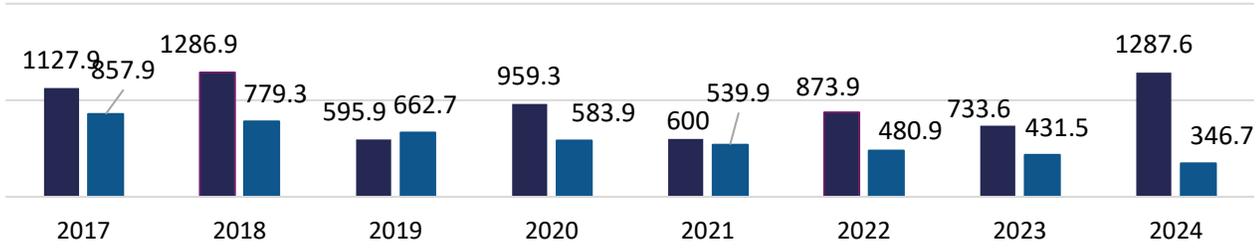


²⁰⁹ Data Source: Florida Department of Children and Families, Florida Safe Families Network

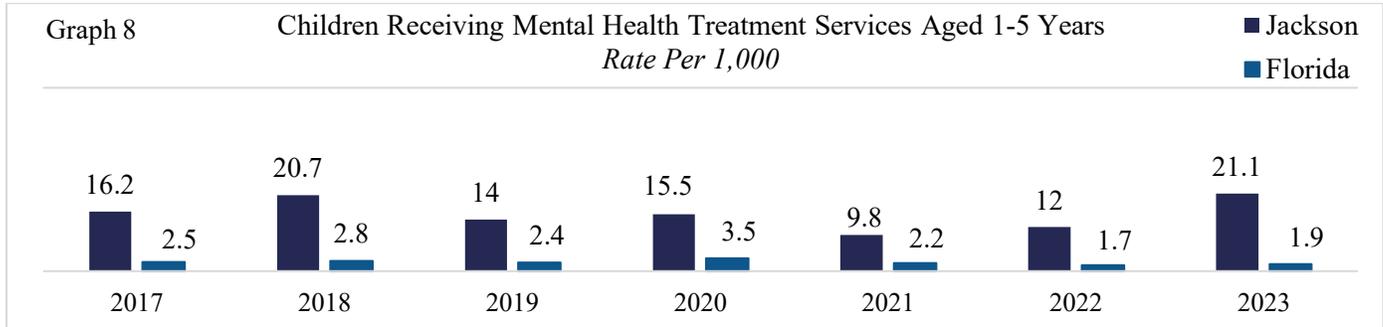
Graph 7

Children Experiencing Child Abuse (Aged 5-11 Years)
Rate Per 100,000 Population

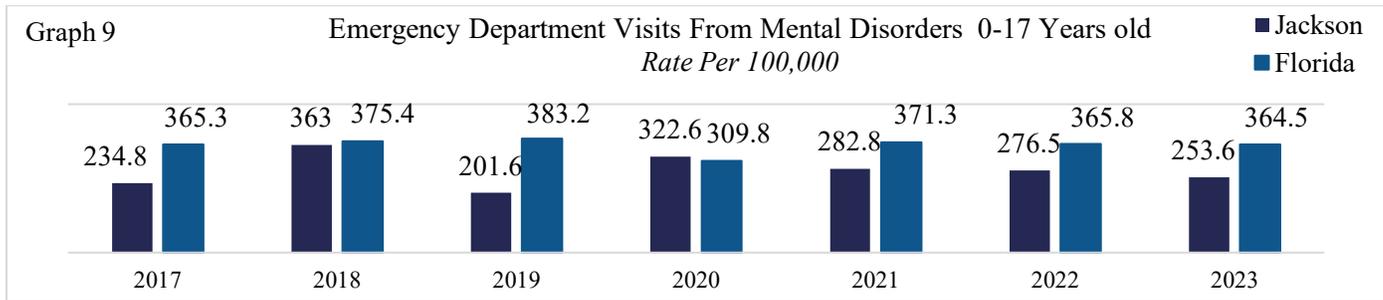
■ Jackson
■ Florida



Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023²¹⁰. Data for other age groups is not available.



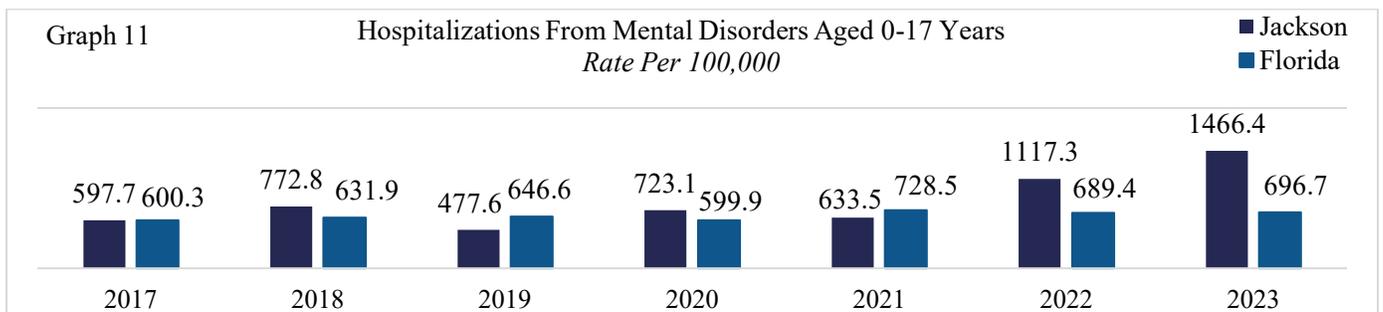
Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023²¹¹.



Graph 10. Drug and Alcohol-Induced Mental Disorders²¹², Under Age 18.

Note: Jackson County data are not available.

Graph 11. Hospitalizations From Mental Disorders²¹³ (Aged 0-17 Years), Rate Per 100,000. Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



²¹⁰ Data Source: Florida Department of Children and Families

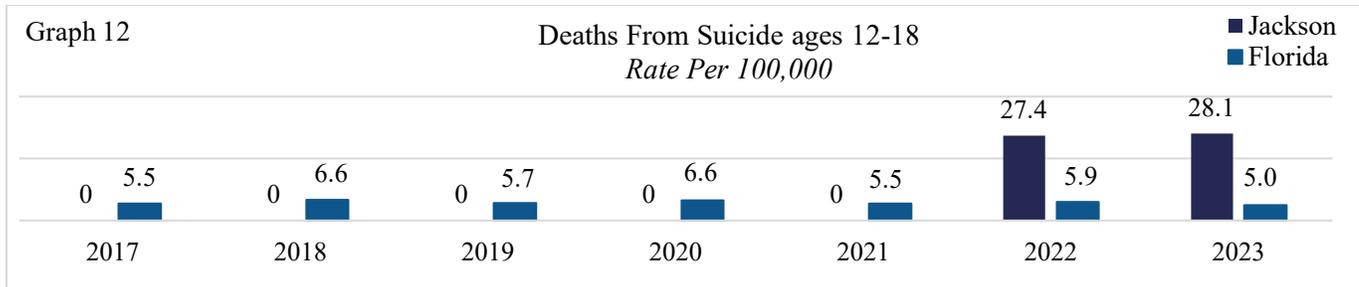
²¹¹ Florida Agency for Health Care Administration

²¹² Florida Agency for Health Care Administration

²¹³ Florida Agency for Health Care Administration

Suicide

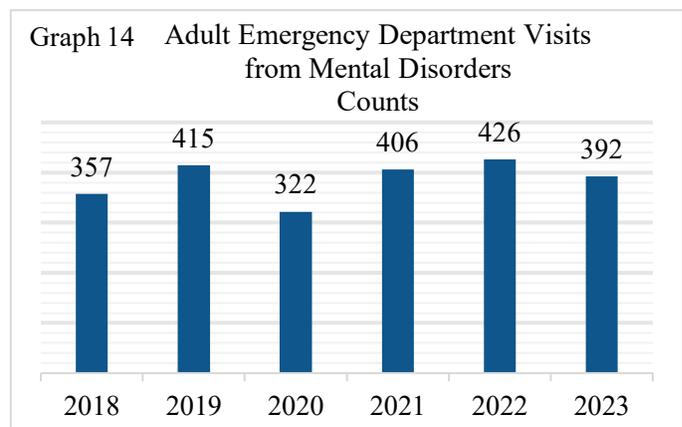
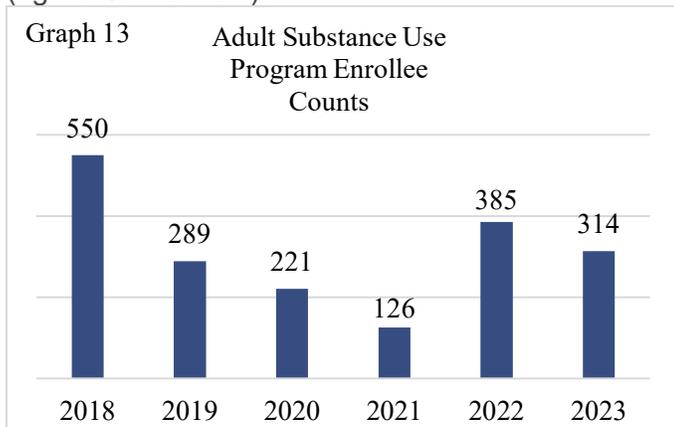
Graph 12. Death Rates from Suicide²¹⁴ ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

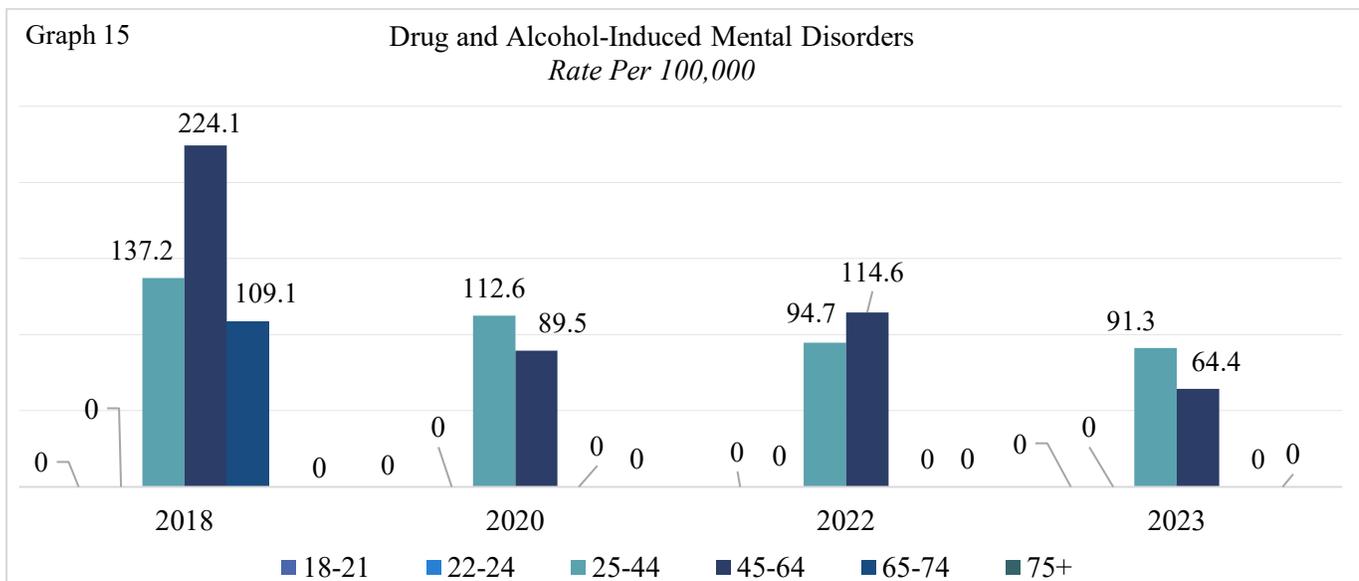
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year.

Graph 14 presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



Hospitalizations for Mental and Behavioral Health Disorders²¹⁵

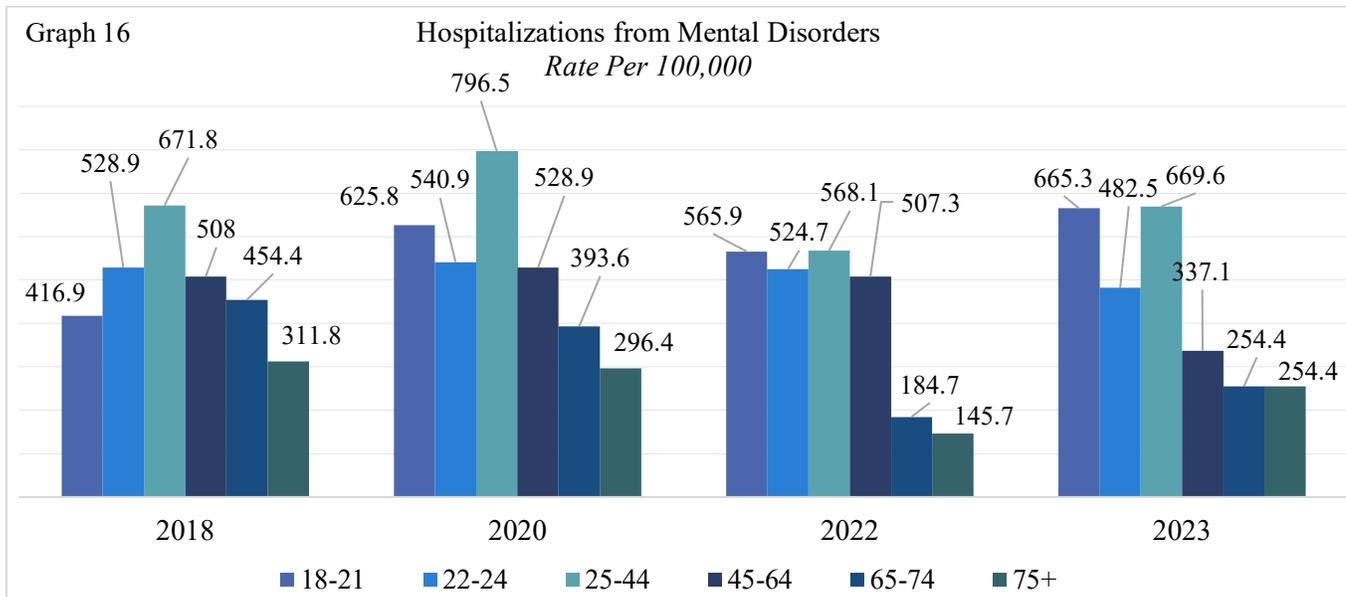
Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



²¹⁴ Data Source: Florida Department of Health, Bureau of Vital Statistics

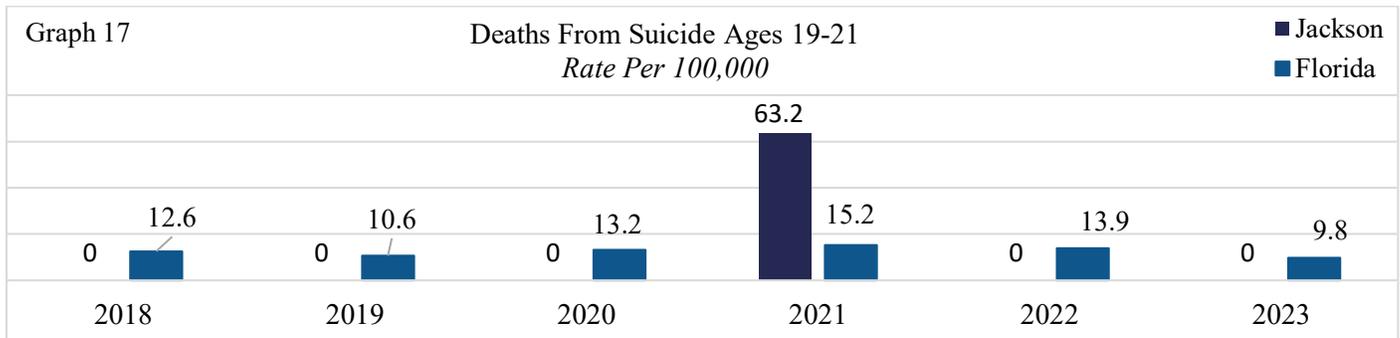
²¹⁵ Florida Agency for Health Care Administration

Graph 16. Hospitalizations from Mental Disorders²¹⁶, by Age Ranges



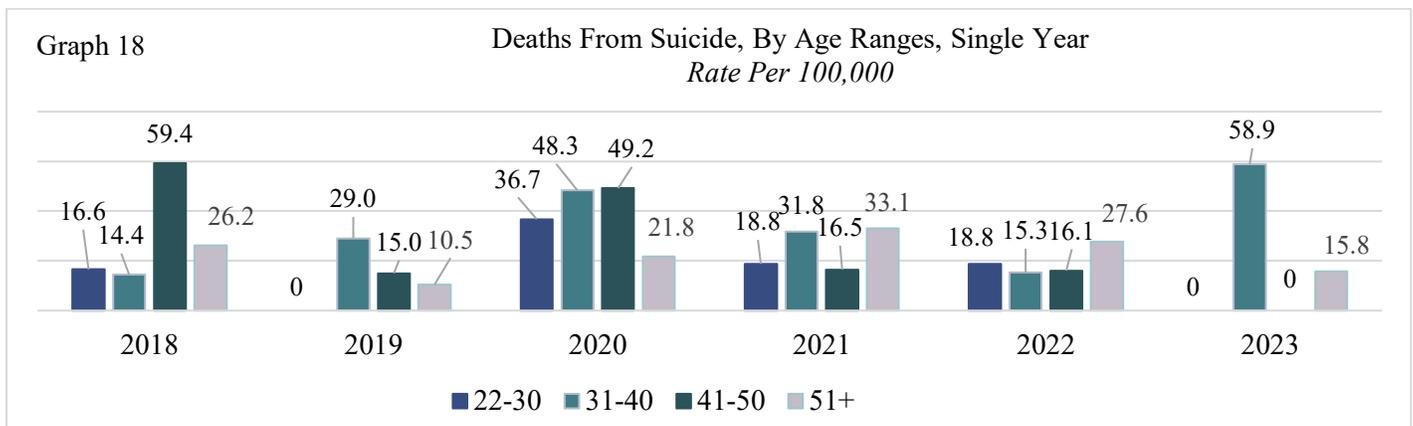
Adult Suicide²¹⁷

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide²¹⁸

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year



²¹⁶ Data Source: Florida Agency for Health Care Administration

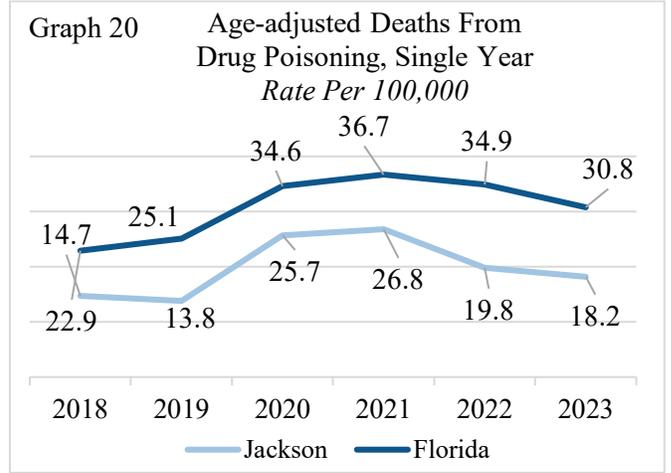
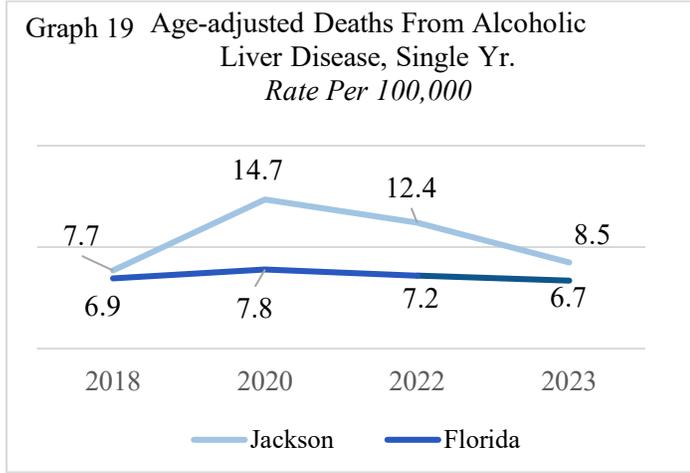
²¹⁷ Florida Department of Health, Bureau of Vital Statistics

²¹⁸ Florida Agency for Health Care Administration

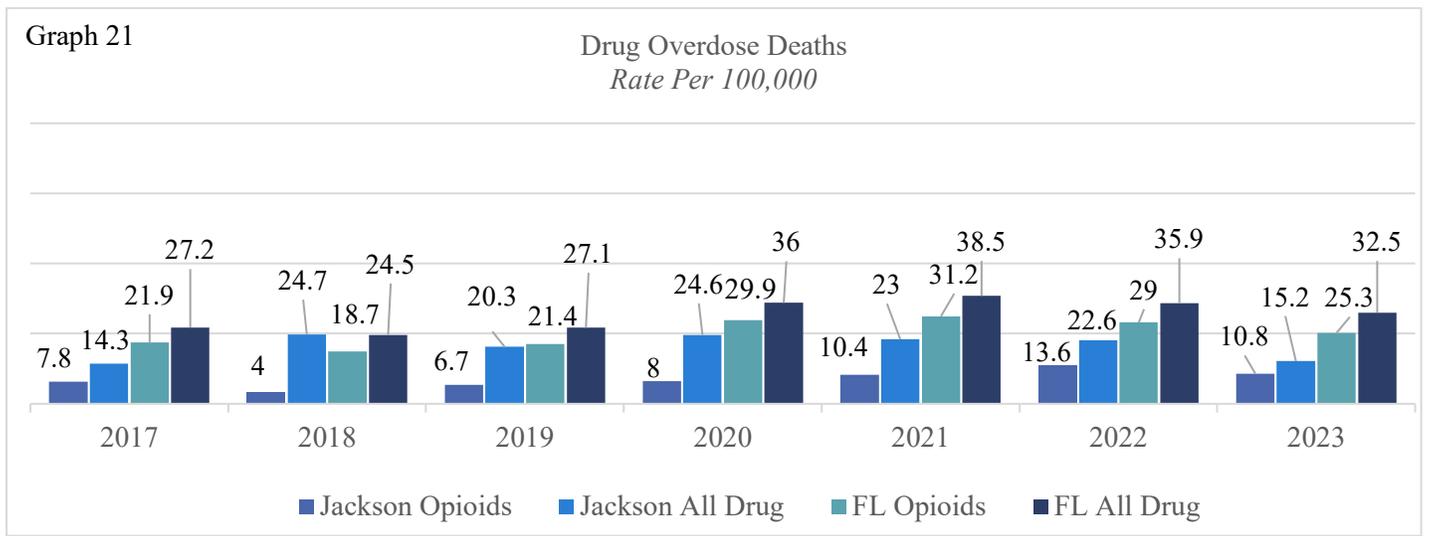
Adult Alcohol and Drug-Related Deaths²¹⁹

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning²²⁰, Single Year.



Graph 21. Drug Overdose Death²²¹, All Ages. Opioids and All Drugs State Comparison



²¹⁹ Data Source: Florida Department of Health, Bureau of Vital Statistics

²²⁰ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

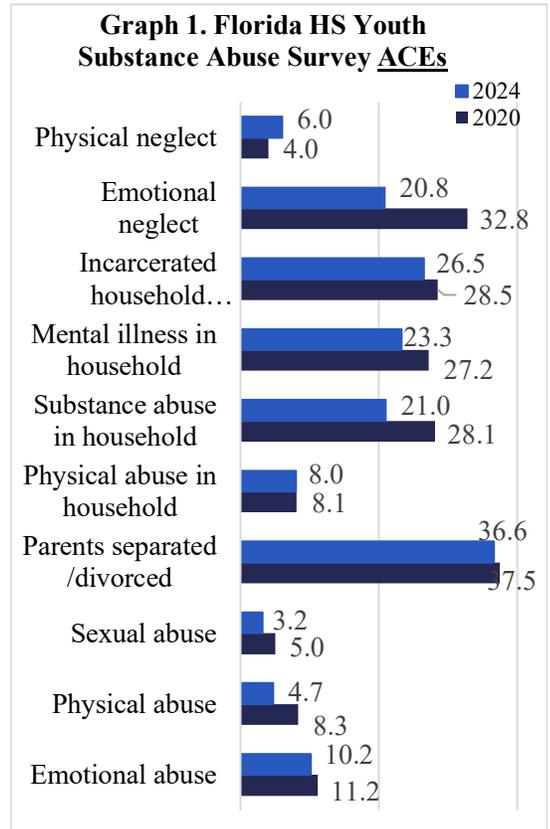
²²¹ Florida Department of Law Enforcement

WASHINGTON COUNTY

Table 1 presents county-level data from the Florida Youth Substance Abuse Survey (FYSAS) for 2018 (pre-COVID-19) and 2024 (or the most recent year available). Arrows indicate whether student substance use increased, decreased, or remained the same. **Graph 1** shows county-level Adverse Childhood Experiences (ACEs) data for high school students. ACEs were first collected in January 2020, just before the COVID-19 lockdown in March, and are only gathered from high school students.

Substance Use	Middle School			High School		
	2018	2024		2018	2024	
Alcohol	6.4	10.3	↑	21.3	12.6	↓
Binge Drinking	2.3	3.9	↑	10.6	6.0	↓
Cigarettes	0.4	2.2	↑	6.9	5.9	↓
Vaping Nicotine	4.6	6.9	↑	22.2	12.9	↓
Vaping Marijuana	--	5.2		--	5.7	
Marijuana or Hashish	1.3	4.3	↑	16.4	7.0	↓
Synthetic Marijuana	--	--		1.0	1.5	↑
Inhalants	2.6	4.1	↑	1.1	1.1	↔
Club Drugs	0	0	↓	1.0	0	↓
LSD, PCP or Mushrooms	0	0.4	↑	1.1	0.9	↓
Methamphetamine	0	0.8	↑	0.7	0	↓
Cocaine or Crack	0.2	0.6	↑	0.2	0.3	↑
Heroin	0	0	↔	0	0	↔
Prescription Depressants	1.6	1.7	↑	2.3	0.6	↓
Prescription Pain Relievers	0.3	0.4	↑	2.2	0.1	↓
Prescription Amphetamines	1.0	1.2	↑	0.2	0.6	↑
Over-the-Counter Drugs	0.2	0.3	↑	2.3	1.3	↓

-- Data questions unavailable for that age group or year



Depression and Suicide Ideation Reported in the Past 12 Months by Middle and High School Students

Table 2 presents FYSAS depression indicators for 2018 and 2024. **Table 3** shows suicide ideation data for 2022 and 2024 only. Suicide-related questions were first introduced in 2022 and revised before the 2024 survey.

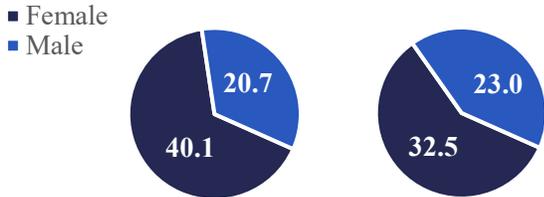
Past 12 months Depression	Middle School			High School		
	2018	2024		2018	2024	
Sometimes I think that life is not worth it	29.2	35.1	↑	30.6	23.2	↓
At times I think I am no good at all	46.7	44.6	↓	40.6	31.4	↓
All in all, I am inclined to think that I am a failure	31.5	30.2	↓	25.6	23.9	↓
In the past year, have you felt depressed or sad MOST days, even if you felt OK some-times?	43.8	47.8	↑	42.8	35.6	↓

Past 12 months Suicide Ideation	Middle School		High School	
	2018	2024	2018	2024
Seriously considered attempting suicide	--	15.1	--	11.8
Made a suicide plan	--	11.9	--	11.3
Attempted suicide one or more times	--	13.2	--	12.9
Suicide attempt that required medical care	--	1.5	--	2.0
*First collection	2022		2022	
Thought about committing suicide	33.5	--	33.3	--
Attempted suicide	13.2	--	9.2	--

FYAS Depression Indicators by Gender for Years 2018 and 2024

Graphs 2-5 include pre- and post-pandemic depression indicators by gender for middle and high school youth combined.

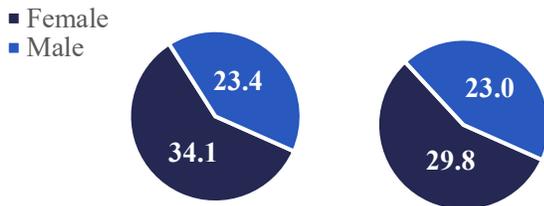
Graph 2. FYAS 2018 FYAS 2024
Sometimes I think that life is not worth it



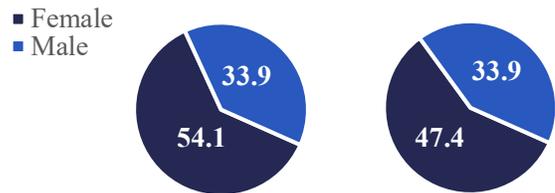
Graph 3. FYAS 2018 FYAS 2024
At times I think I am no good at all



Graph 4. FYAS 2018 FYAS 2024
All in all, I am inclined to think that I am a failure



Graph 5. FYAS 2018 FYAS 2024
In the past year, have you felt depressed or sad MOST days, even if you felt OK sometimes

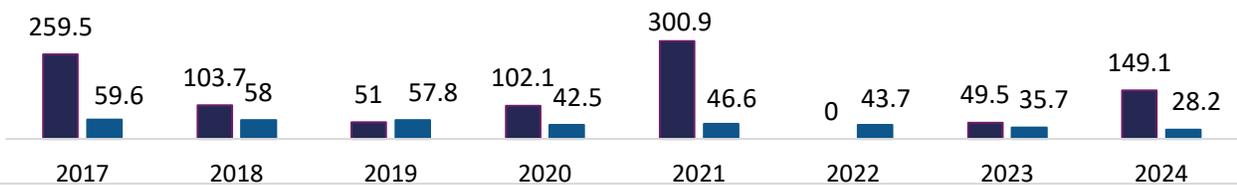


Childhood Trauma²²² Reported by County Compared to Statewide Data

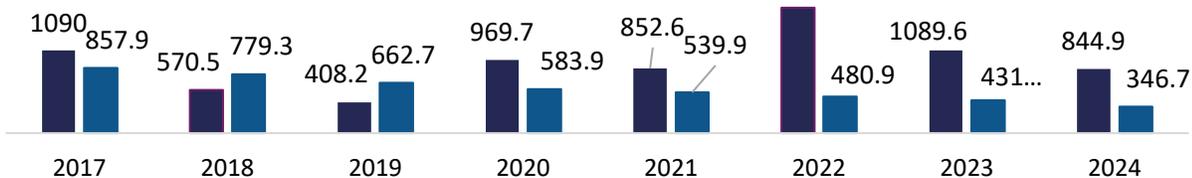
Graph 6 presents data for the years 2017 through 2024 for Children Experiencing Sexual Violence.

Graph 7 includes data for the years 2017 through 2024 for Children Experiencing Child Abuse.

Graph 6 Children Experiencing Sexual Violence (Aged 5-11 Years)
Rate Per 100,000 Population

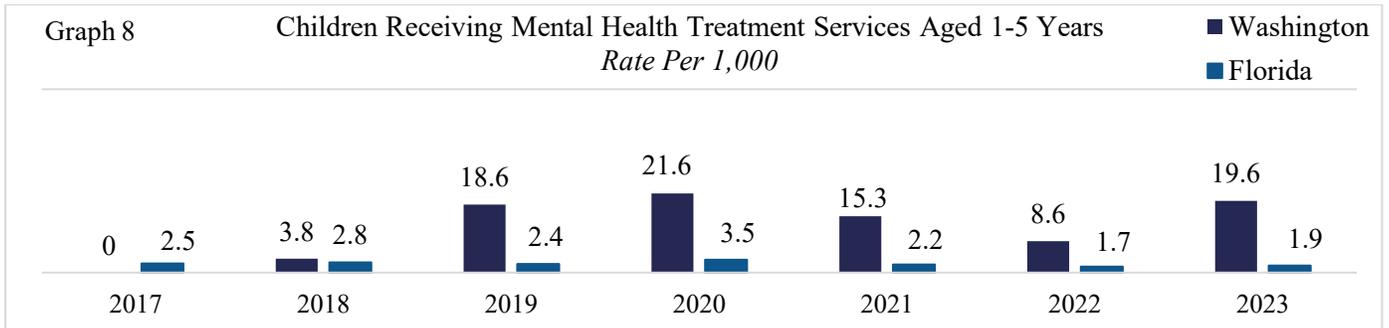


Graph 7 Children Experiencing Child Abuse (Aged 5-11 Years)
Rate Per 100,000 Population

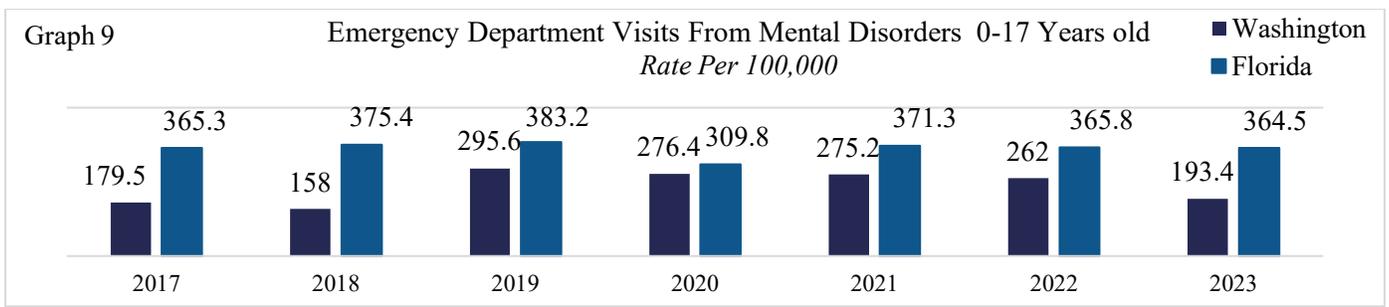


²²² Data Source: Florida Department of Children and Families, Florida Safe Families Network

Graph 8. Single-Year Rates of Mental Health Treatment Services Received by Children Ages 1–5 from 2017 to 2023²²³. Data for other age groups is not available.



Graph 9. Single-Year Rates of Emergency Department Visits due to Mental Disorders Among Children and Adolescents (ages 0–17) per 100,000 from 2017 to 2023²²⁴.

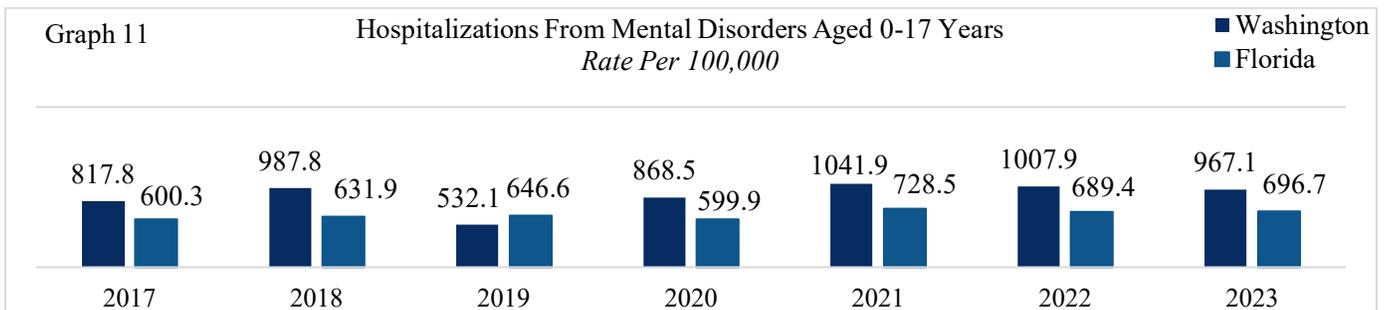


Graph 10. Drug and Alcohol-Induced Mental Disorders²²⁵, Under Age 18.

Note: Washington County data are not available.

Graph 11. Hospitalizations From Mental Disorders²²⁶ (Aged 0-17 Years), Rate Per 100,000.

Hospitalizations with a primary diagnosis of a mental disorder among people less than 18 years old who were discharged from civilian, non-federal hospitals.



²²³ Data Source: Florida Department of Children and Families

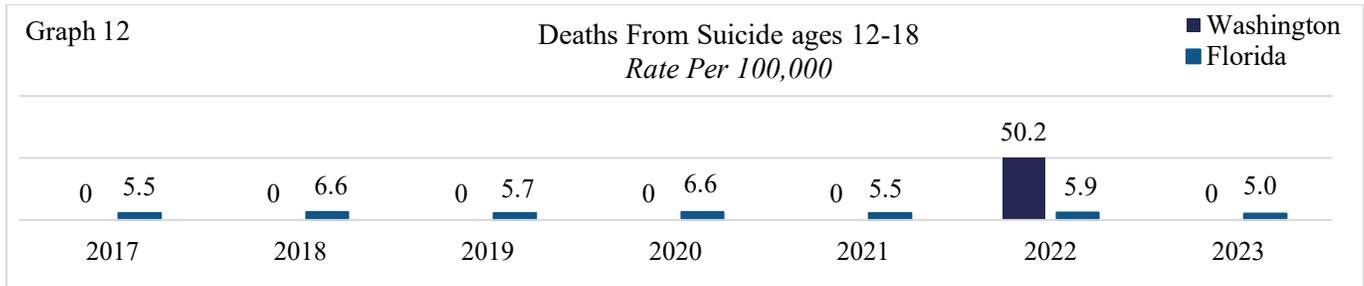
²²⁴ Florida Agency for Health Care Administration

²²⁵ Florida Agency for Health Care Administration

²²⁶ Florida Agency for Health Care Administration

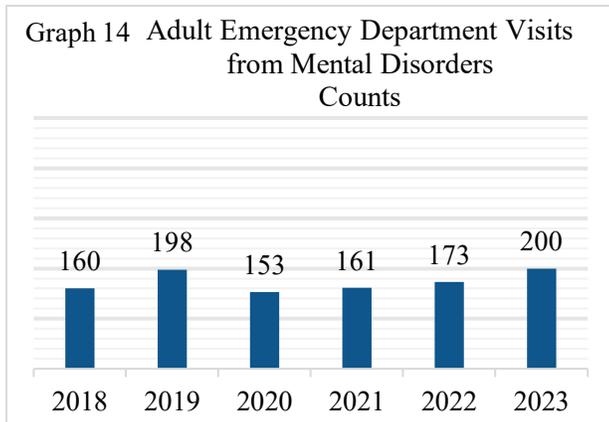
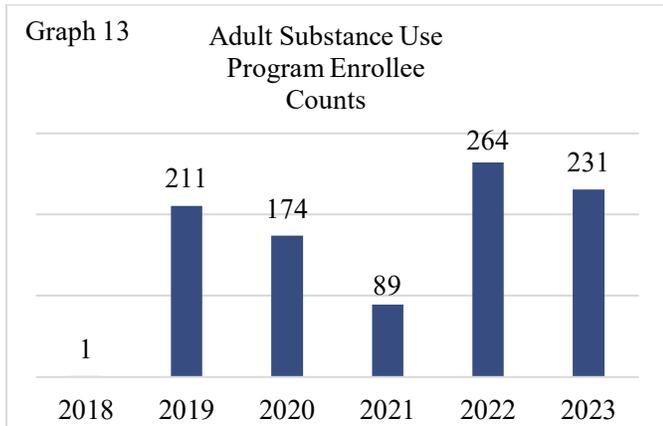
Suicide

Graph 12. Death Rates from Suicide²²⁷ ages 12-18.



Adult Substance Use Programs Enrollees, Adult Emergency Department Visits from Mental Disorders

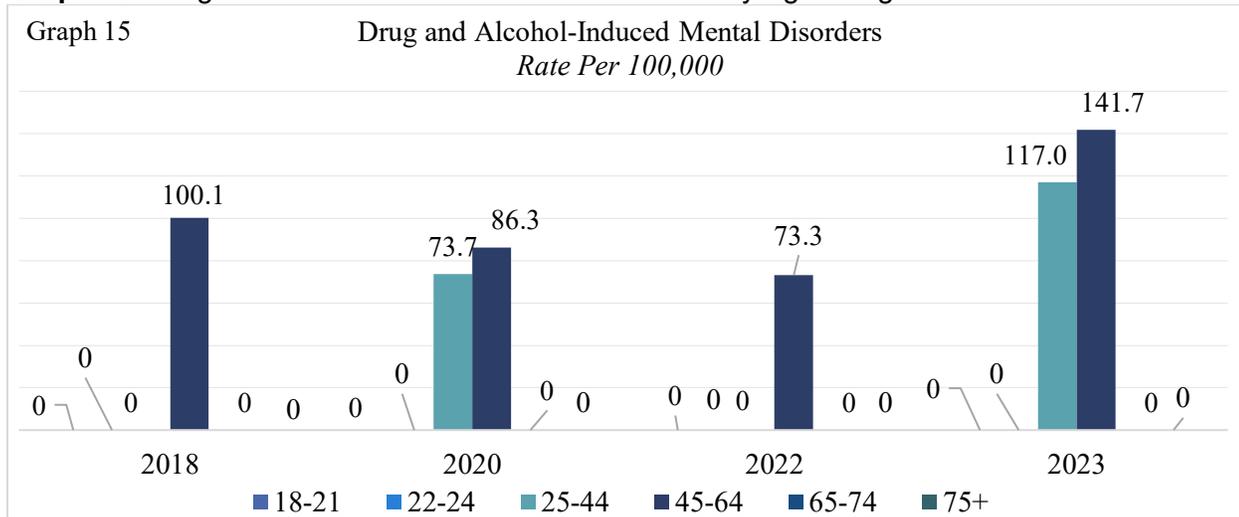
Graph 13 shows the number of adult substance use program enrollees (ages 18 and older) by year. **Graph 14** presents single-year counts of emergency department visits for mental disorders among adults (ages 18 and older).



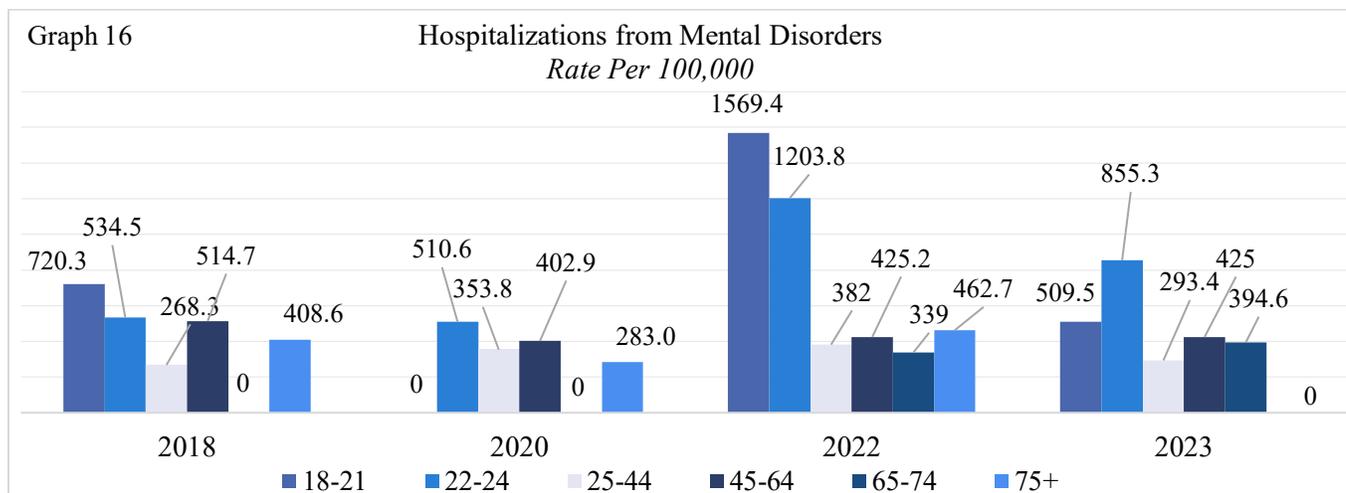
²²⁷ Data Source: Florida Department of Health, Bureau of Vital Statistics

Hospitalizations for Mental and Behavioral Health Disorders²²⁸

Graph 15. Drug and Alcohol-Induced Mental Disorders by Age Range



Graph 16. Hospitalizations from Mental Disorders²²⁹, by Age Ranges

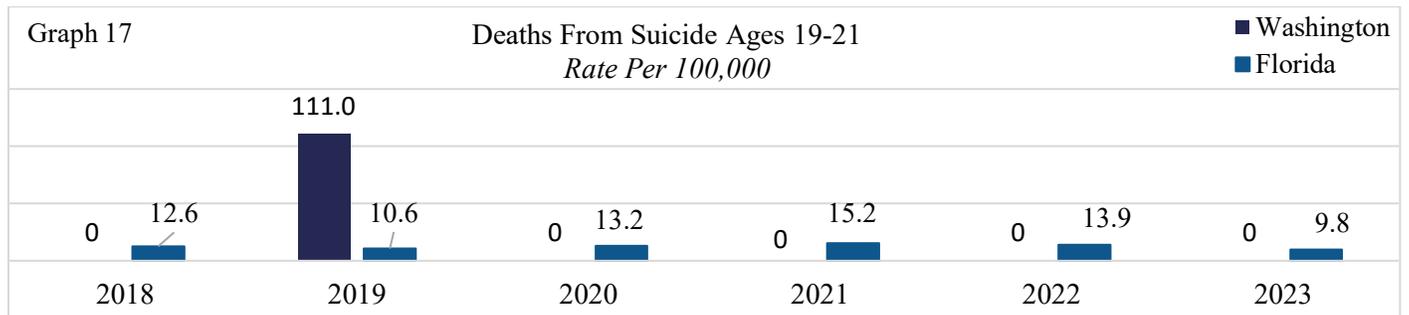


²²⁸ Florida Agency for Health Care Administration

²²⁹ Data Source: Florida Agency for Health Care Administration

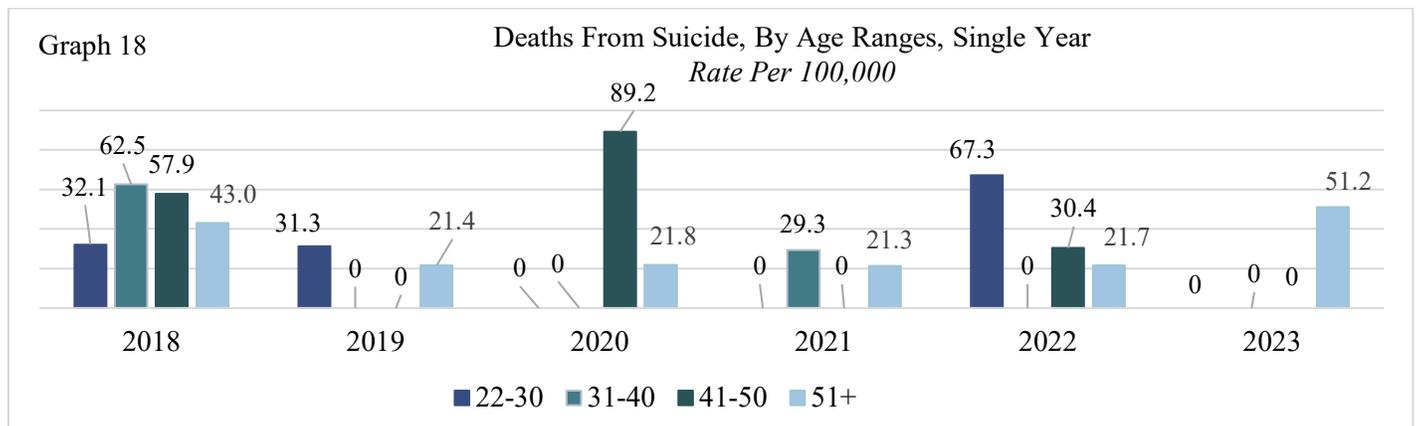
Adult Suicide²³⁰

Graph 17. Deaths From Suicide Ages 19-21



Adult Mental Health and Suicide²³¹

Graph 18. Adult Deaths From Suicide, By Age Ranges, Single Year

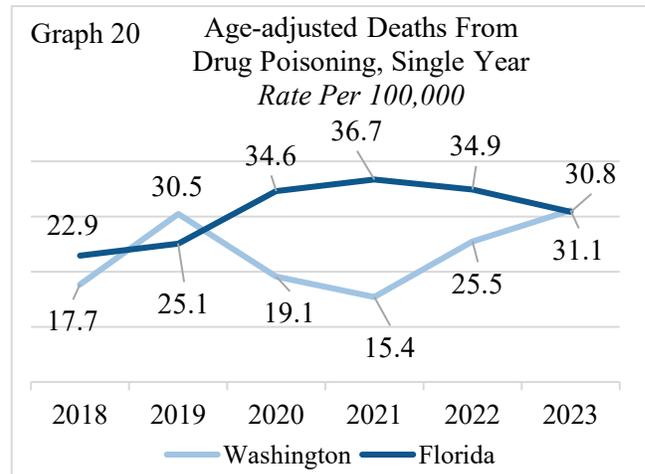
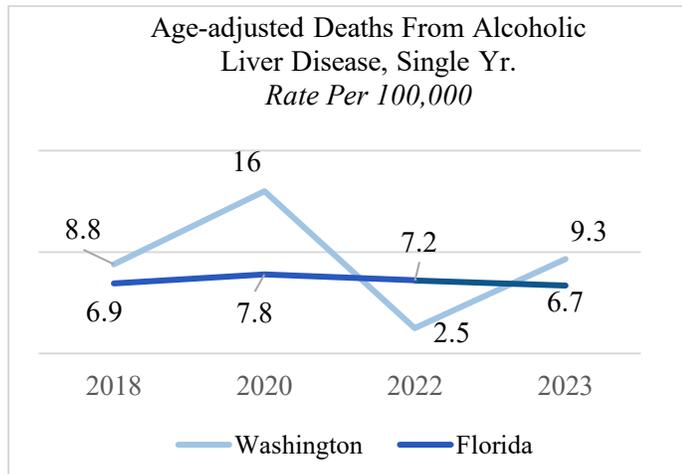


²³⁰ Florida Department of Health, Bureau of Vital Statistics
²³¹ Florida Agency for Health Care Administration

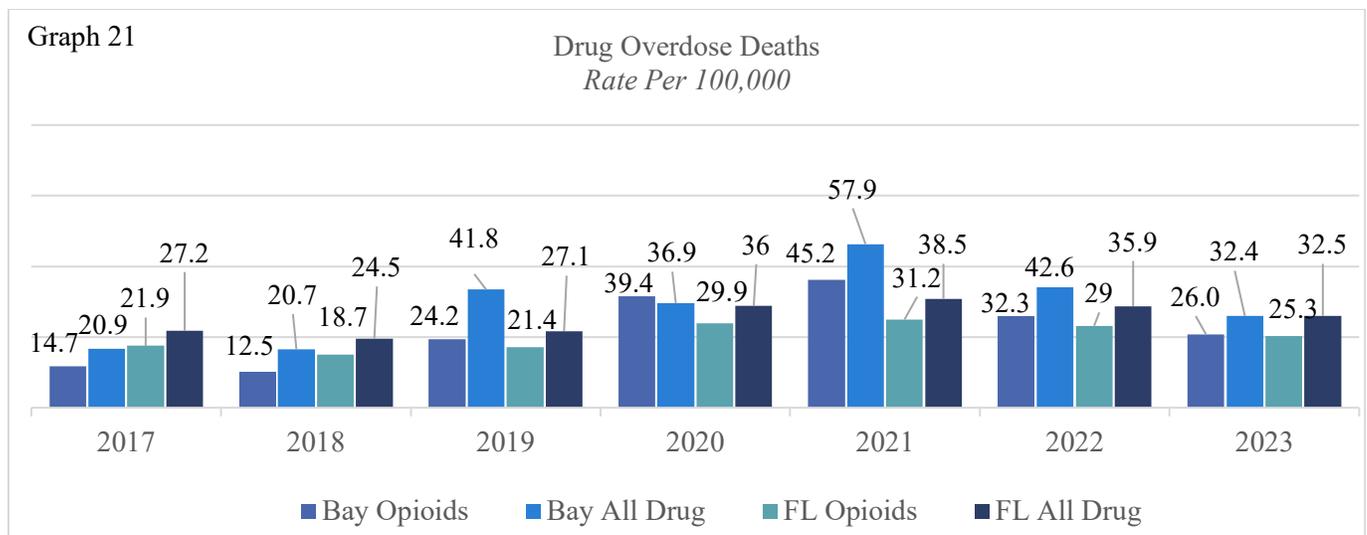
Adult Alcohol and Drug-Related Deaths²³²

Graph 19. Age-adjusted Deaths from Alcoholic Liver Disease, Single Year

Graph 20. Age-adjusted Deaths from Drug Poisoning²³³, Single Year.



Graph 21. Drug Overdose Death²³⁴, All Ages. Opioids and All Drugs State Comparison



²³² Data Source: Florida Department of Health, Bureau of Vital Statistics

²³³ Poison codes: ICD-10-CM Code(s): X40-X44, X60-X64, U01.6-U01.7, X85-X90, Y10-Y14.

²³⁴ Florida Department of Law Enforcement