

Acknowledgments

This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by RTI International under contract No. 283–12–0605 with SAMHSA, U.S. Department of Health and Human Services (HHS).

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from SAMHSA. Citation of the source is appreciated. However, this publication may not be UHSURGXFHG RU GLVWULEXWHG IRU DIHH ZLWKRXW WKH VSHFI SAMHSA. HHS.

Electronic Access and Printed Copies

This publication may be downloaded or ordered at https://store.samhsa.gov 2 U F D O O 6 \$ 0 + 6 \$ D W 1–877–SAMHSA–7 (1–877–726–4727) (English and Español).

Recommended Citation

Substance Abuse and Mental Health Services Administration. *Behavioral Health Barometer: Florida, Volume* 4: *Indicators as measured through the 2015 National Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services, and the Uniform Reporting System.* HHS Publication No. SMA–17–Baro–16–States–FL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

Originating Of ce

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

CONTENTS

FOREWORD	ii
INTRODUCTION	i
YOUTH SUBSTANCE USE	
M , 🕌	
C +	

FOREWORD

The Substance Abuse and Mental Health Services Administration (SAMHSA), an operating division within the U.S. Department of Health and Human Services (HHS), is charged with reducing the impact of substance abuse and mental illness on America's communities. SAMHSA is pursuing this mission at a WLPH RIVLJQL¿FDQW FKDQJH

Behavioral Health Barometer: Florida, Volume 4: Indicators as measured through the 2015 National Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services, and the Uniform Reporting System is one of a series of national and state reports that provide a snapshot of behavioral health in the United States. The report presents a set of substance use and mental health indicators as measured through the National Survey on Drug Use and Health (NSDUH), the National Survey of Substance Abuse Treatment Servicece 723.58-8(s)29.7(f20(a)7.13.9(eo(n)10.5(g8.7(e)59.3(m)3.(.(s)4.9(t) 9.9(u)-20(n)-ra18aplthveninDodN)s m16.5(c-2i)3.8(i)17.12)tr(e w)3.5er(e a.4(8)-9.9(s)c).2(s)-8(a)1((u)-8(s)

INTRODUCTION

Purpose of this Report. Behavioral Health Barometer: Florida, Volume 4 provides an annual update on a series of topics that focus on substance use and mental health (collectively referred to as behavioral health LQ)ORULGDDQGWKH8QLWHG6WDWHV6\$0+6\$VHOHFWI to represent a cross-section of the key behavioral health indicators that are assessed in SAMHSA data collections, including NSDUH, N-SSATS, and URS. This report is intended to provide a concise, reader-friendly summary of key behavioral health measures for lay and professional audiences.

Organization of this Report. This report is divided into sections based on content areas and age groups. It begins with sections on substance use, mental health, and mental health treatment among youths aged 12 to 17, followed by a section on mental health and mental health service use among adults aged 18 or older. Next are sections on substance use, use disorders, and treatment among youths and adults.

)LJXUH WLWOHV DUH LQFOXGHG DERYH DOO JUDSKLFV LQFO>SDJHV DQG 7KHVH ¿JXUH QRWHV LQFOXGH DGGLWLRQDO DQDO\VHV SUHVHQWHG LQ WKH JUDSKLFV DQG WH[W 'H¿QLW are presented on page 17.

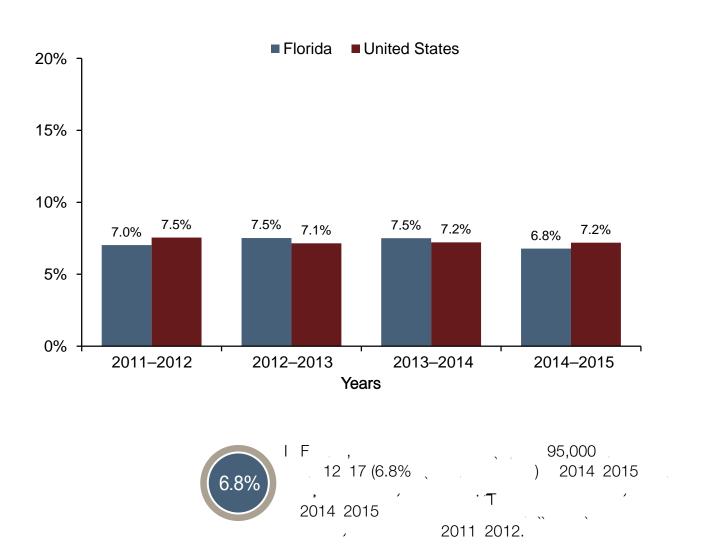
Methodological Information. The NSDUH data included on pages 1, 2, 3, 5, 7, 8, 11, and 12 are state estimates based on a small area estimation (SAE) procedure, a statistical model in which state-level NSDUH data from 2 consecutive survey years are combined with local-area county and census block group/tract-level data from the state. This model-based methodology provides more precise estimates DW WKH VWDWH OHYHO WKDQ WKRVH EDVHG VROHO\ RQ WKH The measures on pages 4, 6, and 9 are annual averages based on 5 combined years of NSDUH data because the corresponding small area estimates are unavailable. Statistical tests have been conducted for all statements appearing in the text of the report based on NSDUH data, including (1) statistical tests between the state and the nation as a whole using the SAE procedure to account for the correlation between the state and national estimates, (2) statistical tests between different years of data in the state using the SAE procedure to take into account the correlation across time in the local area predictors used in the models (please see Figure Note 1 on page 15 for more information), and (3) statistical tests between the state and the nation using t-tests on pages with direct estimates based on combined years 8QOHVV H[SOLFLWO\ VWDWHG WKDW D GLIIHU RI 16'8+ GDWD EDVHG RQ 16'8+ GDWD WKDW GHVFULEH GLIIHUHQFHV DUH VL data, which are derived from counts of mental health consumers in the public mental health system, and pages 13 and 14 present N-SSATS data, which are derived from counts of people enrolled at substance use treatment facilities. Because these two data sources are derived from counts from all facilities rather WKDQ IURP D VDPSOH RI IDFLOLWLHV FRQGXFWLQJ VLJQL¿FD

7DEOHV WKDW GLVSOD\ DOO GDWD SRLQWV LQFOXGHG LQ WK standard errors, are available on request. To request these tables or to ask any questions regarding how to use or interpret the data included in this report, please contact CBHSQRequest@samhsa.hhs.gov.

YOUTH SUBSTANCE USE MARIJUANA USE

Past Month Marijuana Use Among Adolescents Aged 12–17 in Florida and the United States (Annual Averages, 2011–2012 to 2014–2015) ¹

In 2014–2015, Florida's annual average percentage of marijuana use among adolescents aged 12–17 was similar to the corresponding national annual average percentage.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2011–2012 to 2014–2015.

YOUTH SUBSTANCE USE CIGARETTE USE

Past Month Cigarette Use Among Adolescents Aged 12-17 in Florida and the United

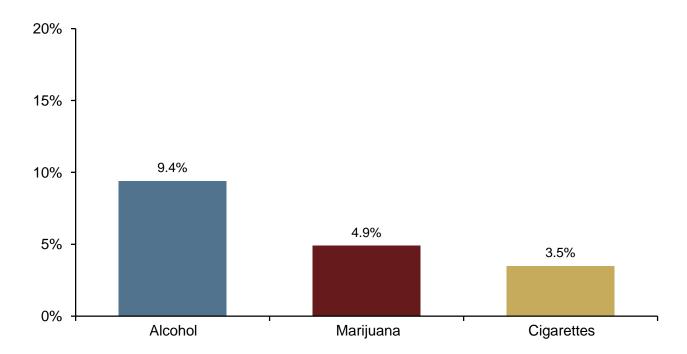
YOUTH SUBSTANCE USE ALCOHOL USE

Past Month Alcohol Use Among Adolescents Aged 12–17 in Florida and the United States (Annual Averages, 2011–2012 to 2014–2015) ¹		

YOUTH SUBSTANCE USE INITIATION OF SUBSTANCE USE

Past Year Initiation (First Use) of Selected Substances Among Adolescents Aged 12–17 in Florida (Annual Averages, 2011–2015)²

Among adolescents aged 12–17 in Florida from 2011 to 2015, an annual average of 9.4% initiated alcohol use (i.e., used it for the rst time) in the past year, an annual average of 4.9% initiated marijuana use in the past year, and an annual average of 3.5% initiated cigarette use in the past year.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2011–2015.

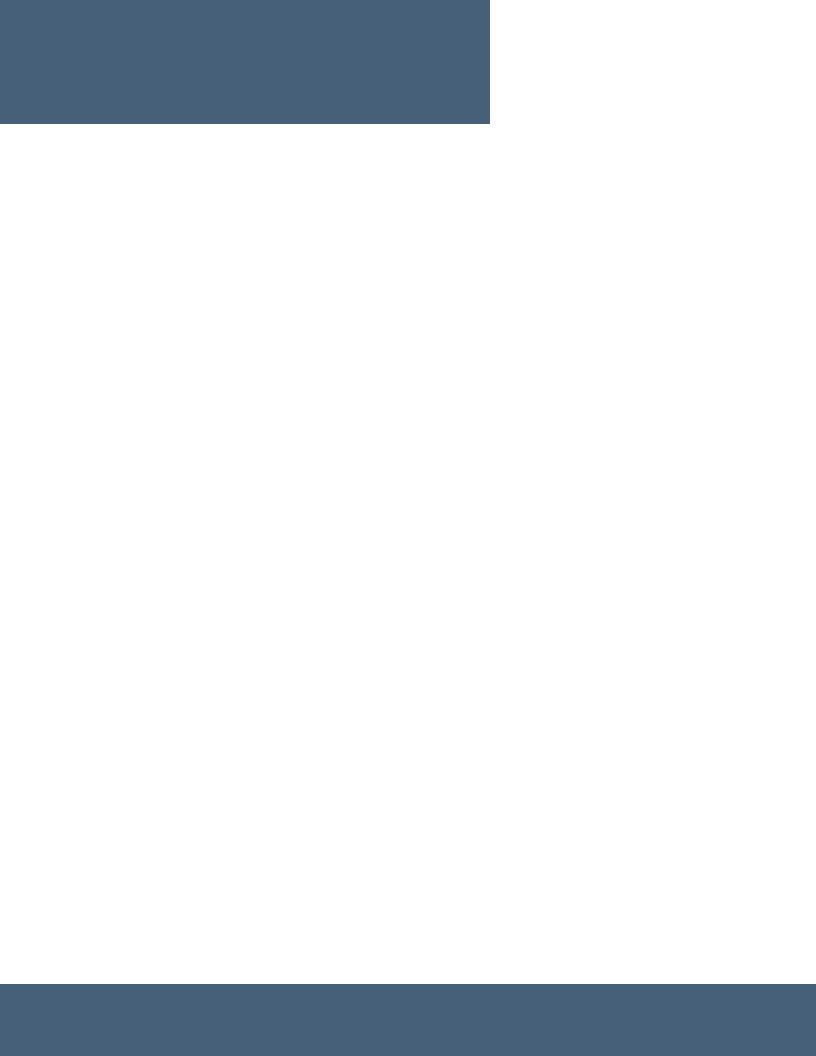
YOUTH MENTAL HEALTH

MENTAL HEALTH AND SERVICE USE SERIOUS THOUGHTS OF SUICIDE

Past Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Florida and the United States (Annual Averages, 2011–2012 to 2014–2015) ^{1,5}

In 2014–2015, Florida's annual average percentage of adults aged 18 or older with past year serious thoughts of suicide was similar to the corresponding national annual average percentage.

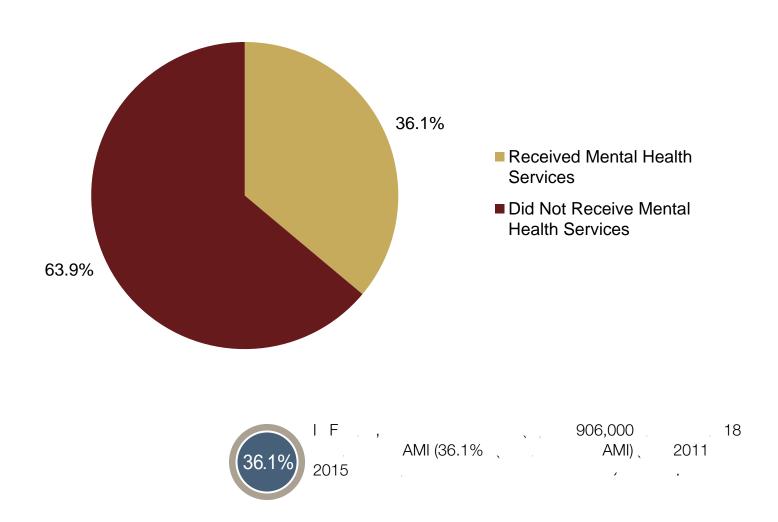




MENTAL HEALTH AND SERVICE USE MENTAL HEALTH SERVICE USE AMONG ADULTS WITH ANY MENTAL ILLNESS

Past Year Mental Health Service Use Among Adults Aged 18 or Older with Any Mental Illness (AMI) in Florida (Annual Average, 2011–2015) ^{2,7}

From 2011 to 2015, Florida's annual average of past year mental health service use among adults aged 18 or older with any mental illness (AMI) was lower than the corresponding national annual average percentage (42.9%).

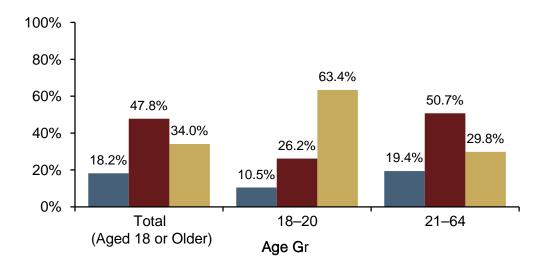


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2011–2015.

MENTAL HEALTH AND SERVICE USE MENTAL HEALTH CONSUMERS

Adult Mental Health Consumers Served in the Public Mental Health System in Florida, by Age Group and Employment Status (2015) ⁸

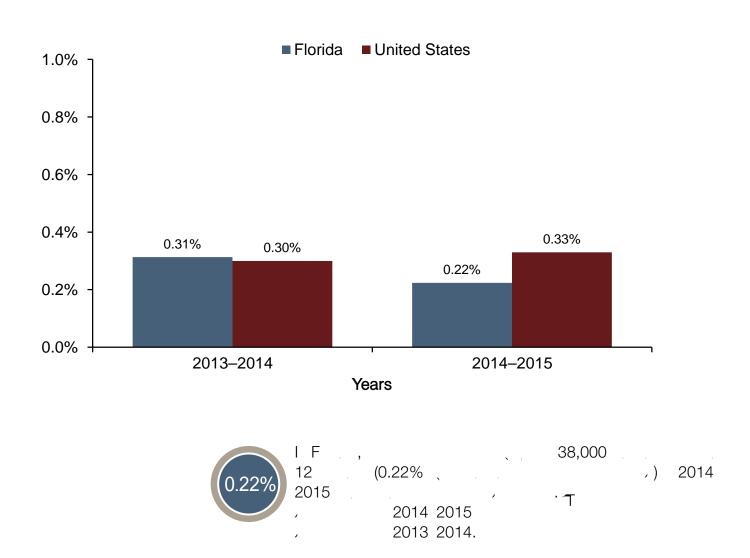
Among adults served in Florida's public mental health system in 2015, 63.4% of those aged 18–20, 29.8% of those aged 21–64, and 73.4% of those aged 65 or older were not in the labor force.



SUBSTANCE USE AND SUBSTANCE USE DISORDERS HEROIN USE

Past Year Heroin Use Among Individuals Aged 12 or Older in Florida and the United States (Annual Averages, 2013–2014, 2014–2015)^{1,9}

In 2014–2015, Florida's annual average percentage of past year heroin use among individuals aged 12 or older was similar to the corresponding national annual average percentage.



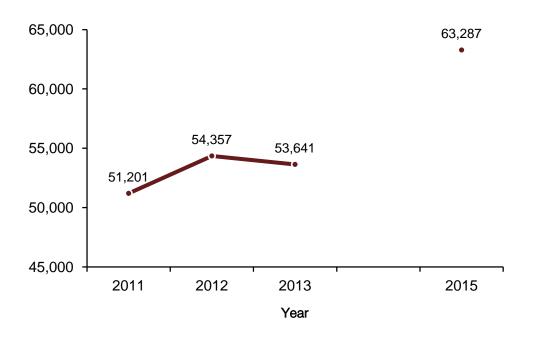
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2013–2014 and 2014–2015.

SUBSTANCE USE AND SUBSTANCE USE DISORDERS ALCOHOL USE DISORDER

Past Year Alcohol Use Disorder Among Individuals Aged 12 or Older in Florida and the

SUBSTANCE USE TREATMENT ENROLLMENT AND TREATMENT FOCUS

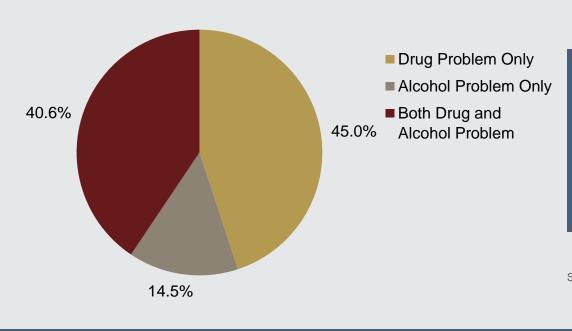
Number of Individuals Enrolled in Substance Use Treatment in Florida: Single-Day Counts (2011–2013, 2015)¹⁰



In a single-day count in 2015, 63,287 individuals in Florida were enrolled in substance use treatment—an increase from 51,201 individuals in 2011.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys of Substance Abuse Treatment Services, 2011–2013, 2015.

Substance Use Problems Among Individuals Enrolled in Substance Use Treatment in Florida: Single-Day Count (2015) 11



Among individuals in Florida enrolled in substance use treatment in a single-day count in 2015, 45.0% were in treatment for a drug problem only, 14.5% were in treatment for an alcohol problem only, and 40.6% were in treatment for both drug and alcohol problems.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2015.

SUBSTANCE USE TREATMENT OPIOIDS (MEDICATION-ASSISTED THERAPY)

Number of Individuals Enrolled in Opioid Treatment Programs in Florida Receiving Methadone: Single-Day Counts (2011–2013, 2015) 12

FIGURE NOTES

¹ State estimates on this page are based on a small area estimation procedure in which state-level National

FIGURE NOTES

DEFINITIONS

Alcohol use disorder LV GH¿QHG XVLQJ GLDJQRVWLF FULWHULD VSHFL¿HG Statistical Manual of Mental Disorders (DSM-IV), which include such symptoms as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past year. For details, see American Psychiatric Association (1994).

Any mental illness (AMI) DPRQJ DGXOWV DJHG RU ROGHU LV GH; QHG DV having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)18.6(v)-10(-1(a)1058 \lesssim 225.1004)5(g)14(e)-5(r)4(o)10T2.50B.o3(a)-08 \lesssim 6(\lesssim 50QR80 \lesssim 70) having had a diagnosabt5l-1(a)1058 \lesssim 70 having had a diagnosabt5l-1(a)105

