

By the Committee on Criminal Justice; and Senator Bradley

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1 A bill to be entitled
2 An act relating to mental health; providing a short
3 title; amending s. 394.658, F.S.; expanding the
4 programs and diversion initiatives supported by
5 implementation or expansion grants to include training
6 for 911 public safety telecommunicators and emergency
7 medical technicians for certain purposes and to
8 include veterans treatment court programs; exempting
9 certain fiscally constrained counties from local match
10 requirements for specified grants; amending s.
11 916.105, F.S.; providing legislative intent; creating
12 s. 916.135, F.S.; defining terms; encouraging
13 communities to apply for specified grants to establish
14 misdemeanor or ordinance violation mental health
15 diversion programs; providing a model process for such
16 mental health diversion programs; requiring adherence
17 to specified provisions to the extent of available
18 funds; authorizing specified entities to collaborate
19 to establish certain policies and procedures and to
20 develop a certain consent form; providing consent form
21 requirements; requiring defendants to sign the consent
22 form to participate in the diversion program;
23 authorizing the screening of certain defendants and
24 prompt evaluation for involuntary examination under
25 certain circumstances; specifying procedures if the
26 evaluation demonstrates that the defendant meets the
27 criteria for involuntary examination; authorizing a
28 court to consider releasing a defendant on his or her
29 own recognizance under certain circumstances;

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30 requiring a court to order that a defendant be
31 assessed for outpatient treatment under certain
32 circumstances; authorizing the state attorney, the
33 defense attorney, or the court to, at any stage of the
34 criminal proceedings, request that such a defendant be
35 screened pursuant to certain provisions; authorizing
36 defendants out of custody to be evaluated pursuant to
37 certain provisions; requiring the state attorney to
38 consider dismissal of the charges upon a defendant's
39 successful completion of all treatment recommendations
40 from a mental health assessment; authorizing the court
41 to exhaust therapeutic interventions aimed at
42 improving compliance before a defendant is returned to
43 jail; creating s. 916.136, F.S.; defining terms;
44 encouraging communities to apply for specified grants
45 to establish pretrial felony mental health diversion
46 programs; providing a model process for such mental
47 health diversion programs; authorizing specified
48 entities to collaborate to establish certain policies
49 and procedures and to develop a certain consent form;
50 providing consent form requirements; requiring
51 defendants to sign the consent form to participate in
52 the diversion program; specifying criteria under which
53 a defendant may be eligible for the mental health
54 diversion program; specifying that the state attorney
55 has the sole discretion to determine a defendant's
56 pretrial felony mental health diversion eligibility;
57 authorizing the state attorney to recommend that
58 certain defendants be screened and offered pretrial

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59 felony mental health diversion; requiring defendants
60 to sign the consent form to participate in the
61 diversion program; requiring that a defendant be
62 assessed for outpatient treatment upon his or her
63 agreeing to participate in the mental health diversion
64 program; requiring the state attorney to consider
65 dismissal of the charges upon a defendant's successful
66 completion of all treatment recommendations from a
67 mental health assessment; authorizing the state
68 attorney to revoke the defendant's participation in
69 such mental health diversion program under specified
70 circumstances; amending s. 916.185, F.S.; expanding
71 eligibility for the Forensic Hospital Diversion Pilot
72 Program to include Hillsborough County; creating s.
73 945.093, F.S.; requiring the Department of Corrections
74 to evaluate the physical and mental health of each
75 inmate eligible for work assignments and correctional
76 work programs; requiring the department to document
77 eligibility before the inmate receives orders for an
78 assignment or program; creating s. 948.0395, F.S.;
79 requiring mental health evaluations and the following
80 of all recommendations as conditions of probation for
81 specified defendants; amending s. 1004.649, F.S.;
82 creating the Florida Behavioral Health Care Data
83 Repository within the Northwest Regional Data Center;
84 specifying the purposes of the data repository;
85 requiring the Northwest Regional Data Center to
86 develop a specified plan; requiring the Northwest
87 Regional Data Center to submit, by a specified date, a

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88 certain developed plan to the Governor and the
89 Legislature; requiring the Florida Behavioral Health
90 Care Data Repository to submit, by a specified date
91 and annually thereafter, a specified report to the
92 Governor and the Legislature; providing an effective
93 date.

94

95 Be It Enacted by the Legislature of the State of Florida:

96

97 Section 1. This act may be cited as the "Tristin Murphy
98 Act."

99 Section 2. Subsections (1) and (2) of section 394.658,
100 Florida Statutes, are amended to read:

101 394.658 Criminal Justice, Mental Health, and Substance
102 Abuse Reinvestment Grant Program requirements.—

103 (1) The Criminal Justice, Mental Health, and Substance
104 Abuse Statewide Grant Review Committee, in collaboration with
105 the Department of Children and Families, the Department of
106 Corrections, the Department of Juvenile Justice, the Department
107 of Elderly Affairs, and the Office of the State Courts
108 Administrator, shall establish criteria to be used to review
109 submitted applications and to select the county that will be
110 awarded a 1-year planning grant or a 3-year implementation or
111 expansion grant. A planning, implementation, or expansion grant
112 may not be awarded unless the application of the county meets
113 the established criteria.

114 (a) The application criteria for a 1-year planning grant
115 must include a requirement that the applicant county or counties
116 have a strategic plan to initiate systemic change to identify

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117 and treat individuals who have a mental illness, substance abuse
118 disorder, or co-occurring mental health and substance abuse
119 disorders who are in, or at risk of entering, the criminal or
120 juvenile justice systems. The 1-year planning grant must be used
121 to develop effective collaboration efforts among participants in
122 affected governmental agencies, including the criminal,
123 juvenile, and civil justice systems, mental health and substance
124 abuse treatment service providers, transportation programs, and
125 housing assistance programs. The collaboration efforts shall be
126 the basis for developing a problem-solving model and strategic
127 plan for treating adults and juveniles who are in, or at risk of
128 entering, the criminal or juvenile justice system and doing so
129 at the earliest point of contact, taking into consideration
130 public safety. The planning grant shall include strategies to
131 divert individuals from judicial commitment to community-based
132 service programs offered by the Department of Children and
133 Families in accordance with ss. 916.13 and 916.17.

134 (b) The application criteria for a 3-year implementation or
135 expansion grant shall require information from a county that
136 demonstrates its completion of a well-established collaboration
137 plan that includes public-private partnership models and the
138 application of evidence-based practices. The implementation or
139 expansion grants may support programs and diversion initiatives
140 that include, but need not be limited to:

- 141 1. Mental health courts.
- 142 2. Diversion programs.
- 143 3. Alternative prosecution and sentencing programs.
- 144 4. Crisis intervention teams.
- 145 5. Treatment accountability services.

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146 6. Specialized training for criminal justice, juvenile
147 justice, and treatment services professionals.

148 7. Specialized training for 911 public safety
149 telecommunicators as defined in s. 401.465 and emergency medical
150 technicians as defined in s. 112.1911 to assist in determining
151 which response team is most appropriate under the circumstances.
152 A response team may include, but is not limited to, a law
153 enforcement agency, an emergency medical response team, a crisis
154 intervention team, or a mobile crisis response service as
155 defined in s. 394.455. Each affected agency must consider what
156 resources are available in the community.

157 8. Service delivery of collateral services such as housing,
158 transitional housing, and supported employment.

159 ~~9.8.~~ Reentry services to create or expand mental health and
160 substance abuse services and supports for affected persons.

161 ~~10.9.~~ Coordinated specialty care programs.

162 11. Veterans treatment court programs.

163 (c) Each county application must include the following
164 information:

165 1. An analysis of the current population of the jail and
166 juvenile detention center in the county, which includes:

167 a. The screening and assessment process that the county
168 uses to identify an adult or juvenile who has a mental illness,
169 substance abuse disorder, or co-occurring mental health and
170 substance abuse disorders;

171 b. The percentage of each category of persons admitted to
172 the jail and juvenile detention center that represents people
173 who have a mental illness, substance abuse disorder, or co-
174 occurring mental health and substance abuse disorders; and

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175 c. An analysis of observed contributing factors that affect
176 population trends in the county jail and juvenile detention
177 center.

178 2. A description of the strategies the county intends to
179 use to serve one or more clearly defined subsets of the
180 population of the jail and juvenile detention center who have a
181 mental illness or to serve those at risk of arrest and
182 incarceration. The proposed strategies may include identifying
183 the population designated to receive the new interventions, a
184 description of the services and supervision methods to be
185 applied to that population, and the goals and measurable
186 objectives of the new interventions. The interventions a county
187 may use with the target population may include, but are not
188 limited to:

189 a. Specialized responses by emergency medical response
190 teams, crisis intervention teams, mobile crisis response
191 services, and law enforcement agencies;

192 b. Centralized receiving facilities for individuals
193 evidencing behavioral difficulties;

194 c. Postbooking alternatives to incarceration;

195 d. New court programs, including pretrial services and
196 specialized dockets;

197 e. Specialized diversion programs;

198 f. Intensified transition services that are directed to the
199 designated populations while they are in jail or juvenile
200 detention to facilitate their transition to the community;

201 g. Specialized probation processes;

202 h. Day-reporting centers;

203 i. Linkages to community-based, evidence-based treatment

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204 programs for adults and juveniles who have mental illness or
205 substance abuse disorders; and

206 j. Community services and programs designed to prevent
207 high-risk populations from becoming involved in the criminal or
208 juvenile justice system.

209 3. The projected effect the proposed initiatives will have
210 on the population and the budget of the jail and juvenile
211 detention center. The information must include:

212 a. The county's estimate of how the initiative will reduce
213 the expenditures associated with the incarceration of adults and
214 the detention of juveniles who have a mental illness;

215 b. The methodology that the county intends to use to
216 measure the defined outcomes and the corresponding savings or
217 averted costs;

218 c. The county's estimate of how the cost savings or averted
219 costs will sustain or expand the mental health and substance
220 abuse treatment services and supports needed in the community;
221 and

222 d. How the county's proposed initiative will reduce the
223 number of individuals judicially committed to a state mental
224 health treatment facility.

225 4. The proposed strategies that the county intends to use
226 to preserve and enhance its community mental health and
227 substance abuse system, which serves as the local behavioral
228 health safety net for low-income and uninsured individuals.

229 5. The proposed strategies that the county intends to use
230 to continue the implemented or expanded programs and initiatives
231 that have resulted from the grant funding.

232 (2) (a) As used in this subsection, the term "available

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233 resources" includes in-kind contributions from participating
234 counties.

235 (b) A 1-year planning grant may not be awarded unless the
236 applicant county makes available resources in an amount equal to
237 the total amount of the grant, except fiscally constrained
238 counties that are awarded reinvestment grants to establish
239 programs pursuant to this section may not be required to provide
240 local matching funds. A planning grant may not be used to
241 supplant funding for existing programs. For fiscally constrained
242 counties, the available resources may be at 50 percent of the
243 total amount of the grant.

244 (c) A 3-year implementation or expansion grant may not be
245 awarded unless the applicant county or consortium of counties
246 makes available resources equal to the total amount of the
247 grant. For fiscally constrained counties, the available
248 resources may be at 50 percent of the total amount of the grant,
249 except fiscally constrained counties that are awarded
250 reinvestment grants to establish programs pursuant to this
251 section may not be required to provide local matching funds.
252 This match shall be used for expansion of services and may not
253 supplant existing funds for services. An implementation or
254 expansion grant must support the implementation of new services
255 or the expansion of services and may not be used to supplant
256 existing services.

257 Section 3. Present subsection (4) of section 916.105,
258 Florida Statutes, is redesignated as subsection (5), and a new
259 subsection (4) and subsection (6) are added to that section, to
260 read:

261 916.105 Legislative intent.—

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262 (4) It is the intent of the Legislature that a defendant
263 who is charged with certain felonies, any misdemeanor, or any
264 ordinance violation and who has a mental illness, intellectual
265 disability, or autism be evaluated and provided services in a
266 community setting, whenever this is a feasible alternative to
267 incarceration.

268 (6) It is the intent of the Legislature that law
269 enforcement agencies in this state provide law enforcement
270 officers with crisis intervention team training.

271 Section 4. Section 916.135, Florida Statutes, is created to
272 read:

273 916.135 Misdemeanor or ordinance violation mental health
274 diversion program.—

275 (1) As used in this section, the term:

276 (a) "Court" means a circuit court, a county court, or any
277 court presiding over felony, misdemeanor, or ordinance
278 violations under the laws of this state or any of its political
279 subdivisions.

280 (b) "Defendant" means a person who has been charged as an
281 adult by a law enforcement agency or a state attorney solely
282 with a misdemeanor offense or an ordinance violation under the
283 laws of this state or any of its political subdivisions.

284 (c) "Qualified mental health professional" means a
285 physician, a physician assistant, a clinical psychologist, a
286 psychiatric nurse, an advanced practice registered nurse
287 registered under s. 464.0123, or a mental health counselor, a
288 marriage and family therapist, or a clinical social worker, as
289 those terms are defined in s. 394.455.

290 (d) "Receiving facility" has the same meaning as in s.

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291 394.455.

292 (2) A community desiring to establish a misdemeanor or
293 ordinance violation mental health diversion program to divert
294 clinically appropriate defendants from jails to treatment is
295 encouraged to apply for the Criminal Justice, Mental Health, and
296 Substance Abuse Reinvestment Grant Program under s. 394.656 for
297 the purpose of obtaining funds to plan, implement, or expand
298 such mental health diversion programs. This section provides a
299 model process for diverting such defendants to treatment, but
300 the process may be modified according to each community's
301 particular resources. A community that obtains a grant pursuant
302 to s. 394.658 must adhere to the processes in this section to
303 the extent that local resources are available to do so.

304 (a) The local sheriff's department, the state attorney, the
305 public defender, the court, and local treatment providers may
306 collaborate to establish policies and procedures to meet the
307 specific needs of each community and to develop a form that a
308 defendant must sign to consent to treatment.

309 (b) A consent form must include the defendant's consent to
310 treatment and to the release of any records necessary to
311 demonstrate compliance with and completion of treatment.
312 Additionally, the consent form must include that the defendant
313 agrees to waive his or her right to a speedy trial by
314 participating in the diversion program. A defendant must sign
315 the consent form to participate in the diversion program.

316 (3) Within 24 hours after a defendant is booked into a
317 jail, the jail's corrections or medical staff may screen the
318 defendant using a standardized, validated mental health
319 screening instrument to determine if there is an indication of a

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320 mental illness. If there is an indication of a mental illness,
321 the defendant may be promptly evaluated for involuntary
322 examination under chapter 394 by a qualified mental health
323 professional. In conducting this evaluation, the qualified
324 mental health professional may evaluate the defendant as if he
325 or she is at liberty in the community and may not rely on the
326 person's incarcerated status to defeat the involuntary
327 examination criteria provided for in s. 394.463.

328 (a) If the evaluation demonstrates that the defendant meets
329 the criteria for involuntary examination under s. 394.463, the
330 qualified mental health professional may issue a professional
331 certificate referring the defendant to a receiving facility.

332 (b) Upon the issuance of a professional certificate, the
333 defendant must be transported within 72 hours to a receiving
334 facility for further evaluation for involuntary examination
335 under chapter 394. Such transport may be made with a hold for
336 jail custody notation so that the receiving facility may only
337 release the defendant back to jail custody. Alternatively, the
338 court may request on the transport order that the defendant be
339 transported back to appear before the court, depending upon the
340 outcome of the evaluation at the receiving facility, the court's
341 availability of other resources and diversion programs, and the
342 willingness of the defendant to receive treatment.

343 (c) Once at the receiving facility, the defendant may be
344 assessed and evaluated to determine whether he or she meets the
345 criteria for involuntary services under chapter 394. If the
346 criteria are met, the receiving facility may forward the court a
347 discharge plan when the defendant no longer meets criteria for
348 inpatient treatment, or an outpatient treatment plan, as

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349 appropriate, as soon as such a plan is developed. If the
350 defendant does not meet the criteria for involuntary services,
351 the receiving facility may issue an outpatient treatment plan
352 and forward it to the court as soon as such plan is developed.
353 If appropriate, the receiving facility may notify the court that
354 no treatment is necessary.

355 (d) Upon receipt of a discharge plan or an outpatient
356 treatment plan, the court may consider releasing the defendant
357 on his or her own recognizance on the condition that he or she
358 comply fully with the discharge plan or outpatient treatment
359 plan. The state attorney and the defense attorney must have an
360 opportunity to be heard before the court releases the defendant.

361 (e) If a professional certificate is not issued under
362 paragraph (a), but the defendant has a mental illness, the court
363 must order that the defendant be assessed for outpatient
364 treatment by a local mental health treatment center. This
365 assessment may be completed:

366 1. At the jail via telehealth assessment by the local
367 mental health treatment center;

368 2. At the local mental health treatment center after the
369 sheriff or jail authorities transport the defendant to and from
370 the treatment center; or

371 3. By releasing the defendant on his or her own
372 recognizance on the conditions that the assessment be completed
373 at the local mental health treatment center within 48 hours
374 after his or her release and that all treatment recommendations
375 be followed.

376
377 If the assessment under this paragraph results in an outpatient

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378 treatment plan, and the defendant has not already been released,
379 the defendant may be released on his or her own recognizance on
380 the condition that all treatment recommendations must be
381 followed. The state attorney and the defense attorney must have
382 an opportunity to be heard before the court releases the
383 defendant.

384 (f) If the defendant is released from the custody of the
385 jail on pretrial release at any point before the completion of
386 the process in this section, evaluation or assessment of the
387 defendant under this section by a qualified mental health
388 professional may be initiated at any time by order of the court
389 at the request of the state attorney or the defense attorney, or
390 on the court's own motion. If this process results in the
391 creation of a discharge plan by a receiving facility or an
392 outpatient treatment plan by the local mental health treatment
393 center, the court may set as a condition of the defendant's
394 continued pretrial release compliance with all of the terms of
395 the discharge plan or outpatient treatment plan.

396 (4) If a defendant has not been referred to the diversion
397 program under this section, the state attorney, the defense
398 attorney, or the court may, at any stage of the criminal
399 proceedings, request that the defendant be screened pursuant to
400 subsection (3) to determine if there is an indication of mental
401 illness. If the defendant is no longer in custody, the defendant
402 may be evaluated or assessed pursuant to paragraph (3)(f).

403 (5) Upon the defendant's successful completion of all of
404 the treatment recommendations from any mental health evaluation
405 or assessment completed pursuant to this section, the state
406 attorney must consider dismissal of the charges. If dismissal is

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407 deemed inappropriate by the state attorney, the state attorney
408 may consider referral of the defendant's case to mental health
409 court or another available mental health diversion program.

410 (6) If the defendant fails to comply with any aspect of his
411 or her discharge or outpatient treatment plan under this
412 section, the court may exhaust therapeutic interventions aimed
413 at improving compliance before considering returning the
414 defendant to the jail.

415 Section 5. Section 916.136, Florida Statutes, is created to
416 read:

417 916.136 Pretrial felony mental health diversion program.—

418 (1) As used in this section, the term:

419 (a) "Conviction" means a determination of guilt that is the
420 result of a plea agreement, including a plea of nolo contendere,
421 or trial. For purposes of this section, a conviction does not
422 include an offense for which an adjudication of guilt was
423 withheld.

424 (b) "Court" means a circuit court or any court presiding
425 over felony violations under the laws of this state or any of
426 its political subdivisions.

427 (c) "Defendant" means a person who has been charged as an
428 adult by a law enforcement agency or a state attorney with a
429 felony of the second degree or felony of the third degree, and
430 who is eligible for the diversion program as provided in
431 subsection (3).

432 (d) "Qualified mental health professional" means a
433 physician, a physician assistant, a clinical psychologist, a
434 psychiatric nurse, an advanced practice registered nurse
435 registered under s. 464.0123, or a mental health counselor, a

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436 marriage and family therapist, or a clinical social worker, as
437 those terms are defined in s. 394.455.

438 (2) A community desiring to establish a pretrial felony
439 mental health diversion program to divert clinically appropriate
440 defendants from jails to treatment is encouraged to apply for
441 the Criminal Justice, Mental Health, and Substance Abuse
442 Reinvestment Grant Program under s. 394.656 for the purpose of
443 obtaining funds to plan, implement, or expand such programs.
444 This section provides a model process for diverting such
445 defendants to treatment, but this process may be modified
446 according to each community's particular resources.

447 (a) The local sheriff's department, the state attorney, the
448 public defender, the court, and local treatment providers may
449 collaborate to establish policies and procedures to meet the
450 specific needs of each community and to develop a form that a
451 defendant must sign to consent to treatment.

452 (b) A consent form must include the defendant's consent to
453 treatment and to the release of any records necessary to
454 demonstrate compliance with and completion of treatment.
455 Additionally, such form must include that the defendant agrees
456 to waive his or her right to a speedy trial by participating in
457 the diversion program. A defendant must sign the consent form to
458 participate in the diversion program.

459 (3) A defendant may be eligible for the pretrial felony
460 mental health diversion program under this section if he or she
461 meets the following criteria:

462 (a) Has a mental illness;

463 (b) Has no more than three prior felony convictions in the
464 past 5 years;

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465 (c) Is not charged with a violent felony; and

466 (d) Does not have a significant history of violence.

467
468 The state attorney has the sole discretion to determine a
469 defendant's eligibility for the pretrial felony mental health
470 diversion program. Meeting the criteria in this subsection does
471 not guarantee eligibility. Additionally, the state attorney may,
472 in extenuating circumstances, waive the criteria in this
473 subsection if he or she finds that it is in the interest of
474 justice.

475 (4) At any stage in the pretrial process, the state
476 attorney may recommend that a defendant be screened using a
477 standardized, validated mental health screening instrument to
478 determine if there is an indication of mental illness. Such
479 screening may be completed by the jail's corrections or medical
480 staff or by any qualified mental health professional. The
481 results of such screening must be forwarded to the state
482 attorney and the defense attorney.

483 (5) If there is an indication of mental illness, the state
484 attorney may consider an offer of pretrial felony mental health
485 diversion under this section. Entry into the diversion program
486 is voluntary, and the defendant must sign the consent form as
487 described in subsection (2) before participating in the program.

488 (6) Upon the defendant agreeing to participate in pretrial
489 felony mental health diversion under this section, the defendant
490 must be assessed for outpatient treatment by a local mental
491 health treatment center. This assessment may be completed:

492 (a) At the jail via telehealth assessment by the local
493 mental health treatment center;

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494 (b) At the local mental health treatment center after the
495 sheriff or jail authorities transport the defendant to and from
496 the treatment center; or

497 (c) By releasing the defendant on his or her own
498 recognizance on the conditions that the assessment be completed
499 at the local mental health treatment center within 48 hours
500 after his or her release and that all treatment recommendations
501 be followed.

502

503 If the assessment under this subsection results in an outpatient
504 treatment plan, and the defendant has not already been released,
505 the defendant may be released on his or her own recognizance on
506 the condition that all treatment recommendations be followed.

507 (7) Upon the defendant's successful completion of all
508 treatment recommendations from the mental health evaluation or
509 assessment completed pursuant to this section, the state
510 attorney must consider dismissal of the charges.

511 (8) If the defendant fails to comply with pretrial release
512 or with any aspect of his or her treatment plan under this
513 section, the state attorney may revoke the defendant's
514 participation in the pretrial felony mental health diversion
515 program.

516 Section 6. Paragraph (a) of subsection (3) of section
517 916.185, Florida Statutes, is amended to read:

518 916.185 Forensic Hospital Diversion Pilot Program.—

519 (3) CREATION.—There is authorized a Forensic Hospital
520 Diversion Pilot Program to provide competency-restoration and
521 community-reintegration services in either a locked residential
522 treatment facility when appropriate or a community-based

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523 facility based on considerations of public safety, the needs of
524 the individual, and available resources.

525 (a) The department may implement a Forensic Hospital
526 Diversion Pilot Program modeled after the Miami-Dade Forensic
527 Alternative Center, taking into account local needs and
528 resources in Okaloosa County, in conjunction with the First
529 Judicial Circuit in Okaloosa County; in Duval County, in
530 conjunction with the Fourth Judicial Circuit in Duval County; in
531 Broward County, in conjunction with the Seventeenth Judicial
532 Circuit in Broward County; ~~and~~ in Miami-Dade County, in
533 conjunction with the Eleventh Judicial Circuit in Miami-Dade
534 County; and in Hillsborough County, in conjunction with the
535 Thirteenth Judicial Circuit in Hillsborough County.

536 Section 7. Section 945.093, Florida Statutes, is created to
537 read:

538 945.093 Requirements for work assignments and programs.—The
539 department shall evaluate, at a minimum, the physical and mental
540 health of each inmate eligible for a work assignment or
541 correctional work program and shall document approval of
542 eligibility before the inmate receives orders for the assignment
543 or program. The department may use discretion in determining
544 whether an inmate is appropriate for an assignment.

545 Section 8. Section 948.0395, Florida Statutes, is created
546 to read:

547 948.0395 Probation conditions for defendants with mental
548 illness.—A defendant who was adjudicated incompetent to proceed
549 due to a mental illness under chapter 916 and later regained
550 competency, and who is sentenced to a term of probation, must
551 have as a condition of such probation a mental health evaluation

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552 and must follow all recommendations of the evaluation.

553 Section 9. Present subsection (4) of section 1004.649,
554 Florida Statutes, is redesignated as subsection (5), and a new
555 subsection (4) is added to that section, to read:

556 1004.649 Northwest Regional Data Center.—

557 (4) The Florida Behavioral Health Care Data Repository is
558 created within the Northwest Regional Data Center as the
559 administrative manager of the state data center.

560 (a) The data repository is created for the purpose of:

561 1. Collecting and analyzing existing statewide behavioral
562 health care data to:

563 a. Better understand the scope of and trends in behavioral
564 health services, spending, and outcomes to improve patient care
565 and enhance the efficiency and effectiveness of behavioral
566 health services;

567 b. Better understand the scope of, trends in, and
568 relationship between behavioral health, criminal justice,
569 incarceration, and the use of behavioral health services as a
570 diversion from incarceration for individuals with mental
571 illness; and

572 c. Enhance the collection and coordination of treatment and
573 outcome information as an ongoing evidence base for research and
574 education related to behavioral health.

575 2. Developing useful data analytics, economic metrics, and
576 visual representations of such analytics and metrics to inform
577 relevant state agencies and the Legislature of data and trends
578 in behavioral health.

579 (b) The Northwest Regional Data Center shall develop a plan
580 to do all of the following:

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- 581 1. Create a centralized, integrated, and coordinated data
582 system.
- 583 2. Develop, in collaboration with the Data Analysis
584 Committee of the Commission on Mental Health and Substance Use
585 Disorder created under s. 394.9086, a governance structure that
586 will implement and operate the repository.
- 587 3. Incorporate existing data from relevant state agencies,
588 including, but not limited to, the Agency for Health Care
589 Administration, the Department of Children and Families, the
590 Department of Juvenile Justice, the Office of the State Courts
591 Administrator, and the Department of Corrections.
- 592 4. Identify relevant data and metrics to support actionable
593 information and ensure the efficient and responsible use of
594 taxpayer dollars within behavioral health systems of care.
- 595 5. Develop and detail data security requirements for the
596 repository.
- 597 6. Develop, in collaboration with the Commission on Mental
598 Health and Substance Use Disorder and relevant stakeholders, a
599 structure for an annual analysis and report that gives state
600 agencies and the Legislature a better understanding of trends
601 and issues in the state's behavioral health systems of care
602 generally and the trends and issues in behavioral health systems
603 related to criminal justice treatment, diversion, and
604 incarceration.
- 605 (c) By December 1, 2025, the Northwest Regional Data
606 Center, in collaboration with the Data Analysis Committee of the
607 Commission on Mental Health and Substance Use Disorder, shall
608 submit the developed plan for implementation and ongoing
609 operation with a proposed budget to the Governor, the President

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610 of the Senate, and the Speaker of the House of Representatives
611 for review.

612 (d) Beginning December 1, 2026, and annually thereafter,
613 the Florida Behavioral Health Care Data Repository shall submit
614 the developed trends and issues report under subparagraph (b)6.
615 to the Governor, the President of the Senate, and the Speaker of
616 the House of Representatives.

617 Section 10. This act shall take effect October 1, 2025.