

By the Committees on Appropriations; and Criminal Justice; and
Senators Bradley and Garcia

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A bill to be entitled

An act relating to mental health; providing a short title; amending s. 394.658, F.S.; expanding the programs and diversion initiatives supported by implementation or expansion grants to include training for 911 public safety telecommunicators and emergency medical technicians for certain purposes and to include veterans treatment court programs; exempting certain fiscally constrained counties from local match requirements for specified grants; amending s. 916.105, F.S.; providing legislative intent; creating s. 916.135, F.S.; defining terms; encouraging communities to apply for specified grants to establish misdemeanor or ordinance violation mental health diversion programs; providing a model process for such mental health diversion programs; requiring adherence to specified provisions to the extent of available resources; authorizing specified entities to collaborate to establish certain policies and procedures and to develop a certain consent form; providing consent form requirements; requiring defendants to sign the consent form to participate in the diversion program; authorizing the screening of certain defendants and prompt evaluation for involuntary examination under certain circumstances; specifying procedures if the evaluation demonstrates that the defendant meets the criteria for involuntary examination; authorizing a court to consider releasing a defendant on his or her own recognizance under

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certain circumstances; requiring a court to order that a defendant be assessed for outpatient treatment under certain circumstances; authorizing the state attorney, the defense attorney, or the court to, at any stage of the criminal proceedings, request that such a defendant be screened pursuant to certain provisions; authorizing defendants out of custody to be evaluated pursuant to certain provisions; requiring the state attorney to consider dismissal of the charges upon a defendant's successful completion of all treatment recommendations from a mental health assessment; authorizing the court to exhaust therapeutic interventions aimed at improving compliance before a defendant is returned to jail; creating s. 916.136, F.S.; defining terms; encouraging communities to apply for specified grants to establish pretrial felony mental health diversion programs; providing a model process for such mental health diversion programs; authorizing specified entities to collaborate to establish certain policies and procedures and to develop a certain consent form; providing consent form requirements; requiring defendants to sign the consent form to participate in the diversion program; specifying criteria under which a defendant may be eligible for the mental health diversion program; specifying that the state attorney has the sole discretion to determine a defendant's pretrial felony mental health diversion eligibility; authorizing the state attorney to recommend that certain defendants be

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

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Northwest Regional Data Center to develop a specified plan; requiring the Northwest Regional Data Center to submit, by a specified date, a certain developed plan to the Governor and the Legislature; requiring the Florida Behavioral Health Care Data Repository to submit, by a specified date and annually thereafter, a specified report to the Governor and the Legislature; providing an appropriation; providing an effective date.

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

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

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

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

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

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(a) The application criteria for a 1-year planning grant must include a requirement that the applicant county or counties have a strategic plan to initiate systemic change to identify and treat individuals who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders who are in, or at risk of entering, the criminal or juvenile justice systems. The 1-year planning grant must be used to develop effective collaboration efforts among participants in affected governmental agencies, including the criminal, juvenile, and civil justice systems, mental health and substance abuse treatment service providers, transportation programs, and housing assistance programs. The collaboration efforts shall be the basis for developing a problem-solving model and strategic plan for treating adults and juveniles who are in, or at risk of entering, the criminal or juvenile justice system and doing so at the earliest point of contact, taking into consideration public safety. The planning grant shall include strategies to divert individuals from judicial commitment to community-based service programs offered by the Department of Children and Families in accordance with ss. 916.13 and 916.17.

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

1. Mental health courts.
2. Diversion programs.

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- 146 3. Alternative prosecution and sentencing programs.
- 147 4. Crisis intervention teams.
- 148 5. Treatment accountability services.
- 149 6. Specialized training for criminal justice, juvenile
- 150 justice, and treatment services professionals.
- 151 7. Specialized training for 911 public safety
- 152 telecommunicators as defined in s. 401.465 and emergency medical
- 153 technicians as defined in s. 112.1911 to assist in determining
- 154 which response team is most appropriate under the circumstances.
- 155 A response team may include, but is not limited to, a law
- 156 enforcement agency, an emergency medical response team, a crisis
- 157 intervention team, or a mobile crisis response service as
- 158 defined in s. 394.455. Each affected agency must consider what
- 159 resources are available in the community.
- 160 8. Service delivery of collateral services such as housing,
- 161 transitional housing, and supported employment.
- 162 ~~9.8.~~ Reentry services to create or expand mental health and
- 163 substance abuse services and supports for affected persons.
- 164 ~~10.9.~~ Coordinated specialty care programs.
- 165 11. Veterans treatment court programs.
- 166 (c) Each county application must include the following
- 167 information:
- 168 1. An analysis of the current population of the jail and
- 169 juvenile detention center in the county, which includes:
- 170 a. The screening and assessment process that the county
- 171 uses to identify an adult or juvenile who has a mental illness,
- 172 substance abuse disorder, or co-occurring mental health and
- 173 substance abuse disorders;
- 174 b. The percentage of each category of persons admitted to

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the jail and juvenile detention center that represents people who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders; and

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

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

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

b. Centralized receiving facilities for individuals evidencing behavioral difficulties;

c. Postbooking alternatives to incarceration;

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

e. Specialized diversion programs;

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

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g. Specialized probation processes;

h. Day-reporting centers;

i. Linkages to community-based, evidence-based treatment programs for adults and juveniles who have mental illness or substance abuse disorders; and

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

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

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

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

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

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

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

5. The proposed strategies that the county intends to use

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to continue the implemented or expanded programs and initiatives that have resulted from the grant funding.

(2)(a) As used in this subsection, the term "available resources" includes in-kind contributions from participating counties.

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

(c) A 3-year implementation or expansion grant may not be awarded unless the applicant county or consortium of counties makes available resources equal to the total amount of the grant. For fiscally constrained counties, the available resources may be at 50 percent of the total amount of the grant, except fiscally constrained counties that are awarded reinvestment grants to establish programs pursuant to this section may not be required to provide local matching funds.

This match shall be used for expansion of services and may not supplant existing funds for services. An implementation or expansion grant must support the implementation of new services or the expansion of services and may not be used to supplant existing services.

Section 3. Present subsection (4) of section 916.105, Florida Statutes, is redesignated as subsection (5), and a new

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subsection (4) and subsection (6) are added to that section, to read:

916.105 Legislative intent.—

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

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

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

916.135 Misdemeanor or ordinance violation mental health diversion program.—

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

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

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

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

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

293 (d) "Receiving facility" has the same meaning as in s.
294 394.455.

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

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

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

319 (3) Within 24 hours after a defendant is booked into a

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

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

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

346 (c) Once at the receiving facility, the defendant may be
347 assessed and evaluated to determine whether he or she meets the
348 criteria for involuntary services under chapter 394. If the

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349 criteria are met, the receiving facility may forward the court a
350 discharge plan when the defendant no longer meets criteria for
351 inpatient treatment, or an outpatient treatment plan, as
352 appropriate, as soon as such a plan is developed. If the
353 defendant does not meet the criteria for involuntary services,
354 the receiving facility may issue an outpatient treatment plan
355 and forward it to the court as soon as such plan is developed.
356 If appropriate, the receiving facility may notify the court that
357 no treatment is necessary.

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

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

369 1. At the jail via telehealth assessment by the local
370 mental health treatment center;

371 2. At the local mental health treatment center after the
372 sheriff or jail authorities transport the defendant to and from
373 the treatment center; or

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

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378 be followed.

379
380 If the assessment under this paragraph results in an outpatient
381 treatment plan, and the defendant has not already been released,
382 the defendant may be released on his or her own recognizance on
383 the condition that all treatment recommendations must be
384 followed. The state attorney and the defense attorney must have
385 an opportunity to be heard before the court releases the
386 defendant.

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

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

406 (5) Upon the defendant's successful completion of all of

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the treatment recommendations from any mental health evaluation
or assessment completed pursuant to this section, the state
attorney must consider dismissal of the charges. If dismissal is
deemed inappropriate by the state attorney, the state attorney
may consider referral of the defendant's case to mental health
court or another available mental health diversion program.

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

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

916.136 Pretrial felony mental health diversion program.—

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

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

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

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

(d) "Qualified mental health professional" means a

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436 physician, a physician assistant, a clinical psychologist, a
437 psychiatric nurse, an advanced practice registered nurse
438 registered under s. 464.0123, or a mental health counselor, a
439 marriage and family therapist, or a clinical social worker, as
440 those terms are defined in s. 394.455.

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

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

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

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

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(a) Has a mental illness;

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

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

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

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

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

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

(6) Upon the defendant agreeing to participate in pretrial felony mental health diversion under this section, the defendant must be assessed for outpatient treatment by a local mental

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health treatment center. This assessment may be completed:

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

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

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

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

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

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

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

916.185 Forensic Hospital Diversion Pilot Program.—

(3) CREATION.—There is authorized a Forensic Hospital

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523 Diversion Pilot Program to provide competency-restoration and
524 community-reintegration services in either a locked residential
525 treatment facility when appropriate or a community-based
526 facility based on considerations of public safety, the needs of
527 the individual, and available resources.

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

539 Section 7. Section 945.093, Florida Statutes, is created to
540 read:

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

548 Section 8. Section 948.0395, Florida Statutes, is created
549 to read:

550 948.0395 Probation conditions for defendants with mental
551 illness.—A defendant who was adjudicated incompetent to proceed

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552 due to a mental illness under chapter 916 and later regained
553 competency, and who is sentenced to a term of probation, must
554 have as a condition of such probation a mental health evaluation
555 and must follow all recommendations of the evaluation.

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

559 1004.649 Northwest Regional Data Center.—

560 (4) The Northwest Regional Data Center is the lead entity
561 responsible for creating, operating, and managing, including the
562 research conducted by, the Florida Behavioral Health Care Data
563 Repository as established by this subsection.

564 (a) The purpose of the data repository is to create a
565 centralized system for:

566 1. Collecting and analyzing existing statewide behavioral
567 health care data to:

568 a. Better understand the scope of and trends in behavioral
569 health services, spending, and outcomes to improve patient care
570 and enhance the efficiency and effectiveness of behavioral
571 health services;

572 b. Better understand the scope of, trends in, and
573 relationship between behavioral health, criminal justice,
574 incarceration, and the use of behavioral health services as a
575 diversion from incarceration for individuals with mental
576 illness; and

577 c. Enhance the collection and coordination of treatment and
578 outcome information as an ongoing evidence base for research and
579 education related to behavioral health.

580 2. Developing useful data analytics, economic metrics, and

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visual representations of such analytics and metrics to inform relevant state agencies and the Legislature of data and trends in behavioral health.

(b) The Northwest Regional Data Center shall develop, in collaboration with the Data Analysis Committee of the Commission on Mental Health and Substance Use Disorder created under s. 394.9086 and with relevant stakeholders, a plan that includes all of the following:

1. A project plan that describes the technology, methodology, timeline, cost, and resources necessary to create a centralized, integrated, and coordinated data system.

2. A proposed governance structure to oversee the implementation and operations of the repository.

3. An integration strategy to incorporate existing data from relevant state agencies, including, but not limited to, the Agency for Health Care Administration, the Department of Children and Families, the Department of Juvenile Justice, the Office of the State Courts Administrator, and the Department of Corrections.

4. Identification of relevant data and metrics to support actionable information and ensure the efficient and responsible use of taxpayer dollars within behavioral health systems of care.

5. Data security requirements for the repository.

6. The structure and process that will be used to create an annual analysis and report that gives state agencies and the Legislature a better general understanding of trends and issues in the state's behavioral health systems of care and the trends and issues in behavioral health systems related to criminal

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justice treatment, diversion, and incarceration.

(c) By December 1, 2025, the Northwest Regional Data Center, in collaboration with the Data Analysis Committee of the Commission on Mental Health and Substance Use Disorder, shall submit the developed plan for implementation and ongoing operation with a proposed budget to the Governor, the President of the Senate, and the Speaker of the House of Representatives for review.

(d) Beginning December 1, 2026, and annually thereafter, the Northwest Regional Data Center shall submit the developed trends and issues report under subparagraph (b)6. to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Section 10. For the 2025-2026 fiscal year, the nonrecurring sum of \$229,840 and the recurring sum of \$565,040 from the General Revenue Fund is appropriated to the Northwest Regional Data Center to implement the Florida Behavioral Health Care Data Repository as created by this act.

Section 11. This act shall take effect October 1, 2025.