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1
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 resources; authorizing specified entities to
19 collaborate to establish certain policies and
20 procedures and to develop a certain consent form;
21 providing consent form requirements; requiring
22 defendants to sign the consent form to participate in
23 the diversion program; authorizing the screening of
24 certain defendants and prompt evaluation for
25 involuntary examination under certain circumstances;
26 specifying procedures if the evaluation demonstrates
27 that the defendant meets the criteria for involuntary
28 examination; authorizing a court to consider releasing
29 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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- 204 g. Specialized probation processes;
- 205 h. Day-reporting centers;
- 206 i. Linkages to community-based, evidence-based treatment
- 207 programs for adults and juveniles who have mental illness or
- 208 substance abuse disorders; and
- 209 j. Community services and programs designed to prevent
- 210 high-risk populations from becoming involved in the criminal or
- 211 juvenile justice system.
- 212 3. The projected effect the proposed initiatives will have
- 213 on the population and the budget of the jail and juvenile
- 214 detention center. The information must include:
- 215 a. The county's estimate of how the initiative will reduce
- 216 the expenditures associated with the incarceration of adults and
- 217 the detention of juveniles who have a mental illness;
- 218 b. The methodology that the county intends to use to
- 219 measure the defined outcomes and the corresponding savings or
- 220 averted costs;
- 221 c. The county's estimate of how the cost savings or averted
- 222 costs will sustain or expand the mental health and substance
- 223 abuse treatment services and supports needed in the community;
- 224 and
- 225 d. How the county's proposed initiative will reduce the
- 226 number of individuals judicially committed to a state mental
- 227 health treatment facility.
- 228 4. The proposed strategies that the county intends to use
- 229 to preserve and enhance its community mental health and
- 230 substance abuse system, which serves as the local behavioral
- 231 health safety net for low-income and uninsured individuals.
- 232 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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marriage and family therapist, or a clinical social worker, as those terms are defined in s. 394.455.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. 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

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be followed.

If the assessment under this paragraph 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 must be followed. The state attorney and the defense attorney must have an opportunity to be heard before the court releases the defendant.

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

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

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

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

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

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

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

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- 465 (a) Has a mental illness;
466 (b) Has no more than three prior felony convictions in the
467 past 5 years;
468 (c) Is not charged with a violent felony; and
469 (d) Does not have a significant history of violence.

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

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

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

491 (6) Upon the defendant agreeing to participate in pretrial
492 felony mental health diversion under this section, the defendant
493 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.