FLORIDA HOUSE OF REPRESENTATIVES
FINAL BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: HB 1207	**COMPANION BILL:** CS/CS/SB 168 (Bradley)
TITLE: Mental Health	**LINKED BILLS:** None
SPONSOR(S): Cobb and Daley	**RELATED BILLS:** None

FINAL HOUSE FLOOR ACTION: 99 **Y's** 0 **N's** **GOVERNOR'S ACTION:** Approved

SUMMARY

Effect of the Bill:

The bill:

- Expands use of Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program funds and exempts fiscally constrained counties from certain grant requirements.
- Provides model processes for both misdemeanor and felony mental health diversion programs.
- Authorizes the Department of Children and Families to implement a Forensic Hospital Diversion Pilot Program in Hillsborough County, in conjunction with the Thirteenth Judicial Circuit.
- Requires the Department of Corrections to evaluate the physical and mental health of each inmate eligible for a work assignment or correctional work program prior to final assignment.
- Authorizes a court to make a mental health evaluation and any resulting recommendations conditions of probation in certain circumstances.
- Establishes the Florida Behavioral Health Care Data Repository (data repository) within the Northwest Regional Data Center (NWRDC) for the purpose of creating a centralized system for collecting and analyzing existing statewide data related to behavioral health care in the state.
- Requires NWRDC to develop and submit an implementation and ongoing operation plan and proposed budget for the data repository to the Governor and the Legislature by December 1, 2025.
- Requires NWRDC to submit an annual report on the trends and issues the data repository has identified to the Governor and the Legislature beginning December 1, 2026.

Fiscal or Economic Impact:

The bill may have an indeterminate fiscal impact on state and local governments. See Fiscal or Economic Impact.

JUMP TO SUMMARY ANALYSIS RELEVANT INFORMATION

ANALYSIS

EFFECT OF THE BILL:

HB 1207 passed as CS/CS/SB 168. (Please note that bill section parentheticals do not contain hyperlinks to bill sections for Senate bills)

The bill may be cited as the Tristin Murphy Act. (Section 1)

Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

The bill authorizes county grantees to utilize Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Reinvestment Grant Program) funds to support:

- Specialized training for 911 public safety telecommunicators and emergency medical technicians to assist in determining which response team is most appropriate under the circumstances. A response team may include, but is not limited to, a law enforcement agency, an emergency medical response team, a crisis intervention team, or a mobile crisis response service. Each affected agency must consider what resources are available in the community.

- Veterans treatment court programs. (Section 2)

Additionally, the bill exempts fiscally constrained counties applying for a grant through the Reinvestment Grant Program from the requirement for a county to make available resources that match the total amount of the grant awarded. (Section 2)

Misdemeanor or Ordinance Violation Mental Health Diversion Program

The bill provides a model process for a misdemeanor or ordinance violation mental health diversion program for diverting clinically appropriate defendants from jails to treatment. The bill encourages a community desiring to establish such a diversion program to apply for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to obtain funds to plan, implement, or expand such a mental health diversion program. The bill allows the process to be modified according to each community's particular resources; however, a community that obtains a Reinvestment Grant Program grant in order to plan, implement, or expand such a diversion program must adhere to the model processes to the extent that local resources are available to do so. (Section 4)

Local sheriffs' departments, state attorneys, public defenders, courts, and local treatment providers are authorized to 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. (Section 4)

The consent form must include the defendant's consent to:

- Treatment.
- Release any records necessary to demonstrate compliance with and completion of treatment.
- Waive his or her right to speedy trial by participating in the diversion program. (Section 4)

The bill authorizes a defendant to be screened by a jail's corrections or medical staff within 24 hours of being booked into a jail using a standardized, validated mental health screening instrument to determine if there is an indication of a mental illness, and if mental illness is indicated, authorizes the defendant to be evaluated for involuntary examination by a qualified mental health professional. 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 defendant's incarcerated status to defeat the involuntary examination criteria. (Section 4)

If a defendant meets the criteria for involuntary examination, the qualified mental health professional may issue a professional certificate referring the defendant to a receiving facility. Upon issuance of a professional certificate, the defendant must be transported within 72 hours to a receiving facility for further evaluation for involuntary examination. Transportation may be made with a hold for jail custody notation so that the receiving facility can only release the defendant back to jail custody. Alternatively, the court may request 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. (Section 4)

The bill further authorizes the defendant to be assessed and evaluated to determine whether he or she meets the criteria for involuntary services at the receiving facility. If criteria are met, the receiving facility may forward the court a discharge plan when the defendant no longer meets the criteria for involuntary services. 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, or a facility may notify the court that no treatment is necessary. (Section 4)

The court, upon receipt of a discharge plan or an outpatient treatment plan, may consider releasing the defendant on his or her own recognizance on the condition he or she comply fully with the discharge plan or outpatient treatment plan. The state attorney and defense attorney must have an opportunity to be heard before the court releases the defendant. (Section 4)

If a professional certificate is not issued, but a defendant has a mental illness, the bill requires the court to order the defendant to be assessed for outpatient treatment by a local mental health treatment center. This assessment may be completed:

- At the jail via telehealth by the local mental health treatment center;
- At the local mental health treatment center after the sheriff or jail authorities transport the defendant to and from the treatment center; or
- 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. (Section 4)

If such an assessment 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. The state attorney and the defense attorney must have an opportunity to be heard before such release. (Section 4)

The bill authorizes the court to order at any time at the request of the state attorney or the defense attorney, or on the court's own motion, that the defendant be evaluated or assessed by a qualified mental health professional, if the defendant was released from custody on pretrial release before the completion of this process. If such an evaluation and assessment 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 require the defendant to comply with all the terms of the discharge plan or outpatient treatment plan as a condition of his or her continued pretrial release. (Section 4)

The bill also authorizes the state attorney, the defense attorney, or the court to request that the defendant be screened at any stage of the criminal proceedings to determine if there is an indication of mental illness. If the defendant is no longer in custody, he or she may be evaluated and assessed as provided for defendants who are on pretrial release. (Section 4)

Upon the defendant's successful completion of all treatment recommendations from any mental health evaluation or assessment completed, the state attorney must consider dismissing the defendant's charges. If dismissal is deemed inappropriate, the state attorney may refer the case to a mental health court or another available mental health diversion program. (Section 4)

If the defendant fails to comply with the discharge or outpatient treatment plan, the court may exhaust therapeutic interventions aimed at improving compliance before considering returning the defendant to jail. (Section 4)

Pretrial Felony Mental Health Diversion Program

The bill provides a model process for a pretrial felony mental health diversion program to divert clinically appropriate defendants from jails to treatment. The bill allows for the process to be modified according to each community's particular resources. The bill encourages a community desiring to establish such a diversion program to apply for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to obtain funds to plan, implement, or expand such a mental health diversion program. (Section 5)

Local sheriffs' departments, state attorneys, public defenders, courts, and local treatment providers are authorized to 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. (Section 5)

The consent form must include the defendant's consent to:
- Treatment.
- Release any records necessary to demonstrate compliance with and completion of treatment.
- Waive his or her right to speedy trial by participating in the diversion program. (Section 5)

A defendant may be eligible for the pretrial felony mental health diversion program if he or she meets the following criteria:
- Has a mental illness;
- Has no more than three prior felony convictions in the past five years;
- Is not charged with a violent felony; and
- Does not have a significant history of violence. (Section 5)

The bill specifies that the state attorney has the sole discretion to determine eligibility for the program, regardless of whether criteria are met. The state attorney may also waive criteria in extenuating circumstances. (Section 5)

At any stage in the pretrial process, the state attorney may recommend 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, and the results of such screening must be forwarded to the state attorney and the defense attorney. If there is an indication of mental illness, the state attorney may consider allowing the defendant to participate in the pretrial felony mental health diversion program. (Section 5)

If a defendant agrees to participate in the diversion program he or she must be assessed for outpatient treatment by a local mental health treatment center. This assessment may be completed:

- At the jail via telehealth by the local mental health treatment center;
- At the local mental health treatment center after the sheriff or jail authorities transport the defendant to and from the treatment center; or
- 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. (Section 5)

If the assessment 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. (Section 5)

If the defendant successfully completes the treatment recommendations from the mental health evaluation or assessment, the state attorney must consider dismissing the charges. If the defendant fails to comply with pretrial release, or any aspect of his or her treatment plan, the state attorney may revoke the defendant's participation in the program. (Section 5)

Forensic Hospital Diversion Pilot Program

The bill authorizes the Department of Children and Families (DCF) to implement a Forensic Hospital Diversion Pilot Program in Hillsborough County, in conjunction with the Thirteenth Judicial Circuit. (Section 6)

Florida Behavioral Health Care Data Repository

The bill establishes the Florida Behavioral Health Care Data Repository and provides that the Northwest Regional Data Center (NWRDC) is the lead entity responsible for creating, operating, and managing the data repository itself and research conducted by the data repository. The purpose of the data repository is to create a centralized system for:

- Collecting and analyzing existing statewide behavioral health care data to:
  - Better understand the scope of and trends in behavioral health services, spending, and outcomes to improve patient care and enhance the efficiency and effectiveness of behavioral health services.
  - Better understand the scope of, trends in, and relationship between behavioral health, criminal justice, incarceration, and the use of behavioral health services as a diversion from incarceration for individuals with mental illness.
  - Enhance the collection and coordination of treatment and outcome information as an ongoing evidence base for research and education related to behavioral health.
- Developing useful data analytics, economic metrics, and visual representations of such analytics and metrics to inform relevant state agencies and the Legislature of data and trends in behavioral health. (Section 9)

The bill requires the NWRDC to develop a plan, in collaboration with the Data Analysis Committee of the Commission on Mental Health and Substance Use Disorder and relevant stakeholders that includes:

- A project plan that describes the technology, methodology, timeline, cost, and resources necessary to create a centralized, integrated, and coordinated data system.
- A proposed governance structure to oversee the implementation and operations of the data repository.

- An integration strategy to incorporate existing data from relevant state agencies, including, but not limited to, the Agency for Health Care Administration, DCF, the Department of Juvenile Justice, the Office of the State Courts Administrator, and the Department of Corrections (DOC).
- Identification of relevant data and metrics to support actionable information and ensure efficient and responsible use of taxpayer dollars within the behavioral health systems of care.
- Data security requirements for the data repository.
- A structure and process that will be used to create an annual analysis and report that gives state agencies and the Legislature 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 justice treatment, diversion, and incarceration. (Section 9)

The bill requires the NWRDC to collaborate with the Data Analysis Committee of the Commission on Mental Health and Substance Use Disorder to submit a developed plan for implementation and ongoing operation of the data repository with a proposed budget to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2025. (Section 9)

The bill requires the NWRDC to annually submit, beginning December 1, 2026, the developed trends and issues report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. (Section 9)

Additional Mental Health Provisions

The bill provides additional Legislative intent concerning Florida's Forensic Client Services Act. As to this Act, the Legislature intends 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. Additionally, the Legislature intends that law enforcement agencies in this state provide law enforcement officers with crisis intervention team training. (Section 3)

The bill requires DOC to evaluate, at a minimum, the physical and mental health of each inmate eligible for a work assignment or correctional work program and to document approval of eligibility before such inmate receives orders for the assignment or program. The bill allows for DOC to use discretion in determining whether an inmate is appropriate for an assignment. (Section 7)

The bill requires that a defendant who was adjudicated incompetent to proceed due to a mental illness and later regained competency, and who is sentenced to probation, must have as a condition of probation a mental health evaluation and must be required to follow all recommendations of the evaluation. (Section 8)

The bill was approved by the Governor on June 25, 2025, ch. 2025-180, L.O.F., and will become effective on October 1, 2025. (Section 11)

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

This bill may have an indeterminate negative impact on state receiving facilities to the extent that additional resources are required to serve an influx of defendant patients through programs authorized by the bill.

Additionally, the bill may have an indeterminate positive fiscal impact on DOC facilities due to certain felony offenders being diverted from incarceration in a state correctional facility.

The Commission on Mental Health and Substance Use Disorder has identified that the startup, implementation, and sustainability of the data repository will require $794,880 annually.[1] For the 2025-2026 fiscal year, the bill

[1] Commission on Mental Health and Substance Use Disorder, *Appendix D: Statewide Data Repository Budget Justification*, (on file with the House Criminal Justice Subcommittee).

appropriates a nonrecurring sum of $229,840 and a recurring sum of $565,040 from the General Revenue Fund to the NWRDC to implement the data repository created by the bill.

There is an indeterminate fiscal impact on the Agency for Health Care Administration, specific to the Medicaid program, which is dependent on the amount of outpatient behavioral health Medicaid services received by the population affected by the bill, as well as the number of Medicaid eligible individuals who qualify for the diversion programs, the number of Medicaid eligible who opt-in the diversion programs, and Medicaid eligible individual compliance with the terms of the diversion program or probation.[2]

There is a fiscal impact on the Department of Children and Families related to the Forensic Hospital Diversion Pilot Program in Hillsborough County, which the department estimates will be $1,500,000 annually.[3]

LOCAL GOVERNMENT:

The bill may have an indeterminate negative fiscal impact on local jails to the extent they will need to hire additional staff to screen incoming offenders, or to transport them to and from receiving facilities.

The bill may also have an indeterminate positive fiscal impact on local jails due to certain misdemeanor and felony offenders being diverted from detention or incarceration.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

In 2007, the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Reinvestment Grant Program) was created within DCF for the purpose of providing funding to counties for planning, implementing, or expanding initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.[4]

A county[5] may apply for a one-year planning grant or a three-year implementation or expansion grant. The purpose of such a grant is to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders result in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.[6]

The Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee[7] has established requirements and application criteria for a county to apply for such a grant.

- The application criteria for a one-year planning grant requires the applicant county to 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 disorder, who are in, or at risk of entering, the criminal or juvenile justice systems. The grant funds must be used to collaborate with affected governmental agencies, mental health and substance abuse treatment service providers, transportation programs, and housing assistance programs to develop a problem-solving model and strategic plan for treating such adults and juveniles and doing so at the earliest point of contact, taking public safety into account. The plan must include strategies to divert individuals from judicial commitment to community-based service programs offered by DCF.[8]

---

[2] Agency for Health Care Administration, Agency Bill Analysis for HB 1207 (2025), p. 2 (Apr. 1, 2025).
[3] Department of Children and Families, Agency Bill Analysis for HB 1207 (2025), p. 4 (Mar. 31, 2025).
[4] Ch. 2007-200, L.O.F.
[5] Not-for-profit community providers or managing entities designated by a county planning council or committee may also apply. S. 394.656(5)(a), F.S.
[6] *Id*.
[7] S. 394.656(2), F.S. The Committee advises DCF in selecting priorities for grants and investing awarded grant moneys.
[8] S. 394.658(1)(a), F.S.

- The application criteria for a three-year implementation or expansion grant requires information from a county demonstrating its completion of a well-established collaboration plan that includes public-private partnership models and the application of evidence-based practices.[9] The implementation or expansion grants may be used to fund programs and diversion initiatives including, but not limited to, the following:
    - Mental health courts.
    - Diversion programs.
    - Alternative prosecution and sentencing programs.
    - Crisis intervention teams.
    - Treatment accountability services.
    - Specialized training for criminal justice, juvenile justice, and treatment services professionals.
    - Service delivery of collateral services such as housing, transitional housing, and supported employment.
    - Reentry services to create or expand mental health and substance abuse services and supports for affected persons.
    - Coordinated specialty care programs.[10]

Additionally, each county must include specified information in its application, including the following:

- An analysis of the current population of the jail and juvenile detention center in the county.
- A description of the interventions 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 interventions a county may use with the target population may include, but are not limited to:
    - Specialized responses by law enforcement agencies.
    - Centralized receiving facilities for individuals evidencing behavioral difficulties.
    - Postbooking alternatives to incarceration.
    - New court programs, including pretrial services and specialized dockets.
    - Specialized diversion programs.
    - 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.
    - Specialized probation processes.
    - Day-reporting centers.
    - Linkages to community-based, evidence-based treatment programs for adults and juveniles who have mental illness or substance abuse disorders.
    - Community services and programs designed to prevent high-risk populations from becoming involved in the criminal or juvenile justice system.
- The projected effect the proposed initiatives will have on the population and the budget of the jail and juvenile detention center.
- 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.
- The proposed strategies that the county intends to use to continue the implemented or expanded programs and initiatives that have resulted from the grant funding.[11]

Grants may not be awarded unless the applicant county makes available resources in an amount equal to the total amount of the grant. For fiscally constrained counties,[12] the available resources may be only 50 percent of the total

[9] S. 394.658(1)(b), F.S.
[10] S. 394.658(1)(b), F.S.
[11] S. 394.658(1)(c), F.S.
[12] There are currently 29 counties that meet the statutory criteria (s. 218.67, F.S.) for "fiscally constrained." Six of those counties, including Dixie, Gadsden, Glades, Hendry, Levy, and Okeechobee, are the recipients or applicants of funding. DCF, Office of Substance Abuse and Mental Health, Criminal Justice Reinvestment Grants (on file with the House Criminal Justice Subcommittee).

amount of the grant.[13] Currently, 23 counties are funded under a planning, implementation, or expansion grant and another 16 counties have applications pending.[14]

In Fiscal Year (FY) 2022-2023, DCF funded 33 implementation or expansion grants and one planning grant.[15] To date, Florida's Reinvestment Grant Program has served more than 12,000 Floridians and resulted in a cost savings of over $54 million by providing services in the community rather than in the criminal justice system.[16]

The Florida Mental Health Act

The Florida Mental Health Act,[17] commonly referred to as the Baker Act, was enacted in 1971 to revise the state's mental health commitment laws.[18] The Act includes legal procedures for mental health examination and treatment, including voluntary and involuntary examinations. It additionally protects the rights of all individuals examined or treated for mental illness in Florida.[19]

Involuntary Examination

Individuals in an acute mental or behavioral health crisis may require emergency treatment to stabilize their condition. Emergency mental health examination and stabilization services may be provided on a voluntary or involuntary basis.[20] An involuntary examination may be required if there is reason to believe that a person has a mental illness and because of his or her mental illness he or she:

- Has refused voluntary examination; or
- Is unable to determine for himself or herself whether examination is necessary; and[21]

Without care or treatment:

- He or she is likely to suffer from neglect or refuse to care for himself or herself to the extent that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being, and it does not appear that such harm can be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or
- There is a substantial likelihood that he or she will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.[22]

An involuntary examination may be initiated by:

- A circuit or county court entering an ex parte order stating that a person appears to meet the criteria for involuntary examination;[23]
- A law enforcement officer taking a person who appears to meet the criteria for involuntary examination into custody and delivering the person or having him or her delivered to a receiving facility for examination;[24] or
- A physician, physician assistant, clinical psychologist, psychiatric nurse, an autonomous advanced practice registered nurse, mental health counselor, marriage and family therapist, or clinical social worker executing a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination.[25]

Involuntary examination patients must be taken to a facility that has been designated by DCF as a receiving facility. Receiving facilities, often referred to as Baker Act receiving facilities, are public or private facilities designated by

[13] S. 394.658(2), F.S.
[14] DCF, *supra* note 12.
[15] *Id*.
[16] *Id*.
[17] Ss. 394.451–394.47892, F.S.
[18] The Baker Act is contained in Part I of ch. 394, F.S.
[19] S. 394.459, F.S.
[20] Ss. 394.4625 and 394.463, F.S.
[21] S. 394.463(1)(a), F.S.
[22] S. 394.463(1)(b), F.S.
[23] S. 394.463(2)(a)1., F.S.
[24] S. 394.463(2)(a)2., F.S.
[25] S. 394.463(2)(a)3., F.S.

DCF to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider.[26] Under the Baker Act, a receiving facility must examine an involuntary patient within 72 hours of arrival.[27] During that 72 hours, an involuntary patient must be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility, to determine if the criteria for involuntary services are met.[28]

Within that 72-hour examination period, one of the following must happen:

- The patient must be released, unless he or she is charged with a crime, in which case law enforcement will assume custody;
- The patient must be released for voluntary outpatient treatment;
- The patient, unless charged with a crime, must give express and informed consent to be placed and admitted as a voluntary patient; or
- A petition for involuntary services must be filed in the circuit court or county court, as applicable.[29]

The receiving facility may not release an involuntary examination patient without the documented approval of a psychiatrist or a clinical psychologist. However, if the receiving facility is owned or operated by a hospital, health system, or a nationally-accredited community mental health center, a psychiatric nurse performing within the framework of an established protocol with a psychiatrist, or an attending emergency department physician with experience in the diagnosis and treatment of mental illness may also approve release. However, a psychiatric nurse is prohibited from approving a patient's release if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist.[30]

Involuntary Services

Involuntary Outpatient Services
A person may be ordered to involuntary outpatient services upon a finding of the court that by clear and convincing evidence, all of the following factors are met:

- The person has a mental illness and, because of his or her mental illness:
    - He or she is unlikely to voluntarily participate in a recommended services plan and has refused voluntary services for treatment after sufficient and conscientious explanation and disclosure of why the services are necessary; or
    - Is unable to determine for himself or herself whether services are necessary.
- The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
- The person has a history of lack of compliance with treatment for mental illness.
- In view of the person's treatment history and current behavior, the person is in need of involuntary outpatient services in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being.
- It is likely that the person will benefit from involuntary outpatient services.
- All available less restrictive alternatives that would offer an opportunity for improvement of the person's condition have been deemed to be inappropriate or unavailable.[31]

Involuntary Inpatient Placement
A person may be placed in involuntary inpatient placement for treatment upon a finding of the court by clear and convincing evidence that:

- The person has a mental illness and, because of his or her mental illness:

[26] S. 394.455(40), F.S. This term does not include a county jail.
[27] S. 394.463(2)(g), F.S.
[28] S. 394.463(2)(f), F.S.
[29] *Id*.
[30] S. 394.463(2)(f), F.S.
[31] S. 394.467(2)(a), F.S.

    - He or she has refused voluntary inpatient placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of treatment; or
    - Is unable to determine for himself or herself whether inpatient placement is necessary; and
- He or she is incapable of surviving alone or with the help of willing, able, and responsible family or friends, including available alternative services, and, without treatment, is likely to suffer from neglect or refuse to care for himself or herself, and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; or
- Without treatment, there is a substantial likelihood that in the near future the person will inflict serious bodily harm on himself or herself or others, as evidenced by recent behavior causing, attempting to cause, or threatening to cause such harm; and
- All available less restrictive treatment alternatives that would offer an opportunity for improvement of the person's condition have been deemed to be inappropriate or unavailable.[32]

A patient may be recommended for involuntary outpatient services, involuntary inpatient placement, or a combination of both.[33]

Discharge of Involuntary Patients

At any time a patient is found to no longer meet the criteria for involuntary placement, the administrator[34] must:

- Discharge the patient, unless the patient is under a criminal charge, in which case the patient must be transferred to the custody of the appropriate law enforcement officer;
- Transfer the patient to voluntary status on his or her own authority or at the patient's request, unless the patient is under criminal charge or adjudicated incapacitated; or
- Place an improved patient, except a patient under a criminal charge, on convalescent status in the care of a community facility.[35]

Diversion Programs

Diversion programs offer an alternative to traditional prosecution for eligible offenders. If an offender successfully completes a diversion program and all its requirements he or she may have his or her criminal charges dismissed. Such programs are authorized in both pre-arrest and post-arrest actions. There are several different types of diversion programs, including those referred to as "problem-solving courts."

Problem-Solving Courts

Problem-solving courts are designed to address the root causes of a person's involvement with the justice system.[36] Such courts do this by utilizing specialized court dockets, multidisciplinary teams, and a non-adversarial approach to ensure a person receives the individualized treatment he or she needs to successfully leave the justice system.[37] Currently, more than 180 problem-solving courts operate in 19 of the state's 20 judicial circuits in Florida.[38] The most common types of problem-solving courts include:

- Adult drug courts;
- Adult mental health courts;
- Early childhood courts;
- Veterans courts;
- Juvenile drug courts;
- Dependency drug courts;

---

[32] S. 394.467(2)(b), F.S.
[33] S. 394.467(3), F.S.
[34] "Administrator" means the chief administrative officer of a receiving or treatment facility or his or her designee. S. 394.455(3), F.S.
[35] S. 394.469(1), F.S.
[36] Office of the State Courts Administrator (OSCA), *Florida Problem-Solving Courts Report*, Feb. 28, 2025, https://www.flcourts.gov/content/download/2448144/file/2024%20Florida%20Problem-Solving%20Courts%20Annual%20Report%20-%20Final.pdf (last visited Mar. 17, 2025).
[37] *Id.*
[38] OSCA, *Office of Problem-Solving Courts*, https://www.flcourts.gov/Resources-Services/Office-of-Problem-Solving-Courts (last visited Mar. 17, 2025).

- DUI courts; and
- Juvenile mental health courts.[39]

Forensic Client Services Act[40]
DCF and the Agency for Persons with Disabilities (APD) are required to, as appropriate, establish, locate, and maintain separate and secure forensic facilities and programs for the treatment or training of defendants who have been charged with a felony and who have been found to be incompetent to proceed due to their mental illness, intellectual disability, or autism, or who have been acquitted of a felony by reason of insanity, and who, while still under the jurisdiction of the committing court, are committed to DCF or APD.

Such facilities must be sufficient to accommodate the number of defendants committed under the conditions noted above and must be designed and administered so that ingress and egress, together with other requirements, may be strictly controlled by staff responsible for security in order to protect the defendant, facility personnel, other clients, and citizens in adjacent communities.[41]

Such defendants should be served in community settings, in community residential facilities, or in civil facilities, whenever this is a feasible alternative to treatment or training in a state forensic facility.[42] The use of restraint and seclusion on persons who are committed to a civil or forensic facility should be used minimally.[43]

Miami-Dade Criminal Mental Health Project
In 2000, the Eleventh Judicial Circuit's Criminal Mental Health Project (CMHP) was established to divert nonviolent misdemeanor defendants with serious mental illnesses, or co-occurring serious mental illness and substance use disorders, from the criminal justice system into community-based treatment and support services. Since then, the program has expanded to serve defendants that have been arrested for less serious felonies and other charges as deemed appropriate. The program operates two components: pre-booking diversion, consisting of Crisis Intervention Team training for law enforcement officers; and post-booking diversion serving individuals booked into the jail and awaiting adjudication. All post-booking participants are provided with individualized transition planning including linkages to community-based treatment and support services.[44]

Miami-Dade Forensic Alternative Center
Since August 2009, the CMHP has overseen the implementation of a state-funded pilot project, the Miami-Dade Forensic Alternative Center (MDFAC) to demonstrate the feasibility of establishing a program to divert individuals with mental illnesses committed to DCF from placement in state forensic facilities to placement in community-based treatment and forensic services. Participants include individuals charged with second and third-degree felonies that do not have significant histories of violent felony offenses and are not likely to face incarceration if convicted of their alleged offenses. Participants are adjudicated incompetent to proceed to trial or not guilty by reason of insanity.[45]

Unlike individuals admitted to state forensic treatment facilities, individuals served by MDFAC are not returned to jail upon restoration of competency, thereby decreasing burdens on the jail and eliminating the possibility that a person may decompensate while in jail and require readmission to a state facility. To date, the pilot project has demonstrated more cost-effective delivery of forensic mental health services, reduced burdens on the county jail in terms of housing and transporting defendants with forensic mental health needs, and more effective community re-entry and monitoring of individuals who, historically, have been at high risk for recidivism to the justice system and other acute care settings.[46]

---

[39] *Id.*
[40] "Forensic client" means any defendant who has been committed to DCF or APD because he or she has been adjudicated incompetent, found incompetent to procced, or has been adjudicated not guilty by reason of insanity. S. 916.106(9), F.S.
[41] S. 916.105(1), F.S.
[42] S. 916.105(3), F.S.
[43] S. 916.105(4), F.S.
[44] Eleventh Judicial Circuit of Florida, *Criminal Mental Health Project*, pg. 3, (December 2021), https://www.jud11.flcourts.org/docs/CMHP%20Program.pdf (last visited Mar. 17, 2025).
[45] *Id*. at p. 9.
[46] *Id*. at p. 10.

Individuals admitted to the MDFAC program are identified as ready for discharge from forensic commitment an average of 52 days sooner than those who complete competency restoration services in forensic treatment facilities, spend an average of 31 fewer days under forensic commitment, and the average cost of services is roughly 32% less expensive than state forensic treatment facilities.[47]

Forensic Hospital Diversion Pilot Program

The Legislature, finding that jail inmates with serious mental illnesses could be served more effectively and at less cost in community-based alternative programs, created the Forensic Hospital Diversion Pilot Program (Pilot Program), modeled after the MDFAC, to serve offenders who have mental illnesses or co-occurring mental illnesses and substance abuse disorders and who are involved in or at risk of entering state forensic mental health treatment facilities, prisons, jails, or state civil mental health treatment facilities.[48] The Pilot Program is authorized to provide competency-restoration and community-reintegration services in either a locked residential treatment facility or a community-based facility based on considerations of public safety, the needs of the individual, and available resources.[49]

Currently, the following counties are authorized to implement a Pilot Program: Okaloosa, Duval, Broward, and Miami-Dade.[50]

Section 916.185, F.S., provides eligibility criteria for participation in such a Pilot Program, and limits participation to offenders who:

- Are 18 years of age or older.
- Are charged with a second or third-degree felony.
- Do not have a significant history of violent criminal offenses.
- Are adjudicated incompetent to proceed to trial or not guilty by reason of insanity.
- Meet public safety and treatment criteria established by DCF for placement in a community setting.
- Would otherwise be admitted to a state mental health treatment facility.[51]

Department of Corrections

The Department of Corrections (DOC) is responsible for the inmates and for the operation of, and has supervisory and protective care, custody, and control of, all buildings, grounds, property of, and matters connected with, the correctional system. Additionally, DOC is required to maximize the use of inmate labor in the construction of inmate housing and the conduct of all maintenance projects so that such activities provide work opportunities for the optimum number of inmates in the most cost-effective manner.[52]

Corrections Mental Health Act

The Corrections Mental Health Act[53] outlines the processes for evaluating and providing appropriate treatment for mentally ill inmates in the custody of DOC. DOC must provide appropriate treatment or care to inmates who have mental illnesses that require hospitalization and intensive psychiatric inpatient treatment or care in DOC mental health treatment facilities designated for that purpose and provide further mental health services as necessary to inmates committed to DOC and may contract with entities, persons, or agencies qualified to provide such services.[54] Mental health treatment facilities are required to be secure, adequately equipped and staffed, and provide services in the least restrictive manner consistent with optimum improvement of the inmate's condition.[55]

Inmate Training and Work Programs

---

[47] *Id.*
[48] S. 916.185(1), F.S.
[49] S. 916.185(3), F.S.
[50] S. 916.185(3)(a), F.S.
[51] S. 916.185(4), F.S.
[52] S. 945.04(1) and (3), F.S.
[53] Ss. 945.40-945.49, F.S.
[54] S. 945.41(1), F.S.
[55] S. 945.41(2), F.S.

DOC is mandated to require of every able-bodied prisoner imprisoned in any institution as many hours of faithful labor during his or her term of imprisonment as is prescribed by DOC rules. Every able-bodied prisoner classified as medium custody or minimum custody who does not satisfactorily participate in any institutional work programs, correctional work programs, prison industry enhancement programs, academic programs, or vocational programs is required to perform work for any political subdivisions of the state which have entered into an agreement with DOC.[56] A goal of the department must be for all inmates, except those inmates who pose a serious security risk or who are unable to work, to work at least 40 hours a week.[57]

Generally, DOC is not currently required to address the mental health of an inmate when considering an inmate for job and program assignments.

Inmate Training Programs
Inmate training programs for eligible inmates are established within ss. 945.71, F.S.-945.74, F.S., and are intended to instill self-discipline, improve work habits, and improve self-confidence for inmates.[58] Such training programs include, but are not limited to, marching drills, calisthenics, a rigid dress code, work assignments, physical training, training in decision making and personal development, drug counseling, education, and rehabilitation.[59] Upon receipt of an inmate into the prison system, DOC must screen the inmate for participation in a training program. To participate, an inmate must have no physical limitations which would preclude participation in strenuous activity and must not be impaired.[60]

Correctional Work Programs
As part of the reception process,[61] inmates are evaluated to determine basic literacy, employment skills, academic skills, vocational skills, and remedial and rehabilitative needs.[62] The evaluation must prescribe education, work, and work-training for each inmate. Inmates must be assigned to correctional work programs that meet the needs of the work requirements of DOC, including essential and other operating functions and revenue-generating and nonrevenue-generating contracts.[63]

When considering inmate job and program assignments, DOC rules require staff to consider factors including the type of work assignment and level of skill required, the inmate's disciplinary history, the inmate's arrest and conviction history, and the needs of the institution.[64]

Probation and Community Control

A court may determine whether to place a defendant on probation or community control with or without an adjudication of guilt if the defendant has been found guilty by a jury verdict, has entered a plea of guilty or a plea of nolo contendere, or has been found guilty at a bench trial.[65] A court may place a defendant on probation or into community control as an alternative to imprisonment or may impose a split sentence where the defendant is placed on probation or into community control after serving a specific period of his or her sentence.[66]

A court shall determine the terms and conditions of probation or community control. The court may impose standard conditions and may also impose additional special conditions it considers proper.[67] Any special terms or

---

[56] S. 946.002(1)(a), F.S.
[57] S. 946.002(1)(b), F.S.
[58] S. 945.71, F.S.
[59] S. 945.73(1), F.S.
[60] S. 945.72(2), F.S.
[61] Upon an inmate's arrival at a reception center, such inmate is processed, tested, evaluated by health services, assessed for program needs, and his or her custody (security risks) is determined. DOC, *Institutions*, https://www.fdc.myflorida.com/institutions (last visited Mar. 17, 2025).
[62] S. 946.511(1), F.S.
[63] S. 946.511(1)(a) and (c), F.S.
[64] Rule 33-601.201, F.A.C.
[65] S. 948.01, F.S.
[66] Ss. 948.01, 948.011, and 948.012, F.S.
[67] S. 948.03, F.S.

conditions of probation or community control should be reasonably related to the circumstances of the offense committed and appropriate for the offender.[68]

Northwest Regional Data Center

In 2011, the Northwest Regional Data Center (NWRDC) at Florida State University was designated as a state primary data center.[69] This designation allows state agencies to enter into service level agreements with NWRDC to provide data center services.[70] Currently, the NWRDC contracts with 30 state agencies.[71]

Commission on Mental Health and Substance Use Disorder

In 2021, the Legislature created the Commission on Mental Health and Substance Use Disorder (Commission) to examine the current methods of providing mental health and substance use disorder services in the state.[72] The Commission is composed of a variety of stakeholders, including members of the Legislature, state agency officials, service providers, mental health professionals, law enforcement and other criminal justice system representatives, and individuals who receive state behavioral health services.[73]

The Commission is required to provide the Legislature with findings and recommendations on how best to provide and facilitate mental health and substance use disorder services in the state.[74] Additionally, the Legislature directs a Data Analysis Subcommittee of the Commission to review data collection, reporting mechanisms, and other data resources related to behavioral health and make recommendations for the development of a searchable statewide behavioral health data repository.[75]

Florida Behavioral Health Care Data Repository

In its 2025 annual interim report, the Commission recommends the creation of the statewide Florida Behavioral Healthcare Data Repository to provide information on the prevalence, cost, access, quality, and outcomes for behavioral health in the state. The data repository is intended to standardize data entry, enhance data organization, improve accessibility and timeliness of data sharing, and support future research as more data becomes available. The data repository is expected to facilitate connections with local partners and coalitions, enhancing expertise, expanding networks, and accessing locally available resources. This approach is expected to generate low-cost or no-cost solutions that maximize local resources and activate a diverse range of partners, including cultural artists, peer specialists, co-researchers, and advocates.[76]

OTHER RESOURCES:

Tristin Murphy case

Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program Annual Report 2023-2024

---

[68] S. 948.039, F.S.
[69] Ch. 2011-63, L.O.F.
[70] S. 1004.649(1)(c), F.S.
[71] NWRDC, *Annual Report 23/24*, p. 5, https://cdn.prod.website-files.com/646f7030a73a29651e0365eb/6733ad62d760c88a3310926d_NWRDC%2023-24%20Annual%20Report_web.pdf (last visited Mar. 17, 2025).
[72] Ch. 2021-170, L.O.F.; S. 394.9086, F.S.
[73] S. 394.9086(3), F.S.
[74] S. 394.9086(5), F.S.
[75] DCF, Commission on Mental Health and Substance Use Disorder, https://www.myflfamilies.com/services/samh/commission-mental-health-and-substance-use-disorder (last visited Mar. 17, 2025).
[76] Commission on Mental Health and Substance Use Disorder, Annual Interim Report January 1, 2025, https://www.myflfamilies.com/sites/default/files/2024-12/2025%20Commission%20on%20Mental%20Health%20and%20Substance%20Use%20Disorder%20Interim%20Report.pdf (last visited Mar. 17 2025).