



MAYOR'S ORANGE COUNTY JAIL OVERSIGHT COMMISSION DRAFT RECOMMENDATIONS – REVISED

NOTE: ALL PROPOSED RECOMMENDATIONS ARE SUBJECT TO THE LAW, COLLECTIVE BARGAINING, AND FINANCIALLY FEASIBLE AND PRACTICAL.

CRIMINAL JUSTICE CASE PROCESSING SUBCOMMITTEE

The goal of the 2025 Criminal Justice Case Processing Subcommittee was to review the status of the 40 recommendations submitted by the 2001 Subcommittee and determine if additional recommendations could be made to further address the jail population. The jail population in 2001 reached 4,239 inmates and was projected to reach 7,000. In 2024, the average daily inmate population was 3,111. Much has been done in the last two decades that has positively impacted a reduction in the jail population. The implementation of processes and programs, such as the establishment of the Central Florida Receiving Center, enhanced utilization of on-site courts at the jail, and expansion of Civil Citation and other diversionary programs, have addressed concerns with unnecessarily incarcerating persons committing low-level crimes and diverting those with unique illnesses who are best served in a non-jail environment.

The following twelve (12) recommendations are presented to further the goal of reducing the jail population.

1. Encourage the judiciary, attorneys, and public defenders to attend and complete Crisis Response and Management Training (formerly known as CIT). | *Interagency Collaboration*

- Crisis Response and Management is a 40-hour course that involves specialized strategies to de-escalate and resolve crisis situations involving individuals with mental health conditions, substance use disorders, or intellectual and developmental disabilities. This approach aims to reduce the risk of harm, improve outcomes for individuals, and divert them away from the criminal justice system when possible.

2. Evaluate additional inmate vocational training programs that are specific to in-demand jobs in Florida. | *Fiscal Impact*

- Vocational programming helps inmates acquire marketable skills, increasing their employment prospects upon release and potentially reducing recidivism.

3. Consider hosting a Central Florida Summit aimed at educating stakeholders on the 11th Judicial Circuit, Miami-Dade Criminal Mental Health Project (CMHP). | *Interagency Collaboration & Fiscal Impact*

- Facilitated by Retired Judge Steve Leifman, the program was established to divert individuals with serious mental illnesses (e.g., schizophrenia, bipolar disorder, and major depression) or co-occurring serious mental illnesses and substance use disorders away from the criminal justice system and into comprehensive community-based treatment and support services.

4. Encourage the judiciary to hear motions to compel release (33-day motion) be held on weekends and holidays. | *Interagency Collaboration*

- These motions are heard to ensure that individuals are not indefinitely held in custody without formal charges being filed against them. Limiting the days these motions can be heard unduly prolongs certain inmates' stay in custody.

5. Explore communication modalities that minimize delays for attorneys entering the jail to facilitate meetings with inmate clients. This may include technologies to assist with inmate movement. | *Interagency Collaboration*

- Criminal Justice Information Services (CJIS) standards of operation impose certain restrictions on the jail that require some individuals to be escorted throughout the secure compound. Delays in visitation could potentially prevent prolonged incarceration and minimize stress associated with waiting for a trial.

6. Explore cost effective technologies to expedite communication between attorneys and OCCD (e.g. attorney phone helpline). | *Interagency Collaboration*

- Enhanced communication options between the jail and legal representatives save time and reduces confusion, and physical traffic within the jail.

7. Encourage judges to resolve technical violations of probation (VOP) as promptly as possible. | *Interagency Collaboration*

- The current average length of stay for inmates held on felony violations of probation is 103 days. Targeting expeditious resolution of technical (e.g. missed appointments, failure to pay fines, failure to timely complete learning programs, etc.) may reduce the length of stay for these individuals.

8. Continue to monitor inmates detained civilly on writs to ensure timely hearings and prompt releases. | *Interagency Collaboration*

9. Explore cost effective methods to provide inmates with the necessary treatment within the jail while awaiting placement in state facilities. | *Interagency Collaboration & Fiscal Impact*

- Due to a shortage of beds in Department of Children and Families (DCF) facilities throughout the state, inmates are waiting several months, untreated.

10. Explore cost effective opportunities to repurpose the Work Release Center in a way that is beneficial to the community while relieving pressure on the jail. | *Interagency Collaboration & Fiscal Impact*

- Options for use are: 1) temporary mental health housing for inmates awaiting a bed in a DCF facility; 2) use to house pretrial inmates with charges that still deem them safe for the community.

11. Encourage law enforcement to utilize Notice to Appear (NTA) and civil citations whenever possible to divert persons from the jail. | *Interagency Collaboration*

12. Explore opportunities to facilitate virtual plea hearing options at the Booking and Release Center (BRC). | *Interagency Collaboration*

MEDICAL, MENTAL HEALTH, AND SUBSTANCE USE DISORDER SUBCOMMITTEE

Since the first convening on February 7th, 2025, the Medical, Mental Health, and Substance Abuse Subcommittee have held eight meetings, conducted one facility tour, and met up with representatives from AdventHealth, Aspire Health Partners, Orange County Sheriff's Office, Orlando Police Department, and University of Central Florida Police Department. As we reviewed the Health, Mental Health, and Substance Abuse services at the Orange County Jail, one reality became unavoidable: a significant portion of costly care is delivered to individuals who suffer from severe persistent mental illness (SPMI) and/or homelessness. These individuals are frequently arrested for nonviolent, low-level offenses such as trespassing or ordinance violations — offenses often stemming from their lack of shelter and untreated mental illness. The jail has long been a de facto behavioral health facility, absorbing the downstream consequences of systemic gaps in housing and mental health services. While this challenge lies outside the formal scope of our Subcommittee, we must acknowledge it as the elephant outside the room. These aren't correctional issues — they are community health failures that Orange County Corrections deal with admirably every day. And there are issues that must be addressed by the government, business, and community leaders if they are to change.

If ignorance is bliss, then we, as leaders of this community, must be incredibly saddened by this situation. We certainly cannot claim ignorance. Study after study and pilot project after pilot project have outlined the needs and demonstrated strategies that work. Exhaustive Orange County Mental and Behavioral Health System of Care Community Analysis, released in 2022, outlined gaps in community mental health resources. Many recommendations for this analysis should be reevaluated for viability. National and Florida-based models offer a proven path forward. In Miami-Dade County, a coordinated mental health diversion initiative led to a reduction in annual jail bookings from 118,000 to 53,000 and cut the jail population from 7,000 to 4,200. This enabled the closure of an entire jail facility and saved taxpayers \$12 million annually. Similarly, Jacksonville's "The Solution That Saves" program saw an 81 percent drop in arrest rates and an 88 percent reduction in jail days among participants — cutting detention costs by 86 percent. A pilot project funded by AdventHealth in 2015 saw a dramatic reduction in jail days in Orange, Seminole and Osceola counties by participants in a supportive housing project.

We urge Orange County to convene a regional summit of elected officials, service providers, the business sector, and community stakeholders to address this issue head-on. We recommend renewed effort in implementing the recent recommendations from the Orange County Mental and Behavioral Health System of Care Community Analysis. Orange County taxpayers are spending over \$4,552,303 treating patients affected by homelessness and SPMI in their jail. We believe it is time for a smarter, more cost-effective regional approach.

MEDICAL RECOMMENDATIONS:

13. Change the current cart medication dispensing method to a fixed site where appropriate. Introduce additional fixed medication dispensing sites (“pill windows”) to reduce the time nurses spend transporting medication carts through the jail multiple times a day. (JOC 2002: MD-ME03-45) | *Fiscal Impact*

14. Create and approve a formal communication process with the State Attorney and the Public Defender to identify medically high-risk nonviolent inmates and recommend early release when appropriate. (JOC 2002: MD-ME08-62) | *Interagency Collaboration*

15. Work with the Orange County Legislative delegation, Florida Association of Counties and Florida Sheriffs Association to advocate for a change in the Florida Statute 409.9025, which would allow counties to bill Medicaid for inmates enrolled in Medicaid who are hospitalized for 24 hours or more. This change will save Orange County approximately \$1.3M annually in outside medical care. | *Interagency Collaboration & Fiscal Impact*

MENTAL HEALTH RECOMMENDATIONS

Orange County, Florida, like many communities across the nation, continues to face the complex intersection of public safety and behavioral health. Far too often, individuals experiencing a mental health or substance use crisis are met with a law enforcement response that lacks the specialized training or resources to de-escalate and divert appropriately. As a result, many of these individuals end up in the criminal justice system when what they truly need is mental health care.

To address the growing mental health crisis and reduce reliance on law enforcement for behavioral health emergencies, it is critical that Orange County implement a coordinated and equitable crisis response strategy through the expansion of crisis intervention services, such as Behavioral Response Units (BRUs), mobile crisis or similar community response programs.

16. Encourage the expansion of BRU deployment, or Mobile Crisis Units or similar community response programs across all 11 municipalities where financially feasible. | *Interagency Collaboration*

17. The County will convene an appropriate group of stakeholders to establish a plan to eliminate barriers to the effective treatment of inmates experiencing severe mental illnesses, taking into account Florida Statute § 394.4598. | *Interagency Collaboration*

- By adopting this recommendation, the Orange County jail system can enhance the quality of mental health care provided to inmates, ensure legal compliance, and promote better health outcomes for individuals with severe and persistent mental illness.

SUBSTANCE USE DISORDER RECOMMENDATIONS

18. Diversify substance abuse treatment options available for inmates and make an effort to expand the number of community providers employed by the County that offer these services. | *Interagency Collaboration*

19. Work with the court system to review and revise procedures to ensure patients enrolled in substance use disorder programs, mental health programs and/or experiencing homelessness are released during daylight hours (8am-5pm). | *Interagency Collaboration*

20. Review of county contracted substance abuse treatment facilities' exclusion criteria. | *Interagency Collaboration*

- Review their policies annually, offer updates on inmate treatment procedures when necessary. Obtain a quarterly report detailing which patients were excluded and for what reason.

MATTERS OUTSIDE THE SCOPE OF THE JAIL OVERSIGHT COMMISSION

- Due to the diversion techniques not being maximized, Orange County jail is left responsible for hospital treatment charges for inmates requiring complex medical and/or detoxification treatments. Minimize costs and operational challenges related to arrestees with severe medical conditions by leveraging alternatives such as civil citations and notice to appear when appropriate. Establish a formal process of review for medical inmates by State Attorney/Public Defender office for early release to avoid high hospital costs.
- Due to insufficient capacity at the state hospital, inmates are kept in the Orange County Jail at the taxpayer's expense. We would encourage legislative efforts to compensate Orange County for that service.
- Have Orange County representation in the organizations contracted with county to provide services to mental health and substance abuse disorder patients.
- Prioritize court cases of inmates treated at DCF state hospital to avoid treatment non-compliance and competency related judicial delays.

RECRUITMENT AND RETENTION SUBCOMMITTEE RECOMMENDATIONS

The Recruitment and Retention Subcommittee met three times during the Mayor's Orange County Jail Oversight Commission to review and develop recommendations to improve the recruitment and retention rates at Orange County Corrections. As the fourth largest jail in the state, the Corrections Department had a 26 percent vacancy rate when we began our work. The Corrections Department was also below market value as it relates to starting wages for Corrections Officers within the Central Florida region, impacting its recruitment and retention efforts. Under the direction of Mayor Demings, the County Administrator and senior staff tackled the wage challenges by offering significant elevations to the workforce. During the Jail Oversight Commission, the Orange County Board of County Commissioners approved the Fraternal Order of Police Lodge 86 agreement, which represents all Correctional Officers, Corporals, Sergeants, and Classification Officers with a 17% mid-year salary increase followed by a 5% wage increase in each of the following fiscal years: 2025/26, 2026/27, and 2027/28.

The Recruitment and Retention subcommittee members reviewed the 51 recommendations submitted to the 2002 Orange County Jail Oversight Commission Staffing and Performance Committee. During the meetings, the members discussed the minimum requirements for certified officers, current salary, benefits, and position/grade of officers. Orange County Corrections staff provided an in-depth presentation on recruitment and retention challenges and opportunities focused on the Corrections academy, graduation and turnover rates, and ongoing retention efforts. Chair Metzger tasked the subcommittee members with researching and developing three to four recommendations to improve the Orange County Corrections Department Officer recruitment and retention. The subcommittee members presented 11 draft recommendations in the areas of wages and compensation, improving the training academy graduation rate, increasing training and investment in Correctional staff, and recruitment opportunities.

21. Periodically evaluate Correctional Officers' wages in order to remain competitive with other corrections and law enforcement agencies. | *Fiscal Impact*
22. Evaluate the effectiveness of the referral program and sign-on bonus. | *Fiscal Impact*
23. Review the effectiveness of other agencies' longevity bonus in retaining veteran staff. | *Fiscal Impact*
24. Evaluate opportunities to create a recruitment monitoring program that pairs a mentor/tutor with a corrections academy recruit to increase successful certifications of new officers. | *Fiscal Impact*
25. Evaluate opportunities to provide leadership training, and advanced educational opportunities for correctional officers. | *Interagency Collaboration & Fiscal Impact*

26. Explore opportunities to increase the amount of the tuition reimbursement program. | *Interagency Collaboration & Fiscal Impact*
27. Explore opportunities to expand the current recruitment team. | *Fiscal Impact*
28. Update the Department's recruitment video showcasing the many specialty positions within Corrections. | *Fiscal Impact*
29. Explore opportunities to incentivize the Department's wellness program. | *Fiscal Impact*
30. Explore the possibility of partnering with private childcare facilities for opportunities to provide overnight childcare. | *Fiscal Impact*
31. Continually study and evaluate recruitment and retention strategies of other Corrections and law enforcement agencies.

APPENDIX A

Orange County Corrections Health Services Accomplishments

Corrections Health Services (CHS) is now accredited by the following organizations:

- National Commission on Corrections Health Care (NCCHC)
- American Correctional Association (ACA)
- Florida Corrections Accreditation Commission (FCAC)
- Florida Model Jail Standards (FMJS)
- Prison Rape Elimination Act (PREA)
- Immigration and Customs Enforcement (ICE)
- US Marshals

As recommended by the 2002 Jail Oversight Commission, Corrections Health Services has accomplished the following:

- Booking and Release Center (BRC) with a centralized intake point and holding area for inmates awaiting initial appearance.
- Electronic health records (EHR) system
- Annual review of policies, standard operating procedures, and protocols.
- Continuous quality improvement (CQI), routine internal audits and staff peer reviews.
- Extensive infection control procedures, full-time onsite epidemiologist.
- PCAN (Primary Care Access Network) membership.
- SureScript medication verification for inmates at intake.
- Onsite detoxification unit for men and women and Medication Assisted Treatment (MAT) clinic.
- Separate female clinic in the Female Detention Center (FDC).
- Annual training for medical staff and healthcare-related (including CIT and withdrawal) training for Correctional staff.
- Post-release community referrals for HIV, mental health, and substance abuse assistance.

Other proactive measures implemented by Corrections Health Services include but not limited to:

- Quarterly medical meetings with the Corrections Administration.
- Enrolling eligible inmates into health coverage.
- 24/7 onsite mental health staff coverage.
- Onsite x-ray, ultrasound, mobile dialysis, and physical therapy services.
- Implementation of long-acting injectable (LAI) medications for substance abuse and mental health.
- Upon release from jail, every inmate receives a voucher that acts as a prescription for 30-day supply medication from the county pharmacy (free of charge).

- Upon release from jail, Narcan is included in the property for inmates treated for opioid detoxification while incarcerated.
- Narcan vending machines are available in the Video Visitation room and the Booking and Release Center lobby for patients and their families (free of charge).

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