

By Representative Trovillion

1 A bill to be entitled
2 An act relating to drug courts; providing a
3 definition; creating drug courts in judicial
4 circuits; providing goals; providing essential
5 elements; providing for funding flexibility;
6 providing for a governing body; specifying
7 membership; providing for operation and
8 meetings; providing for public access to
9 records and meetings; providing for case
10 management and care management; providing
11 criteria; providing for consortia of providers;
12 providing primary objectives; providing for
13 rules of implementation; creating the Florida
14 Association of Drug Court Professionals;
15 providing for membership; authorizing the
16 Supreme Court to establish rules and procedures
17 for drug courts; providing an effective date.

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

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21 Section 1. (1) DEFINITION.--For purposes of this act,
22 "client" means a child, adolescent, or adult within the
23 jurisdiction of a circuit or county court who is an alcohol or
24 controlled substance offender under the criminal justice
25 system of this state and has a serious substance abuse
26 problem.

27 (2) CREATION.--There is created in the circuit courts
28 and county courts of each judicial circuit a system of
29 treatment-based drug courts for clients and their families. It
30 is the intent of the Legislature to encourage the Department
31 of Corrections, the Department of Children and Family

1 Services, the Agency for Health Care Administration, the
2 Department of Education, the Department of Health, the
3 Department of Juvenile Justice, local governments, law
4 enforcement agencies, and any other interested public or
5 private entity to enter into partnership agreements with such
6 courts to provide a locally organized system of
7 treatment-based outcomes as an alternative to punitive
8 outcomes. The system shall be provided for with existing
9 funds, make full use of available federal funding, center on
10 the client and his or her family, promote the integration and
11 coordination of services, provide for accountable outcomes,
12 and emphasize the provision of services in the least
13 restrictive setting that is clinically appropriate to the
14 needs of the client. Participation in the drug court does not
15 divest any public or private agency of its responsibility for
16 a client but allows such agencies to better meet agency needs
17 through shared resources.

18 (3) GOALS.--The goal of the drug courts is to reduce
19 crime by reducing recidivism of clients and enhancing the
20 services available to at-risk clients and their families.
21 Each drug court shall design an effective interagency strategy
22 for delivering services to clients and their families. In
23 addition to the guiding principles specified in s. 394.491,
24 Florida Statutes, and the principles of the service planning
25 process specified in s. 394.496(2), Florida Statutes, the
26 goals of the drug courts are to:

27 (a) Enhance and expedite case management and to reduce
28 court caseloads.

29 (b) Improve interagency planning efforts through
30 greater collaboration between the courts and public and
31 private community-based agencies.

1 (c) Test creative and flexible strategies for
2 financing treatment alternatives for clients and their
3 families.

4 (d) Share pertinent information about a client among
5 appropriate community agencies. Except as otherwise specified,
6 juvenile drug courts shall comply with the requirements of ss.
7 394.490-394.497, Florida Statutes.

8 (4) ESSENTIAL ELEMENTS.--Treatment-based drug courts
9 shall conform to the following standards recognized by the
10 Drug Court Program Office of the Office of Justice Programs of
11 the United States Department of Justice:

12 (a) Drug courts shall integrate alcohol and other drug
13 treatment services with justice system case processing.

14 (b) Using a nonadversarial approach, prosecution and
15 defense counsel shall promote public safety while protecting
16 participants' due process rights.

17 (c) Eligible participants shall be identified early
18 and promptly placed in the drug court program.

19 (d) Drug courts shall provide access to a continuum of
20 alcohol, drug, and other related treatment and rehabilitation
21 services.

22 (e) Abstinence shall be monitored by frequent testing
23 for alcohol and other drugs.

24 (f) A coordinated strategy shall govern drug court
25 responses to participants' compliance.

26 (g) Judicial interaction with each drug court
27 participant shall be ongoing.

28 (h) Monitoring and evaluation shall measure the
29 achievement of program goals and gauge program effectiveness.

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1 (i) The state shall provide continuing
2 interdisciplinary education to promote effective drug court
3 planning, implementation, and operations.

4 (j) Partnerships among drug courts, public agencies,
5 and community-based organizations shall generate local support
6 and enhance drug court effectiveness.

7 (5) FUNDING FLEXIBILITY.--The Legislature finds that
8 clients and their families have particularly complex needs for
9 services and that strict reimbursement categories do not
10 typically allow flexible funding for purchasing the formal and
11 informal services that are needed by them. Therefore, each
12 drug court shall be administered by a multiagency consortium
13 of state and county agencies and may use an integrated blend
14 of state, federal, and local funds to purchase individualized
15 treatment and support services for clients under the court's
16 jurisdiction and their families, based on client need rather
17 than on traditional services which are limited to narrowly
18 defined cost centers or appropriation categories.

19 (6) DRUG COURT GOVERNING BODY.--The chief judge of
20 each judicial circuit shall establish a governing body for
21 treatment-based drug courts. The governing body shall be the
22 responsible state agency assigned to recover funds
23 appropriated for drug court services. The governing body may
24 enter into and administer contracts, apply for and recover
25 federal, state, and local grants, and enter into partial
26 agreements with other state agencies.

27 (a)1. The governing body for the treatment-based drug
28 court of a judicial circuit shall consist of:

29 a. The chief circuit judge, or another circuit judge
30 designated by the chief circuit judge.

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- 1 b. The state attorney, or an assistant state attorney
2 designated by the state attorney, of the circuit.
- 3 c. The public defender, or an assistant public
4 defender designated by the public defender, of the circuit.
- 5 d. Each circuit judge or county judge assigned to hear
6 drug court cases in the circuit.
- 7 e. The chief correctional officer of each county in
8 the circuit.
- 9 f. The sheriff of each county in the circuit.
- 10 g. The chief of police of any municipality in the
11 circuit as appointed by the chief judge.
- 12 h. The state probation circuit administrator.
- 13 i. The chair of the board of county commissioners of
14 each county in the circuit, or another county commissioner as
15 designee.
- 16 j. The director of any county probation or pretrial
17 intervention program, if the county has established such
18 program.
- 19 k. The director of any substance abuse treatment
20 program contracting to accept drug court clients, or a member
21 designated by the director.
- 22 l. Representatives from county and state jobs programs
23 and other community groups who work with substance abuse
24 offenders and victims, to be appointed by the chair of the
25 board of county commissioners.
- 26 m. The district administrator of the Department of
27 Children and Family Services.
- 28 n. The district administrator of the Department of
29 Corrections.
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1 o. The chair of the school board of each county in the
2 circuit, or another school board member or the superintendent
3 as designee.

4 2. The chief judge or his or her designee shall serve
5 as the chair of the governing body.

6 3. The drug court coordinator of each circuit shall
7 serve as chief administrative officer of the governing body.

8 (b) The governing body for a circuit of two or more
9 counties may operate by executive committees for each county,
10 consisting of the members from or serving in that county.

11 (c) The governing body shall meet at least quarterly
12 at the call of the chair for the purpose of:

13 1. Assessing the availability of pretrial intervention
14 or probation programs, work-release programs, substance abuse
15 programs, and the confinement status of the inmates housed
16 within each facility owned or contracted by the county or the
17 county consortium.

18 2. Developing a mechanism for measuring compliance
19 with the goals of the drug courts, which mechanism shall
20 include qualitative and quantitative performance outcomes and
21 shall provide for reporting on compliance rates and conducting
22 quality improvement functions. At a minimum, the mechanism for
23 measuring compliance shall include the outcomes and measures
24 established in the General Appropriations Act and the outcomes
25 and measures that are unique to the drug courts.

26 (d) All meetings of the governing body, as well as its
27 records, books, documents, and papers, shall be open and
28 available to the public in accordance with ss. 119.07 and
29 286.011, Florida Statutes.

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1 (e) The governing body shall develop a local strategic
2 plan for future needs. The plan shall cover at least a 5-year
3 period and shall provide for:

4 1. Managing the funds of the drug court within budget
5 allocations. The administrative costs associated with the
6 operation of the models shall be itemized in the entity's
7 operating budget.

8 2. Purchasing individual services in a timely manner.

9 3. Identifying a network of providers that meet the
10 requirements of subsection (7).

11 (7)(a) CASE MANAGEMENT.--The fundamental activities of
12 drug court case management include engaging the client in the
13 treatment process, assessing the client's needs, developing a
14 service plan, linking the client with appropriate services,
15 monitoring client progress, intervening with sanctions when
16 necessary, and advocating for the client as needed. Case
17 management within a criminal justice context requires the case
18 manager to take on additional tasks beyond those assumed by
19 traditional social service case managers. The criminal
20 justice case manager may function as a member of a team that
21 creates and implements a service plan for a client or as one
22 of several case managers independently creating service plans
23 for a client. The primary goal of successful case management
24 for criminal justice clients shall be a reduction in
25 recidivism. A team of case managers, each with a different
26 responsibility, may coordinate services delivery and
27 achievement of drug court goals. A probation officer or drug
28 court officer may act as the client's service broker, court
29 liaison, and monitor, while secondary case managers in
30 intervention and substance abuse programs may provide
31 counseling and treatment, as well as referrals to other social

1 services. Case managers in intervention and treatment programs
2 may also advocate on the client's behalf before the courts if
3 their assessment of the client's progress or compliance
4 differs from that of the probation officer or drug court
5 officer. A criminal justice case manager may undertake the
6 following additional tasks beyond the traditional "service
7 broker" model:

8 1. Intake, which may involve crisis intervention,
9 establishing a rapport with the client, providing orientation,
10 and discussing sanctions for failures to comply. Whenever
11 possible, intake shall be performed face-to-face, as soon as
12 possible, following the incident.

13 2. Classification, which may be based on criteria
14 eligibility and risk assessments derived from the offender's
15 criminal history. More complicated cases may include the
16 written assessments of mental health experts, social workers,
17 or additional specialists. Based on classification, offenders
18 may be assigned to particular levels within the drug court
19 program.

20 3. Assessment, which involves interviews and history
21 taking and may include substance abuse evaluation or
22 specialized psychological evaluation, home visits, and
23 contacts with the family members, employers, and other
24 agencies with which the client has been involved. When
25 specialized assessments are necessary, the case manager shall
26 arrange for or approve the provider.

27 4. Referral, which may take many forms, depending on
28 the status and needs of the offender. Case managers may refer
29 offenders to community and governmental agencies that can
30 assist with substance abuse treatment, residential treatment,
31 halfway house placement, employment training and placement,

1 mental health counseling, educational and vocational training,
2 public assistance, and assistance with developmental
3 disabilities, HIV/AIDS, or other serious health problems.

4 5. Intervention, under which the case manager matches
5 available resources and services to the client's identified
6 needs. The client shall be responsible for cooperating with
7 program requirements and changing his or her behavior.

8 6. Monitoring, which may include or incorporate
9 graduated, court-ordered sanctions, such as frequent court
10 reviews or short incarcerations, to encourage offender
11 cooperation with case management goals. Monitoring shall
12 include frequent drug or alcohol testing, weekly or even daily
13 phone or personal contact between the case manager and the
14 client, and frequent communication with service providers to
15 track the client's compliance with the court-ordered
16 conditions or program requirements. The need for intensive
17 client monitoring should decrease over time, shifting from a
18 highly structured intervention with extreme external controls
19 on relapse or reoffense to a less structured monitoring system
20 that places greater emphasis on personal responsibility and,
21 eventually, a return of all control and responsibility for
22 avoiding relapse or recidivism to the client.

23 7. Evaluation, under which the case manager shall
24 determine if the client has received the services outlined in
25 the case management plan and whether the client has benefited
26 from those services. Case managers may use the following
27 measures of behavioral change to gauge response to the
28 intervention of the drug court: data provided by the client,
29 urine drug screening, program attendance and compliance
30 reports, and information from victims, family members,
31 employers, or other agencies. Evaluations of case management

1 programs shall consider such factors as overall efficiency of
2 service delivery, cost-effectiveness, and any systematic
3 obstacles to service delivery.

4 8. Advocacy, which shall be provided by case managers
5 in a criminal justice setting. The case manger may testify or
6 make recommendations in court on the client's behalf,
7 negotiate services for clients, or secure priority placements
8 at programs with waiting lists. The case manager may also
9 mediate difficult situations for the client, such as arranging
10 visitation with children no longer in the client's custody.

11 (b) CARE MANAGEMENT.--It is the intent of the
12 Legislature that the drug court treatment system be designed
13 to provide a full continuum of treatment services, including
14 detoxification and residential, outpatient, and aftercare
15 services. All programs shall comply with regulatory
16 requirements as well as individualized required accreditation
17 requirements. The model shall provide for:

18 1. Review of the completed client assessment
19 information and completion of additional assessments that are
20 needed, including an assessment of the strengths of the client
21 and his or her family.

22 2. Organization of a client-family team to develop a
23 single, unified services plan for the client, in accordance
24 with ss. 394.490-394.497, Florida Statutes. The team shall
25 include the parents, if the client is a child or adolescent,
26 and other family members of the client, friends and
27 community-based supporters of the client, and appropriate
28 service providers who are familiar with the problems and needs
29 of the client and his or her family. The plan shall include a
30 statement concerning the strengths of the client and his or
31 her family, and must identify the natural supports in the

1 family and the community that might be used in addressing the
2 service needs of the client. A copy of the completed service
3 plan shall be provided to the parents of the client if the
4 client is a child or adolescent.

5 3. Implementation of a case management system that
6 concentrates on the strengths of the client and his or her
7 family and uses these strengths in case planning and
8 implementation activities. The case manager is primarily
9 responsible for developing the services plan and shall report
10 to the care management entity. The case manager shall monitor
11 and oversee the services provided by the network of providers.
12 If the client is a child or adolescent, the client's parents
13 shall be informed about contacting the care management entity
14 or comparable entity to address concerns of the parents.

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16 Each person or organization that performs any of the care
17 management responsibilities specified in this paragraph is
18 responsible only to the care management entity. However, such
19 care management responsibilities do not preclude the person or
20 organization from performing other responsibilities for
21 another agency or provider.

22 (8) CONSORTIUM OF PROVIDERS.--

23 (a) A consortium of providers shall be established,
24 the primary objectives of which shall be to:

25 1. Identify providers within the area of the drug
26 court which are currently funded by the state agencies
27 included in the drug court and identify additional providers
28 that are needed to provide additional services for the target
29 population. The network of providers may include:

30 a. Licensed mental health professionals, as defined in
31 s. 394.455(2), (4), (21), (23), and (24), Florida Statutes.

- 1 b. Professionals licensed under chapter 491, Florida
2 Statutes.
- 3 c. Teachers certified under s. 231.17, Florida
4 Statutes.
- 5 d. Facilities licensed under chapter 395, Florida
6 Statutes, as a hospital; s. 394.875, Florida Statutes, as a
7 crisis stabilization unit or short-term residential facility;
8 or s. 409.175, Florida Statutes, as a residential child-caring
9 agency.
- 10 e. Other principal treatment providers or agencies in
11 the community who can provide supervision, counseling,
12 vocational training, education, job placement, and other
13 services to clients and their families.
- 14 2. Develop a uniform case file and management
15 information case-tracking system to monitor clients.
- 16 3. Define methods to measure the collective
17 performance outcomes of services provided by providers and
18 state agencies, measure the performance of individual
19 agencies, and implement a quality improvement process
20 throughout the provider network.
- 21 4. Train all providers with respect to the principles
22 of care outlined in this act, including effective techniques
23 of cooperation, the wraparound process and strengths-based
24 assessment, the development of service plans, and techniques
25 of case management.
- 26 5. Conduct ongoing program assessment and refinement,
27 as needed. Provider operations and client treatment needs and
28 sanctions imposed shall be monitored continuously to identify
29 problems in program policies, procedures, or resources as they
30 arise, recommend required changes, and provide periodic
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1 reports on the efficiency of the program to all agencies
2 involved.

3 (b) Notwithstanding chapter 216, Florida Statutes, the
4 organized system of care implemented through the drug court
5 may expend funds for services without any categorical
6 restraints and shall provide for budget and program
7 accountability and for fiscal management using generally
8 accepted business practices pursuant to the direction of the
9 governing body. Funds shall be allocated so as to allow the
10 local purchasing entity to provide the most appropriate care
11 and treatment to the client, including a range of traditional
12 and nontraditional services in the least restrictive setting
13 that is clinically appropriate to the needs of the client. The
14 consortium of purchasers shall assure that funds appropriated
15 in the General Appropriations Act for services for the target
16 population are not used for any other purpose than direct
17 services to clients and their families.

18 (c) A local consortium of purchasers which chooses to
19 participate in the drug court may reinvest cost savings in the
20 community-based drug court treatment and support system. A
21 purchaser that participates in the consortium is exempt from
22 administrative procedures otherwise required with respect to
23 budgeting and expending state and federal program funds. The
24 local consortium of purchasers are responsible for designing a
25 well-defined care management system and network of experienced
26 mental health providers in order to achieve delineated client
27 outcomes.

28 (d) Each agency that participates in the consortium
29 shall enter into a written interagency agreement that defines
30 each agency's responsibilities.

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1 (9) RULES FOR IMPLEMENTATION.--Each participating
2 state agency shall adopt rules for implementing its
3 participation in drug court partnership agreements. Such rules
4 shall be developed in cooperation with other appropriate state
5 agencies for implementation within 90 days after obtaining any
6 necessary federal waivers. The Medicaid program within the
7 Agency for Health Care Administration may obtain any federal
8 waivers that are necessary for implementation. Each drug court
9 must comply with the requirements for maintaining the
10 confidentiality of clinical records, as specified in s.
11 394.4615, Florida Statutes.

12 (10) ASSOCIATION.--The Florida Association of Drug
13 Court Professionals is hereby created. Membership in the
14 association shall be open to any judge of this state, any
15 attorney licensed to practice in this state, any professional
16 licensed by the Department of Business and Professional
17 Regulation, and any federal, state, or county employee. Each
18 member of a drug court governing body, attorney practicing in
19 a drug court, and at least one management level employee of
20 any treatment provider shall be members of the association.
21 All drug court practitioners are encouraged to join the
22 association. State agencies are authorized to budget for
23 payment of an employee's annual association dues, pursuant to
24 s. 26.55, Florida Statutes. The Supreme Court of this state is
25 authorized and empowered to collaborate with any state agency
26 to establish, not later than 1 year after the effective date
27 of this act, rules governing the practice and procedure of
28 drug courts and rules governing the professional conduct of
29 members of the association and other drug court practitioners.

30 Section 2. This act shall take effect upon becoming a
31 law.

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HOUSE SUMMARY

Creates drug courts in judicial circuits of this state to provide for treatment-based outcomes rather than punitive outcomes for offenders who have serious substance abuse problems. Provides goals and essential elements of drug courts. Provides for funding. Provides for a governing body of each drug court. Provides for case management and care management of clients. Provides for consortia of providers for client services in drug court programs. Creates the Florida Association of Drug Court Professionals. Authorizes the Florida Supreme Court to establish rules and procedures for drug courts. See bill for details.