

By the Committee on Children and Families; and Senators Lynn,
Campbell and Miller

586-882-06

1 A bill to be entitled
2 An act relating to drug court programs;
3 providing a short title; amending s. 39.001,
4 F.S.; providing additional legislative purposes
5 and intent with respect to the treatment of
6 substance abuse, including the use of the drug
7 court program model; authorizing the court to
8 require certain persons to undergo treatment
9 following adjudication; amending s. 39.407,
10 F.S.; authorizing the court to order specified
11 persons to submit to a substance abuse
12 assessment upon a showing of good cause in
13 connection with a shelter petition or petition
14 for dependency; amending ss. 39.507 and 39.521,
15 F.S.; authorizing the court to order specified
16 persons to submit to a substance abuse
17 assessment as part of an adjudicatory order or
18 pursuant to a disposition hearing; requiring a
19 showing of good cause; authorizing the court to
20 require participation in a treatment-based drug
21 court program; authorizing the court to impose
22 sanctions for noncompliance; amending s.
23 39.701, F.S.; authorizing the court to extend
24 the time for completing a case plan during
25 judicial review, based upon participation in a
26 treatment-based drug court program; amending s.
27 397.334, F.S.; revising legislative intent with
28 respect to treatment-based drug court programs
29 to reflect participation by community support
30 agencies, the Department of Education, and
31 other individuals; including postadjudicatory

1 programs as part of treatment-based drug court
2 programs; providing requirements and sanctions,
3 including clinical placement or incarceration,
4 for the coordinated strategy developed by the
5 drug court team to encourage participant
6 compliance; requiring each judicial circuit to
7 establish a position for a coordinator of the
8 treatment-based drug court program, subject to
9 annual appropriation by the Legislature;
10 authorizing the chief judge of each judicial
11 circuit to appoint an advisory committee for
12 the treatment-based drug court program;
13 providing for membership of the committee;
14 revising language with respect to an annual
15 report; amending s. 910.035, F.S.; revising
16 language with respect to conditions for the
17 transfer of a case in the drug court treatment
18 program to a county other than that in which
19 the charge arose; amending ss. 948.08, 948.16,
20 and 985.306, F.S., relating to felony,
21 misdemeanor, and delinquency pretrial substance
22 abuse education and treatment intervention
23 programs; providing requirements and sanctions,
24 including clinical placement or incarceration,
25 for the coordinated strategy developed by the
26 drug court team to encourage participant
27 compliance and removing provisions authorizing
28 appointment of an advisory committee, to
29 conform to changes made by the act; providing
30 an effective date.
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1 Be It Enacted by the Legislature of the State of Florida:

2
3 Section 1. This act may be cited as the "Robert J.
4 Koch Drug Court Intervention Act."

5 Section 2. Subsection (4) of section 39.001, Florida
6 Statutes, is amended to read:

7 39.001 Purposes and intent; personnel standards and
8 screening.--

9 (4) SUBSTANCE ABUSE SERVICES.--

10 (a) The Legislature recognizes that early referral and
11 comprehensive treatment can help combat substance abuse in
12 families and that treatment is cost-effective.

13 (b) The Legislature establishes the following goals
14 for the state related to substance abuse treatment services in
15 the dependency process:

16 1. To ensure the safety of children.

17 2. To prevent and remediate the consequences of
18 substance abuse on families involved in protective supervision
19 or foster care and reduce substance abuse, including alcohol
20 abuse, for families who are at risk of being involved in
21 protective supervision or foster care.

22 3. To expedite permanency for children and reunify
23 healthy, intact families, when appropriate.

24 4. To support families in recovery.

25 (c) The Legislature finds that children in the care of
26 the state's dependency system need appropriate health care
27 services, that the impact of substance abuse on health
28 indicates the need for health care services to include
29 substance abuse services to children and parents where
30 appropriate, and that it is in the state's best interest that
31 such children be provided the services they need to enable

1 | them to become and remain independent of state care. In order
2 | to provide these services, the state's dependency system must
3 | have the ability to identify and provide appropriate
4 | intervention and treatment for children with personal or
5 | family-related substance abuse problems.

6 | (d) It is the intent of the Legislature to encourage
7 | the use of the drug court program model established by s.
8 | 397.334 and authorize courts to assess parents and children
9 | where good cause is shown to identify and address substance
10 | abuse problems as the court deems appropriate at every stage
11 | of the dependency process. Participation in treatment,
12 | including a treatment-based drug court program, may be
13 | required by the court following adjudication. Participation in
14 | assessment and treatment prior to adjudication shall be
15 | voluntary, except as provided in s. 39.407(16).

16 | (e) It is therefore the purpose of the Legislature to
17 | provide authority for the state to contract with community
18 | substance abuse treatment providers for the development and
19 | operation of specialized support and overlay services for the
20 | dependency system, which will be fully implemented and used
21 | ~~utilized~~ as resources permit.

22 | (f) Participation in the treatment-based drug court
23 | program does not divest any public or private agency of its
24 | responsibility for a child or adult, but is intended to enable
25 | these agencies to better meet their needs through shared
26 | responsibility and resources.

27 | Section 3. Section 39.407, Florida Statutes, is
28 | amended to read:

29 | 39.407 Medical, psychiatric, and psychological
30 | examination and treatment of child; physical, ~~or~~ mental, or
31 |

1 substance abuse examination of ~~parent or~~ person with or
2 requesting child custody ~~of child~~.--

3 (1) When any child is removed from the home and
4 maintained in an out-of-home placement, the department is
5 authorized to have a medical screening performed on the child
6 without authorization from the court and without consent from
7 a parent or legal custodian. Such medical screening shall be
8 performed by a licensed health care professional and shall be
9 to examine the child for injury, illness, and communicable
10 diseases and to determine the need for immunization. The
11 department shall by rule establish the invasiveness of the
12 medical procedures authorized to be performed under this
13 subsection. In no case does this subsection authorize the
14 department to consent to medical treatment for such children.

15 (2) When the department has performed the medical
16 screening authorized by subsection (1), or when it is
17 otherwise determined by a licensed health care professional
18 that a child who is in an out-of-home placement, but who has
19 not been committed to the department, is in need of medical
20 treatment, including the need for immunization, consent for
21 medical treatment shall be obtained in the following manner:

22 (a)1. Consent to medical treatment shall be obtained
23 from a parent or legal custodian of the child; or

24 2. A court order for such treatment shall be obtained.

25 (b) If a parent or legal custodian of the child is
26 unavailable and his or her whereabouts cannot be reasonably
27 ascertained, and it is after normal working hours so that a
28 court order cannot reasonably be obtained, an authorized agent
29 of the department shall have the authority to consent to
30 necessary medical treatment, including immunization, for the
31 child. The authority of the department to consent to medical

1 treatment in this circumstance shall be limited to the time
2 reasonably necessary to obtain court authorization.

3 (c) If a parent or legal custodian of the child is
4 available but refuses to consent to the necessary treatment,
5 including immunization, a court order shall be required unless
6 the situation meets the definition of an emergency in s.
7 743.064 or the treatment needed is related to suspected abuse,
8 abandonment, or neglect of the child by a parent, caregiver,
9 or legal custodian. In such case, the department shall have
10 the authority to consent to necessary medical treatment. This
11 authority is limited to the time reasonably necessary to
12 obtain court authorization.

13
14 In no case shall the department consent to sterilization,
15 abortion, or termination of life support.

16 (3)(a)1. Except as otherwise provided in subparagraph
17 (b)1. or paragraph (e), before the department provides
18 psychotropic medications to a child in its custody, the
19 prescribing physician shall attempt to obtain express and
20 informed consent, as defined in s. 394.455(9) and as described
21 in s. 394.459(3)(a), from the child's parent or legal
22 guardian. The department must take steps necessary to
23 facilitate the inclusion of the parent in the child's
24 consultation with the physician. However, if the parental
25 rights of the parent have been terminated, the parent's
26 location or identity is unknown or cannot reasonably be
27 ascertained, or the parent declines to give express and
28 informed consent, the department may, after consultation with
29 the prescribing physician, seek court authorization to provide
30 the psychotropic medications to the child. Unless parental
31 rights have been terminated and if it is possible to do so,

1 | the department shall continue to involve the parent in the
2 | decisionmaking process regarding the provision of psychotropic
3 | medications. If, at any time, a parent whose parental rights
4 | have not been terminated provides express and informed consent
5 | to the provision of a psychotropic medication, the
6 | requirements of this section that the department seek court
7 | authorization do not apply to that medication until such time
8 | as the parent no longer consents.

9 | 2. Any time the department seeks a medical evaluation
10 | to determine the need to initiate or continue a psychotropic
11 | medication for a child, the department must provide to the
12 | evaluating physician all pertinent medical information known
13 | to the department concerning that child.

14 | (b)1. If a child who is removed from the home under s.
15 | 39.401 is receiving prescribed psychotropic medication at the
16 | time of removal and parental authorization to continue
17 | providing the medication cannot be obtained, the department
18 | may take possession of the remaining medication and may
19 | continue to provide the medication as prescribed until the
20 | shelter hearing, if it is determined that the medication is a
21 | current prescription for that child and the medication is in
22 | its original container.

23 | 2. If the department continues to provide the
24 | psychotropic medication to a child when parental authorization
25 | cannot be obtained, the department shall notify the parent or
26 | legal guardian as soon as possible that the medication is
27 | being provided to the child as provided in subparagraph 1. The
28 | child's official departmental record must include the reason
29 | parental authorization was not initially obtained and an
30 | explanation of why the medication is necessary for the child's
31 | well-being.

1 3. If the department is advised by a physician
2 licensed under chapter 458 or chapter 459 that the child
3 should continue the psychotropic medication and parental
4 authorization has not been obtained, the department shall
5 request court authorization at the shelter hearing to continue
6 to provide the psychotropic medication and shall provide to
7 the court any information in its possession in support of the
8 request. Any authorization granted at the shelter hearing may
9 extend only until the arraignment hearing on the petition for
10 adjudication of dependency or 28 days following the date of
11 removal, whichever occurs sooner.

12 4. Before filing the dependency petition, the
13 department shall ensure that the child is evaluated by a
14 physician licensed under chapter 458 or chapter 459 to
15 determine whether it is appropriate to continue the
16 psychotropic medication. If, as a result of the evaluation,
17 the department seeks court authorization to continue the
18 psychotropic medication, a motion for such continued
19 authorization shall be filed at the same time as the
20 dependency petition, within 21 days after the shelter hearing.

21 (c) Except as provided in paragraphs (b) and (e), the
22 department must file a motion seeking the court's
23 authorization to initially provide or continue to provide
24 psychotropic medication to a child in its legal custody. The
25 motion must be supported by a written report prepared by the
26 department which describes the efforts made to enable the
27 prescribing physician to obtain express and informed consent
28 for providing the medication to the child and other treatments
29 considered or recommended for the child. In addition, the
30 motion must be supported by the prescribing physician's signed
31 medical report providing:

1 1. The name of the child, the name and range of the
2 dosage of the psychotropic medication, and that there is a
3 need to prescribe psychotropic medication to the child based
4 upon a diagnosed condition for which such medication is being
5 prescribed.

6 2. A statement indicating that the physician has
7 reviewed all medical information concerning the child which
8 has been provided.

9 3. A statement indicating that the psychotropic
10 medication, at its prescribed dosage, is appropriate for
11 treating the child's diagnosed medical condition, as well as
12 the behaviors and symptoms the medication, at its prescribed
13 dosage, is expected to address.

14 4. An explanation of the nature and purpose of the
15 treatment; the recognized side effects, risks, and
16 contraindications of the medication; drug-interaction
17 precautions; the possible effects of stopping the medication;
18 and how the treatment will be monitored, followed by a
19 statement indicating that this explanation was provided to the
20 child if age appropriate and to the child's caregiver.

21 5. Documentation addressing whether the psychotropic
22 medication will replace or supplement any other currently
23 prescribed medications or treatments; the length of time the
24 child is expected to be taking the medication; and any
25 additional medical, mental health, behavioral, counseling, or
26 other services that the prescribing physician recommends.

27 (d)1. The department must notify all parties of the
28 proposed action taken under paragraph (c) in writing or by
29 whatever other method best ensures that all parties receive
30 notification of the proposed action within 48 hours after the
31 motion is filed. If any party objects to the department's

1 motion, that party shall file the objection within 2 working
2 days after being notified of the department's motion. If any
3 party files an objection to the authorization of the proposed
4 psychotropic medication, the court shall hold a hearing as
5 soon as possible before authorizing the department to
6 initially provide or to continue providing psychotropic
7 medication to a child in the legal custody of the department.
8 At such hearing and notwithstanding s. 90.803, the medical
9 report described in paragraph (c) is admissible in evidence.
10 The prescribing physician need not attend the hearing or
11 testify unless the court specifically orders such attendance
12 or testimony, or a party subpoenas the physician to attend the
13 hearing or provide testimony. If, after considering any
14 testimony received, the court finds that the department's
15 motion and the physician's medical report meet the
16 requirements of this subsection and that it is in the child's
17 best interests, the court may order that the department
18 provide or continue to provide the psychotropic medication to
19 the child without additional testimony or evidence. At any
20 hearing held under this paragraph, the court shall further
21 inquire of the department as to whether additional medical,
22 mental health, behavioral, counseling, or other services are
23 being provided to the child by the department which the
24 prescribing physician considers to be necessary or beneficial
25 in treating the child's medical condition and which the
26 physician recommends or expects to provide to the child in
27 concert with the medication. The court may order additional
28 medical consultation, including consultation with the
29 MedConsult line at the University of Florida, if available, or
30 require the department to obtain a second opinion within a
31 reasonable timeframe as established by the court, not to

1 exceed 21 calendar days, after such order based upon
2 consideration of the best interests of the child. The
3 department must make a referral for an appointment for a
4 second opinion with a physician within 1 working day. The
5 court may not order the discontinuation of prescribed
6 psychotropic medication if such order is contrary to the
7 decision of the prescribing physician unless the court first
8 obtains an opinion from a licensed psychiatrist, if available,
9 or, if not available, a physician licensed under chapter 458
10 or chapter 459, stating that more likely than not,
11 discontinuing the medication would not cause significant harm
12 to the child. If, however, the prescribing psychiatrist
13 specializes in mental health care for children and
14 adolescents, the court may not order the discontinuation of
15 prescribed psychotropic medication unless the required opinion
16 is also from a psychiatrist who specializes in mental health
17 care for children and adolescents. The court may also order
18 the discontinuation of prescribed psychotropic medication if a
19 child's treating physician, licensed under chapter 458 or
20 chapter 459, states that continuing the prescribed
21 psychotropic medication would cause significant harm to the
22 child due to a diagnosed nonpsychiatric medical condition.

23 2. The burden of proof at any hearing held under this
24 paragraph shall be by a preponderance of the evidence.

25 (e)1. If the child's prescribing physician certifies
26 in the signed medical report required in paragraph (c) that
27 delay in providing a prescribed psychotropic medication would
28 more likely than not cause significant harm to the child, the
29 medication may be provided in advance of the issuance of a
30 court order. In such event, the medical report must provide
31 the specific reasons why the child may experience significant

1 | harm and the nature and the extent of the potential harm. The
2 | department must submit a motion seeking continuation of the
3 | medication and the physician's medical report to the court,
4 | the child's guardian ad litem, and all other parties within 3
5 | working days after the department commences providing the
6 | medication to the child. The department shall seek the order
7 | at the next regularly scheduled court hearing required under
8 | this chapter, or within 30 days after the date of the
9 | prescription, whichever occurs sooner. If any party objects to
10 | the department's motion, the court shall hold a hearing within
11 | 7 days.

12 | 2. Psychotropic medications may be administered in
13 | advance of a court order in hospitals, crisis stabilization
14 | units, and in statewide inpatient psychiatric programs. Within
15 | 3 working days after the medication is begun, the department
16 | must seek court authorization as described in paragraph (c).

17 | (f)1. The department shall fully inform the court of
18 | the child's medical and behavioral status as part of the
19 | social services report prepared for each judicial review
20 | hearing held for a child for whom psychotropic medication has
21 | been prescribed or provided under this subsection. As a part
22 | of the information provided to the court, the department shall
23 | furnish copies of all pertinent medical records concerning the
24 | child which have been generated since the previous hearing. On
25 | its own motion or on good cause shown by any party, including
26 | any guardian ad litem, attorney, or attorney ad litem who has
27 | been appointed to represent the child or the child's
28 | interests, the court may review the status more frequently
29 | than required in this subsection.

30 | 2. The court may, in the best interests of the child,
31 | order the department to obtain a medical opinion addressing

1 whether the continued use of the medication under the
2 circumstances is safe and medically appropriate.

3 (g) The department shall adopt rules to ensure that
4 children receive timely access to clinically appropriate
5 psychotropic medications. These rules must include, but need
6 not be limited to, the process for determining which
7 adjunctive services are needed, the uniform process for
8 facilitating the prescribing physician's ability to obtain the
9 express and informed consent of a child's parent or guardian,
10 the procedures for obtaining court authorization for the
11 provision of a psychotropic medication, the frequency of
12 medical monitoring and reporting on the status of the child to
13 the court, how the child's parents will be involved in the
14 treatment-planning process if their parental rights have not
15 been terminated, and how caretakers are to be provided
16 information contained in the physician's signed medical
17 report. The rules must also include uniform forms to be used
18 in requesting court authorization for the use of a
19 psychotropic medication and provide for the integration of
20 each child's treatment plan and case plan. The department must
21 begin the formal rulemaking process within 90 days after the
22 effective date of this act.

23 (4)(a) A judge may order a child in an out-of-home
24 placement to be examined by a licensed health care
25 professional.

26 (b) The judge may also order such child to be
27 evaluated by a psychiatrist or a psychologist or, if a
28 developmental disability is suspected or alleged, by the
29 developmental disability diagnostic and evaluation team of the
30 department. If it is necessary to place a child in a
31 residential facility for such evaluation, the criteria and

1 procedure established in s. 394.463(2) or chapter 393 shall be
2 used, whichever is applicable.

3 (c) The judge may also order such child to be
4 evaluated by a district school board educational needs
5 assessment team. The educational needs assessment provided by
6 the district school board educational needs assessment team
7 shall include, but not be limited to, reports of intelligence
8 and achievement tests, screening for learning disabilities and
9 other handicaps, and screening for the need for alternative
10 education as defined in s. 1001.42.

11 (5) A judge may order a child in an out-of-home
12 placement to be treated by a licensed health care professional
13 based on evidence that the child should receive treatment.
14 The judge may also order such child to receive mental health
15 or developmental disabilities services from a psychiatrist,
16 psychologist, or other appropriate service provider. Except
17 as provided in subsection (6), if it is necessary to place the
18 child in a residential facility for such services, the
19 procedures and criteria established in s. 394.467 or chapter
20 393 shall be used, whichever is applicable. A child may be
21 provided developmental disabilities or mental health services
22 in emergency situations, pursuant to the procedures and
23 criteria contained in s. 394.463(1) or chapter 393, whichever
24 is applicable.

25 (6) Children who are in the legal custody of the
26 department may be placed by the department, without prior
27 approval of the court, in a residential treatment center
28 licensed under s. 394.875 or a hospital licensed under chapter
29 395 for residential mental health treatment only pursuant to
30 this section or may be placed by the court in accordance with
31 an order of involuntary examination or involuntary placement

1 entered pursuant to s. 394.463 or s. 394.467. All children
2 placed in a residential treatment program under this
3 subsection must have a guardian ad litem appointed.

4 (a) As used in this subsection, the term:

5 1. "Residential treatment" means placement for
6 observation, diagnosis, or treatment of an emotional
7 disturbance in a residential treatment center licensed under
8 s. 394.875 or a hospital licensed under chapter 395.

9 2. "Least restrictive alternative" means the treatment
10 and conditions of treatment that, separately and in
11 combination, are no more intrusive or restrictive of freedom
12 than reasonably necessary to achieve a substantial therapeutic
13 benefit or to protect the child or adolescent or others from
14 physical injury.

15 3. "Suitable for residential treatment" or
16 "suitability" means a determination concerning a child or
17 adolescent with an emotional disturbance as defined in s.
18 394.492(5) or a serious emotional disturbance as defined in s.
19 394.492(6) that each of the following criteria is met:

20 a. The child requires residential treatment.

21 b. The child is in need of a residential treatment
22 program and is expected to benefit from mental health
23 treatment.

24 c. An appropriate, less restrictive alternative to
25 residential treatment is unavailable.

26 (b) Whenever the department believes that a child in
27 its legal custody is emotionally disturbed and may need
28 residential treatment, an examination and suitability
29 assessment must be conducted by a qualified evaluator who is
30 appointed by the Agency for Health Care Administration. This
31 suitability assessment must be completed before the placement

1 of the child in a residential treatment center for emotionally
2 disturbed children and adolescents or a hospital. The
3 qualified evaluator must be a psychiatrist or a psychologist
4 licensed in Florida who has at least 3 years of experience in
5 the diagnosis and treatment of serious emotional disturbances
6 in children and adolescents and who has no actual or perceived
7 conflict of interest with any inpatient facility or
8 residential treatment center or program.

9 (c) Before a child is admitted under this subsection,
10 the child shall be assessed for suitability for residential
11 treatment by a qualified evaluator who has conducted a
12 personal examination and assessment of the child and has made
13 written findings that:

14 1. The child appears to have an emotional disturbance
15 serious enough to require residential treatment and is
16 reasonably likely to benefit from the treatment.

17 2. The child has been provided with a clinically
18 appropriate explanation of the nature and purpose of the
19 treatment.

20 3. All available modalities of treatment less
21 restrictive than residential treatment have been considered,
22 and a less restrictive alternative that would offer comparable
23 benefits to the child is unavailable.

24
25 A copy of the written findings of the evaluation and
26 suitability assessment must be provided to the department and
27 to the guardian ad litem, who shall have the opportunity to
28 discuss the findings with the evaluator.

29 (d) Immediately upon placing a child in a residential
30 treatment program under this section, the department must
31 notify the guardian ad litem and the court having jurisdiction

1 over the child and must provide the guardian ad litem and the
2 court with a copy of the assessment by the qualified
3 evaluator.

4 (e) Within 10 days after the admission of a child to a
5 residential treatment program, the director of the residential
6 treatment program or the director's designee must ensure that
7 an individualized plan of treatment has been prepared by the
8 program and has been explained to the child, to the
9 department, and to the guardian ad litem, and submitted to the
10 department. The child must be involved in the preparation of
11 the plan to the maximum feasible extent consistent with his or
12 her ability to understand and participate, and the guardian ad
13 litem and the child's foster parents must be involved to the
14 maximum extent consistent with the child's treatment needs.
15 The plan must include a preliminary plan for residential
16 treatment and aftercare upon completion of residential
17 treatment. The plan must include specific behavioral and
18 emotional goals against which the success of the residential
19 treatment may be measured. A copy of the plan must be provided
20 to the child, to the guardian ad litem, and to the department.

21 (f) Within 30 days after admission, the residential
22 treatment program must review the appropriateness and
23 suitability of the child's placement in the program. The
24 residential treatment program must determine whether the child
25 is receiving benefit toward the treatment goals and whether
26 the child could be treated in a less restrictive treatment
27 program. The residential treatment program shall prepare a
28 written report of its findings and submit the report to the
29 guardian ad litem and to the department. The department must
30 submit the report to the court. The report must include a
31 discharge plan for the child. The residential treatment

1 program must continue to evaluate the child's treatment
2 progress every 30 days thereafter and must include its
3 findings in a written report submitted to the department. The
4 department may not reimburse a facility until the facility has
5 submitted every written report that is due.

6 (g)1. The department must submit, at the beginning of
7 each month, to the court having jurisdiction over the child, a
8 written report regarding the child's progress toward achieving
9 the goals specified in the individualized plan of treatment.

10 2. The court must conduct a hearing to review the
11 status of the child's residential treatment plan no later than
12 3 months after the child's admission to the residential
13 treatment program. An independent review of the child's
14 progress toward achieving the goals and objectives of the
15 treatment plan must be completed by a qualified evaluator and
16 submitted to the court before its 3-month review.

17 3. For any child in residential treatment at the time
18 a judicial review is held pursuant to s. 39.701, the child's
19 continued placement in residential treatment must be a subject
20 of the judicial review.

21 4. If at any time the court determines that the child
22 is not suitable for continued residential treatment, the court
23 shall order the department to place the child in the least
24 restrictive setting that is best suited to meet his or her
25 needs.

26 (h) After the initial 3-month review, the court must
27 conduct a review of the child's residential treatment plan
28 every 90 days.

29 (i) The department must adopt rules for implementing
30 timeframes for the completion of suitability assessments by
31 qualified evaluators and a procedure that includes timeframes

1 | for completing the 3-month independent review by the qualified
2 | evaluators of the child's progress toward achieving the goals
3 | and objectives of the treatment plan which review must be
4 | submitted to the court. The Agency for Health Care
5 | Administration must adopt rules for the registration of
6 | qualified evaluators, the procedure for selecting the
7 | evaluators to conduct the reviews required under this section,
8 | and a reasonable, cost-efficient fee schedule for qualified
9 | evaluators.

10 | (7) When a child is in an out-of-home placement, a
11 | licensed health care professional shall be immediately called
12 | if there are indications of physical injury or illness, or the
13 | child shall be taken to the nearest available hospital for
14 | emergency care.

15 | (8) Except as otherwise provided herein, nothing in
16 | this section shall be deemed to eliminate the right of a
17 | parent, legal custodian, or the child to consent to
18 | examination or treatment for the child.

19 | (9) Except as otherwise provided herein, nothing in
20 | this section shall be deemed to alter the provisions of s.
21 | 743.064.

22 | (10) A court shall not be precluded from ordering
23 | services or treatment to be provided to the child by a duly
24 | accredited practitioner who relies solely on spiritual means
25 | for healing in accordance with the tenets and practices of a
26 | church or religious organization, when required by the child's
27 | health and when requested by the child.

28 | (11) Nothing in this section shall be construed to
29 | authorize the permanent sterilization of the child unless such
30 | sterilization is the result of or incidental to medically
31 |

1 necessary treatment to protect or preserve the life of the
2 child.

3 (12) For the purpose of obtaining an evaluation or
4 examination, or receiving treatment as authorized pursuant to
5 this section, no child alleged to be or found to be dependent
6 shall be placed in a detention home or other program used
7 primarily for the care and custody of children alleged or
8 found to have committed delinquent acts.

9 (13) The parents or legal custodian of a child in an
10 out-of-home placement remain financially responsible for the
11 cost of medical treatment provided to the child even if either
12 one or both of the parents or if the legal custodian did not
13 consent to the medical treatment. After a hearing, the court
14 may order the parents or legal custodian, if found able to do
15 so, to reimburse the department or other provider of medical
16 services for treatment provided.

17 (14) Nothing in this section alters the authority of
18 the department to consent to medical treatment for a dependent
19 child when the child has been committed to the department and
20 the department has become the legal custodian of the child.

21 (15) At any time after the filing of a shelter
22 petition or petition for dependency, when the mental or
23 physical condition, including the blood group, of a parent,
24 caregiver, legal custodian, or other person who has custody or
25 is requesting custody of a child is in controversy, the court
26 may order the person to submit to a physical or mental
27 examination by a qualified professional. The order may be made
28 only upon good cause shown and pursuant to notice and
29 procedures as set forth by the Florida Rules of Juvenile
30 Procedure.

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1 (16) At any time after a shelter petition or petition
2 for dependency is filed, the court may order a child or a
3 person who has custody or is requesting custody of the child
4 to submit to a substance abuse assessment and evaluation. The
5 assessment and evaluation must be administered by a qualified
6 professional, as defined in s. 397.311. The order may be made
7 only upon good cause shown. This subsection does not authorize
8 placement of a child with a person seeking custody, other than
9 the parent or legal custodian, who requires substance abuse
10 treatment.

11 Section 4. Subsection (9) is added to section 39.507,
12 Florida Statutes, to read:

13 39.507 Adjudicatory hearings; orders of
14 adjudication.--

15 (9) After an adjudication of dependency, or a finding
16 of dependency where adjudication is withheld, the court may
17 order a child or a person who has custody or is requesting
18 custody of the child to submit to a substance abuse assessment
19 or evaluation. The assessment or evaluation must be
20 administered by a qualified professional, as defined in s.
21 397.311. The court may also require such person to participate
22 in and comply with treatment and services identified as
23 necessary, including, when appropriate and available,
24 participation in and compliance with a treatment-based drug
25 court program established under s. 397.334. In addition to
26 supervision by the department, the court, including the
27 treatment-based drug court program, may oversee the progress
28 and compliance with treatment by the child or a person who has
29 custody or is requesting custody of the child. The court may
30 impose appropriate available sanctions for noncompliance upon
31 the child or a person who has custody or is requesting custody

1 of the child or make a finding of noncompliance for
2 consideration in determining whether an alternative placement
3 of the child is in the child's best interests. Any order
4 entered under this subsection may be made only upon good cause
5 shown. This subsection does not authorize placement of a child
6 with a person seeking custody, other than the parent or legal
7 custodian, who requires substance abuse treatment.

8 Section 5. Paragraph (b) of subsection (1) of section
9 39.521, Florida Statutes, is amended to read:

10 39.521 Disposition hearings; powers of disposition.--

11 (1) A disposition hearing shall be conducted by the
12 court, if the court finds that the facts alleged in the
13 petition for dependency were proven in the adjudicatory
14 hearing, or if the parents or legal custodians have consented
15 to the finding of dependency or admitted the allegations in
16 the petition, have failed to appear for the arraignment
17 hearing after proper notice, or have not been located despite
18 a diligent search having been conducted.

19 (b) When any child is adjudicated by a court to be
20 dependent, the court having jurisdiction of the child has the
21 power by order to:

22 1. Require the parent and, when appropriate, the legal
23 custodian and the child, to participate in treatment and
24 services identified as necessary. The court may require the
25 child or the person who has custody or who is requesting
26 custody of the child to submit to a substance abuse assessment
27 or evaluation. The assessment or evaluation must be
28 administered by a qualified professional, as defined in s.
29 397.311. The court may also require such person to participate
30 in and comply with treatment and services identified as
31 necessary, including, when appropriate and available,

1 participation in and compliance with a treatment-based drug
2 court program established under s. 397.334. In addition to
3 supervision by the department, the court, including the
4 treatment-based drug court program, may oversee the progress
5 and compliance with treatment by the child or a person who has
6 custody or is requesting custody of the child. The court may
7 impose appropriate available sanctions for noncompliance upon
8 the child or a person who has custody or is requesting custody
9 of the child or make a finding of noncompliance for
10 consideration in determining whether an alternative placement
11 of the child is in the child's best interests. Any order
12 entered under this subparagraph may be made only upon good
13 cause shown. This subparagraph does not authorize placement of
14 a child with a person seeking custody of the child, other than
15 the child's parent or legal custodian, who requires substance
16 abuse treatment.

17 2. Require, if the court deems necessary, the parties
18 to participate in dependency mediation.

19 3. Require placement of the child either under the
20 protective supervision of an authorized agent of the
21 department in the home of one or both of the child's parents
22 or in the home of a relative of the child or another adult
23 approved by the court, or in the custody of the department.
24 Protective supervision continues until the court terminates it
25 or until the child reaches the age of 18, whichever date is
26 first. Protective supervision shall be terminated by the court
27 whenever the court determines that permanency has been
28 achieved for the child, whether with a parent, another
29 relative, or a legal custodian, and that protective
30 supervision is no longer needed. The termination of
31 supervision may be with or without retaining jurisdiction, at

1 | the court's discretion, and shall in either case be considered
2 | a permanency option for the child. The order terminating
3 | supervision by the department shall set forth the powers of
4 | the custodian of the child and shall include the powers
5 | ordinarily granted to a guardian of the person of a minor
6 | unless otherwise specified. Upon the court's termination of
7 | supervision by the department, no further judicial reviews are
8 | required, so long as permanency has been established for the
9 | child.

10 | Section 6. Paragraph (d) of subsection (9) of section
11 | 39.701, Florida Statutes, is amended to read:

12 | 39.701 Judicial review.--

13 | (9)

14 | (d) The court may extend the time limitation of the
15 | case plan, or may modify the terms of the plan, which, in
16 | addition to other modifications, may include a requirement
17 | that the parent or legal custodian participate in a
18 | treatment-based drug court program established under s.
19 | 397.334, based upon information provided by the social service
20 | agency, and the guardian ad litem, if one has been appointed,
21 | the parent or parents, and the foster parents or legal
22 | custodian, and any other competent information on record
23 | demonstrating the need for the amendment. If the court extends
24 | the time limitation of the case plan, the court must make
25 | specific findings concerning the frequency of past
26 | parent-child visitation, if any, and the court may authorize
27 | the expansion or restriction of future visitation.
28 | Modifications to the plan must be handled as prescribed in s.
29 | 39.601. Any extension of a case plan must comply with the time
30 | requirements and other requirements specified by this chapter.

31 |

1 Section 7. Section 397.334, Florida Statutes, is
2 amended to read:

3 397.334 Treatment-based drug court programs.--

4 (1) Each county may fund a treatment-based drug court
5 program under which persons in the justice system assessed
6 with a substance abuse problem will be processed in such a
7 manner as to appropriately address the severity of the
8 identified substance abuse problem through treatment services
9 ~~plans~~ tailored to the individual needs of the participant. It
10 is the intent of the Legislature to encourage the Department
11 of Corrections, the Department of Children and Family
12 Services, the Department of Juvenile Justice, the Department
13 of Health, the Department of Law Enforcement, the Department
14 of Education, and such ~~other~~ agencies, local governments, law
15 enforcement agencies, ~~and~~ other interested public or private
16 sources, and individuals to support the creation and
17 establishment of these problem-solving court programs.
18 Participation in the treatment-based drug court programs does
19 not divest any public or private agency of its responsibility
20 for a child or adult, but enables ~~allows~~ these agencies to
21 better meet their needs through shared responsibility and
22 resources.

23 (2) Entry into any pretrial treatment-based drug court
24 program shall be voluntary. The court may only order an
25 individual to enter into a pretrial treatment-based drug court
26 program upon written agreement by the individual, which shall
27 include a statement that the individual understands the
28 requirements of the program and the potential sanctions for
29 noncompliance.

30 ~~(3)(2)~~ The treatment-based drug court programs shall
31 include therapeutic jurisprudence principles and adhere to the

1 following 10 key components, recognized by the Drug Courts
2 Program Office of the Office of Justice Programs of the United
3 States Department of Justice and adopted by the Florida
4 Supreme Court Treatment-Based Drug Court Steering Committee:
5 (a) Drug court programs integrate alcohol and other
6 drug treatment services with justice system case processing.
7 (b) Using a nonadversarial approach, prosecution and
8 defense counsel promote public safety while protecting
9 participants' due process rights.
10 (c) Eligible participants are identified early and
11 promptly placed in the drug court program.
12 (d) Drug court programs provide access to a continuum
13 of alcohol, drug, and other related treatment and
14 rehabilitation services.
15 (e) Abstinence is monitored by frequent testing for
16 alcohol and other drugs.
17 (f) A coordinated strategy governs drug court program
18 responses to participants' compliance.
19 (g) Ongoing judicial interaction with each drug court
20 program participant is essential.
21 (h) Monitoring and evaluation measure the achievement
22 of program goals and gauge program effectiveness.
23 (i) Continuing interdisciplinary education promotes
24 effective drug court program planning, implementation, and
25 operations.
26 (j) Forging partnerships among drug court programs,
27 public agencies, and community-based organizations generates
28 local support and enhances drug court program effectiveness.
29 ~~(4)(3)~~ Treatment-based drug court programs may include
30 pretrial intervention programs as provided in ss. 948.08,
31 948.16, and 985.306, treatment-based drug court programs

1 authorized in chapter 39, postadjudicatory programs, and the
2 monitoring of sentenced offenders through a treatment-based
3 drug court program. While enrolled in any treatment-based drug
4 court program, the participant is subject to a coordinated
5 strategy developed by the drug court team under paragraph
6 (3)(f). Each coordinated strategy may include a protocol of
7 sanctions that may be imposed upon the participant. The
8 protocol of sanctions for treatment-based programs other than
9 those authorized in chapter 39 must include, and the protocol
10 of sanctions for treatment-based drug court programs
11 authorized in chapter 39 must include, as available options
12 placement in a secure licensed clinical or jail-based
13 treatment program or serving a period of incarceration for
14 noncompliance with program rules within the time limits
15 established for contempt of court. The coordinated strategy
16 must be provided in writing to the participant before the
17 participant agrees to enter into a pretrial treatment-based
18 drug court program. Any person whose charges are dismissed
19 after successful completion of the treatment-based drug court
20 program may have his or her arrest record and plea of nolo
21 contendere to the dismissed charges expunged under s.
22 943.0585.

23 (5) Contingent upon an annual appropriation by the
24 Legislature, each judicial circuit shall establish, at a
25 minimum, one coordinator position for the treatment-based drug
26 court program within the state courts system to coordinate the
27 responsibilities of the participating agencies and service
28 providers. Each coordinator shall provide direct support to
29 the treatment-based drug court program by providing
30 coordination between the multidisciplinary team and the
31 judiciary, providing case management, monitoring compliance of

1 the participants in the treatment-based drug court program
2 with court requirements, and providing program evaluation and
3 accountability.

4 ~~(6)(4)~~(a) The Florida Association of Drug Court
5 ~~Program~~ Professionals is created. The membership of the
6 association may consist of treatment-based drug court program
7 practitioners who comprise the multidisciplinary
8 treatment-based drug court program team, including, but not
9 limited to, judges, state attorneys, defense counsel,
10 treatment-based drug court program coordinators, probation
11 officers, law enforcement officers, community representatives,
12 members of the academic community, and treatment
13 professionals. Membership in the association shall be
14 voluntary.

15 (b) The association shall annually elect a chair whose
16 duty is to solicit recommendations from members on issues
17 relating to the expansion, operation, and institutionalization
18 of treatment-based drug court programs. The chair is
19 responsible for providing on or before October 1 of each year
20 the association's recommendations and an annual report to the
21 appropriate Supreme Court ~~Treatment Based Drug Court Steering~~
22 committee or to the appropriate personnel of the Office of the
23 State Courts Administrator, ~~and shall submit a report each~~
24 ~~year, on or before October 1, to the steering committee.~~

25 ~~(7)(5)~~ If a county chooses to fund a treatment-based
26 drug court program, the county must secure funding from
27 sources other than the state for those costs not otherwise
28 assumed by the state pursuant to s. 29.004. However, this does
29 not preclude counties from using treatment and other service
30 dollars provided through state executive branch agencies.

31

1 Counties may provide, by interlocal agreement, for the
2 collective funding of these programs.

3 (8) The chief judge of each judicial circuit may
4 appoint an advisory committee for the treatment-based drug
5 court program. The committee shall be composed of the chief
6 judge, or his or her designee, who shall serve as chair; the
7 judge of the treatment-based drug court program, if not
8 otherwise designated by the chief judge as his or her
9 designee; the state attorney, or his or her designee; the
10 public defender, or his or her designee; the treatment-based
11 drug court program coordinators; community representatives;
12 treatment representatives; and any other persons the chair
13 finds are appropriate.

14 Section 8. Paragraphs (b) and (e) of subsection (5) of
15 section 910.035, Florida Statutes, are amended to read:

16 910.035 Transfer from county for plea and sentence.--

17 (5) Any person eligible for participation in a drug
18 court treatment program pursuant to s. 948.08(6) may be
19 eligible to have the case transferred to a county other than
20 that in which the charge arose if the drug court program
21 agrees and if the following conditions are met:

22 (b) If approval for transfer is received from all
23 parties, the trial court shall accept a plea of nolo
24 contendere and enter a transfer order directing the clerk to
25 transfer the case to the county which has accepted the
26 defendant into its drug court program.

27 (e) Upon successful completion of the drug court
28 program, the jurisdiction to which the case has been
29 transferred shall dispose of the case pursuant to s.
30 948.08(6). If the defendant does not complete the drug court
31 program successfully, the jurisdiction to which the case has

1 been transferred shall dispose of the case within the
2 guidelines of the Criminal Punishment Code ~~case shall be~~
3 ~~prosecuted as determined by the state attorneys of the sending~~
4 ~~and receiving counties.~~

5 Section 9. Subsections (6), (7), and (8) of section
6 948.08, Florida Statutes, are amended to read:

7 948.08 Pretrial intervention program.--

8 (6)(a) Notwithstanding any provision of this section,
9 a person who is charged with a felony of the second or third
10 degree for purchase or possession of a controlled substance
11 under chapter 893, prostitution, tampering with evidence,
12 solicitation for purchase of a controlled substance, or
13 obtaining a prescription by fraud; who has not been charged
14 with a crime involving violence, including, but not limited
15 to, murder, sexual battery, robbery, carjacking, home-invasion
16 robbery, or any other crime involving violence; and who has
17 not previously been convicted of a felony nor been admitted to
18 a felony pretrial program referred to in this section is
19 eligible for voluntary admission into a pretrial substance
20 abuse education and treatment intervention program, including
21 a treatment-based drug court program established pursuant to
22 s. 397.334, approved by the chief judge of the circuit, for a
23 period of not less than 1 year in duration, upon motion of
24 either party or the court's own motion, except:

25 1. If a defendant was previously offered admission to
26 a pretrial substance abuse education and treatment
27 intervention program at any time prior to trial and the
28 defendant rejected that offer on the record, then the court or
29 the state attorney may deny the defendant's admission to such
30 a program.

31

1 2. If the state attorney believes that the facts and
2 circumstances of the case suggest the defendant's involvement
3 in the dealing and selling of controlled substances, the court
4 shall hold a preadmission hearing. If the state attorney
5 establishes, by a preponderance of the evidence at such
6 hearing, that the defendant was involved in the dealing or
7 selling of controlled substances, the court shall deny the
8 defendant's admission into a pretrial intervention program.

9 **(b)** While enrolled in a pretrial intervention program
10 authorized by this section, the participant is subject to a
11 coordinated strategy developed by a drug court team under s.
12 397.334(3). The coordinated strategy may include a protocol of
13 sanctions that may be imposed upon the participant. The
14 protocol of sanctions must include as available options
15 placement in a secure licensed clinical or jail-based
16 treatment program or serving a period of incarceration for
17 noncompliance with program rules within the time limits
18 established for contempt of court. The coordinated strategy
19 must be provided in writing to the participant before the
20 participant agrees to enter into a pretrial treatment-based
21 drug court program, or other pretrial intervention program.

22 **(c)**~~(b)~~ At the end of the pretrial intervention period,
23 the court shall consider the recommendation of the
24 administrator pursuant to subsection (5) and the
25 recommendation of the state attorney as to disposition of the
26 pending charges. The court shall determine, by written
27 finding, whether the defendant has successfully completed the
28 pretrial intervention program.

29 **(e)**~~1.~~ If the court finds that the defendant has not
30 successfully completed the pretrial intervention program, the
31 court may order the person to continue in education and

1 treatment, which may include secure licensed clinical or
2 jail-based treatment programs, or order that the charges
3 revert to normal channels for prosecution.

4 2. The court shall dismiss the charges upon a finding
5 that the defendant has successfully completed the pretrial
6 intervention program.

7 (d) Any entity, whether public or private, providing a
8 pretrial substance abuse education and treatment intervention
9 program under this subsection must contract with the county or
10 appropriate governmental entity, and the terms of the contract
11 must include, but need not be limited to, the requirements
12 established for private entities under s. 948.15(3).

13 ~~(7) The chief judge in each circuit may appoint an~~
14 ~~advisory committee for the pretrial intervention program~~
15 ~~composed of the chief judge or his or her designee, who shall~~
16 ~~serve as chair; the state attorney, the public defender, and~~
17 ~~the program administrator, or their designees; and such other~~
18 ~~persons as the chair deems appropriate. The advisory committee~~
19 ~~may not designate any defendant eligible for a pretrial~~
20 ~~intervention program for any offense that is not listed under~~
21 ~~paragraph (6)(a) without the state attorney's recommendation~~
22 ~~and approval. The committee may also include persons~~
23 ~~representing any other agencies to which persons released to~~
24 ~~the pretrial intervention program may be referred.~~

25 ~~(7)(8)~~ The department may contract for the services
26 and facilities necessary to operate pretrial intervention
27 programs.

28 Section 10. Section 948.16, Florida Statutes, is
29 amended to read:

30 948.16 Misdemeanor pretrial substance abuse education
31 and treatment intervention program.--

1 (1)(a) A person who is charged with a misdemeanor for
2 possession of a controlled substance or drug paraphernalia
3 under chapter 893, and who has not previously been convicted
4 of a felony nor been admitted to a pretrial program, is
5 eligible for voluntary admission into a misdemeanor pretrial
6 substance abuse education and treatment intervention program,
7 including a treatment-based drug court program established
8 pursuant to s. 397.334, approved by the chief judge of the
9 circuit, for a period based on the program requirements and
10 the treatment plan for the offender, upon motion of either
11 party or the court's own motion, except, if the state attorney
12 believes the facts and circumstances of the case suggest the
13 defendant is involved in dealing and selling controlled
14 substances, the court shall hold a preadmission hearing. If
15 the state attorney establishes, by a preponderance of the
16 evidence at such hearing, that the defendant was involved in
17 dealing or selling controlled substances, the court shall deny
18 the defendant's admission into the pretrial intervention
19 program.

20 (b) While enrolled in a pretrial intervention program
21 authorized by this section, the participant is subject to a
22 coordinated strategy developed by a drug court team under s.
23 397.334(3). The coordinated strategy may include a protocol of
24 sanctions that may be imposed upon the participant. The
25 protocol of sanctions must include as available options
26 placement in a secure licensed clinical or jail-based
27 treatment program or serving a period of incarceration for
28 noncompliance with program rules within the time limits
29 established for contempt of court. The coordinated strategy
30 must be provided in writing to the participant before the
31

1 participant agrees to enter into a pretrial treatment-based
2 drug court program, or other pretrial intervention program.

3 (2) At the end of the pretrial intervention period,
4 the court shall consider the recommendation of the treatment
5 program and the recommendation of the state attorney as to
6 disposition of the pending charges. The court shall determine,
7 by written finding, whether the defendant successfully
8 completed the pretrial intervention program.

9 ~~(a)~~ If the court finds that the defendant has not
10 successfully completed the pretrial intervention program, the
11 court may order the person to continue in education and
12 treatment or return the charges to the criminal docket for
13 prosecution.

14 ~~(b)~~ The court shall dismiss the charges upon finding
15 that the defendant has successfully completed the pretrial
16 intervention program.

17 (3) Any public or private entity providing a pretrial
18 substance abuse education and treatment program under this
19 section shall contract with the county or appropriate
20 governmental entity. The terms of the contract shall include,
21 but not be limited to, the requirements established for
22 private entities under s. 948.15(3).

23 Section 11. Section 985.306, Florida Statutes, is
24 amended to read:

25 985.306 Delinquency pretrial intervention program.--

26 (1)~~(a)~~ Notwithstanding any provision of law to the
27 contrary, a child who is charged ~~under chapter 893~~ with a
28 felony of the second or third degree for purchase or
29 possession of a controlled substance under chapter 893;
30 tampering with evidence; solicitation for purchase of a
31 controlled substance; or obtaining a prescription by fraud,

1 and who has not previously been adjudicated for a felony ~~nor~~
2 ~~been admitted to a delinquency pretrial intervention program~~
3 ~~under this section~~, is eligible for voluntary admission into a
4 delinquency pretrial substance abuse education and treatment
5 intervention program, including a treatment-based drug court
6 program established pursuant to s. 397.334, approved by the
7 chief judge or alternative sanctions coordinator of the
8 circuit to the extent that funded programs are available, for
9 a period based on the program requirements and the treatment
10 services that are suitable for the offender ~~of not less than 1~~
11 ~~year in duration~~, upon motion of either party or the court's
12 own motion. However, if the state attorney believes that the
13 facts and circumstances of the case suggest the child's
14 involvement in the dealing and selling of controlled
15 substances, the court shall hold a preadmission hearing. If
16 the state attorney establishes by a preponderance of the
17 evidence at such hearing that the child was involved in the
18 dealing and selling of controlled substances, the court shall
19 deny the child's admission into a delinquency pretrial
20 intervention program.

21 (2) While enrolled in a delinquency pretrial
22 intervention program authorized by this section, a child is
23 subject to a coordinated strategy developed by a drug court
24 team under s. 397.334(3). The coordinated strategy may include
25 a protocol of sanctions that may be imposed upon the child.
26 The protocol of sanctions must include as available options
27 placement in a secure licensed clinical facility or placement
28 in a secure detention facility under s. 985.216 for
29 noncompliance with program rules. The coordinated strategy
30 must be provided in writing to the child before the child
31

1 agrees to enter the pretrial treatment-based drug court
2 program, or other pretrial intervention program.

3 ~~(3)(b)~~ At the end of the delinquency pretrial
4 intervention period, the court shall consider the
5 recommendation of the state attorney and the program
6 administrator as to disposition of the pending charges. The
7 court shall determine, by written finding, whether the child
8 has successfully completed the delinquency pretrial
9 intervention program.

10 ~~(c)1.~~ If the court finds that the child has not
11 successfully completed the delinquency pretrial intervention
12 program, the court may order the child to continue in an
13 education, treatment, or urine monitoring program if resources
14 and funding are available or order that the charges revert to
15 normal channels for prosecution.

16 ~~2.~~ The court may dismiss the charges upon a finding
17 that the child has successfully completed the delinquency
18 pretrial intervention program.

19 ~~(4)(d)~~ Any entity, whether public or private,
20 providing pretrial substance abuse education, treatment
21 intervention, and a urine monitoring program under this
22 section must contract with the county or appropriate
23 governmental entity, and the terms of the contract must
24 include, but need not be limited to, the requirements
25 established for private entities under s. 948.15(3). It is the
26 intent of the Legislature that public or private entities
27 providing substance abuse education and treatment intervention
28 programs involve the active participation of parents, schools,
29 churches, businesses, law enforcement agencies, and the
30 department or its contract providers.

31

1 ~~(2) The chief judge in each circuit may appoint an~~
2 ~~advisory committee for the delinquency pretrial intervention~~
3 ~~program composed of the chief judge or designee, who shall~~
4 ~~serve as chair; the state attorney, the public defender, and~~
5 ~~the program administrator, or their designees; and such other~~
6 ~~persons as the chair deems appropriate. The committee may also~~
7 ~~include persons representing any other agencies to which~~
8 ~~children released to the delinquency pretrial intervention~~
9 ~~program may be referred.~~

10 Section 12. This act shall take effect upon becoming a
11 law.

12
13 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
14 COMMITTEE SUBSTITUTE FOR
15 Senate Bill 114 and 444

16 Senate Bill 114

17 Provides a short title.

18 Provides that defendant successfully completing drug court
19 program may have arrest record expunged pursuant to s.
20 943.0585, F.S.

21 Senate Bill 444

22 Current statutory language authorizing the court or the state
23 attorney to deny a defendant's admission to a pretrial
24 intervention program, if the defendant has refused the program
25 at any time prior to trial is retained.
26
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