



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

27  
28 Be It Enacted by the Legislature of the State of Florida:

29  
30 Section 1. This act may be cited as the "Robert J.  
31 Koch Drug Court Intervention Act."

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

3           39.001 Purposes and intent; personnel standards and  
4 screening.--

5           (4) SUBSTANCE ABUSE SERVICES.--

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

9           (b) The Legislature establishes the following goals  
10 for the state related to substance abuse treatment services in  
11 the dependency process:

12           1. To ensure the safety of children.

13           2. To prevent and remediate the consequences of  
14 substance abuse on families involved in protective supervision  
15 or foster care and reduce substance abuse, including alcohol  
16 abuse, for families who are at risk of being involved in  
17 protective supervision or foster care.

18           3. To expedite permanency for children and reunify  
19 healthy, intact families, when appropriate.

20           4. To support families in recovery.

21           (c) The Legislature finds that children in the care of  
22 the state's dependency system need appropriate health care  
23 services, that the impact of substance abuse on health  
24 indicates the need for health care services to include  
25 substance abuse services to children and parents where  
26 appropriate, and that it is in the state's best interest that  
27 such children be provided the services they need to enable  
28 them to become and remain independent of state care. In order  
29 to provide these services, the state's dependency system must  
30 have the ability to identify and provide appropriate  
31

1 intervention and treatment for children with personal or  
2 family-related substance abuse problems.

3 (d) It is the intent of the Legislature to encourage  
4 the use of the drug court program model established by s.  
5 397.334 and authorize courts to assess children and persons  
6 who have custody or are requesting custody of children where  
7 good cause is shown to identify and address substance abuse  
8 problems as the court deems appropriate at every stage of the  
9 dependency process. Participation in treatment, including a  
10 treatment-based drug court program, may be required by the  
11 court following adjudication. Participation in assessment and  
12 treatment prior to adjudication shall be voluntary, except as  
13 provided in s. 39.407(16).

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

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

25 Section 3. Section 39.407, Florida Statutes, is  
26 amended to read:

27 39.407 Medical, psychiatric, and psychological  
28 examination and treatment of child; physical, ~~or~~ mental, or  
29 substance abuse examination of ~~parent or~~ person with or  
30 requesting child custody ~~of child~~.--  
31

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

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

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

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

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

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

11  
12 In no case shall the department consent to sterilization,  
13 abortion, or termination of life support.

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

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

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

12 |             (b)1. If a child who is removed from the home under s.  
13 | 39.401 is receiving prescribed psychotropic medication at the  
14 | time of removal and parental authorization to continue  
15 | providing the medication cannot be obtained, the department  
16 | may take possession of the remaining medication and may  
17 | continue to provide the medication as prescribed until the  
18 | shelter hearing, if it is determined that the medication is a  
19 | current prescription for that child and the medication is in  
20 | its original container.

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

30 |             3. If the department is advised by a physician  
31 | licensed under chapter 458 or chapter 459 that the child

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

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

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

30           1. The name of the child, the name and range of the  
31 dosage of the psychotropic medication, and that there is a



1 need to prescribe psychotropic medication to the child based  
2 upon a diagnosed condition for which such medication is being  
3 prescribed.

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

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

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

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

25         (d)1. The department must notify all parties of the  
26 proposed action taken under paragraph (c) in writing or by  
27 whatever other method best ensures that all parties receive  
28 notification of the proposed action within 48 hours after the  
29 motion is filed. If any party objects to the department's  
30 motion, that party shall file the objection within 2 working  
31 days after being notified of the department's motion. If any

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

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

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

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

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

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

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

28           2. The court may, in the best interests of the child,  
29 order the department to obtain a medical opinion addressing  
30 whether the continued use of the medication under the  
31 circumstances is safe and medically appropriate.

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

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

24           (b) The judge may also order such child to be  
25 evaluated by a psychiatrist or a psychologist or, if a  
26 developmental disability is suspected or alleged, by the  
27 developmental disability diagnostic and evaluation team of the  
28 department. If it is necessary to place a child in a  
29 residential facility for such evaluation, the criteria and  
30 procedure established in s. 394.463(2) or chapter 393 shall be  
31 used, whichever is applicable.

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

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

23 (6) Children who are in the legal custody of the  
24 department may be placed by the department, without prior  
25 approval of the court, in a residential treatment center  
26 licensed under s. 394.875 or a hospital licensed under chapter  
27 395 for residential mental health treatment only pursuant to  
28 this section or may be placed by the court in accordance with  
29 an order of involuntary examination or involuntary placement  
30 entered pursuant to s. 394.463 or s. 394.467. All children  
31

1 placed in a residential treatment program under this  
2 subsection must have a guardian ad litem appointed.

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

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

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

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

19 a. The child requires residential treatment.

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

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

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

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

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

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

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

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

23 |  
24 | A copy of the written findings of the evaluation and  
25 | suitability assessment must be provided to the department and  
26 | to the guardian ad litem, who shall have the opportunity to  
27 | discuss the findings with the evaluator.

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



1 court with a copy of the assessment by the qualified  
2 evaluator.

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

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

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

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

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

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

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

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

28 (i) The department must adopt rules for implementing  
29 timeframes for the completion of suitability assessments by  
30 qualified evaluators and a procedure that includes timeframes  
31 for completing the 3-month independent review by the qualified

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

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

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

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

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

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

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

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

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

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

29           (16) At any time after a shelter petition or petition  
30 for dependency is filed, the court may order a child or a  
31 person who has custody or is requesting custody of the child

1 to submit to a substance abuse assessment or evaluation. The  
2 assessment or evaluation must be administered by a qualified  
3 professional, as defined in s. 397.311. The order may be made  
4 only upon good cause shown. This subsection does not authorize  
5 placement of a child with a person seeking custody, other than  
6 the parent or legal custodian, who requires substance abuse  
7 treatment.

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

10 39.507 Adjudicatory hearings; orders of  
11 adjudication.--

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

1 entered under this subsection may be made only upon good cause  
2 shown. This subsection does not authorize placement of a child  
3 with a person seeking custody, other than the parent or legal  
4 custodian, who requires substance abuse treatment.

5 Section 5. Paragraph (b) of subsection (1) of section  
6 39.521, Florida Statutes, is amended to read:

7 39.521 Disposition hearings; powers of disposition.--

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

16 (b) When any child is adjudicated by a court to be  
17 dependent, the court having jurisdiction of the child has the  
18 power by order to:

19 1. Require the parent and, when appropriate, the legal  
20 custodian and the child, to participate in treatment and  
21 services identified as necessary. The court may require the  
22 child or the person who has custody or who is requesting  
23 custody of the child to submit to a substance abuse assessment  
24 or evaluation. The assessment or evaluation must be  
25 administered by a qualified professional, as defined in s.  
26 397.311. The court may also require such person to participate  
27 in and comply with treatment and services identified as  
28 necessary, including, when appropriate and available,  
29 participation in and compliance with a treatment-based drug  
30 court program established under s. 397.334. In addition to  
31 supervision by the department, the court, including the

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

14           2. Require, if the court deems necessary, the parties  
15 to participate in dependency mediation.

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

1 the custodian of the child and shall include the powers  
2 ordinarily granted to a guardian of the person of a minor  
3 unless otherwise specified. Upon the court's termination of  
4 supervision by the department, no further judicial reviews are  
5 required, so long as permanency has been established for the  
6 child.

7 Section 6. Section 397.334, Florida Statutes, is  
8 amended to read:

9 397.334 Treatment-based drug court programs.--

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

29 (2) Entry into any pretrial treatment-based drug court  
30 program shall be voluntary. The court may only order an  
31 individual to enter into a pretrial treatment-based drug court



1 program upon written agreement by the individual, which shall  
2 include a statement that the individual understands the  
3 requirements of the program and the potential sanctions for  
4 noncompliance.

5 ~~(3)(2)~~ The treatment-based drug court programs shall  
6 include therapeutic jurisprudence principles and adhere to the  
7 following 10 key components, recognized by the Drug Courts  
8 Program Office of the Office of Justice Programs of the United  
9 States Department of Justice and adopted by the Florida  
10 Supreme Court Treatment-Based Drug Court Steering Committee:

11 (a) Drug court programs integrate alcohol and other  
12 drug treatment services with justice system case processing.

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

16 (c) Eligible participants are identified early and  
17 promptly placed in the drug court program.

18 (d) Drug court programs provide access to a continuum  
19 of alcohol, drug, and other related treatment and  
20 rehabilitation services.

21 (e) Abstinence is monitored by frequent testing for  
22 alcohol and other drugs.

23 (f) A coordinated strategy governs drug court program  
24 responses to participants' compliance.

25 (g) Ongoing judicial interaction with each drug court  
26 program participant is essential.

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

29 (i) Continuing interdisciplinary education promotes  
30 effective drug court program planning, implementation, and  
31 operations.

1           (j) Forging partnerships among drug court programs,  
2 public agencies, and community-based organizations generates  
3 local support and enhances drug court program effectiveness.

4           ~~(4)(3)~~ Treatment-based drug court programs may include  
5 pretrial intervention programs as provided in ss. 948.08,  
6 948.16, and 985.306, treatment-based drug court programs  
7 authorized in chapter 39, postadjudicatory programs, and the  
8 monitoring of sentenced offenders through a treatment-based  
9 drug court program. While enrolled in any treatment-based drug  
10 court program, the participant is subject to a coordinated  
11 strategy developed by the drug court team under paragraph  
12 (3)(f). Each coordinated strategy may include a protocol of  
13 sanctions that may be imposed upon the participant for  
14 noncompliance with program rules. The protocol of sanctions  
15 for treatment-based programs may include, but is not limited  
16 to, placement in a substance abuse treatment program offered  
17 by a licensed service provider as defined in s. 397.311 or in  
18 a jail-based treatment program or serving a period of secure  
19 detention under chapter 985 if a child or a period of  
20 incarceration within the time limits established for contempt  
21 of court if an adult. The coordinated strategy must be  
22 provided in writing to the participant before the participant  
23 agrees to enter into a pretrial treatment-based drug court  
24 program. Any person whose charges are dismissed after  
25 successful completion of the treatment-based drug court  
26 program, if otherwise eligible, may have his or her arrest  
27 record and plea of nolo contendere to the dismissed charges  
28 expunged under s. 943.0585.

29           (5) Contingent upon an annual appropriation by the  
30 Legislature, each judicial circuit shall establish, at a  
31 minimum, one coordinator position for the treatment-based drug

1 court program within the state courts system to coordinate the  
2 responsibilities of the participating agencies and service  
3 providers. Each coordinator shall provide direct support to  
4 the treatment-based drug court program by providing  
5 coordination between the multidisciplinary team and the  
6 judiciary, providing case management, monitoring compliance of  
7 the participants in the treatment-based drug court program  
8 with court requirements, and providing program evaluation and  
9 accountability.

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

21       (b) The association shall annually elect a chair whose  
22 duty is to solicit recommendations from members on issues  
23 relating to the expansion, operation, and institutionalization  
24 of treatment-based drug court programs. The chair is  
25 responsible for providing on or before October 1 of each year  
26 the association's recommendations and an annual report to the  
27 appropriate Supreme Court ~~Treatment Based Drug Court Steering~~  
28 committee or to the appropriate personnel of the Office of the  
29 State Courts Administrator, ~~and shall submit a report each~~  
30 ~~year, on or before October 1, to the steering committee.~~  
31

1           ~~(7)(5)~~ If a county chooses to fund a treatment-based  
2 drug court program, the county must secure funding from  
3 sources other than the state for those costs not otherwise  
4 assumed by the state pursuant to s. 29.004. However, this does  
5 not preclude counties from using treatment and other service  
6 dollars provided through state executive branch agencies.  
7 Counties may provide, by interlocal agreement, for the  
8 collective funding of these programs.

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

20           Section 7. Paragraphs (b) and (e) of subsection (5) of  
21 section 910.035, Florida Statutes, are amended to read:

22           910.035 Transfer from county for plea and sentence.--

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

28           (b) If approval for transfer is received from all  
29 parties, the trial court shall accept a plea of nolo  
30 contendere and enter a transfer order directing the clerk to  
31

1 transfer the case to the county which has accepted the  
2 defendant into its drug court program.

3 (e) Upon successful completion of the drug court  
4 program, the jurisdiction to which the case has been  
5 transferred shall dispose of the case pursuant to s.  
6 948.08(6). If the defendant does not complete the drug court  
7 program successfully, the jurisdiction to which the case has  
8 been transferred shall dispose of the case within the  
9 guidelines of the Criminal Punishment Code ~~case shall be~~  
10 ~~prosecuted as determined by the state attorneys of the sending~~  
11 ~~and receiving counties.~~

12 Section 8. Subsections (6), (7), and (8) of section  
13 948.08, Florida Statutes, are amended to read:

14 948.08 Pretrial intervention program.--

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

1           1. If a defendant was previously offered admission to  
2 a pretrial substance abuse education and treatment  
3 intervention program at any time prior to trial and the  
4 defendant rejected that offer on the record, then the court or  
5 the state attorney may deny the defendant's admission to such  
6 a program.

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

15           (b) While enrolled in a pretrial intervention program  
16 authorized by this subsection, the participant is subject to a  
17 coordinated strategy developed by a drug court team under s.  
18 397.334(3). The coordinated strategy may include a protocol of  
19 sanctions that may be imposed upon the participant for  
20 noncompliance with program rules. The protocol of sanctions  
21 may include, but is not limited to, placement in a substance  
22 abuse treatment program offered by a licensed service provider  
23 as defined in s. 397.311 or in a jail-based treatment program  
24 or serving a period of incarceration within the time limits  
25 established for contempt of court. The coordinated strategy  
26 must be provided in writing to the participant before the  
27 participant agrees to enter into a pretrial treatment-based  
28 drug court program, or other pretrial intervention program.

29           ~~(c)(b)~~ At the end of the pretrial intervention period,  
30 the court shall consider the recommendation of the  
31 administrator pursuant to subsection (5) and the

1 recommendation of the state attorney as to disposition of the  
2 pending charges. The court shall determine, by written  
3 finding, whether the defendant has successfully completed the  
4 pretrial intervention program.

5 ~~(c)1.~~ If the court finds that the defendant has not  
6 successfully completed the pretrial intervention program, the  
7 court may order the person to continue in education and  
8 treatment, which may include secure licensed clinical or  
9 jail-based treatment programs, or order that the charges  
10 revert to normal channels for prosecution.

11 ~~2.~~ The court shall dismiss the charges upon a finding  
12 that the defendant has successfully completed the pretrial  
13 intervention program.

14 (d) Any entity, whether public or private, providing a  
15 pretrial substance abuse education and treatment intervention  
16 program under this subsection must contract with the county or  
17 appropriate governmental entity, and the terms of the contract  
18 must include, but need not be limited to, the requirements  
19 established for private entities under s. 948.15(3).

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

1           ~~(7)(8)~~ The department may contract for the services  
2 and facilities necessary to operate pretrial intervention  
3 programs.

4           Section 9. Section 948.16, Florida Statutes, is  
5 amended to read:

6           948.16 Misdemeanor pretrial substance abuse education  
7 and treatment intervention program.--

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

27           (b) While enrolled in a pretrial intervention program  
28 authorized by this section, the participant is subject to a  
29 coordinated strategy developed by a drug court team under s.  
30 397.334(3). The coordinated strategy may include a protocol of  
31 sanctions that may be imposed upon the participant for



1 noncompliance with program rules. The protocol of sanctions  
2 may include, but is not limited to, placement in a substance  
3 abuse treatment program offered by a licensed service provider  
4 as defined in s. 397.311 or in a jail-based treatment program  
5 or serving a period of incarceration within the time limits  
6 established for contempt of court. The coordinated strategy  
7 must be provided in writing to the participant before the  
8 participant agrees to enter into a pretrial treatment-based  
9 drug court program, or other pretrial intervention program.

10 (2) At the end of the pretrial intervention period,  
11 the court shall consider the recommendation of the treatment  
12 program and the recommendation of the state attorney as to  
13 disposition of the pending charges. The court shall determine,  
14 by written finding, whether the defendant successfully  
15 completed the pretrial intervention program.

16 ~~(a)~~ If the court finds that the defendant has not  
17 successfully completed the pretrial intervention program, the  
18 court may order the person to continue in education and  
19 treatment or return the charges to the criminal docket for  
20 prosecution.

21 ~~(b)~~ The court shall dismiss the charges upon finding  
22 that the defendant has successfully completed the pretrial  
23 intervention program.

24 (3) Any public or private entity providing a pretrial  
25 substance abuse education and treatment program under this  
26 section shall contract with the county or appropriate  
27 governmental entity. The terms of the contract shall include,  
28 but not be limited to, the requirements established for  
29 private entities under s. 948.15(3).

30 Section 10. Section 985.306, Florida Statutes, is  
31 amended to read:

1           985.306 Delinquency pretrial intervention program.--  
2           (1)~~(a)~~ Notwithstanding any provision of law to the  
3 contrary, a child who is charged ~~under chapter 893~~ with a  
4 felony of the second or third degree for purchase or  
5 possession of a controlled substance under chapter 893;  
6 tampering with evidence; solicitation for purchase of a  
7 controlled substance; or obtaining a prescription by fraud,  
8 and who has not previously been adjudicated for a felony ~~nor~~  
9 ~~been admitted to a delinquency pretrial intervention program~~  
10 ~~under this section~~, is eligible for voluntary admission into a  
11 delinquency pretrial substance abuse education and treatment  
12 intervention program, including a treatment-based drug court  
13 program established pursuant to s. 397.334, approved by the  
14 chief judge or alternative sanctions coordinator of the  
15 circuit to the extent that funded programs are available, for  
16 a period based on the program requirements and the treatment  
17 services that are suitable for the offender ~~of not less than 1~~  
18 ~~year in duration~~, upon motion of either party or the court's  
19 own motion. However, if the state attorney believes that the  
20 facts and circumstances of the case suggest the child's  
21 involvement in the dealing and selling of controlled  
22 substances, the court shall hold a preadmission hearing. If  
23 the state attorney establishes by a preponderance of the  
24 evidence at such hearing that the child was involved in the  
25 dealing and selling of controlled substances, the court shall  
26 deny the child's admission into a delinquency pretrial  
27 intervention program.

28           (2) While enrolled in a delinquency pretrial  
29 intervention program authorized by this section, a child is  
30 subject to a coordinated strategy developed by a drug court  
31 team under s. 397.334(3). The coordinated strategy may include

1 a protocol of sanctions that may be imposed upon the child for  
2 noncompliance with program rules. The protocol of sanctions  
3 may include, but is not limited to, placement in a substance  
4 abuse treatment program offered by a licensed service provider  
5 as defined in s. 397.311 or serving a period of secure  
6 detention under this chapter. The coordinated strategy must be  
7 provided in writing to the child before the child agrees to  
8 enter the pretrial treatment-based drug court program, or  
9 other pretrial intervention program.

10 ~~(3)(b)~~ At the end of the delinquency pretrial  
11 intervention period, the court shall consider the  
12 recommendation of the state attorney and the program  
13 administrator as to disposition of the pending charges. The  
14 court shall determine, by written finding, whether the child  
15 has successfully completed the delinquency pretrial  
16 intervention program.

17 ~~(c)1.~~ If the court finds that the child has not  
18 successfully completed the delinquency pretrial intervention  
19 program, the court may order the child to continue in an  
20 education, treatment, or urine monitoring program if resources  
21 and funding are available or order that the charges revert to  
22 normal channels for prosecution.

23 ~~2.~~ The court may dismiss the charges upon a finding  
24 that the child has successfully completed the delinquency  
25 pretrial intervention program.

26 ~~(4)(d)~~ Any entity, whether public or private,  
27 providing pretrial substance abuse education, treatment  
28 intervention, and a urine monitoring program under this  
29 section must contract with the county or appropriate  
30 governmental entity, and the terms of the contract must  
31 include, but need not be limited to, the requirements

1 established for private entities under s. 948.15(3). It is the  
2 intent of the Legislature that public or private entities  
3 providing substance abuse education and treatment intervention  
4 programs involve the active participation of parents, schools,  
5 churches, businesses, law enforcement agencies, and the  
6 department or its contract providers.

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

16 Section 11. This act shall take effect upon becoming a  
17 law.

18  
19 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
20 COMMITTEE SUBSTITUTE FOR  
21 CS/SB 114 & 444

- 22 -- Deletes section that would have amended s. 39.701(9)(d),  
23 F.S., regarding a dependency case plan modification for  
24 participation in a drug court program.
- 25 -- Provides that the sanctions for noncompliance with drug  
26 court program rules are permissive and not limited to  
27 enumerated options. Also provides the certain sanctions  
28 apply to a child and certain sanctions apply to an adult.
- 29 -- Changes certain words in various sections for consistency  
30 of wording.
- 31