

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; deleting a provision authorizing the
24 court or state attorney to deny a defendant's
25 admission to a treatment program; providing
26 requirements and sanctions, including clinical
27 placement or incarceration, for the coordinated
28 strategy developed by the drug court team to
29 encourage participant compliance and removing
30 provisions authorizing appointment of an
31

1 advisory committee, to conform to changes made
2 by the act; providing an effective date.

3
4 Be It Enacted by the Legislature of the State of Florida:

5
6 Section 1. This act may be cited as the "Robert J.
7 Koch Drug Court Intervention Act."

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

10 39.001 Purposes and intent; personnel standards and
11 screening.--

12 (4) SUBSTANCE ABUSE SERVICES.--

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

16 (b) The Legislature establishes the following goals
17 for the state related to substance abuse treatment services in
18 the dependency process:

19 1. To ensure the safety of children.

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

25 3. To expedite permanency for children and reunify
26 healthy, intact families, when appropriate.

27 4. To support families in recovery.

28 (c) The Legislature finds that children in the care of
29 the state's dependency system need appropriate health care
30 services, that the impact of substance abuse on health
31 indicates the need for health care services to include

1 substance abuse services to children and parents where
2 appropriate, and that it is in the state's best interest that
3 such children be provided the services they need to enable
4 them to become and remain independent of state care. In order
5 to provide these services, the state's dependency system must
6 have the ability to identify and provide appropriate
7 intervention and treatment for children with personal or
8 family-related substance abuse problems.

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

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

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

30 Section 3. Section 39.407, Florida Statutes, is
31 amended to read:

1 39.407 Medical, psychiatric, and psychological
2 examination and treatment of child; physical, ~~or~~ mental, or
3 substance abuse examination of ~~parent or~~ person with or
4 requesting child custody ~~of child~~.--

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

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

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

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

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

1 necessary medical treatment, including immunization, for the
2 child. The authority of the department to consent to medical
3 treatment in this circumstance shall be limited to the time
4 reasonably necessary to obtain court authorization.

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

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

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

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

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

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

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

1 explanation of why the medication is necessary for the child's
2 well-being.

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

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

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

1 motion must be supported by the prescribing physician's signed
2 medical report providing:

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

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

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

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

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

29 (d)1. The department must notify all parties of the
30 proposed action taken under paragraph (c) in writing or by
31 whatever other method best ensures that all parties receive

1 notification of the proposed action within 48 hours after the
2 motion is filed. If any party objects to the department's
3 motion, that party shall file the objection within 2 working
4 days after being notified of the department's motion. If any
5 party files an objection to the authorization of the proposed
6 psychotropic medication, the court shall hold a hearing as
7 soon as possible before authorizing the department to
8 initially provide or to continue providing psychotropic
9 medication to a child in the legal custody of the department.
10 At such hearing and notwithstanding s. 90.803, the medical
11 report described in paragraph (c) is admissible in evidence.
12 The prescribing physician need not attend the hearing or
13 testify unless the court specifically orders such attendance
14 or testimony, or a party subpoenas the physician to attend the
15 hearing or provide testimony. If, after considering any
16 testimony received, the court finds that the department's
17 motion and the physician's medical report meet the
18 requirements of this subsection and that it is in the child's
19 best interests, the court may order that the department
20 provide or continue to provide the psychotropic medication to
21 the child without additional testimony or evidence. At any
22 hearing held under this paragraph, the court shall further
23 inquire of the department as to whether additional medical,
24 mental health, behavioral, counseling, or other services are
25 being provided to the child by the department which the
26 prescribing physician considers to be necessary or beneficial
27 in treating the child's medical condition and which the
28 physician recommends or expects to provide to the child in
29 concert with the medication. The court may order additional
30 medical consultation, including consultation with the
31 MedConsult line at the University of Florida, if available, or

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

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

27 (e)1. If the child's prescribing physician certifies
28 in the signed medical report required in paragraph (c) that
29 delay in providing a prescribed psychotropic medication would
30 more likely than not cause significant harm to the child, the
31 medication may be provided in advance of the issuance of a

1 | court order. In such event, the medical report must provide
2 | the specific reasons why the child may experience significant
3 | harm and the nature and the extent of the potential harm. The
4 | department must submit a motion seeking continuation of the
5 | medication and the physician's medical report to the court,
6 | the child's guardian ad litem, and all other parties within 3
7 | working days after the department commences providing the
8 | medication to the child. The department shall seek the order
9 | at the next regularly scheduled court hearing required under
10 | this chapter, or within 30 days after the date of the
11 | prescription, whichever occurs sooner. If any party objects to
12 | the department's motion, the court shall hold a hearing within
13 | 7 days.

14 | 2. Psychotropic medications may be administered in
15 | advance of a court order in hospitals, crisis stabilization
16 | units, and in statewide inpatient psychiatric programs. Within
17 | 3 working days after the medication is begun, the department
18 | must seek court authorization as described in paragraph (c).

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

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

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

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

28 (b) The judge may also order such child to be
29 evaluated by a psychiatrist or a psychologist or, if a
30 developmental disability is suspected or alleged, by the
31 developmental disability diagnostic and evaluation team of the

1 department. If it is necessary to place a child in a
2 residential facility for such evaluation, the criteria and
3 procedure established in s. 394.463(2) or chapter 393 shall be
4 used, whichever is applicable.

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

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

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

1 | this section or may be placed by the court in accordance with
2 | an order of involuntary examination or involuntary placement
3 | entered pursuant to s. 394.463 or s. 394.467. All children
4 | placed in a residential treatment program under this
5 | subsection must have a guardian ad litem appointed.

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

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

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

17 | 3. "Suitable for residential treatment" or
18 | "suitability" means a determination concerning a child or
19 | adolescent with an emotional disturbance as defined in s.
20 | 394.492(5) or a serious emotional disturbance as defined in s.
21 | 394.492(6) that each of the following criteria is met:

22 | a. The child requires residential treatment.

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

26 | c. An appropriate, less restrictive alternative to
27 | residential treatment is unavailable.

28 | (b) Whenever the department believes that a child in
29 | its legal custody is emotionally disturbed and may need
30 | residential treatment, an examination and suitability
31 | assessment must be conducted by a qualified evaluator who is

1 appointed by the Agency for Health Care Administration. This
2 suitability assessment must be completed before the placement
3 of the child in a residential treatment center for emotionally
4 disturbed children and adolescents or a hospital. The
5 qualified evaluator must be a psychiatrist or a psychologist
6 licensed in Florida who has at least 3 years of experience in
7 the diagnosis and treatment of serious emotional disturbances
8 in children and adolescents and who has no actual or perceived
9 conflict of interest with any inpatient facility or
10 residential treatment center or program.

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

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

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

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

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

31

1 (d) Immediately upon placing a child in a residential
2 treatment program under this section, the department must
3 notify the guardian ad litem and the court having jurisdiction
4 over the child and must provide the guardian ad litem and the
5 court with a copy of the assessment by the qualified
6 evaluator.

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

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

1 guardian ad litem and to the department. The department must
2 submit the report to the court. The report must include a
3 discharge plan for the child. The residential treatment
4 program must continue to evaluate the child's treatment
5 progress every 30 days thereafter and must include its
6 findings in a written report submitted to the department. The
7 department may not reimburse a facility until the facility has
8 submitted every written report that is due.

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

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

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

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

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

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

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

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

22 (9) Except as otherwise provided herein, nothing in
23 this section shall be deemed to alter the provisions of s.
24 743.064.

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

31

1 (11) Nothing in this section shall be construed to
2 authorize the permanent sterilization of the child unless such
3 sterilization is the result of or incidental to medically
4 necessary treatment to protect or preserve the life of the
5 child.

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

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

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

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

1 procedures as set forth by the Florida Rules of Juvenile
2 Procedure.

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

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

15 39.507 Adjudicatory hearings; orders of
16 adjudication.--

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

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

10 Section 5. Paragraph (b) of subsection (1) of section
11 39.521, Florida Statutes, is amended to read:

12 39.521 Disposition hearings; powers of disposition.--

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

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

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

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

19 2. Require, if the court deems necessary, the parties
20 to participate in dependency mediation.

21 3. Require placement of the child either under the
22 protective supervision of an authorized agent of the
23 department in the home of one or both of the child's parents
24 or in the home of a relative of the child or another adult
25 approved by the court, or in the custody of the department.
26 Protective supervision continues until the court terminates it
27 or until the child reaches the age of 18, whichever date is
28 first. Protective supervision shall be terminated by the court
29 whenever the court determines that permanency has been
30 achieved for the child, whether with a parent, another
31 relative, or a legal custodian, and that protective

1 supervision is no longer needed. The termination of
2 supervision may be with or without retaining jurisdiction, at
3 the court's discretion, and shall in either case be considered
4 a permanency option for the child. The order terminating
5 supervision by the department shall set forth the powers of
6 the custodian of the child and shall include the powers
7 ordinarily granted to a guardian of the person of a minor
8 unless otherwise specified. Upon the court's termination of
9 supervision by the department, no further judicial reviews are
10 required, so long as permanency has been established for the
11 child.

12 Section 6. Paragraph (d) of subsection (9) of section
13 39.701, Florida Statutes, is amended to read:

14 39.701 Judicial review.--

15 (9)

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

31

1 39.601. Any extension of a case plan must comply with the time
2 requirements and other requirements specified by this chapter.

3 Section 7. Section 397.334, Florida Statutes, is
4 amended to read:

5 397.334 Treatment-based drug court programs.--

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

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

1 ~~(3)~~(2) The treatment-based drug court programs shall
2 include therapeutic jurisprudence principles and adhere to the
3 following 10 key components, recognized by the Drug Courts
4 Program Office of the Office of Justice Programs of the United
5 States Department of Justice and adopted by the Florida
6 Supreme Court Treatment-Based Drug Court Steering Committee:

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

9 (b) Using a nonadversarial approach, prosecution and
10 defense counsel promote public safety while protecting
11 participants' due process rights.

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

14 (d) Drug court programs provide access to a continuum
15 of alcohol, drug, and other related treatment and
16 rehabilitation services.

17 (e) Abstinence is monitored by frequent testing for
18 alcohol and other drugs.

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

21 (g) Ongoing judicial interaction with each drug court
22 program participant is essential.

23 (h) Monitoring and evaluation measure the achievement
24 of program goals and gauge program effectiveness.

25 (i) Continuing interdisciplinary education promotes
26 effective drug court program planning, implementation, and
27 operations.

28 (j) Forging partnerships among drug court programs,
29 public agencies, and community-based organizations generates
30 local support and enhances drug court program effectiveness.
31

1 ~~(4)(3)~~ Treatment-based drug court programs may include
2 pretrial intervention programs as provided in ss. 948.08,
3 948.16, and 985.306, treatment-based drug court programs
4 authorized in chapter 39, postadjudicatory programs, and the
5 monitoring of sentenced offenders through a treatment-based
6 drug court program. While enrolled in any treatment-based drug
7 court program, the participant is subject to a coordinated
8 strategy developed by the drug court team under paragraph
9 (3)(f). Each coordinated strategy may include a protocol of
10 sanctions that may be imposed upon the participant. The
11 protocol of sanctions for treatment-based programs other than
12 those authorized in chapter 39 must include, and the protocol
13 of sanctions for treatment-based drug court programs
14 authorized in chapter 39 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. Any person whose charges are dismissed
22 after successful completion of the treatment-based drug court
23 program, if otherwise eligible, may have his or her arrest
24 record and plea of nolo contendere to the dismissed charges
25 expunged under s. 943.0585.

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

1 the treatment-based drug court program by providing
2 coordination between the multidisciplinary team and the
3 judiciary, providing case management, monitoring compliance of
4 the participants in the treatment-based drug court program
5 with court requirements, and providing program evaluation and
6 accountability.

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

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

28 ~~(7)~~(5) If a county chooses to fund a treatment-based
29 drug court program, the county must secure funding from
30 sources other than the state for those costs not otherwise
31 assumed by the state pursuant to s. 29.004. However, this does

1 not preclude counties from using treatment and other service
2 dollars provided through state executive branch agencies.
3 Counties may provide, by interlocal agreement, for the
4 collective funding of these programs.

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

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

18 910.035 Transfer from county for plea and sentence.--

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

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

29 (e) Upon successful completion of the drug court
30 program, the jurisdiction to which the case has been
31 transferred shall dispose of the case pursuant to s.

1 948.08(6). If the defendant does not complete the drug court
2 program successfully, the jurisdiction to which the case has
3 been transferred shall dispose of the case within the
4 guidelines of the Criminal Punishment Code ~~case shall be~~
5 ~~prosecuted as determined by the state attorneys of the sending~~
6 ~~and receiving counties.~~

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

9 948.08 Pretrial intervention program.--

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

27 ~~1. If a defendant was previously offered admission to~~
28 ~~a pretrial substance abuse education and treatment~~
29 ~~intervention program at any time prior to trial and the~~
30 ~~defendant rejected that offer on the record, then the court or~~
31

1 ~~the state attorney may deny the defendant's admission to such~~
2 ~~a program.~~

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

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

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

31

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

7 ~~2.~~ The court shall dismiss the charges upon a finding
8 that the defendant has successfully completed the pretrial
9 intervention program.

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

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

28 ~~(7)(8)~~ The department may contract for the services
29 and facilities necessary to operate pretrial intervention
30 programs.
31

1 Section 10. Section 948.16, Florida Statutes, is
2 amended to read:

3 948.16 Misdemeanor pretrial substance abuse education
4 and treatment intervention program.--

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

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

1 noncompliance with program rules within the time limits
2 established for contempt of court. The coordinated strategy
3 must be provided in writing to the participant before the
4 participant agrees to enter into a pretrial treatment-based
5 drug court program, or other pretrial intervention program.

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

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

17 ~~(b)~~ The court shall dismiss the charges upon finding
18 that the defendant has successfully completed the pretrial
19 intervention program.

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

26 Section 11. Section 985.306, Florida Statutes, is
27 amended to read:

28 985.306 Delinquency pretrial intervention program.--

29 (1)~~(a)~~ Notwithstanding any provision of law to the
30 contrary, a child who is charged ~~under chapter 893~~ with a
31 felony of the second or third degree for purchase or

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

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

1 noncompliance with program rules. The coordinated strategy
2 must be provided in writing to the child before the child
3 agrees to enter the pretrial treatment-based drug court
4 program, or other pretrial intervention program.

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

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

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

21 ~~(4)(d)~~ Any entity, whether public or private,
22 providing pretrial substance abuse education, treatment
23 intervention, and a urine monitoring program under this
24 section must contract with the county or appropriate
25 governmental entity, and the terms of the contract must
26 include, but need not be limited to, the requirements
27 established for private entities under s. 948.15(3). It is the
28 intent of the Legislature that public or private entities
29 providing substance abuse education and treatment intervention
30 programs involve the active participation of parents, schools,
31

1 churches, businesses, law enforcement agencies, and the
2 department or its contract providers.

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

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

14 *****

15 *****
16 SENATE SUMMARY

17 Authorizes the court to require that certain persons
18 undergo treatment for substance abuse following
19 adjudication. Authorizes the court to order that certain
20 parties submit to a substance abuse assessment upon a
21 showing of good cause and to participate in a
22 treatment-based drug court program. Provides requirements
23 for the assessments and evaluations. Authorizes the chief
24 judge of each judicial circuit to appoint an advisory
25 committee for the treatment-based drug court program.
26 Revises the conditions under which the court may deny a
27 defendant's admission into a pretrial substance abuse
28 education and treatment intervention program. (See bill
29 for details.)
30
31