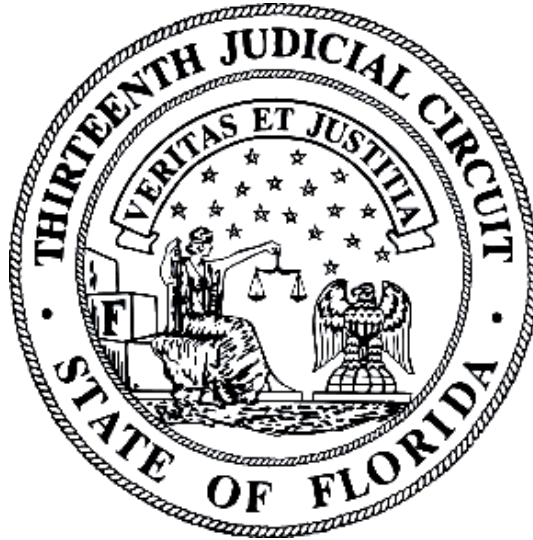


State of Florida
Thirteenth Judicial Circuit



Problem-Solving Courts
Policy and Procedure Manual

Adult Mental Health Treatment Court
(2026)

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I. Forward.

Welcome to the Thirteenth Judicial Circuit's Adult Mental Treatment Health Court (AMHTC). This Problem-Solving Court Policy and Procedure Manual is intended to provide an overview of the AMHTC Program. AMHTC represents a non-adversarial, evidence-based approach to treatment for participants charged with a criminal offense who struggle with behavioral health disorders, mental health disorders, or co-occurring mental health and substance use disorders. AMHTC addresses not only the problems leading to a participant's entry into the criminal justice system, but also the barriers impeding their treatment and recovery. The defining feature of AMHTC is the highly individualized nature of treatment and supervision plans for each participant, which are created by evidenced-based assessments, judicial supervision, and personal accountability. The AMHTC team works collaboratively in developing therapeutic treatment plans tailored to meet the participant's individual needs - providing stability, wellness, and long-term care.

– Adult Mental Health Treatment Court Team

Motto: "Together Everyone Achieves More"

II. Overview.

The concept of problem-solving courts began in the early 1990s in response to significant backlogs and over-crowding in the criminal justice system related to drug offenders and to the ineffectiveness in preventing the rapid cycling of this population through the system. Problem-solving courts attempt to address underlying problems associated with substance use and/or mental health disorders and incorporate a range of evidence-based treatment principles into the justice system process. These courts combine community treatment services with court supervision.

Offering evidence-based treatment, judicial supervision, and accountability, the Thirteenth Judicial Circuit's Adult Mental Health Treatment Court (AMHTC) provides individualized interventions for participants, thereby improving public safety, reducing recidivism, and restoring lives, while promoting confidence and satisfaction with the criminal justice system. Administrative Order S-2023-046 (see Appendix A) outlines the proper and efficient operation of the AMHTC program. AMHTC is part of a broader problem-solving court movement establishing drug and mental health treatment courts in Florida and around the country. These courts share many of the same key components, operational practices and procedures, legal guidelines, and treatment services.

Through continued research and analysis, the National Association of Drug Court Professionals (NADCP) developed the *Adult Drug Court Best Practice Standards*, Vol. I (2013) and Vol. II (2015). Since their initial development, both volumes were revised in 2018 and *Family Treatment Court Best Practice Standards* were released in 2019 by the Center for Children and Family Futures and NADCP. The NADCP standards are intended to clearly define the practices that drug courts and other problem-solving courts should implement in order to adhere to evidence-based best practices that have been scientifically shown to produce better outcomes and maintain fidelity to the drug court model. The *Florida Adult Drug Court Best Practice Standards*, based on the NADCP *Adult Drug Court Best Practice Standards*, were promulgated by the Supreme Court of Florida in 2017 and revised in 2023. They remain the most robust model for other criminal division problem-solving courts in Florida.

The *Florida Adult Mental Health Court Best Practice Guidelines* were created to offer a meaningful set of guidelines which will ensure that Florida mental health courts provide the best possible outcomes for the persons they serve. The two main starting points for this work are the *Florida Adult Drug Court Best Practice Standards*, and the *Essential Elements of Mental Health Courts*, published by the Council of State Governments Justice Center for the Bureau of Justice Assistance. These guidelines have been reviewed by subject matter experts from around the state and nation, and their guidance has been incorporated. Although these guidelines are not necessarily inclusive of every best

practice that may exist, as further research on mental health courts is conducted, these guidelines will be updated to reflect new findings. In the meantime, it is intended that these guidelines will assist mental health courts in Florida with adhering to a common set of best practices, each of which is aimed at producing the best possible outcomes for the population being served.

In 2025, the *Florida Adult Drug Court Best Practice Standards* were revised and released. These standards are based largely on the research and analysis conducted by All Rise, formerly the NADCP. The Thirteenth Judicial Circuit utilize these standards across all seven of its problem-solving courts: (1) Adult Drug Treatment Court; (2) Juvenile Drug Treatment Court; (3) Adult Mental Health Treatment Court; (4) Juvenile Mental Health Treatment Court; (5) Marchman Act Drug Treatment Court; (6) Family Dependency Treatment Court; and (7) Veterans Treatment Court. These standards are of critical importance to the Thirteenth Judicial Circuit's established treatment goals and objectives for these courts.

This Problem-Solving Court Policy and Procedure Manual provides structure to decision-making for all key stakeholders who make-up the Thirteenth Judicial Circuit's Problem-Solving Courts Oversight Committee. The Chief Judge and presiding Judges of Problem-Solving Courts reserve the right, in each individual case, acting within their discretion in close consultation with the Problem-Solving Courts Oversight Committee to make decisions consistent with the law and public policy. As seen below, Figure 1 depicts a timeline for problem-solving court milestones at the national and local level.

Figure 1. National and Local Milestones in Problem-Solving Courts.



III. Oversight Committee.

The policies and procedures for the operation of the Thirteenth Judicial Circuit's Problem-Solving Courts shall be established through each problem-solving court's policy and procedure manual and any change or amendment to this manual shall be made by the Problem-Solving Courts Oversight Committee (hereinafter referred to as the "Oversight Committee"). Administrative Order S-2023-062 (see Appendix B) outlines the history, composition, and requirements of the Oversight Committee and subcommittee. The purpose of the Oversight Committee is to obtain input and foster collaborative involvement from committee members for each problem-solving court. The Oversight Committee is charged with recommending strategies to maintain the quality and effectiveness of each problem-solving court and to ensure viable treatment options. The Oversight Committee is comprised of the following individuals and representatives from the following offices, agencies, and/or departments:

- *Chief Judge*
- *Administrative Office of the Courts*
- *Presiding Judges of Problem-Solving Courts*
- *Office of the Public Defender*
- *Office of the State Attorney*

The Oversight Committee meets quarterly and the sub-committees meet regularly in between the quarterly meetings to address projects discussed and assigned at the Oversight Committee meetings. The roles and expectations of the Oversight Committee members are outlined in Administrative Order S-2023-062 (see Appendix B).

IV. Defining Elements.

Problem-solving courts address the root causes of justice system involvement through specialized dockets utilizing a multidisciplinary, non-adversarial team approach. Offering evidence-based treatment, coupled with judicial supervision and accountability, problem-solving courts provide individualized interventions for participants thereby reducing recidivism and promoting confidence and satisfaction with the justice system process. Problem-solving courts offer a specialized court docket that includes, but is not limited to, the following elements:

- A. Problem-Solving Team. A problem-solving team is a broad-based team of justice system stakeholders, which includes, but is not limited to, judges, assistant state attorneys, defense attorneys, supervision officers, court specialists, case managers, and treatment providers.

- B. Non-Adversarial Approach. A non-adversarial approach is defined as a commitment to offering alternatives to the traditional adversarial litigation process.
- C. Continuum of Individualized Treatment Services. A continuum of individualized treatment services includes an array of evidence-based services designed to identify and meet the unique needs of each participant.
- D. Judicial Leadership and Interaction. Judicial leadership and interaction require a judge who is willing and able to lead the problem-solving team and monitor court case progress, while overseeing a collaborative approach in monitoring participant compliance and progress.
- E. Responses to Participant Compliance. Responses to participant compliance is defined as the use of graduated, individualized, and coordinated responses, both for incentives and sanctions, to promote both public safety and participant success.

V. Ten Key Components.

In 2000 and again in 2009, the National Conference of Chief Justices (NCCJ) and the National Conference of State Court Administrators (NCOSCA) issued joint resolutions concluding that drug courts and other problem-solving courts are the most effective strategy to reduce drug abuse, prevent crime, and restore families. In recognition of this fact, NCCJ and NCOSCA called upon the justice system to extend the reach of problem-solving courts to every citizen in need, and further, to infuse the principles and practices of these proven programs throughout our system of justice. A national consensus panel, convened by the U.S. Department of Justice and the National Association of Drug Court Professionals (NADCP), in January 1997, developed the “Ten Key Components”.

Their conclusions echo more than two decades of scientific research establishing the effectiveness of drug treatment courts and other problem-solving courts and that fidelity to the Ten Key Components is essential for achieving successful, cost-effective outcomes. Tables 1 below defines the “Ten Key Components” that provide the foundation for the successful operation of these courts.

Table 1. Ten Key Components of Mental Health Court.

Key Component 1	Planning and Administration Broad-based group of stakeholders representing criminal justice, mental health, substance abuse treatment, and related systems and the community guides the planning and administration of court.
Key Component 2	Target Population Eligibility criteria address public safety and consider community's treatment capacity, as well as availability of alternatives to pretrial detention for participants with mental illnesses. It also assesses relationship between mental illness and participant's offenses, while allowing individual circumstances to be considered.
Key Component 3	Timely Participant Identification and Linkage to Services Participants are identified, referred, and accepted into mental health courts, then linked to community-based service providers as quickly as possible.
Key Component 4	Terms of Participation Terms of participation are clear, promote public safety, facilitate participant's engagement in treatment, individualized to correspond to level of risk that participant presents to community, and provide for positive legal outcomes for those individuals who successfully complete the program.
Key Component 5	Informed Choice Participants understand program requirements before agreeing to participate in mental health court. They are provided legal counsel to inform this decision and subsequent decisions about program involvement. Procedures exist in mental health court to address concerns about a participant's competency whenever they arise.
Key Component 6	Treatment Supports and Services Mental health courts connect participants to comprehensive and individualized treatment services in community. They strive to use and increase availability of treatment and services that are evidence-based.
Key Component 7	Confidentiality Health and legal information should be shared so it protects potential participants' confidentiality rights as mental health consumers and constitutional rights as participants. Information gathered as part of participants' court-ordered treatment should be safeguarded in case participants go back to traditional court processing.
Key Component 8	Court Team Team of criminal justice and mental health staff and treatment providers receives special, ongoing training and helps mental health court participants achieve treatment and criminal justice goals by reviewing and revising court process.
Key Component 9	Monitoring Adherence to Court Requirements Criminal justice and mental health staff collaboratively monitor participants' adherence to court conditions, offer individualized graduated incentives and sanctions, and modify treatment to promote public safety and participants' recovery.
Key Component 10	Sustainability Data are collected and analyzed to demonstrate the impact of mental health court, its performance is assessed periodically, court processes are institutionalized, and support for court in the community is cultivated and expanded.

VI. Mission, Vision, Goals, and Objectives.

A. Mission.

The AMHTC Mission is to promote public safety and reduce recidivism through a non-adversarial, evidence-based approach that provides a continuum of treatment and rehabilitative services for participants charged with crimes who struggle with behavioral health disorders, mental health disorders, or co-occurring mental health and substance use disorders.

B. Vision.

A community where justice-involved participants receive the support, treatment, and mentorship needed to achieve lasting recovery, personal responsibility, and productive citizenship.

C. Goals.

1. Develop treatment plans to meet the individual needs of participants;
2. Rehabilitate participants to foster their reintegration back into society; and
3. Lower crime rates by reducing participant recidivism.

D. Objectives.

1. Identify substance use and mental health risk factors for participants through evidenced-based screens and assessments within thirty (30) days of program enrollment;
2. Implement therapeutic measures to encourage treatment and utilize incentives at a ratio of at least four to one, incentives to sanctions, and monitor this ratio routinely; and
3. Develop problem-solving skills for long-term care, recovery, and stability by having participants complete the continued care plan prior to program completion.

VII. Team Members.

- A. Judge:
Honorable Michael J. Scionti (813) 301-3825
- B. Judicial Assistant:
Ms. Erin Potter (813) 301-3825
- C. Administrative Office of the Court:
Ms. Julia Schilling, Problem-Solving Courts, Director (813) 272-6275
Mr. Manley Jaquiss, Problem-Solving Courts, Manager (813) 272-5501
Ms. Christine Mukherjee, Court Specialist (813) 272-6514
- D. Office of the Public Defender:
Ms. Marie Marino, Assistant Public Defender, Supervisor (813) 272-5980
Ms. Lauren Nayrouz, Assistant Public Defender (813) 272-5980
Ms. Sonya Beverly, Assistant Public Defender (813) 272-5980
Ms. Katherine Carter, Assistant Public Defender (813) 272-5980
Ms. Khalila Frett, Assistant Public Defender (813) 272-5980
Mr. Felix Vega, Assistant Public Defender (813) 272-5980
- E. Office of the State Attorney:
Ms. Jeria Wilds, Assistant State Attorney, Supervisor (813) 272-5400
Ms. April Pent, Assistant State Attorney (813) 272-5400
Ms. Skyler Jackle, Assistant State Attorney (813) 272-5400
- F. Florida Department of Corrections:
Ms. Shelly Wright, Correctional Probation Officer (813) 975-6524
- G. Treatment Liaison:
Ms. Sherry Hughes, Ibis Healthcare Foundation Liaison (813) 272-6452
- H. Treatment Providers:
Agency for Community Treatment Service (ACTS) (813) 246-4899
– *Enhanced Offender Diversion (EOD)*
Ibis Healthcare Foundation (formerly Cove) (813) 384-4000
Ibis Healthcare Foundation (formerly Gracepoint) (813) 459-4709
– *Mental Health Pretrial Intervention (MHPTI)*
Phoenix House of Florida (813) 881-1000
WestCare Foundation of Florida (727) 490-5260

VIII. Team Member Roles, Duties, and Expectations.

All AMHTC team members and participating entities and agencies endorse the program's stated mission, vision, goals, and objectives in order to improve public safety, reduce recidivism, and ensure participant accountability, while promoting confidence and satisfaction in the criminal justice system.

A. Program Operations. All AMHTC team member and participating entities and agencies agree to the following program operations:

1. Assist with ongoing oversight of the program including quality assurance methods to ensure the program is meeting its stated treatment goals and objectives.
2. Assist with the collection of data needed to evaluate the processes and outcomes of the program.
3. Participate in ongoing interdisciplinary team training.
4. Participate in regular team meetings concerning processes, operations, policy, and structure.

B. Case Staffings and Court Hearings.

1. All AMHTC team members and participating entities and agencies shall attend case staffings and court hearings, which occur on a weekly basis, where they will discuss each case on the docket to determine treatment responses, phase advancement, incentives, and sanctions to be used at the next court hearing to modify a participant's behavior. All case staffings take place via video teleconference (e.g., Zoom) on Mondays at 9:00 AM; all court hearings take place via personal appearance in court on Tuesday at 9:00 AM.
2. In the event an AMHTC team member cannot attend a case staffing or court hearing, that team member shall notify the team as soon as possible. If a substitute staff member cannot be utilized, with prior notice and approval of the AMHTC Judge, written reports concerning participant progress will be submitted to the AMHTC team prior to the case staffing. If an AMHTC team member is taking planned leave, the team member will identify staff to provide coverage for the case staffing and court hearing.

C. Core Competencies.

The AMHTC Team is comprised of a presiding judge, assistant state attorneys, defense attorneys, supervision officers, court specialists, case managers, and treatment providers, which include, but are not limited to community-based treatment providers (specializing in a variety of mental health and substance use related disorders), who work collaboratively and incorporate a non-adversarial, problem-solving approach to assist AMHTC participants by:

1. Identifying eligible participants early and promptly placing them in treatment.
2. Providing access to continuum of treatment and rehabilitative services for drug, alcohol, and mental health issues.
3. Developing and implementing treatment plans designed to meet individual needs through coordinated efforts of legal and medical professionals.
4. Monitoring progress by setting standards and holding participants accountable through frequent drug and alcohol testing, consistent counseling, and regular court appearances.
5. Continuing interdisciplinary education to promote effective planning, implementation, and operations.
6. Attending both pre-court case staffings and court hearings.
7. Attending quarterly team meetings or as otherwise scheduled.
8. Reviewing the policy and procedure manual, participant handbook, and other AMHTC protocols before working with the AMHTC program and upon update.
9. Participating in team member training and orientation, provided by the Administrative Office of the Courts (AOC), and individual agency training and orientation. AOC training and orientation includes, but is not limited to, training on the Florida Drug Court Case Management System (FDCCMS), history of AMHTC in the Thirteenth Judicial Circuit, team members roles, and training sessions provided by All Rise.

Additionally, the AMHTC program adheres to the following competencies:¹

1. Participate fully as a problem-solving court team member, committing to the program and its mission and treatment goals, and work as full partners to ensure a participant's success.
2. Advocate for effective incentives and sanctions for program compliance or lack thereof.
3. Knowledgeable of addiction, alcoholism, and pharmacology and applies this knowledge in order to respond to compliance in a therapeutically appropriate manner.
4. Knowledgeable of gender, age, and cultural issues that may impact a participant's success.
5. Initiate planning process by bringing together necessary agencies and stakeholders to evaluate current court processes and procedures.
6. Become a program advocate by utilizing community leadership role to create interest in and develop support for the program.
7. Effectively lead the team to develop all the protocols and procedures of the program.
8. Aware of the impact that substance use has on the court system, the lives of the offenders and their families and the community at large.
9. Contribute to education about efficacy of problem-solving courts.

D. Judge: The AMHTC Judge is the leader of a multidisciplinary team, who possesses the authority and responsibility to ensure the fair and impartial administration of justice, while effectively directing, coordinating, and employing available resources for the therapeutic treatment of participants. The AMHTC Judge is also responsible for building trust within the treatment team and following a non-adversarial, evidence-based approach to each case, which better enables team members to handle changing conditions and adapt to unique situations in the management of participant cases. The AMHTC Judge is the ultimate arbiter of factual disputes and makes the final decisions concerning the imposition of incentives, sanctions, or dispositions that affect a participant's legal status or liberty interests. The AMHTC Judge makes these decisions after carefully considering input from other team members and, as applicable,

¹ See *Know Your Role: What You Do and What You Share*, National Drug Court Institute, 2019.

discussing the matter with the participant in court. The AMHTC Judge relies upon the opinions and recommendations of qualified treatment professionals when setting court-ordered treatment conditions and, if necessary, will seek additional clinical advice when considering to alter the treatment conditions and/or plan.

- E. Defense Attorney: The defense attorney assigned to AMHTC is responsible for: (1) advocating for treatment while protecting the participant's constitutional and statutory rights; (2) ensuring due process rights are protected; (3) advocating for incentives and ensuring sanctions are applied appropriately; (4) monitoring compliance with AMHTC rules and requirements; (5) requesting and advocating for graduation from AMHTC; (6) sharing information with AMHTC team members as appropriate while protecting attorney-client privileged information; and (7) protecting confidential treatment information from individuals outside of the treatment team and defense team.²
- F. Assistant State Attorney: The assistant state attorney assigned to AMHTC is responsible for: (1) enforcing state laws and protecting public safety; (2) advocating for treatment while holding participants accountable to AMHTC obligations; (3) advocating for incentives and sanctions when appropriate; (4) monitoring compliance with AMHTC rules and requirements; and (5) protecting confidential treatment information from individuals outside of the treatment team.
- G. Administrative Office of the Court (AOC) Court Specialist: The AOC court specialist assigned to AMHTC is responsible for providing case management and oversight to include: (1) screening participants and providing options to the AMHTC Judge; (2) providing case management to participants; (3) liaising with community-based treatment providers to ensure services are being provided; (4) providing updates to the AMHTC Judge during case staffings and/or court hearings; and (5) collaborating with AMHTC team members to facilitate effective lines of communication and continuity of care for participants.
- H. Felony Probation Supervising Officer: The Florida Department of Corrections (DOC) probation supervising officer assigned to AMHTC is responsible for enforcing the rules and requirements of supervision as order by the AMHTC

² A defense attorney may not disclose sensitive information or infractions unless the participant has consented to the disclosure or, in limited circumstances, if it is necessary to protect the participant or others from an immediate and serious safety threat. In these narrow instances, disclosure is limited to the minimum information needed to avert the threat, and the AMHTC team agrees in advance in writing that disclosures coming solely from the defense attorney will not result in a serious sanction for the participant, including jail, detention, or program discharge. See Adult Treatment Court Best Practices, revised 2025.

Judge and to provide periodic updates and progress reports to AMHTC team members regarding the status of a participant's court-ordered supervision to include, but not limited to, drug testing results, probation appointments, and progress reports for court-ordered criminogenic curriculum.

- I. Treatment Liaison: The treatment liaison assigned to AMHTC is a clinically trained employee of Ibis Healthcare Foundation, who serves as the link between participants, treatment providers, and AMHTC. The treatment liaison is responsible for determining eligibility and treatment planning through the use of a risk-need-responsivity assessment and other psychosocial assessments and evaluations, which guide the development of a highly individualized treatment plan. The treatment liaison also ensures the availability of mental health treatment services for improvement and stabilization and is responsible for obtaining compliance documentation.
- J. Treatment Providers: The treatment providers supporting the AMHTC program are community-based professionals, who are state licensed and/or certified in mental health treatment and addiction prevention, intervention, treatment, and continuing care services in accordance with problem-solving court best practices. They include Agency for Community Treatment Service (ACTS), Ibis Healthcare Foundation, Phoenix House of Florida, or WestCare Foundation of Florida. The role of treatment providers is to develop a highly individualized treatment plans, which take into consideration a participant's capabilities to comply with treatment and supervision requirements, while affording each participant the best opportunity to achieve wellness. When appropriate, AMHTC team members will consult with treatment providers for clinical guidance and recommendations in addressing the effectiveness of the treatment plan. Treatment providers are expected to regularly update AMHTC team members, via email, with a timely and accurate "Treatment Status Review Form" (see Appendix E), regarding the status of a participant's compliance or non-compliance with the treatment plan.

IX. Team Member Responsibilities.

In accordance with problem-solving court best practices, the following list of responsibilities shall be adhered to by all AMHTC team members:

- *Team members shall respect and value the distinct roles of each individual member of the team. Team members shall maintain a collaborative environment utilizing professional judgment and rendering candid advice on how to best meet treatment goals.*

- *Team members shall hold in confidence any information discussed during case staffings and/or court hearings regarding any active program participant. A participant's sensitive information will be presented confidentially at the bench to minimize exposure in court.*
- *Team members shall abide by all State and Federal confidentiality laws, except with consent of the participant, or when information is exchanged during case staffings and/or court hearings. The exchange of information during case staffings and/or court hearings is limited to compliance or non-compliance with the requirements of the participant agreement.*
- *Team members shall not transport any active program participant in their personal vehicles for any reason (except those designated by role).*
- *Team members shall not establish a relationship with any active program participant, nor attend any non-program functions with any active program participant (e.g., family events, birthday parties, etc.). Appointments such as medical, mental health, dental and/or financial relating to participation in a problem-solving court program shall not apply.*
- *Team members shall display professionalism and courtesy to all participants and fellow team members, and discourage unprofessional or unethical advances from any active program participant and/or their family members. Team members shall report the same to the problem-solving court team (i.e., receiving gifts or services from a participant).*
- *Team members shall not share information pertaining to any active program participant's non-compliance/program removal with other treatment agencies unless it is deemed clinically appropriate.*
- *Team members shall not share a participant's personal information with outside parties without the participant's consent.*
- *Team members shall review the Florida Problem-Solving Court Best Practice Standards, the Thirteenth Judicial Circuit AMHTC Policy and Procedure Manual, the Thirteenth Judicial Circuit AMHTC website, and applicable training material prior to serving in their role on the AMHTC team.*
- *Team members shall agree with the program's mission, vision, goals, and objectives.*

X. Requirements.

- A. General Requirements. AMHTC is a problem-solving court that oversees treatment for participants with behavioral health disorders, mental health disorders, or co-occurring mental health and substance use disorders. While participation in AMHTC is voluntary, participants do not have a right to participate in AMHTC. Please note, however, a participant may not be suitable for treatment if their current criminal charge(s) and/or criminal history bar or otherwise prevent them from receiving community-based treatment, thus, making them ineligible to participate in the AMHTC program.

The AMHTC, which is comprised of both the Enhanced Offender Diversion (EOD) and Mental Health Pretrial Intervention (MHPTI) programs, includes a three-phase structured program that, depending on a participant's progress through each phase, can be completed in as early as nine (9) months. A participant's successful completion of the program is determined by the AMHTC Judge. Prior to acceptance into AMHTC, participants will complete a series of clinical assessments, including a Level of Service/Case Management Inventory (LS/CMI) assessment, to determine specific treatment and supervision needs and to determine the appropriate resources that will be recommended for success. These clinical assessments are administered by the AMHTC treatment liaison. If AMHTC eligibility requirements are met, a participant will be offered an AMHTC contract.

- B. Eligibility Requirements. In order to participate in either the AMHTC EOD or MHPTI programs, a participant must satisfy the following requirements:
1. The Office of the State Attorney must approve participation in AMHTC;
 2. The participant must be 18 years of age or older at the time of the offense;
 3. The participant is charged with a nonviolent felony. The term nonviolent felony means a third-degree felony violation under Chapter 810 or any other felony offense that is not a forcible felony as defined in Section 776.08, Florida Statutes;
 4. The participant must have a behavioral health disorder, mental health disorder, or co-occurring mental health and substance use disorders; however, the primary condition must be a qualifying mental health disorder diagnosis;

5. The participant must be assessed and deemed clinically appropriate;
6. The participant must be suitable for and willing to comply with treatment;
and
7. The participant must voluntarily agree to the terms and conditions of the AMHTC program and have the ability to understand the consequences of the legal proceedings.

XI. Phases.

- A. Best Practice Standards. The *Florida Problem-Solving Court Best Practice Standards* indicate that participants have significantly better outcomes when they have a clearly defined phase structure and concrete behavioral requirements for advancement through the phases. The purpose of phase progression is to reward participants for their accomplishments and identify behavior expectations at each phase. Therefore, phase advancement should be predicated on the achievement of clinically important milestones, marking substantial progress toward recovery. Phase advancement should be based on a participant's ability to achieve specified treatment objectives, not simply on the length of time enrolled in the program. AMHTC subscribes to the phase process outlined below. Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase.

The LS/CMI assessment score will determine the specific type of AMHTC contract that will be prepared for each participant. Participants must comply with all terms and conditions of the AMHTC program. The AMHTC agreement may require participants to complete a three-phase treatment plan, the conditions for each phase are outlined below.

B. Phase Requirements.

1. Phase 1 – Stabilization (minimum of 60 days). In Phase 1, AMHTC participants will be required to:
 - a. Consult with their defense attorney on a regular basis.
 - b. Review and sign their participant contract and the acknowledgment of receipt of the “AMHTC Handbook” (see Appendix D).

- c. Participate in the development of your individualized treatment plan and comply with mental health treatment and medication management as recommended.

Note: The treatment plan will address needs and risks flagged in the LS/CMI assessment to include housing, transportation, education, employment, leisure, recreation, marital, family, friends, attitudes, criminal thinking, etc.

- d. Engage and comply with the DOC supervising officer.
- e. Submit to periodic home visits by the DOC supervising officer and comply with all instructions as required and directed.
- f. Refrain from any criminal behavior and do not get arrested for a new law violation.
- g. Refrain from possessing or consuming alcohol, illegal or prohibited substances, or non-prescribed medications, undergo random urinalysis testing, and comply with substance use disorder treatment as recommended by the treatment provider, which may include residential treatment, intensive outpatient treatment, or outpatient treatment.
- h. Attend all court hearings, at least one per month or as directed by the AMHTC Judge.
- i. Comply with medical assessments through physical examination, as needed.
- j. Identify obstacles to compliance with AMHTC rules and requirements.

Note: When all conditions of Phase 1 have been satisfied, a participant may request advancement to Phase 2. The AMHTC Judge, in close consultation with the AMHTC team, will decide whether the conditions have been met and advancement to the next phase is appropriate.

- 2. Phase 2 – Engagement (minimum of 120 days). In Phase 2, AMHTC participants will be required to:

- a. Consult with their defense attorney on a regular basis.
- b. Continue to comply with mental health treatment and medication management as recommended.
- c. Continue to engage and comply with the DOC supervising officer.
- d. Continue to submit to periodic home visits by the DOC supervising officer and comply with all instructions as required and directed.
- e. Continue to refrain from any criminal behavior and do not get arrested for a new law violation.
- f. Continue to refrain from possessing or consuming alcohol, illegal or prohibited substances, or non-prescribed medications, undergo random urinalysis testing, and comply with substance use disorder treatment as recommended.
- g. Continue to attend court hearings each month or as directed by the AMHTC Judge.
- h. Maintain stable housing and means of transportation.
- i. Continue to address needs and risks flagged in the LS/CMI assessment.
- j. Develop plan to overcome obstacles to compliance with AMHTC rules and requirements and long-term strategy for maintaining wellness.

Note: When all conditions of Phase 2 have been satisfied, a participant may request advancement to Phase 3. The AMHTC Judge, in close consultation with the AMHTC team, will decide whether the conditions have been met and advancement to the next phase is appropriate.

3. Phase 3 – Maintenance (minimum of 90 days). In Phase 3, AMHTC participants will be required to:

- a. Consult with their defense attorney on a regular basis.

- b. Continue to engage and comply with mental health treatment and medication management as recommended.
- c. Continue to engage and comply with the DOC supervising officer.
- d. Continue to submit to periodic home visits by the DOC supervising officer and comply with all instructions as required and directed.
- e. Continue to refrain from any criminal behavior and do not get arrested for a new law violation.
- f. Continue to refrain from possessing or consuming alcohol, illegal or prohibited substances, or non-prescribed medications, undergo random urinalysis testing, and comply with substance use disorder treatment as recommended.
- g. Continue to attend court hearings each month or as directed by the AMHTC Judge.
- h. Maintain stable housing and means of transportation.
- i. Continue to address needs and risks flagged in the LS/CMI assessment.
- j. Resolve or mitigate obstacles to compliance and demonstrate ability to maintain wellness to include pro-social activities, education, vocational training, or employment.
- k. Develop skills to navigate community resources.

Note: When all conditions of Phase 3, and any other condition either contained in the AMHTC contract or imposed by the AMHTC Judge have been satisfied, a participant may request graduation from AMHTC. The AMHTC Judge, in close consultation with the AMHTC team, will decide whether all the conditions have been met and whether graduation is appropriate. Graduation from AMHTC will result in the dismissal of applicable criminal case(s).

- C. Special Conditions. In addition to the conditions set forth in the AMHTC phases outlined above, participants may be required to comply with one or more of the following court-ordered conditions (not a complete list):

1. Complete community service hours.
2. Complete anger management counseling.
3. Complete domestic violence counseling.
4. Comply with no contact or no violent contact orders.
5. Abide by a curfew.
6. Wear alcohol monitoring device.
7. Wear location monitoring device.
8. Abide by travel restrictions to locations outside of Hillsborough County, Florida.
9. Satisfy financial obligations such as costs of supervision, court costs, treatment costs, attorney's fees, fines, and/or restitution, if applicable.
10. Any other requirements which may be imposed by the AMHTC Judge.

XII. Rules and Releases of Information.

- A. General Rules. In order to participate in AMHTC, a participant must comply with the following rules:
1. Review, agree, and sign all agreements and releases of information as required and/or directed.
 2. Attend all court hearings as required and/or directed.
 3. Report to DOC supervising officer as required and/or directed.
 4. Participate in and comply with any and all evaluations or assessments as required and/or directed.
 5. Participate in and comply with any and all treatment, counseling, and clinical programs related to behavioral health disorders, mental health disorders, or co-occurring mental health and substance use disorders as required and/or directed.

6. If applicable, take prescribed medication as recommended by the prescribing physician.
7. Comply with recommended treatment, even if participant's mental health condition deteriorates, requiring an evaluation for higher level of treatment or possible in-patient care.
8. Appear on time for any and all treatment, counseling, and clinical appointments and/or any other scheduled appointments as required and/or directed.
9. Refrain from any criminal behavior and do not get arrested for a new law violation.
10. Do not associate with individuals engaged in criminal activity.
11. Do not possess or consume alcohol, illegal or prohibited substances, or non-prescribed medications.
12. Undergo random urinalysis testing as required and/or directed.
13. Do not visit any establishment whose primary source of income is the sale of alcohol to include, but not limited to, bars, liquor stores, pool halls, nightclubs, or casinos.
14. To the extent possible, actively pursue employment, educational, and/or vocational training.

Note: Participants are not required to be employed or enrolled in school to remain compliant with the AMHTC program. If employed, AMHTC participant employment must be lawful and their employment status verifiable by the DOC supervising officer through paystubs within thirty (30) days of employment or from the date of request.

15. Do not possess, own, or attempt to possess or own a firearm or weapon while participating in AMHTC and forfeit any firearm or weapon involved in the underlying case to law enforcement and do not seek its return.
16. Promptly and truthfully answer all inquiries from the DOC supervising officer and/or the AMHTC Judge.

17. Submit to periodic home visits by the DOC supervising officer and comply with all instructions as required and/or directed.
18. Behave respectfully and dress appropriately for all AMHTC appearances and treatment and counseling sessions.

B. Travel Requirements. While participating in the AMHTC program, participants are not permitted to travel outside Hillsborough County, Florida, or their county of residence overnight without prior permission from the AMHTC Judge. Requests to travel, as described above, should be made through the participant's defense attorney either in court or via email through the AMHTC court specialist. Requests for travel should be made, at a minimum, one (1) week in advance of the proposed travel whenever possible. Reasonable accommodations will be made for emergency situations. Denial or approval of travel with instructions regarding requirements for travel will be provided to the participant's defense attorney. Participants, who are granted permission to travel outside Hillsborough County, Florida, or their county of residence overnight shall comply with all terms and conditions of the AMHTC program, specifically all court-ordered drug and alcohol testing requirements, while in travel status, as may be required by the AMHTC Judge. If drug and alcohol testing is court-ordered, participants are required to locate a drug testing facility, in advance of their travel, and make arrangement to submit to a urine drug screen (UDS) should the need arise while in travel status in accordance with their court-ordered drug and alcohol testing requirements

C. Releases of Information. AMHTC participant identity and privacy will be protected consistent with state and federal law. AMHTC has developed confidentiality, privacy, and information sharing guidelines (see below). In order to participate in AMHTC, participants must sign a "AMHTC Authorization for Disclosure of Confidential Information" (see Appendix H), allowing for the release, sharing, and/or exchange of information, either written or verbal, between participating treatment providers and AMHTC team members.

XIII. Confidentiality, Privacy, and Limitations on Sharing Information.

In order to foster a supportive, therapeutic environment for each participant, all AMHTC team members and participating entities and agencies agree to permit information sharing and open communication among and between employees and shall adhere to applicable confidentiality laws and privacy guidelines.

A. Confidentiality Laws and Privacy Guidelines.

1. All AMHTC team members and participating entities and agencies shall adhere to all federal and state confidentiality laws applying to personal health information and substance abuse treatment information including 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act (HIPAA). In accordance with these laws, the AMHTC team will strictly enforce confidentiality regarding the release, sharing, and/or exchange of information, either written or verbal, regarding a participant's medical, mental health, and/or substance use disorder treatment.
2. All AMHTC team members and participating entities and agencies are prohibited from releasing, sharing, and/or exchanging a participant's information, either written or verbal, with any individual, private or government agency or department, or other organization or party not affiliated with the AMHTC program, without both the participant and defense attorney's consent and provided such release, sharing, and/or exchange of information, either written or verbal, is consistent with state and federal laws.
3. All information regarding a participant's involvement in the AMHTC program will be recorded in the Florida Drug Court Case Management System (FDCCMS) for data collection, management, reporting, and analysis. This information includes, but is not limited to, personal demographics, track and phase information, staffing and hearing notes, treatment and assessment results, and diagnoses admission and discharge dates and types. All AMHTC team members have access to FDCCMS. Each AMHTC team member has signed and executed the "FDCCMS User Confidentiality and Privacy Statement Form" (see Appendix I), allowing discipline-specific access. Any questions or issues related to FDCCMS should be directed to the AOC Director of Problem-Solving Courts.
4. All information regarding a participant's medical, mental health, and/or substance use disorder diagnosis and/or treatment filed and recorded in the Thirteenth Judicial Circuit Clerk of the Court's database will be accompanied by a "Notice of Confidential Filing" or a "Motion for Confidential Filing" prepared by the participant's defense attorney, as applicable, which will be timely addressed by the AMHTC Judge. The AMHTC record will be limited to general demographic information along with the minimum information necessary to document participant compliance with the AMHTC program.

5. AMHTC status reports for each participant are prepared prior to case staffings and/or court hearings and forwarded directly to AMHTC team members. These reports are limited to information relating to a participant's compliance with AMHTC program requirements and will be the only information released, shared, and/or exchanged, either written or verbal, between AMHTC team members and participating entities and agencies.
6. While all federal and state confidentiality laws will be followed and strictly enforced in AMHTC, an exception is made when both the participant and defense attorney consent to the release, sharing, and/or exchange of information, either written or verbal, for use during AMHTC case staffings and/or court hearings and only for the limited purpose of furthering treatment goals for the participant. Further exceptions to federal and state confidentiality laws include:
 - a. Medical emergencies;
 - b. Crimes committed on the program premises or against program staff;
 - c. Mandatory reports of suspected abuse, abandonment, or neglect of a child or vulnerable adult;³
 - d. Receipt of a valid court order to produce information;
 - e. Compliance with state laws concerning the collection of information relating to causes of death; or
 - f. Compliance with duty-to-warn requirements (in this instance, AMHTC team members cannot divulge the fact that the potential victimizer is a participant).
7. Participants shall respect and maintain the confidentiality and privacy of other participants in AMHTC and will be held accountable for breaching such confidentiality and/or privacy, which may include, but is not limited to, the imposition of sanction(s) or unsuccessful discharge from AMHTC.
8. Individuals, not affiliated with the AMHTC team or participating entities and agencies, who request to observe case staffings and/or court hearings must sign a "Confidentiality and Privacy Statement Form" and abide by

³ Several AMHTC team members are considered "mandatory reporters" under Florida law, meaning they are required to report suspected abuse, abandonment, or neglect of a child or vulnerable adult. Their position as mandatory reporters create an exception to the confidentiality protocol. See Section 39.201(1)(a)-(b), Florida Statutes, applicable to children and Section 415.1034(1)(a), Florida Statutes, applicable to vulnerable adults.

the confidentiality provisions of the law. This includes researchers approved by the Thirteenth Judicial Circuit's Oversight Committee, which may be allowed access to AMHTC program data for research purposes as long as the identity of each participant is protected.

9. Any photographs, audio recordings, and/or video recordings of AMHTC proceedings and/or participants are strictly prohibited, except those official court reporting services being conducted at the direction and approval of the Thirteenth Judicial Circuit's Administrative Office of the Court. Any effort to photograph, audio record, and/or video record AMHTC proceedings and/or participants is strictly prohibited and requires advance written consent from the AOC Director of Problem-Solving Courts and the AMHTC Judge. Penalties for photographing, audio recording, and/or video recording AMHTC proceedings and/or participants without proper consent may result in a criminal offense and/or civil liability in accordance with Florida law.⁴

- B. Inquiries. Participants should direct any inquiries or questions regarding confidentiality, privacy, and limitations on sharing information to their defense attorney.

XIV. Attendance Policy.

All participants are required to attend all scheduled court hearings, unless their presence is waived or excused by the AMHTC Judge, and are required to attend all treatment and/or counseling sessions. Participants should maintain regular communication with defense attorneys, treatment providers, AOC court specialists, and DOC probation supervising officers. If an emergency or urgent (or unexpected) matter arises conflicting with either their court hearing or treatment and/or counseling session, participants should immediately notify, by all reasonable means available, their defense attorney and applicable treatment provider.

AMHTC court hearings begin at 9:00 AM, unless otherwise instructed by the AMHTC Judge. Participants must arrive on time, behave respectfully, dress appropriately, and remain in the courtroom until their case is called. A participant's failure to appear on the scheduled court hearing date and time may result in the issuance of a "capias" (i.e., a type of arrest warrant issued by a judge to ensure an individual appears for a scheduled court hearing).

⁴ See Section 934.03, Florida Statutes, applicable to the prohibition of intercepts and disclosure of wire, oral, or electronic communications.

XV. Case Staffings and Court Hearings.

- A. Case Staffings. According to the *Florida Problem-Solving Court Best Practice Standards*, AMHTC case staffings are necessary to review participant progress, develop a plan to improve outcomes, and prepare for court hearings. Case staffings are held frequently to ensure AMHTC team members have an opportunity to consider the needs of each participant. By discussing these cases together, a unified plan can be agreed upon before the next court hearing.

All AMHTC team members and participating entities and agencies shall attend case staffings, to include the AMHTC Judge, assistant state attorney, defense attorney, AOC court specialist, case manager, DOC probation supervising officer, and treatment provider representative(s), where they will discuss each case on the docket to determine treatment responses, phase advancement, incentives, and sanctions to be used at the next court hearing to modify a participant's behavior.

In the event an AMHTC team member cannot attend a case staffing or court hearing, that team member shall notify the team as soon as possible. If a substitute staff member cannot be utilized, with prior notice and approval of the AMHTC Judge, written reports concerning participant progress will be submitted to the AMHTC team prior to the case staffing. If an AMHTC team member is taking planned leave, the team member will identify staff to provide coverage for the case staffing and court hearing.

Consistent attendance at and preparation for case staffings is associated with significantly better outcomes. Case staffings are presumptively closed and discussions are not transcribed or recorded; the meeting is not open to the public or to participants, unless the AMHTC Judge determines that a participant may attend to discuss a specific matter. The AMHTC Judge may include participants in case staffings when clinically indicated or necessary to protect a participant from serious harm resulting from public disclosure of highly sensitive treatment information. Contested matters must be addressed and resolved in open court.

At a minimum, according to the *Florida Adult Drug Court Best Practice Standards*, the following information is required by all AMHTC team members and participating entities and agencies to appraise participant progress and compliance or noncompliance with the conditions of program:

- *Assessment results pertaining to a participant's eligibility, treatment, and supervision needs.*

- *Attendance at scheduled appointments.*
- *Drug and alcohol test results, including efforts to defraud or invalidate said tests.*
- *Attainment of treatment plan goals, such as completion of a required counseling regimen.*
- *Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms.*
- *Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change.*
- *Attainment of court phase requirements, such as obtaining and maintaining employment or enrolling in an educational program.*
- *Compliance with electronic monitoring, home curfew, travel limitations, and geographic or association restrictions.*
- *Adherence to legally prescribed and authorized medically assisted treatments.*
- *Procurement of unauthorized prescriptions for addictive or intoxicating medications.*
- *Commission of or arrests for new criminal offenses.*
- *Menacing, threatening, or disruptive behavior directed at staff members, participants or other persons.*

B. Court Hearings. AMHTC court hearings are conducted in Courtroom 52A located on the Fifth Floor of the Criminal Annex of the Hillsborough County Courthouse (officially referred to as the “George E. Edgecomb Courthouse”). The presiding AMHTC Judge is the Honorable Michael J. Scionti, Circuit Court Judge in and for the Thirteenth Judicial Circuit.

All AMHTC team members and participating entities and agencies shall attend court hearings, to include the AMHTC Judge, assistant state attorney, defense attorney, AOC court specialist, case manager, DOC probation supervising officer, and treatment provider representative(s), where they can provide comments, recommendations, or expert opinions regarding any therapeutic adjustment or modification to a participant’s treatment plan.

All participants are required to attend all scheduled court hearings, unless their presence is waived or excused by the AMHTC Judge. If an emergency or urgent (or unexpected) matter arises conflicting with either their court hearing or treatment and/or counseling session, participants should immediately notify, by all reasonable means available, their defense attorney and applicable treatment provider.

XVI. Treatment, Reporting, and Supervision Protocols.

- A. Treatment Protocol. Once participants have completed their clinical assessment, the Ibis Healthcare Foundation Liaison will recommend the appropriate level of care and/or other evidenced-based screening instruments, assessing for substance use and/or mental health disorders. If the AMHTC Judge is concerned about the quality or accuracy of treatment-related information being provided by the team, the AMHTC Judge reserve the right, in each individual case, to seek additional input or a second opinion from another qualified treatment provider.

After the clinical assessment is completed and the level of care is determined, the treatment provider will create a treatment schedule with the participant. If residential treatment is ordered by the ADTC Judge, the treatment provider will provide the participant with reporting instructions. Participants are required to adhere to the rules of the individual treatment provider for which they have been ordered to attend.

- B. Reporting Protocol. The AOC court specialist will provide a list of participants on the upcoming court docket to treatment providers in advance of case staffings to allow timely treatment status update preparation. Prior to each case staffing, treatment providers are expected to update the AMHTC team, specifically the AOC court specialist, via email, with a timely and accurate “Treatment Status Review Form” (see Appendix E), regarding the status of a participant’s compliance or non-compliance with the treatment plan. Once the participant’s treatment status update is received, the AOC court specialist will enter applicable information into the Florida Drug Court Case Management System (FDCCMS) and distribute the participant’s updated status to the AMHTC team.

The treatment status update shall address, at a minimum, the following questions:

1. What is the participant’s current level of care – residential, intensive outpatient, outpatient, aftercare, recovery support, or other?
2. What is the participant’s current participation status – compliant,

compliant with concerns, or non-compliant?

3. What is the participant's current attendance status – individual sessions and/or group sessions (include dates of missed sessions)?
4. What is the participant's current drug screening status – negative or positive (if positive, include substance(s) and date of drug screen and include date of any missed drug screen)?
5. What is the participant's current progress in meeting individual treatment goals such as “stages of change”?
6. What is the participant's projected transition date and plan (if in residential care) or projected discharge date and aftercare plan (if in intensive outpatient or outpatient care)?
7. What special issues regarding the participant, if any, need to be addressed by the AMHTC team?

- C. Supervision Protocol. All AMHTC participants are under court-ordered supervision, supervised by the Florida Department of Corrections (DOC). If participants are not able to complete DOC intake documents with their defense attorney before the first AMHTC appearance, or if a DOC representative is unable to complete the necessary enrollment documents in court, participants will be instructed to report to and register with the DOC Probation Supervision Office located at 1313 N. Tampa Street, Tampa, Florida 33602. Participants will be provided with specific reporting instructions in court. Participants are required to meet with their DOC probation supervising officer at a minimum of one (1) time per month, at a specific agreed upon date and time. An AMHTC participant's probation supervision officer is periodically required to verify a participant's housing by conducting in-person home visits as well as a participant's employment by conducting either in-person employment visits or requiring the submission of pay stubs.

Participants are not permitted to travel outside Hillsborough County, Florida, or their county of residence overnight without prior permission from the AMHTC Judge. Participants are required to notify their DOC probation supervising officer prior to any change of residence and are further required to update their mailing address with the Clerk of the Court within seven (7) calendar days. Participants may be subject to unannounced, periodic home visits by their DOC probation supervising officer.

If employed, AMHTC participant employment must be lawful and their employment status verifiable by the DOC probation supervising officer through paystubs within thirty (30) days of employment or from the date of request.

Supervision-related questions should be directed to the below:

- [Florida Department of Corrections \(DOC\) – Felony Probation](#)
Phone: (813) 233-3450
Address: 1313 N. Florida Avenue, Tampa, Florida 33602

XVII. Prohibited Substances and Drug and Alcohol Testing Policy.

- A. **General Policy.** All participants are expected to remain drug and alcohol free and should not possess or consume alcohol, illegal or prohibited substances, or non-prescribed medications. The AMHTC team monitors compliance with this requirement by requiring frequent, random, and observed drug and alcohol tests. This testing requirement provides a framework for a participant's accountability by confirming abstinence, demonstrating compliance, and serving as the foundation for incentives and sanctions along the path to graduation. Standard drug and alcohol testing is performed by urinalysis testing and breathalyzers. Participants may be required to submit to an alcohol monitoring device, if their symptoms progress to the point which it is deemed clinically appropriate, or if they are approved to travel for an extended period of time. Participants must follow court-ordered testing requirements, which are typically completed at AMHTC court-approved program locations (e.g., court-ordered treatment providers, contracted drug testing location, or the Florida Department of Corrections (DOC)). Participants are placed on a randomized "call-in" system in which the participant calls a drug test phone line daily to determine if a urine drug screen (UDS) is required that day. Participants will receive the call-in instructions at the time of program enrollment.

If a participant tests positive for drugs or alcohol via a presumptive UDS and disputes the results, they have the option to admit to the substance use or deny the use and request a laboratory Gas Chromatography-Mass Spectrometry (GC/MS) confirmation test. The participant may be responsible for the payment of the lab confirmation fee, if the lab confirmation test is positive for illegal drugs and/or alcohol. The AMHTC Judge and team will withhold any sanctions or service adjustments until the results of the GC/MS results are received.

All contracted treatment providers that perform drug and alcohol testing are required to routinely examine specimens for validity. This includes temperature monitoring and testing for dilutions and adulterations. Participants who have

been found to have fraudulently submitted a drug test sample, either through the use of a device or through adulteration measures, will be sanctioned for this behavior, which could include unsuccessful discharge from the AMHTC program. All contracted treatment providers that perform drug and alcohol testing are required to maintain proper chain of custody for each specimen, the procedures for which can be found in the “Treatment Provider Drug Testing Policies and Procedures” (see Appendix K).

The regular drug and alcohol testing days and hours for each contracted treatment provider are listed below. Participants, however, should note that the listed days and hours are subject to change. Participants are instructed to contact their assigned drug and alcohol testing treatment provider to confirm days and hours of operation.

Agency Name	Drug Testing Hours (Monday – Thursday)	Drug Testing Hours (Friday)	Drug Testing Hours (Saturday – Sunday)
ACTS	8:00 AM - 4:30 PM	8:00 AM - 3:30 PM	N/A
Ibis	6:00 AM - 6:00 PM	6:00 AM - 6:00 PM	N/A
Phoenix House	10:00 AM - 5:45 PM	10:00 AM - 3:45 PM	N/A
WestCare	10:00 AM - 5:30 PM	10:00 AM - 5:30 PM	10:00 AM - 1:00 PM

- B. Prohibited Substances and Medications. AMHTC provides a non-exhaustive list of prohibited substances and medications, which can be found in the “AMHTC Prohibited Substances and Medications” reference guide (see Appendix C). In addition to illegal drugs and alcohol (in any form), participants are prohibited from using certain prescription drugs or medications and are required to have all prescriptions disclosed prior to purchasing or ingesting. Participants are required to complete and submit an “AMHTC Physician Form” (see Appendix J) prior to taking any prescribed drugs or medications.

All participants should note that the use of prescription medication is a decision to be made by the participant in consultation with their prescribing physician; however, this does not apply to cannabis (marijuana) or any derivative of Tetrahydrocannabinol (THC) in any form, the use of which is strictly prohibited in AMHTC.

Any and all “designer drugs” that can be purchased legally or illegally are strictly prohibited. Any and all “smoking mixtures” (other than adult-only products specifically designated to contain only tobacco) are strictly prohibited. Any and

all products sold or marketed under false pretenses with the warning “not for human consumption” are strictly prohibited. In addition, using and/or being in possession of any alternative or “replacement” drugs such as Methadone and/or Suboxone, as well as any substance intended to replace an otherwise illegal substance, is strictly prohibited.

XVIII. Prescription Medication Policy.

While enrolled in AMHTC, participants shall meet with treatment providers and disclose all currently prescribed medication. participants must sign an “AMHTC Release of Information Form” (see Appendix G), allowing for the release, sharing, and/or exchange of information, either written or verbal, between their prescribing physician, participating treatment providers, and AMHTC team members. Participants must disclose all additional treatment providers to the AMHTC team members.

All participants should note that the use of prescription medication is a decision to be made by the participant in consultation with their prescribing physician; however, this does not apply to cannabis (marijuana) or any derivative of Tetrahydrocannabinol (THC) in any form, the use of which is strictly prohibited in AMHTC.

XIX. Incentives, Sanctions, and Service Adjustments.

The AMHTC program applies evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need participants. Incentives and sanctions are delivered to enhance adherence to program goals and conditions that participants can achieve and sustain for a reasonable time, whereas service adjustments are delivered to help participants achieve goals that are too difficult for them to accomplish currently. The AMHTC Judge’s decisions relating to setting program goals and choosing safe and effective responses are based on input from qualified treatment professionals, social service providers, supervision officers, and other team members with pertinent knowledge and experience.⁵

The AMHTC Judge takes into careful consideration a participant’s unique circumstances and mental wellness when considering granting an incentive or imposing a sanction. In accordance with the *Florida Problem-Solving Court Best Practice Standards*, incentives may be recommended by AMHTC team members and granted at the AMHTC Judge’s discretion to encourage a participant’s compliant behavior, to support progress in treatment, and to celebrate individual accomplishments. Conversely, sanctions may be

⁵ See *Florida Problem-Solving Court Best Practice Standards*.

imposed at the AMHTC Judge's discretion to discourage a participant's non-compliant behavior based upon willful failure to comply with terms and conditions of the AMHTC program. Whether granting an incentive or imposing a sanction, the AMHTC Judge will afford each participant, after consultation with their defense attorney, an opportunity to address the court.

In accordance with *Florida Problem-Solving Court Best Practice Standards*, certainty and swiftness are essential for effective behavior modification. If at any time an AMHTC treatment provider believes a participant is not in compliance with treatment, they shall timely notify AMHTC team members, in writing, using a Treatment Status Review Form, detailing the facts and circumstances giving rise to the assertion of non-compliance. Similarly, if at any time the DOC probation supervising officer believes a participant is not in compliance with the terms and conditions of the AMHTC program, they shall timely notify AMHTC team members, in writing, via a sworn letter of non-compliance, detailing the facts and circumstances giving rise to the assertion of non-compliance. The matter shall be timely brought to the attention of the AMHTC Judge and, if necessary, scheduled for a hearing to address the matter.

Consequences for a participant's behavior should be predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavioral modification.⁶

A. Advance Notice.

1. All participants are provided with an "AMHTC Handbook" (see Appendix D) that contains written policies and procedures concerning incentives, sanctions, and treatment interventions before program admission.
2. The AMHTC Handbook provides a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, successful program completion, and termination from the program; and the legal and collateral consequences that may ensue from successful program completion and termination. There should not be a rigid set of incentives or sanctions tied to certain behaviors.
3. The AMHTC Judge reserves the right, in each individual case, acting within his or her discretion in close consultation with AMHTC team

⁶ See *Florida Problem-Solving Court Best Practice Standards*.

members to modify a presumptive consequence in light of individual circumstances.

B. Opportunity to be Heard.

1. Participants are afforded an opportunity to explain their perspective before the imposition of a consequence or therapeutic adjustment.
2. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the AMHTC Judge will allow the participant's defense attorney or legal representative to assist in providing explanations.
3. Participants will receive a clear explanation for the imposition or withholding of a particular consequence.

C. Equivalent Consequences.

1. Participants will receive consequences that are equivalent to those received by other participants in the same phase of the program who are engaged in comparable conduct.
2. Unless necessary to protect the individual from harm, consequences shall be imposed without regard to gender, race, ethnicity, nationality, socioeconomic status, or sexual orientation.

D. Progressive Sanctions.

1. AMHTC has a formal protocol of sanctions, including a protocol for reporting non-compliance, established in writing and included in the AMHTC Policy and Procedure Manual.
2. For distal goals (or long-term objectives), sanctions progressively increase in severity for successive infractions. For proximal goals (or short-term objectives), more severe sanctions will be imposed.
3. There shall be finite time periods for completion of sanctions, including those sanctions involving incarceration or detention which should be considered as the last option.

4. The AMHTC team considers all relevant factors for each participant when recommending a response to the AMHTC Judge and should be able to articulate the reason the response was requested.
5. Participants do not receive punitive sanctions for behaviors that occur due to structural barriers (e.g., lack of reliable transportation) or individual barriers (e.g., low literacy), which are not intentional noncompliance.
6. The AMHTC team works to overcome structural barriers, such as transportation, housing, and income and individual barriers, such as learning or health disabilities when deciding how to most effectively respond to participant behaviors.
7. The AMHTC team develops a range of responses (e.g., incentives and sanctions) of varying magnitudes that are employed throughout each participant's time in the AMHTC program. Responses are used to enhance participant engagement and encourage behaviors that support sustained recovery and healthy family relationships.
8. Participant behavior is monitored to confirm compliance and noncompliance with substance use and participation in treatment.

E. Licit Addictive or Intoxicating Substances.

1. Consequences or sanctions may be imposed for the use of licit addictive or intoxicating substances including, but not limited to, alcohol, cannabis (marijuana) or any derivative of Tetrahydrocannabinol (THC) in any form, and medications, regardless of the licit nature of the substance.
2. The AMHTC team relies on recommendations of trained medical professionals to determine whether a prescription for an addictive or intoxicating medication is medically necessary and whether alternatives are available.

F. Service Adjustments.

1. Participants do not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to treatment interventions. Reassessment and adjustment of treatment plans may be required and is not used as an incentive or sanction. If a treatment provider believes that reassessment is necessary,

they shall notify the AMHTC team in writing; thereafter, the AMHTC Judge will set a hearing to address this issue. Any service adjustment or modification to a participant's treatment plan will follow the clinical recommendations from participating treatment providers in accordance with best practices; however, the AMHTC Judge reserves the right, in each individual case, acting within his or her discretion in close consultation with AMHTC team members to seek additional input or a second opinion from another qualified treatment provider.

2. Service adjustments to treatment plans are based on the recommendations of trained treatment professionals considering the clinical needs of the participant's substance use and mental, physical, social, or emotional health. Service adjustments may include, but are not limited to:
 - a. Medication Assisted Treatment (MAT) evaluation.
 - b. Accelerated Resolution Therapy (ART) referral.
 - c. Change treatment Level of Care (LOC) or frequency.
 - d. Writing assignments/essays.
 - e. Community support group meetings.
 - f. More frequent UDS.

G. Incentivizing Productivity.

1. The AMHTC team places as much emphasis on incentives for appropriate behavior and program compliance as it does on sanctioning inappropriate behaviors and program non-compliance.
2. The AMHTC program provides a diverse array of incentives, that are meaningful to the participant, to encourage recovery-oriented behaviors, such as abstinence, treatment attendance, and employment.
3. For distal goals (or long-term objectives), the incentives should be meaningful to the individual and represent the efforts made to achieve each goal. For proximal goals (or short-term objectives), incentives should be tailored to individual participants and may be used both in and out of the courtroom.
4. The AMHTC program provides each participant with written examples of behaviors that lead to possible incentives that may be awarded.

H. Incarceration or Jail Sanctions.

1. Incarceration or jail sanctions are judiciously imposed.
2. Incarceration or jail sanctions are finite in duration and should not last more than three (3) to five (5) days. Research indicates that other incentives and services may be necessary and/or appropriate.
3. If the AMHTC Judge is considering incarceration or jail as a sanction, the participant will be afforded access to their defense attorney and a hearing.
4. Generally, incarceration or jail sanctions for periods in excess of five days have little therapeutic benefit, should be avoided, and may be detrimental to a participant's progress.
5. All reasonable steps should be taken to ensure that all relevant medical information is provided from the AMHTC team to the jail and from the jail to the team, in the event of an incarceration.

I. Incentives. The below list of incentives includes, but is not limited to:

1. Judicial recognition.
2. Team applause.
3. Less frequent court appearances.
4. Early court appearance.
5. Telephonic court appearance.
6. Travel privileges (out of county or out of state).
7. Reduce drug and alcohol testing.
8. Reduce community service hours.
9. Reduce or waive costs of supervision and/or fees.
10. Reduce or modify curfew.
11. Remove or modify no contact or trespass order.
12. Early phase advancement.
13. Convert court costs to community service hours.
14. Community service credit (educational, pro-social, or wellness activities).
15. Approve travel assistance (bus pass).
16. Approve financial assistance (gift card, gift bag, or fish bowl).
17. Recognize treatment milestone (commendation award or award board).
18. Boost morale (inspiring story, dad joke, or friendship bracelet).
19. Other incentives, as the AMHTC Judge deems appropriate.

J. Sanctions. The below list of sanctions includes, but is not limited to:

1. Judicial admonishment.
2. More frequent court appearances.
3. Late court appearance.
4. Reflection essay.
5. Travel restrictions (out of county or out of state).
6. Increase drug and alcohol testing.
7. Increase community service hours.
8. Increase curfew.
9. Impose no contact or trespass order.
10. Delay phase advancement.
11. Order in-jail drug treatment.
12. Order term of incarceration.
13. Terminate from AMHTC program.
14. Other sanctions, as the AMHTC Judge deems appropriate.

XX. Costs and Fees.

There are specified costs and fees associated with the AMHTC program to include, but not limited to, costs of supervision, court costs, treatment costs, attorney's fees, fines, and/or restitution, if applicable. The participant's defense attorney will fully explain all of these costs and fees as well as any obligation to pay fines and/or restitution prior to entering the AMHTC program.

- A. Treatment Costs. Depending on the availability of resources, including health insurance coverage, personal income, grant eligibility, and/or utilization of other drug court funding, participants may be required to pay costs associated with treatment; however, to the extent possible, treatment needs will be referred to programs through local, state, and federal resources which bear no participation costs. Full disclosure of the possible costs of treatment will be discussed with and provided to the participant prior to entering the AMHTC program.
- B. Costs of Supervision and Court Costs. Participants will not be required to pay costs of supervision, court costs, and treatment costs which are outlined in the participant agreement. If the participant successfully completes the AMHTC program, the AMHTC Judge will waive these costs as an incentive for program completion.
- C. Restitution. Depending on the nature of the criminal charge(s), a participant may be required to pay restitution. If a participant is required to pay restitution, the

AMHTC assistant state attorney will inform the participant and their defense attorney of the amount prior to entering the AMHTC program.

- D. Fines. No statutory fine, as applicable, shall be imposed on participants, who enter the AMHTC program under a pre-trial intervention agreement and successfully complete the program; however, participants, who are unsuccessfully or administratively discharged from the program, will remain subject to a statutory fine, as applicable.

XXI. Transportation and Complimentary Services.

Participants are responsible for transportation to treatment, court, and supervision. Participants who do not have their own means of transportation, have transportation but are experiencing a temporary lack of transportation, or have barriers to utilizing public transportation, should communicate their transportation concerns and needs to the AMHTC team as soon as possible.

The AMHTC team, with the approval of the AMHTC Judge, may provide participants with bus passes, as appropriate and if available. Also, the following transportation resources may be able to assist participants:

- [Hillsborough Area Regional Transit \(HART\).](#) Phone: (813) 384-6301
- [Hillsborough County Sunshine Line.](#) Phone: (813) 272-7272

Participants enrolled in the AMHTC program will have access to complementary services, either directly through their treatment provider or through community-based providers. Below are some of the complimentary treatment services that may be provided.

- [Trauma Services.](#) Trauma services include, but are not limited to, *Seeking Safety, Accelerated Resolution Therapy (ART), and Cognitive Processing Therapy (CPT), or Cognitive Behavioral Therapy (CBT)*
- [Grief, Trauma, and Family Counseling.](#) Grief, trauma, and family counseling may be offered through Life Center Phone: (813) 237-3114, Crisis Center of Tampa Bay, Phone: (813) 964-1964, or Red Tent, Phone: (727) 580-2719
- [Parenting Classes and Skills.](#) Parenting classes and skills may be offered through Champions for Children. Phone: (813) 673-4646

- [Medication Consultations.](#) *Medication consultations may be offered through Ibis Healthcare, Phone: (813) 272-2244*
- [Medical and Dental Treatment.](#) *Medical and dental treatment may be offered by Tampa Family Health Centers, Phone: (813) 397-5300*

XXII. Graduation.

When all conditions of a participant's supervision under the AMHTC program have been satisfied, participants may request graduation. Graduation from the AMHTC program will result in the dismissal of applicable criminal case(s) under a pre-trial intervention agreement. The AMHTC Judge reserves the right, in each individual case, acting within his or her discretion in close consultation with AMHTC team members to decide whether all conditions of the AMHTC program have been satisfied and whether graduation is appropriate.

XXIII. Discharge and Reentry Procedures.

- A. Successful Discharge. The AMHTC team, or any member thereof, may recommend to the AMHTC Judge that a participant be successfully discharged (or graduated) from the AMHTC program, if and when they have satisfied all terms and conditions of the program. Upon this recommendation, the AMHTC Judge will meet with AMHTC team members to consider the merits of the recommendation and decide whether a participant has satisfied all terms and conditions of the AMHTC program and whether a participant has sufficiently integrated the necessary information to support long-term recovery. Certificates of completion or other incentives may be provided during the final court date. The AMHTC Judge may address a participant's cost of supervision and court costs at or before the successful completion of the AMHTC program.
- B. Unsuccessful Discharge. The AMHTC team, or any member thereof, may recommend to the AMHTC Judge that a participant be unsuccessfully discharged (or terminated) from the AMHTC program, if they are non-compliant with the terms and conditions of the AMHTC program. Non-compliance with AMHTC terms and conditions include, but are not limited to, failing to follow orders from the AMHTC Judge, failing to follow instructions from AMHTC treatment providers, inconsistent participation in treatment and counseling, unsuccessful discharge from treatment, testing positive for alcohol, illegal or prohibited substances, or non-prescribed medications, or formally charged with a new criminal offense. Upon this recommendation, the AMHTC Judge shall promptly set the matter for a hearing. At the hearing, the participant shall be informed of

the potential unsuccessful discharge (or termination) and be allowed to have their defense attorney appear and present mitigation on their behalf. After full consideration, the AMHTC Judge may either unsuccessfully discharge (or terminate) the participant from the AMHTC program or allow the participant to continue with the AMHTC program subject to increased therapeutic, supervision, and judicial requirements.

If unsuccessful discharge (or termination) is ordered, the AMHTC Judge will transfer the participant's case back to the original criminal division for reinstatement of criminal proceedings. Further, if the participant is unsuccessful discharge (or termination), the participant will be required to pay all outstanding court costs and fees as well as costs of supervision associated with the AMHTC program, unless said costs and/or fees have been previously waived.

- C. Reentry. The AMHTC program does allow for an individual's reentry into AMHTC. The AMHTC Judge reserves the right, in each individual case, acting within his or her discretion in close consultation with AMHTC team members to decide on an individual's application for reentry into the AMHTC program. The AMHTC Judge will review the participant's legal eligibility, previous reason for termination, previous program compliance, current risk and need level, and input from the AMHTC team.

XXIV. Complaints and Grievances.

The following procedure is available to participants who choose to seek review of any complaint and/or grievance arising between themselves and a member of the AMHTC team. The only complaint and/or grievance to which these procedures shall not apply are those that might result in a participant's sanction, denial, suspension, or dismissal from the AMHTC program.

A complaint or grievance is an official statement describing any form of unfair treatment, harassment, bullying, or disrespect toward a participant by an AMHTC team member. If a participant believes just cause for a complaint or grievance exists, they may address their complaint or grievance by filing an official written statement with the applicable government agency or department to which the team member is employed, or with the applicable community-based organization or party to which the team member is employed.

If a participant needs an attorney to assist with this process, they may contact the Hillsborough County Bar Association (www.hillsbar.com) and request to be referred to a Florida licensed attorney.

XXV. Disparate Impact Statement.

The Thirteenth Judicial Circuit's AMHTC program complies with all applicable anti-discrimination laws. The program strives to provide effective, equitable, and respectful quality services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The program works to remove health disparities of historically disadvantaged groups.

- A. Communication and Language Assistance. Interpreters are provided at all hearings to participants who have limited English proficiency (LEP). To the extent that it is possible, all AMHTC documents, including the participant agreements, handbook, program applications, and phase applications are available in Spanish. The AMHTC team use language tools, including the use of interpreters and interpreting and translating devices to effectively communicate with LEP participants in between court hearings.
- B. Performance Measures. Program performance measures will be tracked by gender, race, and ethnicity to ensure equitable access to the AMHTC program and equitable program outcomes. Performance measures and outcomes will be evaluated by minority groups to measure effectiveness in working with these populations.

XXVI. Data Reporting.

The AMHTC program uses the Florida Drug Court Case Management System (FDCCMS) for data collection, management, reporting, and analysis. Participant programmatic information is entered into this system by the AOC court specialist or their designee. This information includes, but is not limited to, personal demographics, track and phase information, staffing and hearing notes, treatment and assessment results, diagnoses admission and discharge dates, imposed incentives and sanctions, and education, employment and housing information.

All AMHTC team members have access to FDCCMS. Each AMHTC team member has signed and executed the "FDCCMS User Confidentiality and Privacy Statement Form" (see Appendix J), allowing discipline-specific access. Any questions or issues related to FDCCMS should be directed to the AOC Director of Problem-Solving Courts.

In accordance with the *Florida Problem-Solving Courts Data Manual*, the AMHTC program strives to meet the 48-hour data entry requirement. This includes timely documentation of all services provided and in-program outcomes. As a state-funded

program, maintaining accurate and prompt data entry is essential to ensure compliance, support program evaluation, and uphold accountability standards.

XXVII. Evaluation Design.

There are several means of evaluation for the AMHTC program. Performance measures, including successful completion rates are compiled, reported, and discussed at the Oversight Committee's quarterly meetings.

Annual performance measures, including the number of admissions, successful completion, and terminations are reported to the State of Florida's Office of the State Courts Administrator, pursuant to Chapter 43, Section 51, Florida Statutes. Another method of evaluation is through participant surveys. Participant surveys are completed by the participant at the time of program competition.

Lastly, recidivism outcomes are completed by researchers at the University of South Florida and are presented at the Oversight Committee annual meetings. Recidivism data is collected using local data, but will be collected using state and national data when it becomes available.

XXVIII. Community Resources and Ancillary Services.

The AMHTC program coordinates with various federal, state, and local partners to support the needs of each participant. The full list of partners can be found on the program's website at www.fljud13.org.

Please see below for specific community partners:

- [*Hillsborough Area Regional Transit \(HART\)*](#). *Transportation assistance is provided to eligible participants via bus passes or cards, which are to be used to attend treatment or other court ordered case and treatment plan requirements.*
- [*Hillsborough Recovery Coalition*](#). *This organization provides Peer Support Specialists to participants enrolled in the AMHTC program.*
- [*Hillsborough County Healthcare Plan*](#). *Through coordination with the county healthcare plan, a representative appears weekly at the courthouse to register participants with health insurance, including Medicaid/Medicare, commercial insurance through the marketplace and the county healthcare plan.*

XXVIII. Appendices.

Appendix A – Administrative Order S-2023-046



Appendix A -
Administrative Order :

Appendix B – Administrative Order S-2023-062



Appendix B -
Administrative Order :

Appendix C – AMHTC Prohibited Substances and Medications



Appendix C - AMHTC
Prohibited Substances

Appendix D – AMHTC Handbook



Appendix D - AMHTC
Handbook.pdf

Appendix E – AMHTC Treatment Status Review Form



Appendix E - AMHTC
Treatment Status Revi

Appendix F – AMHTC Physician Form



Appendix F - AMHTC
Physician Form.pdf

Appendix G – AMHTC Release of Information Form



Appendix G - AMHTC
Release of Informatio

Appendix H – Authorization for Disclosure of Confidential Information



Appendix H - AMHTC
Authorization for Disc

Appendix I – FDCCMS User Confidentiality and Privacy Statement Form



Appendix I - FDCCMS
User Confidentiality a

Appendix J – Physician Form



Appendix J - AMHTC
Physician Form.pdf

Appendix K – Treatment Provider Drug Testing Policies and Procedures



Appendix K -
Treatment Provider D