



PROBLEM-SOLVING COURTS
MARCHMAN ACT DRUG COURT
Policy and Procedural Manual

Administrative Office of the Courts
 Thirteenth Judicial Circuit
 Tampa, Florida



JULIANNE M. HOLT
 PUBLIC DEFENDER
 13TH JUDICIAL CIRCUIT



ANDREW H. WARREN
 OFFICE OF THE STATE ATTORNEY
 13TH JUDICIAL CIRCUIT



FLORIDA OFFICE
 OF THE ATTORNEY GENERAL



ITA M. NEYMOTIN
 CRIMINAL CONFLICT AND
 CIVIL REGIONAL
 COUNSEL SECOND DISTRICT

TABLE OF CONTENTS

TOPIC	PAGE
Overview	2
Oversight Committee	4
Defining Elements	5
Ten Key Components.....	6
Team Member Rules.....	10
Incentives and Sanctions	11
Drug Testing.....	12
Marchman Act Drug Court Overview	14
Team Members	15
Eligibility Criteria	17
Screening Referral Process	18
Court Phases.....	19
Court Staffings	20
Treatment Progress Reporting Procedure.....	22
Discharge Procedures	23
Figures	
Figure 1: National and Local Milestones in Problem-Solving Courts.....	3
Tables	
Table 1: Ten Key Components of Drug Court.....	7
Table 2: Ten Key Components of Veterans Treatment Court.....	8
Table 3: Ten Key Components of Mental Health Court	9
Table 4: Examples of Prohibited Substances and Medications	13
Appendices	
Appendix A: Treatment Providers Affiliated with Problem-Solving Court....	24
Appendix B: Marchman Act Drug Court Administrative Order	27

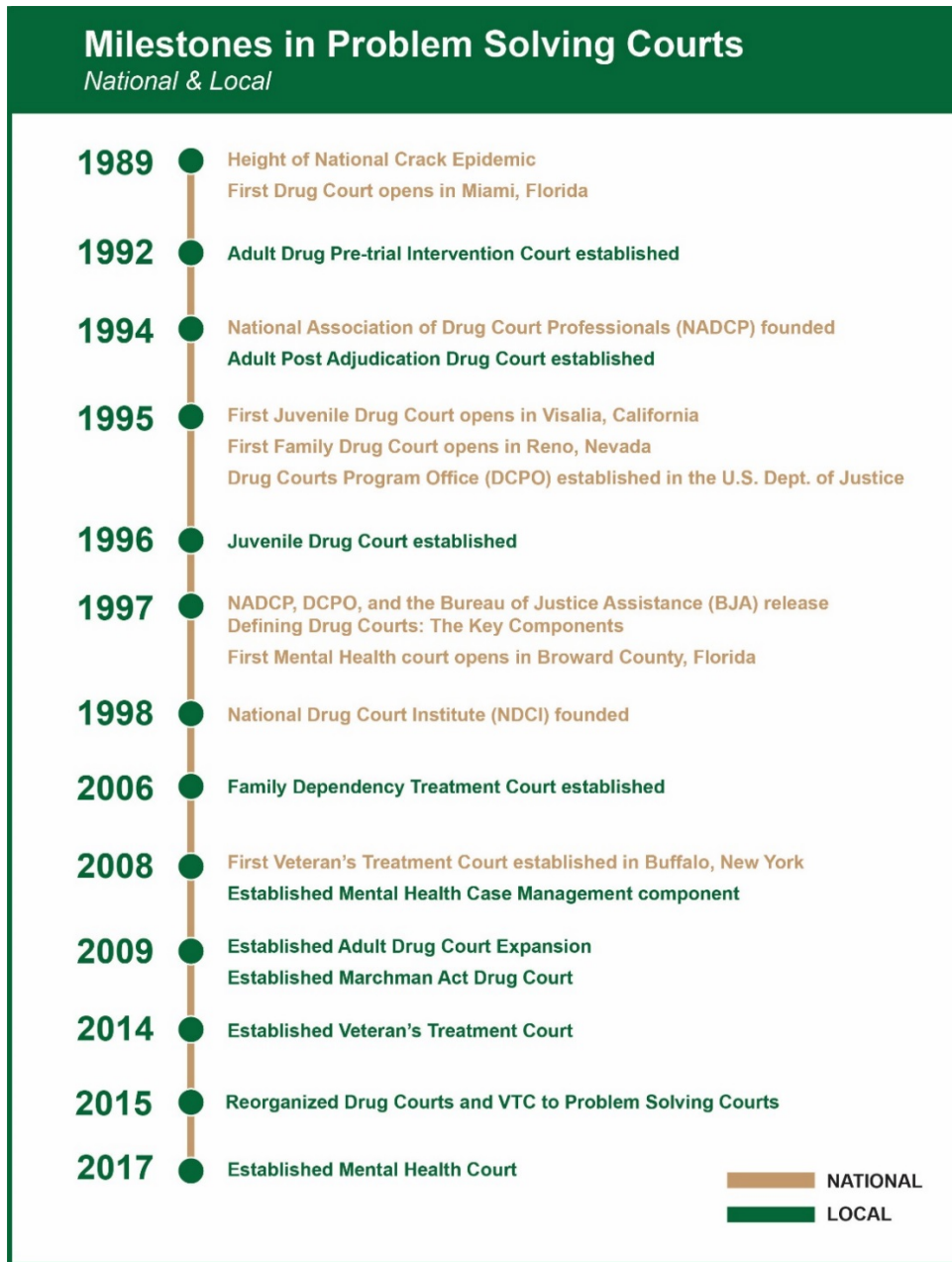
OVERVIEW

Problem-solving courts began in the early 1990's in response to significant backlogs and overcrowding in the criminal justice system related to drug offenders, and to the ineffectiveness in preventing the rapid cycling of this population through the system. These programs attempt to address underlying problems of addiction and have incorporated a range of evidence-based treatment principles into the criminal justice system. Problem-solving courts combine community treatment services with court supervision.

Last year, the *Florida Adult Drug Court Best Practice Standards* (2017) incorporated professionalism and fidelity into the drug court model (http://www.flcourts.org/core/fileparse.php/539/urlt/Florida_Adult_Drug_Court_Standards_Full_Document.pdf). These standards are based largely on the research and analysis conducted by National Association of Drug Court Professionals (NADCP). Hillsborough County's Thirteenth Judicial Circuit Court will utilize these standards across the seven problem-solving courts. In some courts, these standards are still in development but are of critical importance to the court's goals.

This manual provides structure to decision making for all key stakeholders in problem-solving courts. The court reserves the right, in each individual case, to make discretionary decisions consistent with the law and public policy. As can be seen below, Figure 1 depicts a timeline for problem-solving court milestones at both the national and local level.

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



OVERSIGHT COMMITTEE

Policies and procedures for the operation of the Thirteenth Judicial Circuit Court shall be established through the Problem-Solving Court Policy Manual and any change or amendment to this manual shall be made by the Oversight Committee. The purpose of the Oversight Committee is to gain input from committee member stakeholders, as well as to obtain their input and involvement in particular courts. The Committee is charged with recommending strategies to maintain the quality and effectiveness of treatment courts and to ensure viable treatment options. The Oversight Committee is comprised of the following individuals and representatives from the following agencies:

- Chief Judge
- Administrative Office of the Courts
- Public Defender's Office
- State Attorney's Office
- Department of Corrections' Community Corrections Office
- Hillsborough County Sheriff's Office
- Presiding Judges of Problem-Solving Courts

DEFINING ELEMENTS

Florida's problem-solving courts address the root causes of justice system involvement through specialized dockets, multidisciplinary team and a non-adversarial approach. Offering evidence-based treatment, 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 and include, but are not limited to, the following elements:

- **Problem-Solving Team:** Broad-based team of justice system stakeholders including judges, case managers, prosecutors, defense attorneys, treatment professionals, law enforcement officers, corrections personnel, child welfare personnel, and guardians ad litem
- **Non-Adversarial Approach:** Commitment to offering alternatives to the traditional adversarial litigation process
- **Continuum of Individualized Treatment Services:** Array of evidence-based services designed to identify and meet the unique needs of each participant
- **Judicial Leadership and Interaction:** Judge who leads the problem-solving team and monitors the court case using an increased number of hearings for monitoring compliance and progress
- **Responses to Participant Compliance:** Use of graduated, individualized and coordinated responses, both for incentives and sanctions, to promote both public safety and participants success

TEN KEY COMPONENTS

In 2000 and again in 2009, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) 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, CCJ and COSCA 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; U.S. Department of Justice, 1997), developed the Ten Key Components.

Their conclusions echo more than two decades of scientific research establishing the effectiveness of drug courts and that fidelity to the Ten Key Components is essential for achieving successful, cost-effective outcomes. In 2008, the Buffalo Veterans Treatment Court adopted, with slight modifications, the essential tenements of the U.S. Department of Justice Publication entitled *“Defining Drug Courts: The Key Components”* (Jan.1997). The essential elements of Mental Health Court are culled from a variety of sources, including interviews with former Bureau of Judicial Assistance (BJA) Mental Health Courts Program (MHCP) grantees, on-site visits to grantee and non-grantee mental health courts and a review of the scholarly literature. An original draft of the elements document was prepared for the 2004 BJA MHCP conference that served as source material for the *Guide to Mental Health Court Design and Implementation*. There are key differences between Drug Courts, Veterans Treatment Courts and Mental Health Courts. Tables 1 through 3 define the *Key Components* that provide the foundation for the successful operation of these courts.

Table 1. Ten Key Components of Drug Court

Key Component 1	Drug Courts integrate alcohol and drug treatment services with justice system case processing.
Key Component 2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
Key Component 3	Eligible participants are identified early and promptly placed in the Drug Court program.
Key Component 4	Drug Courts provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
Key Component 5	Abstinence is monitored by frequent alcohol and illicit drug testing.
Key Component 6	A coordinated strategy governs drug court responses to participants' compliance.
Key Component 7	Ongoing judicial interaction with each Drug Court participant is essential.
Key Component 8	Monitoring and evaluating achievement of program goals is necessary to gauge effectiveness.
Key Component 9	Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
Key Component 10	Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court program effectiveness.

Table 2. Ten Key Components of Veterans Treatment Court

Key Component 1	Veterans Treatment Courts integrate alcohol and drug treatment services with justice system case processing.
Key Component 2	Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
Key Component 3	Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.
Key Component 4	Veterans Treatment Court provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
Key Component 5	Abstinence is monitored by frequent alcohol and other drug testing.
Key Component 6	A coordinated strategy governs Veterans Treatment Court responses to participants’ compliance.
Key Component 7	Ongoing judicial interaction with each Veteran is essential.
Key Component 8	Monitoring and evaluating measure the achievement of program goals and gauge effectiveness.
Key Component 9	Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations.
Key Component 10	Forging partnerships among Veterans Treatment Courts, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veterans Treatment Court effectiveness.

Table 3. Ten Key Components of Mental Health Court

Key Component 1	<p style="text-align: center;">Planning and Administration</p> <p>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.</p>
Key Component 2	<p style="text-align: center;">Target Population</p> <p>Eligibility criteria address public safety and consider community’s treatment capacity, as well as availability of alternatives to pretrial detention for defendants with mental illnesses. It also assesses relationship between mental illness and defendant’s offenses, while allowing individual circumstances to be considered.</p>
Key Component 3	<p style="text-align: center;">Timely Participant Identification and Linkage to Services</p> <p>Participants are identified, referred, and accepted into mental health courts, then linked to community-based service providers as quickly as possible.</p>
Key Component 4	<p style="text-align: center;">Terms of Participation</p> <p>Terms of participation are clear, promote public safety, facilitate defendant’s engagement in treatment, individualized to correspond to level of risk that defendant presents to community, and provide for positive legal outcomes for those individuals who successfully complete the program.</p>
Key Component 5	<p style="text-align: center;">Informed Choice</p> <p>Defendants 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 defendant’s competency whenever they arise.</p>
Key Component 6	<p style="text-align: center;">Treatment Supports and Services</p> <p>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.</p>
Key Component 7	<p style="text-align: center;">Confidentiality</p> <p>Health and legal information should be shared so it protects potential participants’ confidentiality rights as mental health consumers and constitutional rights as defendants. Information gathered as part of participants’ court-ordered treatment should be safeguarded in case participants go back to traditional court processing.</p>
Key Component 8	<p style="text-align: center;">Court Team</p> <p>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.</p>
Key Component 9	<p style="text-align: center;">Monitoring Adherence to Court Requirements</p> <p>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.</p>
Key Component 10	<p style="text-align: center;">Sustainability</p> <p>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.</p>

TEAM MEMBER RULES

The following are a list of rules for problem-solving court team members:

- Maintain, recognize, 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.
- Information discussed during court staffing meetings and court sessions should be held in confidence. Client sensitive information will be presented confidentially at the bench to minimize exposure in court.
- Participants (i.e., interested parties) shall not be transported in personal vehicles for any reason (except those designated by role).
- Relationships may not be established with any active program participant. Non-program functions* may not be attended 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.*
- Display professionalism and courtesy to all participants and fellow team members. Team members shall discourage unprofessional or unethical advances from participants and/or participant family members and should report the same to the problem-solving court team (e.g., receiving gifts, services, etc.).
- Information pertaining to participant non-compliance/program removal only will be shared with other treatment agencies when it is deemed clinically appropriate.

INCENTIVES AND SANCTIONS

Incentives

Rewards will be recommended by the problem-solving court team and granted at the judge's discretion to support treatment as positive reinforcement of program accomplishments. These may include but are not limited to:

- Call early on the docket
- Less frequent court hearings
- In court encouragement and recognition
- Travel privileges out of county or out of state
- Community service hours in lieu of court fees
- GED/college courses in lieu of court fees
- Early termination of probation/supervision
- Formal graduation and a certificate/token of completion
- Other incentives the court deems appropriate

Sanctions

Failure to comply with problem-solving court elements will result in court-ordered sanctions.

These may include but are not limited to:

- Additional community service hours
- Written assignment
- Admonishment from the judge
- Curfew
- No contact orders
- Increased court appearances
- Increased frequency of random drug screens
- Extended probation
- Incarceration
- Reinstatement of criminal proceedings
- Termination from the problem-solving court program
- Other sanctions the court deems appropriate

DRUG TESTING

Problem-solving court participants are expected to be alcohol and drug free. The court monitors compliance with this requirement by frequent, random observed drug tests. Drug testing is essential to the problem-solving court program by providing a framework for accountability to gauge treatment progress. Drug tests confirm abstinence and demonstrate compliance, serving as the foundation for incentives and sanctions along the path to graduation. All participants must follow court-ordered drug testing, which is typically completed at treatment program locations or the Department of Corrections (DOC). If a participant is found noncompliant or positive via drug testing, the court may order confirmation testing.

Table 4 provides a non-exhaustive list of prohibited substances and medications. A drug court specialist should be consulted for further clarification. Aside from illegal drugs and alcohol (in any form), participants are prohibited from using certain prescription drugs and are required to have all prescriptions disclosed prior to purchasing or ingesting.

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 unless prior court approval has been granted.

Table 4: Examples of Prohibited Substances and Medications

Examples of Prohibited Substances and Medication Classifications	Examples of substances and medications prohibited in all Problem-Solving Court Programs
Alcohol (In Any Form)	Alcoholic beverages, all medications containing alcohol (cough syrups/liquid-caps such as Nyquil and Robitussin), energy drinks containing alcohol
Amphetamine	Adderall, Adipost, Benzedrine, Dexedrine, Dexatrim, Didrex, Phentermine (Adipex), Preludin, Ritalin, Speed, Vyvanse, White, all medications containing Pseudoephedrine (Alka-Seltzer Cold, Claritin-D, Comtrex Acute, Contac Cold Maximum, Dayquil/Nyquil, Dristan Maximum, Kolephrin, Maxiflu, Robitussin, Sinarest, Sudafed, Tavist Allergy, Tylenol Cold or Allergy) <i>Note: There are non-pseudoephedrine "D" versions available in almost all of these</i>
Barbiturate	Allobarbitol, Barbitol, Butalbitol (Fiorinal), Phenobarbitol (Luminal)
Benzodiazepine	Alprazolam (Xanax, Niravam), Clonazepam (Clonopin), Chlordiazepoxide (Librium), Diazepam (Valium), Flunirazepam (Rohypnol), Lorazepam (Ativan), Oxaprozin (Daypro), Oxazepam (Serax)
Cocaine	Big C, Crack, Powder, Rock, Snow
Dextromethorphan "DM"	Cold medications such as Alka Seltzer Cold, Coricidin, Dayquil, Dimetapp, Nyquil, Robitussin, Sudafed, Triaminic, Tylenol Cold, Vicks 44. <i>Note: There are non-dextromethorphan "DM" versions available of almost all of these</i>
Hallucinogens	Dimethyltryptamine (DMT), Ecstasy, Ketamine, LSD, Mushrooms, PCP, Tryptamine
Methamphetamine	Black Beauties, Chalk, Crank, Crystal, Glass, Ice, Meth, Tweak, Uppers
Miscellaneous Substances	Appetite suppressants - most are prohibited - Buprenorphine (Buprenex, Subutex, Suboxone), Caffeine Pills, Meperidine (Demerol), Fentanyl (Actiq, Duragesic), Inhalants, Kratom, Methadone, Propoxyphene (Darvocet, Darvon), Steroids, Soma, Xyrem (GBH), and all synthetic substances (e.g., Spice, K2). <i>Note: This list includes anything labeled "Not for Human Consumption"</i>
Opiate	Codeine (cough meds, Tylenol 3), Heroin, Hydrocodone (Lortab, Loracet, Norco, Vicodin, Vicoprofen), Hydromorphone (Dilaudid), Morphine
Oxycodone	Oxycodone (Oxycontin, Percodan, Percocet, Roxicet, Roxycodone)
THC (Marijuana)	Blunt, Bud, Dope, Grass, Herb, Joint, Mary Jane, Pot, Reefer, Roach, Weed, Edibles, CBD oil, Wax, medical marijuana, and other forms of THC

MARCHMAN ACT DRUG COURT OVERVIEW

The Marchman Act is a law specific to Florida and was named after Rev. Hal S. Marchman when instituted it in 1993. The statute allows families to petition the courts for mandatory assessment and substance abuse treatment. The potential client is served Marchman Act forms (usually initiated by a family member) and forwarded to the drug court judge. If the judge deems the request meets Marchman Act criteria, then an order is issued for the client to appear in Marchman Act drug court within 30 days. Both the individual requesting the Marchman Act and the client being served appear in court. At this point, the judge may order the client to be assessed for Marchman Act services.

If the judge grants the petition, the client will have an assessment completed at Adult Addictions Receiving Facility (AARF). After the assessment is completed, the petitioner will file the treatment petition at the clerk's office within five business days (the same location where the petition was filed). If the respondent fails to complete the assessment, per the judge's court order, the court is notified and the respondent is served to appear in court.

Once the treatment petition has been filed, a court date will be set. At that court date, the respondent can accept the treatment petition or deny the petition. If the respondent denies the petition, a hearing will be set in which the assessor will testify about the treatment recommendations. If the judge orders treatment, the respondent will be given instructions on how to engage in treatment. The Administrative Office of the Court employs drug court specialists in this division. The Marchman Act drug court program information can be found at the following website:

<http://www.fljud13.org/CourtPrograms/DrugCourtPrograms/MarchmanActDrugTreatmentCourt.aspx>

TEAM MEMBERS

The following is a list of the team members for Marchman Act drug court and related responsibilities. The National Drug Court Institute (NDCI) has identified nine core competencies that provide a foundation for defining participant roles:

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

Marchman Act Drug Court Judge: The focus and direction of the problem-solving court is provided through the effective leadership of the judge. The judge presides over the court proceedings, monitors all areas of the care plan, maintains compliance of evidence based practices within the court all while ensuring the integrity of the court.

Drug Court Specialists: Court Administration provides case management and oversight via drug court specialists. Responsibilities include (1) review evaluations and refer to appropriate treatment program, (2) monitoring compliance in treatment, (3) providing judge with correct and concise information regarding compliance, (4) conducting weekly pre-court staffing's with other team members to determine appropriate sanctions and incentives, and (5) collaborating with

stakeholders in order to identify lines of communication, continuity of care and effectiveness.

Regional Counsel/Respondent Attorneys: Represents and counsels participants in all court proceedings. The attorneys always make sure the participants constitutional rights are protected while ensuring the health and wellbeing of their clients.

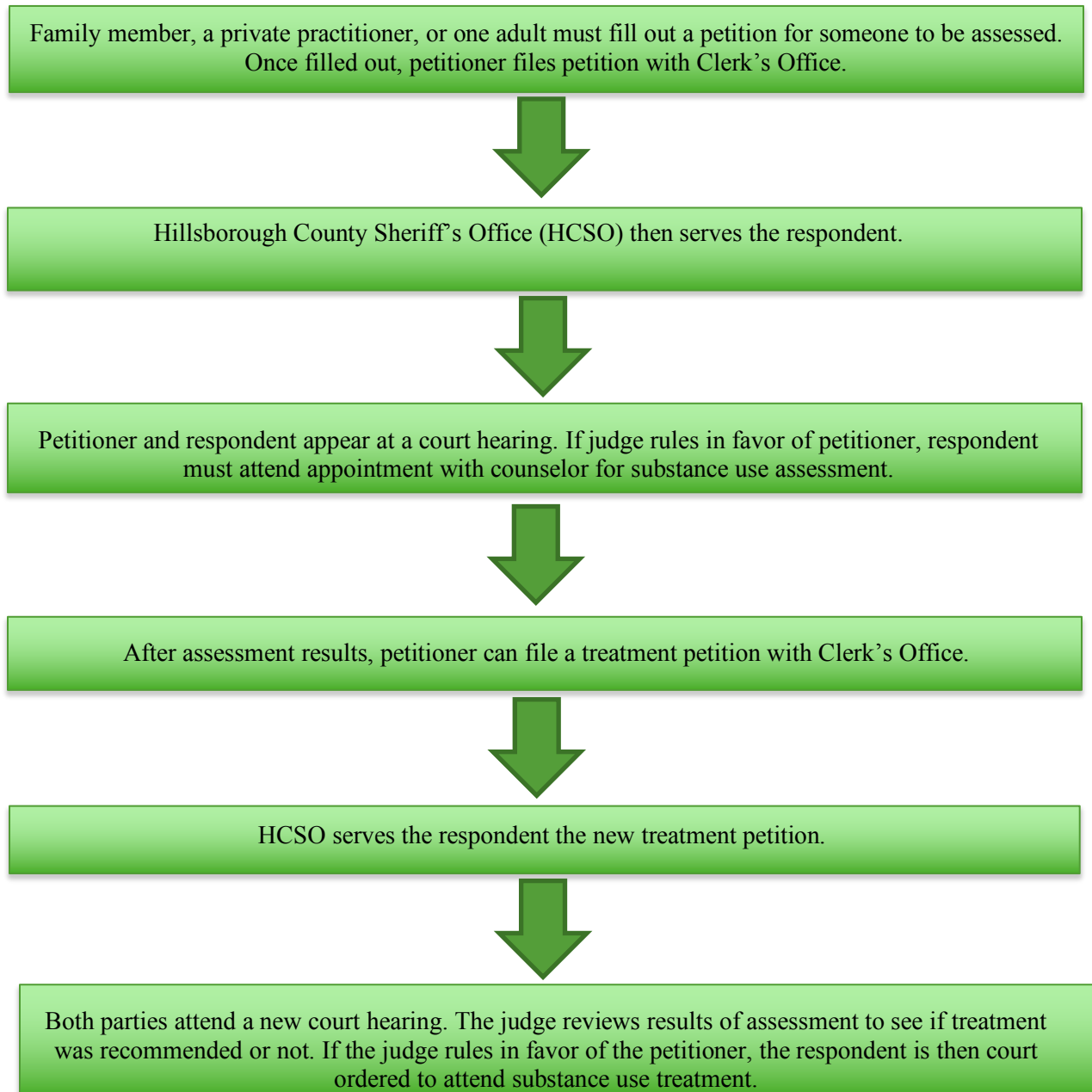
Treatment Providers: Treatment providers assign dedicated, trained representatives to liaise with the Marchman Act drug court team. They also provide needed service in a timely manner. The treatment counselors, who may not attend staffing and court sessions on a regular basis, provide reports to drug court specialists pertaining to treatment compliance for participants. They prepare individual treatment plans and provide group and individual therapy sessions based on identified participant needs.

ELIGIBILITY CRITERIA

The criteria for all involuntary admissions includes that there is reason to believe the person is substance abuse impaired and, because of such impairment:

- Lost power of self-control with respect to substance use; and either
 - Inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; or
 - Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not institute evidence of lack of judgment with respect to his or her need for such services.

SCREENING REFERRAL PROCESS



COURT PHASES

The *Florida Adult Drug Court Best Practice Standards* indicate that problem-solving courts 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 towards recovery. Phase advancement should not be based simply on the length of time that participants have been enrolled in the program. Each problem-solving court will subscribe to a phase process listed below. Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities and specific requirements for advancement into the next phase.

Please note that the Marchman Act drug court has not adopted court phases at this time but a subcommittee identified from the oversight committee will be working on this key component in the next year.

COURT STAFFINGS

According to the *Florida Adult Drug Court Best Practice Standards*, court staffings are necessary to review participant progress, develop a plan to improve outcomes, and prepare for status hearings. All participants may not be discussed at each staffing; however, staffings are held frequently enough to ensure the team has an opportunity to consider the needs of each case. Docket size may necessitate the discussion of only non-compliant or difficult cases. By all team members discussing these cases together, a unified plan can be agreed upon before the court docket. **Please note that the Marchman Act drug court has implemented court staffings for non-compliance cases in a more informal process. However, a subcommittee identified from the oversight committee will be working on formalizing this key component in the next year.**

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

At a minimum, the following data elements are required by all problem-solving court team members to appraise participant progress and compliance or noncompliance with the conditions of drug court:

- Assessment results pertaining to a participant's eligibility for problem-solving court and 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 curfews, 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 offenses
- Menacing, threatening, or disruptive behavior directed at staff members, participants or other persons

TREATMENT PROGRESS REPORTING PROCEDURE

According to Florida Statue 397.6975, when a treatment provider believes an individual continues to meet the criteria for involuntary treatment, a petition for renewal of the involuntary order must be filed with the court at least 10 days before the expiration of the court-ordered treatment period. If the petitioner is contesting the renewal of involuntary treatment, a hearing will be held within 15 days of renewal date. If the court finds that the petition for renewal of the involuntary treatment order should be granted, it may order the respondent to undergo involuntary treatment for a period not to exceed 90 days. The Florida Statue can be found at the following website:

http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0397/Sections/0397.6975.html

Drug court specialists will provide a list of participants to treatment counselors in advance of court to allow timely progress report preparation. Prior to each staffing the treatment counselor will prepare and submit a drug court progress report electronically to the drug court specialist on each of their participants who appear on the docket. The progress report shall address at a minimum the following questions:

1. What is the participant's attendance status?
2. How do you describe the participant's level of participation?
3. Describe participant's progress in terms of individual treatment plan goal accomplishments such as "stages of change".
4. Describe drug test results including dates of positive or missed UA screens.
5. What special issues, if any, does the court need to address?
6. What is projected discharge date and aftercare plan?

DISCHARGE PROCEDURES

Successful Discharge

Drug court specialists may recommend participants for graduation when they have met all treatment requirements. The Marchman Act drug court specialist and treatment provider will discuss the merits of the recommendation to graduate and must agree that the participant has sufficiently integrated the necessary information to support long-term recovery. Certificates of Completion or other incentives may be handed out during the final court date.

Unsuccessful Discharge

The Marchman Act drug court team may recommend to the judge that the participant be terminated from Marchman Act drug court when a participant's behaviors prevent them from being placed in a clinically appropriate treatment program.

Administrative Discharge

If a participant cannot complete Marchman Act drug court, through no fault of his/her own, the participant may be administratively discharged. Examples of reasons for an administrative discharge include: involved in concurrent treatment courts, severe mental illness, medical necessity and death. The judge may enter an order of termination at this point.

Appendix A: Treatment Providers Affiliated with Problem Solving Courts

AGENCY	PHONE NUMBER/ADDRESS	SERVICES PROVIDED	REFERRAL PROCESS/CONTACTS
ACTS	<p>Main: 813-246-4899 Fax: 813-246-5119 4612 N. 56th St., Tampa, FL 33610</p> <p>Tarpon Springs Main: 727-935-0295 Fax: 727-934-0123 3575 Old Keystone Rd., Tarpon Springs, FL 34689</p> <p>Juvenile Addictions Receiving Facility Ph: (813) 933-4446</p> <p>Detox: 813-367-2317 Fax: 813-239-8261</p>	<p>-Outpatient detox -Outpatient -Residential -Drug Screening - Adult detox services - Juvenile detox services - Medication Assisted Treatment - Recovery Support - Aftercare</p>	<p>Contact Ryan Ingram for Medical Records requests, ph. 813-246-4899 f. 813-246-5119, ringram@actsfl.org</p> <p>-Pamela Troutman-Clinical Director, 813-239-8568 X 439 -Intake Specialist: Tyra Davis, 813-239-8568</p> <p>-Pinellas Domiciliary Tarpon Springs Clinical Supervisor: Nicole Brenneman nbrenneman@actsfl.org</p> <p>JARF: Richard Gibbons (813) 933-4446 rgibbons@actsfl.org</p>
Baycare Behavioral Health	<p>Outpatient: 2727 W. Dr. Martin Luther King Jr. Blvd Suite 640 Office: (813) 872-7582 Fax: (813) 873-9591</p> <p>Community Recovery Center: 6040 Indiana Avenue New Port Richey, Florida 34653 Phone: 727-841-4475 Fax: 727-841-4478</p>	<p>-Outpatient treatment -Residential treatment</p>	<p>Outpatient: 813-428-6181 for Behavioral Health Registration</p> <p>CRC: Diane Linder 727-841-4475 x 36 Diane.linder@baycare.org</p>
Crisis Center of Tampa Bay	<p>One Crisis Center Plaza Tampa, FL 33613 Main: 813-964-1964 Fax: 813-868-3996</p>	<p>-211 Contact Center/Veterans Support Line -Trauma Therapy -Strengthening Families Program</p>	<p>Veterans Hotline: Mordecai Dixon 813-964-1964 ext 3418, mdixon@crisiscenter.com</p> <p>Trauma Therapy, fill out referral form in JOIN and fax to 813-868-3996</p> <p>Strengthening Families: Trina Kucera 813-530-6017, tkucera@crisiscenter.com</p>
DACCO	<p>Main Campus: 4422 E. Columbus Dr. Tampa, FL 33605</p> <p>Outpatient: 1463 Oakfield Dr. Suite 113 Brandon, FL 33511</p> <p>Main: 813-384-4000 Fax: 813-612-9373</p>	<p>-Prevention Services -Specialty Services:</p> <ul style="list-style-type: none"> • HIV/AIDS • Vocational • Day Care • Acupuncture • Tobacco Cessation • Supportive Housing <p>-Outpatient/IOP Services -Residential Services -Day Treatment -Supportive Recovery</p>	<p>Contact Assessment & Referrals Debra Thomas Program Manager Assessment and Referral Office: 813-384-4115 Cell: 813-254-2771 Fax: 813-740-0823 debrat@dacco.org</p>

AGENCY	PHONE NUMBER/ADDRESS	SERVICES PROVIDED	REFERRAL PROCESS/CONTACTS
Florida Center/Avon Park	100 W. College Dr. Avon Park, FL 3858 Ph: (863) 452-3858 Fax:(813) 452-3863	Residential co-occurring mental health and substance abuse treatment	Twila Titus 863-452-3858 x 150 ttitus@TCHSonline.org
Gracepoint	Main Campus: 2212 E. Henry Ave. Tampa, FL 33610 Main: 813-272-2882		Gracepointwellness.org
MacDill AFB			Mental Health Clinic Main: 813-827-9170 Fax:813-828-6868 SOCOM Clinic Main: 813-827-9870 Fax:813-828-4436
Operation Par	Administration: 6655 66 th Street North Pinellas Park, 33781 Ph: 727-545-7564 Fax: 727-545-7584 Outpatient: 13800 66 th St. North Largo, Florida 33774 PAR Academy 6720 54 th Ave. N St. Petersburg, Florida 33709	Residential services Outpatient: services Juvenile residential services Medication Assisted treatment Detoxification	Call Access Center at:1-888-727-6398
Phoenix House	Residential: 15681 US HWY 301 Citra, FL 32113 Ph: 352-595-50000 Outpatient: 510 Vonderburg Dr. Suite #301 Brandon, FL 33511 Ph: (813) 881-1000	Residential Services Outpatient Services	Call 813-881-1000 x 1 for Welcome Center
Salvation Army	Tampa Adult Rehabilitation Center 13815 Salvation Army Ln. Ph: 813-972-0471 Fax: 813-971-0792	Residential treatment services for males	Intake Coordinator: Todd Quick Todd.quick@uss.salvationarmy.org 813-972-0471 x 59074
Tampa Crossroads	Administration and Non-Residential: 5109 N. Nebraska Ave. Tampa, FL 33603 Ph: 813-238-8557 x 200 Residential: 202 W. Columbus Dr. Tampa, FL 33602 Ph: 813-238-8557 x400	-Residential treatment for women -Intensive outpatient and outpatient treatment -Transitional Housing - Permanent Housing -Housing resources for Veterans -Job development and coaching	Residential: 813-238-8557 x 400 Non-Residential: 813-238-8557 x 200 Veterans: 813-238-8557 x 300 Clinical Director, Gwen Green ggreen@tampacrossroads.com 813-238-8557 x 202

AGENCY	PHONE NUMBER/ADDRESS	SERVICES PROVIDED	REFERRAL PROCESS/CONTACTS
VA: James A. Haley SUDS program	10770 N. 46th Street, Suite E-160, Tampa, FL 33617 (813) 631-7123	- Intensive Outpatient - Standard Outpatient - Referral to Choice	Walk-in SUDS evaluations are available daily at 8 am. With any questions or concerns please contact VJO Erika Lucas or VJO Tito Williams Tito Williams 813-442-9355 Tito.williams@va.gov Erika Lucas 813-450-7219 Erika.lucas@va.gov
Westcare	<p>(727) 502-0188 1735 Dr. M.L.K. Jr. Street S. St. Petersburg, FL</p> <p>8800 49th St. N., Suite 403 Pinellas Park, FL 33782 Ph: (727) 490-6762 Fax: (727) 541-3993</p> <p>1801 5th Ave. N St. Pete FL 33713 Ph: (727) 823-7811 Fax: (727) 823-7717 Intake office EXT 221 or 233</p> <p>1735 Dr. MLK Jr. St. S. St. Pete 33705 (727) 502-0188 Fax: (727) 502-9380 Intake EXT: 243</p> <p>2510 Central Ave St. Pete FL 33712 Ph: (727) 490-6769 Fax: (727) 321-7968 PTT Program Cell phone: (727) 560-8649</p>	<p>- Residential treatment for women and men Non-secure (short-term) 7 to 8 months Secure (long-term) 13 to 18 months</p> <p>- Outpatient</p> <p>-A Turning Point</p> <p>-Mustard Seed</p> <p>Mustard Seed Veterans community Living</p>	<p>Veronica Almy Wright Phone (727) 502-0188 x237 Fax (727) 802-0805 Email veronica.wright@westcare.com</p> <p>Elizabeth Darby Elizabeth.darby@westcare.com</p> <p>Katrina Tucker Katrina.tucker@westcare.com</p> <p>Angela Drayton Angela.drayton@westcare.com</p> <p>Angela Drayton Angela.drayton@westcare.com</p>

Appendix B: Marchman Act Drug Court Administrative Order

IN THE THIRTEENTH JUDICIAL CIRCUIT HILLSBOROUGH COUNTY, FLORIDA

ADMINISTRATIVE ORDER S-2017-052 (Supersedes Administrative Order S-2017-005)

MENTAL HEALTH & COMMUNICABLE DISEASES CASES

It is necessary to update the emergency matters provision dealing with mental health and communicable diseases cases. By the power vested in the chief judge under article V, section 2(d), Florida Constitution; section 43.26, Florida Statutes; and Florida Rule of Judicial Administration 2.2 5(b)(2), it is ORDERED:

1. Filing of Cases

A. Probate, Guardianship, Mental Health & Trust Division "A"

All petitions filed in accordance with Chapter 384 (the Control of Sexually Transmissible Disease Act); Chapter 392 (the Tuberculosis Control Act); Part I of Chapter 394 (the Florida Mental Health Act or the Baker Act); or Chapter 4 5 (the Adult Protective Services Act) of the Florida Statutes will be filed and disposed of in Probate, Guardianship, Mental Health & Trust Division "A."

B. Mental Health Court Division "M"

All petitions filed in accordance with Chapter 393 (the Developmental Disabilities Prevention and Community Services Act), Florida Statutes, and all petitions seeking to involuntarily admit a criminal defendant to residential services after criminal charges have been dismissed under section 9 6.303(2), Florida Statutes, will be filed and disposed of in Mental Health Court Division "M."

C. Drug Court Division "Z"

All petitions filed in accordance with Chapter 397, Florida Statutes (the Hal S. Marchman Alcohol and Other Drug Services Act) will be filed and disposed of in Drug Court Division "Z" (Marchman Act Division).

2. Appointment of Counsel

A. Initial Appointment of Criminal Conflict and Civil Regional Counsel

For petitions filed in accordance with Chapter 384 (Sexually Transmissible Disease), 392 (Tuberculosis), 397 (Marchman Act) and 4 5 (Adult Protective Services), if the person subject to a petition is not represented by counsel and such person requests counsel or the court determines counsel is necessary, the Criminal

Conflict and Civil Regional Counsel will be appointed. If the Criminal Conflict and Civil Regional Counsel has a conflict of interest, then the court will appoint counsel from the appropriate registry created by chief judge under section 27.40, Florida Statutes.

B. Initial Appointment of Public Defender

For petitions filed in accordance with section 393.11 (Developmental Disabilities – Involuntary Admission to Residential Services) and Part I of Chapter 394 (Baker Act), Florida Statutes, unless the person subject to a petition is otherwise represented by counsel, the Public Defender will be appointed to the person. If the Public Defender has a conflict of interest, then the court will appoint the Office of Criminal Conflict and Civil Regional Counsel. If the Office of Criminal Conflict and Civil Regional Counsel has a conflict of interest, then the court will appoint counsel from the appropriate registry created by chief judge under section 27.40, Florida Statutes.

C. Initial Appointment of Registry Counsel

For petitions filed in accordance with sections 393. 2 (Developmental Disabilities – Appointment of Guardian Advocate), and 393. 3(4)(c)7 (Developmental Disabilities – Appropriateness of Surgery), Florida Statutes, unless the person subject to a petition is otherwise represented by counsel, the court will appoint counsel from the appropriate registry created by chief judge under section 27.40, Florida Statutes.

3. Reassignment of Case upon Judge’s Disqualification

If the judge assigned to Drug Court Division “Z” (Marchman Act Division) enters an order of disqualification, the clerk will reassign the case to Probate, Guardianship, Mental Health & Trust Division “A.” If the judge assigned to Mental Health Court Division “M” enters an order of disqualification, the clerk will reassign the case to Probate, Guardianship, Mental Health & Trust Division “A.” If the judge assigned to the Probate, Guardianship, Mental Health & Trust Division “A” enters an order of disqualification, the clerk will reassign the case in an equitable fashion to one of the Circuit Civil Divisions, excluding Divisions “L” (Business Court Division), “T” (Jimmy Ryce Act Division), “Y” (Tobacco Litigation Division), “Z” (Asbestos Litigation Division) and Civil Trial Division 1.

4. Emergency Matters

All judges assigned to Probate, Guardianship, Mental Health & Trust Division “A,” Mental Health Court Division “M,” and Drug Court Division “Z”

will be available to handle emergency matters arising in their respective divisions during normal business hours unless the judges have made arrangements with another judge or judges to substitute during any absence. All petitions filed under the Baker Act or the Marchman Act are considered emergency matters. If the judge assigned to Drug Court Division “Z” (Marchman Act Division) is for any reason absent from the courthouse, any emergency matter in a Marchman Act case will be submitted to the judge assigned to Probate, Guardianship, Mental Health & Trust Division “A.” If the judge assigned to Mental Health Court Division “M” is for any reason absent from the courthouse, any emergency application in a chapter 393 case will be submitted to the judge assigned to Probate, Guardianship, Mental Health & Trust Division “A.” If the judge assigned to Probate, Guardianship, Mental Health & Trust Division “A” is for any reason absent from the courthouse, any emergency matter in a case will be submitted to the chief judge or the chief judge’s designee. If the chief judge and designee are absent from the courthouse, the emergency application will be made to the duty judge (*S??* [www.fljud 3.org](http://www.fljud3.org) for duty judge assignment).

5. Professional Conduct and Courtroom Decorum

Counsel will adhere to The Florida Bar’s Guidelines for Professional Conduct (<https://www.floridabar.org>), The Florida Bar’s Professionalism Expectations (<https://www.floridabar.org>), and the Hillsborough County Bar Association’s Standards of Professionalism (<http://www.hillsbar.com>). Each judge may announce and enforce additional requirements, or may excuse compliance with any provision(s) of the Guidelines, Expectations or Standards as that judge deems appropriate.

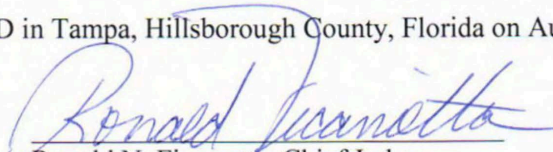
6. Previous Administrative Order Superseded

This administrative order supersedes Administrative Order S-2017-005 (*Mental Health & Communicable Diseases Procedures*).

7. Effective Date

This administrative order is effective September 1, 2017.

ENTERED in Tampa, Hillsborough County, Florida on August 22, 2017.


Ronald N. Ficarrotta, Chief Judge

Original to: Pat Frank, Clerk of the Circuit Court
Copies to: All Probate, Guardianship, Mental Health & Trust Division Judges
The Honorable Jack Espinosa, Jr., Drug Court Division
All Circuit Civil Division Judges
All Circuit Criminal Division Judges
Andrew H. Warren, State Attorney
Julianne Holt, Public Defender
Ita M. Neymotin, Regional 2 Counsel
Gerald D. Siebens, Agency for Persons with Disabilities
David Gee, Sheriff
Brian Dugan, Interim Chief of Police, Tampa
Edward Duncan, Chief of Police, Plant City
Kenneth R. Albano, Chief of Police, Temple Terrace
Keith Buss, Director, Clerk's Office, Probate, Guardianship, Mental
Health & Trust Division