20TH JUDICIAL CIRCUIT

COLLIER COUNTY ADULT FELONY DRUG COURT

POLICIES & PROCEDURES

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PROGRAM HISTORY

In 1999, then-Chief Judge William L. Blackwell established the first Adult Drug Court in the 20th Judicial Circuit, right here in Collier County. Initial support for the program was lacking, so Judge Blackwell forged ahead by making his own referrals from his Violation of State Probation docket. The first Drug Court in the nation had been founded some 10 years earlier just across the Everglades in Miami-Dade County, but that proximity did little to pave the way for Judge Blackwell and his pioneering team.

However, over time, those initial skeptics started to see the results, and the logic of Judge Blackwell's program gained traction. Using treatment to get at the root causes of certain criminal behavior, and replacing expensive and wasteful confinement with personal accountability and reintegration to one's family and community - these ideas found support among the local stakeholders.

At the time of this writing, the Collier County Adult Drug Court has now been in existence for over twenty years, and has been joined by a Mental Health Court (2007) and a Veterans Treatment Court (2012). Over that time, the crack cocaine crisis has become less visible, but the Great Recession and the national opioid crisis have come along to make even more clear the need to keep treatment in strong partnership with criminal justice. The advent of fentanyl and its relatives have caused an already enormous drug overdose rate to skyrocket. No family is immune, and the costs are borne by all of us.

Meanwhile, cocaine, methamphetamine and benzodiazepines are as destructive and insidious as ever, particularly as we still lack medications to assist with withdrawal from these substances the way we have medications to assist with alcohol and opioid withdrawal. Beyond that, we are really just starting to understand the role of trauma, especially Adverse Childhood Experiences (ACES), in fueling this fire. However, at the same time, we are also learning just how treatable these problems can be, and how generations of suffering and recidivism can be interrupted. Resiliency is real.

In the end, Drug Court is simply an opportunity, and while many will qualify, not all will take advantage. But for those who take the opportunity for its full value, there is a chance to find mental and physical wellness, to make peace with the past, to reunify with children and families, to return to productivity and self-worth, and to rejoin a community that is made safer and more whole by that rejoining.

DRUG COURT PRESIDING JUDGES:

The Honorable William L. Blackwell, 1999-2001

The Honorable Lawrence D. Martin, 2001-2006

The Honorable Christine H. Greider, 2006-2011

The Honorable Janeice T. Martin, 2011-present

CURRENT STAKEHOLDER AGENCY HEADS (July 2023):

The Honorable J. Frank Porter, Chief Judge, 20th Judicial Circuit

The Honorable Amira Fox, State Attorney, 20th Judicial Circuit

The Honorable Kathleen Smith, Public Defender, 20th Judicial Circuit

The Honorable Kevin Rambosk, Sheriff, Collier County

Mr. Scott Burgess, CEO, David Lawrence Centers

Mr. Scott Wilsker, Administrative Office of the Courts, 20th Judicial Circuit

Mr. Bradley Rouskey, Department of Corrections – Probation & Parole, 20th Judicial Circuit

MISSION STATEMENT

Saving the lives of individuals with substance use disorders, strengthening families, and enhancing community safety through evidence-based treatment and practices by promoting honesty, personal responsibility, wellness, and recovery.

VISION STATEMENT

To build a community where sustained recovery, family restoration, and public safety are achieved through evidence-based practices, personal accountability, and the development of recovery capital.

The Collier County Adult Drug Court Team regularly reviews the mission statement, vision statement, program goals and objectives, and All Rise key components, and attends relevant All Rise training to ensure understanding of this model for treatment court programs.

GOALS AND OBJECTIVES OF DRUG COURT

1. Expand Access to Timely, Evidence-Based Treatment

Objective: Ensure that 100% of participants receive individualized, evidence-based treatment plans (e.g., MAT, CBT, psychiatric appointments) within 7 days of entering the program to support early engagement, address underlying substance use and mental health needs, and reduce the risk of relapse or dropout.

2. Enhance Judicial Oversight and Accountability

Objective: Maintain continuous court hearings for all participants (with frequency according to phase, ranging from weekly to monthly) to consistently monitor progress, reinforce compliance, address setbacks promptly, and foster a supportive relationship between the Judge and participant that emphasizes both accountability and encouragement.

3. Improve Retention and Graduation Rates

Objective: Achieve at least a 70% program completion rate through individualized treatment plans, case management, early intervention for non-compliance, and consistent use of graduated sanctions to support participant engagement and sustained recovery.

4. Support Long-Term Recovery and Relapse Prevention

Objective: Provide all participants with access to recovery support groups and peer support with the goal of aiding clients in building their own structure and accountability, largely independent of the drug court team, by the time they graduate (i.e., recovery capital). In addition, facilitate the creation of an individualized relapse prevention plan by each client, prior to their graduation, as well as ensuring the creation of a continuing care plan whenever ongoing medication and/or treatment will be appropriate post-graduation.

5. Lower Participant Recidivism Rates

Objective: Better the 12-month post-program recidivism rate of alumni by at least 30% as compared to the 12-month post-probation recidivism by non-program individuals with similar charges.

6. Foster Community Reintegration

Objective: Assist at least 60% (and encourage 100%) of program participants in connecting to community groups such as churches, charitable organizations, civic groups, clubs, sports leagues and the like by the time of graduation.

7. Emphasize Recovery Capital

Objective: Have Peer Specialist or Case Manager use the Recovery Capital Tool to assess each participant's recovery capital at the start of our program, reassess regularly during program, and again in preparation for graduation, to ensure that the participant ultimately feels they have adequate and appropriate supports for their recovery, independent of the drug court team and program.

8. Monitor and Evaluate Program Effectiveness Continuously

Objective: Conduct quarterly analysis of existing program data and perform annual evaluations to assess effectiveness, identify gaps, and guide continuous improvements in service delivery and participant outcomes.

9. Monitoring of Adherence to Best Practice Standards

Objective: Ensure the Drug Court program consistently aligns with nationally recognized best practice standards by implementing evidence-based interventions, conducting regular program evaluations, and providing ongoing training for staff, with the goal of improving participant outcomes and reducing recidivism.

PROGRAM OVERVIEW

The Collier County Drug Court program is a court-supervised substance use disorder treatment program for individuals over 18 years old, who have a pending felony case, and a substance use disorder. (See full eligibility criteria on the next page.) The goal of the program is to break the cycle of substance use disorder, crime, and incarceration. It is a post-adjudication program, meaning all defendants who enter the program must enter a plea and be sentenced into the program as a special condition of probation. Entry into the program is voluntary. However, once an individual has been sentenced, they may not voluntarily withdraw from the program without facing a violation of probation. Those individuals, who are determined to be both legally and clinically appropriate for the program, and wish to participate, will sign a contract with the terms of their plea and agree to follow all program rules and requirements. This manual contains information about the rules, requirements, and expectations.

The Drug Court program is a strict sobriety-based program that lasts a minimum of 18 months. The first half of the program consists of 5 In-Court phases, totaling a minimum of 12 months, which is then followed by at least 6 months of Aftercare. The participant's needs and progress will ultimately determine the length of their Drug Court participation. A treatment plan will be developed to meet the participant's individual needs and will be reviewed with them and updated frequently. The Drug Court team can agree to modify the requirements of Drug Court when appropriate based on the life circumstances of the participant. Additionally, the program includes self-help recovery support group meetings, case management, regular court appearances, random drug testing, reporting to probation and the requirement to maintain consistent employment and/or schooling. These requirements are based on program assessments, case planning, treatment recommendations, and the individual needs and abilities of each participant.

TEN KEY COMPONENTS

- 1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- 2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- 3. Eligible participants are identified early and promptly placed in the drug court program.

- 4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- 5. Frequent alcohol and other drug testing monitor's abstinence.
- 6. A coordinated strategy governs drug court responses to participants' compliance.
- 7. Ongoing judicial interaction with each drug court participant is essential.
- 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

TARGET POPULATION

The Collier County Adult Drug Court targets high-risk, high-need felony offenders whose crimes or violations of probation are directly or indirectly motivated by alcohol and/or drug use.

ELIGIBILITY CRITERIA

The following criteria are intended to be a guide for those considering making a referral to drug court. If there are any criteria that a participant might not meet, they are still encouraged to speak to their attorney about making a referral. Each case will be considered on an individual basis. The eligibility criteria are as follows:

- 18 years of age or older
- Resident of Collier County, or willing to reside in Collier County for the duration of the drug court program (minimum of 18 months)
 - Transfers to or from another Florida county may be possible and are determined on a case-by-case basis
- Legally appropriate as determined by the State Attorney
 - Charged with one or more felony charges of the 2nd or 3rd degree
 - Charge(s) must not be a sexual or sexually-motivated
 - Charge(s) must not include sale or trafficking of controlled substance
 - Must score to 60 points or fewer on scoresheet
- Clinically appropriate as determined by the treatment provider
 - Must undergo a clinical screening to verify a substance use disorder
 - Must then undergo a clinical assessment to verify need for intensive substance use treatment and capability to complete program. Assessment must confirm existence of moderate to severe substance use disorder (as well as any other co-occurring disorders)
 - Any co-occurring mental disorder(s) must be sufficiently stabilized so that participant can manage all program requirements set forth in their Drug Court handbook

- Must also undergo a risk/needs assessment to confirm applicant is at a high risk to fail
 in a less-intensive treatment program, and has a high criminogenic need for treatment
 of a substance use disorder (and any co-occurring disorder)
- Participant must be willing to comply with all rules and requirements set forth in the
 Drug Court handbook, and with all treatment recommendations
- Regarding any medical conditions, participant must be willing to consent to sign all necessary
 medical releases to allow team members to coordinate care with prescribing physician(s) for
 physical health, mental health, and substance use disorder needs
 - FDA-approved medications to assist with treatment for substance use disorder are permitted, so long as participant complies with all rules to obtain and use same lawfully and safely
- Participant must be able to comply with all rules set forth in the Drug Court handbook, including attendance at all treatment sessions and self-help meetings, frequent drug testing, payment of restitution to any victims, and maintenance of minimum employment or schooling requirements for each phase

EXCLUSIONARY CRITERIA

- Charges cannot be sexual in nature/cannot be a registered sex offender.
- Charges cannot involve a weapon (carrying or possessing).
- Cannot score over 60 points (Charges could be amended to reduce the total sentencing points at the discretion of the State on a case-by-case basis).
- First-degree felonies are not accepted.
- Forcible felonies are excluded by statute, except for 3rd degree burglaries.
- Cannot have 1+ prior convictions for a felony crime of violence involving the use/attempted use of force against a person with intent to cause death or serious bodily injury.
- No charges where death or serious bodily injury did occur.
- Cannot have Immigration holds.
- Drug sale & drug trafficking charges are reviewed on a case-by-case basis (drug trafficking charges would need to be amended to a lesser charge & would be done at the discretion of the State, with input from law enforcement).
- If law enforcement has legitimate, articulable concerns over potential participant's entry into the Drug Court Program.**
- If victims have reasonable objections over potential participant's entry into the Drug Court Program.**

^{**}If the attorneys disagree as to the reasonableness of such an objection, either attorney may request the matter be staffed by the full team. If there is still disagreement, the ultimate decision to accept or reject the referral will be made by the judge.

PROGRAM DATA

The State of Florida has contracted with a database provider to offer software to all Florida Problem-Solving Courts for the purpose of assisting them in capturing, tracking and analyzing relevant data for said courts and their participants. The current program in operation in Florida is called Drug Court Case Management, or DCCM. Various stakeholders with this Drug Court are responsible for ensuring that accurate data is entered on each participant, and on the many actions taken by the Drug Court in working with that participant. Those specific responsibilities are spelled out below. Data from DCCM is intended to be available to maintain transparency and accountability, as well as to assist the Drug Court with pursuing and maintaining available funding opportunities.

The State Attorney's Office will open all referrals received in DCCM. The State shall be responsible for entering all relevant information on pages 1 and 2 of the initial eligibility screening in DCCM. The David Lawrence Center shall be responsible for entering all relevant information on pages 3-5 of the initial eligibility screening in DCCM.

The State shall also be responsible for rejecting and accepting pending referrals in DCCM. Once a participant is accepted and active in the program, the AOC Treatment Court Compliance Officer will then take over data entry for active participants including but not limited to: incentives, sanctions, court reports, court dates, and general update notes. DLC shall enter assessments, staffing notes and drug test results.

When a participant is terminated or graduates the State shall be responsible for discharging the participant from DCCM. The AOC Treatment Court Compliance Officer shall be responsible for all discharge/recidivism tracking and provide annual data to the AOC and David Lawrence Center for grant funding opportunities.

OUTCOMES TRACKED FOR PROGRAM ASSESSMENT

Our Drug Court is continually striving to improve with regard to the measurable outcomes that our clients enjoy. Using the DCCM software, we aim to measure the following aspects of a client's life, both at the beginning of their time in our program, and at the end, whether that be through successful completion, or through termination:

- Sobriety (days/months/years)
- Recidivism
- Housing
- Education
- Employment
- Reunification of client with their children
- Family reunification (client's parents, siblings, others)

ENTRY PROCESS

- Referral must be submitted on behalf of the defendant through the Collier Treatment Court CJIS20
 website at https://www.ca.cjis20.org/tcreferral_col/. The assigned Assistant State Attorney and
 SAO Specialty Courts Coordinator review referrals.
 - a. See Appendix A for the Referral to Plea Flowchart (Page 29).
- 1. Upon receipt of a referral, the Specialty Courts Coordinator will enter the defendant's demographic, case information and criminal history information into DCCM. The defendant will be reviewed for legal appropriateness.
- 2. If approved, the SAO will notify the David Lawrence Center that the defendant can begin the clinical screening process. If denied, the SAO will notify the Defense Attorney.
- 3. The David Lawrence Center will conduct a two-pronged screening process. First, the defendant will undergo a cursory screening. If this initial screening indicates the defendant is a good candidate for Drug Court, then the defendant will move on to a full clinical assessment.
- 4. If they are deemed clinically appropriate, the David Lawrence Center will notify the SAO and the SAO will draft a contract.
- 5. The contract contains all the terms of the Plea Offer including the disposition of the charges, terms of probation, and what the State will offer in consideration for the successful completion the entire Drug Court program including Aftercare and regular probation. In an effort to increase incentives for persons willing to enter and complete drug court, the SAO agrees to dismiss cases upon completion of drug court UNLESS (1) the SAO has already amended or dismissed charges to make the defendant legally eligible for drug court, (2) the charge is a DUI, (3) the plea offer specifically excludes it, or (4) the case comes into Drug Court as a VOP, in which case, upon successful completion, the Defendant would be allowed to withdraw VOP admission, vacate VOP sentence, and have the original sentence remain as the final sentence. In circumstances where entry into Drug Court is via open plea or trial/hearing, the SAO has no agreement to dismiss the charges or agree to the withdrawal of the admission to a probation violation.
- 6. Once a defendant and the defense attorney agree to and sign the contract, the SAO Specialty Courts Coordinator will coordinate a plea date between the Judge's JA, Treatment, State, and Defense.
- 7. In-custody defendants are released from jail the Monday following their plea directly to a David Lawrence Representative who will escort them to State probation and get them set-up and started with treatment.
- 8. In the event that any Team member should disagree regarding the admission or non-admission of a given participant into Drug Court, that Team member should bring the matter to the full Team at a Staffing for the Team to discuss. The Team will consider the conflict in light of our eligibility criteria, our knowledge of our collective resources and the Florida Statutes. The Team will collaborate and endeavor to craft acceptable terms for the participant's entry into the program, so that there may be consensus within the Team. If no consensus can be achieved, it will fall to the Judge to make the final determination regarding the participant's entry into the program.

Currently, the SAO Specialty Courts Coordinator, David Lawrence Center Coordinator, OPD Disposition Specialist, Treatment Courts Compliance Officer, and CCSO Law Enforcement Officer have a weekly phone call to discuss the progress of referrals to ensure a timely entry into the program. Potential

referrals identified by the jail and various other sources are also acknowledged to inform their legal representative.

TEAM ROLES

The Collier County Adult Drug Court Team shall be the operational entity of the program, providing a uniform and consistent focus, with the common goal of the participant's recovery and successful community reintegration. The Adult Drug Court program has organized a professional, multi-disciplinary team, and identified specific roles for each member, as described below. Current Drug Court Team members are listed in Appendix D (page 36).

All Team Members:

- Attend the weekly staffing meeting prior to Status Hearings in court;
- Attend the weekly Status Hearings in court;
- Participate in the development of the participant's individual plan as progress is made through the program;
- Make recommendations for sanctions and incentives after reviewing treatment and supervision reports for participants;
- Justice stakeholders on the team work to achieve a basic understanding of substance use disorders, common mental health disorders, drug testing protocols, trauma, medication assisted treatment (MAT), and other topics germane to the treatment process;
- Treatment stakeholders on the team work to achieve a basic understanding of due process and the respective roles of the judge, the prosecutor, the defense attorney, the probation officer and the law enforcement officer in the criminal justice system;
- Provide encouragement and support to each offender throughout the program;
- Attend and participate in Quarterly Business Meetings;
- Plan and improve the participant handbook and the policies and procedures for Adult Drug Court on a regular basis;
- Those new to their position on the team will be required to complete discipline-specific virtual trainings as close to their start date as possible;
- Participate in trainings requiring various degrees of travel as funding allows.

Adult Drug Court Judge:

- Directs the efficient operation of the Court and ensures that each team member is able faithfully to fulfill their roles within the context of the team dynamic;
- Participates in staffing and settles disputes concerning the imposition of sanctions, incentives, or other actions when the team is not unanimous;
- Supervises the progress of each participant by having regular status hearings, and aims to motivate the participant to fully engage in treatment;
- Awards incentives to participants in court, consistent with the team's input from the staffing meeting;
- Conducts an informal due process hearing before considering and imposing any sanctions upon participants in court, incorporating the team's input from the earlier staffing meeting, and the participant's input from the hearing (at which Defense Counsel

- is present and may assist and be heard);
- Makes the final determination to accept or reject pleas to new charges and/or admissions to Violations of Probation (VOPs) from participants wishing to enter Adult Drug Court under a Drug Court Contract;
- Presides over any formal charges of VOP arising from within the program, but may
 recuse if adjudicating the ultimate issues in the VOP would conflict with the Judge's
 ability effectively to continue to serve in a therapeutic role, which is the Judge's primary
 obligation to the program;
- Aims to educate the larger community about Adult Drug Court, including especially
 other government and legislative officials, private and public funding sources, the
 recovery community, and other individuals and groups who can offer various forms of
 support and sustainability to the Adult Drug Court, its team members, and its
 participants and graduates;
- Within the confines of the Judicial Canons, supports the Adult Drug Court and its various stakeholders in working to obtain stable funding necessary to sustain a successful court, and to maintain each members' participation.

Adult Drug Court Assistant State Attorney:

- Responsible for making the final determination as to a defendant's legal eligibility;
- Provides all Drug Court offers and the plea agreement terms thereto, and drafts all Drug Court Contracts;
- Attends all Drug Court hearings, actively participate in staffing, and address violations of probation, revocations, pleas, and the application of sanctions and incentives as they apply to the participant.

State Attorney's Office Specialty Courts Coordinator:

- Reviews all referrals for legal eligibility;
- Responsible for following up on referrals going through the screening, coordinating plea dates, attending staffing, and assisting the team in addressing sanctions, incentives, and treatment concerns as they apply to the participant.

<u>Public Defender's Office Defense Attorney (for Public Defender clients):</u>

- Submits the Drug Court referral after reviewing discovery and legal options with the defendant;
- Prior to plea into Drug Court will review plea documents, including: trial rights, waiver of rights, Drug Court contract, plea bargain, possible restitution payments, scoresheet, and end result, whether successful or unsuccessful;
- Ensures the defendant is legally competent and fully cognizant of his/her rights and any waivers prior to entering the program;
- Assistant Public Defender will join staffing as a team member to advocate for participants legal interest, follow through their progress, and argue for reduction of sanctions, advocate for phasing, and other incentives;

- Private Defense Attorney will have option of joining staffing as a team member to advocate for their clients;
- Counsels participant in the event of a proposed sanction or alleged violation;
- Represents participants through alleged violations, termination hearings, and court dates.

Public Defender's Office Disposition Specialist:

- Submits all Drug Court referrals for the Public Defender's Office;
- Follows up on referrals, attends weekly meetings with the SAO Specialty Courts
 Coordinator and DLC's Supervisor of Forensic Services to ensure rapid entry into the
 program;
- Assists with finding appropriate housing and residential programs, if needed;
- Attends all staffing's and Drug Court hearings with the assigned Assistant Public Defender;
- Participates in staffing by advocating for the Drug Court participants' best interest;
- Assists the assigned Assistant Public Defender with treatment options for participants, assists with referrals for community partners, and works alongside the Assistant Public Defender;
- Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

Department of Corrections Probation Officer:

- Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success;
- Provides coordinated and comprehensive supervision to minimize participant manipulation and splitting of program staff;
- Assists with post program services, client outreach, Mentor programs and Alumni Associations;
- Develops effective measures for drug testing and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems;
 - Provides a report to the State at least monthly regarding compliance with any restitution obligations;
 - Relays to the Treatment Court Compliance Officer (either verbally or by email, as preferred) information regarding Participant contacts for entry into DCCM per Program Data section, above;
 - Approves curfew adjustments as needed (note: when adjusted, curfew period may be shorter than 8 hours);
- Assists Coordination the utilization of community-based services such as health and mental
 health services, victims' services, housing, entitlements, transportation, education,
 vocational training, job skills training and placement to provide a strong foundation for
 recovery;

- Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner;
- Is knowledgeable of gender, age and cultural issues that may impact the offender's success;
- Contributes to the team's efforts in the community education and local resource acquisition;
- Contributes to the education of peers, colleagues, and the community in the efficacy of Drug Courts.

Treatment Court Law Enforcement Officer:

- Has full power of the Sherriff's Office if needed;
- Establish a positive relationship with the participants;
- Provide information to the Team on prospective or current participants;
- Recommend potential participants to the Team;
- Report any law enforcement contact (positive or negative) with the participant to the Team;
- Conduct unannounced home visits, work visits, or curfew checks to verify compliance with the program;
- Conduct welfare checks on the participant when needed;
- May ask the participant to submit a breathalyzer (PBT) or other tests/screens as needed;
- Conduct compliance checks with County and State probation;
- Assist participants who might be in crisis;
 - This may include providing support if they are a victim of a crime, in need of care, or guidance on a particular issue;
- Assist Treatment with minor needs involving the participant;
 - This may include assisting the participant in surrendering contraband for destruction.
- Attends staffing and status hearings;
- Liaison between the jail and warrants departments regarding participant needs;
- Collaborate and assist all of the treatment court members.

Treatment Provider:

- Responsible for conducting screenings and clinical assessments for each participant referred to treatment;
- Works with each participant to develop an individualized treatment plan utilizing a holistic approach to meet participant-identified needs;
- Educates participants on various MAT options and refer if appropriate;
- Provides a treatment orientation in a timely and competent process;
- Provides an array of therapeutic interventions to meet the treatment needs of each
 participant, which may include individual and group therapy, trauma, family counseling,
 crisis intervention, education, rehabilitation, and case management services;
- Refers for additional services as needed;
- Intervenes therapeutically upon receipt of positive drug test results;
- Reports on participants' progress including non-compliance issues as they occur via

- written (web based) report and team staffing meetings;
- Utilize pre-approved and evidence-based curriculum for therapeutic interventions;
- Maintains appropriate level/hours of contact with each participant based on their unique needs and in accordance with assessed level of care;
- Provides screening and linkage to multiple inpatient care options for participants assessed as needing this higher level of care;
- Submits grant applications and solicits state and federal funding for program management and development;
- Submits reports and information within deadlines for funding applications and other contract requirements of OSCA and other funders and grantors;
- Conducts and/or coordinates all drug testing options and reports results to the Court;
- Communicates with all vendors involved in treatment court to assure compliance.

Treatment Providers Specific Roles:

1. Drug Court Coordinator-

- a. Responsible of overseeing all aspects of the program;
- b. Hiring and training staff;
- c. Monitors referrals status;
- d. Oversees grant requirements;
- e. If applicable, communicates with appropriate parties to maintain continuity of care.

2. Drug Court Clinicians-

- a. Conduct clinical assessments to determine eligibility;
- b. Develop and review individual treatment plans render group and individual therapy utilizing manualized and evidence-based treatment based ASAM level of care;
- c. Collaborate with Case Managers to determine services needed;
- d. Communicate with Drug Court Team to ensure continuity of care.

3. Drug Court Case Managers-

- a. Conduct initial screening;
- b. Develop and review individualized service plan;
- c. Verify with defense counsel that reliable housing has been secured for the participant prior to plea;
- d. Ongoing referral and linking participants with appropriate services;
- e. Conduct observed urinalysis testing and report results to appropriate Team members;
- f. Manage volunteer events for participants;
- g. Enter appropriate data into Florida Drug Court Case Management system;
- h. Responsible for court docket;

 Attends all court hearings to report progress and/or concerns to the Drug Court Team and work closely with Clinicians to ensure participant's needs are being addressed.

4. Drug Court Peer Specialist:

- a. Advocates, encourages, and supports participants;
- b. Provides a safe environment, active listening, and freedom to communicate openly;
- c. Promotes a non-clinical relationship that is confidential, honest, and judgement free;
- d. Facilitates education groups and individual meetings;
- e. Self-identifies as a person in recovery from a mental health and/or substance use disorder.

Treatment Court Compliance Officer:

- Coordinates statistical data collection and management information;
- Reports information to the Team as needed;
- Assists to improve the overall quality of the program;
- Provides information to the Administrative Office of the Courts regarding participant data measures;
- Inputs weekly court notes for the Drug Court Case Management system;
- Attends staffing and Drug Court hearing's;
- Compiles reports regarding incentives, sanctions, phasing, curfews, and weekend work eligibility.

TRAINING POLICY

New Team Members: Serving on the drug court team is a privilege, and will be unlike anything you have ever done before. In order to function effectively, it is essential that each team member be trained in the special elements of their role on the team, and that each team member receive crosstraining in the elements that are unfamiliar to them. For example, a new member to the treatment team will need prompt training as to how their treatment role may be adjusted in working with the team, and must be trained in the basics of the criminal justice system, most especially the importance of due process and how each team member must observe it. Conversely, a new judge, attorney or probation officer will need training about how their role must adjust in the team setting, and will need training in the basics of behavioral health, treatment modalities, the role of medication and also trauma and resiliency.

Whenever possible, an incoming team member should make all efforts to observe the outgoing team member for at least two weeks, which will allow for the observation of staffing, status hearings and pleas/VOP's. Additionally, an incoming team member should make all efforts to complete the mandatory training outlined in Appendix B (pages 30-34) before officially stepping into their role on the team. In no event should the new team member fail to have all mandatory training completed within their <u>first 30 days</u> of service on the team. Additionally, all new team members should make

every effort to attend and complete the RISE Conference within their first year on the team. If there is a state-wide equivalent being offered within that same time frame (e.g. FADCP/OSCA), attendance at same will satisfy this requirement.

Existing Team Members: In addition, every team member must complete a minimum of five (5) hours of continuing training annually, in order to stay current with the evolving best practices in this field. While team members should prioritize trainings that are targeted to their specific roles, they should not hesitate to attend trainings that go beyond that role. For example, attorneys should strive to attend webinars on best practices in treatment and behavior modification whenever possible, as knowledge and understanding of same will greatly aid them in advocating for their positions in court, and in collaborating with the other team members in the shared quest for good outcomes.

Both state and national sources (AllRise, SAMHSA, FADCP, OSCA, etc.) continually provide webinars that are often held on Fridays and/or over lunch hours and can easily be attended, free of charge, and without significant disruption to the team member's other duties. Many of the most significant challenges of serving on this team can be mitigated, or even eliminated, by each team member completing the available training that addresses those challenges. As team members become aware of upcoming training opportunities, they should email those to the entire team and encourage all to attend same.

<u>Training Log:</u> Whenever a team member completes a training – whether in-person or virtual, live broadcast or recorded/self-guided, or written text – they should report their completion by email to the Court's Compliance Officer, who will record that training in the team's master Training Log, attached hereto as Appendix C (page 35).

REPORTING NON-COMPLIANCE TO THE TEAM

- If a member of Treatment becomes aware of non-compliance with a Treatment recommendation, that person will report the non-compliance to the Treatment Team. If the item has the potential to merit a sanction, it should be reported by prompt email to the whole Team.
- If Probation becomes aware of a non-compliance that has the potential to merit a sanction, it should be reported by prompt email to the whole Team.
- If Probation becomes aware of a non-compliance that merits a violation of probation, then Probation may contact the State Attorney to discuss, if appropriate, or may simply prepare a formal VOP and forward same to the Judge.
- Positive and/or dilute and/or missed drug tests should be reported to the entire Team by prompt email as they become known.
- Encounters with law enforcement should be reported to the entire Team by prompt email as they become known, regardless of whether they result in arrest or not.
- Self-admitted relapses (which are not a matter of non-compliance) should be reported to the
 entire Team by prompt email, along with the Treatment intervention that has been made (or is
 being considered/pursued) in response.

DRUG COURT PHASE STRUCTURE

Participants are required to engage in treatment for a <u>minimum of 12 months</u>, followed by another 90 days minimum of Aftercare, all which supervised by probation. There are 6 phases that each participant must complete which include various court, treatment and supervision requirements designed to address specific recovery goals while completing their legal sentencing terms.

The phases are outlined below:

PHASE 1: ACUTE STABILITZATION Length: Minimum of 30 days.

REQUIREMENTS:

- · Random Drug and Alcohol Testing
- Random Home Checks
- Follow all Probation Instructions
- Follow all Treatment & Case Management Instructions
- Participate in Treatment as Determined by their Needs
- Weekly Court Appearances
- Drug Offender Probation
- Curfew 10:00pm-6:00am
- Seek Employment or Education
- Minimum of 14 Days of Sobriety to advance
- Minimum of 14 Days without a sanction to advance

PHASE 2: CLINICAL STABILIZATION Length: Minimum of 60 days.

REQUIREMENTS:

- Random Drug and Alcohol Testing
- Random Home Checks
- Follow all Probation Instructions
- Follow all Treatment & Case Management Instructions
- Participate in Treatment as Determined by their Needs
- Weekly Court Appearances
- Drug Offender Probation
- Curfew 10:00pm-6:00am
- 10 Hrs Weekly of Work, School, or Community Service
- Consistent Restitution Payments (if applicable)
- Minimum of 30 Days of Sobriety to advance
- Minimum of 14 Days without a sanction to advance

PHASE 3: PRO-SOCIAL HABILITATION Length: Minimum of 90 days.

REQUIREMENTS:

- · Random Drug and Alcohol Testing
- Random Home Checks
- Follow all Probation Instructions
- Follow all Treatment & Case Management Instructions
- Participate in Treatment as Determined by their Needs
- Bi-Weekly Court Appearances
- Drug Offender Probation
- Curfew 10:00pm 6:00am
- 20 Hours Weekly of Work, School, or Community Service
- Consistent Restitution Payments (if applicable)
- Minimum of 45 Days of Sobriety to advance
- Minimum of 14 Days without a sanction advance

PHASE 4: ADAPTIVE HABILITATION Length: Minimum of 90 days.

REQUIREMENTS:

- Drug Offender Probation converted to regular probation & Curfew lifted (case by case basis)
- Random Drug and Alcohol Testing
- Random Home Checks
- Follow all Probation Instructions
- Follow all Treatment & Case Management Instructions
- · Participate in Treatment Determined by their Needs
- Monthly Court Appearances
- 30 Hours Weekly of Work, School, or Community Service
- Consistent Restitution Payments (if applicable)
- Minimum of 60 Days of Sobriety to advance
- Minimum of 14 Days without a sanction to advance

PHASE 5: CONTINUING CARE Length: Minimum of 90 days.

REQUIRMENTS:

- Random Drug and Alcohol Testing
- Random Home Checks
- Follow all Probation Instructions
- Follow all Treatment & Case Management Instructions
- Participate in Treatment as Determined by their Needs
- Monthly Court Appearances
- 30 Hours Weekly of Work, School, or Community Service
- Consistent Restitution Payments (if applicable)
- Minimum of 90 Days of Sobriety to Move On

- Minimum of 14 Days without a sanction to advance
- Prepare Life Skills Plan

PHASE 6 (MOVING ON): AFTER CARE Length: Minimum of 6 months.

REQUIREMENTS:

- Minimum 90 days of Aftercare Treatment & continued Case Management
- Random Drug and Alcohol Testing
- Follow all Probation Instructions
- Follow all Treatment & Case Management Instructions
- Participate in Treatment as Determined by their Needs
- Consistent Restitution Payments (if applicable)

STAFFING

All Team members are expected to attend staffing, which is held weekly, prior to that week's Status Hearings. During staffing, Team members update each other on the positive and negative behaviors and progress exhibited by each participant over the prior week(s). Team members are encouraged to brainstorm and contribute ideas with regard to solutions for any barriers that a participant may be experiencing. At staffing, discussions may be held regarding active participants, but also those in Aftercare, as well as those who are considering entering Drug Court to become participants. Staffing is strictly confidential, and Team members are to protect the information that is shared there from being shared with anyone who is not on the Team or otherwise legally entitled to such information. Upon entering Drug Court, participants sign a Release of Information to allow Team members to share and discuss confidential information, only to the extent required for the Team members to fulfill their roles on the Team. Upon entry of a plea into Drug Court, the Judge also signs a HIPAA order to permit the limited sharing of health care information among Team members only.

STATUS HEARINGS

Drug Court convenes weekly to hold Status Hearings. All Team members (except Clinicians when unavailable) are expected to attend Status Hearings. During Status Hearings, participants appear before the Judge and the Team to update the Court on their progress in the program. Participants report progress on various goals, such as housing, employment, reunification with family, treatment, wellness and peer support. Participants are encouraged to be honest about any barriers they are experiencing so the Team can assist with resolving those to the extent possible. Participants are also encouraged to be fully honest in discussing any ways in which they may have broken a Drug Court rule, or fallen short on a goal that they have set. Generally speaking, all participants on a given Status Hearing Docket will attend the entire court session. However, as a participant makes progress in Drug Court, the frequency of Status Hearings may be reduced, and further incentives such as early dismissal from Status Hearings may be awarded.

INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

As a result of positive behaviors and/or progress, Team members may recommend the awarding of certain incentives. Likewise, as a result of negative behaviors or regression, Team members may recommend the imposition of certain sanctions. Both incentives and sanctions are intended to aid the participant in modifying their behavior in ways that will support a lasting recovery from substance use and an end to criminal and anti-social behaviors. Service adjustments are neither an incentive nor a sanction, they are what participants *need* to assist their recovery journey and enhance program participation.

Service adjustments are supportive responses provided when participants struggle to meet long-term (distal) goals due to lacking necessary skills or resources. Unlike sanctions, which are used to encourage compliance with short-term (proximal) goals, service adjustments focus on building capacity for long-term success.

Participants may sometimes view service adjustments as sanctions or incentives; however, it is important to clarify that they serve a different purpose. Service adjustments address challenges in achieving currently unrealistic goals, while sanctions and incentives are linked to goals that are within the participant's current ability to achieve.

The Participant Handbook explains to participants what behaviors may earn them an incentive or a sanction, and how those tools are used in a gradual and escalating manner, distinguishing between proximal goals and distal goals in the name of modifying the behavior. The Participant Handbook also explains the purpose of a service adjustment and potential adjustments that may be recommended.

The Team has agreed to look at cases individually and craft a response based on the infraction. As an effort to provide equivalent, but individualized responses to infractions in Drug Court, below is a general guide as to how the Team will consider handling infractions.

VOP: confirmed positive urinalysis drug screen, new law violation, absconding, refusal to comply.

SANCTION: curfew, tardiness, missed group, missed urinalysis drug screen.

MIDDLE (VOP or sanction): confirmed positive urinalysis drug screen.

Generally speaking, the Team will aim to achieve consensus with regard to awarding of incentives and imposition of sanctions, but where there is disagreement, the Judge will have the ultimate decision on these issues, pending the outcome of a discussion with the participant in a Due Process Hearing, as described below.

An **incentive** is positive reinforcement for meeting or exceeding all program requirements and following the rules. Incentives may include, but are not limited to:

- Verbal praise from the Judge
- Applause
- Phase Promotion
- Travel Pass

- Treasure Chest
- Night off curfew
- Early dismissal from court
- The Drug Court Cup

A **sanction** is a response for not meeting program requirements or not following the rules. Sanctions may include, but are not limited to:

- Verbal Warnings
- Community Service Hours
- Curfew enhancements
- Increased drug testing
- Phase/Graduation delays

- Weekend Work
- Weekend Lockdown
- Jail
- Termination

A **service adjustment** is defined as an added therapeutic support designed to assist you in more consistently managing program requirements. Service adjustments may include, but are not limited to:

- Increased case management support
- Increased clinical support
- Medication adjustments
 - o Increased medication monitoring
- Employment Search Support
- Written learning assignments to research an area of concern or to explain process something that may be difficult to discuss
- Increased supervision
- Increased level of care (such as intensive outpatient treatment, partial hospitalization program, short term residential, or long term residential)

DUE PROCESS HEARINGS FOR SANCTIONS

Prior to the imposition of any sanction, the Judge will hold an informal due process hearing with the participant during his or her Status Hearing. The Judge will advise the participant of the allegations pending, and invite the participant to offer any input or explanation they feel is relevant. The participant will have access to defense counsel before and during said hearing, and defense counsel may actively advocate for the participant throughout the hearing. Other Team members may also be heard during the hearing, both with regard to factual assertions and advocacy for or against the imposition of the sanction. At the conclusion of the hearing, the Judge will decide what is an appropriate sanction, which may or may not be precisely the sanction that was recommended earlier in the staffing, and will offer the participant the opportunity to accept the sanction to stay in good standing, or to opt into a formal Violation of Probation, where full due process will attach.

TERMINATION

A recommendation for termination from Drug Court may be made at the discretion of the Drug Court team. Reasons for a recommendation of termination may include, but are not limited to: new charges, absconding, repeated sanction for behavioral issues, tampering with a UA, falsifying documents of any kind, and lying to the Judge, treatment or probation. Upon a recommendation for termination, a formal Violation of Probation is filed and served on the participant, if it has not been already. The participant is

entitled to the full range of due process rights that accompany any other Violation of Probation. The Drug Court Judge will preside over the Violation of Probation matter to its resolution, unless it appears to the Judge that continued service in that role presents a conflict under the Judicial Canons such that the Judge must recuse and have the matter assigned to another Judge.

Termination can result in you being sentenced up to the maximum length of incarceration under the law for your charge(s). It can also result in a felony conviction if you entered the Program with a Withhold of Adjudication. A felony conviction can have significant life-long consequences when it comes to goals such as licensing, housing and credit. Again, it is very important to be honest with the Drug Court Team and ask for help when needed. This can avoid any of these undesired outcomes.

Moving On

A recommendation for Moving On occurs once the participant has completed all court requirements. The participant will need to complete a Moving On application. The assigned Judge, Assistant State Attorney, Assistant Public Defender, and the David Lawrence Center Case Manager will schedule the participant for an Exit Interview. Once the exit interview is completed, the participant will be scheduled for Moving on. Moving On occurs during a regular Status Hearing, at which the participant will share his/her experience, strength and hope before fellow participants, guests and the Team.

SUCCESSFUL COMPLETION

Successful completion refers to the completion of both the In-Court and Aftercare portions of Drug Court. The participant will be eligible to petition the court for early termination after a minimum of 6 months of Aftercare. Upon successful termination of their probation, their individual contract may entitle them to additional incentives.

For example, upon successful termination of your probation, your individual contract may entitle you to withdraw your plea and have your charges dropped. If you enter the Program on a Violation of Probation, your contract may entitle you to withdraw your admission and your plea to the underlying charge and have your charges dropped. Having your charges dropped may entitle you to have your case sealed or expunged based on whether you qualify for either privilege under the Statute. Having your charges dropped can have a very positive effect on your future.

TREATMENT SERVICES

- 1. Therapeutic Alliance The David Lawrence Center shall promote initial attendance, engagement and development of an ongoing therapeutic relationship by:
 - a. Treating people with respect and dignity;
 - b. Enhancing motivation and self-direction through identification of meaningful goals that establish positive outcomes;
 - c. Working with family, guardian, courts, etc. to promote the individual's program success;
 - d. Identifying barriers to treatment and provide appropriate referrals if indicated
 - e. Providing consumer education to promote understanding of services and supports in relationship to individual functioning or symptoms and to promote understanding of individual responsibilities in the process;

- f. Encouraging individuals to assume an active role in developing and achieving productive goals; and
- g. Delivering services in a manner that is responsive to each individual's age, cultural background, gender, language and communication skills, and other factors, as indicated.
- 2. Individualized Treatment Services and supports shall be individualized in accordance with the needs and situation of everyone served:
 - a. There is variability in the type and amount of services that individuals receive, consistent with their needs, goals and progress;
 - b. There is variability in the length of stay for individuals to successfully complete a level of care or treatment episode, consistent with their severity of need and treatment progress;
 - In structured and intensive levels of care, group education/counseling sessions are available to deal with special therapeutic issues applicable to some, but not all, individuals;
 - d. Services on a one-to-one basis between an individual served and a staff member (such as individual counseling and community support) are routinely available and scheduled, as needed.
- 3. Least Restrictive Environment Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria.
- 4. Array of Services Services and supports shall be provided in the most appropriate setting available, consistent with the individual's safety, protection from harm, and other designated utilization criteria.
 - a. A range of services shall be available to provide service options consistent with individual need. Emotional, mental, physical, and spiritual needs shall be addressed during treatment.
 - b. The organization has a process that determines appropriate services and ensures access to the ASAM level of care appropriate for the individual.
 - c. Each individual shall be provided the least intensive and restrictive treatment, consistent with the individual's needs, progress, and other designated utilization criteria.
 - d. To ensure each individual's access to a range of services and supports within the community, the organization shall maintain effective working relationships with other community resources. Community resources include, but are not limited to, other organizations expected to make referrals to and receive referrals from the program.
 - 5. Assistance in accessing transportation, childcare and safe and appropriate housing shall be utilized as necessary for the individual to participate in treatment and rehabilitation services to meet recovery goals.
- 6. Assistance in accessing employment, vocational and educational resources in the community shall be offered, in accordance with the individual's recovery goals.
- 7. Recovery Services will promote the independence, responsibility, and choices of individuals.
 - a. An individual will be encouraged to achieve positive social, family, and occupational/educational functioning in the community to the fullest extent possible.

- b. Efforts will be made to accommodate an individual's schedule, daily activities and responsibilities when arranging services, unless otherwise warranted by factors related to safety or protection from harm.
- c. Individuals will be encouraged to accomplish tasks and goals to promote independence.
- 8. Peer Support and Social Networks The organization will utilize peer support and social networks among those individuals it serves and encourages participation in self-help groups.
- 9. Family Involvement Efforts will be made to involve family members, whenever appropriate, in order to promote positive relationships.
 - a. Family ties and supports will be encouraged in order to enrich and support recovery goals.
 - b. Family members will be routinely informed of available services, and the program shall demonstrate the ability to effectively engage family members in a recovery process.
 - c. When the family situation has been marked by circumstances that may jeopardize safety (such as domestic violence, child abuse and neglect, separation and divorce, or financial and legal difficulties), family members will be encouraged to participate in education and counseling sessions to better understand these effects and to reduce the risk of further occurrences.
- 10. Pharmacological Treatment When clinically indicated for the person served, pharmacological treatment shall be provided or arranged to ameliorate psychiatric and substance abuse problems.
 - a. Medication Assisted Treatment (MAT): In accordance with the Florida Adult Drug Court Best Practices and the National Association of Drug Court Professionals Adult Drug Court Best Practices, the Collier County Adult Drug Court will offer medication-assisted treatment to those participants who wish to utilize the therapy and who clinically qualify. Any medication that is FDA approved for the treatment of substance use disorders is permitted in Drug Court. The Drug Court team will closely monitor participants and the prescribing medical professionals to ensure the medication is being taken as prescribed. Medical professionals prescribing MAT must be licensed or certified as mandated in Fla. Stat. § 397.427. Participants seeing a medical professional outside of the David Lawrence Center must sign a release of information, so the Drug Court team can freely comminute and coordinate with the outside MAT provider. MAT should be used in conjunction with other therapies as prescribed by Fla. Stat. § 397.427 and the state and national Best Practices.

PRESCRIPTION MEDICATION POLICY

- 1. Participants will be prohibited from using or possessing any prescribed or over-the-counter drugs or medications without first informing their treatment provider. All prescribed medications must be FDA approved.
- 2. Participants who must seek medical attention will be required to inform the treating physician that they are in a substance use disorder treatment program. Participant is required to sign a release of information for the treatment provider to access records and for continuity of care.
- 3. Participants will be required to submit copies of all medical documentation within 48 hours of release from any physician or medical facility.
- 4. Participants may not be permitted to remain in treatment court if long-term use of a narcotic pain medication is determined to be medically necessary. These individuals will require a review with the Drug Court Team to determine continued participation.

- 5. Individuals may be reviewed and may receive permission to continue the use of narcotic mental health medications for their mental health needs if deemed medically necessary by the prescribing physician, and then only if the physician agrees to supervise the administration of the medication.
- 6. Participants who must undergo medical procedures that require the use of addictive or narcotic medications will need to notify treatment and follow procedures for ensuring medical compliance. Treatment court team members are not physicians and may confirm with physicians the reports of participants who claim that the use of prohibited substances is medically necessary. In addition, certain over-the-counter medications are not permitted.

DRUG AND ALCOHOL TESTING

The Collier County Drug Court Program is a sobriety-based program. Participants will be tested for the presence of drugs, alcohol and any banned substances throughout the participant's entire time in the program and while on probation. Participants are responsible for contacting both treatment and probation as instructed to find out if they are required to test that day. Failure to make contact as instructed may result in a sanction. If the participant makes a mistake or forgets to make contact as instructed, the participant should immediately contact their case manager and/or probation officer, and follow how they are instructed to proceed.

Testing by urinalysis is our primary form of testing. It is random and is always observed, and all tests are laboratory confirmed. When either individual or emergency circumstances make it appropriate, we may also employ other forms of testing, such as remote alcohol monitors, oral swabs, sweat patches and other approved means to detect unlawful substances.

Missing any form of a drug test or failing to submit a sample will be treated as a positive drug test and will result in a sanction. Diluting or tampering with your sample is dishonest. A diluted drug test may be treated as a non-negative test and may result in a sanction. Tampering with a drug test may result in termination from the program.

What is the consequence of a dilute or adulteration? A diluted or adulterated sample may be considered a non-negative test and a sanction may be imposed to the participant. A dilute or adulterated sample is a breach in the ability to monitor a participants sobriety and may delay their phasing. This information is provided so that a participant does not unintentionally or intentionally provide a diluted or adulterated sample. Participants are encouraged to ensure that they are not drinking an excessive amount of water, coffee, energy drinks or any other fluids prior to a drug test. For tests other than urinalysis, participants are likewise encouraged to ensure that they follow all instructions and take all reasonable steps to submit a valid test. If a participant has any questions, please ask refer them to their case manager or probation officer.

EMERGENCY PROCEDURES

From time to time, circumstances may arise that require us to adjust the procedures set forth in the participant Handbook. Such circumstances may include a personal emergency for the participant, such as a need to undergo a medical procedure, or a need to travel to attend a funeral. Such circumstances may also include a more general public emergency, such as a hurricane or other natural disaster, or a pandemic or other public health emergency.

When such circumstances arise, the Team may need to adjust drug-testing procedures, and may also need to adjust the manner in which participants attend treatment, communicate with their case manager and report to court and/or probation. These adjustments will be limited in time and scope to the extent possible, and will be intended to balance the safety of all participants and Team members with the requirements of providing structure and accountability within the boundaries of the law.

CONFIDENTIALITY

Participants are instructed in writing prior to being screened for Drug Court that any information that they share in the course of screening, assessment or treatment is subject to limited confidentiality protections. Further, Drug Court team members should encourage participants throughout the program to speak to their attorney prior to discussing any criminal activity in which they may be involved. While Drug Court encourages candor, team members should also recognize the need for heightened protection regarding this population when discussing criminal acts.

Information regarding past or present drug use as well as past drug sales, will not be used by the State Attorney's Office to prosecute the instant case, or to initiate a new prosecution. However, the participant must be advised that any information that he or she shares in the course of screening, assessment, or treatment, which implicates the safety of another person, may be used in an investigation and/or prosecution against the participant. The confidentiality protections do not extend to past or present forcible felonies, firearm offenses, or crimes involving children. All health care information will be protected pursuant to federal law.

STEERING COMMITTEE

The policies and procedures set forth herein have been drafted and adopted by the Collier County Adult Drug Court Steering Committee. As set forth in Appendix E (page 37), attached hereto, the Steering Committee consists of all team members, plus several of their supervisors, plus representatives from the Clerk of Circuit Court and the Collier County Sheriff's Office, both Behavioral Health Bureau and Jail Administration (including the Re-Entry Team). The Steering Committee meets on a quarterly basis in order to discuss proposed adjustments to current policies and procedures, to review and assess current data, and to review the Drug Court literature to ensure that it continues to reflect and adequately advise of all current practices.

COMMUNITY ADVISORY BOARD

The Community Advisory Board (CAB) represents a collection of individuals and agencies who partner with and actively support the Drug Court program and its participants. As set forth in Appendix F (page 38), attached hereto, the CAB provides our Drug Court with ready contacts at each of our most critical partners, who have agreed to assist our program and its participants in whatever ways they can. Conversely, the CAB provides those partners with a clear line of communication to the program leadership to report any concerns or offer any feedback which they might have, for the betterment of the program. This group meets a minimum of once per year, formally, but is advised regularly of activities and developments involving the program, so they are aware of our successes and also our

challenges. These partners also assist in educating others in the community about the importance of the work our Drug Court does.

APPENDIX A

Referral Received

• Defendant opened in DCCM within 2 days of recieveing the referral - The State will enter Demographic, Current Charges, and Criminal Hisotry

Legal Eligibility Determined

- For non-victim cases, the state will determine legal eligibility within 7 days of the referral
- For cases involving victims, the state will determine legal eligibility within a minimum 14 days of the referral (depending on the victim(s))

Clinical Eligibility Determined

- The treatment provider will conduct an initial screening within 10 days of being notified Defendant is legally eligible
- The treatment provider will conduct a full clinical assessment with 10 days of the initial screening

Contract/ Treatment Court Plea offer • The State will issue a contract/plea offer within 14 days of being notified that the defendant is clinically appropriate

Defense Counsel Reviews Offer with DEF • Defense counsel will notify the State within 14 days of reciving the contract that a defendant is ready to plea

Plea into Drug Court • The State will set the defendant on the next available plea docket agreeable to all parties

APPENDIX B

COLLIER COUNTY DRUG COURT

TEAM MEMBER TRAINING

New Team Member:
Member Role & Agency:
Assigned Supervisor:
Introduction to Problem Solving Courts
Review All Rise Best Practice Standards and reference guide for Standard IV:
Adult-Treatment-Court-Best-Practice-Standards_4.1.25.pdf
ISSA-Reference-Guide-2024.pdf (allrise.org)
Review FL Best Practice Standards
Florida Adult Drug Court Best Practice Standards FINAL Approved Nov 2023.pdf (flcourts.gov)
Review Ten Key Components of Adult Drug Courts
Adult Drug Courts - Florida Courts (flcourts.org)
Review Treatment Court statutes –
397.334
http://www.leg.state.fl.us/statutes/index.cfm?App mode=Display Statute&Search String=&URL=0300-0399/0397/Sections/0397.334.html
394.47891
http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-
0399/0394/Sections/0394.47891.html
394.47892 https://www.flsenate.gov/laws/statutes/2016/394.47892
776.08
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0700-0799/0776/Sections/0776.08.html
Review Collier County Adult Felony Drug Court Handbook
drugcourt handbook collier.pdf (cjis20.org)
Review Collier County Adult Felony Drug Court Policies & Procedures Manual
CollierDRCTPoliciesManual.pdf (cjis20.org)
Complete National Drug Court Institute (NDCI) E-Learning Center Modules

Online Courses - All Rise
Recurrence
All Rise E-Learning Center Recurrence (talentlms.com)
☐ Drug Testing
All Rise E-Learning Center Standard VII: Drug and Alcohol Testing (talentlms.com)
All Rise E-Learning Center Interpretation of Drug Testing Results in medication for addiction treatment (talentlms.com)
Introduction of Databases with AOC Compliance Manager
DCCM Staffing and Court
Observe Drug Court staffing
Observe Drug Court dockets (Court and VOP/Plea's)

Mandatory Training:

Judge:
Judge
"The treatment court judge stays abreast of current law and research on best practices in treatment court, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members."
Standard: Role and Responsibilities of the Judge (SD3)
Defense Attorney:
"This quick-reference guide is designed for defense attorneys to support effective representation of treatment court participants in various scenarios. Each section highlights current best practices and legal requirements while offering questions and recommendations designed to promote arguments or mitigation in the most common areas of contention. Each section of the guide is followed by references that provide more in-depth information on that topic."
<u>Defense-Attorney-Reference-Guide.pdf</u>
State Attorney:
"This webinar provides an understanding of the role and responsibilities of each member of a treatment court team. Each member plays a unique role in ensuring the success of participants, contributing to an effective multidisciplinary approach. Learn about the essential roles within the team (judge, prosecutor, defense attorney, treatment provider, probation officer, and more) and how each role supports the court's mission. Gain a clear understanding of the collective and individual responsibilities of treatment court team members, the importance of collaboration, and the overall goal of helping participants successfully complete the court's program, thereby reducing recidivism."
Treatment Court Roles and Responsibilities - All Rise
Probation:
State Probation Officer
"Core Correctional Practices (CCP) are a set of skills for correctional practitioners that have been shown to help the therapeutic potential of those on court supervision. This module educates those working in treatment courts on the fundamentals of CCP. The skills developed through CCP are designed to improve team members' relationship skills, rapport, motivational enhancement strategies, and cognitive behavioral problem-solving approaches critical to aligning with national best practice standards. While developing these skills among case managers is critical, all team members are encouraged to learn how the skills can be used in various roles in the treatment court."
Core Correctional Practices
Law Enforcement:
Law Enforcement Officer

"This self-paced training delivers a deep dive into the role of law enforcement in four critical aspects of substance use and mental health disorders that intersect with criminal justice."

All Rise E-Learning Center | Briefings: Patrol Essentials for Treatment Courts | Content

<u>Treatment:</u>
Clinician, Case Manager, Treatment Supervisor
"The Treatment Provider Training course provides foundational knowledge needed for treatment providers, particularly clinicians, working within a multidisciplinary team to strengthen their skills in screening, assessing, diagnosing, and treating clients with substance use disorders (SUDs) in the criminal justice system. Through highly interactive and application-focused learning experiences, the course will focus on the clinician's role in educating, communicating, and advocating for evidence-based practices in the treatment court setting."
Treatment Provider Training
Peer Specialist
"These practice guidelines provide treatment court professionals with a working understanding of the value of peer support and a framework for successfully integrating peer recovery support specialists into the treatment court setting. These guidelines support various stages of integrating peer recovery support services, including planning, implementation, and maintenance. They apply to adult drug treatment courts, impaired driving treatment courts, hybrid courts, opioid intervention courts, veterans treatment courts, and co-occurring courts.
The guidelines are informed by the Core Competencies for Peer Workers in Behavioral Health Services and the National Practice Guidelines for Peer Specialists and Supervisors, and reflect commonly accepted practices at this time."
Incorporating-Peer-Recovery-Support-into-Treatment-Courts Practice-Guidelines.pdf
Evaluator:
Compliance Manager
"Before a person can achieve long-term recovery, they must be able to envision it. In this session, you will learn how to dare your treatment court participants to dream for their future. Session attendees discover how to reimagine program phases so that as clients progress, each phase helps them learn new skills to identify assets and build personal, social and community recovery capital."

Revisiting Phases Through the Recovery Capital Lens - All Rise

Recommended Training:

All Team Members

- Understanding and Addressing Addiction: From Neurobiology to Long-Term Recovery
 Understanding and Addressing Addiction: From Neurobiology to Long-Term Recovery
- Biopsychosocial Approaches of Treatment and Recovery: What Courts Need to Know About Improving Substance Use Disorder Outcomes
 Biopsychosocial Approaches of Treatment and Recovery: What Courts Need to Know About Improving Substance Use Disorder Outcomes - Zoom
- Standards Reference Guide: Incentives, Sanctions, and Service Adjustments
 "This guide offers helpful tips and cautions garnered from professional experience and research
 findings to assist the reader in applying responses effectively. It is not intended to be an
 exhaustive list. Treatment courts are encouraged to develop their own responses and to gauge
 the effectiveness of their responses within their programs. Some incentives in this guide (gift
 cards, concert tickets, other prizes, etc.) may not be allowable purchases under a federal or state
 grant award. Refer to the grant program solicitation and funding agency if you have questions
 about the allowability of incentive costs. Finally, this guide does not refer to the specific target
 behaviors that the incentives, sanctions, and service adjustments should be used to address.

Treatment courts apply evidence-based and procedurally fair behavior modification practices that are proven to be safe and effective for high-risk and high-need persons. 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. 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. Choosing an effective response requires treatment courts to accurately classify program goals according to their difficulty level before considering what responses to deliver for achievements or infractions."

ISSA-Reference-Guide-2024 updated2.pdf

APPENDIX C

Team Member Training Log: Year:						
		Collier County Drug Court				
Team Member	Role	Training Completed	Date Completed			

APPENDIX D

COLLIER COUNTY ADULT DRUG COURT

TEAM MEMBERS AND RELATED STAFF

UPDATED 6/26/2025

- Hon. Janeice T. Martin, Presiding Judge
 - o Ann Shotwell, Judicial Assistant
 - o LaTrenda Small-Harris, Court Admin, Treatment Court Compliance Officer
- ASA Laura Farrell, Prosecutor, State Attorney's Office, SAO
 - o Anita Mayfield-Sheehan, Specialty Courts Coordinator, SAO
- APD Rexford Darrow, Public Defender, Office of the Public Defender, OPD
 - Janice Toledo, Disposition Specialist, OPD
- Anailys Milan-Cruz, Dept. of Corrections, Probation Officer
- Katie Burrows, Supervisor, David Lawrence Center, DLC
- Stephanie Rimes, Clinician, DLC
- Ksena Springer, Peer Specialist, DLC
- Chavonne Farr, Case Manager, DLC
- Lt. Leslie Weidenhammer, CCSO

APPENDIX E

COLLIER COUNTY ADULT DRUG COURT

STEERING COMMITTEE - QUARTERLY BUSINESS MEETINGS

UPDATED 6/26/2025

- Hon. Janeice T. Martin, Presiding Judge
 - o Ann Shotwell, Judicial Assistant
 - o LaTrenda Small-Harris, Court Admin, Treatment Court Compliance Officer
- ASA Laura Farrell, Prosecutor, State Attorney's Office, SAO
 - o Anita Mayfield-Sheehan, Specialty Courts Coordinator, SAO
- APD Rexford Darrow, Public Defender, Office of the Public Defender, OPD
 - Janice Toledo, Disposition Specialist, OPD
- APD Nicole Calderone, PSC Chief, OPD
- Anailys Milan-Cruz, Dept. of Corrections, Probation Officer
- Robin Kelly, Dept. of Corrections, Collier Probation Chief
- Maggie Baldwin, Adult and Community Services Director, David Lawrence Center (DLC)
- Katie Burrows, Drug Court Coordinator and Forensic Services Supervisor, DLC
- Stephanie Rimes, Clinician, DLC
- Ksena Springer, Peer Specialist, DLC
- Chavonne Farr, Case Manager, DLC
- Lt. Leslie Weidenhammer, Behavioral Health Bureau, CCSO
- Melissa Calzadilla-Azcuy, Senior Clerk, Collier Clerk of Court
- Iler Rivera-Chicas, Program Coordinator, Administrative Office of the Courts
- Katherine Campo, Jail Re-Entry Supervisor, CCSO
- Katina Bouza, Jail Services Director, CCSO

APPENDIX F

COLLIER COUNTY ADULT DRUG COURT

COMMUNITY ADVISORY BOARD

UPDATED 9/3/24

- Drug Court Team
 - o Hon. Janeice T. Martin, Presiding Judge
 - Katie Burrows, Drug Court Coordinator
- David Lawrence Centers
 - Nancy Dauphinais, COO
- St. Matthew's House
 - o Ben Bridges, VP of Programs
 - o Jeff McDowell, Sr. Director Justin's Place Recovery Program
 - Kelsey Couture, Sr. Director of Shelter and Housing
- Shelter for Abused Women & Children
 - o Susan Spry, CPO
- NAACP
 - o Pastor Irvin Stallworth
- Gulf Coast Runners
 - o Mitch Norgart, President
- Fostering Success
 - o Michelle Groenings, Director of Programs
- CareerSource
 - o Thais Kuoman, Sr. Program Manager
- Collier County Bar Association & Foundation
 - Lisa Terwilliger, Executive Director
- Healthcare Network
 - o Dr. Marlene Gonzalez, Clinical Director, SUD Program
- Legal Aid Services of Collier County
 - o Carol O'Callaghan, Managing Attorney
- Narcotics Anonymous
 - Susan Conklin, DC Alum
- Alcoholics Anonymous
 - o Jonathan Belyea, DC Alum
- Purpose Journey
 - Lisa Gruenloh
- Art of Living Sober Home
 - Jennifer Schmitt
- Jacob Transition Safe House
 - Larry Farguson