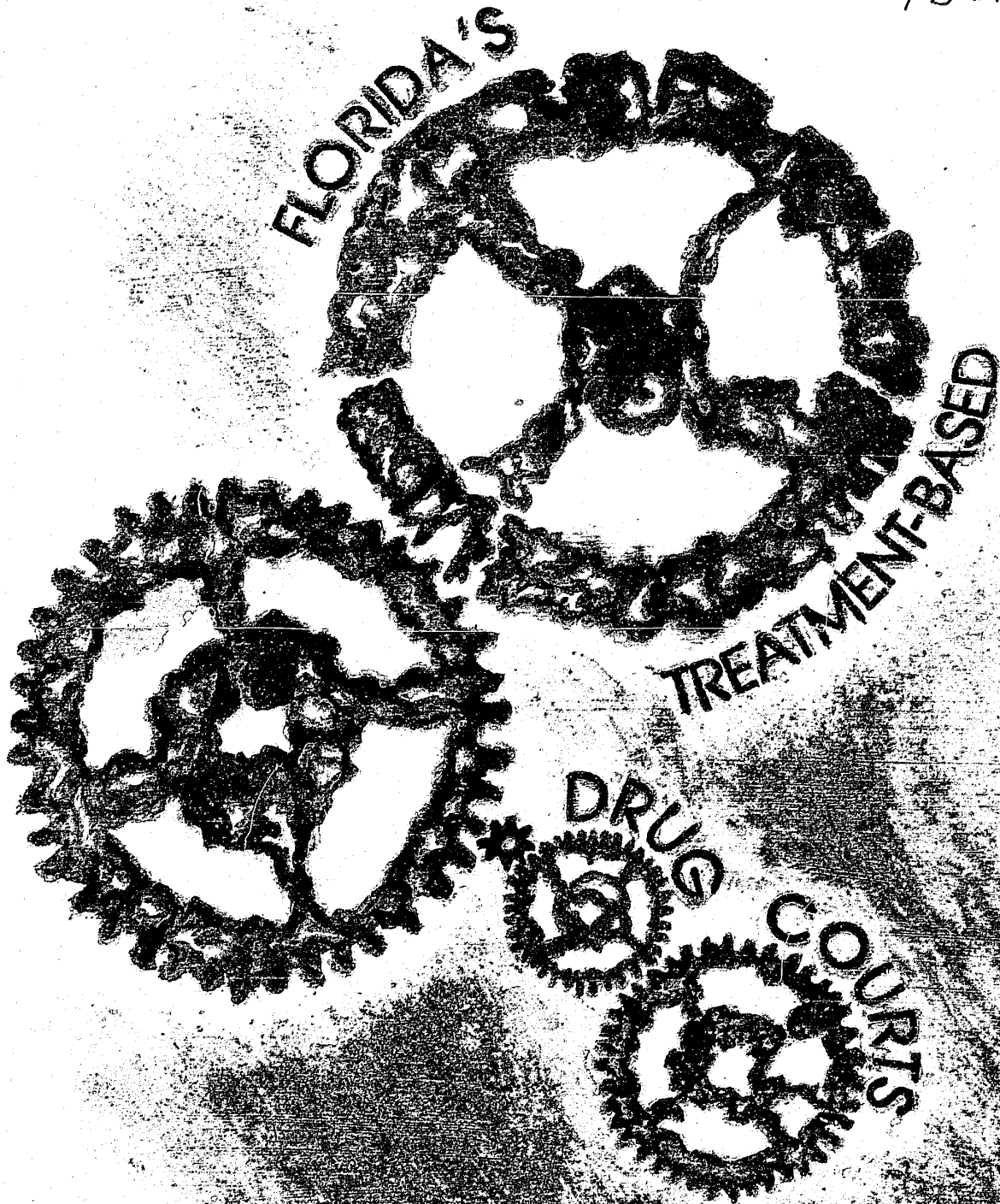


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**Gearing Up Against
Substance Abuse**

Treatment-Based Drug Courts ...a Guide

150139

U.S. Department of Justice
National Institute of Justice

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Table of Contents

Chapter I. Gearing Up Against Substance Abuse

Overview	1
Drug Court Strategies	2
Purpose of the Manual	4
Chapter Previews	4

Chapter II. The Shifting Role of Courts

How does drug court differ from traditional court?	6
What is its philosophy?	8
How is the role of the drug court judge different?	8
How is treatment different?	9
What components make up drug court?	11

Chapter III. Engaging Treatment -- Its Reason and Role

What is addiction?	12
What are some facts associated with relapse?	13
What components make up treatment for drug court?	14
What ancillary services should drug court consider?	16
What aftercare services should drug court provide?	18
What does a "phased" treatment system mean?	19
How much does drug court treatment cost?	21

How much should drug court participants pay for treatment?	22
Should there be consequences for relapse?	23
How can drug court know when a defendant has relapsed?	24
What other psychological problems should drug court address?	25
Why should the court and treatment team up?	26

Chapter IV. Planning for a Drug Court Program

Who should plan the treatment-based drug court?	27
How should the planning begin?	28
Should the planning team visit existing drug courts?	29
What planning help can the courts seek?	31
How should the court network?	33
Should drug court have an advisory board?	34
How do you organize an advisory board?	35
What resources are necessary for drug court?	35
How does the planning team assess drug court's impact?	36
What cost factors should the court consider?	38
Where is funding available?	39
How is the drug court team selected?	41
What are the critical characteristics of drug court members?	42

How can a drug court team become prepared for drug court?	47
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Chapter V: Developing a Treatment-Based Drug Court

How should the drug court team continue planning and development activities?	49
What issues should the team address?	50
What eligibility criteria should the team consider?	52
How should cases be processed?	54
How should drug court cases be monitored?	56
What sanctions should be developed for noncompliance?	57
What criteria should be developed for program termination?	57
How often should drug court meet?	59
How should the treatment provider be selected?	60

Chapter VI. Putting Drug Court in Gear

When should defendants be screened?	66
Who should conduct screening?	67
What screening forms should be used?	67
Are screened defendants automatically drug court participants?	68
What happens on a typical day in drug court?	69
How do team members coordinate information and services?	71
How are confidential issues addressed?	73

How can drug courts network? 74

How can drug courts increase program
acceptance? 76

Chapter VII. Fine-tuning Through Evaluation

How will an evaluation help drug
court? 77

What should an evaluation attempt to
answer? 78

How should an evaluation be designed? 79

What data should be collected? 80

Appendices

A. Profile Chart of Several Drug Court Programs

B. Examples of Phased Treatment Systems

C. Examples of Graduated Sanctions

D. Bibliography of Articles

E. List of Florida Drug Courts

F. National Conference on Substance Abuse and
the Courts Questionnaire

G. Legal Analysis of Chapter 948.08, Florida
Statutes

H. Examples of Participant Waiver Forms

I. Example of Request for Proposal

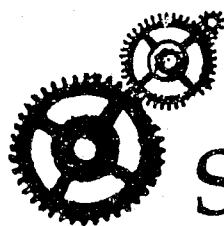
J. Example of Proposal for Treatment Services

K. Examples of Admission Screening Forms

L. Example of Participant Agreement to Attend
Treatment

M. Examples of Release of Information Forms

N. Index from Sample Resource Directory



Gearing Up Against Substance Abuse

In recent years, drug-related criminal cases have imposed an enormous burden on court systems. More than a million drug arrests were made in the U.S. in 1991, a 56 percent increase since 1982.¹ The number of defendants convicted of drug offenses in federal courts increased approximately 50 percent from 1980 to 1987, while the number of defendants sentenced to prison increased over 70 percent.² Both jail and prison populations have grown significantly as a result of the tremendous influx of drug-related cases. State and federal prison populations have increased from 329,000 in 1980 to 804,000 at midyear 1991.³

Substance-abusing offenders present a challenge to the criminal justice system not just because of their volume, but also because of the interrelated nature of addiction and criminal behavior. Illegal drug use by offenders appears to increase their criminal behavior. Many addicts commit crimes to support their substance abuse habit, while for others, substance abuse reflects more pervasive criminal values and an established criminal lifestyle. Without access to substance abuse treatment, these offenders are likely to relapse and return to criminal activity following release from custody.⁴ However, few treatment opportunities are available in jails and prisons. Within community corrections settings, a defendant's involvement in treatment often depends on the skills and interests of the supervising probation or pretrial services officer who may monitor 100 or more offenders at a time.

Federal, state, and local responses to the drug epidemic have focused on enhanced enforcement and incarceration. These efforts have failed to significantly reduce illegal drug availability or use. At the same time, the

¹ Federal Bureau of Investigation, Uniform Crime Reports for the United States, 1991. Washington, D.C.: U.S. Department of Justice, 1992, pp. 212-213.

² Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics, 1989. Washington, D.C.: U.S. Department of Justice, 1990, p. 504.

³ Bureau of Justice Statistics, National Update, Washington, D.C.: U.S. Department of Justice, p. 3.

⁴ Wexler, H.K., Lipton, D.S., & Johnson, B.D., A Criminal Justice System Strategy for Treating Cocaine-Heroin Abusing Offenders in Custody. National Institute of Justice: Issues and Practices. Washington, D.C.: U.S. Department of Justice, p.5.

costs of jail and prison construction have risen, while drug-involved offenders have continued to relapse and return to criminal activities. As a result, there is a growing recognition that other approaches must be considered. U.S. Attorney General Janet Reno recently observed:

"It makes no sense for me to prosecute somebody, see them sentenced to two years in state prison, have them out in 20 to 30 percent of their sentence because there are not adequate prison cells, without treatment, right back out on the streets doing the same thing again."⁵

Drug Court Strategies

Throughout the country, court systems have begun to experiment with different strategies to address the substance abuse caseload. Two innovations developed for this purpose include specialized or expedited case processing and treatment-based drug court programs.

■ **Specialized or Expedited Case Processing:**

This approach is primarily intended to help courts deal efficiently with the huge volume of drug-related cases. By fast-tracking specially designated cases through an expedited caseflow process, large numbers of cases are handled quickly. The goal is to move the cases through the courts as quickly, efficiently, and economically as possible. This manual does not address this strategy.

■ **Treatment-Based Drug Court:**

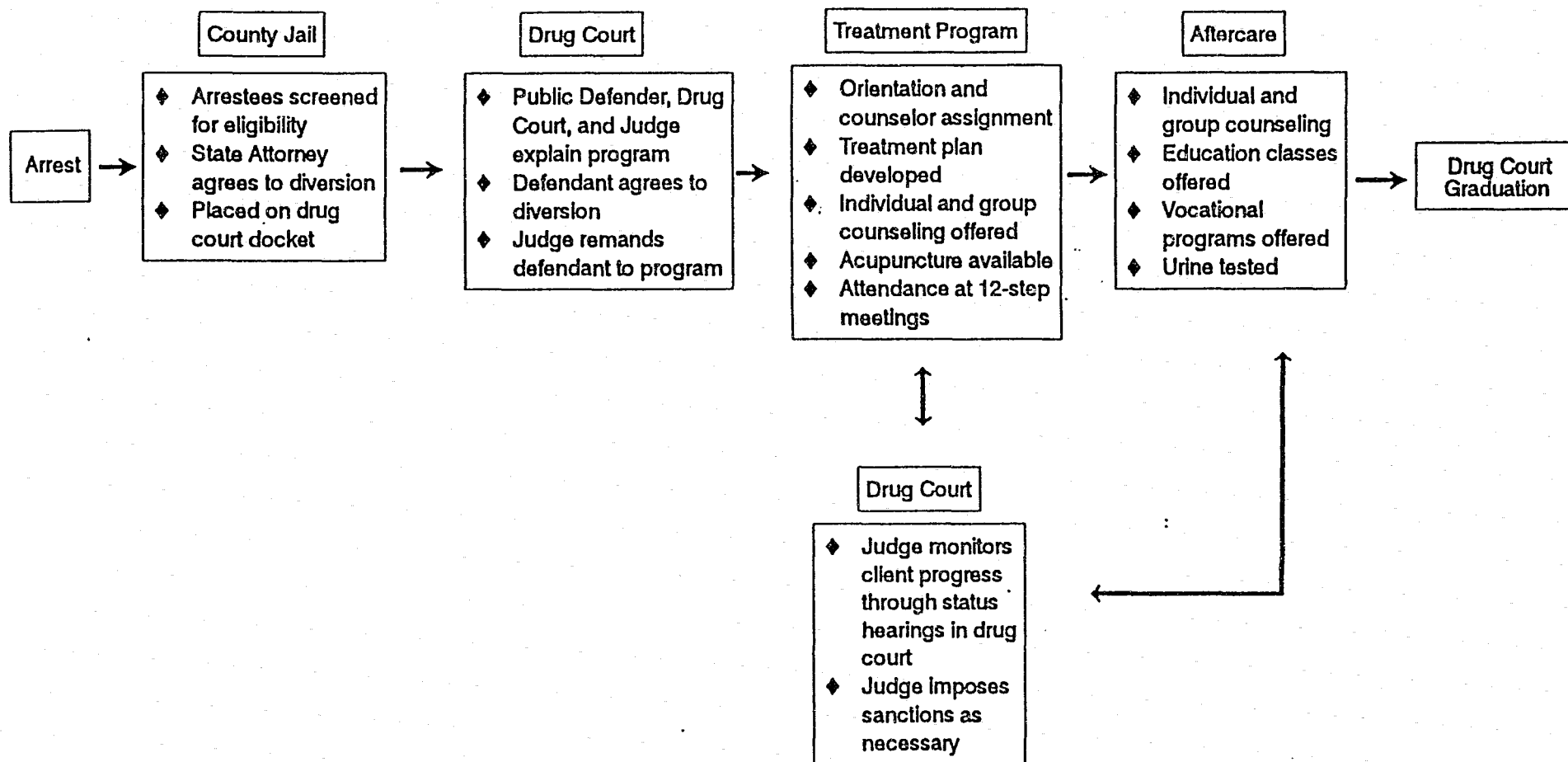
This strategy is based on the premise that treatment of addiction may reduce drug-related criminal behavior. Offenders are screened for possible participation in drug court when they may be most motivated to admit to the seriousness of their crime and addiction. Treatment-based drug courts represent a court initiative which establishes interagency cooperation and coordination focused on developing a judicial-led treatment program for the substance-abusing offender.

Figure 1 on the following page describes the general organization of events that occur in most treatment-based drug courts in Florida. Defendants are screened in the jail, provided the opportunity to be admitted to the program, oriented to treatment, involved in a graduated treatment program, monitored by the court, and provided aftercare. These events are described in this manual.

⁵ C/JN Drug Letter, April, 1993.

Figure 1.

Movement through the Drug Court Program



Purpose of the Manual

This manual is designed as a reference guide for jurisdictions that are considering a treatment-based drug court or have decided to institute drug court and would like suggestions about how they should proceed. Of course, every court operates in its own political, economic, and cultural climate and, therefore, should design a drug court that meets its own needs. There are, however, common features in all treatment-based drug courts, as well as similar challenges that have to be overcome. This guide is meant to focus on these common elements and hurdles.

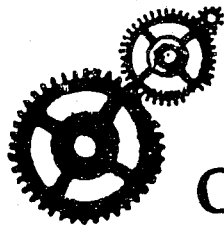
Florida drug courts are well-positioned to provide information for this manual. The drug court program in Dade County (Miami) was established in 1989 and was the first program developed in the country, followed closely by the program in Broward County (Ft. Lauderdale). Other Florida jurisdictions have implemented drug courts over the last few years including programs in Alachua County (Gainesville), Hillsborough County (Tampa), Leon County (Tallahassee), and Monroe County (Key West). With the assistance of a grant from the State Justice Institute, drug courts have also been established in two non-urban jurisdictions, Escambia County and Okaloosa County. This manual is based on the experiences of both urban and non-urban jurisdictions in Florida. Information from model drug courts in other states is also included. A profile chart of several drug courts is provided in Appendix A.

Chapter Previews

The following outlines the information provided in each chapter of the manual:

- **Chapter Two** describes the treatment-based drug court model by contrasting its approach to that of the traditional court. This chapter provides a conceptual background for the innovative drug court approach. Subsequent chapters examine substantive and procedural issues related to implementation of a treatment-based drug court.
- **Chapter Three** describes the critical role of treatment in a drug court program. This chapter can help provide the court leadership with an understanding of treatment modalities, and it examines several key terms used in the substance abuse treatment process. This information is designed to assist court staff in becoming more familiar with alcohol and drug treatment aspects of the drug court, and with the relapse and recovery process among substance-involved offenders.

- **Chapter Four** highlights several preliminary steps for implementing a treatment-based drug court program. This chapter will help guide court staff in examining the feasibility of developing a drug court program, developing community partnerships and support for the program, and identifying specific resources needed to support treatment, court monitoring, and other aspects of the program. The chapter describes key leadership roles played by various staff involved in the drug court program and potential sources of program funding.
- **Chapter Five** offers guidance in implementing a treatment-based drug court. Beginning with initial planning and development activities, and then moving to discuss actual operations, chapter five helps to define the level of coordination needed to implement a drug court program. Several important implementation issues are reviewed including strategies for developing a drug court program design, screening for program eligibility, developing an integrated system of treatment services, and determining staff training needs.
- **Chapter Six** describes several operational aspects of treatment-based drug court programs. Procedures for screening drug court participants and conducting drug court hearings are discussed. The chapter also examines methods for implementing a management information system to assist the court and addresses confidentiality issues that should be considered.
- **Chapter Seven** will assist staff in developing an evaluation plan for treatment-based drug court programs. This chapter includes essential evaluation components and questions, as well as methods for collecting evaluation data. The chapter summarizes both substantive and procedural aspects of evaluation that may be useful in examining drug court program outcomes.



The Shifting Role of Courts

Treatment-based drug courts have been identified as a new innovation in the courts. Yet, defendants have been sentenced to substance abuse treatment for several years, either as a part of their pretrial diversionary program or probation. Why, then, are treatment-based drug courts considered new? And, if treatment is the key, why haven't other courts been offering a "treatment-based approach" by requiring substance abuse treatment of their defendants? This chapter attempts to explain the differences between the treatment-based drug court and traditional court in which substance abuse treatment is a part of defendants' sentences. This chapter will identify the key ingredients that make drug courts different and innovative.

How does treatment-based drug court differ from traditional court?

QUICK ANSWER: Treatment-based drug courts operate by a team approach, focus on providing social services, closely monitor the progress of each defendant, and administer graduated sanctions as an alternative to additional criminal charges.

At first glance, the drug court concept may appear to be similar to the everyday operation of existing pretrial diversion programs. However, drug court operates differently from the traditional courtroom environment by integrating available treatment and criminal justice resources under the leadership of the court.

The following table compares key characteristics of both the traditional court and the treatment-based drug court:

TRADITIONAL COURT	TREATMENT-BASED DRUG COURT
Individuals representing entities within the criminal justice system to achieve the goal	Court team working together to achieve the goal
Adversarial	Nonadversarial
Goal = "Legal Justice"	Goal = Restore defendant as a productive, noncriminal member of society
Court has limited role in supervision of defendant	Court plays integral role in monitoring defendant's progress in treatment
Treatment programs of variable lengths and intensity	Individualized, but intensive and structured, treatment programs
Relapse = new crime or violation of probation = enhanced sentence	Graduated sanctions imposed in response to noncompliance with drug court program

Perhaps the most unique and important characteristic of drug court programs is the level of cooperative relationships formed among the drug court team members. Collaboration begins during the early planning stage and continues throughout the operations of drug court. All major decision points, from screening criteria and eligibility requirements to termination and completion of the program, result from collaborative agreements among drug court team members. The court, through the designated drug court judge, provides the overall leadership of the team and represents the court authority to the drug court participants.

What is the philosophy that guides the drug court team?

QUICK ANSWER: The drug court team focuses on defendants' problem behaviors in need of change and makes available to them every opportunity to modify these behaviors and become noncriminal members of society.

The traditional court differs from the treatment-based drug court in its philosophical approach to justice. In the traditional court, court officers represent, take, or argue different sides of an issue. Prosecutors oppose defense attorneys. Courts protect against improper or excessive use of law enforcement authority. Each entity has a defined role in the process of reaching a legal disposition.

In the treatment-based drug court, traditional roles merge into a partnership. Under the leadership and authority of the court, the prosecutor works in concert with the public defender, law enforcement, and treatment providers. The resulting "drug court team" focuses on defendants' problem behaviors and provides opportunities to modify these behaviors.

How does the role of the drug court judge differ from the traditional role?

QUICK ANSWER: The drug court judge is involved with the treatment, supervision, and progress of all defendants from the beginning to the end of their participation in drug court. The judge provides the encouragement and support when earned, and orders sanctions when necessary.

Perhaps the most dynamic shift in roles and responsibilities for members of the drug court team is for the drug court judge. The traditional role of the judge is to determine guilt and impose the appropriate sentence. The judge's work in a case usually ends after the sentence is imposed, unless the same judge later hears a violation of probation case against the defendant.

The drug court judge, however, is much more involved in all aspects of the treatment and supervision of the defendant. One example of the judge's integral role is the requirement that defendants appear at regularly scheduled status hearings. These hearings are held frequently in the beginning of the

program (as often as once a week for the first month), with the frequency tapering off as the defendant progresses further into the treatment period.

At each status hearing, the judge personally reviews with defendants their treatment progress reports. These reports describe each defendant's urinalysis results, attendance and attitude in treatment, recognition of his or her drug problem, and participation in the treatment program. The frequent hearings provide opportunities for the judge to reinforce positive behaviors, identify areas that need continued improvement, invoke consequences where appropriate, and establish a rapport with the defendant.

An observer of drug court may notice that the drug court judge talks directly with the defendant, usually bypassing the defense attorney. In addition, the judge has a familiarity with the defendant rarely seen in the traditional court. The judge may inquire about the defendant's health, housing situation, family, job, and feelings about treatment and drug usage. The combination of respect for the authority of the court and the rapport developed between the judge and the defendant is an important ingredient in the defendant's rehabilitation.

How are treatment programs offered through drug courts different from required treatment as a part of probation?

QUICK ANSWER: Drug court treatment begins with intense outpatient treatment several times per week and moves to a less extensive schedule based on the defendant's progress. The defendant must make regular status appearances before the same judge and remain in the program for approximately one year.

Another noticeable difference between the traditional court and the treatment-based drug court is in the approach to treatment. Mandated treatment often varies in length and intensity, and is not typically integrated with the court. In the drug court, treatment generally lasts about a year, although the program allows flexibility to extend the treatment based on the defendant's performance. Treatment is intense during the initial phase of the program, and may include a residential setting for those defendants experiencing difficulties in changing their behavior and environments. As the defendant progresses, the intensity of treatment may decrease while other aspects of their overall rehabilitation are addressed, such as educational and

vocational training. Treatment protocols are developed with input from the court, and the treatment providers are ultimately responsible to the drug court judge.

The courts have not always been a firm advocate of substance abuse treatment for criminal defendants. Through years of experience, the judicial system has recognized the importance of integrating substance abuse treatment with judicial sanctions. Nevertheless, if a defendant serving a probationary sentence violates probation by using illegal substances during the recovery process (known as relapsing or backsliding), the traditional criminal justice system's reaction is to charge the defendant with a new crime or revoke probation. In either case, the result is an enhanced sentence without tangibly affecting the underlying addiction.

Conversely, treatment-based drug courts are structured to address relapse as part of the recovery process. Most individuals relapse (and return to treatment) several times before they are able to sustain a lengthy period of abstinence. Research has shown that addicted individuals with a long history of substance abuse have few alternative coping skills to manage daily stress or difficult situations involving the temptation to use drugs or alcohol. Thus, recognizing the reality of relapse, drug courts use a system of graduated sanctions and rewards to promote continued abstinence from drugs and alcohol and ensure continuation in treatment.

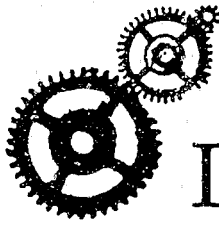
Drug courts handle relapse as an expected occurrence. Relapse indicates to the court that the defendant's treatment plan needs to be reviewed, treatment intensity may need to be increased, or that other short-term sanctions need to be imposed. Programs often require participants to attend more frequent status review hearings as a result of relapse in an effort to increase the level of court monitoring. Brief jail terms may be used as a sanction for relapse or other infractions (particularly in jurisdictions that have in-jail treatment programs). In some cases, program participants who relapse are directed to return to a previous phase of treatment, in which more frequent attendance is required and behavior is monitored more closely.

Drug court programs offer various incentives to participants who successfully complete substance abuse treatment and supervision requirements. The most common incentive involves consistent, positive encouragement and feedback given by the drug court judge and other team members when participants progress toward their goal of continued abstinence. The final incentive of the program usually consists of the original charge being dismissed by the court for first offenders following successful completion of the drug court program and a required waiting period. Other incentives include a gradual reduction in the intensity of treatment, reduction of fines, and provisions of certificates and other awards for recognizing program achievement.

What are the major components of a treatment-based drug court?

QUICK ANSWER: The treatment-based drug court usually includes the following components:

- Cooperation among the criminal justice community to reduce the impact of substance abuse on the courts by rehabilitating defendants;
- A team, led by the court, that understands the addiction process;
- Individualized, intensive, and structured treatment approaches; and
- Personal contact with defendants which supports positive behavior change and dispenses immediate sanctions.



Engaging Treatment- Its Reason and Role

The treatment-based drug court incorporates treatment as an integral part of the overall program. The role of treatment in drug court is to provide counseling and techniques of self-examination that can promote continued abstinence from drugs and alcohol. This chapter explains what it means to have an addiction and the complications associated with relapse. Then, it describes the basic components of treatment programs used by most treatment-based drug courts.

What is addiction?

QUICK ANSWER: Addiction is a chronic disorder caused by multiple factors and is characterized by frequent relapses. Treatment programs should develop strategies to anticipate and manage relapse.

Unlike tuberculosis, the flu, or other medical disorders in which a single disease agent (e.g., virus) has been identified, substance abuse is caused by multiple factors including family history of substance abuse, biological/genetic factors, learning experiences, lack of healthy coping skills, peer pressures, and exposure to high risk situations. Due to the interaction over time of all these factors and the progressively disabling nature of addiction, recovery often involves a complex and lengthy process.

Addiction is a chronic disorder that is characterized by frequent relapse, which occurs when a person uses drugs again after having abstained for some time. Relapse is an expected part of the recovery process and should not be interpreted as a failure, but as a somewhat predictable interruption in the recovery process.

Abstinence from substance abuse is the primary goal of drug court treatment programs. Treatment programs should provide emotional support and skills development to help individuals avoid relapse and maintain abstinence while facing their addiction problems. Treatment also helps individuals recognize their high risk behaviors that lead to substance abuse and how to avoid them.

What are some of the facts associated with relapse?

QUICK ANSWER: Because of the strong physical and psychological dependency created by substance abuse, relapse is an expected event in the recovery process.

While most substance abusers in treatment relapse during their recovery, relapse should not be viewed as a sign that the abuser is "failing" treatment. Addiction affects people physically and psychologically. Substance abusers are often affected by cravings for illicit substances which have caused the many problems in their lives. Courts should use this information to develop a rational and realistic response to setbacks that may be experienced by their drug court participants.

- Approximately two-thirds of substance abusers relapse within the first two months following release from a secure environment, such as a jail or residential treatment program.
- The majority of participants will experience at least one relapse during involvement in a drug court program. Relapse is most likely to occur in the early stages of involvement in the drug court program.
- Participants can relapse and reengage in treatment several times before they achieve sustained abstinence from drugs or alcohol.
- Relapse is often caused by a lack of alternative coping skills to manage daily stress or difficult high risk situations involving temptations to use drugs or alcohol.
- Relapse should not be viewed as a sign of failure but, instead, can be used as a learning experience that will benefit the recovering individual.

What basic components should be part of the core treatment program for drug court?

QUICK ANSWER: Components of the core treatment program should include individualized intake and assessment services, individual and group therapy, and psychoeducational programs.

Substance abuse treatment should be designed to address a particular individual's substance abuse problem. Most treatment programs attempt to accomplish this by varying structure, duration, and intensity of services. A range of treatment modalities have been developed in most communities to reflect the needs of different groups of substance abusers (e.g., alcoholics, DUI offenders, heroin addicts). This "continuum" of services allows for placement of individuals recovering from substance abuse in a setting which is equipped to meet the individual's needs. Several of the most important treatment modalities that should be available to drug court participants are described below:

- Individualized intake and assessment - involves gathering background information, identifying participant's problems, explaining the program to the participants, assessing the impact substance abuse has had on the participant's life, developing a course of treatment appropriate for the participant, and then engaging the participant in treatment.
- Intensive outpatient treatment - includes individual and/or group therapy with a licensed therapist.
- Residential treatment - includes 24-hour care that may include intensive psychiatric, psychosocial, and medical services.
- Psychoeducational groups - includes training and education about the effects of substance abuse so that participants gain insight into their substance abuse problems, increase motivation and commitment to maintain abstinence, and adhere to recovery goals. Relapse prevention should also be included.
- Self-help groups - includes 12-Step groups or other support groups such as Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous.

- Ancillary treatment tools - includes acupuncture, life skills training, stress management techniques, vocational and educational services, and performance/contingency contracting.

Court leadership should be aware of the wide range of treatment components available in the community such as individual and group therapy, 12-step support groups, acupuncture, and other therapeutic services. To the extent possible, it is desirable for drug court to include a wide array of services in its program.

After an initial intake assessment is completed, participants should begin a structured treatment program. Drug court treatment may initially include weekly individual therapy sessions and random urinalysis to monitor the participant's adjustment to the program. Individual therapy sessions provide an opportunity for the therapist to develop a trusting relationship with participants and help participants begin to recognize their problems. As participants make progress toward recognizing and effectively dealing with their problems, the therapist may recommend to the court that the participant continue through the program on less frequent treatment sessions.

Group therapy sessions should be required several times each week during the early stages of treatment and should address a range of topics related to substance abuse and psychosocial problems, including relapse prevention issues. The group sessions complement individual therapy through their supportive and confrontive nature. Most drug court participants benefit from group therapy, which is the preferred method of treatment for substance abusers. Participants who do not function well in the group settings may require additional individual therapy sessions.

The drug court may need to allow some flexibility in scheduling individual and group therapy sessions to allow participants to attend work (e.g., by providing evening sessions). Also, therapy sessions should include family members whenever possible.

Additionally, psychoeducational groups should be incorporated into the treatment program. Some possible topics include the following:

- Recognizing and understanding denial and other defense mechanisms;
- Explaining the purpose of the self-help (12-step) programs;
- Understanding the medical effects and consequences of substance abuse;
- Recognizing relapse and understanding the relapse process;

- Developing coping skills; and
- Understanding and preventing HIV/AIDS.

Access to residential treatment should be provided by the drug court program. Residential treatment is often necessary for program participants who are unable to maintain abstinence while living in the community. This type of treatment may range in duration from as little as a week to one year and includes programs such as therapeutic communities, group homes, and halfway houses. Detoxification services may be needed for a small group of participants who require a period of supervised abstinence before engaging in treatment.

What other ancillary treatment services should be considered for drug court?

QUICK ANSWER: Self-help groups, acupuncture, and other alternative treatment tools can be incorporated into the drug court program as supportive, ancillary services.

Attendance in 12-step support groups such as Alcohol Anonymous and Narcotics Anonymous provides an opportunity for self-disclosure with other recovering peers in a non-threatening environment. Twelve-step groups enhance treatment by offering positive role models, involvement with drug-free peers who are also working on their recovery, and an opportunity to learn new coping skills for dealing with everyday stress.

These groups also add a spiritual component to treatment which is useful for some participants.

- Drug courts may require that participants attend 12-step meetings several times weekly or on a daily basis.
- Some participants may object to the spiritual nature of a particular 12-step group or the emphasis on recognition of a "higher power." Arrangements for alternative self-help or peer groups should be made for these participants.
- Most communities have regular 12-step meetings at local schools and churches.
- Twelve-step programs may be held at the treatment facility.

Acupuncture is a procedure that involves placing needles in strategic areas of the body for short periods of time and is particularly useful during the first month of treatment. Use of acupuncture can reduce participants' craving for drugs, can help to neutralize other withdrawal symptoms experienced during the first weeks of recovery (e.g., agitation, sleep disturbance), and can ease anxiety related to treatment. Although acupuncture can enhance participants' attention and involvement in treatment sessions, it should not be viewed as a substitute for core treatment components such as comprehensive assessment, group therapy, or individual counseling.

Drug court programs that utilize acupuncture allow the participants to volunteer for sessions, which are usually offered five days per week. Participants that do not choose to receive acupuncture are sometimes required to attend additional group sessions or 12-step meetings.

Acupuncturists may not be readily available in non-urban settings. Drug court programs with limited resources may want to consider sharing the services of an acupuncturist among two or more locations to help curb the additional cost. Each court should also consider its community's acceptance and understanding of this ancillary service when deciding whether to incorporate it into the treatment program.

In addition to providing core treatment services, drug courts should address a range of other problems faced by participants that often influence the likelihood of successful recovery or reinvolverment in the criminal justice system. Treatment providers should develop a referral network of community resources to help participants access these ancillary services. Important ancillary services should include the following:

- Educational services (e.g., GED program, community college or university level courses):
 - Literacy testing,
 - Adult education and GED classes, and
 - College classes;
- Vocational services:
 - Vocational counseling,
 - Vocational training, and
 - Job placement services;
- Other services:
 - Family counseling,
 - Housing,
 - Child care,

- Economic services,
- Medical and dental services, and
- Legal services.

What treatment services should drug court provide following the core treatment program?

QUICK ANSWER: Drug court treatment programs should, if possible, provide supportive services that will assist participants' reentry into society.

Drug court programs have found that an essential component of the treatment program includes ongoing aftercare services such as educational and/or vocational training, continued treatment and peer support groups, and career counseling. Recovery from substance abuse is a lifelong process. As a result, providing participants with extended support services in areas such as vocational and education skills and continued involvement in 12-step groups will improve their chances for successful recovery.

Aftercare services are usually initiated during the last phase of the drug court treatment program and often involve monthly or bimonthly outpatient groups. Ongoing involvement in outpatient community treatment, 12-step support groups, and peer support groups should be encouraged following completion of formal phases of drug court treatment. Aftercare services should encourage the participant to return to more intensive substance abuse treatment services if relapse occurs. Local treatment or human services agencies, community colleges, or church organizations may coordinate aftercare services and programs. Since recovery is often seen as a lifetime process, aftercare services may be necessary for as little as six months to as much as several years after the primary drug treatment program ceases.

Often, the drug court, through ancillary and aftercare services, may be the "institution" that provides the opportunity to drug court participants to complete their high school education, receive vocational training and skills development, and obtain employment while involved in the program.

What does a "phased" treatment system mean?

QUICK ANSWER: A phased treatment system allows for gradual reintegration to the community and recognizes the need to provide more structured and intensive services early in treatment, with a reduction in the level of supervision as the participant continues in treatment.

The drug court team and treatment agency working with the drug court program will have primary responsibility for developing a phased system of treatment. Existing drug court or other diversionary treatment programs should be consulted in designing a phased treatment system.

New drug court participants should be involved in an intensive, comprehensive treatment program. Initially, participants may be ambivalent about trying to maintain abstinence, an attitude that usually leads to relapse. Therefore, participants' involvement in intensive treatment helps to enhance their motivation and accountability during this critical period when relapse and program drop-out tends to occur more frequently. As motivation and commitment to treatment increase, participants may require less structured and less frequent treatment.

The following points are guidelines for developing a phased treatment program:

- Participant movement through phases of treatment is contingent upon completing a specified number of treatment activities and sessions;
- There is no time limit for participation in each phase; rather, specified tasks should be completed (e.g., a minimum number of group sessions or support groups are attended, a certain number of negative drug tests are completed within a given time frame); and
- A participant who does not complete required tasks is identified in drug court during regular status hearings, and sanctions are imposed as needed.

A drug court's treatment program should allow participants to move easily between different phases of treatment as they achieve recovery goals, or when they need to return to more intensive treatment. The drug court judge should have flexibility (with input from team members) to move program

participants to previous phases of treatment following a relapse or noncompliance with treatment guidelines and expectations.

An example of a phased treatment system developed by a drug court program is outlined below. Other examples of phased treatment systems are provided in Appendix B.

PHASE I (four weeks)

Intensive outpatient treatment (three hours per day, four days per week, 12 hours of programming per week):

- One individual counseling session per week;
- Three group sessions per week;
- Four 12-Step support groups per week;
- Five acupuncture sessions per week; and
- Four urinalysis tests per week.

Successful completion of Phase I (based on recommendations from the drug court team and confirmed by the drug court judge) results in moving to Phase II.

PHASE II (two to four months)

Moderately intensive outpatient treatment [two hours per day, four days per week, eight hours of programming per week]:

- One individual counseling session per week;
- Two group sessions per week;
- Three 12-Step support groups per week;
- Two acupuncture sessions per week;
- Two urinalysis tests per week; and
- One educational class per week.

Successful completion of Phase II (based on recommendations from the drug court team and confirmed by the drug court judge) results in moving to Phase III.

PHASE III (seven to nine months)

Less intensive outpatient treatment (three hours of programming per week):

- One group session per week;
- One 12-Step support group per week;
- One urinalysis per week; and
- Individual sessions as needed.

Successful completion of Phase III (based on recommendations from the drug court team and confirmed by the drug court judge) results in graduation from the program and referral to aftercare services.

What are the costs associated with drug court treatment?

QUICK ANSWER: The cost for drug court treatment will vary based on the volume of cases, the use of existing local government services, and the number of ancillary services included in the phased treatment approach. In Florida, the costs range from \$950 per participant per year to \$2,500 per participant per year.

Costs reported by drug court programs vary depending on the number of participants, the type of treatment, and the intensity of community supervision provided. The most comprehensive and costly treatment services occur in the first phase of treatment, which typically includes the first month or two of the program.

- The Dade County drug court program serves approximately 1,800 new participants each year and estimates that the annual participant cost of treatment in the drug court program is \$950, or \$3.65 per day.⁶
- The Broward County drug court program serves approximately 800 participants and estimates that the annual participant cost of treatment is \$1,470, or \$5.65 per day.

⁶ Calculations are based on 260 days of treatment per year.

- The Escambia and Okaloosa drug courts serve approximately 175 - 200 participants and estimate that the annual participant cost of treatment will range from \$1,850 - \$2,500 or \$7.12 to \$9.62 per day.

A large part of drug court program budgets should be allotted for urinalysis testing, although these costs are also incurred for other pretrial supervision programs.

- Treatment agencies that have large contracts with local laboratories can reduce costs, and test results can usually be obtained within 24 hours.
- Many on-site urine testing kits are available and are less expensive than many laboratories.
- On-site testing kits usually achieve the same degree of accuracy as laboratories and are also used by many probation departments.

Costs for acupuncture vary based on location, number of participants, and availability of licensed acupuncturists. The following information provides some cost considerations related to the ancillary treatment service:

- Acupuncturists are hired on a part-time basis and may receive a salary or an hourly wage.
- The Hillsborough County drug court program spends approximately \$25,000 per year for acupuncture, which includes 20 hours of acupuncture services each week for an average of 150 participants per year.
- The Broward County drug court program spends approximately \$43,000 annually for 30 hours of acupuncture services each week for an estimated 800 drug court participants per year.

Should drug court participants be required to pay for treatment services, and if so, how much?

QUICK ANSWER: Yes, participants will feel more vested in their treatment if they are required to pay. However, no participant should be denied admission to the program due to their inability to pay.

Although drug court programs are sometimes developed through special start-up grants, participants should be assessed fees for participating in treatment to help the program become more self-sustaining. Also, paying for their treatment and aftercare services should be viewed as part of treatment and a means to accept greater responsibility for their recovery. Other funding sources should be identified to support indigent participants, who should not be refused services due to a lack of resources. When possible and appropriate, indigent participants should be asked to complete community service in exchange for their treatment.

A sliding scale can be used for deciding reasonable charges for treatment services. An example of a sliding fee scale used for drug court participants is as follows:

GROSS ANNUAL INCOME	AMOUNT ASSESSED FOR TREATMENT
\$ 0 - \$ 4,999	\$ 250
\$ 5,000 - \$12,499	\$ 500
\$12,500 - \$24,999	\$1,000
\$25,000 - \$37,499	\$1,500
\$37,500 - \$49,999	\$2,000
\$50,000 or more	\$2,500

Should there be consequences for relapse or violation of the treatment program?

QUICK ANSWER: Immediate sanctions for noncompliance are necessary to encourage the participant to return to a drug-free lifestyle.

Drug court participants who relapse or violate other drug court requirements must be held accountable for their actions, just as other defendants in the criminal justice system are held accountable. The response to drug court violations however, must focus on inappropriate behaviors while reinforcing positive behaviors that increase the likelihood of ultimate recovery from addiction. For example, participants who relapse should not simply be incarcerated without continued treatment, because incarceration alone will not cause participants to give up their long-term drug use. Instead, drug courts

should respond to relapse or other violations with immediate sanctions that directly address the participants' conduct and simultaneously encourage more intensive involvement in treatment.

The court should strive to keep participants in drug court, while imposing swift, consistent, and behavior-specific sanctions for relapse, missed meetings or court hearings, and other rule violations. Graduated sanctions should become more restrictive as the severity and frequency of infractions increase. Examples of some sanctions are as follows:

- Increased frequency of court status calls;
- Increased frequency of urinalysis monitoring;
- Increased frequency of attendance in outpatient treatment;
- Increased attendance in 12-step programs;
- Increased supervision by pretrial/probation services;
- Short jail sentence;
- Referral to residential treatment; or
- Increased length of time in drug court program.

Other examples of graduated sanctions imposed by drug court programs are provided in Appendix C.

How can the court know when a participant has relapsed?

QUICK ANSWER: Drug courts can use regular urinalysis testing, supervisory contacts, and treatment progress reports to identify relapse.

Urinalysis monitoring is a quick, easy, and relatively inexpensive procedure that will confirm participants' recent drug use and monitor abstinence. Drug testing should be administered at least weekly during the first several weeks of treatment and less frequently after individuals have completed a period of successful abstinence. The drug court judge can also direct that a test be conducted immediately at the court appearance when there is suspicion of recent drug use. Urinalysis monitoring is an excellent method for demonstrating the court's intention to monitor participants' behavior.

In addition to urinalysis monitoring, the court, treatment providers, and supervising agencies should note missed appointments, changes in participant attitude, and lack of follow-through. These may be a warning sign that a participant may be less motivated to maintain abstinence and may be about to relapse. Increased contacts by the treatment providers and supervising agencies may help to prevent relapse.

Since addiction involves multiple factors, what besides the drug use itself should treatment address?

QUICK ANSWER: The treatment program for drug courts attempts to treat the whole person.

Drug court participants may have a wide range of life problems that are related to their alcohol or drug use, including psychological difficulties, estrangement from family members, a history of chronic unemployment, and medical disorders such as tuberculosis or sexually transmitted diseases. These difficulties may contribute to substance abuse, and they in turn are worsened by continued substance abuse. Addiction involves interrelated biological, psychological, and social problems. As a result, treatment programs should address the following areas:

- History of substance abuse problems (e.g., drug of choice, duration of use, age at first use);
- Psychological and emotional difficulties;
- Learning and other cognitive disorders;
- Family relationships and family drug use history;
- Social supports;
- Economic status;
- Educational and vocational needs;
- History of physical, emotional, and sexual abuse; and
- Stress related to involvement with the criminal justice system.

Why should courts and treatment agencies team up?

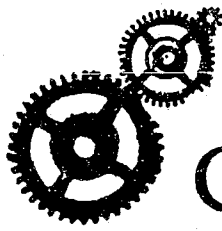
QUICK ANSWER: An effective treatment system that operates in coordination with the courts is essential to the success of a treatment-based drug court.

Historically, many courts have diverted substance-abusing defendants to treatment, but usually without significant coordination with community treatment and supervision agencies. Criminal courts may have had difficulty in obtaining appropriate treatment for defendants or in receiving feedback about defendants' progress in treatment, while treatment agencies may have received inappropriate referrals from court. Often, jurisdictions have not developed an effective system to divert nonviolent drug offenders to community treatment.

Drug courts can bring the criminal court and community treatment agencies together with a common goal. That goal is to rehabilitate the drug-involved offender and prevent recidivism. Drug courts provide an excellent opportunity to intervene with substance-abusing offenders at a time when they may be more motivated to face their problems and participate in treatment due to their recent arrest.

- Many drug court participants will be involved in substance abuse treatment for the first time and may be able to apply what they learn in treatment to change their lifestyle.
- Offenders who are involved in treatment are less likely to abuse drugs or alcohol again and return to the criminal justice system.
- Court-ordered treatment, through programs such as drug courts, has been found to be effective in encouraging ongoing involvement in community drug and alcohol services.
- Drug court programs offer an opportunity to engage the defendant in ongoing treatment with monitoring provided by community supervision or court-related agencies.

Drug courts can bridge the gap between the courts and treatment agencies. Defendants who receive effective treatment are less likely to break the law in the future, and treatment is more effective when it is supported by the court's authority. This balance can best be obtained through early intervention and coordination of treatment and supervision through drug court.



Planning for a Drug Court Program

A drug court can be successful only with early and thorough planning. Early planning enables a jurisdiction to assess whether a drug court program is feasible in that community. Planning activities are also important for identifying and securing local support for drug court, developing consensus regarding the drug court philosophy and design, and identifying community resources that can provide ongoing support for the program.

Who should initially be involved in planning for the treatment-based drug court?

QUICK ANSWER: Initially, the court's leadership (chief judge, court administrator, and selected staff) should conduct preliminary research. Then, key leaders from the Offices of the Prosecutor, Public Defender, Sheriff, pretrial release, probation services, and treatment services should be involved in the continued planning of drug court.

Months before a drug court program is implemented, initial planning steps should be taken by a court leadership team consisting of the chief judge and the court administrator, and in some cases, a potential drug court judge. The court leadership should also designate a professional within court administration or other appropriate local government office to assist with the necessary research and analysis of various issues related to drug court.

Early on, the court leadership determines if the drug court concept is a viable option to consider for the court and the community. The designated staff and the court leadership conduct basic fact-finding tasks in order to make a preliminary determination as to whether drug court will benefit the community.

How should the court leadership and professional staff begin their initial assessment of drug court?

QUICK ANSWER: Courts should first begin by collecting materials on drug court from their state and local court administrator's office, state and university libraries, and various criminal justice agencies.

A variety of materials are available that can help jurisdictions understand how treatment-based drug courts operate, how they have been developed, what the potential funding sources are, and what barriers there are to program success. Evaluations of certain drug courts are also available for review.

A careful survey of the available literature by the court leadership and staff will help jurisdictions determine whether a drug court program would be feasible and desirable. These materials are available through state, local, and university libraries and through various federal or federally-supported agencies. Also, the state and local administrative office of the courts may have materials available or have contacts at several criminal justice agencies to assist in the search for materials. A bibliography of pertinent articles is provided in Appendix D.

The following is a sample of agencies that can provide excellent materials:

- National Association of Drug Court Professionals
701 North Fairfax Street
Alexandria, Virginia 22314
(703) 706-0563
- National Center for State Courts
300 Newport Avenue
Williamsburg, Virginia 23187-8798
(804) 253-2000
- State Justice Institute
1650 King Street, Suite 600
Alexandria, Virginia 22314
(703) 684-6100

- Center for Substance Abuse Treatment
Department of Health and Human Services
Alcohol, Drug Abuse, and Mental Health Services
Administration
Rockfall II Building, 10th Floor
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-5052
- National Institute of Drug Abuse
National Clearinghouse of Alcohol and Drug Abuse Information
Services
1-(800) 729-6686
- National Criminal Justice Reference Service
1-(800) 851-3420

Should the court leadership and staff visit existing drug courts?

QUICK ANSWER: Site visits will help the court leadership and staff better understand drug court from an operational standpoint. They can also discuss specific policy and implementation issues with their counterparts in the courts they visit.

Site visits to existing drug court programs by the court leadership and staff should be scheduled early in the planning process. On-site observation can provide considerable benefits to the court leadership and later, to the designated drug court judge (if not already included), prosecutor, public defender, and others who are involved in program planning and development. Site visits can be arranged through the court administrator's office or the court entity directly involved with drug court. For a list of Florida drug courts, the addresses, and professional contacts, see Appendix E.

The purpose of site visits is to observe firsthand the operation of the drug court and its treatment components. Also, the visiting court leadership and staff will have the opportunity to discuss the program and any specific questions or concerns they have with their appropriate counterparts. The information and insight gained can be invaluable.

Additional site visits should be conducted once the decision has been made to go forward with the treatment-based drug court so that individuals chosen to be a part of the drug court team can also observe and ask questions.

The following suggestions and considerations can assist court leadership and a new team in organizing a productive site visit:

- Conduct site visits to more than one active drug court, if possible.
 - Visit the drug court that most closely resembles the team's jurisdiction and team make-up. Consider size of judicial circuit and estimated caseload, team representatives, and funding resources so that these issues can be addressed during the site visit.
 - Visiting more than one court will expose the team to different program strategies which may help develop comprehensive procedures and treatment interventions consistent with the goals of the drug court program.
- Allow time during site visits to observe drug court proceedings and speak to the presiding drug court judge, drug court coordinator, prosecutor, public defender, court liaison, and pretrial/probation staff.
- Observe treatment sessions and meet with treatment program staff, counselors, and program participants.
- Observe different treatment modalities (if offered) such as group therapy, orientation meetings for new participants, and acupuncture.
- Prepare questions that focus on key issues relevant to the drug court program. Key questions may address the following areas:
 - Funding mechanisms,
 - Program admission,
 - Case processing strategies,
 - Supervision and monitoring,
 - Use of urinalysis,
 - Development and adjustment of treatment services,
 - Barriers that have inhibited effective program implementation,
 - Transportation of program participants, and
 - Aftercare treatment of drug court participants.

What other kinds of assistance can the court leadership request during the initial planning of a treatment-based drug court?

QUICK ANSWER: Court leadership can receive technical assistance from various agencies that will assist in the planning and implementation of the treatment based drug court.

Technical assistance is available through various federal and state agencies to help the courts and other criminal justice or substance abuse programs assess, plan, and develop drug courts or other diversionary programs. The range of assistance may consist of phone consultations with experts in the field or on-site assessments that result in written reports and recommendations.

Court leadership or staff should contact their state administrative office of the courts to find out if professionals are available to help the local jurisdiction with research, literature reviews, or other types of services. Also, the state and local administrative office of the court may have information about available technical assistance programs. Depending on the level of assistance that can be nationally provided by the administrative offices, local jurisdictions may direct staff to identify nationally-based technical assistance programs and determine whether they would help court leadership to attain their goals. Staff would need to identify the types of technical assistance that are available from different agencies, as well as the requirements for receiving the technical assistance (i.e., telephone requests, prepared applications, matching funds).

Some agencies that provide technical assistance for the courts and criminal justice agencies include the following:

- State Justice Institute – awards technical assistance grants up to \$30,000 on a quarterly basis based on a written request and commitment of cash or in-kind match. For more information, call or write:

Mr. David I. Tevelin
Executive Director
State Justice Institute
1650 King Street, Suite 600
Alexandria, Virginia 22314
(703) 684-6100

- American University – provides technical assistance from funds supported by the Bureau of Justice Assistance and the State Justice Institute. Requests for assistance require a letter describing the need for assistance. For more information, call or write:

Mr. Joseph Trotter, Jr.
Director
School of Public Affairs, Justice Programs Office
American University
Brandywine Building, Suite 6-C
4400 Massachusetts Avenue, Northwest
Washington, D.C. 20016-8159
(202) 885-2875

- National Center for State Courts – also has technical assistance programs that can help an interested jurisdiction research the feasibility of a treatment-based drug court. For more information, call or write:

National Center for State Courts
300 Newport Avenue
Williamsburg, Virginia 23187-8798
(804) 253-2000

- National Association of Drug Court Professionals - an association of drug court judges, prosecutors, public defenders, treatment providers, educators, and other members of existing drug court programs. This group may provide technical assistance and information to drug courts. For more information, call or write:

National Association of Drug Court Professionals
701 North Fairfax Street
Alexandria, Virginia 22314
(703) 706-0563

Other agencies may have grant programs or technical assistance support which will help court leadership. These agencies include the National Institute of Justice; the Center for Substance Abuse Treatment; Treatment Alternatives to Street Crimes (TASC) programs; the Florida Department of Health and Rehabilitative, Alcohol, Drug Abuse and Mental Health Program Office (Florida jurisdictions only); and state planning agencies for grants management.

Once the court leadership has decided to move forward with the drug court concept, how should the court involve important agencies and the community?

QUICK ANSWER: The court may want to conduct preliminary meetings with key representatives from criminal justice and treatment agencies to assess their interest in the development of drug court.

Informal meetings and discussions between court leadership and interested judges, attorneys, criminal justice officials, treatment providers, and other agencies⁷ will help to expedite the implementation of a drug court program. The goal of these preliminary meetings is to discuss concerns regarding the impact of the substance abuse problem in the criminal justice system and the viability of alternative strategies such as a drug court program.

Topics discussed at preliminary meetings might include:

- The potential number of drug and related nonviolent cases that could be assigned to drug court;
- Support that may be obtained from other community agencies;
- The community response to drug abuse and crime, and to alternative methods for dealing with the problem, such as drug court; and
- A plan to gather additional information regarding the need for and feasibility of the drug court concept.

Preliminary meetings will be most productive if they provide an open forum for ideas and brainstorming. Conflicts that arise should be addressed immediately, as unspoken differences can later undermine a drug court program.

⁷ Other interested agencies may include local vocational rehabilitation services, vocational-technology training centers, private industry councils, community or junior colleges, and universities located in the area. These agencies may be called upon to become involved with drug court by providing specialized services.

Should the court leadership create a formal board to oversee the continued planning and development of drug court?

QUICK ANSWER: The court leadership could benefit from a formal group whose goal is to improve interagency partnerships and work together to develop and support drug court.

After examining the information obtained from the literature review, site visits to existing drug courts, technical assistance, and preliminary meetings with leaders of the affected agencies, the court leadership should be able to make an initial determination concerning the feasibility of implementing a drug court. If these early steps lead to a decision to develop a drug court, then the court leadership may want to organize a formal group composed of key leaders from the agencies that would be involved in shaping the drug court concept. This group may include the prosecutor, public defender, clerk of court, police chief, sheriff, and staff representing corrections and jail administration, pretrial and probation services, education, and treatment. Leaders of existing boards and councils may also be invited to participate in remaining planning activities.

Developing and improving interagency partnerships is an ongoing process and should begin during the early stages of planning for a drug court program. No single agency involved in the program, regardless of funding capabilities, commitment, or dedication can make the drug court program function successfully without the cooperation of all of the agencies involved. An advisory group or board, therefore, can provide an important source of support for drug court programs, particularly during the first year of operation.

The advisory board should consist of representatives who are interested and able to shape local policies regarding drug-involved offenders. Advisory boards are assembled to review the feasibility of a drug court program, help develop community support for the program, review barriers to program implementation, and provide consultation regarding aspects of the program. The advisory board often will help confirm the drug court program design and promote participation and cooperation of each agency involved in the program. Moreover, advisory board members can lobby influential community and legislative leaders to help support the program.

What specific steps should be taken in organizing an advisory board?

QUICK ANSWER: Court leadership should ensure that key leaders are contacted and provided an opportunity to become involved in the development of drug court.

The court leadership may want to direct staff to continue specific planning tasks associated with the drug court concept and, more specifically, the development of an advisory board. Staff should contact state agencies to determine the boards, committees, or councils that are already in existence and may assist in the early stages of program development and implementation. Often, substance abuse, education, and criminal justice councils exist in the local community or in a particular region. Members of these councils can provide invaluable expertise.

Sometimes, a formal advisory board may not be necessary or appropriate for a specific locale. In these cases, the court leadership team can form the core of the project planning team and may invite several other community leaders and other agency representatives to participate throughout stages of program development.

What necessary resources should the court leadership or the advisory board seek to obtain for drug court?

QUICK ANSWER: The court leadership or advisory board should assess the availability, accessibility, and quality of private and government-supported treatment facilities, pretrial/supervision resources, public transportation, and education and aftercare services.

With the assistance of court staff, the court leadership or advisory board should assess the available community resources that can be redirected to support drug court. They should assess the availability and quality of substance abuse providers, both private and publically-funded, including in-jail treatment programs, and community outpatient and residential treatment programs. They should also review the accessibility of organized, community support groups such as Alcoholics Anonymous, Narcotics Anonymous, and other ancillary treatment services such as acupuncture. Court leadership or the advisory board should conduct this first-level assessment to determine

what resources could be made available to the drug court program. Also, the identified treatment providers should be surveyed to examine their level of interest in assisting the drug court program and their flexibility in adapting treatment approaches to the needs of drug court participants.

The court leadership or advisory board should review existing pretrial/offender supervision services. Often, a county or state-funded position can be reallocated to assist the drug court program. Supervision of drug court participants is critical and should be addressed early in planning.

The court leadership or advisory board should also review the accessibility of public transportation. Since many of the drug court participants will need to arrange their transportation to and from the treatment facility, the group should determine if the current public transportation is adequate. Moreover, the availability of public transportation eliminates potential excuses participants may offer to explain why they failed to appear at treatment sessions or other court-directed appointments. Therefore, based on the limitations of public transportation, some treatment providers may be viewed as less desirable and may be asked to propose options for making their programs more accessible.

The court leadership or advisory board should also survey the additional services that support drug court in the later stages of the program, specifically general education, vocational training, career counseling, life skills training, and other support services that support the participant during reentry to the community. These aftercare services are critical to continued success of the drug court program.

How should the court leadership or advisory board initially determine the scope of the drug court and its expected impact on the community?

QUICK ANSWER: Staff should collect offender data and assess the expected cost-benefits of the program.

Several important planning activities should be conducted by the court leadership or advisory board members, through the assigned staff, to assess the needed scope and intensity of program activities, the impact of the program on other community resources, and ancillary community services that may assist the drug court program. The following suggested steps should assist a developing drug court program determine these needs:

- Determine the number of offenders eligible for the drug court program based on the number of targeted offenders (e.g., first-time felons with drug possession charges) processed by the court within a specified period:
 - Decide the number of "slots" that should be allocated for drug court;
 - Decide if offenders committing other nonviolent crimes should be considered as possible participants; and
 - Decide, based on data, the frequency of drug court sessions.

- Determine the characteristics of the target offender population. This information will help to determine the range of services that should be provided by the drug court program. The following characteristics should be identified:
 - Substance abuse history, including the most commonly abused drugs;
 - Criminal history;
 - Socioeconomic status;
 - Employment status;
 - Educational status;
 - Mental health status;
 - Transportation needs; and
 - Family/social characteristics.

- Examine the impact drug court could have on use of jail beds:
 - Determine the local jail capacity and current jail population;
 - Identify cost savings that would accrue from additional jail diversions; and
 - Evaluate the potential use and feasibility of short-term incarceration in jail as a sanction for drug court participants.

- Review existing diversion programs serving the intended target population that provide substance abuse treatment and other services:
 - Identify the agency which already supervises pretrial drug offenders;
 - Determine if any TASC programs are available and the role they could play; and
 - Assess pretrial court programs.
- Determine the number of court personnel and criminal justice employees available to screen participants, provide supervision, and staff drug court:
 - Decide if additional personnel will be needed in the court system, pretrial services, or probation;
 - Identify additional responsibilities placed on prosecutors, public defenders, pretrial services, and probation; and
 - Determine if flexibility exists to reduce judicial caseloads to accommodate a drug court program.
- Evaluate the anticipated community response to a new drug court program and the diversion of substance abusing offenders to community settings.

What cost factors should the court consider?

QUICK ANSWER: Treatment costs will most likely represent a new expense for the courts, and total costs will depend on the extent of services provided.

Costs to operate a treatment-based drug court program will depend on several factors:

- The number of participants;
- The scope and intensity of treatment services (see Chapter III, pps. 14 - 16 for more information);

- Ancillary services provided (e.g., transportation, career counseling, additional education); and
- The level of case management and community supervision provided.

Keep in mind that drug court will be serving offenders that are currently being incarcerated or participating in other pretrial diversion programs. Therefore, many drug courts can be funded in large part by shifting how local and state resources are spent.

The treatment costs may represent the primary drug court costs which are not currently incurred by the local community. These costs can be reduced by implementing group orientation and counseling sessions. Typically, however, the cost of one year of incarceration in the local jail far exceeds the one year cost of treatment services required for drug court.

Where can courts and communities locate the necessary funds to run drug court?

QUICK ANSWER: Several grant programs are available which are specifically geared toward substance abuse treatment and related direct services.

To help defray the treatment costs associated with drug courts, courts and communities interested in drug court need to apply for federal, state, and local grants. These grants may be available on a one-time basis to support the implementation of new programs, such as drug courts, or support ongoing program activities.

- Federal block grants may be obtained to support diversionary services for nonincarcerated offenders;
- The Federal Register, available in many libraries, provides listings of available federal funding;
- Federal and state grants designed to fund the implementation of treatment programs for special populations (e.g., nonincarcerated offenders) may be available by contacting the agencies listed below; and

- Municipal or university libraries often maintain listings of foundation grants that are offered for specific programs and populations. Drug courts may receive support from private foundations, businesses, or other agencies that are interested in supporting anti-drug programs.

Several potential funding sources are listed below:

- Federal Agencies

- Department of Justice
 - Bureau of Justice Assistance,
 - Edward Byrne Memorial Law Enforcement Grant Fund, and
 - Pending crime control legislation and related funding.
- Department of Health and Human Services
 - Center for Substance Abuse Treatment, and
 - Center for Substance Abuse Prevention.
- State Justice Institute
- National Institute on Drug Abuse (for research and evaluation studies only).

- State Agencies

- Anti-Drug Abuse Act funds
 - Pass through funds from the federal government and distributed through a single state contact, usually the governor's office or the state department that handles community affairs; and
 - Part of this fund is available to the state for statewide programs.
- Florida Department of Health and Rehabilitative Services, Alcohol, Drug Abuse, and Mental Health Program Office (or its counterpart)

- Florida Department of Corrections (or its counterpart in other states)
- Local Funding Sources
 - Anti-Drug Abuse Act funds (see above explanation)
 - Portion of funds passes to local government for direct service use for substance abuse treatment.
 - RICO/forfeiture funds
 - Traffic and DUI fines
- Private and Non-Profit Funding Sources
 - Local, state, and national foundation grants
 - Private businesses in the community
- Participant Fees (based on a sliding scale).

Once the court leadership or advisory board determines that a drug court is feasible, what happens next?

QUICK ANSWER: The court leadership, with input from the appropriate agencies, selects the core drug court team.

Based on the information collected during the initial planning and assessment activities, a decision can be made to pursue or drop the drug court concept. If agreement is reached to pursue drug court, then a designated team of professionals should be selected to continue the detailed planning and future operations of drug court.

Care should be exercised in selecting the professionals for drug court because the goal of drug court, unlike most other courts, is not to establish guilt or innocence, but to provide expedient and supervised involvement in community treatment. In this nonadversarial setting, the drug court team serves to assist participants to make a successful transition to the community. The professionals assigned to this team must accept this approach and understand that their traditional role will now take on new characteristics.

Typically, the drug court team consists of the following professionals:

- A dedicated drug court judge, prosecutor, and public defender whose main, if not exclusive, caseload is drug court cases;
- A drug court coordinator whose responsibilities include coordinating the administrative matters associated with drug court;
- A pretrial/probation services professional whose major job function is screening and supervising drug court participants; and
- A treatment liaison whose responsibilities include ensuring open and accurate communication from treatment to the court.

What are the critical characteristics that should be considered when appointing a drug court judge?

QUICK ANSWER: A drug court judge should want to be assigned to drug court and understand and display sensitivity to the disease of addiction.

The drug court judge should be able to establish rapport with drug court participants and community agencies involved in the program. Strong leadership skills are needed. Also, sensitivity to and understanding of the substance abuse treatment and recovery process are necessary characteristics. Due to the pivotal role played in the drug court, the drug court judge should be appointed on a voluntary basis and be assigned a caseload that allows sufficient time for drug court responsibilities.

The following tasks and responsibilities highlight the role of the drug court judge. The drug court judge:

- Explains drug court requirements and expectations to each participant;
- Develops a personal relationship with each participant by reviewing past events and providing a parental role of authority;
- Provides encouragement and imposes sanctions to participants in an effort to set examples and shape behavior;

- Reviews with participants the current status of family and social relationships, employment, or personal welfare; and
- Provides leadership and decision-making skills to the drug court team and within the community.

What are the critical characteristics that should be considered when appointing the criminal justice drug court team members, namely a drug court coordinator, prosecutor, public defender, and pretrial/probation officer?

QUICK ANSWER: These team members should possess excellent interpersonal and communication skills, have a clear understanding of the challenge of treating an addicted population, believe in the program concept, and want to be a part of the team.

The remaining team members should be involved in not only the early drug court planning activities, but also the ongoing administrative and coordination functions. These professionals should exhibit excellent interpersonal and communication skills in order to work effectively with different agencies. Additionally, they should have a clear understanding of the challenge presented by the addicted population and the difficulties in successfully treating these individuals. They should have a strong background in both judicial and substance abuse treatment systems. Most of all, they should believe in the treatment-based drug court concept and want to be a part of the program.

The following tasks and responsibilities highlight the various roles undertaken by the drug court team and should be considered when selecting drug court team members.

Drug court coordinator:

- Serves as assistant to the judge and provides clarification and direction to the remaining drug court team members.
- Coordinates review and selection of the drug court treatment provider and monitors its performance.
- Identifies resources to support the drug court program and often prepares grant applications and reports to secure continued funding of the drug court.

- Reports on progress of the program to the advisory board, grantee, and other appropriate groups.
- Maintains statistics describing program participants.
- May carry out additional responsibilities (especially in circuits where resources are scarce) such as:
 - Screening potential participants;
 - Attending drug court when necessary; and
 - Working with the clerk of the court to ensure that new participants are placed on the drug court docket.

The prosecutor:

- Approves admission of all offenders into drug court.
- Ensures that program eligibility requirements are met and maintained.
- Reminds participants of sanctions that will be provided for noncompliance with drug court program rules, or for rearrest.
- Requests increasing sanctions be issued by the judge for continued noncompliance.
- Requests termination of participants if their progress and behaviors do not show promise for rehabilitation.

The public defender:

- Ensures that drug court procedures and protocols are in the defendants' best interests.
- Evaluates the merits of each defendant's case to make appropriate recommendations regarding admission to the drug court program.
- Advises defendants of their constitutional rights to counsel, trial, due process and speedy trial, and explains the drug court's requirements to waive speedy trial.
- Explains the case disposition that would likely occur if the defendant completes or fails to complete drug court.
- Attempts to establish a supportive relationship with the drug court participant to encourage compliance with program guidelines.

The pretrial services officer:

- Reviews the list of defendants who are arrested on a daily basis and screens arrestees based on the specified criteria to determine which offenders are eligible for drug court.
- Identifies eligible defendants and obtains information about any previous arrests and other criminal history, including participation in diversionary or treatment programs.
- Ensures that eligible arrestees are held in separate holding facilities, if possible, so that they are not discouraged from participating in drug court.
- Notifies the court clerk of defendants to be included on the drug court docket.
- May explain the drug court program to potential participants during screening.
- May provide supervision for drug court participants.

The probation officer:

- Supervises drug court participants in the community and monitors compliance with treatment schedules, curfew, employment, and payment of court costs.
 - Participants who fail to appear for treatment or court hearings are tracked by the probation officer.
 - May attend drug court status hearings to describe participant's compliance with program rules.
- May complete drug court screenings if pretrial services are not available.
- Communicates with the substance abuse treatment agency on a regular basis about the progress or obstacles facing the participants under supervision.

What are the critical characteristics that should be considered when selecting a treatment provider?

QUICK ANSWER: The treatment provider should have documented experience treating addicted populations that have criminal justice involvement, recognize that drug court is a court-authorized program, and be amenable to a team approach.

Since treatment fulfills a major function in the treatment-based drug court concept, the selection of the treatment provider requires careful scrutiny. The treatment provider should have extensive expertise and experience treating substance-abusing criminal populations and working with the court and criminal justice agencies. The provider needs to recognize that drug court is a court-authorized program and falls under the jurisdiction and leadership of the court. Therefore, though the treatment provider needs to be assertive and act as an expert consultant to the drug court team, the agency must recognize that final decisions on drug court policies and procedures are decided by the court.

The drug court liaison, who most often is employed by the substance abuse treatment provider, should believe in the program concept and want to be a part of the team. This individual provides ongoing reports to the court describing participants' progress in treatment. The liaison should be knowledgeable of substance abuse treatment and court procedures, should have good communication skills, and should be able to establish good working relationships with drug court staff.

The tasks and responsibilities of the treatment provider and drug court liaison are outlined below.

The treatment provider:

- Provides group and individual treatment services, case monitoring, and regular reports to the court regarding the progress of participants.
 - Treatment counselors may also report on participant progress through the TASC-MIS system (discussed in Chapter VI), or other information systems which contain details regarding urinalysis results, attendance in treatment, and attitudes.
- Conducts urinalysis testing and advises the court of drug test results.

The drug court liaison:

- Describes the drug court program and treatment services to new participants in the drug court.
- Regularly communicates with the drug court judge, treatment counselors, supervising probation officers, prosecutor, and public defender regarding participants' progress in the program (e.g., attendance in treatment, urinalysis results, and sanctions that might be warranted).
- Attends every drug court session.
- Reports on the treatment provider's recommendations for advancement or use of graduated sanctions.

How can a drug court team become prepared for drug court?

QUICK ANSWER: A drug court team should visit existing drug courts and develop a training plan for the team. Staff training is an important component of readying the team for operations.

Drug court team members typically have different levels of experience and will benefit from specific training focused on strategies for working with substance-abusing offenders and working effectively as part of an interdisciplinary team. Site visits (see pps. 29 - 30 for additional information) may be a helpful and informative way to begin team training. Continued training should be an integral part of drug court program planning and may include the following:

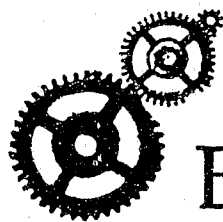
- Attend conferences, seminars, and workshops related to drug court/diversionary treatment programs and innovative techniques for the assessment, treatment, and management of the substance-abusing offender.

The following organizations may be contacted for information regarding conferences or training events related to the substance abusing offender and drug court programs:

American Probation and Parole Association,
American University,
Bureau of Justice Assistance,
Center for Substance Abuse Treatment,

Conference of Chief Justices,
Conference of State Court Administrators,
Council for State Governments,
National Association of Drug Court Professionals,
National Association of State Alcohol and Drug Abuse
Directors,
National Center for State Courts,
National Institute on Drug Abuse,
National Institute of Justice, and
State Justice Institute.

- Develop joint training activities among the various agencies in order to increase awareness and understanding of their respective roles in the drug court program.
- Arrange for treatment staff to observe court proceedings and judicial and pretrial/probation staff to observe treatment.



Developing a Treatment-Based Drug Court

The effectiveness of drug court depends on committed coordination among the courts, treatment agencies, community supervision agencies, screening staff, and other community support services. The topics reviewed in this chapter include both administrative activities (e.g., development of a drug court team, staff training) and clinical activities (e.g., developing a "phased" treatment system, drug court screening). This chapter is intended to provide new drug court programs with suggested approaches to implementing key program components while recognizing that these approaches will be adapted to meet the needs and resources of individual jurisdictions.

How should a newly assigned drug court team continue their planning and development activities?

QUICK ANSWER: A drug court team should first reach consensus on its primary objectives.

Subsequent to the initial planning activities, the drug court team should work cooperatively to develop common objectives. Whether the team commits their objectives to writing or communicates them verbally, the team should strive to reach consensus.

Key issues which may be included in a drug court team's discussion of their objectives are:

- Management and administrative issues related to the team's operation (e.g., designing either a pretrial diversion or post-conviction program) and the interagency relationship;
- Screening criteria and responsibilities for screening participants;
- Desired characteristics of the treatment provider;
- The case monitoring system to be used; and
- Methods to evaluate program success.

The team may want to review the role of each involved agency to exchange information related to community service strategies and foster a common knowledge base among team members. Some teams may wish to gather and document information by distributing a questionnaire describing agency missions. An example of a questionnaire that was used in "The National Conference on Substance Abuse and the Courts" in November, 1992 is included in Appendix F.

What specific issues related to the overall program design should the drug court team address?

QUICK ANSWER: The drug court team should develop the required key elements including type of drug court program, screening criteria, judicial and treatment case management strategies, characteristics of treatment providers, supervision strategies, and aftercare services.

It will be useful for the drug court team to develop consensus regarding key elements of the program design. These include the following:

- Pretrial diversion or post-adjudication program;
- The target population;
- Screening and referral methods;
- Judicial case processing strategies;
- Supervision in the community;
- Core treatment components and different phases of treatment;
- Case monitoring functions of treatment;
- Graduated sanctions to be utilized; and
- Aftercare services.

In some jurisdictions, the prosecutor may not fully support the use of a pretrial drug court program. Most operational drug courts are pretrial and believe that the offer of clearing participants' records produces a great

incentive for substance-abusing offenders reached by this program. However, post-conviction drug courts have operated successfully. The challenge is for the team to negotiate incentives for defendants who agree to participate in a post-conviction program.

One option is for defendants in a post-conviction drug court to plead "no contest" to criminal charges with adjudication withheld while the defendant participates in the drug court program. Defendants having adjudication withheld may be sentenced to one year probation. Participants who successfully complete the drug court program may petition the court to seal their record after a waiting period of a year and then, ultimately expunge the arrest.

Pretrial drug court participants are supervised, but not sentenced to probation while they are involved in the program. A major incentive for participation in pretrial drug court programs is that successful participants will not have a criminal record for the drug offense upon completion of the program.

After assessing the number of eligible drug offenders processed by the court in the jurisdiction, the caseload capacity of the drug court program can be discussed. Caseload capacity considerations should include some of the following issues:

- Estimated and forecasted drug related filings;
- Established drug court funds and the potential number of treatment slots;
- Estimated caseload capacity of all resources involved with drug court; and
- Perception of community (i.e., what crimes will the community accept as reasonable for inclusion in drug court).

Eligibility requirements for drug court may require greater flexibility in non-urban areas in which there are likely to be fewer eligible participants. In larger, urban areas, eligibility criteria are often more narrowly defined. Several additional decisions should be made regarding the length of the drug court program, frequency of hearings, and the number of staff involved in drug court.

What factors should the drug court team consider when developing eligibility criteria for admission into drug court?

QUICK ANSWER: The drug court team should review current controlling law, consider program capacity, and community trust when developing eligibility criteria. Then, the suggested criteria should be approved by the court leadership and/or advisory board.

Eligibility requirements for admission to the drug court program should be determined by the drug court team during early stages of planning. Section 948.08, Florida Statutes, provides guidelines that describe eligibility for general pretrial programs. The amended Section 948.08, Florida Statutes, provides more specific guidelines regarding the eligibility of defendants with substance abuse charges for diversionary community treatment programs (see Appendix G for detailed analysis of these laws).

Current drug courts have recommended that eligibility criteria include possession rather than sale of illegal substances. Experience has shown that many individuals charged with sale and processed through drug court do not successfully complete the program due, in large part, to an inappropriate assumption that these individuals are addicts. These individuals frequently do not have a pronounced substance abuse problem or are not willing to admit to their problem. Also, several drug courts now include defendants whose nonviolent acts were committed while under the influence of drugs or alcohol. Therefore, drug court programs may choose to expand criteria to include nonviolent crimes (e.g., cultivation, prescription fraud, burglary, forgery, passing worthless checks) and possession with the intent to sell for defendants who are first-time offenders.

Programs may also want to implement flexible criteria with respect to the extent of self-reported substance abuse problems. For example, many substance abusers will not readily admit to problems associated with drug and alcohol use at the time of arrest or even during early stages of treatment. Some jurisdictions may want to provide flexibility in determining the amounts of substances possessed by an individual for purposes of personal use or sale.

Examples of frequently used eligibility requirements for drug court programs are as follows:

- Nonviolent drug offenses (current offense)
 - Drug possession charges,
 - Drug purchasing charges,
 - May include possession with intent to sell;

- Demonstrated substance abuse problems;
- Willingness to participate in treatment; and
- Limited criminal history (i.e., limited prior felony convictions or pretrial program participation).

Are there some factors or behaviors that can provide guidelines for excluding individuals from drug court?

QUICK ANSWER: Yes, defendants with both addiction and mental health problems present difficult obstacles. Also, defendants whose primary criminal involvement is in manufacturing and selling illegal substances or who have an ingrained criminal lifestyle typically make poor candidates for drug court.

Drug court programs are intended to provide services for individuals who are involved in the criminal justice system due to their substance abuse problems. First-time offenders and those who do not have an extensive criminal history are likely to receive the greatest benefits from these programs. Exclusion criteria should be developed to identify individuals who would not benefit from the drug court program or who may disrupt program activities. These criteria are reviewed by pretrial services at the time of initial screening and may be revisited by treatment staff following admission to the program. Common exclusion criteria include the following:

- Significant psychiatric difficulties (e.g., defendants who are currently receiving psychiatric medication and who may not be stabilized on their medication). These individuals should be evaluated and placed in a program that can provide greater attention to mental health needs.
- Drug dealers and manufacturers. Drug court programs are not designed for defendants who deny active drug use, who are in business to profit, and who may have little interest in drug treatment.
- Defendants who have an ingrained criminal lifestyle and a well-established criminal value system. These individuals are not as likely to follow program guidelines, are less likely to successfully complete drug court programs, and may disrupt treatment groups.

How should cases be processed to ensure that the eligible cases are scheduled for drug court?

QUICK ANSWER: Drug court cases should be processed quickly so that eligible candidates are screened, separated from the general inmate population, educated about the drug court concept, and are placed in drug court as soon as possible (usually within 24 hours).

Once eligibility criteria are set, the drug court team can decide on procedures for identifying and processing defendants into drug court. These procedures should be designed to expedite the transfer of cases to drug court while ensuring that legal safeguards and rights of the individual are preserved.

The basic steps and considerations for identifying and processing defendants used by several operational drug courts in Florida include the following:

- (1) After arrest, pretrial services or the assigned drug court team member identifies eligible candidates for drug court based on approved screening criteria. They should:
 - Make every effort to collect and review criminal histories;
 - Interview candidates to determine if they are receptive to the drug court concept; and
 - Collect other historical information such as history of drug use, living situation, current and past employment record to help with the recommendation.
- (2) Once pretrial services or the assigned drug court team member identifies eligible defendants, the defendants should be detained (whenever possible) in separate holding facilities away from the general detainee population.
 - By separating eligible defendants, the assigned drug court team member can explain in more detail the drug court concept; and
 - Negative comments from the general inmate population will be minimized.

- (3) Within 24 hours of arrest, the eligible candidates attend their first appearance in drug court.
- Defendants observe all status hearings scheduled for that day. They can witness cases in which positive progress has been made and cases in which sanctions were levied by the court.
 - Some courts hold first appearance in or from the jail (sometimes by video link), or in front of a "duty" judge; thus, interjecting an additional step for the defendant. This extra step also tends to delay treatment. If possible, the screened candidates' first appearance should occur in front of the drug court judge.
- (4) Defendants who volunteer to participate in drug court are transferred directly from the courthouse to their first treatment session.
- The immediacy of treatment is critical to help involve participants in recovery and abstinence. Often the court liaison helps ensure the new participants are immediately referred to treatment.
 - Again, the program expectations are reiterated to the participants.
- (5) Defendants waive their constitutional right to a speedy trial at arraignment.
- Arraignment is held to ensure that the legal rights of the participant are addressed. Special waiver forms are prepared and signed by the participants (see Appendix H for examples).
 - During the first 30 days of participation, the drug court team can better assess the participant's progress and attitude, and complete a thorough criminal history check to ensure the eligibility of the participant.
 - If the prosecutor or other team members uncover additional information that disqualifies a defendant from the program (e.g., other prior felonies), the defendant is then transferred from drug court to another criminal division.

What strategies and procedures should be planned to ensure proper case monitoring and management of drug court cases?

QUICK ANSWER: Regular progress reports should be completed by the treatment and supervising drug court members to document participants' progress in drug court.

Case monitoring and management of drug court participants strengthens the link between the court and treatment services, probation, and other community service providers. Case monitoring and management occurs on several levels. Treatment and probation services regularly report to drug court on participants' progress in the program. They report on attendance and attitude in treatment, and they identify critical incidents (e.g., relapse) that may signal a need for closer monitoring. Treatment staff typically have the primary responsibility for providing case monitoring services in drug court programs. Pretrial or probation services also report on appointments and supervision contacts made or missed by the participants and other rule infractions in the community.

Case management involves the scheduling of the participant for regular status hearings before the drug court judge. Cooperation with the Clerk of Court or court administration will allow for the timely scheduling and notification of hearing dates. Also, missed hearings need to be recorded so that the drug court judge can issue a warrant for failure to appear for a scheduled hearing date.

Both case monitoring and case management activities directly relate to the participants' supervision in drug court. The information collected by the drug court team member is reviewed by the drug court judge. Some drug court teams have found it beneficial to hold regular case monitoring meetings so that all team members can be briefed on participants' progress. The team can also discuss and decide on recommendations for the drug court judge about whether participants should graduate into the next treatment phase or be retained in the current phase, returned to an earlier phase, sent to an alternative treatment program (e.g., detoxification treatment, in-jail treatment, residential treatment), or terminated from the program.

What mechanisms should be in place for the drug court to respond to negative case monitoring reports?

QUICK ANSWER: A series of graduated sanctions should be developed to apply when participants do not comply with drug court guidelines.

The drug court team should develop a series of graduated sanctions that will be used as consequences for relapse and other infractions. By planning a series of sanctions in advance, the team will have prepared a rational response to drug court participants who decide to test the limits and boundaries of program rules or who are ambivalent toward treatment. Sanctions are typically imposed during status hearings. These sanctions should be determined during the planning stage of the drug court program, and should be revisited after the program is in operation to assess their effectiveness (see Chapter III, page 23 and Appendix C for examples).

The drug court team should closely monitor and track participants' compliance with program rules, particularly during the first several months of involvement in the program (see previous question for additional information). Jurisdictions may specify sanctions for frequency of rule violations (e.g., one positive urinalysis results in repeating a previous phase of treatment; two positive urinalyses result in two days in jail). Consequences should gradually become more restrictive as the severity and frequency of infractions increase. Participants who have one positive drug test may return to a previous phase of treatment where their activities are more closely monitored. A participant who has several positive drug tests in one month may be asked to attend residential treatment before continuing in the drug court program. Drug court programs may choose to impose strict sanctions for minor law violations (e.g., misdemeanor drug possession charges). Other jurisdictions will impose more severe sanctions (e.g., termination from program for misdemeanor offenses) for new law violations. A critical factor in the effectiveness of graduated sanctions is the immediacy of consequences provided.

Should criteria be established for program termination and discharge?

QUICK ANSWER: The drug court team should develop guidelines for both successful and unsuccessful program termination and discharge.

Termination criteria for drug court programs should also be established during the early stages of program planning. These criteria should be designed to reflect the fact that recovery from addiction is a long process and provide ample opportunities for participants who are actively involved in treatment to complete the program. Successful termination from the drug court program typically results in dismissal of criminal charges. For unsuccessful participants, some jurisdictions will take a strict approach, establishing a specific number of missed appointments or positive urinalyses that will lead to termination from the program. Consistent failure to attend treatment sessions and participate in drug testing may lead to jail time, placement in residential treatment, or termination from the program. The following section provides examples of termination/discharge criteria developed by drug court programs.

■ Termination criteria for successful participants:

- Participants successfully complete all phases of drug court treatment and are involved in aftercare; and
- Participants remain arrest-free for one year after completion of the drug court program.

Upon successful termination of the participant from the drug court program, the court dismisses the original charge.

■ Termination criteria for unsuccessful participants:

- Failure to attend drug court treatment after sanctions have been applied;
- Failure to attend status hearings in drug court after sanctions have been applied;
- Failure to notify pretrial services or probation officers of whereabouts;
- Participant rescinds "waiver of speedy trial" agreement and revokes voluntary agreement to participate in program;

- Placement in jail/residential treatment does not result in compliance with program conditions; and
- Arrest on a new charge;⁸

Upon unsuccessful termination of the participant from the drug court program, the defendant is transferred back to the original criminal division.

How often should drug court meet?

QUICK ANSWER: The drug court schedule should consider the number of defendants and availability of courtroom facilities. Some drug courts have daily dockets and assigned courtrooms; others meet periodically.

The schedule of drug court hearings will vary according to the size of the program, the availability of community resources, and the style of the drug court judge. Larger jurisdictions are often able to and need to accommodate drug court on a daily basis due to the number of defendants. In these jurisdictions, at least one courtroom should be dedicated to the drug court. Smaller jurisdictions or jurisdictions with staff or space restrictions may need to set a more limited schedule. Also, the judge may prefer daily sessions of short duration or periodic but longer sessions. These considerations may impact the scheduling of drug court.

Some current examples of drug court schedules include the following:

- The Dade and Broward County drug court programs hold drug court five days per week for both new participants and status reports. Court is usually in session three to five hours per day.
- The Hillsborough County drug court program provides drug court twice monthly, at which time new drug court participants are admitted, and status hearings of current participants are held.

⁸ As existing drug courts are expanding their eligibility criteria, new arrests may not immediately terminate the participant especially if the arrest is drug-related. These courts review these situations individually and determine the appropriate sanction to impose.

- Escambia County holds drug court four days per week for both new participants and status reports from 7:30 to approximately 10:00 a.m.
- The Okaloosa County drug court judge handles first appearances at the jail. If arrestees are determined to be eligible candidates for the drug court, the judge explains the program to the arrestee, orders them to treatment, and schedules them to the next drug court status hearing. Status hearings occur twice monthly, one which is scheduled during the evening hours. The Okaloosa drug court is in a rural county.

How should a treatment provider be selected?

QUICK ANSWER: The drug court team should identify a treatment provider who has the necessary characteristics, displays flexibility, and is eager to work in partnership with the courts. By site visits and/or requests for proposals, the team can evaluate the providers and recommend the best one for the program.

Because the drug court concept embraces a phased treatment approach (see Chapter III, pps. 19 - 21), the drug court team will need to ensure that a competent and capable treatment provider is selected. The team will build on the information collected by the court leadership or advisory board during the planning and research phase in order to select the most appropriate treatment provider. To begin, the drug court team should first identify the possible treatment providers in the following manner:

- Contact the state agency responsible for licensing substance abuse treatment agencies to ensure that the team has a comprehensive list of providers to review. In Florida, the Alcohol, Drug Abuse, and Mental Health Program Office of the Department of Health and Rehabilitative Services (HRS) licenses substance abuse treatment agencies;
- Develop a list of potential providers along with any documented information on these providers that were identified by court leadership or the advisory board;

- Contact the state agency representative in the local community for specific information regarding the various treatment providers' history of service in the community. In Florida, HRS will have an agency representative in each community who should be able to provide this information; and
- Decide if treatment agencies that are not licensed by the state agency and that are interested in submitting a proposal will be considered. If so, encourage them to apply for licensure and include this step as a requirement of contracted work with the drug court.

Next, the drug court team, or a primary representative, should visit the prospective treatment providers and review the following:

- The full range of treatment components/services that the agency operates;
- Any information from the court, the state licensing agency, or from other sources regarding the agency's mission and history of service delivery, particularly within the criminal justice system;
- Existing treatment facilities, including their location within the community, access to public transportation, space used for individual and group therapy, and residential treatment beds, if available;
- Qualifications of treatment staff, level of education and experience of current staff, and minimum requirement for future staff;
- Treatment schedules, reporting practices, and contacts required by treatment staff;
- Facilities and procedures for taking and testing urine samples or identification of laboratories that provide these services to the treatment facility; and
- Active treatment groups (if possible).

The drug court team or its representative conducting the site visit may want to meet with treatment coordinators and other administrators to provide information regarding the drug court concept and discuss the treatment provider's interest in joining the drug court partnership.

The drug court team may wish to consult the following checklist of key questions for potential community treatment providers. This may help the team or representative ensure that they collect the appropriate information needed to make a proper decision. This checklist can also help to standardize the interview process and identify gaps in the agency's abilities to provide comprehensive services for drug court participants.

Key questions to ask potential substance abuse providers:

- What experience do you have working with offender populations?
- Do you have the capability to separate drug court participants and non-offender participants?
- Do you have the physical space to operate daily group sessions for drug court participants?
- Do you have staff available to conduct daily intakes for new participants entering the drug court program?
- What is your philosophy with regard to sharing information with the local court system about treatment?
- Do you have the capability of administering urinalysis and receiving immediate test results?
- Would you be willing to administer daily urinalysis and provide results to the court?
- What treatment components currently exist?
- Would you be willing to provide treatment services 4-5 days per week, with intensity gradually decreasing over a period of one year?
- Would you be willing to cost out services based on a guaranteed population rather than by billable hour?
- Does your agency contain a case management system that addresses participant needs including treatment, housing, educational, vocational, and additional ancillary services critical to the recovery process?
- Do you provide aftercare services?

- What continuum of services do you provide and where do you refer participants that need residential treatment or detoxification services?
- Are you interested in submitting a proposal to provide substance abuse treatment for the drug court program?

After completing site visits to the various treatment facilities, what should the drug court team do next?

QUICK ANSWER: The drug court team should issue a request for proposal to evaluate the various providers on an equal basis.

Following completion of site visits to community treatment agencies, the drug court team should develop a Request for Proposals (RFP). The RFP should describe the goals and objectives of the drug court program, the role of the treatment agency in drug court, minimum components of treatment to be provided, other services to be provided (e.g., court liaison activities, case monitoring), project time lines, budget parameters, and criteria by which completed proposals will be reviewed.

Once an RFP is drafted, the drug court team should seek the court leadership and advisory board's approval of the process. Finally, the county budget office and county attorney should be consulted to ensure that all legal and fiscal matters are covered appropriately. Then, the RFP can be finalized and published.

The time frame for the RFP may be set by general business practices within the county. It is advisable to allow community treatment agencies a minimum of 30 days from the date of publication to respond to the RFP. The court leadership and advisory board may want to hold a pre-bid conference to answer any specific questions that treatment facilities may have about the RFP. These conferences also provide an opportunity for the court leadership and advisory board to get a sense of the true interest in the program.

Because knowledgeable members of the drug court team, court leadership, advisory board, and possibly the county budget and legal office may have to review the proposals and judge them against the pre-determined criteria, the drug court team should consider developing a checklist for reviewing completed proposals. This step helps the reviewers provide a consistent evaluation of the proposals and document the review process.

Selection of a treatment provider is an important step in the development of the drug court program. Careful consideration should be taken to ensure that the most qualified and cost-effective treatment provider is selected to carry out the treatment component of drug court. An example of a drug court RFP is included in Appendix I. A sample proposal submitted by a prospective drug court treatment provider in response to an RFP is listed in Appendix J.

Once a treatment provider is selected, what is the next step?

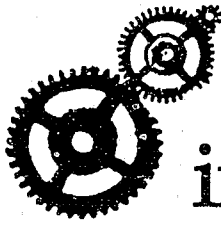
QUICK ANSWER: Once a provider is selected, then the drug court team drafts a detailed professional services contract outlining the expectations and requirements of the treatment provider.

Following selection of the treatment provider, a contract will be developed between the court or local government and the treatment provider. Be sure to check with the local government's legal office and budget personnel to make sure required contract stipulations are included in the contract. Also, if the funds for treatment are being provided by a grant or federal agency, check to see if the funding agency has special requirements that should be included in the contract. For example, grant funds issued from the U.S. Department of Justice require that all personnel working for a criminal justice program that is supported with Department of Justice funds must complete a drug-free workplace program. Other funding agencies may require that all contracts be reviewed and approved before any contract is signed.

When drafting the contract, the drug court team should describe in detail all essential and expected qualifications and components of the drug court treatment program. The following list of issues should be reviewed and possibly included in the contract:

- Staff credentials;
- Staff/client ratios;
- Expected hours of service;
- Required reports/information and due dates;
- Clinical supervision issues;
- Mandatory HIV/AIDS education and other educational programs;

- Linkage to medical and mental health agencies;
- Designated court liaison staff;
- Detailed cost of treatment including cost for individual therapy, group therapy, residential therapy or a cost breakdown based on a guaranteed client population;
- Cost of urinalysis;
- Cost of additional and ancillary treatment tools such as acupuncture, meditation, stress-reduction therapy;
- Method of billing and payment; and
- Aftercare programs and services provided (see Chapter III, pps. 16 - 18 for additional information).



Putting Drug Court in Gear

During initial stages of drug court implementation, considerable time will be dedicated to developing policies and procedures to guide daily operations. This chapter provides examples of policies and procedures developed in existing drug court programs related to screening of court participants, courtroom procedures, use of a management information system, confidentiality regulations, and development of a resource directory.

When should defendants be screened for drug court?

QUICK ANSWER: Defendants should be screened for drug court eligibility within 24 hours of arrest.

The screening process should begin as soon as possible after defendants are arrested to expedite their involvement in treatment and capitalize on motivation for behavior change associated with their recent arrest. Several steps for screening defendants are outlined below:

- Review new jail admissions to identify eligible candidates.
- Interview eligible defendants by pretrial services (or other screening staff) and then refer them to the next drug court session.
- Screen weekend arrests for inclusion on the next drug court docket.
- Refer eligible defendants who have their first appearance before a non-drug court judge to the next drug court session.
- Review defendant's criminal history records to determine eligibility for the drug court program (often completed by the prosecutor).
- Approve defendant's admittance in drug court at first appearance (final approval determined by prosecutor).

Who should conduct the initial drug court screening?

QUICK ANSWER: Designated staff such as pretrial services or treatment liaisons should conduct the drug court screening.

In many jurisdictions, staff from pretrial services already screen jail detainees for eligibility for general pretrial release programs. With modest additional training, these same staff could also screen detainees for drug court. In very large jurisdictions, a pretrial release officer may be specifically assigned to review all drug cases in the jail, complete screenings for the drug court program, and appear in drug court with eligible participants. In jurisdictions in which pretrial service officers may not be available, the drug court coordinator or court liaison may need to check arrest reports daily for eligible offenders and screen potential participants. Staff from Treatment Alternatives to Street Crime (TASC) programs or from other court services programs may also assist in screening for drug court.

Should special forms be developed for screening potential drug court defendants?

QUICK ANSWER: Drug courts should use specialized screening checklists and admission forms when determining eligibility for drug court.

Most drug court jurisdictions will need to develop two screening forms as follows:

- (1) An initial screening checklist used to screen all new jail admissions, and
- (2) A more comprehensive admission screening interview form used to compile information prior to program admission.

The initial screening checklist will be used to identify eligible defendants for the drug court program among all new jail admissions. Eligibility criteria to be included in the checklist will be established during the drug court planning stage as described in Chapter V, and may include the following:

- Defendant's current charge is drug-related (e.g., possession);
- Defendant's criminal history includes few prior felonies (some drug court programs require a history of no prior adjudications); and
- Defendant's criminal history includes no violent offenses.

A more comprehensive admission screening is often conducted for defendants who have been determined by the initial screening to be eligible for the drug court program. Examples of admission screening forms used by various drug court programs are included in Appendix K. Admission screening should inform the court about whether a defendant is willing to participate in the drug court program. In addition, the screening can provide information about the severity of substance abuse and other problems that may hinder participation in treatment. Components of a drug court admission screening form should include the following defendant information:

- Legal status and detailed criminal justice information;
- Address and personal descriptive information;
- Marital/family information;
- Employment;
- Substance abuse history; and
- Medical and mental health history.

Once defendants are screened, are they immediately considered drug court participants?

QUICK ANSWER: Before eligible defendants may be admitted to drug court, defendants must agree to certain terms and conditions.

When a defendant has been identified as eligible for drug court, the public defender or drug court liaison explains the drug court program to the defendant. Before being admitted to drug court, however, a defendant must agree to make the following decisions:

- Voluntarily agree to participate in treatment; and
- Agree to waive the right to speedy trial.

The defendant may be asked to attend treatment voluntarily until the hearing/arraignment is held (see Appendix L for an example of a participant agreement to attend treatment). Immediate involvement in treatment enhances the likelihood that defendants will be successful in recovery. This interim period gives the prosecutor an opportunity to file charges and ensure that there are no outstanding warrants, detainers, or additional charges that would disqualify the defendant from the program. The following section describes several unique procedures for admission to Florida drug courts.

Examples of Screening Procedures Used in Florida Drug Courts

- * In Dade County, defendants who are screened and found to be eligible are placed on the drug court calendar and transported the following morning for their first appearance in drug court.
- * In Hillsborough County, drug court is in session twice per month. Defendants are screened for initial eligibility by pretrial intervention services and are referred to the drug court treatment provider for a substance abuse evaluation. After this interview, the drug court treatment provider notifies pretrial intervention of participants who are eligible for drug court. The participant's case is reviewed by the prosecutor for admission to drug court after this two-tiered process is completed.
- * In Escambia County, Pretrial Release conducts initial screening of defendants for drug court. Then the assigned Assistant State Attorney independently reviews cases and makes the final decision on who will be offered the opportunity to participate in the drug court program.

What happens in drug court on a typical day?

QUICK ANSWER: Drug court hearings typically involve the introduction of new cases and status hearings on current cases.

New drug court cases are approved by the judge during a defendant's first drug court hearing. However, status reviews on current cases are often conducted before new cases are heard so that new participants can see how the court deals with individual accomplishments and any infractions that may have occurred. Key elements of new case reviews and old case reviews (status hearings) are described below.

New Drug Court Cases

- Drug court judge explains the program goals, sanctions for noncompliance with program rules, and benefits of successful completion.
 - Defendants are allowed to ask questions before admission to the program.
 - Defendants sign an agreement to participate in the drug court program and to waive speedy trial.
- New participants are referred to treatment immediately following admission to the drug court program.
 - If possible, the county sheriff's office or jail should provide transportation directly from the courthouse or jail to the treatment agency.
 - Drug court programs that have limited transportation resources should provide new program participants with an intake appointment with the treatment agency on the same day as the initial drug court hearing.

Status Review Hearings

- Drug court judge reviews and discusses participant's progress.
 - Hearings should be held at least monthly within the first few months of involvement in treatment.
 - Drug court judge praises and encourages participants when they have successfully engaged in treatment and are able to maintain abstinence.
 - Drug court judge may extend time between status hearings as a reward for positive involvement in the program.

- Drug court judge imposes sanctions on participants who relapse and/or commit program infractions.
- Drug court judge may require non-compliant participants to attend status hearings more frequently to monitor them more closely.

What are some of the ways drug court team members coordinate and share information?

QUICK ANSWER: Communication and resource sharing can be enhanced with the help of automated systems such as the Treatment Alternatives to Street Crime-Management Information Systems (TASC-MIS).

To be successful, a drug court program must coordinate and share information. Information regarding participant screening and initial assessment to criminal history, program status and progress (e.g., participation in treatment, drug test results), and dates of upcoming hearings must be accessible to staff within the same and different agencies. Drug court programs have developed different types of management information systems (MIS) for this purpose.

This section describes a coordinated MIS system developed for TASC programs which operate nationwide in efforts to provide coordination and linkage services to the courts.

Overview of the TASC-MIS System

- The TASC-MIS system is a public domain (non-copyrighted and available at no charge) software system designed for substance abuse offender case management programs such as drug courts, and is distributed in conjunction with the National Consortium of TASC Programs.⁹

⁹ Treatment Alternatives to Street Crime Management Information System (TASC-MIS) User's Manual, Version 1.1, SEARCH, The National Consortium for Justice Information and Statistics, funded by Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, 1992. (grant no. 89-DD-CX-K024) SEARCH Group Inc., 7311 Greenhaven Drive, Suite 145, Sacramento, CA 95831, (916) 392-2550.

- TASC-MIS runs on a variety of computer platforms in both single-user and multi-user local area network environments. Available platforms include DOS-compatible microcomputers (386 version or higher), UNIX microcomputers and workstations, VAX VMS minicomputers and workstations, and Apple Macintosh microcomputers.
- For DOS-compatible microcomputers, the system requires dBASE IV and at least 12 megabytes of hard disk space. UNIX and Apple Macintosh versions are also available.
- For Florida courts, training and software are available from the Florida Office of the State Courts Administrator. TASC-MIS training is also available through the National Consortium of TASC Providers. Florida drug court programs interested in TASC-MIS can obtain additional information by contacting the Office of the State Courts Administrator, Research, Planning, and Court Services, at (904) 922-5094.

Purpose of the TASC-MIS System

- To develop a standard and systematic approach to collecting comprehensive data for drug-involved offenders, including descriptive data for participants and treatment program data.
- To provide important uniform data which can be used in evaluating drug court programs.
- To provide access to data from several different locations (e.g., court administrator's office, treatment agency).
- To provide flexibility in compiling and using program information.

Components of the TASC-MIS System

- TASC-MIS is composed of five modules: (1) Search, (2) Screening, (3) Assessment, (4) Case Management, and (5) Termination.
- The search module contains basic background information on the participants (e.g., name, address, participant number) and acts as a pointer system or directory.
- The screening and assessment modules contain information collected during initial interviews with program participants including current charge, prior arrests, drug use background, and psychosocial history.

- The case management module describes active participant data such as treatment attendance, attitude toward treatment and urinalysis results, and may be used to create progress reports for status review hearings.
- The termination module stores summary data on participants who are terminated from the drug court program.

How are confidentiality issues addressed in drug court?

QUICK ANSWER: A defendant's right to confidentiality is protected under the provisions of both federal and state law. Drug courts may obtain necessary treatment information by using release of information forms.

Federal laws and regulations protect the confidentiality of alcohol and drug treatment for offenders (42 U.S.C. §§ 290dd-3 and ee-3 and 42 C.F.R. Part 2). Federal laws govern all substance abuse treatment providers that receive state or federal funding. These laws protect confidentiality in the following ways:

- Programs must notify drug court participants of their right to confidentiality during the intake process.
- Treatment counselors are prohibited from notifying the court regarding specific aspects of treatment.
 - Drug court participants may, however, be asked to sign a release of information form that authorizes release of this type of information to the court (examples of release of information forms are included in Appendix M). Drug court programs often require participants to sign such a release of information at the time of program admission.
 - The form should only provide for the release of information on a time-limited basis, though, to conform with the confidentiality guidelines.

Subsection 397.501 (7)(a), Florida Statutes, also provides for the right of confidentiality:

The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual client are confidential in accordance with this chapter and with applicable federal confidentiality regulations....Such records may not be disclosed without the written consent of the client to whom they pertain...

Drug court judges and other staff should meet with the treatment provider to discuss the range of confidentiality issues that are likely to arise. Procedures developed by the drug court program should provide for:

- (1) The types of treatment information that will be provided to the court, to community supervision staff, and to others involved in the program;
- (2) The release of information forms that will be used and procedures to ensure confidentiality of treatment and drug court records;
- (3) Conditions under which confidential treatment information will be shared with non-treatment drug court staff; and
- (4) Methods for ensuring that sensitive information regarding drug court participants (e.g., use of alcohol or drugs by family members, participant history of sexual or physical abuse) is not disclosed in court without the consent of program participants.

What is the best way drug courts can stay in touch with local services and activities?

QUICK ANSWER: Drug court programs should develop and maintain a resource directory.

Drug court participants frequently benefit from community services outside the scope of services provided by drug court or the treatment provider. Therefore, it is helpful to prepare a resource directory that is available to participants and their families to guide them to the following kinds of services:

- Mental health agencies
- Substance abuse treatment agencies
 - Residential programs
 - Outpatient programs
 - 12-step groups (Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous)
- Community support groups
- Economic services
 - Housing programs
 - Public assistance and food stamp programs
 - Other entitlement programs
- Educational and vocational services
- Community colleges and universities

A resource guide that includes this kind of information can save staff time and can encourage greater participant involvement in their recovery from substance abuse. Check with local treatment providers or social service agencies to find out whether they have already created similar types of directories. For example, the United Way publishes resource directories in many communities. The local phone company may also have a comprehensive list of service providers in the phone directory. Some communities operate a referral hotline for social services that is listed in the phone book.

A comprehensive index and several pages from a sample resource directory are included in Appendix N to assist drug courts in developing their own directory. A resource directory should be revised as new resources are identified or developed within the community.

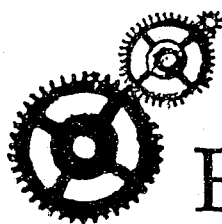
How can a court increase awareness and understanding of the drug court concepts?

QUICK ANSWER: Develop training programs, materials, and public relations for court staff and the community that will explain the benefits of drug court. Also, drug court may want to organize a community group, or coalition, to help increase awareness and support for the program.

Drug court jurisdictions should develop training programs and informative materials for court staff. These programs and materials can help explain the purpose of the drug court, the eligibility criteria, and referral procedures. Prosecutors, public defenders, and judges from other courtrooms should attend or participate in training so that they can get answers to their questions about drug court and become better able to refer appropriate defendants to the court.

Once the drug court team is operating comfortably, the court may wish to invite the press and media to observe and report on the new program. Efforts should be made in advance to organize any press releases and ensure that the covering reporters understand the program and its benefits. Also, prior communication with participants should occur so that they can be prepared for the media and, if desired, remain anonymous.

In many areas, community coalitions have been established to increase community awareness of drug court and encourage financial support of the program. Coalitions meet on a regular basis to discuss substance abuse issues affecting the community, and potential needs of drug court. Private business owners who are members of a community coalition may also assist drug court participants in securing employment. Coalitions can also provide awards and incentives that are used throughout the program to recognize positive improvement as well as host special graduation ceremonies when participants successfully terminate.



Fine-tuning Through Evaluation

Despite the recent growth in the number of drug courts, only a few evaluation studies have examined the effectiveness of these courts in reducing criminal recidivism and substance abuse. Although findings from these initial studies are encouraging, additional research is needed to increase the pool of information that can be used both to validate the effectiveness of drug courts and to enhance their operations. This chapter should help new drug court programs decide what should be evaluated and how the evaluation should be done.

How will an evaluation help drug courts?

QUICK ANSWER: An evaluation of drug courts can help demonstrate program effectiveness and identify changes that need to be made.

Each drug court should conduct an ongoing evaluation to determine whether program participation leads to reduced drug use and criminal recidivism. Drug courts contain many unique features such as the reliance on interagency resources and coordination, court-monitored treatment, and acknowledgment of relapse as part of the recovery process. These features have not yet been rigorously evaluated within the criminal justice system. Therefore, drug courts should strive to evaluate the effectiveness of these innovations to obtain objective information that can be used by administrators and policy-makers to modify programs and to justify continuation or expansion.

The evaluation should begin when the drug court is implemented. Therefore, planning for an effective evaluation program must be initiated during the drug court planning phase. Anecdotal reports and other subjective evidence of a drug court's success will not be enough to enable court leadership to convince funding agencies to continue their support of the program. Accurate data from all components of a drug court must be collected and compiled to demonstrate that drug courts lead to successful outcomes for individual participants and the community.

What should an evaluation attempt to answer?

QUICK ANSWER: The evaluation should assess whether the drug court has efficiently, effectively, and economically achieved its objectives.

The more thorough an evaluation is, the more it costs in terms of staff time and other resources. A court must commit the resources necessary to conduct an effective evaluation to obtain useful information, and realistic goals should be set for the evaluation in light of the available resources. At a minimum, however, there should be articulated objectives for the drug court established during the court planning phase. The evaluation will then help determine whether these objectives have been attained.

A drug court's objectives should include the successful implementation of both short and long-term strategies. Short-term strategies encompass drug court operations, such as developing effective screening criteria for identifying offenders who are appropriate for drug court, maintaining a sufficient number of defendants in the program, ensuring that each defendant is monitored intensively, and providing effective group and individual treatment sessions. Long-term strategies include drug court outcomes (e.g., reduced recidivism and drug use) and cost effectiveness.

The drug court evaluation should answer the following key questions:

- Does the drug court achieve its objectives with the resources now available?
- What treatment and other services are supported with current resources?
- What are the similarities and differences among offenders participating in the program? Can a profile of participants be developed?
- What are the distinguishing features of the drug court itself (e.g., average length of participation, level of treatment and supervision provided, education/vocational services)?
- Has the drug court program been implemented as intended?
- How do key supporters of drug court (within the criminal justice system and the community) perceive the effectiveness of the drug court program?

- Have offenders made progress toward program goals and objectives as measured by criminal activity, substance abuse, and other indicators examined during follow-up?
- How do recidivism rates of drug court participants compare to defendants with similar backgrounds who do not participate in drug court?
- Is the cost of the program justified by the results?
- How does drug court impact the overall court's caseload?

How should the evaluation be designed?

QUICK ANSWER: The evaluation should be designed to: (1) describe the drug court participants as compared to other groups; (2) use existing sources of information; (3) develop new methods for collecting needed data; and (4) plan for the routine collection and analysis of identified data.

In order to determine whether drug court has made a difference in the lives of its participants, an evaluation should compare outcomes of drug court defendants with those of other groups. For example, an evaluation could ask how many drug court defendants were arrested after release from drug court as compared with substance-abusing defendants who were ineligible for drug court. An evaluation designed to address program outcomes and other key areas should include a description of the group(s) to be studied, sources of evaluation data, and responsibilities of personnel who will collect and analyze the data.

In addition to deciding which questions the evaluation will answer, the design must also take into consideration the available sources of information and the procedures for assembling information. The evaluation design should capitalize on the various sources of information which may already exist within the court system or community treatment programs, such as criminal justice history databases, psychosocial histories, and substance abuse assessments. If gaps in data exist, new instruments or data collection forms may need to be developed for the drug court evaluation. These may include intake assessment measures and follow-up interview tracking forms.

Routine procedures will need to be developed to collect, compile, and merge diverse sources of evaluation data from the criminal justice system, the treatment program, and follow-up interviews. Several drug court programs

have collaborated with faculty, graduate students, or interns from local universities in developing an evaluation design. You may want to consult the drug courts listed elsewhere in this manual for information about their court's evaluations and any outside assistance they may have obtained. Other agencies involved in tracking offenders such as probation/parole or Treatment Alternatives to Street Crimes (TASC) programs may also provide valuable information for a drug court evaluation.

What specific types of information should be collected and analyzed as part of the drug court evaluation?

QUICK ANSWER: The evaluation should include detailed information about drug court participants, participation in court and treatment services, participant progress, and follow-up results. Moreover, the evaluation should assess major changes that have been made to the drug court program over time and determine their appropriateness.

Several types of information may be collected by drug courts in the course of an evaluation and some of them are briefly summarized as follows.

■ Description of Program Participants

The evaluation should attempt to describe the program participants to:

- assist administrators in describing the type of offenders admitted to the program; and
- identify profiles of participants who successfully respond to different levels of program interventions.

Commonly used instruments include use of intake and assessment instruments such as the following:

- Addiction Severity Index (ASI);
- Drug Abuse Screening Test (DAST-20);
- Michigan Alcoholism Screening Test (MAST);
- Alcohol Dependency Scale (ADS); and
- Screening instruments for HIV risk behaviors.

The specific type of data that should be collected describing program participants includes the following list:

- Demographic characteristics;
- Criminal justice history;
- Substance abuse history and current levels of use;
- Family relationships and social functioning;
- Vocational status and economic support;
- Academic achievement;
- Mental health history;
- Medical history;
- HIV risk behaviors;
- History of physical or sexual abuse;
- Attitudes toward treatment, motivation or readiness for treatment; and
- Treatment plan needs.

■ Participation in Drug Court

The evaluation should describe the history of an individual participant's involvement in drug court. This information may be used to identify problems related to service delivery and to assess the effects of involvement in the treatment program on program outcomes.

The specific type of data that should be collected includes the following:

- Date of program admission, date of program discharge;
- Treatment interventions received;
- Incident or disciplinary reports;
- Urinalysis results;

- Status at completion of drug court program (e.g., successfully completed);
- Criminal justice status at discharge from program (e.g., probation, jail);
- Service needs at discharge from program (e.g., mental health services); and
- Discharge referrals initiated by drug court.

■ Progress in Treatment

The evaluation should attempt to determine the extent to which drug court has achieved intermediate objectives, such as participants gaining skills and improved psychological functioning. Evaluation measures may be used to assess the level of cognitive and behavioral change over the course of treatment.

The specific data that should be collected include the following:

- Skills acquisition;
- Knowledge in specific areas related to the treatment program (e.g., relapse prevention strategies);
- Psychological and emotional functioning (e.g., self-esteem);
- Cognitive functioning (e.g., expectancies related to substance abuse, self-efficacy);
- Counselor ratings of participation or progress; and
- Participant satisfaction with the treatment program.

■ Changes in the Drug Court Program over Time

Attempts should be made to assess changes to the drug court that are likely to affect short or long-term outcomes. In addition to providing a history of program development, this information is often useful in explaining changes in program outcomes observed over time. Significant changes in program functions related to funding, patterns of program admissions, interventions provided, and coordination and linkage services should be recorded. Barriers to program implementation and successful strategies used to resolve these difficulties should also

be noted. This "process" information is often obtained through interviews with program administrators, program participants, and agency staff involved in the drug court program.

The specific data that should be collected include the following:

- Administrative/fiscal;
- Personnel;
- Caseload impact;
- Referral and screening procedures;
- Intake and assessment procedures;
- Program population and census;
- Program interventions, such as length and type;
- Program facilities and resources;
- Coordination and linkages (e.g., court, probation, community agencies); and
- Public policy affecting criminal justice/social service systems.

■ Follow-up Evaluation and Tracking

This information examines patterns of community adjustment among participants following completion of the drug court program. This information provides an important foundation by which to examine the long-term effectiveness of the drug court program. Evaluation procedures should include examination of criminal justice records and, in some cases, follow-up interviews with program participants and probation officers.

The specific data that should be collected include the following:

- Date of each arrest, technical violation, conviction, and incarceration during program participation, and during follow-up;
- Type of charges (offense severity), differentiating between new and old charges;
- Conviction/sentence status for each arrest;

- Substance abuse;
- Results of urinalysis (dates), type of drug(s);
- Type of follow-up treatment referral, length of stay in follow-up treatment, disposition of follow-up treatment;
- Probation/parole status, change in status;
- Employment status; and
- Positive social adjustment indicators.

The results of the evaluation should provide credible information to the court leadership and community about the status of drug court and whether drug court should be continued, revised, or expanded. Such information helps guide both the court and the community to decide whether drug court is a viable option to incarceration.

APPENDIX

A

Profiles of Existing Drug Court Programs

Drug Court Programs	Dade County Miami, FL	Broward County Ft. Lauderdale, FL	Hillsborough County Tampa, FL	Escambia County Pensacola, FL	Okaloosa County Crestview, FL	STOP Multnomah County Portland, OR	FIRST Alameda County Oakland, CA
Urinalysis	yes	yes	yes	yes	yes	yes	yes
12-Step Support Groups	yes	yes	yes	yes	yes	yes	yes
Group Counseling	yes	yes	yes	yes	yes	yes	yes
Individual Counseling	as needed	as needed	as needed	as needed	as needed	as needed	as needed
Residential Treatment Availability	yes	yes	yes	yes	yes	yes	yes
Aftercare Services	yes	yes	yes	yes	yes	yes	yes
Annual Budget	\$1.8 million	\$1.175 million	\$696,135	\$216,215	\$143,240	\$600,000	\$750,000
Funding Sources	General County Funds	Federal, County	Federal, County, State, & Local	Federal, State, County	Federal, State, County	State (Federal pass thru)	County
Contact Person & Phone Number	Tim Murray (305) 375-2676	Guy Wheeler (305) 765-5106	Carole Priede (813) 272-5580	Robin Wright (904) 651-7292	Robin Wright (904) 651-7292	Judge Harl Haas (503) 248-3162	Judge Jeffrey Tauber (510) 268-7606

APPENDIX

B

Figure 1. Diversion and Treatment Program Client Flow Chart

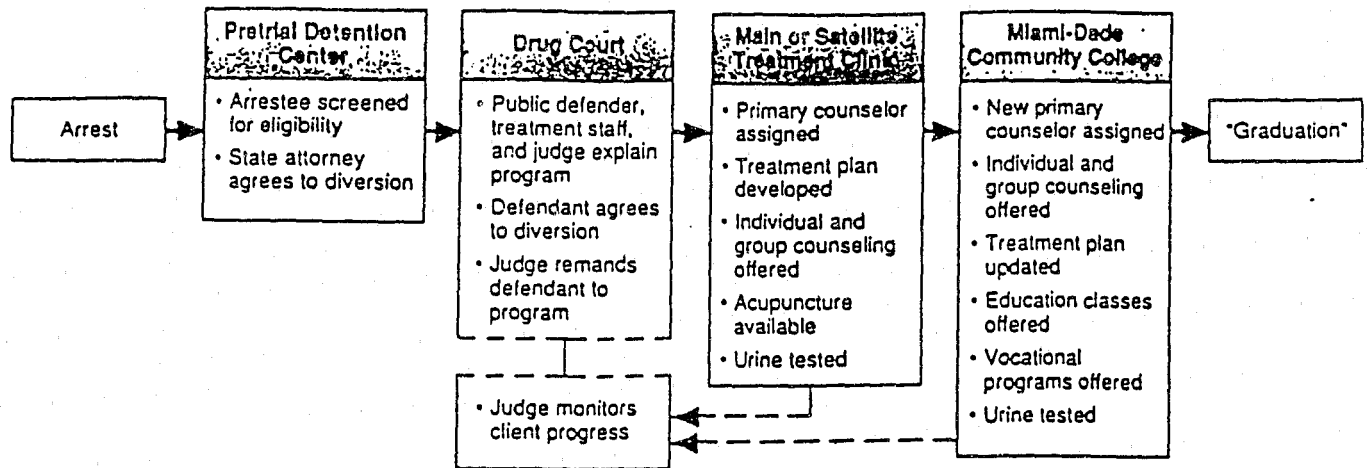
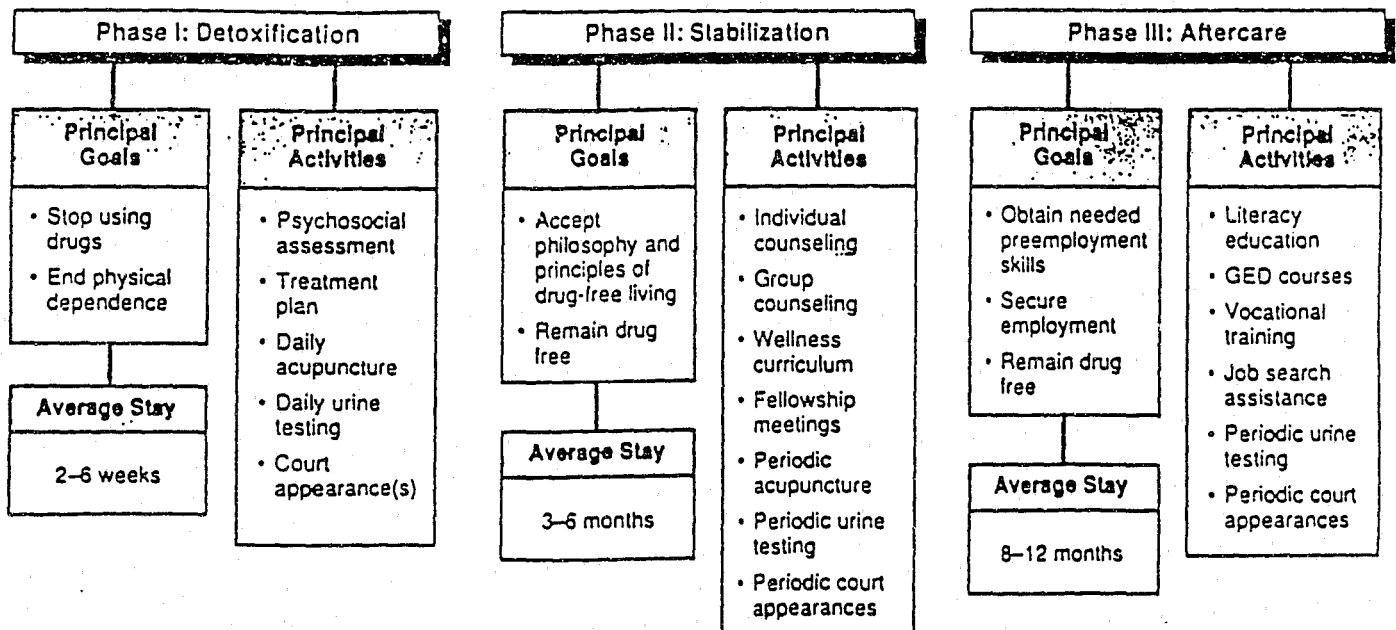


Figure 2. Three Diversion and Treatment Program Phases



ESCAMBIA COUNTY DRUG COURT

PROGRAM OUTLINE

1. Offender arrested and booked.
2. Pretrial Release (PTR) will determine eligibility prior to the Drug Court 1st Appearance. The offender must be a first time offender or an offender with no significant criminal history and charged with one of the following:

- Possession of a Controlled Substance
- Possession of a Controlled Substance with intent to sale
- Purchase of Cocaine
- Uttering a Forged Prescription
- Possession of a Forged Prescription

All other charges and/or an extensive criminal history must be approved by the State Attorney.

3. PTR will prepare a list of the eligible offenders with the arrest date and arresting agency for drug court to be given to the Escambia County Jail and fax a copy to the Clerk of Court. The PTR staff will make two copies of the arrest report, interview form and criminal history to be taken to drug court with the offender.
4. The jail will separate the drug court 1st Appearance paperwork which is taken to drug court with the offenders. If at all possible the drug court offenders is kept in a different holding cell.
5. The jail will transport the eligible offenders to the M.C. Blanchard Judicial Center at 7:30 am weekdays. On weekends offenders will go to 1st appearance. If the offender is referred to the drug court he is instructed to report to Division E the next weekday or if he remains in custody, he is transported to the court the next weekday. Drug Court 1st Appearance is held at 8:00 am in Division E.
6. The court liaison and the assistant public defender will explain the drug court program to the offender prior to the start of Drug Court. If the offender is placed in the Drug Court program, the clerk will schedule the case for a 21 day status call. A waiver of speedy trial must be signed at this time.
7. Volunteers are transported by the Escambia County Department of Corrections to Pathway/Lakeview Center immediately following drug court. The drug court program is a twelve month, three phase approach to substance abuse which will encompass the vocational, educational and spiritual components in conjunction with providing substance abuse treatment. Offenders will sign a contract with the drug court program and a PTI agreement.

8. A Department of Corrections probation officer is assigned to each drug court participant immediately upon entrance into the drug court program. Monthly home visits are conducted by the DOC staff.

9. In the initial phases of treatment a status call will occur every week for which the program counselor will submit a report on the offender's progress. The court liaison will attend all drug court proceedings. During phase II status calls are bi-weekly, and during phase III status calls are every 3 weeks. The clerk will prepare a docket each day for the next day's court and is picked up by the court liaison and DOC.

10. If at any time the court liaison or the DOC staff feel a case needs to be reviewed for non-compliance a court date is given to the offender and the Court, SAO, PD, and clerk of court is notified in writing.

11. A completion memo is sent by the Department of Corrections to the Court, SAO, PD, Lakeview Center and the Clerk of Court. The State Attorney will file a nol pros in the case. The clerk will set the case for a status call where the offender will officially terminate from the drug court treatment program. Unsuccessful offenders are set for trial in one of the other criminal divisions.

OKALOOSA COUNTY DRUG COURT PROGRAM

DESCRIPTION OF TREATMENT

PHASE I

This two to four week phase evaluates the participants' receptiveness to substance abuse treatment and provides intensive outpatient treatment during the first three weeks in the program. The intensive outpatient treatment consists of 3 hours of treatment 4 days a week as well as attendance at one other 12-step program and random urinalysis 2x per week. It is anticipated most clients will need 4 weeks in this phase.

PHASE II

This sixteen to twenty week phase addresses the participants' continued receptiveness to treatment in an outpatient setting and emphasizes a drug free lifestyle, social adjustment and the development of appropriate mechanisms for coping with stressful situations. Phase II consists of attendance 3x a week for a total of 8 hours per week as well as attendance at 2 additional 12 step groups and random urinalysis.

PHASE III

This 28 to 34 week phase provides comprehensive aftercare and focuses on educational and vocational training. Weekly attendance is required as well as 12-step groups and random urinalysis.

Throughout the year, the individual will be given status call court dates for the judge to review the defendant's treatment progress. If at any time the defendant is not complying with the drug court treatment program, he will be given a status call date to report to the judge. These will be held both in the courtroom and as needed at the jail immediately after 1st Appearance. Judge Brace will have several options if the defendant is not complying i.e. termination from the drug court, bumping the defendant to a more intense phase in treatment, or revoke the PTR release and place the jail for a determined amount of time. Upon successful completion of the program the court will accept a nolle prosequi in the case from the State Attorney.

DACCO
OUTPATIENT ACUPUNCTURE
TREATMENT FOR DRUG COURT

The DACCO Outpatient Acupuncture Treatment Component for Drug Court provides a Phase I through Phase III twelve month program for clients assessed appropriate for participation with significant advantages to the client including:

- * Ability to work while receiving treatment.
- * An intensive outpatient environment structured to provide on-going counseling services to deal with the psychological and physiological effects of addiction and recovery.
- * The use of acupuncture to reduce cravings for drugs and reduce stress.

PROGRAM MODEL

Phase I
Weeks 1 - 3

The first phase of treatment is structured to provide each client, in addition to individual and group counseling, a complete indepth assessment and development of their master treatment program. The successful completion of Phase I would include:

- * Acupuncture 5 days a week (Mon - Fri)
- * Random urines three times a week
- * Group counseling (2) times per week
- * Individual counseling as needed
- * Support groups as needed
- * Clients unsuccessful may repeat initial Phase I program

Phase II
Weeks 4 - 12

The second phase expands the role of therapy in addressing specific issues of sobriety, emotional growth, family communications, decision making skills and life building activities as well as emphasis on vocational and educational issues. The successful completion of Phase II would include:

- * Acupuncture up to 3 days a week
- * Random Urines two times a week
- * Group counseling (2) times per week
- * Individual counseling as needed
- * Support groups as needed
- * Clients unsuccessful can be moved back to Phase I.

Phase III
Weeks 13 - 52

The third phase would consist of the remainder of the twelve months and incorporate aftercare and individual counseling as needed. Emphasis of Phase III would include increased involvement with self-help groups, remaining drug free and financially responsible, continued vocational and/or career counseling, and becoming part of a supportive environment reclaiming responsibility and a commitment to a drug free lifestyle. The successful completion of Phase III would include:

- * Random urines up to 3 a month
- * Active participation in a structured aftercare group as needed
- * Continued employment and/or education
- * Individual counseling sessions to review "life plans" to insure a positive recovery program at least one time per month

Clients in Phase III would be expected to become part of DACCO's Supportive Environment and serve as role models for patients still in treatment to exhibit that on-going recovery is a TOP PRIORITY in every person's life in order to be successful.

APPENDIX

C

UNITED STATES PROBATION OFFICE
Northern District of California
Phase/Sanction System

REFERRAL

- I. All new supervision cases with a drug Aftercare Condition will commence a year-long Drug Aftercare Program, as soon after their referral as possible, unless:
 - A. There is no documented, supportive evidence of drug abuse; AND
 - B. They deny a history of drug abuse; OR
 - C. Drug abuse was several years prior to the instant offense.
- II. In Drug Aftercare cases where there is merely a suspicion of usage, the person should be referred to your respective contractor for ninety (90) days of urine testing only. If, thereafter, a positive urine is received or the person fails to adhere to the urine collection schedule, they should be immediately referred for Phase I assessment and the full range of services. If the client successfully completes the ninety (90) days of urine submission, they shall be screened out of the drug aftercare program.

All Probation Officers are encouraged to urine test any case where suspicion of usage exists (not to exceed sixty [60] days of regular testing without a special drug condition).

PHASE SYSTEM

Phase I -- Four Months.

- I. Client will submit a minimum of six (6) random or eight (8) scheduled urine tests per month; AND weekly Narcotics Anonymous meetings; OR ten (10) random or twelve (12) schedule urine tests per month.**
- II. Treatment assessment performed by the contractor.
- III. Counseling as directed.

Phase II -- Four Months.

- I. Client will submit at least four (4) random or scheduled tests per month AND weekly Narcotics Anonymous meetings; OR eight (8) urine tests per month either on a schedule or Code-A-Phone basis.**
- II. Counseling as directed.

U.S. Probation
N/D CA
Phase/Sanction System

Phase III - Four Months

- I. Client will submit at least two (2) random tests.
- II. At least weekly Narcotics Anonymous Meetings.
- III. Counseling as directed.

****The client should be encouraged to attend Narcotics Anonymous meetings rather than increased urine submissions. (Regular attendance may be a mitigating factor in a subsequent DAC violation, and refusal/failure to attend may be an aggravating factor.)**

DEFINITIONS

Episode means any of the following:

- I. Positive urine test. (If subsequent positive urine tests are received prior to implementation of the sanctions, no escalation in sanctions need to be taken except that the client will be required to participate in BOTH counseling sessions and Narcotics Anonymous meetings).
- II. Submitting a diluted or otherwise fraudulent sample.
- III. Any three (3) stalls.

A Stall*** is any of the following:

- a. Failure to show for urine testing.
- b. Failure to submit a testable amount of urine.
- c. Any unexcused absences from required evaluation/counseling sessions.

***** Upon any urine stall, client should be called in immediately for a test, and the stall is to be counted regardless of next test result.**

- IV. Except as noted above, failure to comply with or complete any sanction.

SANCTIONS

Sanction I -- First Episode Within Phase I

- I. Notification to Court or Parole Commission.
- II. Office visit as soon as possible, no later than five (5) working days.
- III. If the client has only been submitting urine samples, he/she will be required to attend counseling and/or Narcotics Anonymous meetings at least weekly.

If the client has been involved in counseling and/or Narcotics Anonymous meetings, he/she shall:

- a. be increased in urine testing to ten (10) random or twelve (12) scheduled test per month and/or
- b. be required to attend counseling and/or Narcotics Anonymous meetings for a combined total of at least two (2) per week.

Sanction II -- Second Episode Within Phase I

- I. Formal Court Hearing or Parole Commission action (F-1 Modification) recommending:
 - A. Ninety (90) days at a residential drug treatment program cleared with Drug Treatment Specialist; OR
 - B. Ninety (90) days at a C.T.C. and continued urine testing, counseling and/or Narcotics Anonymous meetings at the frequency established in Sanction I, OR;
 - C. Ninety (90) days of Home Detention (probation cases only) and continued urine testing, counseling and/or Narcotics Anonymous meetings at the frequency established in Sanction I, OR;
 - D. Ninety (90) days in an intensive outpatient program and continued urine testing, counseling and/or Narcotics Anonymous meetings at the frequency established in Sanction I, OR;
 - E. Ninety (90) Narcotic Anonymous meetings during the next ninety (90) days and continued urine testing and counseling at the frequency established in Sanction I.

Sanction III -- Third Episode Within Phase I

- I. Formal Court Hearing or Parole Commission action (F-1 Modification), recommending either;
 - A. A minimum custody sentence of six (6) months for Misdemeanor offenders and a minimum custody sentence of one (1) year for Felony offenders;

OR

- B. Completion of a long-term residential drug treatment program, **** the failure of which will result in further formal action and a recommendation for custody as stated above.

**** Residential treatment may be used at any sanction level whenever deemed appropriate by the Probation Officer and with the client's and Drug Specialist's concurrence. If placement is made at Sanction I, nor formal hearing is required beyond notification of the Court/Parole Commission as already provided. However, failure in a residential program in Sanction I may require resorting directly to Sanction III since Sanction II options may no longer be realistic.

NOTES:

- 1. Successful completion of any sanction phase will return client to Phase I treatment to begin the year-long process anew.
- 2. Any episode in Phase II or III will result in the client being returned to Phase I to again begin the year-long program.

APPENDIX

D

Bibliography

- Advisory Committee on Drug Issues Affecting State Judicial Systems. (1991). Drug issues affecting state judicial systems (Briefing Papers). National Center for State Courts, Williamsburg, VA.
- Alvarez, F. D. (1991). Specialized drug division treatment and rehabilitation program. (R90-0267, 1990). Tampa, FL: Hillsborough County Commissioners.
- Beck, M., Katel, P., Lice, M., Springer, M., & Gordon, J. (1993, June 14). Kicking the prison habit. Newsweek, pp. 32-37.
- Belenko, S., Nickerson, G., & Rubenstein, T. (1990). Crack and the New York courts: A study of judicial responses and attitudes. (SJI-88-14X-E-050). New York City Criminal Justice Agency, Inc.
- Cianfarano, M. G. (1992, October). Berrien County's Drug Court. Colleague, 5(1), 3-8.
- Cianfarano, M. G. (1992). Kalamazoo County's Division Program for Female Offenders. Colleague, 5(1), 15-21.
- Davis, L., Murray, T., Cooper, C. S., & Trotter, J. A. (1992). Recommendations regarding the development of a drug case management program in Escambia and Okaloosa Counties, Florida. The American University School of Public Affairs. Washington, D.C.
- Davis, R. C. (1992). Drug Felony Case Processing in New York City's N Parts (Grant No. 91-DD-CX-0025). New York, NY: New York City Criminal Justice Agency, Inc.
- Davis, R. C. (1993). The Queens County (NY) Narcotics Courtroom - A Case Study (Grant No. 91-DD-CX-0025). New York, NY: New York City Criminal Justice Agency, Inc.
- Denial of Federal Benefits. (1991). Model denial of federal benefits act: Selected state driver's and professionals license suspension laws. Arlington, VA: National Center for State Courts.
- Eaglin, J. B. (1984). A process-descriptive study of the drug aftercare program for drug-dependent federal offenders (FJC-R-84-1). Washington, DC: Federal Justice Center.
- Eaglin, J. B. (1986). The impact of the federal drug aftercare program (FJC-R-86-4). Washington, DC: Federal Justice Center.
- Finn, P., & Newlyn, A. K. (1993). Miami's "Drug Court" A different approach (NCJ 142412). Washington, DC: National Institute of Justice.

Foote, E. T. (1992). The Miami coalition for a drug-free community (Annual Report). Miami, FL: University of Miami, James L. Knight International Center.

Gorski, T. T., Kelly, J. M., Havens, L., & Peters, R. H. (1991). An executive briefing: Relapse prevention and the substance-abusing criminal offender. Office for Treatment Improvement. Rockville, MD.

Grandy, H. C., Brittain, M. M., Grimm, C. B., Lynch, B., & Vandiver, R. (1992). A manual for workshops on processing felony dispositions in limited jurisdiction courts: Improving the quality of justice while reducing delay (SJI-90-11K-B-052). Williamsburg, VA: National Center for State Courts.

Haas, H. (1993). S.T.O.P., Sanction-treatment-opportunity-progress: An early drug intervention and case management program. (Progress Report). Portland, OR.

Institute For Court Management of the National Center for State Courts. (1989). Seminar on managing drug-related cases in urban trial courts. Denver, CO: Author.

Klein, H. M. (19--). Strategies for action: Combating drug & alcohol abuse in Dade County. Metropolitan Dade County, FL.

Klein, H. M. (1990). Strategies for action: Combating drug & alcohol abuse in Dade County an update. Metropolitan Dade County, FL.

Leukefeld, C. G. , & Tims, F. M. (1990). Compulsory treatment for drug abuse. The International Journal of the Addictions, 25(6), 621-640.

Leukefeld, C. G. (1990). Opportunities for strengthening community corrections with coerced drug abuse treatment. Perspectives, 6-9.

Leukefeld, C. G. (1991). Coordinating probation/parole services with community drug abuse treatment. Perspectives, 40-44.

McGarry, P., & Aukerman, R. (1993). Treatment improvement protocol (TIP): Combining alcohol and other drug (AOD) abuse treatment services with intermediate sanctions for adults in the criminal justice system. Field Review Draft, The Center for Substance Abuse Treatment Quality Assurance and Evaluation Branch Division of State Programs Substance Abuse and Mental Health Services Administration.

Metro-Dade Center. (1990). Strategies for action: Combating drug & alcohol abuse in Dade County. Miami, FL: Metro-Dade Center, Office of County Manager.

- Metro-Dade Department of Human Resources. (1989). Division and treatment program: An overview. Miami, FL: Office of Rehabilitative Services.
- Milke, I. (1992, October). Substance abuse treatment and community corrections. Colleague, 5(1), 22-31.
- Moriarty, W. F., & Konefal, J., & Bryant, M. D. (1990, August). Innovative substance abuse treatment options for criminal justice populations which include acupuncture detoxification as part of an overall treatment program. Paper presented at the American Correctional Association Congress. San Diego, CA.
- Murray, T. J. (1990). Bench book: Division and treatment program, eleventh judicial circuit, Dade County, Florida. Office of Substance Abuse Control, Miami, FL.
- National Institute on Drug Abuse. (19--). Criminal justice alternatives for disposition of drug abusing offender cases. Washington, DC: U. S. Department of Health, Education, and Welfare.
- National Center for State Courts. (1991). Drug issues affecting state judicial systems: briefing paper. Conference of Chief Justices and Conference of State Court Administrators Advisory Committee on Drug Issues Affecting State Judicial Systems, Williamsburg, VA.
- National Center for State Courts. (1993). National conference on substance abuse and the courts: proceeding and manual for action. National Conference on Substance Abuse and the Courts. Washington, DC.
- National Criminal Justice Association. (1990, February). Treatment options for drug-dependent offenders: A review of the literature for state and local decision makers. Washington, DC: U. S. Department of Justice, Office of Justice Programs.
- National Institute of Justice. (1992). Searching for answers: Annual evaluation report on drugs and crime. (NCJ -----). Washington, DC: U. S. Department of Justice.
- National Institute of Justice. (1993). Miami's "Drug Court": A different approach (NCJ 142412). Washington, DC: U. S. Department of Justice.
- Peters, R. H., & Dolente, A. S. (1990). Relapse prevention for drug-dependent inmates in the Hillsborough county jail. American Jails, 107-110.
- Pollock, S. G. (1991). Final report: Task force on drugs and the courts. Supreme Court, State of New Jersey.

- Pollock, S. G. (1991). New Jersey supreme court task force on drugs and the courts. Final Report: Supreme Court, State of New Jersey, Task Force on Drugs and the Courts. Trenton, NJ.
- Roberts, M. M. (1992). National conference on substance abuse and the courts: Proceedings and manual for action. A Joint Project of Conference of Chief Justice, Conference of State Court Administrators, State Justice Institute, Bureau of Justice Assistance and National Center for State Courts, Williamsburg, VA.
- Rua, J. (1990). Treatment works: The tragic cost of undervaluing treatment in the "drug war". Washington, DC: National Association of State Alcohol and Drug Abuse Directors.
- Section of Criminal Justice. (1991). Strategies for courts to cope with the caseload pressures of drug cases. Washington, DC: American Bar Association.
- Smith, B. E., Davis, R. C., & Goretsky, S. R. (1991). Strategies for courts to cope with the caseload pressures of drug cases (Grant No. SJI-90-11K-040). Chicago, IL: American Bar Association..
- Tauber, J. S. (1992). Drug control policy statements. Prepared for the Clinton Transition Team. Oakland, CA.
- Tauber, J. S. (1993). The importance of immediate and intensive intervention in a court-ordered drug rehabilitation program. Presented to the President's Commission on Model State Drug Laws. Washington, DC.
- Tauber, J. S. (1993, August). A judicial primer on unified drug courts and court-ordered drug rehabilitation programs. Presented at the California Continuing Judicial Studies Program. Dana Point, CA.
- Tauber, J. S. (1993). Five policy statements on national criminal justice drug control issues. Oakland-Piedmont-Emerlyville Municipal Court. Oakland, CA.
- The Council of State Governments and The American Probation and Parole Association. (1993). Community corrections: Saving dollars and lives. A Symposium for Legislators, Judicial Personnel and Corrections Administrators. Tampa, FL.
- The Delaware Sentencing Accountability Commission & The Delaware Administrative Office of the Courts. (1992). Effective sentencing of substance abusing offenders [Executive Summary]. An Inter-State Judges' Seminar, Wilmington, DE.
- The National Center for State Courts. (1993). Implementing denial of federal benefits orders and denial of licenses in the state of Florida (Grant No. SJI-92-11H-B-167). Williamsburg, VA: National Center for State Courts.

TIE Communique: Center for Substance Abuse Treatment. (1993, Spring). Forging links to treat the substance-abusing offender. SAMHSA/Center for Substance Abuse Treatment. Rockville, MD.

Treatment alternatives to street crime management information systems (TASC-MIS), Version 1.1, SEARCH, The National Consortium for Justice Information & Statistics, 1992.

APPENDIX

E

FLORIDA DRUG COURT JUDGES

FIRST CIRCUIT

The Honorable John T. Parnham
Circuit Court Judge
First Judicial Circuit
190 Governmental Center
Pensacola, Florida 32501
(904) 436-5733 FAX (904) 436-5489

The Honorable A. Keith Brace
County Judge, Okaloosa County
First Judicial Circuit
Okaloosa County Courthouse
Crestview, Florida 32536
(904) 689-5730 FAX (904) 689-5749

SECOND CIRCUIT

The Honorable Philip J. Padovano
Chief Judge
Second Judicial Circuit
Leon County Courthouse
Room 365-D
Tallahassee, Florida 32301
(904) 488-3615 FAX (904) 487-7947

EIGHTH CIRCUIT

The Honorable Maurice V. Giunta
Circuit Court Judge
Eighth Judicial Circuit
206 Alachua County Courthouse
201 East University Avenue
Gainesville, Florida 32601
(904) 374-3645 FAX (904) 374-5238

ELEVENTH CIRCUIT

The Honorable Stanley M. Goldstein
Circuit Court Judge
Eleventh Judicial Circuit
520 Richard E. Gerstein
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THIRTEENTH CIRCUIT

The Honorable F. Dennis Alvarez
Chief Judge
Thirteenth Judicial Circuit
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SIXTEENTH CIRCUIT

The Honorable Richard Fowler
Circuit Court Judge
Sixteenth Judicial Circuit
300 Monroe County Courthouse Annex
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Key West, Florida 33040
(305) 292-3422 FAX (305) 292-3435

SEVENTEENTH CIRCUIT

The Honorable Robert J. Fogan
Circuit Court Judge
Seventeenth Judicial Circuit
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201 Southeast Sixth Street
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APPENDIX

F

**NATIONAL CONFERENCE ON SUBSTANCE
ABUSE AND THE COURTS**

**CHECKLIST - QUESTIONS TO BE CONSIDERED
AND INFORMATION TO BE COLLECTED PRIOR TO
PRE-CONFERENCE TEAM MEETING**

Prepared by

**Barry Mahoney
Senior Staff Attorney
National Center For State Courts**

1. What are the principal state-level agencies involved in implementing policies and programs designated to address substance abuse problems? List these agencies: if possible also provide information on the types of programs run by each agency and the level of services available in each program.
2. What are the key local-level agencies and institutions that are involved in dealing with substance abuse problems and should be consulted in development of state-level initiative?
3. What, if any, formal documents exist, such as substance abuse plans or federal consent decrees, to restrict or proscribe the way in which substance abusing offenders are handled?
4. Does the state already have a coordinated overall program for addressing substance abuse problems? If so -
 - a) What are the goals of the program?
 - b) Who (what agency/individual is in charge of the program)?
 - c) What is the implementation process?
 - d) What information is available about activities conducted and progress to date? (Summarize; circulate copies of reports and other relevant documents to team members.)

- e) What is the courts' role in this program?
 - f) What are the strengths of the program?
 - g) What are the perceived problems?
 - h) What new or revised goals should be considered, if any?
 - i) What new program initiatives should be considered?
5. If the state does not already have a coordinated overall program for addressing substance abuse problems:
- a) Is it desirable to have a coordinated state-level program?
 - If yes, why?
 - If no, why not?
 - b) What are the other agencies that will be important to involve to ensure program success? state agencies? local agencies?
 - c) If a decision is made to develop a coordinated state-level program, what should be its goals? What should the state seek to accomplish?
 - d) What agency or other unit of government should be in charge of the program?
 - e) What should be the courts' role in the program?
6. What are the principal ways in which substance abuse problems have direct impact on the courts in your state? (Consider all types of courts, including criminal, civil, family/juvenile, traffic, and appellate courts.)
7. What do non court agencies (e.g., health, education, social services) need to receive from courts, in order to do a more effective job in dealing with substance abuse problems?

8. What are the principal obstacles facing the institutions and agencies that will be represented at the conference, as they seek to address substance abuse problems?
9. What are the principal resources that might be available? Realistically, what are the prospects for increasing/enhancing these resources?
10. What would you most like to gain from the November 6 - 8 conference?

APPENDIX

G

Florida Statutes Authorizing Drug Courts

Florida Statutes authorize two kinds of "drug courts": 1) pretrial intervention programs under Florida Statute §948.08 (1993); 2) probationary programs under Florida Statute §948.034 (1993). Defendants can be eligible for drug court under two different provisions of §948.08, while §948.034 lists numerous categories of eligible defendants.

Most drug courts currently operating in Florida were implemented under the criteria set forth in §948.08, which was significantly amended in 1993. The amendment was added to the existing statute, thereby creating two different sets of criteria for admission to and implementation of drug courts. The purpose of §948.08, which is to authorize the use of "counseling, education, supervision, and medical and psychological treatment" for persons believed to have drug problems and charged with a specified criminal offense, however, did not change with the amendment. Fla. Stat. §948.08(1)(1993). The two relevant provisions under §948.08 will be described separately.

Florida Statute Section 948.08(2)-(5)(1993)

Section 948.08(2) provides that, "Any person who is charged with any nonviolent felony of the third degree is eligible for release to the pretrial intervention program...." The phrase "nonviolent felony" is defined and subsections (2)-(5) include the following key points:

- o Consent for admission to the program must be obtained from the victim, state attorney, and judge who presided at the initial appearance.
- o Defendant must agree to enter the program and waive speedy trial.
- o Criminal charges against defendant are continued for 90 days initially and can be continued for an additional 90 days.
- o Criminal proceedings against defendant shall resume whenever the state attorney or program administrator determines that the defendant is not fulfilling the program obligations or the public interest so requires.
- o At the end of the intervention period, the administrator recommends that: 1) prosecution resume; 2) defendant continue in program; or 3) charges be dismissed without prejudice.
- o The state attorney makes final determination as to whether prosecution shall continue.

Florida Statute Section 948.08(6)(1993)

Under this subsection, which is the 1993 amendment referred to above, the criteria for admission to a pretrial diversion program are different from those in §948.08(2)-(5).

"Notwithstanding any provision in this section, a person who is charged with a felony of the second or third degree for purchase or possession of a controlled substance under Chapter 893 ... is eligible for admission into a pretrial substance abuse education and treatment intervention program" Fla. Stat. §948.08(6)(a)(1993).

Key components of Section 948.08(6) are as follows:

- o Defendant cannot have any felony conviction or previously have been in a pretrial program referred to in the section.
- o Program must be approved by the chief judge of the circuit.
- o Defendant is admitted to program for not less than one year.
- o Admission may be on court's own motion or on motion of either party.
- o State attorney can oppose admission and court shall deny admission if state attorney establishes at a preadmission hearing by a preponderance of the evidence that defendant was dealing in and selling controlled substances.
- o At the end of the pretrial intervention period, court shall determine whether defendant successfully completed the program after considering the administrator's and state attorney's recommendations.
- o The Court: 1) may order defendant to continue in program; 2) may order case referred to normal channels for prosecution; 3) shall dismiss charges if defendant successfully completes the program.

The primary difference between §948.08(2)-(5) and the 1993 amendment, §948.08(6), is the role of the state attorney and the court. In the former, the state attorney must consent to the defendant's admission and has the final authority to decide whether the defendant will be prosecuted after participating in the intervention program.

On the other hand, the 1993 amendment authorizes the chief judge of a court to approve a pretrial intervention program and a defendant may be admitted to the program on the court's own motion. In addition, the court must consider the state attorney's recommendation as to whether the defendant has

successfully completed the program, but the court determines whether or not the defendant will remain in the program. The 1993 amendment has provided more flexibility for Florida jurisdictions that are interested in implementing a pretrial intervention drug court program.

Florida Statute Section 948.034(1993)

This section authorizes the court to require defendants who violate Florida Statute §893.13(1)(a)1, (1)(d)1, (1)(a)2, or (1)(d)2, to complete a term of probation in lieu of serving a term of imprisonment. Section 893.13(1)() provides that "...it is unlawful for any person to sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance." The specific provisions cited above designate the severity of the controlled substance offense charged. The requirements that must be fulfilled by the defendant during the term of probation are specifically set forth according to whether the defendant committed a first, second, or third degree felony and whether he or she had previously been convicted of the same felonies enumerated in the statute. All defendants who are required to complete probation under this section may be ordered to receive substance abuse education and treatment, thereby rendering this statute a "drug court" alternative.

The first category of defendants who may be sentenced to probation under §948.034 are those who have violated Florida Statute §893.13(1)(a)1, a second degree felony, or Section 893.13(1)(d)1, a first degree felony. A person who has not previously been convicted of these offenses may be sentenced as follows:

Florida Statute Section 948.034(1)(a)(1993)-

- o Adjudication withheld.
- o Probation for not less than 18 months, as a condition of which the court shall require offender to reside at a community residential drug punishment center for 90 days.
- o Placement into center subject to budgetary considerations and availability of bed space.
- o If required to reside at center, court shall also require one or more of the following:
 - \$500 to \$10,000 fine
 - attendance in and completion of a substance abuse education or treatment program, as well as a substance abuse evaluation.

- 100 hours or more of public service
- drug testing
- participation in self-help group, such as Narcotics, Alcoholics, or Cocaine Anonymous.

A person who has been previously convicted of one felony violation of Section 893.13(1)(a)1 or (1)(d)1 may be sentenced as follows:

Florida Statute Section 948.034(1)(b)(1993)-

- o Adjudication may not be withheld.
- o Probation for not less than 24 months, with 180 days in a residential center.
- o Placement into center subject to budgetary and bed space limitation.
- o If required to reside at center, court shall also require one or more of the following:
 - \$1,000 - \$10,000 fine
 - substance abuse evaluation, education, treatment
 - 300 hours or more of community service
 - drug testing
 - participation in self-help group.

A person who has been previously convicted of two felony violations of Section 893.13(1)(a)1 or (1)(d)1 may be sentenced as follows:

Florida Statute Section 948.034(1)(c)(1993)-

- o Adjudication may not be withheld.
- o Probation for not less than 36 months, with 360 days in a residential center.
- o Placement into center subject to budget and space limitations.
- o If required to reside at center, court shall also require one or more of the following:
 - \$1,500 - \$10,000 fine
 - substance abuse evaluation, education, treatment

- 300 hours or more of community service
- drug testing
- participation in self help group.

The second category of defendants who may be sentenced to probation under §948.034 are those who have violated Florida Statute §893.13(1)(a)2, a third degree felony, or §893.13(1)(d)2, a second degree felony. The sanctions that may be imposed during the term of probation for these violations become more severe with each previous conviction, as with the sanctions under §948.034(1)(a), (b), and (c). The sanctions themselves are also very similar to those described above, so they are not set forth here. The full text of §948.034 is included at the end of the appendix. Please refer to §948.034(2)(a), (2)(b), (2)(c), (2)(d) and (2)(e).

It should be noted that the Florida legislature revised portions of §893.13 pursuant to the "Safe Streets Initiative of 1994," without revising §948.034 to make it conform to the changes in §893.13. Therefore, there are references in §948.034 to §893.13(1)(e)2, (1)(i)2, and (1)(f), which are no longer in §893.13 in the same form. Until the legislature addresses this discrepancy, there will be some uncertainty as to the applicability of revised portions of §893.13 to §948.034.

In addition to other statutes discussed here, Florida Statute §§948.001 and 948.04 are relevant to the probationary "drug court". Section 948.001(4) defines "Drug offender probation," while §948.001(6) defines "Community residential drug punishment center." The statute designates the Department of Corrections as the agency that will adopt rules as necessary to define and operate such centers. Section 948.04 indicates that defendants placed on probation pursuant to §948.034 are not restricted to a two-year term of probation, as are most other defendants.

APPENDIX

H

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA.

DIVISION <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> OTHER	WAIVER OF SPEEDY TRIAL	CASE NUMBER
THE STATE OF FLORIDA VS.		CLOCK IN
PLAINTIFF DEFENDANT(S)		

WAIVER

I hereby waive the benefit and requirements of Florida Rule of Criminal Procedure 3.191 relating to my right to a speedy trial, either within the one hundred seventy-five (175) day period provided in that Rule, or within the sixty (60) day period as provided upon demand.

I have been informed by my attorney that I have a right to a speedy trial and what the effect of my waiver is.

Date

DEFENDANT

CERTIFICATION OF ATTORNEY

I hereby certify that I am attorney of record for _____,
that I have explained to him his right to a speedy trial under the laws of Florida; that he has freely and understandingly executed the foregoing waiver.

Date

ATTORNEY

**DEFERRED PROSECUTION AGREEMENT
FOR OKALOOSA COUNTY**

It being alleged that you, _____, have committed an offense against the State on or about the ____ day of _____, 19__, to wit: Docket #

and it further appearing after an investigation of the offense and into your background, that at this time the interest of the State of Florida, and your interest will best be served by the following procedures:

THEREFORE,

On the authority of _____, State Attorney in and for the _____ Judicial Circuit, prosecution in this matter for said violation will be deferred for the period of 12 months from this date, provided you abide by the conditions hereafter specified in this contract and order. Your progress will be reviewed in accordance with F.S. 948.08 at the end of 90 and 180 days from this date to determine if prosecution can be permanently deferred.

The defendant agrees to refrain from violation of any law.

The defendant agrees that he/she will work regularly at a lawful occupation.

The defendant agrees that he/she will participate in and pay for programs established for him/her under the supervision of the Department of Corrections. (Mental health, drug, alcohol counseling, etc.)

The defendant agrees to immediately inform the drug court officer offering supervision and counseling of any change in address, residence, or employment.

The defendant agrees to make him/herself available for all the services of this program.

The defendant agrees to answer truthfully all inquiries by the drug court officer and allow visits at his/her home, employment, school, or elsewhere and carry out any instructions given.

The defendant agrees to report to his/her assigned drug court officer every month as scheduled by the drug court officer.

The defendant agrees not to leave the county of his/her residence without first procuring the consent of his/her officer.

The defendant agrees not to possess, carry or own any weapons.

The defendant agrees to refrain from use of any illegal substance.

The State Attorney may, during the period of deferred prosecution, revoke or modify the conditions of your deferred prosecution by:

- (1) Prosecuting you for this offense if you violate any of these conditions.
- (2) Voiding this agreement should it be determined that you have a significant prior record of adult criminal convictions for an offense not allowed within the program selection criteria.

If you comply with these conditions during the period of deferred prosecution, no criminal prosecution concerning this charge will be instituted in this county.

By signing this deferred prosecution agreement the defendant, _____, withdraws and/or waives his/her right to a speedy trial for the period of his/her diversion under the Constitution and laws of Florida and the United States of America in the cause for which prosecution is being deferred. Further, that he/she understands the contract and will abide by conditions in this contract.

Defendant's Signature

Date: _____

Assistant State Attorney's signature

Date: _____

Judge

Date: _____

Status-call date: _____

APPENDIX

I

REQUEST FOR PROPOSALS FOR SUBSTANCE ABUSE TREATMENT SERVICES
FOR THE ESCAMBIA COUNTY DRUG COURT

The Board of County Commissioners of Escambia County is requesting proposals for a substance abuse treatment agency to provide substance abuse treatment in the Drug Court.

The purpose of this Request for Proposals is to secure qualification statements from the agencies who have prior experience in the substance abuse treatment of those individuals involved in the criminal justice system.

The Escambia County Drug Court will be a partnership between the courts, the Escambia County Department of Corrections, Pretrial Release Program, the Office of the State Attorney, Public Defender's Office, Florida Department of Corrections and the treatment vender. The primary goal of the drug court is to provide immediate treatment to the first time drug offender with no significant criminal history.

The program will be a twelve month, three phase approach to substance abuse which will encompass the vocational, education and spiritual components in conjunction with providing substance abuse treatment (see attachment 1 for brief summary of program purpose, target population and treatment program). This program provides early intervention and serves as a meaningful alternative to incarceration for the defendant who can adequately function in the community with support.

Experience in the criminal justice system and knowledge of the Florida Courts and Corrections is preferred. Selection will be made considering the ability of professional personnel, past performance, willingness to meet time constraints and budget requirements, recent, current, and projected workload of the proposers. Proposers should submit the following information:

1. The provider shall be licensed by HRS for the site(s) where treatment services will be delivered prior to the contract date. If the provider is not licensed for the proposed service, an application for facility licensure shall be submitted to HRS on or before the execution of a contract for services.
2. The providers should include a description of organization qualification that describes the following:
 - A. Mission statement
 - B. When the agency was founded
 - C. Target populations served

Request for Proposal
Drug Court

- D. Geographic service area
 - E. Social services provided
 - F. Responsibilities, duties, and activities on the governing board
 - G. Financial management procedures
 - H. Total number of staff identified as either administrative or direct care/program staff
 - I. Total number of facilities or units, their purpose, and total capacity
3. The provider shall be in good standing with any State or Federal agency that has a contracting relationship with the provider.
4. A list of current members of the provider's governing body, and any advisory groups will be submitted with the RFP.
5. A current organizational chart should be included which shows the lines of authority within the organization, and with the parent organization, if applicable. Include the effective date on the chart. The proposed program should be clearly marked with proposed staff positions identified.
6. A chart or matrix will be included with the RFP describing the number of chemically dependent persons the providers has served in the preceding year, and the municipalities and counties in which services were provided.
7. A brief description will be provided of current substance abuse programs, and types of persons served by these programs.
8. The providers will describe previous experience in working with criminal justice populations. Previous experience in working with the courts, and other criminal justice agencies will also be described. The provider will also indicate current involvement with courts and other criminal justice agencies.

Request for Proposal
Drug Court

9. The provider will describe chemical dependency treatment experience with women, ethnic minorities, and with cocaine abusers.

10. The provider shall have developed working relationships with referral sources and organizations that will address other ancillary needs (e.g. vocational, educational, housing, mental health, prenatal and child care) of the target population. Such working relationships shall be demonstrated through letters of agreement attached to the application submitted through this RFP.

11. The provider proposal will include a brief program narrative. The narrative should address the following areas:

A. Program site(s): description of the facility(ies), location, accessibility to bus routes/public transportation, hours of operation, and security.

B. Admission/enrollment; screening and assessment to be completed.

C. Treatment: a service/activity schedule for program participants should be included for each direct service/activity, explain: what the service consists of, who will provide it, when and how often it will be provided, the proposed duration for the typical program participant, whether participation will be required or voluntary. The provider shall indicate how AIDS-related issues such as education and counseling, precautionary procedures, diagnostic testing, and risk assessments will be conducted. Program procedures for documenting services/activities should be described, and procedures for securing confidentiality of participant records should be explained.

D. Description of court liaison services.

E. Discharge and followup: criteria for program successful and unsuccessful discharge will be described. The provider will also describe methods for referring and placing program participants in followup treatment services, and for making referrals for other needed services. The provider's plan for monitoring of followup participation in services should also be described.

Request for Proposal
Drug Court

12. An implementation plan describing the following activities shall be included:

A. Personnel responsible for implementation or services. Attach job descriptions, whenever possible for all proposed positions, that define job duties, credentials, knowledge, skills, and abilities required to perform the duties, and examples of qualifying work experience, training, and education. Also, attach resumes of biographies for existing personnel who will perform substantive programmatic work, showing qualifications for providing the responsibilities and proposed services. Existing personnel should be reflective of, and culturally sensitive to the target population. Explain plans for recruitment, training, use, and supervision of volunteers. Describe the criteria for utilization of ex-offenders in the proposed program.

B. Plans for facility licensure.

C. Any preparation of facility.

D. Hiring and training of staff.

E. Plans for start-up of treatment services

A timeline/GANTT chart shall accompany the implementation plan. Describe how the proposed activities and services will be implemented within the timeline contained in the application.

13. Describe plans for evaluating the process and outcome of proposed services/activities.

ESCAMBIA COUNTY DRUG COURT TREATMENT PROGRAM

A. TARGET POPULATION: Substance-involved first-time felony offenders referred from the 1st Circuit Court, Drug Court Project.

1. Charged with non-violent drug-related felony.
2. Physically and mentally stable, and volunteer for involvement in substance abuse treatment.
3. Not in need of extensive detoxification, emergency medical care, or hospitalization for medical and/or psychological conditions

B. PURPOSE:

1. To assess the client's need for substance abuse treatment and support services;
2. To provide day and/or evening substance abuse treatment services for clients who can function independently and provide for their own welfare;
3. To assist the client in identifying substance abuse and related life problems;
4. To assist the client in achieving an alcohol and drug-free lifestyle after release from the program;
5. To expose the client to a wide range of therapeutic, experiential, educational, self-explorative, and supportive activities designed to prepare the client for treatment and support services; and
6. Diversion from criminal justice system.

C. SERVICES TO BE PROVIDED INCLUDE A TREATMENT PROGRAM OF GRADUATED INTENSITY, INCLUDING:

Phase I: Approximately 4 weeks of intensive outpatient treatment using a day-treatment model. Services should include a minimum of 3 hours of daily programming at least 4 days per week. Services should allow program participants to attend treatment sessions either in the daytime, or in the evening, to accommodate individuals who are working.

Treatment should include at least 1 1/2 hours of group treatment, 3 days per week, and urinalysis twice weekly.

Phase II: Approximately 2-4 months of moderately intensive outpatient treatment. Services should include a minimum of 8 hours of programming per week. Treatment should include at least 1 1/2 hours of group treatment twice weekly, and urinalysis at least once weekly, or as needed.

Phase III: Approximately 8-10 months of less intensive outpatient treatment. Services should include a minimum of 3 hours of programming per week, including at least 1 1/2 hours of group treatment once weekly, and urinalysis once weekly, or as needed.

The proposed plan of treatment services should also address the following:

1. Open-ended admissions to different phases of treatment.
2. Method for linking program participants with additional services (e.g. housing, vocational, educational), as described in a service plan.
3. Description of how case management services would be provided.
4. Demonstration of how participant mental health care needs would be addressed.
5. Description of court liaison services.
6. Description of linkages with special probation officer(s) assigned to the program in areas of treatment planning, and case management.

Potential items to be included in RFP to provider agencies

(1) The provider shall be licensed by HRS for the site(s) where treatment services will be delivered prior to the contract date. If the provider is not licensed for the proposed service, an application for facility licensure shall be submitted to HRS on or before the execution of a contract for services.

(2) The provider should include a description of organization qualification that describes the following:

- * Mission statement
- * When the agency was founded
- * Target populations served
- * Geographic service area
- * Social services provided
- * Responsibilities, duties, and activities of the governing board
- * Financial management procedures
- * Total number of staff identified as either administrative or direct care/program staff
- * Total number of facilities or units, their purpose, and total capacity

(3) The provider shall be in good standing with any State or Federal agency that has a contracting relationship with the provider.

(4) A list of current members of the provider's governing body, and any advisory groups will be submitted with the RFP.

(5) A current organizational chart should be included which shows the lines of authority within the organization, and with the parent organization, if applicable. Include the effective date on the chart. The proposed program should be clearly marked with proposed staff positions identified.

(6) A chart or matrix will be included with the RFP describing the number of chemically dependent persons the provider has served in the preceding year, and the municipalities and counties in which services were provided.

(7) A brief description will be provided of current substance abuse programs, and types of persons served by these programs.

(8) The provider will describe previous experience in working with criminal justice populations. Previous experience in working with the courts, and other criminal justice agencies will also be described. The provider will also indicate current involvement with courts and other criminal justice agencies.

(9) The provider will describe chemical dependency treatment experience with women, ethnic minorities, and with cocaine abusers.

(10) The provider shall have developed working relationships with referral sources and organizations that will address other ancillary needs (e.g. vocational, educational, housing, mental health, prenatal and child care) of the target population. Such working relationships shall be demonstrated through letters of agreement attached to the application submitted through this RFP.

(11) The provider proposal will include a brief program narrative. The narrative should address the following areas:

- * Program site(s): description of the facility(ies), location, accessibility to bus routes/public transportation, hours of operation, security.

- * Admission/enrollment: screening and assessment to be completed.

- * Treatment: a service/activity schedule for program participants should be included. For each direct service/activity, explain: what the service consists of, who will provide it, when and how often it will be provided, the proposed duration for the typical program participant, whether participation will be required or voluntary. The provider shall indicate how AIDS-related issues such as education and counseling, precautionary procedures, diagnostic testing, and risk assessments will be conducted. Program procedures for documenting services/activities should be described, and procedures for securing confidentiality of participant records should be explained.

- * Discharge and followup: criteria for program successful and unsuccessful discharge will be described. The provider will also describe methods for referring and placing program participants in followup treatment services, and for making referrals for other needed services. The provider's plan for monitoring of followup participation in services should also be described.

(12) An implementation plan describing the following activities shall be included:

- * Personnel responsible for implementation of services. Attach job descriptions, whenever possible for all proposed positions, that define job duties, credentials, knowledge, skills, and abilities required to perform the duties, and examples of qualifying work experience, training, and education. Also, attach resumes or biographies for existing personnel who will perform substantive programmatic work, showing qualifications for providing the responsibilities and proposed services. Existing personnel should be reflective of, and culturally sensitive to the target population. Explain plans for recruitment, training, use, and supervision of volunteers. Describe the criteria for utilization of ex-offenders in the proposed program.

- * Plans for facility licensure.
- * Any preparation of facility.
- * Hiring and training of staff.
- * Plans for start-up of treatment services

A timeline/GANTT chart shall accompany the implementation plan. Describe how the proposed activities and services will be implemented within the timeline contained in the application.

(13) Describe plans for evaluating the process and outcome of proposed services/activities.

(14) [Description of Outpatient Treatment Program - see attached sheet from Texas RFP] *Note: We will need to develop our own section, here. Some ideas that might be included are as follows:

A. Target population: Substance-involved first-time felony offenders referred from the 1st Circuit Court, Drug Court Project.

- * Charged with non-violent drug-related felony.
- * Physically and mentally stable, and volunteer for involvement in substance abuse treatment.
- * Not in need of extensive detoxification, emergency medical care, or hospitalization for medical and/or psychological conditions.

B. Purpose (see section from Texas RFP)

- * Diversion from criminal justice system

C. Services to be provided:

- * Treatment program of graduated intensity, including:

- Phase I: Approximately 4 weeks of intensive outpatient treatment using a day-treatment model. Services should include a minimum of 3 hours of programming at least 4 days per week. Services should allow program participants to attend treatment sessions either in the daytime, or in the evening, to accommodate individuals who are working. Treatment should include at least 1 1/2 hours of group treatment, 3 days per week, and urinalysis twice weekly. 4

- Phase II: Approximately 2-4 months of moderately intensive outpatient treatment. Services should include a minimum of 8 hours of programming per week. Treatment should include at least 1 1/2 hours of group treatment twice weekly, and urinalysis once weekly, or as needed.

- Phase III: Approximately 8-10 months of less intensive outpatient treatment. Services should include a minimum of 3 hours of programming per week, including at least 1 1/2 hours of group

treatment once weekly, and urinalysis once weekly, or as needed.

- * Open-ended admissions to different Phases of treatment.

- * Method for linking program participants with additional services (e.g. housing, vocational, educational), as described in a service plan.

- * Description of how casemanagement services would be provided.

- * Demonstration of how participant mental health care needs would be addressed.

- * Court liaison services.

- * Description of linkages with special probation officer(s) assigned to the program in areas of treatment planning, and case management.

OUTPATIENT SERVICES: INTENSIVE OUTPATIENT (Community-Based)**A. Target Population: Medically-indigent adult offenders referred from Substance Abuse Felony Punishment Facilities:**

1. Whose primary presenting problem is the abuse of alcohol or drugs, or the abuse of a combination of alcohol and drugs;
2. Whose substance abuse has contributed to an anti-social lifestyle;
3. Who are physically and mentally stable and determined to be able to participate in and benefit from substance abuse treatment services; and
4. Who are not in need of detoxification services, emergency medical care, or hospitalization for other medical and/or psychological conditions.

B. Purpose:

1. To provide day and/or evening substance abuse treatment services for clients who can function independently and provide for their own welfare or have conditions which prevent entry into a more restrictive treatment setting;
2. To assist the client in identifying substance abuse and related life problems;
3. To assist the client in achieving an alcohol and drug-free lifestyle after release from the facility;
4. To expose the client to a wide range of therapeutic, experiential, education, self-explorative, and supportive activities designed to prepare the client for treatment and support services; and
5. To assess the client's need for substance abuse treatment and support services.

C. Services to be Provided:

1. Minimum requirements for Intensive Outpatient Services as stated in TCADA's "Chemical Dependency Treatment Facility Standards," effective September 1, 1991.
2. Minimum of ten hours per client per week of structured, therapeutic services provided or supervised by program staff, in addition to any peer support group meetings.
3. Information to staff and clients including basic substance abuse/HIV information about risk factors, risk reduction strategies, routes of transmission, and HIV antibody counseling and testing; risk assessments on all clients entering treatment; and a documentable procedure in place for making available, at the client's request, pretest and posttest counseling and anonymous HIV testings. In accordance with Section 1915(c) of the Public Health Service Act, CONTRACTOR shall not: 1) carry out a program for distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection, or 2) carry out any testing for the etiologic agent for Acquired Immunodeficiency Syndrome (AIDS) unless such testing is accompanied by appropriate pretest counseling and appropriate posttest counseling.
4. Education about the manifestations and dynamics of dysfunctional relationships within the family, with peers, and others; support group opportunities for children and adults; training in the skills of communication, stress management, problem solving, daily living, and decision making; and information about personal hygiene, nutrition, sex, pregnancy, parenting, job readiness skills, job retention skills, and money management.
5. Education on relapse prevention.
6. Orientation to substance abuse treatment and support resources.

APPENDIX

J

PROPOSAL FOR
SUBSTANCE ABUSE TREATMENT SERVICES
FOR THE ESCAMBIA COUNTY DRUG COURT

SUBMITTED BY
LAKEVIEW CENTER, INCORPORATED
DRUG AND ALCOHOL COUNSELING SERVICE
1221 WEST LAKEVIEW AVENUE
PENSACOLA, FLORIDA

APRIL 23, 1993

SUBSTANCE ABUSE TREATMENT SERVICES
FOR THE ESCAMBIA COUNTY DRUG COURT

1. HRS LICENSURE

The Drug and Alcohol Counseling Service of Lakeview Center, Inc. is currently licensed by the Florida Department of Health and Rehabilitative Services (HRS) to provide drug and alcohol intervention, residential, day/night, outpatient, detoxification and methadone maintenance treatment services.

The specific sites where treatment services under this proposal will be delivered are Pathway and the Outpatient component. Copies of the current HRS licenses for these two components are located in Attachment 1.

2. ORGANIZATION QUALIFICATIONS

A-1 MISSION STATEMENT (LAKEVIEW CENTER, INC.)

Lakeview Center, Inc., shall provide comprehensive treatment, training, education, and research activities in the area of mental health, substance abuse, vocational services and any other lawful purpose. The primary service area of the corporation shall be Escambia County, Florida. Services shall be directed toward the prevention, elimination, or reduction of disabilities and their related effects.

In order to fulfill this mission, Lakeview Center, Inc., shall:

- maintain a high quality of services and monitor that quality on a continuing basis;

- be sensitive to and respond to the changing needs of the community;

- recognize its responsibility to the community and the healthcare industry and encourage its staff to participate in professional and community functions appropriate to achieving its mission;

- encourage and foster the personal and professional growth of its employees and provide an environment which fosters innovation and creative growth for employees and the corporation;

- operate in a fiscally sound manner and maintain adequate reserves to assure continued financial stability and future growth;

maintain its accreditation by appropriate accrediting bodies and maintain all appropriate licensure requirements.

A-2 MISSION STATEMENT (DRUG & ALCOHOL COUNSELING SERVICE)

The Drug and Alcohol Counseling Service of Lakeview Center, Inc., provides comprehensive intervention and treatment services to adolescents and adults and their families who are suffering from the adverse affects of substance abuse and or addiction. Services are offered to residents of District 1 through a variety of educational, outpatient, residential, and medical treatment modalities.

B. AGENCY ORIGIN

The provision of public mental health services in Escambia County began in July, 1954, when the Escambia County Child Guidance Clinic was established. The Pensacola Junior Women's Club provided the primary impetus for the establishment of the service. Initial funds were obtained by that organization. In 1959 services were extended to adults and the agency changed its name to the Guidance Clinic.

By 1956, planning efforts had started for the development of a comprehensive community mental health center, by the Board of Directors of the Guidance Clinic. A federal construction grant and a federal staffing grant were obtained to assist with the building of the new center and its initial staffing. Matching funds for the two grants were obtained from local and state resources.

Lakeview Center, Inc., formerly known as the Community Mental Health Center of Escambia County, Inc., began its Adult\Child Development Service in April 1968, and moved into its new building, located at 1201 West Hernandez Street in Pensacola, Florida, in July 1968.

Since the adult mental health program began operation in 1968, there has been rapid program expansion. This expansion has come through the addition of specialized services. These services include the comprehensive Alcohol Counseling Service, initiated on July 1, 1971 through a community service program grant from the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the Drug Counseling Service, initiated on January 7, 1972 through a comprehensive drug abuse treatment services project grant from the National Institute of Drug Abuse (NIDA), and comprehensive Child Development Services, begun in 1972 and funded through a grant from the National Institute of Mental

Health. Southeastern Vocational Services merged with Lakeview Center, Inc., in June of 1984, thereby providing comprehensive rehabilitative services.

In 1985 the alcohol and drug programs merged into the integrated Drug and Alcohol Counseling Services.

C. TARGET POPULATIONS SERVED BY DRUG AND ALCOHOL SERVICES

The general population is comprised of chemically dependent\abusing males and females, age 13 through geriatric. Specific at-risk groups are viewed as high priority and services are targeted to meet their immediate needs. The targeted groups and descriptions are included below.

1. I.V. Chemical Dependence - Because of the high level of compulsivity, loss of control and health risks from HIV and other potentially life threatening infections, clients using substances intravenously must be assessed and served promptly.
2. Pregnant\Post partum women - Chemical dependency, abuse and even use represent grave health risks for the pregnant and post-partum woman and baby. Immediate intervention and ongoing care are essential.
3. Crack cocaine - Although similar to other chemicals in terms of signs and symptoms of addiction, crack cocaine frequently produces dysfunction in the individual with greater severity and rapidity. In addition there are often criminal, aggressive and high-risk sexual behaviors present in this population, making them priority.
4. Adolescents - Frequently identified through involvement with the Juvenile Justice System, substance abusing you often come from chemically impaired families. Early intervention and treatment can break the intergenerational cycle of addiction.
5. Court Ordered - Many clients are motivated due to criminal charges involving substance abuse including Driving Under the Influence. In this case, substance dependence\abuse affects the community as well at the individual.

D. GEOGRAPHIC SERVICE AREA

District 1 of the Florida Department of Health and Rehabilitative Services encompasses a 3,687 square mile region located in the Western Panhandle Region of Florida. The estimated population of this area is 532,000 (1988 Florida Statistical Abstract) with 54% of the population residing in Escambia County. While providing services to all of District 1, DACS is primarily responsible for services in Escambia County. Pensacola is the largest city in Northwest Florida and is located in the Southern Region of Escambia County.

E. SOCIAL SERVICES PROVIDED

Spirituality - Pathway provides groups to address spirituality in recovery as well as a non-denominational church service weekly.

Child-care - Women's Day Treatment provides child care, on site, while mothers participate in the program.

Vocational Rehabilitation - Southeastern Vocational Services, a program of Lakeview Center, provides employment related services.

12 Step Meetings - AA\NA support groups are hosted on site and available to present and past clientele.

Health Education Services of DACS provides HIV risk assessment, education seminars, pre and post test counseling, testing and referral services.

A full referral service is available to meet the ancillary needs of those clients receiving services at DACS.

F. RESPONSIBILITIES, DUTIES AND ACTIVITIES OF THE GOVERNING BOARD

The Lakeview Center Board of Directors is composed of 21 persons who represent the community. The Board operates in accordance with bylaws adopted from time to time. The officers of the Board are chairman, vice chairman, secretary and treasurer.

The Board functions through the following standing committees: Finance, Human Resources, Planning and Evaluation and Property and Buildings.

Ex-officio board committees are the Executive and the Nominating. The officers of the Board, the immediate past chairman and two members-at-large comprise the Executive meetings of the Board of Directors.

Committee reports and recommendations by the standing committees are represented to the Board of Directors at monthly Board meetings. Committee functions are specified in corporate bylaws.

The Board formulates policy and operation of Lakeview Center and employs a President\Chief Executive Officer to conduct the day-to-day operation of the corporation.

G. FINANCIAL MANAGEMENT PROCEDURES

Lakeview Center, Inc., (LCI) is a 501(e)(3) private non-profit organization which is governed by a 21 member Board of Directors. The financial management of the Center is under the direction of a Chief Financial Officer (CFO) who is a Certified Public Accountant. LCI had assets of \$12,374,527 as of June 30, 1992 and revenues of \$23,567,922 for the twelve months ending June 30, 1992.

The fiscal year end is June 30. An annual audit is conducted by Lundy, Minnich and Linnville, C.P.A.'s. LCI has always had unqualified opinions on audited financial statements. The Center also is accredited by JCAHO (Joint Commission on Accreditation of Healthcare Organizations), CARF (Commission on Accreditation of Rehabilitation Facilities) and is monitored and/or audited by a number of State and Federal agencies.

The financial system is completely computerized. Monthly financial statements are produced and reviewed by the CFO and the Chief Financial Analyst and program personnel who are directly responsible for budgets. The Board of Directors has a Finance Committee that meets monthly for 1.5 hours of detailed review of the financial operation of the Center. Cost Center budgets are formulated and consolidated by the Finance Committee and Board of Directors. Financial analyses are produced monthly on every operating unit at LCI. Each is reviewed with appropriate staff monthly.

H. NUMBER OF ADMINISTRATIVE/DIRECT CARE STAFF

The following number of administrative support and direct care staff will be assigned to the grant activities.

Administrative Staff: .75 FTE

Direct Service Staff: 4 FTE

I. NUMBER OF FACILITIES/PURPOSE/CAPACITY

Two facilities will be utilized in the grant activities.

The Outpatient Component is located in Building "H" on the Lakeview Center campus at 1221 W. Lakeview Avenue. The Outpatient department, which includes counseling, medical and support services, occupies approximately 70% of the space in building "H". This area includes counselor, clerical and physician/psychiatrist offices, waiting and reception areas and group rooms. The Outpatient component has the capacity to serve 200 outpatient clients, 50 methadone clients, 100 crisis walk-ins and 10 involuntary commitment individuals on a monthly basis.

The second facility is Pathway, which is located at 9851 University Parkway. This facility's purpose is to provide the therapeutic environment for detoxification, residential, partial hospital and day/night treatment programs that are offered through the Pathway component.

The facility has the capacity to provide 3 detox and 20 residential treatment beds and to serve 25 partial hospital and 40 day/night treatment clients.

3. STATE & FEDERAL CONTRACTS

The Drug and Alcohol Counseling Service (DACS) of Lakeview Center, Inc. provides substance abuse treatment services to residents of District I, primarily through contracts with the Florida Department of Health and Rehabilitative Services (HRS). In addition to contracting, HRS provides monitoring and licensure of all DACS components. DACS remains in good standing with HRS, as evidenced by maintaining licensure and compliance with Florida HRS Chapter 10E-16 Rules, minimum standards for Alcohol Prevention and Treatment and Drug Abuse Treatment and Prevention Programs. Any further questions in this area can be addressed to the Alcohol, Drug Abuse and Mental Health District Office.

In addition, DACS has maintained a federal contract with Federal Probation and Parole to provide Outpatient Aftercare and Pretrial Services for over fifteen years. This contract is renegotiated on an annual basis. The longevity of the contract substantiates that DACS is in good standing with this Federal agency. A letter of verification is in Attachment 2.

4. CURRENT GOVERNING BODY

A list of the current members of the Lakeview Center, Inc. Board of Directors is in Attachment 3.

5. ORGANIZATIONAL CHARTS

Organization Charts showing the relationship of Drug and Alcohol Counseling Service to Lakeview Center, Inc., (parent organization) and the specific Drug and Alcohol Counseling Service organizational chart, including the proposed program and staff, are in Attachment 4.

6. CLIENT DEMOGRAPHIC CHART

Client populations receiving adult treatment services in 1992 are shown in the following chart.

Total served: 2,531

County: 100% Escambia

SEX

Male: 62%
Female: 38%

RACE

African-American: 32%
White: 66%
Other: 2%

REFERRALS

Criminal Justice Referrals: 30%

7. BRIEF PROGRAM DESCRIPTIONS

The Drug and Alcohol Counseling Service provides a wide variety of treatment modalities for chemical addiction. Pathway and Outpatient will be the specific components servicing those individuals referred through the Drug Court project.

The following program descriptions represent the full continuum of care of adult services offered through the Drug and Alcohol Counseling Service.

PATHWAY offers a variety of short-term treatment program designs, including medical detoxification, inpatient, partial hospitalization, intensive structured outpatient, family support and aftercare. Each level of care is designed to meet specific needs of the client. The majority of clients serviced are between the ages of 18 and 45 and self referred for admission. A higher percentage of clients served are female, which may be due to a specific contract to service pregnant/post-partum women.

PRIMARY CARE UNIT offers residential detoxification services. The majority are alcohol dependent clients who are

males between the ages of 30 and 40 years old, either self-referred or referred through the legal system. The second highest percentage of clients serviced are "crack" cocaine dependent, generally younger than other dependent groups and usually African-American females with young children and legal involvement.

ADULT RESIDENTIAL TREATMENT (ART) offers long term residential treatment service to a population primarily between the ages of 25 to 35 years old. Clients admitted are typically either alcohol or cocaine dependent. Up to 60% of the residential population are females with young children. Up to 95% of the total residential population is referred through community referrals or interagency referrals; TASC, jail, probation, HRS, Women's Intervention Services and Education.

WOMEN'S DAY-TREATMENT offers a short-term, structured program of counseling and support in a day-treatment model. The program offers on-site child care. The program concentrates on parenting skills, vocational support and daily living skills. Clients who participate in the day-treatment program are often referred from residential programs or directly from W.I.S.E. (Women's Intervention Services and Education) case managers. Clients in the Day-Treatment program are typically pregnant or post-partum and range in age from 18 to 35 years.

OUTPATIENT COUNSELING SERVICE provides individual, group and family counseling and methadone maintenance/detoxification services. The Program provides for an individualized number of sessions, utilizing a traditional weekly appointment model. The population of clients served within this component varies in age and is generally comprised of a 50/50 mix of male and female. Clients are frequently referred through the criminal justice system, including Probation and Parole, DUI and Children Youth and Families.

8. EXPERIENCE WITH CRIMINAL JUSTICE POPULATIONS

The Drug and Alcohol Counseling-Service (DACS) of Lakeview Center, Inc., has worked extensively with the criminal justice population since the program's inception in 1971-72. Studies indicate that approximately 70% of adults who are incarcerated have a drug or alcohol problem. Given the significant correlation between substance abuse/addiction and crime, and that our mission is to specifically provide service to individuals and families suffering the effects of substance abuse/addiction, our agency has consistently worked with criminal justice referral sources over the years to coordinate residential, outpatient and medical treatment services to our mutual clients.

Statistics for calendar year 1992 show that 30% of our admissions to adult treatment services at DACS came from criminal justice referral sources which include TASC, County Probation, State Probation and Parole, Federal Probation and Parole, Children, Youth and Families and the Court System.

In addition to accepting referrals and providing treatment services to the criminal justice population, our clinical staff provide on-going feedback on client participation in services through monthly treatment reports, letters to the Courts upon request, and status reports to TASC representatives who provide court liaison activities for Court ordered clients. Phone contact between clinical staff and probation and parole officers is encouraged, particularly if problems arise in follow through with treatment goals and objectives.

DACS has had contracts with the Department of Corrections to provide residential treatment services to inmates as well as with Federal Probation and Parole to provide outpatient services for many years. Last year DACS received a contract with Escambia County to provide in-jail substance abuse treatment services.

Overall, DACS has demonstrated an understanding of the needs of the criminal justice population and a willingness to work in partnership with the criminal justice system. Letters of verification from related agencies are located in Attachment 2.

9. EXPERIENCE WITH SPECIFIC POPULATIONS

The Drug and Alcohol Counseling Service has had extensive experience in providing services to women, minorities and cocaine abusers. As can be seen in the demographics of clients admitted to adult drug and alcohol treatment services in 1992 (See chart, Section 6) 38% of the client population was female, 32% minority and 31% diagnosed as cocaine abuse or dependency.

In order to meet the special needs of women, DACS has worked in conjunction with the Women's Intervention Services and Education (W.I.S.E.) which provides referrals to treatment, case management and follow-up to pregnant and post-partum women. Pathway currently provides, under contract with HRS, three (3) residential beds specifically to treat pregnant and post-partum women referred by W.I.S.E. The Outpatient Component also coordinates treatment for pregnant and post partum women referred by W.I.S.E. Since substance abuse has a direct impact on pregnancy, DACS refers pregnant women to the High Risk Clinic at Sacred Heart Hospital for prenatal care and delivery. Letters documenting the referral

networks between DACS and these agencies are included in Attachment 2

Both Pathway and Outpatient have provided specialized groups for women as well as family counseling groups. Dr. Welch, the DACS psychologist, participates in staffings and has expertise in women's issues, particularly sexual abuse.

Experience in providing services to minorities is indicated by the large percentage of African-American clients who received services at DACS in 1992. This figure is consistent with previous client population statistics. DACS has provided minority outreach services through our Health Education Service (AIDS Prevention).

Over the years many DACS staff have participated in cultural specific training workshops offered through the Florida Alcohol and Drug Abuse Association, including workshops at the Annual Conference and the Annual Minority Symposium.

Experience in treating cocaine addiction is documented by the large percentage of the client population that received treatment services in 1992 who have the primary diagnosis of cocaine abuse/addiction. Since the explosion of crack cocaine in the 1980's, drug treatment services across Florida saw significant increases in individuals addicted to cocaine. In response to this crisis, treatment programs developed services geared to a population which was often times younger, with rapidly developing addictions and higher relapse potential than previous populations. DACS staff received training on the medical/clinical/prenatal impact of crack addiction, appropriate interventions and treatment approaches, and further expansion of aftercare/support group services.

As was identified in Section 2C, Target Population, both crack cocaine and pregnant and post partum women have been identified as high priority populations to receive addiction treatment services.

10. REFERRAL RELATIONSHIPS

Drug and Alcohol Counseling Service has an established network of referral sources that provide for the ancillary needs of our client population, both within Lakeview Center and in the community. These sources provide medical, vocational, mental health, prenatal, case management and AIDS prevention services.

Letters which verify these existing working relationships are located in Attachment 2.

11. PROGRAM NARRATIVE:

A. PROGRAM SITE(S):

Pathway is located on 9851 University Parkway, in Pensacola, Florida. The facility is on a major public transportation route. The physical plant houses a 23 bed residential, single story complex, which operates on a 24 hour basis. The intensive outpatient treatment component utilizes a day-treatment model and is operational in the day time as well as during the evening. The program provides four hours of therapy per session, four times per week.

Outpatient Counseling is located on the main campus of Lakeview Center, Inc. at 1221 West Lakeview Ave., Building "H". The physical plant is a single story office complex, located convenient to public transportation and the downtown area of Pensacola, Florida. Outpatient services are available between the hours of 8AM and 7PM, Monday through Friday.

B: ADMISSION\ENROLLMENT

Each client referred to treatment provided under this project will participate in an administrative intake consisting of the following: collection of identifying data, financial responsibility and consent for treatment. In addition each client will participate in a clinical assessment consisting of the following: a psychosocial assessment, an initial treatment plan, a review with the client of the clinical program schedule, completion of appropriate release of information forms as well as any legal requirements for documentation and follow-up. The client will complete a medical history checklist which will be reviewed and a referral for a physical will be made. Each client will be assigned a case manager to follow the individualized treatment plan throughout the course the program.

Clients may be admitted to any Phase on any day of the week and within any week of the month. This will constitute an open-ended admission format.

C. TREATMENT:

There are many approaches utilized in the treatment of drug and alcohol problems. We rely upon a multi-faceted approach using professional counseling, peer support, community support systems, aftercare groups, antabuse therapy, and professional referrals. This eclectic approach encourages the client to use what best works for them individually.

An assessment for high risk behaviors is part of the initial assessment at the time of intake. AIDS related issues such

as education and counseling are provided by referral. Testing is provided upon request of the client and through referral.

A clinical chart is developed for all admitted clients and documentation is contained therein. Assessments, treatment plans, progress notes, urinalysis results and discharge summaries are all maintained in the clinical chart. The chart is maintained in a confidential manner, in compliance with "Confidentiality of Alcohol and Drug Abuse Patient Records", 42 Code of Federal Regulations, Part 2. Participation in all programs is voluntary. Individuals admitted in accordance with court referrals will be monitored for compliance on a daily basis. Urine screening is a mandatory part of the program and will be conducted in accordance with project standards.

1. PHASE I

The Phase I program will operate at Pathway in the day time and/or evening, four days per week. The following services are representative of the Phase I program:

1. Medical history review and referral if necessary
2. Referral for laboratory work is necessary
3. Group counseling on a daily basis
4. Educational lectures focused on relapse prevention skills
5. Alcoholics Anonymous and Narcotics Anonymous exposure
6. Urine collection and screening twice weekly
7. Case management services

Typically, individuals admitted to the Phase I program will complete the schedule of counseling within two to four weeks. Individual length of stays are determined by the client and therapeutic team.

PHASE I TREATMENT SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
Group Counseling 1 1/2 hr	Group Counseling 1 1/2 hr	Group Counseling 1 1/2 hr	Group Counseling 1 1/2 hr
BREAK 10 min	BREAK 10 min.	BREAK 10 min.	BREAK 10 min.
Seminar 1 1/2 hr	Seminar 1 1/2 hr	Seminar 1 1/2 hr	Seminar 1 1/2 hr
Assignment 10 min	Assignment 10 min	Assignment 10 min	Assignment 10 min.

This schedule is available in the morning from 8:00 a.m. to noon and in the evening from 6:00 p.m. to 10:00 p.m.

2. PHASE II

The following services are representative of the Phase II program. Services are offered in the daytime and/or evening two days/nights per week; Monday through Thursday. Services include:

1. Group counseling on a structured group basis
2. Educational lectures focused on relapse prevention skills
3. Alcoholics Anonymous and Narcotics Anonymous exposure
4. Urine collection and screening once each week
5. Case management services

Individuals admitted to the Phase II will complete the scheduled course of treatment in two to four months.

PHASE II TREATMENT SCHEDULE

MONDAY

Seminar
1 1/2 hr

BREAK
10 min

Group
Counseling
1 1/2 hr

Assignment
50 min

WEDNESDAY

Seminar
1 1/2 hr

BREAK
10 min

Relapse
Issues Group
1 1/2 hr

Assignment
50 min

This schedule is available in the day time from 1:00 p.m. to 4:00 p.m. and in the evening from 6:00 p.m. to 10:00 p.m. This schedule will be duplicated on Tuesday and Thursday.

3. Phase III

Phase III will be provided by the Outpatient Program on a daily basis, Monday through Friday. Services are available in the daytime and early evening, by appointment. Services include:

1. Group counseling will be provided three hours per week.
2. Urine collection and screening once per week.
3. Case management services
4. Aftercare referral

PHASE III TREATMENT SCHEDULE

Group Counseling
1 hr

BREAK
20 min

Group Counseling
1 hr

Planning and Assignments
40 min

Groups will be available Monday through Friday. Services will be provided in the morning from 9:00 a.m. to noon and in the evenings from 6:00 p.m. to 9:00 p.m. Individuals admitted to Phase III Clients will complete treatment in approximately eight months.

D. DESCRIPTION OF COURT LIAISON SERVICES.

The Drug and Alcohol Counseling Services will designate one individual to serve as the court liaison with the Escambia County Drug Court. This individual will attend the Drug Court one hour daily, from 8:00-9:00 am, Monday through Friday. In addition, the court liaison will be responsible for the initial screening of individuals referred by the Drug Court, will coordinate referrals to treatment services, as well as be present for any other Drug Court appearances for clients assigned to treatment under this project. The court liaison will interface with special probation officers assigned to the Drug Court and will be responsible for collecting and delivering any client information required by the Drug Court regarding client participating and progress in therapeutic activities.

E. DISCHARGE AND FOLLOWUP

Discharge criteria for successful-program completion include full participation of all scheduled program groups and activities. In addition, client motivation, attitude and attainment of documented goals and objectives, as stated on the individualized treatment plan, are all reviewed with regard to successful completion and discharge. The discharge plan will include any appropriate referrals for aftercare or followup counseling services. Appointments will be made in advance and contact will be initiated by the client, and documented by the case manager. Followup contact by the case manager will be documented to insure compliance with discharge followup plans. Referral will be made through a formalized referral process within Lakeview

made through a formalized referral process within Lakeview Center, Inc. and documentation will be maintained within the clients chart. Referrals outside of the Lakeview Center, Inc. program will be made in accordance with the systems within the accepting agency. All information regarding these referrals will be maintained within the clients chart.

12. IMPLEMENTATION PLAN

A. PERSONNEL

The individuals responsible for implementation of services under this proposal will be Melissa Silhan, LMHC, Vice-President of Drug and Alcohol Counseling Services, Steven J. Brock, M.S., Outpatient Director and Joseph A. Carloni, B.A., Pathway Director. Melissa Silhan will have over-all administrative oversight of the proposed services and will monitor the progress of the implementation plan. Joseph Carloni will be responsible for the implementation of Phase I and Phase II services which will be provided at Pathway under the clinical supervision of Pathway's Clinical Director, Bonnie Butcher, LMHC. Steve Brock will be responsible for the implementation of Phase III services which will be provided in the Outpatient Component under his clinical and administrative supervision. The clinical director of Pathway reports to the Pathway Director and the Pathway and the Outpatient Directors report to the Vice-President. Resumes of the Vice-President, the Outpatient Director, Pathway Director and the Pathway Clinical Director are in Attachment 5.

Existing staff will be utilized to compliment the delivery of direct services to those clients admitted through the project. A brief description of each staff member and his/her qualifications represents those anticipated to participate in the project.

Amanda McConner is an African-American female with a Master's Degree in Counseling. She has in excess of seven years experience in mental health counseling and case management at Lakeview Center, Inc. and has been employed at Pathway for the past two years providing alcohol and drug specific services. Amanda provides services to pregnant and post-partum women who suffer from crack cocaine addiction as well as alcohol addiction.

Donald Bridge is a Nationally Certified Addictions Counselor who has been with Lakeview Center, Inc. for the past five years. He provides direct service within the intensive outpatient treatment modality. Donald has experience in didactic group presentation, 12 Step methodology and relapse education and prevention counseling.

Ramsey Lane holds a Master's Degree in Counseling and Human Development, as well as being a Certified Associate Addictions Professional in the State of Florida. He has seven years experience in all phases of chemical dependency treatment, both outpatient and residential.

Steve Cordon holds a Master's Degree in Clinical Psychology. He has 16 years of experience with mental health and substance abuse/dependency counseling. Steve has worked with sex offenders and specializes in testing and evaluation.

Patricia Azab holds a Master's Degree in Psychology and is a Licensed Mental Health Counselor in the State of Florida. She has six years experience in mental health and substance abuse/dependency counseling. In addition, Patricia is experienced in crisis stabilization, screening and seminar presentation.

Ginni Eckles holds a Master's Degree in Counseling and Human Development. She has three years experience in residential, case management and outpatient substance abuse/dependency counseling.

Byron Pack holds a Master's Degree in Psychology. He has three years experience in mental health counseling, case management and substance abuse/dependency counseling. Bryon has specialized as a Drug Education Counselor with the Federal Prison Saufley Field, Florida.

Renee Demma holds a Master's Degree in Psychology. She has two years experience in residential and outpatient substance abuse/dependency counseling.

Three additional staff positions will be hired to provide grant activities under this contract. One full-time and one part-time clinical positions will provide psychosocial assessment, treatment planning and portions of the group work for Phase I and II. One full-time Case Manager/Court Liaison will provide liaison activities with the drug court and special probation officers, referrals to ancillary services and client tracking and monitoring. Job descriptions for these positions are in Attachment 5.

There are no plans to utilize volunteers or ex-offenders with respect to this proposal. However support groups such as AA, C/A and N/A will be part of the curriculum and these self-help groups are self-managed by individuals who are established in their own recovery.

B. FACILITY LICENSURE

All facilities for the Drug and Alcohol Counseling Services of Lakeview Center, Inc., are licensed by the Department of Health and Rehabilitative Services.

C. FACILITY PREPARATION

The facilities that will be utilized are Pathway, located at 9851 University Parkway and the Outpatient Component in Building "H" on the main Lakeview campus. These facilities are currently in use and will not require any further preparation.

D. HIRING AND TRAINING

Hiring of additional staff will begin immediately after contract funds are awarded. Hiring will be accomplished within three (3) weeks. Training of new staff will be done by the Outpatient and Pathway Directors. This will occur during the first two weeks of employment. On-going training will take place in clinical supervision, staffings and staff meetings, in-service training and drug and alcohol specific workshops.

E. TREATMENT START-UP PLANS

Start up of Phase I will begin three weeks after contract award. During this time additional staff will be hired, management information and fiscal accounting systems specific to tracking and billing for services provided under this grant will be implemented. Phase II will begin four weeks later, and Phase III, eight to twelve weeks later. Refer to GANTT Chart for this detail. (page 19)

13. PROCESS AND OUTCOME EVALUATION

Process and outcome data for this project will be collected primarily from Lakeview's computer based Management Information System (M.I.S.), the State Interim Substance Abuse Report (SISAR), and case management tracking sheets. The MIS system and the SISAR contain admission, transfer and discharge information on clients receiving drug and alcohol treatment services in DACS. Case management tracking sheets will be maintained by the Court Liaison/Case Management position.

Process variables that will be compiled will be number of admissions to services under this project, demographic information on admissions, attendance in therapeutic activities, referrals to ancillary services and re-admission rates. Outcome variables that will be compiled will include

the successful completion, drop out or unsuccessful discharge (the latter determined by the Drug Court) rate of clients admitted to services under this project, the condition of all clients receiving services (improved, no change, not treated) and the re-arrest rate during the course of treatment.

Due to the short term length of this contract (8 months), it will not be possible to collect additional outcome data.

14. ADDITIONAL INFORMATION

Additional information is contained in Attachments 1-5.

Implementation Schedule

Drug Court Project

Assign
Staff

Hire Proposed
Staff

Train New
Staff

Phase I

Phase II

Phase III

Program
Evaluation

May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul

15. DETAILED COST ANALYSIS

LAKEVIEW CENTER, INC. DRUG COURT REFERRAL PROGRAM BUDGET

Phase I and II Cost	\$ 71,392
Phase III Cost	20,373
Urinalysis Cost	11,800
	<hr/>
TOTAL PROGRAM COST	\$ 103,565

LAKEVIEW CENTER, INC. PHASE I AND II TREATMENT PROGRAM COST FOR DRUG COURT REFERRALS

Cost per treatment day of Phase I and II services:

Program cost for eight (8) months	\$ 99,971
Days of treatment provided	4,480
(Drug Court Referrals - 3,200 days, other referrals - 1,280 days)	
Cost per day of service provided	\$ 22.31

Cost for Drug Court Referrals

Cost per day	\$ 22.31
Days of treatment provided for Phase I and II	3,200
Cost of Phase I and II for Drug Court Referrals	\$ 71,392

LAKEVIEW CENTER, INC.
 PHASE I AND II TREATMENT PROGRAM
 SCHEDULE OF BUDGET COSTS
 FOR THE EIGHTH MONTH ENDING 12/31/93

Salaries	\$	54,592
Social Security		4,176
Health Insurance		5,100
Retirement Annuity		2,730
Life Insurance		273
Unemployment Compensation		273

Total Salaries & Fringe Benefits	\$	67,114
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Insurance	\$	3,400
Professional Fees		532
Telephone		625
Building Occupancy		14,800
Allocated Administrative Costs		13,500

Total Operating	\$	32,857
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TOTAL COSTS	\$	99,971
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LAKEVIEW CENTER, INC.
 PHASE I AND II TREATMENT PROGRAM
 SALARY SCHEDULE

Position	Annual Salary	FTE	Prorated 8 month Salary
Phase I and II			
M.A. Counselor	23,382	1.0	\$ 15,588
M.A. Counselor	23,382	0.5	7,794
M.A. Counselor	23,382	0.5	7,794
B.A. Counselor	19,235	1.0	12,823
Behavioral Tech	15,580	0.5	5,193
Secretary	14,400	0.25	5,400
			\$ 54,592

LAKEVIEW CENTER, INC.
PHASE III TREATMENT PROGRAM
SCHEDULE OF BUDGETED COST
FOR THE THIRTEEN MONTH ENDING 8-31-94

Salaries (M.A. Counselor - .5 FTE)	\$	11,691
Social Security		894
Health Insurance		975
Retirement Annuity		585
Life Insurance		58
Unemployment Compensation		58

TOTAL SALARIES & FRINGE BENEFITS	\$	<u>14,261</u>
-------------------------------------	----	---------------

Insurance	\$	680
Telephone		125
Building Occupancy		900
Other Operating Costs (supplies, audit training, etc.)		1,707
Allocated Administrative Costs		<u>2,700</u>

TOTAL OPERATING	\$	<u>6,112</u>
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TOTAL COSTS	\$	20,373
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APPENDIX

K

Dade County - PRETRIAL SERVICES INTERVIEW PLEASE PRINT LEGIBLY

DATE: / / INT. BY: JAIL #:
LAST FIRST MIDDLE
DOB: / / SEX: M F RACE: B W POB:
SSN: CHARGE:

Y N _____ AKA'S: _____
Y N _____ TIME IN AREA _____ STEADY O/O _____
Y N _____ MARITAL STATUS: S M W D C/L SE _____ No. Children _____ Lives with: Y N
Y N _____ STREET ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP _____ PHONE # _____
Time At: _____ Receives Mail: Y N
Live With: _____ Relationship: _____
Can Return? Y N When Last Slept There: _____
Y N _____ PRIOR or MAILING ADDRESS _____ APT. # _____
City _____ State _____ Zip. _____ Time At: _____
Lives with: _____ Relationship: _____

Y N _____ VICTIM lives with def.? Y N Victim's relationship to def.: _____
Injuries: ? Y N Type: _____ Hospitalized: Y N

Y N _____ EMP/PRIOR/PRESENT/SCHOOL: Y N If no, how long? _____
 How Supported: _____ EMPLOYER: _____
 Last Day Worked: _____ ADDRESS: _____
 Suprv: _____ Phone # _____ Occup. _____
 How long: _____ Can Contact: Y N _____

Y N _____ PHYSICAL/MENTAL PROBLEMS: Y N Type: _____
Treat/Meds. _____

Y	N	SUBSTANCE ABUSE:	Y	N			
		_____ Heroin/Opiate	_____ Marij.		_____ Methadone		_____ Cocaine
		_____ Glue/Paint	_____ Amphets		_____ Alcohol		_____ Barbits
		_____ Other	_____ Crack				

Y N _____ ARRESTED BEFORE: Y N PRETRIAL SERVICES: Y N When _____
Charges: _____ Open Case: Y N
Y N _____ On PROB/PAROLE NOW: Y N Where: Charges: _____

REFERENCE:	NAME	ADDRESS	REL	PHONE	RESULTS
1.					
2.					
3.					

REMARKS: _____

WARNING - FLORIDA CRIMINAL RULE 3.131 (b) (4)

The information you give will be used only to help the Judge decide your release at Bond Hearing. Anything you say will become part of the public record and you are not required to answer any questions without a Lawyer present. Any information you give **MUST BE TRUTHFUL** complete and without omissions; If not, your bond may be revoked.

Signed: _____

DRUG COURT REFERRAL

Personal:

Name: _____
 SS#: _____
 Height: _____ Weight: _____

R/S: _____
 D.O.B.: _____
 P.O.B.: _____
 Eyes: _____ Hair: _____

Legal:

Offense: _____
 F.S. #: _____
 Date of Arrest: _____

Case #: _____
 Jail #: _____
 By: _____

Residence:

Address: _____

City: _____ State: _____
 Zip: _____

Description of Residence: _____

Residing with: _____ Amount Rent/Mortgage: _____

Phone #: _____

If less than One (1) year, list previous address: _____

Marital Status:

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widow/er: _____

Date of Marriage: _____ # of Previous Marriages: _____

Spouse: _____ Children _____ Names & Ages _____

Date of Divorce/Separation: _____

Family:

Father: _____
 Address: _____
 Occupation: _____
 # of Siblings: _____

Mother: _____
 Address: _____
 Occupation: _____
 Rank in Family: _____

Education / Military:

High School attended: _____

Address: _____

Highest grade completed: _____

Reason for Leaving: _____

GED: _____

College/Vocational: _____

Branch of Military: _____
 Type of Discharge: _____

Dates: From: _____ To: _____
 Rank at Discharge: _____

Duties: _____

Disciplinary Actions: _____
 VA Benefits: Yes: _____ No: _____

Religion: _____

Hillsborough County

Employment:Current Place of Employment:

Name of Employer: _____ Address: _____
Phone #: _____
Type of Work: _____ Salary: _____
Length of Employment: _____

Past Employment History:

1. Name of Employer: _____ Address: _____
Phone #: _____
Type of Work: _____ Salary: _____
2. Name of Employer: _____ Address: _____
Phone #: _____
Type of Work: _____ Salary: _____

General Information:History of Assaultive or Violent Behavior:

In Yourself?: _____ Explain: _____

In Family?: _____ Explain: _____

Mental/Emotional History: _____

Health: _____

Prior Arrest Record:

Adult: _____ Misdemeanor: _____ Felony: _____
Juvenile: _____ Traffic: _____ DWI: _____

Substance Abuse History:

ID all drugs used - Past/Present: _____

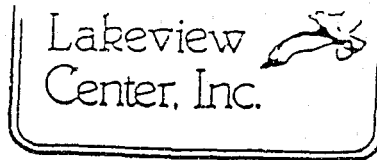
Previous/Current Treatment: _____

C o m m e n t s / R e c o m m e n d a t i o n :

Completed by: _____ Date: _____

APPENDIX

L



1221 W. Lakeview Ave.
Pensacola, FL 32501
(904) 432-1222

DRUG COURT TREATMENT PROGRAM
PARTICIPATION AGREEMENT

I agree to the following, as conditions of my participation:

1. Following assignment by the Escambia County Drug Court Judge to the Drug Court Program I will be transported to Lakeview Center for intake and assessment.
2. An assessment will be conducted to determine whether my participation in the Drug Court Treatment Program is clinically appropriate.
3. If treatment is indicated I will begin attendance the following day or as instructed. Treatment will continue for approximately one (1) year.
4. Treatment will be in three (3) phases:

Phase I Day Treatment: Four (4) hours per day, four (4) days per week, for up to four (4) weeks.

Phase II Intensive Outpatient: Four (4) hours per day, two (2) days per week for up to 9 weeks.

Phase III Intensive Outpatient: Three (3) hours per week for up to 39 weeks.
5. I agree to provide a urine specimen to be tested for the presence of drugs as follows:

Phase I: Twice per week
Phase II and III: Once per week
6. I agree to sign an individualized plan for treatment with my case manager and to participate in the accomplishment of goals and objectives as designated.
7. The Escambia County Drug Court Judge and the Special Probation Officer will be informed of my attendance in counseling, results of urinalysis and progress in the program.

8. Failure to attend counseling, remain drug and alcohol free or demonstrate progress in treatment will result in a review of my case by the Escambia County Drug Court Judge to determine my continued participation in the Drug Court Program.

9. I understand and accept the contents and ramifications of this form which I have read or have had read to me.

Signature of Client

Date

Witness

Date

File Under: Misc.
Approved (6/8/93)

APPENDIX

M

Exhibit 5-1
Consent for the Release of Confidential Information:
Criminal Justice System Referral

I, _____, hereby consent to
(Name of defendant)
communication between _____ and
(treatment program)

(Court, probation, parole, and/or other referring agency)

the following information: _____
(Nature of the information, as limited as possible)

The purpose of and need for the disclosure is to inform the criminal justice agenc(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and

I understand that this consent will remain in effect and cannot be revoked by me until:

_____ There has been a formal and effective termination or revocation of my release from
confinement, probation, or parole, or other proceeding under which I was mandated
into treatment, or

_____ (other time when consent can be revoked and/or expires)

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

(Date)

(Signature of defendant/patient)

Exhibit 5-2
Consent for the Release of Confidential Information

I, _____, authorize
(Name of patient)

(Name or general designation of program making disclosure)

to disclose to _____
(Name of person or organization to which disclosure is to be made)

the following information: _____
(Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to: _____

(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Dated: _____

(Signature of participant)

(Signature of parent, guardian, guardian, or
authorized representative when required)

Bridgeway Center INC.

AUTHORITY TO RELEASE INFORMATION

I understand the information to be released from (my) _____
(print name of client and birthdate)

records include: (a) Drug abuse, treatment, or rehabilitation _____
(b) Alcoholism, alcohol abuse, treatment, or rehabilitation _____
(c) Mental Health, Medical or Psychiatric information, _____
treatment or rehabilitation _____

I request and authorize _____ to furnish
Name of Provider/Facility

to _____
Name of Person or Agency Address

the following information as initialed (and dated if applicable):

_____ Psychiatric/Psychological Evaluation	_____ Discharge Summary
_____ Treatment Recommendations	_____ Status of Patient in Treatment
_____ Test Results	_____ Medication Regimen and/or history
_____ Psychiatric/Psychosocial History	_____ Medical Evaluation
_____ Treatment Plan/s	_____ Results of Physical Exams
_____ Day Treatment Program Summaries	_____ Emergency Room Reports
_____ Certification of Self-Preservation	_____ History & Physical Information forms
_____ Progress Notes (Psychiatric/medical)	
_____ Consultation/Referral Report for: _____	
_____ Surgical Reports for/dates: _____	
_____ Laboratory Test results for/test: _____	
_____ Medical Test results for/test: _____	
_____ Synopsis, in lieu of _____, is acceptable.	
_____ Other _____	

The above information is to be released for the following purpose only: _____

I understand that I may revoke this authorization at any time except for that action which has already been taken to comply with it. Without my expressed revocation, this consent will automatically expire (1) on satisfaction of the need for this disclosure; or (2) from 90 days from date of signature hereon; or (3) on _____

Date Supplied by Client/Patient

Signature of Client/Patient

Social Security #

Date

Signature/Relationship of Person
Authorized to Sign for Client

Witness

Date

BOARD OF COUNTY COMMISSIONERS

BROWARD COUNTY, FLORIDA

BROWARD COUNTY ALCOHOL AND DRUG ABUSE SERVICES

BROWARD COUNTY DRUG COURT

I _____ hereby consent to

(name of defendant)

communication from BROWARD COUNTY DRUG COURT TREATMENT PROGRAM

(treatment program or person)

to JUDGE and/or DEPARTMENT OF CORRECTIONS.

(probation department)

The purpose of the disclosure is to apprise the court
and/or probation department of my attendance, progress, and
URINALYSIS RESULTS AND COMPLETION OR NON-COMPLETION OF PROGRAM

I understand that this consent may not be revoked by me
until there has been a formal and effective termination or
revocation of my release from confinement, probation, or parole,
but that it shall expire in _____ or when there is a
date

substantial change in my status, whichever is later.

I also understand that any disclosure made is bound by
Part 2 of Title 42 of the Code of Federal Regulations governing
confidentiality of alcohol and drug abuse patient records and that
recipients of this information may redisclose it only in connection
with their official duties.

(date)

(signature of defendant/patient)

(witness)

INTERNAL FORM

(ADAS-DC-305-8001)

5/23/91

POP.DCp.55 - 5/29/91

APPENDIX

N

ABORTION:PAGE:

ALL WOMENS HEALTH CENTER OF TAMPA	7
ALL WOMENS HEALTH CENTER OF NORTH TAMPA	7
ALTERNATIVES OF TAMPA, INC.	8
TAMPA WOMANS HEALTH CENTER	113

ABUSE - ADULT:

ADULT PROTECTIVE SERVICES (HRS)	3
CHILD AND ADULT ABUSE REGISTRY (WATS LINE)	16

ABUSE - CHILDREN:

CHILD ABUSE COUNCIL, INC.	16
CHILD ABUSE PREVENTION PROJECT (C.A.P.P.)	16
CHILD AND ADULT ABUSE REGISTRY (WATS LINE)	16
DACCO NEW NAME "DRUG, ALCOHOL AND HEALTH SERVICES".	28
FAMILY PROTECTION TEAM	35
FOSTER CARE (HRS)	39
FRIEND TO FRIEND PROGRAM	40
NORTHSIDE COMMUNITY MENTAL HEALTH CENTER.	84
PARENTS ANONIMOUS	86
PROTECTIVE SERVICES FOR CHILDREN (HRS)	89
RAINBOW FAMILY LEARNING CENTER	91
SINGLE INTAKE (HRS)	105

ADOPTIONS:

ADOPTIONS (HRS)	1
CATHOLIC SOCIAL SERVICES	15

ADVOCACY:

ACCESS HOUSE (NORTHSIDE COMMUNITY MENTAL HEALTH CENTER)	1
COALITION OF SENIOR CITIZENS, INC.	22
COMMUNITY ACTION AGENCY	23
DEAF SERVICE CENTER, INC.	29
FLORIDA STATE COMMISSION ON HISPANIC AFFAIRS	38
HUMAN RIGHTS ADVOCACY COMMITTEE (HRAC) (DISTRICT VI, HRS)	65
LEAGE OF WOMEN VOTERS	70
LONG-TERM CARE OMBUDSMAN COUNCIL (HRS)	72
MARCH OF DIMES (HILLSBOROUGH COUNTY CHAPTER)	74
MISSING CHILDREN - HELP CENTER	80
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (N.A.A.C.P.)	82
NATIONAL CONFERENCE OF CHRISTIANS AND JEWS, INC.	82
NATIONAL HEALTH FEDERATION, TAMPA CHAPTER	83
NATIONAL ORGANIZATION FOR WOMEN (N.O.W.)	83
SELF RELIANCE, INC. - CENTER FOR INDEPENDENT LIVING	100
SENIOR ADVOCACY UNIT (BAY AREA LEGAL SERVICES, INC.)	100
WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.	119

AGING:PAGE:

ADULT DAY CARE (AGING SERVICE, HILLSBOROUGH COUNTY)	2
AGING AND ADULT SERVICES PROGRAM OFFICE	4
AGING SERVICES, HILLSBOROUGH COUNTY	4
AMERICAN ASSOCIATION OF RETIRED PERSONS - NATIONAL RETIRED TEACHERS ASSOCIATION (A.A.R.P. - N.R.T.A.)	8
COALITION OF SENIOR CITIZENS, INC.	22
COMMUNITY CARE FOR THE ELDERLY (AGING SERVICES, HILLSBOROUGH COUNTY)	23
FLORIDA MENTAL HEALTH INSTITUTE (U.S.F.)	37
FOSTER GRANDPARENT PROGRAM (WEST CENTRAL GOLDEN SERVICES, INC.)	39
GOLDEN AGE CLUBS (RECREATION DEPARTMENT, CITY)	42
HILLSBOROUGH COMMUNITY MENTAL HEALTH CENTER	47
HOME ASSOCIATION, INC., THE	58
HOME CARE FOR THE ELDERLY (HRS)	59
HOME DELIVERED MEALS PROGRAM (AGING SERVICES, HILLSBOROUGH COUNTY)	59
HOMEMAKER SERVICES PROGRAM (AGING SERVICES, HILLSBOROUGH COUNTY)	59
JEWISH COMMUNITY CENTER	67
LIFE ENRICHMENT CENTER	71
MEALS ON WHEELS OF TAMPA, INC.	75
MEALS ON WHEELS - RURAL (HILLSBOROUGH COUNTY)	75
RETIRED SENIOR VOLUNTEER PROGRAM (R.S.V.P.)	93
SENIOR ADVOCACY UNIT (BAY AREA LEGAL SERVICES, INC.)	100
SENIOR ARTS AND CRAFTS SHOP (SACS)	100
SENIOR CENTER PROGRAM (JEWISH COMMUNITY CENTER)	100
SENIOR CENTERS PROGRAM (AGING SERVICES, HILLSBOROUGH COUNTY)	101
SENIOR CITIZENS NUTRITION AND ACTIVITY PROGRAM (S.C.N.A.P.) (AGING SERVICES, HILLSBOROUGH COUNTY)	101
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (AARP/NRTA)	102
SENIOR DINE-OUT PROGRAM (AGING & ADULT SERVICES, HRS)	103
SHEPHERD CENTER OF HILLSBOROUGH COUNTY, INC.	105
SUNCOAST GERONTOLOGY CENTER	109
SUNCOAST SHARED LIVING, INC.	109
TAMPA JEWISH SOCIAL SERVICE	112
TAMPA UNITED METHODIST CENTERS (T.U.M.C.)	112
TAX-AID PROGRAM (SPONSORED BY A.A.R.P. AND I.R.S.)	113
TELEPHONE LIFELINE PROGRAM FOR SENIOR CITIZENS (SUICIDE & CRISIS CENTER)	113
WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.	119
WOMENS SURVIVAL CENTER (NEW NAME "CENTRE FOR WOMEN")	120
WORKING SENIORS (AGING SERVICES, HILLSBOROUGH COUNTY)	121

ALCOHOLISM:

AL-ANON--ALA-TEEN	5
ALCOHOL COMMUNITY TREATMENT SERVICES	5
ALCOHOL DRUG ABUSE & MENTAL HEALTH PROGRAM OFFICE - HRS.	6
ALCOHOLICS ANONYMOUS	7
DRIVING SCHOOLS	32

ALCOHOLISM: (continued)

PAGE:

HILLSBOROUGH COUNTY CIRCUIT COURT - MENTAL HEALTH DEPARTMENT.	50
LIGHTHOUSE GOSPEL MISSION AND FAITH HOME	72
SALVATION ARMY ADULT REHABILITATION CENTER	95
UNITED STATES AIR FORCE SOCIAL ACTIONS OFFICE	114
VETERANS ADMINISTRATION HOSPITAL	116

ANIMAL & WILDLIFE:

ANIMAL CONTROL (HILLSBOROUGH COUNTY)	9
ANIMAL PROTECTION LEAGUE	9
AUDUBON SOCIETY (TAMPA AUDUBON SOCIETY)	10
GAME & FRESHWATER FISH COMMISSION	40
HUMANE SOCIETY (HILLSBOROUGH COUNTY)	65
MARINE PATROL	74
STERILIZATION OF UNWANTED PETS	108

ARTHRITIS:

ARTHRITIS FOUNDATION	10
ARTHRITIS FOUNDATION CLINIC FOR CHILDREN	10
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF HILLSBOROUGH COUNTY	32

ARTS:

ARTS COUNCIL OF TAMPA-HILLSBOROUGH COUNTY	10
FLORIDA STATE COMMISSION ON HISPANIC AFFAIRS	38
MUSEUMS	80

AUTO:

AUTO TAG DEPARTMENT	11
DRIVERS LICENSE OFFICES (FINANCIAL RESPONSIBILITY DIV.)	32
DRIVING SCHOOLS	32

BANKRUPTCY:

BANKRUPTCY, DISTRICT COURT, U.S. BANKRUPTCY COURT	11
---	----

BEVERAGE LAWS & LICENSES:

ALCOHOL AND BEVERAGE DIVISION, STATE OF FLORIDA	5
---	---

BLIND AND/OR VISUALLY HANDICAPPED:

COMMUNITY SERVICES CENTER BRANCH OFFICES (HICS-HOUSING INSPECTION AND COMMUNITY SERVICES)	24
DIVISION OF BLIND SERVICES	32
JUDEO CHRISTIAN CLINIC	68
LIGHTHOUSE FOR THE BLIND, TAMPA	72
LIONS SIGHT FUND, INC., OF GREATER TAMPA	72

BLOOD BANKS: PAGE:

SOUTHWEST FLORIDA BLOOD BANK, INC.	107
UNIVERSITY COMMUNITY HOSPITAL BLOOD BANK	114

BODY & ORGAN DONATION INFORMATION:

ORGAN DONATIONS	85
TAMPA MEMORIAL SOCIETY, INC.	112

BUSINESS:

BETTER BUSINESS DIVISION	12
BOARD OF REALTORS - GREATER TAMPA	14
CHAMBER OF COMMERCE, GREATER TAMPA	16
SERVICE CORPS OF RETIRED EXECUTIVES (SCORE) (U.S. SMALL BUSINESS ADMINISTRATION)	103
SMALL BUSINESS ADMINISTRATION	106
SMALL BUSINESS DEVELOPMENT CENTER	106

CANCER:

AMERICAN CANCER SOCIETY	8
CHILDRENS CENTER FOR CANCER AND BLOOD DISEASES, INC.	18
LUPUS FOUNDATION OF AMERICA - TAMPA AREA CHAPTER	73

CEREBRAL PALSY:

CEREBRAL PALSY OF TAMPA	15
-----------------------------------	----

CHILD SUPPORT SERVICES:

CHILD SUPPORT ENFORCEMENT SERVICES	17
CIRCUIT COURT COMMISSIONER, HILLSBOROUGH COUNTY NOTE: NAME CHANGE: FAMILY COURT SERVICES	20

CHRISTMAS ASSISTANCE:

CHRISTMAS BUREAU	20
DISABLED AMERICAN VETERANS (DAV)	31
SALVATION ARMY FAMILY CENTER	95

CLOTHING ASSISTANCE:

CLOTHES CLOSET	22
DAY STAR LIFE CENTER	29
GEFATUM (GENERAL FREE ASSISTANCE OF TAMPA UNITED METHODIST CENTERS)	41
LUTHERAN SERVICE CENTER	73
METROPOLITAN MINISTRIES OF HILLSBOROUGH COUNTY (GAP HOUSE & THRIFT STORE)	80
NEIGHBORHOOD SERVICE CENTERS (HILLSBOROUGH COUNTY)	83
ST. VINCENT DE PAUL	95
SEVENTH DAY ADVENTIST COMMUNITY CHURCHES	103

COMMUNITY DEVELOPMENT & PLANNING:PAGE:

BOARD OF COUNTY COMMISSIONERS	13
CHAMBER OF COMMERCE, GREATER TAMPA	16
CITY COUNCIL	21
CITY PLANNING	21
COMMUNITY ACTION AGENCY	23
COMMUNITY SERVICES, DIVISION OF HILLSBOROUGH COUNTY	24
EXPRESSWAY AUTHORITY, TAMPA/HILLSBOROUGH COUNTY	35
FLORIDA STATE COMMISSION ON HISPANIC AFFAIRS	38
HEALTH AND REHABILITATIVE SERVICES, DISTRICT VI	45
HEALTH COUNCIL OF WEST CENTRAL FLORIDA, INC.	45
HILLSBOROUGH COUNTY (CITY-COUNTY) PLANNING COMMISSION	52
REALTORS, BOARD OF GREATER TAMPA	91
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT	107
TAMPA BAY REGIONAL PLANNING COUNCIL	110
UNITED WAY OF GREATER TAMPA, INC.	114
WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.	119

CONSUMER COMPLAINTS/INQUIRIES:

BETTER BUSINESS DIVISION	12
BOARD OF REALTORS - GREATER TAMPA	14
CONSUMER AFFAIRS, HILLSBOROUGH COUNTY	24
ENVIRONMENTAL PROTECTION COMMISSION (HILLSBOROUGH COUNTY)	34
FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES	37
HILLSBOROUGH COUNTY COOPERATIVE EXTENSION SERVICES - AGRICULTURE, HOME ECONOMICS AND 4-H	51
HOTELS AND RESTAURANTS, DIVISION OF STATE	61
HUMAN RIGHTS ADVOCACY COMMITTEE (HARC) DISTRICT VI, HRS	65
INSURANCE COMMISSION (STATE)	66
LABOR, DEPARTMENT OF U.S.	69
LONG-TERM CARE OMBUDSMAN COUNCIL	72
PUBLIC SERVICE COMMISSION	90

COUNSELING:

ADULT TRANSITION CENTER (PROJECT EVE) HILLSBOROUGH COMMUNITY COLLEGE	3
ALCOHOL COMMUNITY TREATMENT SERVICES - OUTPATIENT COUNSELING BAY AREA YOUTH SERVICES (JASP - JUVENILE ALTERNATIVE SERVICES PROGRAM)	6
CATHOLIC SOCIAL SERVICES	12
CONTACT HELPLINE (CONTACT TELEMINISTRIES, U.S.A.)	15
COUNSELING PROGRAM - DEPARTMENT OF SOCIAL SERVICES, HILLSBOROUGH COUNTY	25
CRISIS CENTER (HILLSBOROUGH COUNTY CRISIS CENTER)	26
DACC0 - NEW NAME: DRUG, ALCOHOL AND HEALTH CARE SERVICES	27
FAMILY SERVICE ASSOCIATION OF GREATER TAMPA, INC.	28
HILLSBOROUGH COMMUNITY MENTAL HEALTH CENTER	36
NORTHSIDE COMMUNITY MENTAL HEALTH CENTER	47
NORTHSIDE COUNSELING AND EVALUATION SERVICES	84

COUNSELING: (continued)

PAGE:

ST. JOSEPH'S MENTAL HEALTH CENTER	94
SUICIDE AND CRISIS CENTER (CRISIS INTERVENTION)	109
TAMPA JEWISH SOCIAL SERVICE	112
UNITED STATES AIR FORCE SOCIAL ACTIONS OFFICE	114
U.S.O. COUNCIL OF TAMPA - UNITED WAY	115
VET CENTER	115
WOMENS SURVIVAL CENTER (NEW NAME: "CENTER FOR WOMEN")	120

CRIMINAL OFFENDER/VICTIM SERVICES:

CORRECTIONS, DEPARTMENT OF STATE	25
CRIMES COMPENSATION AND VICTIM/WITNESS SERVICES, BUREAU OF	27
HILLSBOROUGH CORRECTIONAL INSTITUTION (DEPARTMENT OF	
CORRECTIONS)	50
OFFENDER FAMILY CRISIS INTERVENTION PROGRAM - HILLSBOROUGH	
COUNTY	84
PRE-TRIAL INTERVENTION (P.T.I.) (D.O.C.)	88
PROBATION AND RESTITUTION CENTER (D.O.C.)	88
SALVATION ARMY CORRECTIONAL SERVICES	95
SALVATION ARMY (RED SHIELD LODGE & EMERGENCY HELP)	96
SHERIFF'S OFFICE	104
STATE ATTORNEY'S OFFICE	108
TAMPA CRIME LAB, FLORIDA DEPARTMENT OF LAW ENFORCEMENT	111
TAMPA CROSSROADS, INC.	111
VICTIM ASSISTANCE PROGRAM	117
VOLUNTARY JUVENILE ARBITRATION PROGRAM	118
WORK RELEASE (FLORIDA DEPARTMENT OF TAMPA COMMUNITY	
CORRECTIONAL CENTER)	121

DAY CARE - CHILDREN:

ASSOCIATION FOR RETARDED CITIZENS - HILLSBOROUGH COUNTY	10
BOYS & GIRLS CLUBS OF GREATER TAMPA, INC.	14
BRANSCOMB LEARNING CENTER (TUMC)	15
CHILD CARE LICENSING PROGRAM - COUNTY	17
CHILDRENS SERVICES (HILLSBOROUGH COUNTY	19
COGIC DEVELOPMENTAL DAY CARE	23
CUSCADEN PRESCHOOL PROGRAM FOR RETARDED CHILDREN (TUMC).	28
FLORIDA MENTAL HEALTH INSTITUTES (U.S.F.).	37
HEADSTART (B.O.C.C.)	45
HELPING HANDS DAY NURSERY	47
HILLSBOROUGH COUNTY SCHOOL BOARD (EARLY CHILDHOOD LEARNING	
CENTER)	54
HILLSBOROUGH COUNTY SCHOOL BOARD (HEADSTART PROJECT)	56
JEWISH COMMUNITY CENTER	67
ROSA VALDEZ PRESCHOOL DAY CARE CENTER (TUMC)	93
RUSKIN INFANT DAY CARE CENTER (REDLAND CHRISTIAN MIGRANT	
ASSOCIATION)	93
ST. PETER CLAVER DAY CARE CENTER, INC.	95
TAMPA DAY PRESCHOOL AND KINDERGARTEN (UNITED WAY)	111

DENTAL SERVICES/INFORMATION:PAGE:

COMMUNITY SERVICES CENTER BRANCH OFFICE (HICS- HOUSING INSPECTION AND COMMUNITY SERVICES)	24
DENTAL ASSOCIATION, FLORIDA	29
DENTAL ASSOCIATION, WEST COAST	29
DENTAL CLINIC - HEALTH DEPARTMENT	29
DENTAL RESEARCH CLINIC, HILLSBOROUGH COUNTY	30
JUDEO CHRISTIAN CLINIC	68
ZENDAH GROTTO DENTISTRY FOR HANDICAPPED CHILDREN	122

DEVELOPMENTAL DISABILITIES:

ANGLES UNAWARE, INC.	9
CUSCADEN PRESCHOOL PROGRAM FOR RETARDED CHILDREN (TUMC)	28
DEVELOPMENTAL SERVICES (HRS)	30
DIAGNOSTIC & EVALUATION CLINIC, TAMPA - HRS	31
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS OF HILLSBOROUGH COUNTY	32
GOODWILL INDUSTRIES - SUNCOAST, INC.	42
HILLSBOROUGH COUNTY DEVELOPMENT CENTER	51
HILLSBOROUGH COUNTY SCHOOL BOARD 9FLORIDA DIAGNOSTIC & LEARNING RESOURCES SYSTEM)	55
HOME AND AGENCY BASED CLIENT TRAINING PROGRAM - HRS, DEVELOPMENTAL SERVICES	58

DIABETES:

DIABETES ASSOCIATION, AMERICAN	30
--------------------------------	----

DISASTER RELIEF:

FIRE AND DISASTER OPERATIONS (HILLSBOROUGH COUNTY OFFICE OF EMERGENCY MANAGEMENT)	36
FIRE AND RESCUE (CITY OF TAMPA)	36
FIRE CONTROL	36
RED CROSS	91
SALVATION ARMY FAMILY SERVICES CENTER	93

DISCRIMINATION:

COMMUNITY RELATIONS - CITY OF TAMPA (HICS - HOUSING INSPECTION AND COMMUNITY SERVICES)	24
EQUAL OPPORTUNITY OFFICE, HILLSBOROUGH COUNTY	34
LABOR RELATIONS BOARD, NATIONAL	69
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE (N.A.A.C.P.)	82
NATIONAL ORGANIZATION FOR WOMEN (N.O.W.)	82

DRUG ABUSE:

PAGE:

ALCOHOL DRUG ABUSE & MENTAL HEALTH PROGRAM OFFICE, HRS . . .	7
DACCO - NEW NAME: DRUG, ALCOHOL AND HEALTH CARE SERVICES . . .	28
HILLSBOROUGH COUNTY, CIRCUIT COURT - MENTAL HEALTH DEPT. . .	50
NARCOTICS ANONYMOUS	81
REFILL PROGRAM - NOW CALLED PROJECT RECOVERY	92
UNITED STATES AIR FORCE SOCIAL ACTIONS OFFICE	114

DUMPS:

SOLID WASTE - HILLSBOROUGH COUNTY	106
---	-----

EDUCATION - ADULT:

ADULT TRANSITION CENTER (PROJECT EVE) HILLSBOROUGH COMMUNITY COLLEGE	3
ALTRUSA CLUB OF TAMPA	8
HILLSBOROUGH COUNTY SCHOOL BOARD - ADMINISTRATIVE OFFICE . . .	52
HILLSBOROUGH COUNTY SCHOOL BOARD - ADULT & COMMUNITY EDUCATION OFFICE	52
HILLSBOROUGH COUNTY SCHOOL BOARD - ADULT MIGRANT & SEASONAL FARMWORKERS PROGRAM	52
HILLSBOROUGH COUNTY SCHOOL BOARD - BREWSTER CAMPUS OF THE ERWIN VOCATIONAL TECHNICAL CENTER	52
HILLSBOROUGH COUNTY SCHOOL BOARD - ECIA CHAPTER I MIGRANT PROGRAM	54
HILLSBOROUGH COUNTY SCHOOL BOARD - ERWIN VOCATION TECHNICAL CENTER	55
HILLSBOROUGH COUNTY SCHOOL BOARD - GED, GENERAL EDUCATIONAL DEVELOPMENT TESTING PROGRAM	56
HILLSBOROUGH COUNTY SCHOOL BOARD - OUTREACH & RECRUITMENT . . .	56
TAMPA BAY AREA VOCATIONAL TECHNICAL CENTER (HILLSBOROUGH COUNTY SCHOOL BOARD)	110
ZONTA CLUB OF TAMPA	122

EDUCATION - SPECIAL:

C.A.U.S.E. (COMMUNITY & UNIVERSITY SERVICE ENCOUNTER) . . .	15
CHILD ABUSE PREVENTION PROJECT (C.A.P.P.)	16
HILLSBOROUGH COUNTY SCHOOL BOARD - ADMINISTRATIVE OFFICE . . .	52
HILLSBOROUGH COUNTY SCHOOL BOARD - ALTERNATIVE PROGRAM FOR PREGNANT STUDENTS	53
HILLSBOROUGH COUNTY SCHOOL BOARD - BILINGUAL PROGRAM	53
HILLSBOROUGH COUNTY SCHOOL BOARD - DIAL A TEACHER	53
HILLSBOROUGH COUNTY SCHOOL BOARD - EARLY CHILDHOOD LEARNING CENTER	54
HILLSBOROUGH COUNTY SCHOOL BOARD - EXCEPTIONAL STUDENT EDUCATION	55
HILLSBOROUGH COUNTY SCHOOL BOARD - FLORIDA DIAGNOSTIC & LEARNING RESOURCES SYSTEM	55
HILLSBOROUGH COUNTY SCHOOL BOARD - FOLLOW THROUGH PROJECT . . .	55
HILLSBOROUGH COUNTY SCHOOL BOARD - HEAD START PROJECT	56

EDUCATION - SPECIAL: (continued)

PAGE:

HILLSBOROUGH COUNTY SCHOOL BOARD - SCHOOL ENRICHMENT RESOURCE VOLUNTEERS IN EDUCATION - S.E.R.V.E.	56
HILLSBOROUGH COUNTY SCHOOL BOARD - SCHOOL SOCIAL WORK	57
HILLSBOROUGH COUNTY SCHOOL BOARD - SECURITY & ATTENDANCE	57
HILLSBOROUGH COUNTY SCHOOL BOARD - VOCATIONAL STUDENT SVCS.	57
HILLSBOROUGH COUNTY SCHOOL BOARD - WORK EXPERIENCE PGM.	57
INTENSIVE LEARNING ALTERNATIVE PROGRAM (I.L.A.P.,HRS)	67
MARY HELP OF CHRISTIAN SCHOOL	74
REALTORS, BOARD OF GREATER TAMPA	91
REDLAND CHRISTIAN MIGRANT ASSOCIATION: FARMWORKER, PARENT & YOUTH PROGRAM	92
UNIVERSITY OF SOUTH FLORIDA, GIFTED EDUCATION PROGRAM	115

EMERGENCY ASSISTANCE - FINANCIAL:

GEFATUM - GENERAL FREE ASSISTANCE OF TAMPA UNITED METHODIST CENTER	41
NEIGHBORHOOD SERVICE CENTERS - HILLSBOROUGH COUNTY	84
ST. VINCENT DE PAUL	95

EMERGENCY ASSISTANCE - FOOD

CHRISTIAN REFUGEE COALITION CENTER (TUMC)	20
DAY STAR LIFE CENTER	29
DISABLED AMERICAN VETERANS (DAV)	31
FOOD STAMPS OFFICES	39
GEFATUM - GENERAL FREE ASSISTANCE OF TAMPA UNITED METHODIST CENTER	41
LUTHERAN SERVICE CENTER	73
METROPOLITAN MINISTRIES OF HILLSBOROUGH COUNTY GAP HOUSE & THRIFT STORE	80
NATIVITY CATHOLIC CHURCH	83
ST. VINCENT DE PAUL	95
SALVATION ARMY FAMILY SERVICES CENTER	95
SEVENTH DAY ADVENTIST COMMUNITY CHURCHES	103

EMERGENCY ASSISTANCE - SHELTER:

DAY STAR LIFE CENTER	29
DORCAS HOUSE	31
LIGHTHOUSE GOSPEL MISSION AND FAITH HOME	72
MARY MARTHA HOUSE	74
METROPOLITAN MINISTRIES OF HILLSBOROUGH COUNTY, GAP HOUSE & THRIFT STORE	80
ST. VINCENT DE PAUL	95
SALVATION ARMY - RED SHIELD LODGE AND EMERGENCY HELP	96
SPRING OF TAMPA, INC., THE	108
TAMPA URBAN LEAGUE	113

EMPLOYMENT:PAGE:

FOSTER GRANDPARENT PROGRAM (WEST CENTRAL GOLDEN SERVICES, INC.)	39
GEFATUM - GENERAL FREE ASSISTANCE OF TAMPA UNITED METHODIST CENTERS	41
GOODWILL INDUSTRIES - SUNCOAST, INC.	42
HILLSBOROUGH COUNTY EMPLOYMENT & TRAINING DEPARTMENT (H.C.E.T.D.)	51
INDIAN AFFAIRS, FLORIDA GOVERNOR'S COUNCIL ON	66
JOB CORPS TRAINING PROGRAM - JOB SERVICE OF FLORIDA	67
JOB LINE - RECORDINGS	68
JOB SERVICE OF FLORIDA	68
LABOR, DEPARTMENT OF (U.S.)	69
LABOR AND EMPLOYMENT SECURITY, FLORIDA (BUREAU OF APPRENTICESHIP)	69
LIGHTHOUSE FOR THE BLIND, TAMPA	72
MacDONALD CENTER, INC., J. CLIFFORD	73
PROJECT WITH INDUSTRY	89
RENT-A-KID	92
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (AARP/NRTA)	102
UNEMPLOYMENT COMPENSATION (FLORIDA DEPARTMENT OF LABOR & EMPLOYMENT SECURITY)	113
U.S.O. COUNCIL OF TAMPA - UNITED WAY	115
VETERANS ADMINISTRATION HOSPITAL	116
VOCATIONAL REHABILITATION - HRS	117
WIN - WORK INCENTIVE PROGRAM - HRS	119
WORKERS COMPENSATION, BUREAU OF	121
WORKING SENIORS - AGING SERVICES, HILLSBOROUGH COUNTY	121

EPILEPSY:

EPILEPSY FOUNDATION (GULF COAST)	34
----------------------------------	----

FINANCIAL AID - GENERAL:

AID TO FAMILIES WITH DEPENDENT CHILDREN - HRS	4
GEFATUM - GENERAL FREE ASSISTANCE OF TAMPA UNITED METHODIST CENTER	41
HOUSING ASSISTANCE DEPARTMENT - HILLSBOROUGH COUNTY	64
HOUSING AUTHORITY, TAMPA	64
LOW INCOME ENERGY ASSISTANCE PROGRAM, L.I.E.A.P. - HRS	72
NEIGHBORHOOD SERVICE CENTERS, HILLSBOROUGH COUNTY	83
PUBLIC ASSISTANCE (B.O.C.C.)	89
SHARE - SALVATION ARMY	104
SMALL BUSINESS ADMINISTRATION, U.S.	105
SOCIAL SECURITY ADMINISTRATION	106

FINANCIAL COUNSELING/REPORTING:

CONSUMER CREDIT COUNSELING SERVICES	25
CREDIT BUREAU OF GREATER TAMPA	27

FOOD - MEALS:**PAGE:**

HOME DELIVERED MEALS PROGRAM (AGING SERVICES, HILLSBOROUGH COUNTY)	59
MEALS ON WHEELS OF TAMPA, INC.	75
MEALS ON WHEELS - RURAL (HILLSBOROUGH COUNTY)	75
METROPOLITAN MINISTRIES OF HILLSBOROUGH COUNTY (GAP HOUSE & THRIFT STORE)	80
SALVATION ARMY (RED SHIELD LODGE 7 EMERGENCY HELP)	96
SENIOR CITIZENS NUTRITION & ACTIVITY (S.C.N.A.P.) (AGING SERVICES, HILLSBOROUGH COUNTY)	101
SENIOR DINE-OUT PROGRAM (AGING & ADULT SERVICES) - HRS	103

FOOD - SUPPLIES:

COLLEGE HILL PHARMACY	23
FOOD STAMPS OFFICES	39
JEWISH COMMUNITY CENTER	67
MEDI-NUTRIMENT (PUBLIC ASSISTANCE)	79
WOMEN, INFANTS AND CHILDREN (WIC) (HEALTH DEPARTMENT)	119

FURNITURE/HOUSEHOLD SUPPLIES:

MacDONALD CENTER, INC., J. CLIFFORD	73
METROPOLITAN MINISTRIES OF HILLSBOROUGH COUNTY (GAP HOUSE & THRIFT STORE)	80
ST. VINCENT DE PAUL	95
SALVATION ARMY ADULT REHABILITATION CENTER	95

GRIEF SUPPORT:

GRIEF SUPPORT GROUPS	43
VICTIM ASSISTANCE PROGRAM	117

HANDICAPPED SERVICES:

CEREBRAL PALSY OF TAMPA	15
DEAF SERVICE CENTER, INC.	29
DEVELOPMENT SERVICES (HRS)	30
DIVISION OF BLIND SERVICES	31
EASTER SEAL SOCIETY FOR CRIPPLED CHILDREN & ADULTS OF HILLSBOROUGH COUNTY	32
FLORIDA ELKS HARRY-ANNA CRIPPLED CHILDREN'S HOSPITAL	37
GOODWILL INDUSTRIES - SUNCOAST, INC	42
HANDICAPPED CLUB, NORTH TAMPA (CITY RECREATION DEPARTMENT)	44
HANDICAPPER SIGNS	44
HEADSTART (B.O.C.C.)	45
HILLSBOROUGH COUNTY SCHOOL BOARD EXCEPTIONAL STUDENT EDUCATION	55
LIGHTHOUSE FOR THE BLIND, TAMPA	72
MacDONALD CENTER, INC., J. CLIFFORD	73
PILOT CLUB OF TAMPA	88
PROJECT WITH INDUSTRY	89
SELF RELIANCE, INC. - CENTER FOR INDEPENDENT LIVING	100

HANDICAPPED SERVICES: (continued) PAGE:

TAMPA GENERAL REHABILITATION CENTER	111
VOCATIONAL REHABILITATION (HRS)	117
VOCATIONAL REHABILITATION - DEAF PROGRAM (HRS)	118

HEART PROBLEMS:

HEART ASSOCIATION, AMERICAN	46
---------------------------------------	----

HISTORICAL PRESERVATION:

HISTORIC TAMPA/HILLSBOROUGH COUNTY PRESERVATION BOARD	58
YBOR REDEVELOPMENT AGENCY	121

HOME HEALTH CARE:

UNIVERSITY HOME HEALTH AGENCY, INC.	114
VISITING NURSE ASSOCIATION OF TAMPA BAY, INC.	117

HOME REPAIRS:

COMMUNITY REDEVELOPMENT AGENCY (DEPT. OF HOUSING INSPECTIONS AND COMMUNITY SERVICES)	2
ENERGY WEATHERIZATION PROGRAM (TAMPA URBAN LEAGUE)	3
WOMENS SURVIVAL CENTER (NEW NAME - "CENTRE FOR WOMEN")	120

HOMOSEXUAL:

GAY SERVICES	40
------------------------	----

HOUSING ASSISTANCE:

HOUSING AND URBAN DEVELOPMENT, DEPARTMENT OF (FHA - HUD)	63
HOUSING ASSISTANCE DEPARTMENT (HILLSBOROUGH COUNTY)	64
HOUSING AUTHORITY, PLANT CITY	64
HOUSING AUTHORITY, TAMPA	64
HOUSING OPPORTUNITY CENTER (CITY)	64
TAMPA UNITED METHODIST CENTERS (TUMC)	112

HOTLINES:

ADULT PROTECTIVE SERVICES (HRS)	3
AMERICAN CANCER SOCIETY	8
AUTO TAG DEPARTMENT	11
BEACH PLACE RUNAWAY CENTER (CHILDREN'S SERVICES)	12
HOTLINES - TOLL FREE	61

IDENTIFICATION:

IDENTIFICATION CARDS	65
--------------------------------	----

INCOME TAX INFORMATION:PAGE:

INTERNAL REVENUE SERVICES, U.S. (DEPARTMENT OF FEDERAL TAX INFORMATION AND ASSISTANCE)	67
TAX-AIDE PROGRAM (SPONSORED BY A.A.R.P. & I.R.S.)	113

IMMIGRATION:

IMMIGRATION & NATURALIZATION, U.S.	66
PASSPORT INFORMATION (U.S. GOVERNMENT)	87
TAMPA JEWISH SOCIAL SERVICE	112

INFORMATION AND REFERRAL - COMPREHENSIVE:

CITIZEN ACTION CENTER, HILLSBOROUGH COUNTY	66
FEDERAL INFORMATION	36
INFORMATION AND REFERRAL THROUGHOUT FLORIDA	66
INFORMATION AND SERVICE CENTER (GOVERNMENTAL)	66
SERVICE AND INFORMATION CENTER OF CITY OF TAMPA	103
SHEPHERD CENTER OF HILLSBOROUGH COUNTY, INC.	104

LEGAL SERVICES/RECORDS:

AMERICAN CIVIL LIBERTIES UNION (A.C.L.U.)	9
BAR ASSOCIATION OF HILLSBOROUGH COUNTY	11
BAY AREA LEGAL SERVICES, INC.	11
CITIZENS DISPUTE SETTLEMENT PROGRAM	20
CLERK OF CIRCUIT COURT	22
COUNTY COURT CIVIL DIVISION	26
LAW LIBRARY (HILLSBOROUGH COUNTY LAW LIBRARY)	69
LAWYER REFERRAL SERVICE (HILLSBOROUGH COUNTY BAR ASSOCIATION)	70
LEGAL AID (HILLSBOROUGH COUNTY)	70
LEGISLATIVE DELEGATION (HILLSBOROUGH COUNTY)	70
PUBLIC DEFENDER - 13TH JUDICIAL CIRCUIT	90
SENIOR ADVOCACY UNIT (BAY AREA LEGAL SERVICES, INC.)	100
STATE ATTORNEY'S OFFICE	108
VOLUNTARY JUVENILE ARBITRATION PROGRAM	118

LEUKEMIA:

CHILDRENS CENTER FOR CANCER AND BLOOD DISEASES, INC.	18
LEUKEMIA SOCIETY OF AMERICA, INC.	71

LIBRARY:

LIBRARY, TAMPA - HILLSBOROUGH COUNTY	71
--	----

MEDICAL EQUIPMENT & APPLIANCES:

AMERICAN CANCER SOCIETY	8
CHILDRENS MEDICAL SERVICES	19
DEAF SERVICES CENTER, INC.	29
FLORIDA HEARING AID CENTER	37

MEDICAL EQUIPMENT & APPLIANCES: (continued)

PAGE:

LUNG ASSOCIATION, GULF COAST	73
MULTIPLE SCLEROSIS SOCIETY (GULF COAST CHAPTER)	81
MUSCULAR DYSTROPHY ASSOCIATION	81
SELF RELIANCE, INC. - CENTER FOR INDEPENDENT LIVING	100
TAMPA GENERAL REHABILITATION CENTER	111
VOCATIONAL REHABILITATION (HRS)	118

MEDICAL - EXPENSE:

CRIMES COMPENSATION AND VICTIM/WITNESS SERVICES, BUREAU OF	27
LUNG ASSOCIATION, GULF COAST	73
MEDICAID (HRS)	75
PUBLIC ASSISTANCE - CATASTROPHIC UNIT (B.O.C.C.)	90
PUBLIC ASSISTANCE - MEDICAL SERVICES (B.O.C.C.)	90
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	105

MEDICAL PLANNING/INFORMATION:

CHILDRENS MEDICAL SERVICES	19
FLORIDA NURSES ASSOCIATION	37
HEALTH COUNCIL OF WEST CENTRAL FLORIDA, INC.	45
LUPUS FOUNDATION OF AMERICA - TAMPA ARE CHAPTER	73
MARCH OF DIMES (HILLSBOROUGH COUNTY CHAPTER)	74
MEDICAL EXAMINER (HILLSBOROUGH COUNTY)	79
MEDICARE	79
NATIONAL HEALTH FEDERATION, TAMPA CHAPTER	83
RED CROSS	91
TAMPA BRANCH LABORATORY, STATE	111

MEDICAL SERVICES - EXAM/TESTING/TREATMENT:

BLOOD PRESSURE SCREENING (FREE)	12
CHILDRENS CENTER FOR CANCER AND BLOOD DISEASES, INC.	18
CHILDRENS MEDICAL SERVICES	19
COMMUNITY DIALYSIS SERVICES OF TAMPA	23
DISABILITY DETERMINATION (MEDICAL) (HRS, DISTRICT VI)	31
EMERGENCY MEDICAL SERVICES (EMS)	33
FLORIDA ELKS HARRY-ANNA CRIPPLED CHILDRENS HOSPITAL	37
HEALTH DEPARTMENT, HILLSBOROUGH COUNTY (HRS)	46
HILLSBOROUGH COUNTY CLINIC (OUTPATIENT) (HILLSBOROUGH COUNTY HOSPITAL)	50
HILLSBOROUGH COUNTY CLINIC - PLANT CITY (OUTPATIENT) HILLSBOROUGH COUNTY HOSPITAL)	50
HOSPICE OF HILLSBOROUGH, INC	59
HOSPITALS IN HILLSBOROUGH COUNTY	60
JUDEO CHRISTIAN CLINIC	68
LUNG ASSOCIATION, GULF COAST	73
RUSKIN MIGRANT AND COMMUNITY HEALTH CENTER, INC	74
ST. JUDES CHILDRENS RESEARCH HOSPITAL	94
SEVENTH DAY ADVENTIST COMMUNITY CHURCHES	103

<u>MEDICAL EQUIPMENT & APPLIANCES:</u>	(continued)	<u>PAGE:</u>
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN		105
SUNCOAST GERONTOLOGY CENTER		109
TAMPA GENERAL REHABILITATION CENTER		111
UNIVERSITY OF SOUTH FLORIDA - MEDICAL CLINICS		115
VETERANS ADMINISTRATION HOSPITAL		116

MENTAL HEALTH:

CRISIS CENTER (HILLSBOROUGH COUNTY CRISIS CENTER)	27
FAMILY SERVICES ASSOCIATION OF GREATER TAMPA, INC	36
FLORIDA MENTAL HEALTH INSTITUTE (U.S.F.)	37
HILLSBOROUGH COMMUNITY MENTAL HEALTH CENTER	47
HILLSBOROUGH COUNTY CIRCUIT COURT - MENTAL HEALTH DEPARTMENT.	50
MENTAL HEALTH ASSOCIATION OF HILLSBOROUGH COUNTY, INC	80
NORTHSIDE COMMUNITY MENTAL HEALTH CENTER	84
NORTHSIDE COUNSELING AND EVALUATION SERVICES	84
ST. JOSEPH'S MENTAL HEALTH CENTER	94
SUICIDE & CRISIS CENTER (CRISIS INTERVENTION)	109
VETERANS ADMINISTRATION HOSPITAL	116

MENTAL HEALTH/DAY TREATMENT:

ACCESS HOUSE (NORTHSIDE COMMUNITY MENTAL HEALTH CENTER)	1
CHILDRENS HOME, INC	19
FLORIDA MENTAL HEALTH INSTITUTE (U.S.F.)	37
GEFATUM (GENERAL FREE ASSISTANCE OF TAMPA UNITED METHODIST CENTER)	41
HILLSBOROUGH COMMUNITY MENTAL HEALTH CENTER	47
JEWISH COMMUNITY CENTER	67
METROPOLITAN MINISTRIES OF HILLSBOROUGH COUNTY (GAP HOUSE & THRIFT STORE)	80
NORTHSIDE COMMUNITY MENTAL HEALTH CENTER	84
ST. JOSEPH'S MENTAL HEALTH CENTER	94

MIGRANT SERVICES:

HILLSBOROUGH COUNTY SCHOOL BOARD (ADULT MIGRANT & SEASONAL FARM WORKERS PROGRAM)	52
HILLSBOROUGH COUNTY SCHOOL BOARD - ECIA CHAPTER 1 MIGRANT PROGRAM	54
REDLAND CHRISTIAN MIGRANT ASSOCIATION: FARMWORKER, PARENT & YOUTH PROGRAM	92
RUSKIN INFANT DAY CARE CENTER (REDLAND CHRISTIAN MIGRANT ASSOCIATION)	93
WAGE AND HOUR DIVISION (U.S. DEPARTMENT OF LABOR)	119

MISSING PERSONS:

MISSING CHILDREN - HELP CENTER	81
ORGANIZED ADOPTION SEARCH INFORMATION SERVICES (OASIS)	85
ORPHAN VOYAGE OF FLORIDA	86

MULTIPLE SCLEROSIS:. PAGE:

MULTIPLE SCLEROSIS SOCIETY (GULF COAST CHAPTER) . . . 81

MUSCULAR DYSTROPHY:CHILDRENS HOME, INC . . . 19
MUSCULAR DYSTROPHY ASSOCIATION . . . 81PREGNANCY SERVICES:ALL WOMENS HEALTH CENTER OF TAMPA . . . 7
ALL WOMENS HEALTH CENTER OF NORTH TAMPA . . . 7
ALPHA - A BEGINNING, INC . . . 7
ALTERNATIVE BIRTH CENTER, REPRODUCTIVE HEALTH CARE - WOMENS
CENTER OF TAMPA, INC . . . 7
ALTERNATIVES OF TAMPA, INC . . . 8
HEALTH DEPARTMENT, HILLSBOROUGH COUNTY (HRS) . . . 46
HILLSBOROUGH COUNTY SCHOOL BOARD (EXCEPTIONAL
STUDENTS EDUCATION) . . . 55
MEDI-NUTRIMENT (PUBLIC ASSISTANCE) . . . 79
RUSKIN MIGRANT AND COMMUNITY HEALTH CENTER, INC . . . 94
STORKS NEST . . . 109
TAMPA WOMAN'S HHEALTH CENTER . . . 113RECREATIONAL INFORMATION/SERVICES:BIG BROTHERS & BIG SISTERS OF GREATER TAMPA . . . 12
BOY SCOUTS OF AMERICA, INC., GULF RIDGE COUNCIL . . . 14
BOYS & GIRLS CLUBS OF GREATER TAMPA, INC . . . 14
CONTACT HELPLINE (CONTACT TELEMINISTRIES, U.S.A.) . . . 25
FAIR - FLORIDA STATE & EXPO PARK . . . 35
GIRL SCOUTS OF U.S.A. (SUNCOAST COUNCIL) . . . 41
GOLDEN AGE CLUBS (RECREATION DEPARTMENT, CITY) . . . 42
JEWISH COMMUNITY CENTER . . . 67
PARENTS WITHOUT PARTNERS, INS (PWP) . . . 87
PARKS AND RECREATION DEPARTMENT (CITY OF TAMPA) . . . 87
PARKS AND RECREATION DEPARTMENT (HILLSBOROUGH COUNTY) . . . 87
SENIOR CENTERS PROGRAM (AGING SERVICES, HILLSBOROUGH COUNTY) . 101
U.S.O. COUNCIL OF TAMPA (UNITED WAY) . . . 115
YMCA - YWCA OF TAMPA, FLORIDA, INC . . . 122
YOUTH CAMPS, FLORIDA (FLORIDA GAME & FRESHWATER
FISH COMMISSION) . . . 122RECYCLING:

RECYCLING . . . 91

REFUGEE SERVICES:

PAGE:

CATHOLIC SOCIAL SERVICES	15
CUBAN/HAITIAN ENTRANTS PROGRAM - HRS	27
HAITIAN REFUGEE CENTER AND MISSION - TUMC	44
LANGUAGE BANK - AMERICAN RED CROSS	69
LUTHERAN MINISTRIES OF FLORIDA	73
REFUGEE CENTER - LUTHERAN MINISTRIES OF FLORIDA	92

RESIDENTIAL CARE - DEPENDENT CHILDREN:

CHILDREN, YOUTH & FAMILY SERVICES - HRS	17
CHILDRENS HOME, INC.	18
FAITH CHILDRENS HOME	35
FOSTER CARE - HRS	39
STEPPIN STONE FARM, INC.	108

RESIDENTIAL CARE - DRUG/ALCOHOL:

ADULT PAYMENTS PROGRAM ECONOMIC SERVICES	2
ALCOHOL COMMUNITY TREATMENT SERVICES - EXTENDED CARE FACILITY	5
ALCOHOL COMMUNITY TREATMENT SERVICES - HALFWAY HOUSE & DETOX CENTER	6
ALCOHOL COMMUNITY TREATMENT SERVICES - RESIDENTIAL TREATMENT UNIT	6
DACCO - NEW NAME: DRUG, ALCOHOL AND HEALTH CARE SERVICES	28
HANDICAPPED CLUB, NORTH TAMPA, CITY RECREATION DEPT.	44
HILLSBOROUGH COMMUNITY MENTAL HEALTH CENTER	47
LIGHTHOUSE GOSPEL MISSION AND FAITH HOME	72
SALVATION ARMY ADULT REHABILITATION CENTER	95
VETERANS ADMINISTRATION HOSPITAL	116

RESIDENTIAL CARE - OTHER:

ADULT BOARD HOME - HRS	1
ADULT FOSTER HOMES - HRS	2
ALPHA-A BEGINNING, INC.	7
ANGELS UNAWARE, INC.	9
ASSOCIATION FOR RETARDED CITIZENS - HILLSBOROUGH	10
BOARDING HOMES - HILLSBOROUGH COUNTY PUBLIC ASSISTANCE	14
CHILDRENS HOME, INC.	19
CHILDRENS SERVICES - HILLSBOROUGH COUNTY	19
DEVELOPMENTAL SERVICES - HRS	30
HILLSBOROUGH ALTERNATIVE RESIDENTIAL PROGRAM H.A.R.P.	47
HILLSBOROUGH COUNTY DEVELOPMENT CENTER	51
HOME ASSOCIATION, INC., THE	58
HUMAN DEVELOPMENT CENTER, INC., - SUNRISE GROUP HOME	65
MacDONALD CENTER, INC., J. CLIFFORD	74
MARY HELP OF CHRISTIAN SCHOOL	74
SUNCOAST SHARED LIVING, INC.	109
TAMPA CROSSROADS, INC.	111

RESIDENTIAL CARE - PSYCHIATRIC:**PAGE:**

ACCESS HOUSE - NORTHSIDE COMMUNITY MENTAL HEALTH CENTER	1
CRISIS CENTER - HILLSBOROUGH COUNTY CRISIS CENTER	27
FLORIDA MENTAL HEALTH INSTITUTE - U.S.F.	37
NORTHSIDE COMMUNITY MENTAL HEALTH CENTER	84
ST. JOSEPH'S MENTAL HEALTH CENTER	94
SUICIDE AND CRISIS CENTER - CRISIS INTERVENTION	109
TAMPA UNITED METHODIST CENTERS - TUMC	112
VERERANS ADMINISTRATION HOSPITAL	116

RUNAWAY SERVICES:

BEACH PLACE RUNAWAY CENTER - CHILDRENS SERVICES	12
---	----

SELF HELP GROUPS:

CHILDRENS CENTER FOR CANCER AND BLOOD DISEASES, INC.	18
SELF-HELP GROUPS	96

SICKLE CELL:

CHILDRENS CENTER FOR CANCER AND BLOOD DISEASES, INC.	18
SICKLE CELL ASSOCIATION - HILLSBOROUGH COUNTY	105

SPEECH/AUDIOLOGY THERAPY:

DEAF SERVICE CENTER, INC.	29
EASTER SEAL SOCIETY FOR CRIPPLED CHILDRENS & ADULTS OF HILLSBOROUGH COUNTY	33
PILOT CLUB OF TAMPA	88
ROBERT MCCORD ORAL SCHOOL	93
TAMPA GENERAL REHABILITATION CENTER	111
UNIVERSITY OF SOUTH FLORIDA - COMMUNICOLOGY DEPARTMENT	115
VOCATIONAL REHABILITATION - DEAF PROGRAM, HRS	118

SPINA BIFIDA:

SPINA BIFIDA ASSOCIATION OF TAMPA	107
-----------------------------------	-----

STOP SMOKING:

LUNG ASSOCIATION, GULF COAST	73
STOP SMOKING CLINICS	108

TRANSPORTATION:

HILLSBOROUGH COUNTY SCHOOL BOARD - TRANSPORTATION DEPT.	57
H.A.R.T.- HILLSBOROUGH AREA REGIONAL TRANSIT	45
MEDICAID TRANSPORTATION - HRS	78
SHARE-A-VAN, HILLSBOROUGH COUNTY	104
VETERANS ADMINISTRATION HOSPITAL	116

TRAVELERS SERVICES:PAGE:

TRAVELERS AID SOCIETY OF TAMPA, INC.	113
--	-----

VETERANS SERVICES:

PERSONAL AFFAIRS OFFICE - CASUALTY ASSISTANCE & AIR FORCE AID	88
RED CROSS	91
UNITED STATES AIR FORCE SOCIAL ACTIONS OFFICE	114
U.S.O. COUNCIL OF TAMPA, UNITED WAY	115
VET CENTER	116
VETERANS ADMINISTRATION HOSPITAL	116
VETERANS ADMINISTRATION REGIONAL OFFICE	116
VETERANS AFFAIRS OFFICE	117

VOLUNTEER OPPORTUNITIES:

BIG BROTHERS & BIG SISTERS OF GREATER TAMPA	12
C.A.U.S.E. - COMMUNITY AND UNIVERSITY SERVICE ENCOUNTER	15
CHILD ABUSE PREVENTION PROJECT, C.A.P.P.	16
FRIEND-TO-FRIEND PROGRAM	40
HILLSBOROUGH ASSOCIATION FOR VOLUNTEER COORDINATION, H.A.V.C.	47
HILLSBOROUGH COUNTY SCHOOL BOARD - SCHOOL ENRICHMENT RESOURCE VOLUNTEERS IN EDUCATION - S.E.R.V.E.	56
RED CROSS	91
RETIRED SENIOR VOLUNTEER PROGRAM - R.S.V.P.	93
SERVICE CORPS OF RETIRED EXECUTIVES (SCORE) (U.S. SMALL BUSINESS ADMINISTRATION)	103
VOLUNTEER CENTER OF HILLSBOROUGH COUNTY, INC.	118
VOLUNTEER COORDINATORS - HRS	118

VOTING:

LEAGUE OF WOMEN VOTERS	70
SUPERVISOR OF ELECTIONS, HILLSBOROUGH COUNTY	110

YOUTH SERVICES:

BIG BROTHERS & BIG SISTERS OF GREATER TAMPA	12
BOY SCOUTS OF AMERICA, INC. GULF RIDGE COUNCIL	14
BOYS & GIRLS CLUBS OF GREATER TAMPA	14
CHILDREN YOUTH & FAMILY SERVICES - HRS	17
GIRL SCOUTS OF U.S.A. - SUNCOAST COUNCIL	41
HILLSBOROUGH COUNTY COOPERATIVE EXTENSION SERVICES - AGRICULTURE, HOME ECONOMICS AND 4-H	51
JEWISH COMMUNITY CENTER	67
PARKS AND RECREATION DEPARTMENT - CITY OF TAMPA	87
PARKS AND RECREATION DEPARTMENT - HILLSBOROUGH COUNTY	87
YMCA-YWCA OF TAMPA, FLORIDA, INC.	122
YOUTH CAMPS, FLORIDA - FLORIDA GAME AND FRESHWATER FISH COMMISSION	122

DIRECTORY OF COMMUNITY RESOURCES

Annotated Listing.

ACCESS HOUSE - CASE MANAGEMENT

Northside Community Mental Health Center

1109 E. 139th Avenue
Tampa Florida 33613

PHONE: 972-2289
HOURS: 8:00 am - 5:30 pm Mon-Fri
8:00 am - 9:30 pm Mon & Wed
AFTER HOURS OR EMERGENCY CALL 977-8700

SERVICES: A transitional program for individuals with severe and persistent psychiatric disabilities. Day and residential treatment providing prevocational training, case management, housing, social activities and resocialization, problem solving, and crisis intervention.

ACCESS HOUSE - COMMUNITY SUPPORT SERVICES

Northside Community Mental Health Center

1. Residential Continuum
2220 E. 138th Avenue
Tampa, Florida 33613

PHONE: 977-4251

2. Supervised Apartment
14011 N. 22nd Street
Tampa, Florida 33613

SERVICES: 12 bed group home for former residents of state mental hospitals; 32 bed supervised apartments for the chronically psychiatrically disturbed.

ADOPTIONS - HRS

1313 N. Tampa Street
Tampa, Florida 33602

PHONE: 272-2346
HOURS: 8:00 am - 5:00 pm Mon - Fri

SERVICES: placement of infants and children; works with persons who want to adopt; handles two types of adoption services: (1) Independent: a physician or lawyer, or 3rd party, has an infant or child to place (or will have) for adoption. (2) Agency: A mother contacts directly to have her infant or child adopted; also pregnant women seeking plan of placement after baby's birth.

ADULT BOARDING HOMES - HRS

1313 N. Tampa Street
Tampa, Florida 33602

PHONE: 272-2412
HOURS: 8:00 am - 5:00 pm Mon - Fri

SERVICES: Provides total assessment and placement.

ADULT DAY CARE - AGING SERVICES, HILLSBOROUGH COUNTY.

Administrative Office:

700 Twiggs Street, Room 804
Tampa, Florida 33602

PHONE: 272-6261 (Referrals and
Information)

HOURS: 8:00 am - 5:00 pm Mon - Fri

Center Locations:

1. Ybor Senior Center
1717 11th Avenue
Tampa, Florida 33605
PHONE: 272-5196

3. East Sligh Senior Adult Day
Care Center
912 E. Sligh Avenue
Tampa, Florida 33604
PHONE: 237-6659

2. Westshore Adult Day
Care Center
305 N. Manhattan
Tampa, Florida 33604
PHONE: 876-6893

4. Lutz Senior Center
112 1st Avenue, N.W.
Lutz, Florida 33549
PHONE: 949-7489

5. Plant City Senior Center
1205 S. Waller Street
Plant City, Florida 33566
PHONE: 754-2954

SERVICES: Provides the following services for persons 60 years of age and over: social health and supportive, (i.e., arts and crafts), exercise, field trips, noon meals, supervision, health counseling, health maintenance, assessment of participant's health needs, appropriate referrals for social and medical services, information programs presented by community agencies and organizations.

ADULT FOSTER HOMES - HRS

1313 N. Tampa St
Tampa, Florida 33604
North of Hillsborough Ave. Unit #176

PHONE: 272-2412
HOURS: 8:00 am - 5:00 pm Mon - Fri

4809 N Armenia
Tampa Fl 33603
South of Hillsborough Ave. Unit #175

PHONE: 272-2511

SERVICES: Total assessment and placement; certification of foster homes.

ADULT PAYMENTS PROGRAM - ECONOMIC SERVICES

Administration:

4000 W. Buffalo Avenue
Tampa, Florida 33614

PHONE: 272-3400

HOURS: 8:00 am - 5:00 pm Mon - Fri
(continued)

ADULT PAYMENTS PROGRAM - ECONOMIC SERVICES

. . . . (continued)

Service Units:

1313 N. Tampa Street PHONE: 272-2207
Tampa, Florida 33602

Serves clients residing south of Buffalo Avenue and west of Highway 301.

8620 North Dixon Avenue PHONE: 933-2871
Tampa, Florida 33603

Serves clients residing north of Buffalo Avenue and west of Highway 301.

9350 Bay Plaza Boulevard PHONE: 272-3311
Tampa, Florida 33619

Serves clients residing east of Highway 301 and south of Causeway Boulevard.

410 West Renfro Street PHONE: 754-7541
Plant City, Florida 33566 Tampa to Plant City 272-3320
Serves clients residing in Plant City and Dover Florida.

SERVICES: Handles vendor payments for nursing homes, Optional State Supplementation program.

ADULT PROTECTIVE SERVICES - HRS

4809 N. Armenia Avenue PHONE: 272-3545
Tampa, Florida 33603 HOURS: 8:00 am - 5:00 pm Mon - Fri

SERVICES: Adult abuse assessment; neglect needs assessment; temporary emergency shelter care for the elderly; investigates exploitation of the disabled and/or aged.

ADULT TRANSITION CENTER - PROJECT EVE- HILLSBOROUGH COMMUNITY COLLEGE

Ybor Campus (HCC) PHONE: 247-6641; Ext. 242,243
Faculty Building, Room 266 HOURS: 8:30 am - 4:45 pm Mon - Fri
P.O. Box 75313
Tampa, Florida 33675

SERVICES: Provides a support network for people in transition. Support group meets weekly - Thursday mornings, 10:00 am - 12 noon; Nominal fee for interest and personality testing for career guidance; Community workshops, personal and career counseling; Particularly interested in assisting people reentering college and the work force.