

By Senator Myers

27-463-99

1 A bill to be entitled
2 An act relating to health care; transferring
3 powers, duties, functions, and funds of the
4 Department of Children and Family Services
5 relating to alcohol, drug abuse, and mental
6 health programs, including mental health
7 institutions, to the Department of Health;
8 authorizing the Department of Health to
9 organize and classify positions transferred;
10 amending s. 20.19, F.S.; removing from the
11 Department of Children and Family Services
12 responsibilities relating to alcohol, drug
13 abuse, and mental health programs; amending s.
14 20.43, F.S.; establishing within the Department
15 of Health a Division of Mental Health and a
16 Division of Substance Abuse; amending ss.
17 39.001, 39.502, F.S.; conforming to said
18 transfer provisions relating to services for
19 dependent children; amending ss. 216.0172,
20 216.136, F.S.; conforming provisions relating
21 to budgetary process; amending s. 322.055,
22 F.S.; conforming provisions relating to driver
23 licenses of drug offenders; amending s. 393.11,
24 F.S.; conforming provisions relating to
25 diagnosis of mental retardation; amending ss.
26 394.453, 394.455, 394.457, 394.4574, 394.4615,
27 394.4674, 394.4781, 394.47865, 394.480,
28 394.493, 394.498, 394.4985, 394.65, 394.66,
29 394.67, 394.675, 394.73, 394.74, 394.75,
30 394.76, 394.77, 394.78, 394.79, F.S.;
31 conforming provisions relating to alcohol, drug

1 abuse, and mental health services; amending ss.
2 397.311, 397.321, 397.481, 397.706, 397.753,
3 397.754, 397.801, 397.821, 397.901, F.S.;
4 conforming provisions relating to substance
5 abuse programs and services; amending ss.
6 400.0065, 400.435, 402.165, 402.166, 402.167,
7 402.175, 402.20, 402.22, 402.33, 408.701,
8 409.906, F.S.; conforming provisions relating
9 to the State Long-Term Care Ombudsman, the
10 Agency for Health Care Administration, the
11 statewide and district human rights advocacy
12 committees, an umbrella trust fund for
13 developmentally disabled and mentally ill
14 persons, county contracts for mental health
15 services, education programs for students in
16 residential care facilities, and mental health
17 services provided under Medicaid, and relating
18 to departmental authority to charge fees for
19 client services; amending s. 400.4415, F.S.;
20 revising membership on the assisted living
21 facilities advisory committee; amending ss.
22 411.222, 411.224, 411.232, F.S.; conforming
23 provisions relating to interagency
24 coordination, the family support planning
25 process, and the Children's Early Investment
26 Program; amending s. 414.70, F.S.; conforming
27 provisions relating to a WAGES drug-screening
28 demonstration program; amending s. 458.3165,
29 F.S.; conforming provisions relating to a
30 public psychiatry certificate; amending ss.
31 561.121, 561.19, F.S.; conforming provisions

1 relating to revenues for alcohol and substance
2 abuse programs; amending ss. 775.16, 877.111,
3 F.S.; conforming provisions relating to
4 rehabilitation of drug offenders; amending s.
5 817.505, F.S.; conforming provisions relating
6 to a prohibition on patient brokering; amending
7 ss. 893.02, 893.11, 893.12, 893.15, 893.165,
8 F.S.; conforming provisions relating to drug
9 abuse prevention and control; amending s.
10 895.09, F.S.; conforming provisions relating to
11 disposition of forfeiture funds; amending ss.
12 916.105, 916.106, 916.107, 916.32, 916.33,
13 916.37, 916.39, 916.40, 916.49, F.S.;
14 conforming provisions relating to mentally ill
15 and mentally deficient defendants; amending s.
16 938.23, F.S.; conforming provisions relating to
17 assistance grants for drug abuse programs;
18 amending ss. 944.706, 945.025, 945.12, 945.41,
19 945.47, 945.49, 947.146, 948.034, F.S.;
20 conforming provisions relating to persons under
21 the jurisdiction of the Department of
22 Corrections; amending ss. 984.225, 985.06,
23 985.21, 985.223, 985.226, 985.23, 985.233,
24 985.308, F.S.; conforming provisions relating
25 to juvenile delinquency; providing for a
26 behavioral health care transition advisory
27 committee; providing membership and duties;
28 establishing a commission on mental health and
29 substance abuse; providing membership and
30 duties; providing for an advisory committee;
31 providing for staff and meetings; authorizing

1 the Department of Health to use unit-costing
2 contract payments; authorizing reimbursement of
3 expenditures for start-up contracts; providing
4 for rules; requiring reports; providing
5 effective dates.

6
7 Be It Enacted by the Legislature of the State of Florida:

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9 Section 1. Effective January 1, 2000, all powers,
10 duties, functions, records, personnel, property, and
11 unexpended balances of appropriations, allocations, and other
12 funds of the Department of Children and Family Services
13 relating to alcohol, drug abuse, and mental health programs,
14 including all mental health institutions, are transferred by a
15 type two transfer, as defined in section 20.06(2), Florida
16 Statutes, to the Department of Health. Any rules adopted by or
17 for the Department of Children and Family Services for the
18 administration and operation of such programs or institutions
19 are included in this transfer and shall remain in effect until
20 specifically changed in the manner provided by law. The
21 Department of Health may organize, classify, and manage the
22 positions transferred in a manner that will reduce
23 duplication, achieve maximum efficiency, and ensure
24 accountability.

25 Section 2. Effective January 1, 2000, paragraph (b) of
26 subsection (1), subsection (5), paragraph (e) of subsection
27 (10) and paragraph (j) of subsection (17) of section 20.19,
28 Florida Statutes, 1998 Supplement, are amended to read:

29 20.19 Department of Children and Family
30 Services.--There is created a Department of Children and
31 Family Services.

1 (1) MISSION AND PURPOSE.--

2 (b) The purposes of the Department of Children and
3 Family Services are to deliver, or provide for the delivery
4 of, all family services offered by the state through the
5 department to its citizens and include, but are not limited
6 to:

7 1. Cooperating with other state and local agencies in
8 integrating the delivery of all family and health services
9 offered by the state to those citizens in need of assistance.

10 2. Providing such assistance as is authorized to all
11 eligible clients in order that they might achieve or maintain
12 economic self-support and self-sufficiency to prevent, reduce,
13 or eliminate dependency.

14 3. Preventing or remedying the neglect, abuse, or
15 exploitation of children and of adults unable to protect their
16 own interests.

17 4. Aiding in the preservation, rehabilitation, and
18 reuniting of families.

19 5. Preventing or reducing inappropriate institutional
20 care by providing for community-based care, home-based care,
21 or other forms of less intensive care.

22 6. Securing referral or admission for institutional
23 care when other forms of care are not appropriate, or
24 providing services to individuals in institutions when
25 necessary.

26 7. Improving the quality of life for ~~persons with~~
27 ~~mental illnesses and~~ persons with developmental disabilities.

28 (5) PROGRAM OFFICES.--

29 (a) There are created program offices, each of which
30 shall be headed by an assistant secretary who shall be

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1 appointed by and serve at the pleasure of the secretary. Each
2 program office shall have the following responsibilities:

- 3 1. Ensuring that family services programs are
4 implemented according to legislative intent and as provided in
5 state and federal laws, rules, and regulations.
- 6 2. Establishing program standards and performance
7 objectives.
- 8 3. Reviewing, monitoring, and ensuring compliance with
9 statewide standards and performance measures.
- 10 4. Providing general statewide supervision of the
11 administration of service programs, including, but not limited
12 to:
 - 13 a. Developing and coordinating training for service
14 programs.
 - 15 b. Coordinating program research.
 - 16 c. Identifying statewide program needs and
17 recommending solutions and priorities.
 - 18 d. Providing technical assistance for the
19 administrators and staff of the service districts.
 - 20 e. Assisting district administrators in staff
21 development and training.
 - 22 f. Monitoring service programs to ensure program
23 quality among service districts.
- 24 5. Developing workload and productivity standards.
- 25 6. Developing resource allocation methodologies.
- 26 7. Compiling reports, analyses, and assessment of
27 client needs on a statewide basis.
- 28 8. Ensuring the continued interagency collaboration
29 with the Department of Education for the development and
30 integration of effective programs to serve children and their
31 families.

1 9. Other duties as are assigned by the secretary.

2 (b) The following program offices are established and
3 may be consolidated, restructured, or rearranged by the
4 secretary; provided any such consolidation, restructuring, or
5 rearranging is for the purpose of encouraging service
6 integration through more effective and efficient performance
7 of the program offices or parts thereof:

8 1. Economic Self-Sufficiency Program Office.--The
9 responsibilities of this office encompass income support
10 programs within the department, such as temporary assistance
11 to families with dependent children, food stamps, welfare
12 reform, and state supplementation of the supplemental security
13 income (SSI) program.

14 2. Developmental Services Program Office.--The
15 responsibilities of this office encompass programs operated by
16 the department for developmentally disabled persons.
17 Developmental disabilities include any disability defined in
18 s. 393.063.

19 3. Children and Families Program Office.--The
20 responsibilities of this program office encompass early
21 intervention services for children and families at risk;
22 intake services for protective investigation of abandoned,
23 abused, and neglected children; interstate compact on the
24 placement of children programs; adoption; child care;
25 out-of-home care programs and other specialized services to
26 families.

27 ~~4. Alcohol, Drug Abuse, and Mental Health Program~~
28 ~~Office.--The responsibilities of this office encompass all~~
29 ~~alcohol, drug abuse, and mental health programs operated by~~
30 ~~the department.~~

31 (10) DISTRICT ADMINISTRATOR.--

1 (e) Programs at the district level are in the
2 following areas: ~~alcohol, drug abuse, and mental health~~
3 developmental services; economic self-sufficiency services;
4 and children and family services. There may be a program
5 supervisor for each program, or the district administrator may
6 combine programs under a program manager or program supervisor
7 if such arrangement is approved by the secretary.

8 (17) CONTRACTING AND PERFORMANCE STANDARDS.--

9 (j) If a provider fails to meet the performance
10 standards established in the contract, the department may
11 allow a reasonable period for the provider to correct
12 performance deficiencies. If performance deficiencies are not
13 resolved to the satisfaction of the department within the
14 prescribed time, and if no extenuating circumstances can be
15 documented by the provider to the department's satisfaction,
16 the department must cancel the contract with the provider. The
17 department may not enter into a new contract with that same
18 provider for the services for which the contract was
19 previously canceled for a period of at least 24 months after
20 the date of cancellation. ~~If an adult substance abuse~~
21 ~~services provider fails to meet the performance standards~~
22 ~~established in the contract, the department may allow a~~
23 ~~reasonable period, not to exceed 6 months, for the provider to~~
24 ~~correct performance deficiencies. If the performance~~
25 ~~deficiencies are not resolved to the satisfaction of the~~
26 ~~department within 6 months, the department must cancel the~~
27 ~~contract with the adult substance abuse provider, unless there~~
28 ~~is no other qualified provider in the service area.~~

29 Section 3. Effective January 1, 2000, subsections (1)
30 and (3) of section 20.43, Florida Statutes, 1998 Supplement,
31 are amended to read:

1 20.43 Department of Health.--There is created a
2 Department of Health.

3 (1) The purpose of the Department of Health is to
4 promote and protect the health of all residents and visitors
5 in the state through organized state and community efforts,
6 including cooperative agreements with counties. The
7 department shall:

8 (a) Prevent to the fullest extent possible, the
9 occurrence and progression of communicable and noncommunicable
10 diseases and disabilities and mental and substance abuse
11 impairment.

12 (b) Maintain a constant surveillance of disease
13 occurrence and accumulate health statistics necessary to
14 establish disease trends and to design health programs.

15 (c) Conduct special studies of the causes of diseases
16 and formulate preventive strategies.

17 (d) Promote the maintenance and improvement of the
18 environment as it affects public health.

19 (e) Promote the maintenance and improvement of health
20 in the residents of the state.

21 (f) Provide leadership, in cooperation with the public
22 and private sectors, in establishing statewide and community
23 public health and behavioral health delivery systems.

24 (g) Provide health care and early intervention
25 services to infants, toddlers, children, adolescents, and
26 high-risk perinatal patients who are at risk for disabling
27 conditions or have chronic illnesses.

28 (h) Provide services to abused and neglected children
29 through child protection teams and sexual abuse treatment
30 programs.

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1 (i) Develop working associations with all agencies and
2 organizations involved and interested in health and behavioral
3 health care delivery.

4 (j) Analyze trends in the evolution of health and
5 behavioral health systems, and identify and promote the use of
6 innovative, cost-effective ~~health~~ delivery systems.

7 (k) Serve as the statewide repository of all aggregate
8 data accumulated by state agencies related to health care;
9 analyze that data and issue periodic reports and policy
10 statements, as appropriate; require that all aggregated data
11 be kept in a manner that promotes easy utilization by the
12 public, state agencies, and all other interested parties;
13 provide technical assistance as required; and work
14 cooperatively with the state's higher education programs to
15 promote further study and analysis of health and behavioral
16 health care systems and ~~health care~~ outcomes.

17 (l) Biennially publish, and annually update, a state
18 health plan that assesses current health programs, systems,
19 and costs; makes projections of future problems and
20 opportunities; and recommends changes needed in the health
21 care system to improve the public health.

22 (m) Regulate health practitioners, to the extent
23 authorized by the Legislature, as necessary for the
24 preservation of the health, safety, and welfare of the public.

25 (n) Improve the quality of life for persons with
26 mental illnesses and persons with substance abuse problems,
27 including the promotion of appropriate levels of care and
28 community-based treatment and support services.

29 (3) The following divisions of the Department of
30 Health are established. Each division shall be under the
31 direct supervision of a division director appointed by the

1 secretary. The secretary shall appoint a Deputy Secretary for
2 Behavioral Health Care who shall have direct supervision over
3 the Division of Mental Health and the Division of Substance
4 Abuse.†

5 (a) Division of Administration.

6 (b) Division of Environmental Health.

7 (c) Division of Disease Control.

8 (d) Division of Family Health Services.

9 (e) Division of Children's Medical Services.

10 (f) Division of Local Health Planning, Education, and
11 Workforce Development.

12 (g) Division of Mental Health.

13 (h) Division of Substance Abuse.

14 (i)~~(g)~~ Division of Medical Quality Assurance, which is
15 responsible for the following boards and professions
16 established within the division:

17 1. Nursing assistants, as provided under s. 400.211.

18 2. Health care services pools, as provided under s.
19 402.48.

20 3. The Board of Acupuncture, created under chapter
21 457.

22 4. The Board of Medicine, created under chapter 458.

23 5. The Board of Osteopathic Medicine, created under
24 chapter 459.

25 6. The Board of Chiropractic Medicine, created under
26 chapter 460.

27 7. The Board of Podiatric Medicine, created under
28 chapter 461.

29 8. Naturopathy, as provided under chapter 462.

30 9. The Board of Optometry, created under chapter 463.

31 10. The Board of Nursing, created under chapter 464.

- 1 11. The Board of Pharmacy, created under chapter 465.
- 2 12. The Board of Dentistry, created under chapter 466.
- 3 13. Midwifery, as provided under chapter 467.
- 4 14. The Board of Speech-Language Pathology and
- 5 Audiology, created under part I of chapter 468.
- 6 15. The Board of Nursing Home Administrators, created
- 7 under part II of chapter 468.
- 8 16. The Board of Occupational Therapy, created under
- 9 part III of chapter 468.
- 10 17. Respiratory therapy, as provided under part V of
- 11 chapter 468.
- 12 18. Dietetics and nutrition practice, as provided
- 13 under part X of chapter 468.
- 14 19. Athletic trainers, as provided under part XIII of
- 15 chapter 468.
- 16 20. The Board of Orthotists and Prosthetists, created
- 17 under part XIV of chapter 468.
- 18 21. Electrolysis, as provided under chapter 478.
- 19 22. The Board of Massage Therapy, created under
- 20 chapter 480.
- 21 23. The Board of Clinical Laboratory Personnel,
- 22 created under part III of chapter 483.
- 23 24. Medical physicists, as provided under part IV of
- 24 chapter 483.
- 25 25. The Board of Opticianry, created under part I of
- 26 chapter 484.
- 27 26. The Board of Hearing Aid Specialists, created
- 28 under part II of chapter 484.
- 29 27. The Board of Physical Therapy Practice, created
- 30 under chapter 486.
- 31

1 28. The Board of Psychology, created under chapter
2 490.

3 29. School psychologists, as provided under chapter
4 490.

5 30. The Board of Clinical Social Work, Marriage and
6 Family Therapy, and Mental Health Counseling, created under
7 chapter 491.

8
9 The department may contract with the Agency for Health Care
10 Administration who shall provide consumer complaint,
11 investigative, and prosecutorial services required by the
12 Division of Medical Quality Assurance, councils, or boards, as
13 appropriate.

14 Section 4. Effective January 1, 2000, paragraph (b) of
15 subsection (7) of section 39.001, Florida Statutes, 1998
16 Supplement, is amended to read:

17 39.001 Purposes and intent; personnel standards and
18 screening.--

19 (7) PLAN FOR COMPREHENSIVE APPROACH.--

20 (b) The development of the comprehensive state plan
21 shall be accomplished in the following manner:

22 1. The department shall establish an interprogram task
23 force comprised of the Assistant Secretary for Children and
24 Family Services, or a designee, a representative from the
25 Children and Families Program Office, ~~a representative from~~
26 ~~the Alcohol, Drug Abuse, and Mental Health Program Office,~~ a
27 representative from the Developmental Services Program Office,
28 a representative from the Office of Standards and Evaluation,
29 ~~and~~ a representative from the Division of Children's Medical
30 Services of the Department of Health, a representative from
31 the Division of Mental Health of the Department of Health, and

1 a representative from the Division of Substance Abuse of the
2 Department of Health. Representatives of the Department of
3 Law Enforcement and of the Department of Education shall serve
4 as ex officio members of the interprogram task force. The
5 interprogram task force shall be responsible for:

6 a. Developing a plan of action for better coordination
7 and integration of the goals, activities, and funding
8 pertaining to the prevention of child abuse, abandonment, and
9 neglect conducted by the department in order to maximize staff
10 and resources at the state level. The plan of action shall be
11 included in the state plan.

12 b. Providing a basic format to be utilized by the
13 districts in the preparation of local plans of action in order
14 to provide for uniformity in the district plans and to provide
15 for greater ease in compiling information for the state plan.

16 c. Providing the districts with technical assistance
17 in the development of local plans of action, if requested.

18 d. Examining the local plans to determine if all the
19 requirements of the local plans have been met and, if they
20 have not, informing the districts of the deficiencies and
21 requesting the additional information needed.

22 e. Preparing the state plan for submission to the
23 Legislature and the Governor. Such preparation shall include
24 the collapsing of information obtained from the local plans,
25 the cooperative plans with the Department of Education, and
26 the plan of action for coordination and integration of
27 departmental activities into one comprehensive plan. The
28 comprehensive plan shall include a section reflecting general
29 conditions and needs, an analysis of variations based on
30 population or geographic areas, identified problems, and
31 recommendations for change. In essence, the plan shall

1 provide an analysis and summary of each element of the local
2 plans to provide a statewide perspective. The plan shall also
3 include each separate local plan of action.

4 f. Working with the specified state agency in
5 fulfilling the requirements of subparagraphs 2., 3., 4., and
6 5.

7 2. The department, the Department of Education, and
8 the Department of Health shall work together in developing
9 ways to inform and instruct parents of school children and
10 appropriate district school personnel in all school districts
11 in the detection of child abuse, abandonment, and neglect and
12 in the proper action that should be taken in a suspected case
13 of child abuse, abandonment, or neglect, and in caring for a
14 child's needs after a report is made. The plan for
15 accomplishing this end shall be included in the state plan.

16 3. The department, the Department of Law Enforcement,
17 and the Department of Health shall work together in developing
18 ways to inform and instruct appropriate local law enforcement
19 personnel in the detection of child abuse, abandonment, and
20 neglect and in the proper action that should be taken in a
21 suspected case of child abuse, abandonment, or neglect.

22 4. Within existing appropriations, the department
23 shall work with other appropriate public and private agencies
24 to emphasize efforts to educate the general public about the
25 problem of and ways to detect child abuse, abandonment, and
26 neglect and in the proper action that should be taken in a
27 suspected case of child abuse, abandonment, or neglect. The
28 plan for accomplishing this end shall be included in the state
29 plan.

30 5. The department, the Department of Education, and
31 the Department of Health shall work together on the

1 enhancement or adaptation of curriculum materials to assist
2 instructional personnel in providing instruction through a
3 multidisciplinary approach on the identification,
4 intervention, and prevention of child abuse, abandonment, and
5 neglect. The curriculum materials shall be geared toward a
6 sequential program of instruction at the four professional
7 levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging
8 all school districts to utilize the curriculum are to be
9 included in the comprehensive state plan for the prevention of
10 child abuse, abandonment, and neglect.

11 6. Each district of the department shall develop a
12 plan for its specific geographical area. The plan developed
13 at the district level shall be submitted to the interprogram
14 task force for utilization in preparing the state plan. The
15 district local plan of action shall be prepared with the
16 involvement and assistance of the local agencies and
17 organizations listed in paragraph (a), as well as
18 representatives from those departmental district offices
19 participating in the treatment and prevention of child abuse,
20 abandonment, and neglect. In order to accomplish this, the
21 district administrator in each district shall establish a task
22 force on the prevention of child abuse, abandonment, and
23 neglect. The district administrator shall appoint the members
24 of the task force in accordance with the membership
25 requirements of this section. In addition, the district
26 administrator shall ensure that each subdistrict is
27 represented on the task force; and, if the district does not
28 have subdistricts, the district administrator shall ensure
29 that both urban and rural areas are represented on the task
30 force. The task force shall develop a written statement
31 clearly identifying its operating procedures, purpose, overall

1 responsibilities, and method of meeting responsibilities. The
2 district plan of action to be prepared by the task force shall
3 include, but shall not be limited to:

4 a. Documentation of the magnitude of the problems of
5 child abuse, including sexual abuse, physical abuse, and
6 emotional abuse, and child abandonment and neglect in its
7 geographical area.

8 b. A description of programs currently serving abused,
9 abandoned, and neglected children and their families and a
10 description of programs for the prevention of child abuse,
11 abandonment, and neglect, including information on the impact,
12 cost-effectiveness, and sources of funding of such programs.

13 c. A continuum of programs and services necessary for
14 a comprehensive approach to the prevention of all types of
15 child abuse, abandonment, and neglect as well as a brief
16 description of such programs and services.

17 d. A description, documentation, and priority ranking
18 of local needs related to child abuse, abandonment, and
19 neglect prevention based upon the continuum of programs and
20 services.

21 e. A plan for steps to be taken in meeting identified
22 needs, including the coordination and integration of services
23 to avoid unnecessary duplication and cost, and for alternative
24 funding strategies for meeting needs through the reallocation
25 of existing resources, utilization of volunteers, contracting
26 with local universities for services, and local government or
27 private agency funding.

28 f. A description of barriers to the accomplishment of
29 a comprehensive approach to the prevention of child abuse,
30 abandonment, and neglect.

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1 g. Recommendations for changes that can be
2 accomplished only at the state program level or by legislative
3 action.

4 Section 5. Effective January 1, 2000, subsection (15)
5 of section 39.502, Florida Statutes, 1998 Supplement, is
6 amended to read:

7 39.502 Notice, process, and service.--

8 (15) A party who is identified as a person with mental
9 illness or with a developmental disability must be informed by
10 the court of the availability of advocacy services through the
11 department, the Division of Mental Health of the Department of
12 Health, the Association for Retarded Citizens, or other
13 appropriate mental health or developmental disability advocacy
14 groups and encouraged to seek such services.

15 Section 6. Effective January 1, 2000, paragraph (b) of
16 subsection (2) of section 216.0172, Florida Statutes, 1998
17 Supplement, is amended to read:

18 216.0172 Schedule for submission of performance-based
19 program budgets.--In order to implement the provisions of
20 chapter 94-249, Laws of Florida, state agencies shall submit
21 performance-based program budget legislative budget requests
22 for programs approved pursuant to s. 216.0166 to the Executive
23 Office of the Governor and the Legislature based on the
24 following schedule:

25 (2) By September 1, 1995, for the 1996-1997 fiscal
26 year:

27 (b) Department of Health ~~and Rehabilitative Services~~
28 (Substance Alcohol, Drug Abuse, Mental Health).

29 Section 7. Effective January 1, 2000, paragraph (b) of
30 subsection (9) of section 216.136, Florida Statutes, 1998
31 Supplement, is amended to read:

1 216.136 Consensus estimating conferences; duties and
2 principals.--

3 (9) JUVENILE JUSTICE ESTIMATING CONFERENCE.--

4 (b) Principals.--The Executive Office of the Governor,
5 the Office of Economic and Demographic Research, and
6 professional staff who have forecasting expertise from the
7 Department of Juvenile Justice, the Division of Mental Health
8 and Division of Substance Abuse of the Department of Health
9 ~~and Rehabilitative Services Alcohol, Drug Abuse, and Mental~~
10 ~~Health Program Office~~, the Department of Law Enforcement, the
11 Senate Appropriations Committee staff, the House of
12 Representatives Appropriations Committee staff, or their
13 designees, are the principals of the Juvenile Justice
14 Estimating Conference. The responsibility of presiding over
15 sessions of the conference shall be rotated among the
16 principals. To facilitate policy and legislative
17 recommendations, the conference may call upon professional
18 staff of the Juvenile Justice Accountability ~~Advisory~~ Board
19 and appropriate legislative staff.

20 Section 8. Effective January 1, 2000, section 322.055,
21 Florida Statutes, is amended to read:

22 322.055 Revocation or suspension of, or delay of
23 eligibility for, driver's license for persons 18 years of age
24 or older convicted of certain drug offenses.--

25 (1) Notwithstanding the provisions of s. 322.28, upon
26 the conviction of a person 18 years of age or older for
27 possession or sale of, trafficking in, or conspiracy to
28 possess, sell, or traffic in a controlled substance, the court
29 shall direct the department to revoke the driver's license or
30 driving privilege of the person. The period of such revocation
31 shall be 2 years or until the person is evaluated for and, if

1 deemed necessary by the evaluating agency, completes a drug
2 treatment and rehabilitation program approved or regulated by
3 the Department of Health ~~and Rehabilitative Services~~. However,
4 the court may, in its sound discretion, direct the department
5 to issue a license for driving privileges restricted to
6 business or employment purposes only, as defined by s.
7 322.271, if the person is otherwise qualified for such a
8 license. A driver whose license or driving privilege has been
9 suspended or revoked under this section or s. 322.056 may,
10 upon the expiration of 6 months, petition the department for
11 restoration of the driving privilege on a restricted or
12 unrestricted basis depending on length of suspension or
13 revocation. In no case shall a restricted license be available
14 until 6 months of the suspension or revocation period has
15 expired.

16 (2) If a person 18 years of age or older is convicted
17 for the possession or sale of, trafficking in, or conspiracy
18 to possess, sell, or traffic in a controlled substance and
19 such person is eligible by reason of age for a driver's
20 license or privilege, the court shall direct the department to
21 withhold issuance of such person's driver's license or driving
22 privilege for a period of 2 years after the date the person
23 was convicted or until the person is evaluated for and, if
24 deemed necessary by the evaluating agency, completes a drug
25 treatment and rehabilitation program approved or regulated by
26 the Department of Health ~~and Rehabilitative Services~~. However,
27 the court may, in its sound discretion, direct the department
28 to issue a license for driving privileges restricted to
29 business or employment purposes only, as defined by s.
30 322.271, if the person is otherwise qualified for such a
31 license. A driver whose license or driving privilege has been

1 suspended or revoked under this section or s. 322.056 may,
2 upon the expiration of 6 months, petition the department for
3 restoration of the driving privilege on a restricted or
4 unrestricted basis depending on the length of suspension or
5 revocation. In no case shall a restricted license be available
6 until 6 months of the suspension or revocation period has
7 expired.

8 (3) If a person 18 years of age or older is convicted
9 for the possession or sale of, trafficking in, or conspiracy
10 to possess, sell, or traffic in a controlled substance and
11 such person's driver's license or driving privilege is already
12 under suspension or revocation for any reason, the court shall
13 direct the department to extend the period of such suspension
14 or revocation by an additional period of 2 years or until the
15 person is evaluated for and, if deemed necessary by the
16 evaluating agency, completes a drug treatment and
17 rehabilitation program approved or regulated by the Department
18 of Health ~~and Rehabilitative Services~~. However, the court may,
19 in its sound discretion, direct the department to issue a
20 license for driving privileges restricted to business or
21 employment purposes only, as defined by s. 322.271, if the
22 person is otherwise qualified for such a license. A driver
23 whose license or driving privilege has been suspended or
24 revoked under this section or s. 322.056 may, upon the
25 expiration of 6 months, petition the department for
26 restoration of the driving privilege on a restricted or
27 unrestricted basis depending on the length of suspension or
28 revocation. In no case shall a restricted license be available
29 until 6 months of the suspension or revocation period has
30 expired.

31

1 (4) If a person 18 years of age or older is convicted
2 for the possession or sale of, trafficking in, or conspiracy
3 to possess, sell, or traffic in a controlled substance and
4 such person is ineligible by reason of age for a driver's
5 license or driving privilege, the court shall direct the
6 department to withhold issuance of such person's driver's
7 license or driving privilege for a period of 2 years after the
8 date that he or she would otherwise have become eligible or
9 until he or she becomes eligible by reason of age for a
10 driver's license and is evaluated for and, if deemed necessary
11 by the evaluating agency, completes a drug treatment and
12 rehabilitation program approved or regulated by the Department
13 of Health ~~and Rehabilitative Services~~. However, the court may,
14 in its sound discretion, direct the department to issue a
15 license for driving privileges restricted to business or
16 employment purposes only, as defined by s. 322.271, if the
17 person is otherwise qualified for such a license. A driver
18 whose license or driving privilege has been suspended or
19 revoked under this section or s. 322.056 may, upon the
20 expiration of 6 months, petition the department for
21 restoration of the driving privilege on a restricted or
22 unrestricted basis depending on the length of suspension or
23 revocation. In no case shall a restricted license be available
24 until 6 months of the suspension or revocation period has
25 expired.

26 (5) Each clerk of court shall promptly report to the
27 department each conviction for the possession or sale of,
28 trafficking in, or conspiracy to possess, sell, or traffic in
29 a controlled substance.

30
31

1 Section 9. Effective January 1, 2000, subsection (1)
2 of section 393.11, Florida Statutes, 1998 Supplement, is
3 amended to read:

4 393.11 Involuntary admission to residential
5 services.--

6 (1) JURISDICTION.--When a person is mentally retarded
7 and requires involuntary admission to residential services
8 provided by the developmental services program of the
9 Department of Children and Family ~~Health and Rehabilitative~~
10 Services, the circuit court of the county in which the person
11 resides shall have jurisdiction to conduct a hearing and enter
12 an order involuntarily admitting the person in order that the
13 person may receive the care, treatment, habilitation, and
14 rehabilitation which the person needs. For the purpose of
15 identifying mental retardation, diagnostic capability shall be
16 established in every program function of the department in the
17 districts, including, but not limited to, programs provided by
18 children and families; ~~delinquency services; alcohol, drug~~
19 ~~abuse, and mental health;~~ and economic self-sufficiency, and
20 in delinquency programs and services of the Department of
21 Juvenile Justice, and by the Division of Mental Health and the
22 Division of Substance Abuse of the Department of Health,
23 ~~services,~~ and by the Division of Vocational Rehabilitation of
24 the Department of Labor and Employment Security. Except as
25 otherwise specified, the proceedings under this section shall
26 be governed by the Florida Rules of Civil Procedure.

27 Section 10. Effective January 1, 2000, section
28 394.453, Florida Statutes, is amended to read:

29 394.453 Legislative intent.--It is the intent of the
30 Legislature to authorize and direct the Department of Health
31 ~~and Rehabilitative Services~~ to evaluate, research, plan, and

1 recommend to the Governor and the Legislature programs
2 designed to reduce the occurrence, severity, duration, and
3 disabling aspects of mental, emotional, and behavioral
4 disorders. It is the intent of the Legislature that treatment
5 programs for such disorders shall include, but not be limited
6 to, comprehensive health, social, educational, and
7 rehabilitative services to persons requiring intensive
8 short-term and continued treatment in order to encourage them
9 to assume responsibility for their treatment and recovery. It
10 is intended that such persons be provided with emergency
11 service and temporary detention for evaluation when required;
12 that they be admitted to treatment facilities on a voluntary
13 basis when extended or continuing care is needed and
14 unavailable in the community; that involuntary placement be
15 provided only when expert evaluation determines that it is
16 necessary; that any involuntary treatment or examination be
17 accomplished in a setting which is clinically appropriate and
18 most likely to facilitate the person's return to the community
19 as soon as possible; and that individual dignity and human
20 rights be guaranteed to all persons who are admitted to mental
21 health facilities or who are being held under s. 394.463. It
22 is the further intent of the Legislature that the least
23 restrictive means of intervention be employed based on the
24 individual needs of each person, within the scope of available
25 services.

26 Section 11. Effective January 1, 2000, subsections (8)
27 and (28) of section 394.455, Florida Statutes, are amended,
28 present subsections (29) and (30) are renumbered as
29 subsections (30) and (31), respectively, and a new subsection
30 (29) is added to that section, to read:

31

1 394.455 Definitions.--As used in this part, unless the
2 context clearly requires otherwise, the term:

3 (8) "Department" means the Department of Health
4 ~~Children and Family Services~~.

5 (28) "Secretary" means the Secretary of Health
6 ~~Children and Family Services~~.

7 (29) "Service district" or "district" means a
8 community service area that may be established by the
9 department for the purpose of providing substance abuse and
10 mental health services.

11 Section 12. Effective January 1, 2000, subsection (1)
12 of section 394.457, Florida Statutes, is amended to read:

13 394.457 Operation and administration.--

14 (1) ADMINISTRATION.--The department ~~of Health and~~
15 ~~Rehabilitative Services~~ is designated the "Mental Health
16 Authority" of Florida. The department and the Agency for
17 Health Care Administration shall exercise executive and
18 administrative supervision over all mental health facilities,
19 programs, and services.

20 Section 13. Effective January 1, 2000, subsection (3)
21 of section 394.4574, Florida Statutes, 1998 Supplement, is
22 amended to read:

23 394.4574 Department responsibilities for a mental
24 health resident who resides in an assisted living facility
25 that holds a limited mental health license.--

26 (3) The Secretary of Health ~~Children and Family~~
27 ~~Services~~, in consultation with the Agency for Health Care
28 Administration, shall annually require each district's staff
29 ~~district administrator~~ to develop, with community input,
30 detailed plans that demonstrate how the district will ensure
31 the provision of state-funded mental health and substance

1 abuse treatment services to residents of assisted living
2 facilities that hold a limited mental health license. These
3 plans must be consistent with the substance ~~alcohol, drug~~
4 ~~abuse~~, and mental health district plan developed pursuant to
5 s. 394.75 and must address case management services; access to
6 consumer-operated drop-in centers; access to services during
7 evenings, weekends, and holidays; supervision of the clinical
8 needs of the residents; and access to emergency psychiatric
9 care.

10 Section 14. Effective January 1, 2000, paragraph (d)
11 of subsection (2) of section 394.4615, Florida Statutes, is
12 amended to read:

13 394.4615 Clinical records; confidentiality.--

14 (2) The clinical record shall be released when:

15 (d) The patient is committed to, or is to be returned
16 to, the Department of Corrections from the Department of
17 Health and ~~Rehabilitative Services~~, and the Department of
18 Corrections requests such records. These records shall be
19 furnished without charge to the Department of Corrections.

20 Section 15. Effective January 1, 2000, paragraph (e)
21 of subsection (2) of section 394.4674, Florida Statutes, is
22 amended to read:

23 394.4674 Plan and report.--

24 (2) The department shall prepare and submit a
25 semiannual report to the Legislature, until the conditions
26 specified in subsection (1) are met, which shall include, but
27 not be limited to:

28 (e) Any evidence of involvement between the Division
29 of Mental Health and Division of Substance Abuse and the
30 ~~Alcohol, Drug Abuse, and Mental Health Program Office and~~
31 other divisions of the department and program offices within

1 the Department of Children and Family Services, and between
2 the department and other state and private agencies and
3 individuals, to accomplish the deinstitutionalization of
4 patients in this age group.

5 Section 16. Effective January 1, 2000, subsection (1)
6 of section 394.4781, Florida Statutes, 1998 Supplement, is
7 amended to read:

8 394.4781 Residential care for psychotic and
9 emotionally disturbed children.--

10 (1) DEFINITIONS.--As used in this section, the term+

11 ~~(a)~~ "psychotic or severely emotionally disturbed
12 child" means a child so diagnosed by a psychiatrist or
13 clinical psychologist who has specialty training and
14 experience with children. Such a severely emotionally
15 disturbed child or psychotic child shall be considered by this
16 diagnosis to benefit by and require residential care as
17 contemplated by this section.

18 ~~(b) "Department" means the Department of Health and~~
19 ~~Rehabilitative Services.~~

20 Section 17. Effective January 1, 2000, subsection (1)
21 of section 394.47865, Florida Statutes, is amended to read:

22 394.47865 South Florida State Hospital;
23 privatization.--

24 (1) The department ~~of Children and Family Services~~
25 shall, through a request for proposals, privatize South
26 Florida State Hospital. The department shall plan to begin
27 implementation of this privatization initiative by July 1,
28 1998.

29 (a) Notwithstanding s. 287.057(12), the department may
30 enter into agreements, not to exceed 20 years, with a private
31 provider, a coalition of providers, or another agency to

1 finance, design, and construct a treatment facility having up
2 to 350 beds and to operate all aspects of daily operations
3 within the facility. The department may subcontract any or all
4 components of this procurement to a statutorily established
5 state governmental entity that has successfully contracted
6 with private companies for designing, financing, acquiring,
7 leasing, constructing, and operating major privatized state
8 facilities.

9 (b) The selected contractor is authorized to sponsor
10 the issuance of tax-exempt bonds, certificates of
11 participation, or other securities to finance the project, and
12 the state is authorized to enter into a lease-purchase
13 agreement for the treatment facility.

14 Section 18. Effective January 1, 2000, section
15 394.480, Florida Statutes, is amended to read:

16 394.480 Compact administrator.--Pursuant to said
17 compact, the Secretary of Health ~~and Rehabilitative Services~~
18 shall be the compact administrator who, acting jointly with
19 like officers of other party states, shall have power to
20 promulgate rules and regulations to carry out more effectively
21 the terms of the compact. The compact administrator is hereby
22 authorized, empowered, and directed to cooperate with all
23 departments, agencies, and officers of and in the government
24 of this state and its subdivisions in facilitating the proper
25 administration of the compact of any supplementary agreement
26 or agreements entered into by this state thereunder.

27 Section 19. Effective January 1, 2000, subsections (1)
28 and (3) of section 394.493, Florida Statutes, 1998 Supplement,
29 are amended to read:

30 394.493 Target populations for child and adolescent
31 mental health services funded through the department.--

1 (1) The child and adolescent mental health system of
2 care funded through the Department of Health ~~Children and~~
3 ~~Family Services~~ shall serve, to the extent that resources are
4 available, the following groups of children and adolescents
5 who reside with their parents or legal guardians or who are
6 placed in state custody:

7 (a) Children and adolescents who are experiencing an
8 acute mental or emotional crisis.

9 (b) Children and adolescents who have a serious
10 emotional disturbance or mental illness.

11 (c) Children and adolescents who have an emotional
12 disturbance.

13 (d) Children and adolescents who are at risk of
14 emotional disturbance.

15 (3) Each child or adolescent who meets the target
16 population criteria of this section shall be served to the
17 extent possible within available resources and consistent with
18 the portion of the district substance ~~alcohol, drug~~ abuse, and
19 mental health plan specified in s. 394.75 which pertains to
20 child and adolescent mental health services.

21 Section 20. Effective January 1, 2000, paragraph (a)
22 of subsection (4) of section 394.498, Florida Statutes, 1998
23 Supplement, is amended to read:

24 394.498 Child and Adolescent Interagency System of
25 Care Demonstration Models.--

26 (4) ESSENTIAL ELEMENTS.--

27 (a) In order to be approved as a Child and Adolescent
28 Interagency System of Care Demonstration Model, the applicant
29 must demonstrate its capacity to perform the following
30 functions:

31

1 1. Form a consortium of purchasers, which includes at
2 least three of the following agencies:

3 a. ~~The Mental Health Program and~~ Family Safety and
4 Preservation Program of the Department of Children and Family
5 Services.

6 b. The Division of Mental Health of the Department of
7 Health.

8 ~~c.b.~~ The Medicaid program of the Agency for Health
9 Care Administration.

10 ~~d.e.~~ The local school district.

11 ~~e.d.~~ The Department of Juvenile Justice.

12

13 Each agency that participates in the consortium shall enter
14 into a written interagency agreement that defines each
15 agency's responsibilities.

16 2. Establish an oversight body that is responsible for
17 directing the demonstration model. The oversight body must
18 include representatives from the state agencies that comprise
19 the consortium of purchasers under subparagraph 1., as well as
20 local governmental entities, a juvenile court judge, parents,
21 and other community entities. The responsibilities of the
22 oversight body must be specified in writing.

23 3. Select a target population of children and
24 adolescents, regardless of whether the child or adolescent is
25 eligible or ineligible for Medicaid, based on the following
26 parameters:

27 a. The child or adolescent has a serious emotional
28 disturbance or mental illness, as defined in s. 394.492(6),
29 based on an assessment conducted by a licensed practitioner
30 defined in s. 394.455(2), (4), (21), (23), or (24) or by a
31 professional licensed under chapter 491;

1 b. The total service costs per child or adolescent
2 have exceeded \$3,000 per month;

3 c. The child or adolescent has had multiple
4 out-of-home placements;

5 d. The existing array of services does not effectively
6 meet the needs of the child or adolescent;

7 e. The case of the child or adolescent has been
8 staffed by a district collaborative planning team and
9 satisfactory results have not been achieved through existing
10 case services plans; and

11 f. The parent or legal guardian of the child or
12 adolescent consents to participating in the demonstration
13 model.

14 4. Select a geographic site for the demonstration
15 model. A demonstration model may be comprised of one or more
16 counties and may include multiple service districts of the
17 Department of Children and Family Services.

18 5. Develop a mechanism for selecting the pool of
19 children and adolescents who meet the criteria specified in
20 this section for participating in the demonstration model.

21 6. Establish a pooled funding plan that allocates
22 proportionate costs to the purchasers. The plan must address
23 all of the service needs of the child or adolescent, and funds
24 may not be identified in the plan by legislative appropriation
25 category or any other state or federal funding category.

26 a. The funding plan shall be developed based on an
27 analysis of expenditures made by each participating state
28 agency during the previous 2 fiscal years in which services
29 were provided for the target population or for individuals who
30 have characteristics that are similar to the target
31 population.

1 b. Based on the results of this cost analysis, funds
2 shall be collected from each of the participating state
3 agencies and deposited into a central financial account.

4 c. A financial body shall be designated to manage the
5 pool of funds and shall have the capability to pay for
6 individual services specified in a services plan.

7 7. Identify a care management entity that reports to
8 the oversight body. For purposes of the demonstration models,
9 the term "care management entity" means the entity that
10 assumes responsibility for the organization, planning,
11 purchasing, and management of mental health treatment services
12 to the target population in the demonstration model. The care
13 management entity may not provide direct services to the
14 target population. The care management entity shall:

15 a. Manage the funds of the demonstration model within
16 budget allocations. The administrative costs associated with
17 the operation of the demonstration model must be itemized in
18 the entity's operating budget.

19 b. Purchase individual services in a timely manner.

20 c. Review the completed client assessment information
21 and complete additional assessments that are needed, including
22 an assessment of the strengths of the child or adolescent and
23 his or her family.

24 d. Organize a child-family team to develop a single,
25 unified services plan for the child or adolescent, in
26 accordance with ss. 394.490-394.497. The team shall include
27 the parents and other family members of the child or
28 adolescent, friends and community-based supporters of the
29 child or adolescent, and appropriate service providers who are
30 familiar with the problems and needs of the child or
31 adolescent and his or her family. The plan must include a

1 statement concerning the strengths of the child or adolescent
2 and his or her family, and must identify the natural supports
3 in the family and the community that might be used in
4 addressing the service needs of the child or adolescent. A
5 copy of the completed service plan shall be provided to the
6 parents of the child or adolescent.

7 e. Identify a network of providers that meet the
8 requirements of paragraph (b).

9 f. Identify informal, unpaid supporters, such as
10 persons from the child's or adolescent's neighborhood, civic
11 organizations, clubs, and churches.

12 g. Identify additional service providers who can work
13 effectively with the child or adolescent and his or her
14 family, including, but not limited to, a home health aide,
15 mentor, respite care worker, and in-home behavioral health
16 care worker.

17 h. Implement a case management system that
18 concentrates on the strengths of the child or adolescent and
19 his or her family and uses these strengths in case planning
20 and implementation activities. The case manager is primarily
21 responsible for developing the services plan and shall report
22 to the care management entity. The case manager shall monitor
23 and oversee the services provided by the network of providers.
24 The parents must be informed about contacting the care
25 management entity or comparable entity to address concerns of
26 the parents.

27
28 Each person or organization that performs any of the care
29 management responsibilities specified in this subparagraph is
30 responsible only to the care management entity. However, such
31 care management responsibilities do not preclude the person or

1 organization from performing other responsibilities for
2 another agency or provider.

3 8. Develop a mechanism for measuring compliance with
4 the goals of the demonstration models specified in subsection
5 (2), which mechanism includes qualitative and quantitative
6 performance outcomes, report on compliance rates, and conduct
7 quality improvement functions. At a minimum, the mechanism for
8 measuring compliance must include the outcomes and measures
9 established in the General Appropriations Act and the outcomes
10 and measures that are unique to the demonstration models.

11 9. Develop mechanisms to ensure that family
12 representatives have a substantial role in planning the
13 demonstration model and in designing the instrument for
14 measuring the effectiveness of services provided.

15 10. Develop and monitor grievance procedures.

16 11. Develop policies to ensure that a child or
17 adolescent is not rejected or ejected from the demonstration
18 model because of a clinical condition or a specific service
19 need.

20 12. Develop policies to require that a participating
21 state agency remains a part of the demonstration model for its
22 entire duration.

23 13. Obtain training for the staff involved in all
24 aspects of the project.

25 Section 21. Effective January 1, 2000, subsection (1)
26 of section 394.4985, Florida Statutes, 1998 Supplement, is
27 amended to read:

28 394.4985 Districtwide information and referral
29 network; implementation.--

30 (1) Each service district of the Department of Health
31 ~~Children and Family Services~~ shall develop a detailed

1 implementation plan for a districtwide comprehensive child and
2 adolescent mental health information and referral network to
3 be operational by July 1, 1999. The plan must include an
4 operating budget that demonstrates cost efficiencies and
5 identifies funding sources for the district information and
6 referral network. The plan must be submitted by the department
7 to the Legislature by October 1, 1998. The district shall use
8 existing district information and referral providers if, in
9 the development of the plan, it is concluded that these
10 providers would deliver information and referral services in a
11 more efficient and effective manner when compared to other
12 alternatives. The district information and referral network
13 must include:

14 (a) A resource file that contains information about
15 the child and adolescent mental health services as described
16 in s. 394.495, including, but not limited to:

- 17 1. Type of program;
- 18 2. Hours of service;
- 19 3. Ages of persons served;
- 20 4. Program description;
- 21 5. Eligibility requirements; and
- 22 6. Fees.

23 (b) Information about private providers and
24 professionals in the community which serve children and
25 adolescents with an emotional disturbance.

26 (c) A system to document requests for services that
27 are received through the network referral process, including,
28 but not limited to:

- 29 1. Number of calls by type of service requested;
- 30 2. Ages of the children and adolescents for whom
31 services are requested; and

1 3. Type of referral made by the network.

2 (d) The ability to share client information with the
3 appropriate community agencies.

4 (e) The submission of an annual report to the
5 department, the Agency for Health Care Administration, the
6 Department of Children and Family Services, and appropriate
7 local government entities, which contains information about
8 the sources and frequency of requests for information, types
9 and frequency of services requested, and types and frequency
10 of referrals made.

11 Section 22. Effective January 1, 2000, section 394.65,
12 Florida Statutes, is amended to read:

13 394.65 Short title.--This part may be cited ~~shall be~~
14 ~~known~~ as "The Community Substance Alcohol, Drug Abuse, and
15 Mental Health Services Act."

16 Section 23. Effective January 1, 2000, section 394.66,
17 Florida Statutes, is amended to read:

18 394.66 Legislative intent with respect to substance
19 ~~alcohol, drug~~ abuse, and mental health services.--It is the
20 intent of the Legislature to:

21 (1) Promote and improve the mental health of the
22 citizens of the state through a system of comprehensive,
23 coordinated substance alcohol, drug abuse, and mental health
24 services.

25 (2) Involve local citizens in the planning of
26 substance alcohol, drug abuse, and mental health services in
27 their communities.

28 (3) Ensure that the ~~all~~ activities of the Department
29 of Health ~~and Rehabilitative Services~~ and its contractors are
30 directed toward ~~the~~ coordination with programs of the
31 Department of Children and Family Services in ~~of~~ planning

1 efforts in substance ~~alcohol, drug~~ abuse, and mental health
2 treatment services.

3 (4) Provide access to services to all residents of the
4 state with priority of attention being given to individuals
5 exhibiting symptoms of acute or chronic mental illness or
6 substance abuse, ~~alcohol abuse, or drug abuse~~.

7 (5) Ensure continuity of care, consistent with minimum
8 standards, for persons who are released from a state treatment
9 facility into the community.

10 (6) Provide accountability for service provision
11 through statewide standards for management, monitoring, and
12 reporting of information.

13 (7) Include substance ~~alcohol, drug~~ abuse, and mental
14 health services as a component of the integrated service
15 delivery system of the Department of Health ~~and Rehabilitative~~
16 ~~Services~~.

17 (8) Ensure that the districts of the Department of of
18 Health are the focal point of all substance ~~alcohol, drug~~
19 ~~abuse, and mental health~~ planning activities, including budget
20 ~~submissions, grant applications, contracts, and other~~
21 arrangements that can be effected at the district level.

22 (9) Organize and finance community substance ~~alcohol,~~
23 ~~drug~~ abuse, and mental health services in local communities
24 throughout the state through locally administered service
25 delivery programs that maximize the involvement of local
26 citizens.

27 Section 24. Effective January 1, 2000, section 394.67,
28 Florida Statutes, 1998 Supplement is amended to read:

29 394.67 Definitions.--As used in this part, the term:

30 (1) ~~"Advisory council" means a district advisory~~
31 ~~council.~~

1 ~~(1)(2)~~ "Agency" means the Agency for Health Care
2 Administration.

3 ~~(2)(3)~~ "Applicant" means an individual applicant, or
4 any officer, director, agent, managing employee, or affiliated
5 person, or any partner or shareholder having an ownership
6 interest equal to a 5-percent or greater interest in the
7 corporation, partnership, or other business entity.

8 ~~(3)(4)~~ "Client" means any individual receiving
9 services in any substance ~~alcohol, drug~~ abuse, or mental
10 health facility, program, or service, which facility, program,
11 or service is operated, funded, or regulated by the agency and
12 the department or regulated by the agency.

13 ~~(4)(5)~~ "Crisis stabilization unit" means a program
14 that provides an alternative to inpatient hospitalization and
15 that provides brief, intensive services 24 hours a day, 7 days
16 a week, for mentally ill individuals who are in an acutely
17 disturbed state.

18 ~~(5)(6)~~ "Department" means the Department of Health
19 ~~Children and Family Services~~.

20 ~~(6)~~ "Deputy secretary" means the Deputy Secretary for
21 Behavioral Health Care of the Department of Health, or a
22 designee.

23 (7) "Director" means any member of the official board
24 of directors reported in the organization's annual corporate
25 report to the Florida Department of State, or, if no such
26 report is made, any member of the operating board of
27 directors. The term excludes members of separate, restricted
28 boards that serve only in an advisory capacity to the
29 operating board.

30 ~~(8)~~ "~~District administrator~~" means ~~the person~~
31 ~~appointed by the Secretary of Children and Family Services for~~

1 ~~the purpose of administering a department service district as~~
2 ~~set forth in s. 20.19.~~

3 (8)(9) "District plan" or "plan" means the combined
4 district substance alcohol, drug abuse, and mental health plan
5 approved by the district staff with the advice and
6 participation of the local health council administrator and
7 governing bodies in accordance with this part.

8 (9)(10) "Federal funds" means funds from federal
9 sources for substance alcohol, drug abuse, or mental health
10 facilities and programs, exclusive of federal funds that are
11 deemed eligible by the Federal Government, and are eligible
12 through state regulation, for matching purposes.

13 (10)(11) "Governing body" means the chief legislative
14 body of a county, a board of county commissioners, or boards
15 of county commissioners in counties acting jointly, or their
16 counterparts in a charter government.

17 (11)(12) "Licensed facility" means a facility licensed
18 in accordance with this chapter.

19 (12) "Local health council" means a council
20 established under s. 408.033. For purposes of this part, the
21 local health councils shall be involved in assessing the
22 substance abuse and mental health needs of the community and
23 shall participate in the development of a plan to address
24 those needs.

25 (13) "Local matching funds" means funds received from
26 governing bodies of local government, including city
27 commissions, county commissions, district school boards,
28 special tax districts, private hospital funds, private gifts,
29 both individual and corporate, and bequests and funds received
30 from community drives or any other sources.

31

1 (14) "Managing employee" means the administrator or
2 other similarly titled individual who is responsible for the
3 daily operation of the facility.

4 (15) "Patient fees" means compensation received by a
5 community substance ~~alcohol, drug~~ abuse, or mental health
6 facility for services rendered to clients from any source of
7 funds, including city, county, state, federal, and private
8 sources.

9 (16) "Premises" means those buildings, beds, and
10 facilities located at the main address of the licensee and all
11 other buildings, beds, and facilities for the provision of
12 acute or residential care which are located in such reasonable
13 proximity to the main address of the licensee as to appear to
14 the public to be under the dominion and control of the
15 licensee.

16 ~~(17) "Program office" means the Alcohol, Drug Abuse,~~
17 ~~and Mental Health Program Office of the Department of Children~~
18 ~~and Family Services.~~

19 (17)~~(18)~~ "Residential treatment facility" means a
20 facility providing residential care and treatment to
21 individuals exhibiting symptoms of mental illness who are in
22 need of a 24-hour-per-day, 7-day-a-week structured living
23 environment, respite care, or long-term community placement.

24 (18)~~(19)~~ "Service district" or "district" means a
25 community service area ~~district~~ as established by the
26 department ~~under s. 20.19~~ for the purpose of providing
27 community substance ~~alcohol, drug~~ abuse, and mental health
28 services.

29 (19)~~(20)~~ "Service provider" means any agency in which
30 all or any portion of the programs or services set forth in s.
31 394.675 are carried out.

1 Section 25. Effective January 1, 2000, section
2 394.675, Florida Statutes, is amended to read:

3 394.675 Substance ~~Alcohol, drug~~ abuse, and mental
4 health service system.--

5 (1) A system of comprehensive substance ~~alcohol, drug~~
6 abuse, and mental health services shall be established as
7 follows:

8 (a) "Primary care services" are those services which,
9 at a minimum, must be made available in each service district
10 to persons who have acute or chronic mental illnesses, who are
11 acute or chronic drug dependents, and who are acute or chronic
12 alcohol abusers to provide them with immediate care and
13 treatment in crisis situations and to prevent further
14 deterioration or exacerbation of their conditions. These
15 services include, but are not limited to,
16 emergency-stabilization services, detoxification services,
17 inpatient services, residential services, and case management
18 services.

19 (b) "Rehabilitative services" are those services which
20 are made available to the general population at risk of
21 serious mental health problems or substance abuse problems or
22 which are provided as part of a rehabilitative program. These
23 services are designed to prepare or train persons to function
24 within the limits of their disabilities, to restore previous
25 levels of functioning, or to improve current levels of
26 inadequate functioning. Rehabilitative services include, but
27 are not limited to, outpatient services, day treatment
28 services, and partial hospitalization services.

29 (c) "Preventive services" are those services which are
30 made available to the general population for the purpose of
31 preventing or ameliorating the effects of alcohol abuse, drug

1 abuse, or mental illness. These services emphasize the
2 reduction of the occurrence of emotional disorders, mental
3 disorders, and substance abuse through public education, early
4 detection, and timely intervention. Preventive services
5 include consultation, public education, and prevention
6 services which have been determined through the district
7 planning process to be necessary to complete a continuum of
8 services as required by this part and which are included in
9 the district plan.

10 (2) Notwithstanding the provisions of this part, funds
11 which are provided through state and federal sources for
12 specific services shall be used for those purposes.

13 Section 26. Effective January 1, 2000, section 394.73,
14 Florida Statutes, is amended to read:

15 394.73 Joint substance ~~alcohol, drug~~ abuse, and mental
16 health service programs in two or more counties.--

17 (1) Subject to rules established by the department,
18 any county within a service district shall have the same power
19 to contract for substance ~~alcohol, drug~~ abuse, and mental
20 health services as the department has under existing statutes.

21 (2) In order to carry out the intent of this part and
22 to provide substance ~~alcohol, drug~~ abuse, and mental health
23 services in accordance with the district plan, the counties
24 within a service district may enter into agreements with each
25 other for the establishment of joint service programs. The
26 agreements may provide for the joint provision or operation of
27 services and facilities or for the provision or operation of
28 services and facilities by one participating county under
29 contract with other participating counties.

30 (3) When a service district comprises two or more
31 counties or portions thereof, it is the obligation of the

1 ~~department planning council~~ to submit to the governing bodies,
2 prior to the budget submission date of each governing body, an
3 estimate of the proportionate share of costs of substance
4 ~~alcohol, drug~~ abuse, and mental health services proposed to be
5 borne by each such governing body.

6 (4) Any county desiring to withdraw from a joint
7 program may submit to the district staff administrator a
8 resolution requesting withdrawal therefrom together with a
9 plan for the equitable adjustment and division of the assets,
10 property, debts, and obligations, if any, of the joint
11 program.

12 Section 27. Effective January 1, 2000, section 394.74,
13 Florida Statutes, is amended to read:

14 394.74 Contracts for provision of local substance
15 ~~alcohol, drug~~ abuse, and mental health programs.--

16 (1) The department, when funds are available for such
17 purposes, is authorized to contract for the establishment and
18 operation of local substance alcohol, drug abuse, and mental
19 health programs with any hospital, clinic, laboratory,
20 institution, or other appropriate service provider.

21 (2) Contracts for service shall be consistent with the
22 approved district plan and the service priorities established
23 in s. 394.75(4).

24 (3) Contracts shall include, but are not limited to:

25 (a) A provision that, within the limits of available
26 resources, primary care alcohol, drug abuse, and mental health
27 services shall be available to any individual residing or
28 employed within the service area, regardless of ability to pay
29 for such services, current or past health condition, or any
30 other factor;

31

1 (b) A provision that such services be available with
2 priority of attention being given to individuals who exhibit
3 symptoms of chronic or acute alcoholism, drug abuse, or mental
4 illness and who are unable to pay the cost of receiving such
5 services;

6 (c) A provision that every reasonable effort to
7 collect appropriate reimbursement for the cost of providing
8 substance alcohol, drug abuse, and mental health services to
9 persons able to pay for services, including first-party
10 payments and third-party payments, shall be made by facilities
11 providing services pursuant to this part act;

12 (d) A program description and line-item operating
13 budget by program service component for substance alcohol,
14 ~~drug~~ abuse, and mental health services, provided the entire
15 proposed operating budget for the service provider will be
16 displayed; and

17 (e) A requirement that the contractor must conform to
18 department rules and the priorities established thereunder.

19 (4) The department shall develop standard contract
20 forms for use between the department district administrator
21 and community substance alcohol, drug abuse, and mental health
22 service providers.

23 (5) Nothing in this part prevents any city or county,
24 or combination of cities and counties, from owning, financing,
25 and operating an alcohol, drug abuse, or mental health program
26 by entering into an arrangement with the department district
27 to provide, and be reimbursed for, services provided as part
28 of the district plan.

29 Section 28. Effective January 1, 2000, section 394.75,
30 Florida Statutes, is amended to read:

31

1 394.75 District substance ~~alcohol, drug~~ abuse, and
2 mental health plans.--

3 (1)(a) The district staff, in consultation with the
4 local health planning council, shall prepare a combined
5 district substance ~~alcohol, drug~~ abuse, and mental health
6 plan. The plan shall be prepared on a biennial basis and
7 shall be reviewed annually and shall reflect both the program
8 priorities established by the department and the needs of the
9 district. The district staff has primary responsibility for
10 the preparation of the plan and the inclusion of the
11 department's priorities. The local health council has primary
12 responsibility for identifying the substance abuse and mental
13 health needs of the region. The local health and human
14 services board of the Department of Children and Family
15 Services shall be afforded the opportunity to participate in
16 the development of the district plan. The plan shall include
17 a program description and line-item budget by program service
18 component for substance ~~alcohol, drug~~ abuse, and mental health
19 service providers that will receive state funds. The entire
20 proposed operating budget for each service provider shall be
21 displayed. A schedule, format, and procedure for development
22 and review of the plan shall be promulgated by the department.

23 (b) The plan shall be submitted by the district staff
24 ~~planning council~~ to the department ~~district administrator~~ and
25 to the governing bodies for review, comment, and approval, as
26 provided in subsection (9).

27 (2) The plan shall:

28 (a) Provide a projection of district program and
29 fiscal needs for the next biennium, provide for the orderly
30 and economical development of needed services, and indicate
31 priorities and anticipated expenditures and revenues.

1 (b) Include a summary budget request for the total
2 district substance ~~alcohol, drug~~ abuse, and mental health
3 program which shall include the funding priorities established
4 by the district planning process.

5 (c) Provide a basis for the district legislative
6 budget request.

7 (d) Include a policy and procedure for allocation of
8 funds.

9 (e) Include a procedure for securing local matching
10 funds. Such a procedure shall be developed in consultation
11 with governing bodies and service providers.

12 (f) Provide for the integration of substance ~~alcohol,~~
13 ~~drug~~ abuse, and mental health services with the other
14 departmental programs, and with the programs of the Department
15 of Children and Family Services, and with the criminal justice
16 system within the district.

17 (g) Provide a plan for the coordination of services in
18 such manner as to ensure effectiveness and avoid duplication,
19 fragmentation of services, and unnecessary expenditures.

20 (h) Provide for continuity of client care between
21 state treatment facilities and community programs.

22 (i) Provide for the most appropriate and economical
23 use of all existing public and private agencies and personnel.

24 (j) Provide for the fullest possible and most
25 appropriate participation by existing programs; state
26 hospitals and other hospitals; city, county, and state health
27 and family service agencies; drug abuse and alcoholism
28 programs; probation departments; physicians; psychologists;
29 social workers; public health nurses; school systems; and all
30 other public and private agencies and personnel which are
31 required to, or may agree to, participate in the plan.

1 (k) Include an inventory of all public and private
2 substance alcohol, drug abuse, and mental health resources
3 within the district, including consumer advocacy groups
4 registered with the department.

5 (3) The plan shall address how primary care services
6 will be provided and how a continuum of services will be
7 provided given the resources available in the service
8 district.

9 (4) The plan shall provide the means by which the
10 needs of the following population groups having priority will
11 be addressed in the district:

12 (a) Chronic public inebriates;

13 (b) Marginally functional alcoholics;

14 (c) Chronic opiate abusers;

15 (d) Poly-drug abusers;

16 (e) Chronically mentally ill individuals;

17 (f) Acutely mentally ill individuals;

18 (g) Severely emotionally disturbed children and
19 adolescents;

20 (h) Elderly persons at high risk of
21 institutionalization; and

22 (i) Individuals returned to the community from a state
23 mental health treatment facility.

24 (5) In developing the plan, optimum use shall be made
25 of any federal, state, and local funds that may be available
26 for substance alcohol, drug abuse, and mental health service
27 planning.

28 (6) The local health planning council shall establish
29 a subcommittee to prepare its ~~the~~ portion of the district plan
30 ~~relating to children and adolescents~~. The subcommittee shall
31 include representative membership of any committee organized

1 or established within ~~by~~ the district to review placement of
2 children and adolescents in residential treatment programs.

3 (7) All departments of state government and all local
4 public agencies shall cooperate with officials to assist them
5 in service planning. The department ~~Each district~~
6 ~~administrator~~ shall, upon request and the availability of
7 staff, provide consultative services to the local agency
8 directors and governing bodies.

9 (8) The district staff ~~administrator~~ shall ensure that
10 the district plan:

11 (a) Conforms to the priorities in the state plan, the
12 requirements of this part, and the standards adopted under
13 this part;

14 (b) Ensures that the most effective and economical use
15 will be made of available public and private substance
16 ~~alcohol, drug~~ abuse, and mental health resources in the
17 service district; and

18 (c) Has adequate provisions made for review and
19 evaluation of the services provided in the service district.

20 (9) The deputy secretary ~~district administrator~~ shall
21 require such modifications in the district plan as he or she
22 deems necessary to bring the plan into conformance with the
23 provisions of this part. If the local health ~~district planning~~
24 council and the district staff ~~administrator~~ cannot agree on
25 the plan, including the projected budget, the issues under
26 dispute shall be submitted directly to the deputy secretary ~~of~~
27 ~~the department~~ for immediate resolution.

28 (10) Each governing body that provides local funds has
29 the authority to require necessary modification to only that
30 portion of the district plan which affects substance ~~alcohol,~~
31

1 ~~drug~~ abuse, and mental health programs and services within the
2 jurisdiction of that governing body.

3 (11) The deputy secretary ~~district administrator~~ shall
4 report annually to the local health ~~district planning~~ council
5 the status of funding for priorities established in the
6 district plan. Each report must include:

7 (a) A description of the district plan priorities that
8 were included in the district legislative budget request. ~~†~~

9 (b) A description of the district plan priorities that
10 were included in the departmental budget request. prepared
11 ~~under s. 20.19†~~

12 (c) A description of the programs and services
13 included in the district plan priorities that were
14 appropriated funds by the Legislature in the legislative
15 session that preceded the report.

16 Section 29. Effective January 1, 2000, section 394.76,
17 Florida Statutes, is amended to read:

18 394.76 Financing of ~~district~~ programs and
19 services.--If the local match funding level is not provided in
20 the General Appropriations Act or the substantive bill
21 implementing the General Appropriations Act, such funding
22 level shall be provided as follows:

23 (1) The deputy secretary ~~district administrator~~ shall
24 ensure that, to the extent possible within available
25 resources, a continuum of integrated and comprehensive
26 services will be available within the district.

27 (2) If in any fiscal year the approved state
28 appropriation is insufficient to finance the programs and
29 services specified by this part, the department shall have the
30 authority to determine the amount of state funds available to
31 each service district for such purposes in accordance with the

1 priorities in both the state and district plans. The district
2 staff administrator shall consult with the local health
3 ~~planning~~ council to ensure that the summary operating budget
4 conforms to the approved plan.

5 (3) The state share of financial participation shall
6 be determined by the following formula:

7 (a) The state share of approved program costs shall be
8 a percentage of the net balance determined by deducting from
9 the total operating cost of services and programs, as
10 specified in s. 394.675(1), those expenditures which are
11 ineligible for state participation as provided in subsection
12 (7) and those ineligible expenditures established by rule of
13 the department pursuant to s. 394.78.

14 (b) Residential and case management services which are
15 funded as part of a deinstitutionalization project shall not
16 require local matching funds and shall not be used as local
17 matching funds. The state and federal financial participation
18 portions of Medicaid earnings pursuant to Title XIX of the
19 Social Security Act, except for the amount of general revenue
20 equal to the amount appropriated in 1985-1986 plus all other
21 general revenue that is shifted from any other substance
22 ~~alcohol, drug~~ abuse, and mental health appropriation category
23 after fiscal year 1986-1987, shall not require local matching
24 funds and shall not be used as local matching funds. Local
25 matching funds are not required for general revenue
26 transferred by the department into substance ~~alcohol, drug~~
27 ~~abuse, and~~ mental health appropriations categories during a
28 fiscal year to match federal funds earned from Medicaid
29 services provided for mental health clients in excess of the
30 amounts initially appropriated. ~~Funds for children's services~~
31 ~~which were provided through the Children, Youth, and Families~~

1 ~~Services budget which did not require local match prior to~~
2 ~~being transferred to the Alcohol, Drug Abuse, and Mental~~
3 ~~Health Services budget shall be exempt from local matching~~
4 ~~requirements.~~ All other contracted community alcohol and
5 mental health services and programs, except as identified in
6 s. 394.457(3), shall require local participation on a 75-to-25
7 state-to-local ratio.

8 (c) The expenditure of 100 percent of all third-party
9 payments and fees shall be considered as eligible for state
10 financial participation if such expenditures are in accordance
11 with subsection (7) and the approved district plan.

12 (d) Fees generated by residential and case management
13 services which are funded as part of a deinstitutionalization
14 program and do not require local matching funds shall be used
15 to support program costs approved in the district plan.

16 (e) Any earnings pursuant to Title XIX of the Social
17 Security Act in excess of the amount appropriated shall be
18 used to support program costs approved in the district plan.

19 (4) Notwithstanding the provisions of subsection (3),
20 the department is authorized to develop and demonstrate
21 alternative financing systems for substance ~~alcohol, drug~~
22 ~~abuse,~~ and mental health services. Proposals for
23 demonstration projects conducted pursuant to this subsection
24 shall be reviewed by the substantive and appropriations
25 committees of the Senate and the House of Representatives
26 prior to implementation of the projects.

27 (5) The department is authorized to make
28 investigations and to require audits of expenditures. The
29 department may authorize the use of private certified public
30 accountants for such audits. Audits shall follow department
31 guidelines.

1 (6) Claims for state payment shall be made in such
2 form and in such manner as the department determines.

3 (7) The expenditures which are subject to state
4 payment include expenditures that are approved in the district
5 plan for: salaries of personnel; approved facilities and
6 services provided through contract; operation, maintenance,
7 and service cost; depreciation of facilities; and such other
8 expenditures as may be approved by the department ~~district~~
9 ~~administrator~~. Such expenditures do not include expenditures
10 for compensation to members of a community agency board,
11 except the actual and necessary expenses incurred in the
12 performance of official duties, or expenditures for a purpose
13 for which state payment is claimed under any other provision
14 of law.

15 (8) Expenditures for capital improvements relating to
16 construction of, addition to, purchase of, or renovation of a
17 community alcohol, drug abuse, or mental health facility may
18 be made by the state, provided such expenditures or capital
19 improvements are part and parcel of an approved district plan.
20 Nothing shall prohibit the use of such expenditures for the
21 construction of, addition to, renovation of, or purchase of
22 facilities owned by a county, city, or other governmental
23 agency of the state or a nonprofit entity. Such expenditures
24 are subject to the provisions of subsection (6).

25 (9)(a) State funds for community alcohol and mental
26 health services shall be matched by local matching funds as
27 provided in paragraph (3)(b). The governing bodies within a
28 district ~~or subdistrict~~ shall be required to participate in
29 the funding of alcohol and mental health services under the
30 jurisdiction of such governing bodies. The amount of the
31 participation shall be at least that amount which, when added

1 to other available local matching funds, is necessary to match
2 state funds.

3 (b) The provisions of paragraph (a) to the contrary
4 notwithstanding, no additional matching funds may be required
5 solely due to the addition in the General Appropriations Act
6 of Alcohol, Drug Abuse, and Mental Health Block Grant Funds
7 for local community mental health centers and alcohol project
8 grants.

9 (10) A local governing body is authorized to
10 appropriate moneys, in lump sum or otherwise, from its public
11 funds for the purpose of carrying out the provisions of this
12 part. In addition to the payment of claims upon submission of
13 proper vouchers, such moneys may also, at the option of the
14 governing body, be disbursed in the form of a lump-sum or
15 advance payment for services for expenditure, in turn, by the
16 recipient of the disbursement without prior audit by the
17 auditor of the governing body. Such funds shall be expended
18 only for substance ~~alcohol, drug~~ abuse, or mental health
19 purposes as provided in the approved district plan. Each
20 governing body appropriating and disbursing moneys pursuant to
21 this subsection shall require the expenditure of such moneys
22 by the recipient of the disbursement to be audited annually
23 either in conjunction with an audit of other expenditures or
24 by a separate audit. Such annual audits shall be furnished to
25 the governing bodies of each participating county and
26 municipality for their examination.

27 (11) No additional local matching funds shall be
28 required solely due to the addition in the General
29 Appropriations Act of Alcohol, Drug Abuse, and Mental Health
30 Block Grant Funds for local community mental health centers,
31 drug abuse programs, and alcohol project grants.

1 Section 30. Effective January 1, 2000, subsection (1)
2 of section 394.77, Florida Statutes, is amended to read:

3 394.77 Uniform management information, accounting, and
4 reporting systems for providers.--The department shall
5 establish, for the purposes of control of costs:

6 (1) A uniform management information system and fiscal
7 accounting system for use by providers of community substance
8 ~~alcohol, drug~~ abuse, and mental health services.

9 Section 31. Effective January 1, 2000, section 394.78,
10 Florida Statutes, 1998 Supplement, is amended to read:

11 394.78 Operation and administration; personnel
12 standards; procedures for audit and monitoring of service
13 providers; resolution of disputes.--

14 (1)(a) The Department of Health ~~Children and Family~~
15 ~~Services~~ shall administer this part and shall adopt rules
16 necessary for its administration. In addition to other
17 rulemaking authority, the department may adopt financial rules
18 relating to conflicts of interest; related party transactions;
19 full disclosure of revenue funds and expenses; charts of
20 accounts for state reporting; auditing; penalties for
21 nonperformance; benefit packages; performance outcomes,
22 including client satisfaction and functional assessments;
23 nonpayment and suspended payments for failure to timely submit
24 required client service reports; and client financial
25 eligibility requirements.

26 (b) Rules of the department shall be adopted in
27 accordance with the Administrative Procedure Act under chapter
28 120.

29 (2) The department shall, by rule, establish standards
30 of education and experience for professional and technical
31

1 personnel employed in substance ~~alcohol, drug~~ abuse, and
2 mental health programs.

3 (3) The department shall establish, to the extent
4 possible, a standardized auditing procedure for substance
5 ~~alcohol, drug~~ abuse, and mental health service providers; and
6 audits of service providers shall be conducted pursuant to
7 such procedure and the applicable department rules. Such
8 procedure shall be supplied to all current and prospective
9 contractors and subcontractors prior to the signing of any
10 contracts.

11 (4) The department shall monitor service providers for
12 compliance with contracts and applicable state and federal
13 regulations. If an adult substance abuse services provider
14 fails to meet the performance standards established in the
15 contract, the department may allow a reasonable period, not to
16 exceed 6 months, for the provider to correct performance
17 deficiencies. If the performance deficiencies are not resolved
18 to the satisfaction of the department within 6 months, the
19 department must cancel the contract with the adult substance
20 abuse provider, unless there is no other qualified provider in
21 the service area. A representative of the district planning
22 council shall be represented on the monitoring team.

23 (5) In unresolved disputes regarding this part or
24 rules established pursuant to this part, providers ~~and~~
25 ~~district planning councils~~ shall adhere to formal procedures
26 as provided by the rules established by the department.

27 Section 32. Effective January 1, 2000, section 394.79,
28 Florida Statutes, is amended to read:

29 394.79 State substance ~~alcohol, drug~~ abuse, and mental
30 health plan.--

31

1 (1) The department shall prepare a biennial plan for
2 the delivery and financing of a system of substance alcohol,
3 ~~drug~~ abuse, and mental health services. The plan shall
4 include:

5 (a) The current and projected need for substance
6 ~~alcohol, drug~~ abuse, and mental health services, displayed
7 statewide and by district, and the extent to which the need is
8 being addressed by existing services.

9 (b) A proposal for the development of a data system
10 that will evaluate the effectiveness of programs and services
11 provided to clients of the substance alcohol, drug abuse, and
12 mental health service system.

13 (c) A proposal to resolve the funding discrepancies
14 between districts.

15 (d) A methodology for the allocation of resources
16 available from federal, state, and local sources and a
17 description of the current level of funding available from
18 each source.

19 (e) A description of the statewide priorities for
20 clients and services and each district's priorities for
21 clients and services.

22 (f) Recommendations for methods of enhancing local
23 participation in the planning, organization, and financing of
24 substance alcohol, drug abuse, and mental health services.

25 (g) A description of the current methods of
26 contracting for services, an assessment of the efficiency of
27 these methods in providing accountability for contracted
28 funds, and recommendations for improvements to the system of
29 contracting.

30 (h) Recommendations for improving access to services
31 by clients and their families.

1 (i) Guidelines and formats for the development of
2 district plans.

3 (j) Recommendations for future directions for the
4 substance alcohol, drug abuse, and mental health service
5 delivery system.

6 (2) The department shall prepare the state plan in
7 consultation with district staff ~~administrators~~, state
8 treatment facility administrators, and local health district
9 ~~planning~~ councils.

10 (3) A copy of the state plan shall be submitted to the
11 Legislature and each local health district ~~planning~~ council.
12 A summary budget request and a summary statement of priorities
13 from each service district shall be attached to the plan.

14 Section 33. Effective January 1, 2000, subsection (9)
15 and paragraph (a) of subsection (19) of section 397.311,
16 Florida Statutes, 1998 Supplement, are amended to read:

17 397.311 Definitions.--As used in this chapter, except
18 part VIII:

19 (9) "Department" means the Department of Health ~~and~~
20 ~~Rehabilitative Services~~.

21 (19) "Licensed service provider" means a public agency
22 under this chapter, a private for-profit or not-for-profit
23 agency under this chapter, a physician licensed under chapter
24 458 or chapter 459, or any other private practitioner licensed
25 under this chapter, or a hospital licensed under chapter 395,
26 which offers substance abuse impairment services through one
27 or more of the following licensable service components:

28 (a) Addictions receiving facility, which is a
29 community-based facility designated by the department to
30 receive, screen, and assess clients found to be substance
31 abuse impaired, in need of emergency treatment for substance

1 abuse impairment, or impaired by substance abuse to such an
2 extent as to meet the criteria for involuntary admission in s.
3 397.675, and to provide detoxification and stabilization. An
4 addictions receiving facility must be state-owned,
5 state-operated, or state-contracted, and licensed pursuant to
6 rules adopted by the department's Division of Substance Abuse
7 ~~Alcohol, Drug Abuse, and Mental Health Program Office~~ which
8 include specific authorization for the provision of levels of
9 care and a requirement of separate accommodations for adults
10 and minors. Addictions receiving facilities are designated as
11 secure facilities to provide an intensive level of care and
12 must have sufficient staff and the authority to provide
13 environmental security to handle aggressive and
14 difficult-to-manage behavior and deter elopement.

15 Section 34. Effective January 1, 2000, subsections
16 (14), (17), and (18) of section 397.321, Florida Statutes,
17 1998 Supplement, are amended to read:

18 397.321 Duties of the department.--The department
19 shall:

20 (14) In cooperation with service providers, foster and
21 actively seek additional funding to enhance resources for
22 prevention, intervention, and treatment services, including
23 but not limited to the development of partnerships with:

24 (a) Private industry.

25 (b) Interdepartmental program offices, including, but
26 not limited to, children and families; delinquency services;
27 health services; economic self-sufficiency ~~services~~; and
28 children's medical services.

29 (c) State agencies, including, but not limited to, the
30 Departments of Children and Family Services, Corrections,
31 Education, Community Affairs, Elderly Affairs, and Insurance.

1 ~~(17) Provide sufficient and qualified staff to oversee~~
2 ~~all contracting, licensing, and planning functions within each~~
3 ~~of its district offices, as permitted by legislative~~
4 ~~appropriation.~~

5 (17)(18) Ensure that the department develops and
6 ensures the implementation of procedures between its Division
7 of Substance Abuse and other departments Alcohol, Drug Abuse,
8 and Mental Health Program Office and other departmental
9 programs, particularly the Department of Children and Family
10 Services and the Department of Juvenile Justice Children and
11 Families Program Office and the delinquency Services Program
12 Office, regarding the referral of substance abuse impaired
13 persons to service providers, information on service
14 providers, information on methods of identifying substance
15 abuse impaired juveniles, and procedures for referring such
16 juveniles to appropriate service providers.

17 Section 35. Effective January 1, 2000, section
18 397.481, Florida Statutes, is amended to read:

19 397.481 Applicability of Community Substance Alcohol,
20 Drug Abuse,and Mental Health Services Act.--All service
21 providers as defined in and governed by this chapter are also
22 subject to part IV of chapter 394, the Community Substance
23 Alcohol, Drug Abuse,and Mental Health Services Act.

24 Section 36. Effective January 1, 2000, subsections (2)
25 and (3) of section 397.706, Florida Statutes, 1998 Supplement,
26 are amended to read:

27 397.706 Screening, assessment, and disposition of
28 juvenile offenders.--

29 (2) The juvenile and circuit courts, in conjunction
30 with the department ~~district administration~~, shall establish
31 policies and procedures to ensure that juvenile offenders are

1 appropriately screened for substance abuse problems and that
2 diversionary and adjudicatory proceedings include appropriate
3 conditions and sanctions to address substance abuse problems.
4 Policies and procedures must address:

5 (a) The designation of local service providers
6 responsible for screening and assessment services and
7 dispositional recommendations to the department and the court.

8 (b) The means by which juvenile offenders are
9 processed to ensure participation in screening and assessment
10 services.

11 (c) The role of the court in securing assessments when
12 juvenile offenders or their families are noncompliant.

13 (d) Safeguards to ensure that information derived
14 through screening and assessment is used solely to assist in
15 dispositional decisions and not for purposes of determining
16 innocence or guilt.

17 (3) Because resources available to support screening
18 and assessment services are limited, the judicial circuits and
19 the department ~~district administration~~ must develop those
20 capabilities to the extent possible within available resources
21 according to the following priorities:

22 (a) Juvenile substance abuse offenders.

23 (b) Juvenile offenders who are substance abuse
24 impaired at the time of the offense.

25 (c) Second or subsequent juvenile offenders.

26 (d) Minors taken into custody.

27 Section 37. Effective January 1, 2000, subsection (3)
28 of section 397.753, Florida Statutes, is amended to read:

29 397.753 Definitions.--As used in this part:

30 (3) "Inmate substance abuse services" means any
31 service component as defined in s. 397.311 provided directly

1 by the Department of Corrections and licensed and regulated by
2 the Department of Health ~~and Rehabilitative Services~~ pursuant
3 to s. 397.406, or provided through contractual arrangements
4 with a service provider licensed pursuant to part II; or any
5 self-help program or volunteer support group operating for
6 inmates.

7 Section 38. Effective January 1, 2000, subsection (6)
8 of section 397.754, Florida Statutes, is amended to read:

9 397.754 Duties and responsibilities of the Department
10 of Corrections.--The Department of Corrections shall:

11 (6) In cooperation with other agencies, actively seek
12 to enhance resources for the provision of treatment services
13 for inmates and to develop partnerships with other state
14 agencies, including but not limited to the Departments of
15 Health, Children and Family ~~and Rehabilitative~~ Services,
16 Education, Community Affairs, and Law Enforcement.

17 Section 39. Effective January 1, 2000, subsections (2)
18 and (3) of section 397.801, Florida Statutes, are amended to
19 read:

20 397.801 Substance abuse impairment coordination.--

21 (2) The Department of Health, the Department of
22 Children and Family ~~and Rehabilitative~~ Services, the
23 Department of Education, the Department of Corrections, the
24 Department of Community Affairs, and the Department of Law
25 Enforcement each shall appoint a policy level staff person to
26 serve as the agency substance abuse impairment coordinator.
27 The responsibilities of the agency coordinator include
28 interagency and intraagency coordination, collection and
29 dissemination of agency-specific data relating to substance
30 abuse impairment, and participation in the development of the
31 state comprehensive plan for substance abuse impairment.

1 (3) The department may ~~shall~~ establish, within each of
2 its service districts, the full-time position of substance
3 abuse impairment prevention coordinator, to be filled by a
4 person with expertise in the area of substance abuse
5 impairment. The primary responsibility of this person is to
6 develop and implement activities which foster the prevention
7 of substance abuse impairment.

8 Section 40. Effective January 1, 2000, subsections (1)
9 and (3) of section 397.821, Florida Statutes, are amended to
10 read:

11 397.821 Juvenile substance abuse impairment prevention
12 and early intervention councils.--

13 (1) Each judicial circuit as set forth in s. 26.021
14 may establish a juvenile substance abuse impairment prevention
15 and early intervention council composed of at least 12
16 members, including representatives from law enforcement, the
17 department, school districts, state attorney and public
18 defender offices, the circuit court, the religious community,
19 substance abuse impairment professionals, child advocates from
20 the community, business leaders, parents, and high school
21 students. However, those circuits which already have in
22 operation a council of similar composition may designate the
23 existing body as the juvenile substance abuse impairment
24 prevention and early intervention council for the purposes of
25 this section. Each council shall establish bylaws providing
26 for the length of term of its members, but the term may not
27 exceed 4 years. The Deputy Secretary for Behavioral Health
28 Care district administrator, ~~as defined in s. 20.19,~~ and the
29 chief judge of the circuit court shall each appoint six
30 members of the council. The deputy secretary district
31 ~~administrator~~ shall appoint a representative from the

1 department, a school district representative, a substance
2 abuse impairment treatment professional, a child advocate, a
3 parent, and a high school student. The chief judge of the
4 circuit court shall appoint a business leader and
5 representatives from the state attorney's office, the public
6 defender's office, the religious community, the circuit court,
7 and law enforcement agencies.

8 (3) The council shall provide recommendations to the
9 Statewide Coordinator for Substance Abuse Impairment
10 Prevention and Treatment and to the Deputy Secretary for
11 Behavioral Health Care ~~Assistant Secretary for Alcohol, Drug~~
12 ~~Abuse, and Mental Health~~ annually for consideration for
13 inclusion in the state comprehensive plan for substance abuse
14 impairment, and also to the local health district alcohol,
15 ~~drug abuse, and mental health planning~~ councils for
16 consideration for inclusion in the district substance alcohol,
17 ~~drug abuse, and mental health~~ plans.

18 Section 41. Effective January 1, 2000, subsection (4)
19 of section 397.901, Florida Statutes, is amended to read:

20 397.901 Prototype juvenile addictions receiving
21 facilities.--

22 (4) The Department of Juvenile Justice shall adopt
23 rules necessary to implement this section. The rules must be
24 written by the Deputy Secretary for Behavioral Health Care of
25 the Department of Health ~~department's Alcohol, Drug Abuse, and~~
26 ~~Mental Health Program Office~~ and must specify criteria for
27 staffing and services delineated for the provision of
28 graduated levels of care from nonintensive to environmentally
29 secure for the handling of aggressive and difficult-to-manage
30 behavior and the prevention of elopement.

31

1 Section 42. Effective January 1, 2000, paragraph (f)
2 of subsection (2) of section 400.0065, Florida Statutes, is
3 amended to read:

4 400.0065 State Long-Term Care Ombudsman; duties and
5 responsibilities; conflict of interest.--

6 (2) The State Long-Term Care Ombudsman shall have the
7 duty and authority to:

8 (f) Perform the duties specified in state and federal
9 law without interference by officials of the Department of
10 Elderly Affairs, the Agency for Health Care Administration,
11 the Department of Health, or the Department of Children and
12 Family Health and Rehabilitative Services. The ombudsman
13 shall report to the Governor, the President of the Senate, and
14 the Speaker of the House of Representatives whenever
15 organizational or departmental policy issues threaten the
16 ability of the Office of State Long-Term Care Ombudsman to
17 carry out its duties under state or federal law.

18 Section 43. Effective January 1, 2000, subsection (2)
19 of section 400.435, Florida Statutes, is amended to read:

20 400.435 Maintenance of records; reports.--

21 (2) Within 60 days after the date of the biennial
22 inspection visit or within 30 days after the date of any
23 interim visit, the agency shall forward the results of the
24 inspection to the district ombudsman council in whose planning
25 and service area, as defined in part II, the facility is
26 located; to at least one public library or, in the absence of
27 a public library, the county seat in the county in which the
28 inspected assisted living facility is located; and, when
29 appropriate, to the district Children and Families Program
30 Office and the district office of the Division of Mental
31 Health and Division of Substance Abuse of the Department of

1 ~~Health adult services and district alcohol, drug abuse, and~~
2 ~~mental health program offices.~~

3 Section 44. Effective January 1, 2000, paragraphs (f)
4 and (g) of subsection (1) of section 400.4415, Florida
5 Statutes, are amended to read:

6 400.4415 Assisted living facilities advisory
7 committee.--

8 (1) There is created the assisted living facilities
9 advisory committee, which shall assist the agency in
10 developing and implementing a pilot rating system for
11 facilities. The committee shall consist of nine members who
12 are to be appointed by, and report directly to, the director
13 of the agency. The membership is to include:

14 (f) One representative from the Children and Families
15 Program Office ~~aging and adult services program~~ of the
16 Department of Children and Family ~~Health and Rehabilitative~~
17 ~~Services.~~

18 (g) One representative from the Division of Mental
19 Health or the Division of Substance Abuse ~~alcohol, drug abuse,~~
20 ~~and mental health program~~ of the Department of Health and
21 ~~Rehabilitative Services.~~

22 Section 45. Effective January 1, 2000, section
23 402.165, Florida Statutes, 1998 Supplement, is amended to
24 read:

25 402.165 Statewide Human Rights Advocacy Committee;
26 confidential records and meetings.--

27 (1) There is created within the Department of Children
28 and Family ~~Health and Rehabilitative~~ Services a Statewide
29 Human Rights Advocacy Committee. The Department of Children
30 and Family ~~Health and Rehabilitative~~ Services shall provide
31 administrative support and service to the committee to the

1 extent requested by the executive director within available
2 resources. The Statewide Human Rights Advocacy Committee
3 shall not be subject to control, supervision, or direction by
4 the Department of Children and Family Health and
5 ~~Rehabilitative~~ Services in the performance of its duties. The
6 committee shall consist of 15 citizens, one from each service
7 district of the Department of Children and Family Health and
8 ~~Rehabilitative~~ Services, who broadly represent the interests
9 of the public and the clients of that department or the
10 Division of Mental Health or Division of Substance Abuse of
11 the Department of Health. The members shall be representative
12 of five groups of citizens as follows: one elected public
13 official; one provider who delivers ~~two providers who deliver~~
14 services or programs to clients of the Department of Children
15 and Family Health and Rehabilitative Services; one provider
16 who delivers services or programs to clients of the Division
17 of Mental Health or the Division of Substance Abuse of the
18 Department of Health; four nonsalaried representatives of
19 nonprofit agencies or civic groups; four representatives of
20 health and rehabilitative services consumer groups who are
21 currently receiving, or have received, services from the
22 Department of Children and Family Health and Rehabilitative
23 Services or the Division of Mental Health or Division of
24 Substance Abuse of the Department of Health within the past 4
25 years, at least one of whom must be a consumer; and four
26 residents of the state who do not represent any of the
27 foregoing groups, two of whom represent health-related
28 professions and two of whom represent the legal profession.
29 In appointing the representatives of the health-related
30 professions, the appointing authority shall give priority of
31 consideration to a physician licensed under chapter 458 or

1 chapter 459; and, in appointing the representatives of the
2 legal profession, the appointing authority shall give priority
3 of consideration to a member in good standing of The Florida
4 Bar. Except for the member who is an elected public official,
5 each member of the Statewide Human Rights Advocacy Committee
6 must have served as a member of a district human rights
7 advocacy committee. Persons related to each other by
8 consanguinity or affinity within the third degree may not
9 serve on the Statewide Human Rights Advocacy Committee at the
10 same time.

11 (2) Members of the Statewide Human Rights Advocacy
12 Committee shall be appointed to serve terms of 3 years. A
13 member may not serve more than two consecutive terms. The
14 limitation on the number of terms a member may serve applies
15 without regard to whether a term was served before or after
16 October 1, 1989.

17 (3) If a member of the Statewide Human Rights Advocacy
18 Committee fails to attend two-thirds of the regular committee
19 meetings during the course of a year, the position held by
20 such member may be deemed vacant by the committee. The
21 Governor shall fill the vacancy pursuant to subsection (4). If
22 a member of the Statewide Human Rights Advocacy Committee is
23 in violation of the provisions of this section or procedures
24 adopted thereto, the committee may recommend to the Governor
25 that such member be removed.

26 (4) The Governor shall fill each vacancy on the
27 Statewide Human Rights Advocacy Committee from a list of
28 nominees submitted by the statewide committee. A list of
29 candidates shall be submitted to the statewide committee by
30 the district human rights advocacy committee in the district
31 from which the vacancy occurs. Priority of consideration

1 shall be given to the appointment of an individual whose
2 primary interest, experience, or expertise lies with a major
3 client group of the Department of Children and Family Health
4 ~~and Rehabilitative Services~~ or the Division of Mental Health
5 or Division of Substance Abuse of the Department of Health,
6 not represented on the committee at the time of the
7 appointment. If an appointment is not made within 60 days
8 after a vacancy occurs on the committee, the vacancy shall be
9 filled by a majority vote of the statewide committee without
10 further action by the Governor. No person who is employed by
11 the Department of Children and Family Health ~~and~~
12 ~~Rehabilitative Services~~ or the Department of Health may be
13 appointed to the committee.

14 (5)(a) Members of the Statewide Human Rights Advocacy
15 Committee shall receive no compensation, but shall be entitled
16 to be reimbursed for per diem and travel expenses in
17 accordance with s. 112.061.

18 (b) The committee shall select an executive director
19 who shall serve at the pleasure of the committee and shall
20 perform the duties delegated to him or her by the committee.
21 The compensation of the executive director shall be
22 established in accordance with the rules of the Selected
23 Exempt Service.

24 (c) The committee may apply for, receive, and accept
25 grants, gifts, donations, bequests, and other payments
26 including money or property, real or personal, tangible or
27 intangible, and service from any governmental or other public
28 or private entity or person and make arrangements as to the
29 use of same.

30 (d) The Statewide Human Rights Advocacy Committee
31 shall annually prepare a budget request that shall not be

1 subject to change by department staff after it is approved by
2 the committee, but the budget request shall be submitted to
3 the Governor by the department for transmittal to the
4 Legislature. The budget shall include a request for funds to
5 carry out the activities of the Statewide Human Rights
6 Advocacy Committee and the district human rights advocacy
7 committees.

8 (6) The members of the Statewide Human Rights Advocacy
9 Committee shall elect a chairperson to a term of 1 year. A
10 person may not serve as chairperson for more than two
11 consecutive terms.

12 (7) The responsibilities of the committee include, but
13 are not limited to:

14 (a) Serving as an independent third-party mechanism
15 for protecting the constitutional and human rights of any
16 client within a program or facility operated, funded,
17 licensed, or regulated by the Department of Children and
18 Family ~~Health and Rehabilitative~~ Services or the Division of
19 Mental Health or Division of Substance Abuse of the Department
20 of Health.

21 (b) Monitoring by site visit and inspection of
22 records, the delivery and use of services, programs, or
23 facilities operated, funded, regulated, or licensed by the
24 Department of Children and Family ~~Health and Rehabilitative~~
25 Services or the Division of Mental Health or Division of
26 Substance Abuse of the Department of Health,for the purpose
27 of preventing abuse or deprivation of the constitutional and
28 human rights of clients. The Statewide Human Rights Advocacy
29 Committee may conduct an unannounced site visit or monitoring
30 visit that involves the inspection of records if such visit is
31 conditioned upon a complaint. A complaint may be generated by

1 the committee itself if information from the Department of
2 Children and Family ~~Health and Rehabilitative Services~~ or the
3 Division of Mental Health or Division of Substance Abuse of
4 the Department of Health or other sources indicates a
5 situation at the program or facility that indicates possible
6 abuse or neglect of clients. The Statewide Human Rights
7 Advocacy Committee shall establish and follow uniform criteria
8 for the review of information and generation of complaints.
9 Routine program monitoring and reviews that do not require an
10 examination of records may be made unannounced.

11 (c) Receiving, investigating, and resolving reports of
12 abuse or deprivation of constitutional and human rights
13 referred to the Statewide Human Rights Advocacy Committee by a
14 district human rights advocacy committee. If a matter
15 constitutes a threat to the life, safety, or health of clients
16 or is multidistrict in scope, the Statewide Human Rights
17 Advocacy Committee may exercise such powers without the
18 necessity of a referral from a district committee.

19 (d) Reviewing existing programs or services and new or
20 revised programs of the Department of Children and Family
21 ~~Health and Rehabilitative Services~~ and the Division of Mental
22 Health and Division of Substance Abuse of the Department of
23 Health, and making recommendations as to how the rights of
24 clients are affected.

25 (e) Submitting an annual report to the Legislature, no
26 later than December 30 of each calendar year, concerning
27 activities, recommendations, and complaints reviewed or
28 developed by the committee during the year.

29 (f) Conducting meetings at least six times a year at
30 the call of the chairperson and at other times at the call of
31

1 the Governor or by written request of six members of the
2 committee.

3 (g) Developing and adopting uniform procedures to be
4 used to carry out the purpose and responsibilities of the
5 human rights advocacy committees, which procedures shall
6 include, but need not be limited to, the following:

7 1. The responsibilities of the committee;

8 2. The organization and operation of the statewide
9 committee and district committees, including procedures for
10 replacing a member, formats for maintaining records of
11 committee activities, and criteria for determining what
12 constitutes a conflict of interest for purposes of assigning
13 and conducting investigations and monitoring;

14 3. Uniform procedures for the statewide committee and
15 district committees to receive and investigate reports of
16 abuse of constitutional or human rights;

17 4. The responsibilities and relationship of the
18 district human rights advocacy committees to the statewide
19 committee;

20 5. The relationship of the committee to the Department
21 of Children and Family ~~Health and Rehabilitative~~ Services, and
22 the Division of Mental Health and Division of Substance Abuse
23 of the Department of Health, including the way in which
24 reports of findings and recommendations related to reported
25 abuse are given to those departments and divisions ~~the~~
26 ~~Department of Health and Rehabilitative Services;~~

27 6. Provision for cooperation with the State Long-Term
28 Care Ombudsman Council;

29 7. Procedures for appeal. An appeal to the state
30 committee is made by a district human rights advocacy
31 committee when a valid complaint is not resolved at the

1 district level. The statewide committee may appeal an
2 unresolved complaint to the Secretary ~~of the Department of~~
3 Children and Family Health and Rehabilitative Services ~~or the~~
4 Secretary of Health, as appropriate. If, after exhausting all
5 remedies, the statewide committee is not satisfied that the
6 complaint can be resolved within the Department of Children
7 and Family Health and Rehabilitative Services ~~or the~~
8 Department of Health, the appeal may be referred to the
9 Governor or the Legislature;

10 8. Uniform procedures for gaining access to and
11 maintaining confidential information; and

12 9. Definitions of misfeasance and malfeasance for
13 members of the statewide committee and district committees.

14 (h) Monitoring the performance and activities of all
15 district committees and providing technical assistance to
16 members and staff of district committees.

17 (i) Providing for the development and presentation of
18 a standardized training program for members of district
19 committees.

20 (8)(a) In the performance of its duties, the Statewide
21 Human Rights Advocacy Committee shall have:

22 1. Authority to receive, investigate, seek to
23 conciliate, hold hearings on, and act on complaints which
24 allege any abuse or deprivation of constitutional or human
25 rights of clients.

26 2. Access to all client records, files, and reports
27 from any program, service, or facility that is operated,
28 funded, licensed, or regulated by the Department of Children
29 and Family Services, or the Division of Mental Health or
30 Division of Substance Abuse of the Department of Health, and
31 any records which are material to its investigation and which

1 are in the custody of any other agency or department of
2 government. The committee's investigation or monitoring shall
3 not impede or obstruct matters under investigation by law
4 enforcement or judicial authorities. Access shall not be
5 granted if a specific procedure or prohibition for reviewing
6 records is required by federal law and regulation which
7 supersedes state law. Access shall not be granted to the
8 records of a private licensed practitioner who is providing
9 services outside agencies and facilities and whose client is
10 competent and refuses disclosure.

11 3. Standing to petition the circuit court for access
12 to client records which are confidential as specified by law.
13 The petition shall state the specific reasons for which the
14 committee is seeking access and the intended use of such
15 information. The court may authorize committee access to such
16 records upon a finding that such access is directly related to
17 an investigation regarding the possible deprivation of
18 constitutional or human rights or the abuse of a client.
19 Original client files, records, and reports shall not be
20 removed from the Department of Children and Family Services,
21 or the Division of Mental Health or Division of Substance
22 Abuse of the Department of Health, or agency facilities.
23 Under no circumstance shall the committee have access to
24 confidential adoption records in accordance with the
25 provisions of ss. 39.0132, 63.022, and 63.162. Upon
26 completion of a general investigation of practices and
27 procedures of the Department of Children and Family Services,
28 or the Division of Mental Health or Division of Substance
29 Abuse of the Department of Health, the committee shall report
30 its findings to that department or division.

31

1 (b) All information obtained or produced by the
2 committee which is made confidential by law, which relates to
3 the identity of any client or group of clients subject to the
4 protections of this section, or which relates to the identity
5 of an individual who provides information to the committee
6 about abuse or alleged violations of constitutional or human
7 rights, is confidential and exempt from the provisions of s.
8 119.07(1) and s. 24(a), Art. I of the State Constitution.

9 (c) Portions of meetings of the Statewide Human Rights
10 Advocacy Committee which relate to the identity of any client
11 or group of clients subject to the protections of this
12 section, which relate to the identity of an individual who
13 provides information to the committee about abuse or alleged
14 violations of constitutional or human rights, or wherein
15 testimony is provided relating to records otherwise made
16 confidential by law, are exempt from the provisions of s.
17 286.011 and s. 24(b), Art. I of the State Constitution.

18 (d) All records prepared by members of the committee
19 which reflect a mental impression, investigative strategy, or
20 theory are exempt from the provisions of s. 119.07(1) and s.
21 24(a), Art. I of the State Constitution until the
22 investigation is completed or until the investigation ceases
23 to be active. For purposes of this section, an investigation
24 is considered "active" while such investigation is being
25 conducted by the committee with a reasonable, good faith
26 belief that it may lead to a finding of abuse or of a
27 violation of human rights. An investigation does not cease to
28 be active so long as the committee is proceeding with
29 reasonable dispatch and there is a good faith belief that
30 action may be initiated by the committee or other
31 administrative or law enforcement agency.

1 (e) Any person who knowingly and willfully discloses
2 any such confidential information is guilty of a misdemeanor
3 of the second degree, punishable as provided in s. 775.082 or
4 s. 775.083.

5 Section 46. Effective January 1, 2000, section
6 402.166, Florida Statutes, 1998 Supplement, is amended to
7 read:

8 402.166 District human rights advocacy committees;
9 confidential records and meetings.--

10 (1) At least one district human rights advocacy
11 committee is created in each service district of the
12 Department of Children and Family ~~Health and Rehabilitative~~
13 Services. The district human rights advocacy committees shall
14 be subject to direction from and the supervision of the
15 Statewide Human Rights Advocacy Committee. The district
16 administrator shall assign staff to provide administrative
17 support to the committees, and staff assigned to these
18 positions shall perform the functions required by the
19 committee without interference from the department. The
20 district committees shall direct the activities of staff
21 assigned to them to the extent necessary for the committees to
22 carry out their duties. The number and areas of
23 responsibility of the district human rights advocacy
24 committees, not to exceed three in any district, shall be
25 determined by the majority vote of district committee members.
26 However, district II may have four committees. District
27 committees shall meet at facilities under their jurisdiction
28 whenever possible.

29 (2) Each district human rights advocacy committee
30 shall have no fewer than 7 members and no more than 15
31 members, 25 percent of whom are or have been clients of the

1 Department of Children and Family Health and Rehabilitative
2 Services or the Division of Mental Health or Division of
3 Substance Abuse of the Department of Health, within the last 4
4 years, except that one member of this group may be an
5 immediate relative or legal representative of a current or
6 former client; one provider who delivers two providers, who
7 deliver services or programs to clients of the Department of
8 Children and Family Health and Rehabilitative Services; one
9 provider who delivers services or programs to clients of the
10 Division of Mental Health or the Division of Substance Abuse
11 of the Department of Health; and two representatives of
12 professional organizations, one of whom represents
13 health-related professions and one of whom represents the
14 legal profession. Priority of consideration shall be given to
15 the appointment of at least one medical or osteopathic
16 physician, as defined in chapters 458 and 459, and one member
17 in good standing of The Florida Bar. Priority of consideration
18 shall also be given to the appointment of an individual whose
19 primary interest, experience, or expertise lies with a major
20 client group of the Department of Children and Family Health
21 and Rehabilitative Services, or the Division of Mental Health
22 or Division of Substance Abuse of the Department of Health,
23 not represented on the committee at the time of the
24 appointment. In no case shall a person who is employed by the
25 Department of Children and Family Health and Rehabilitative
26 Services or the Department of Health be selected as a member
27 of a committee. At no time shall individuals who are
28 providing contracted services to the Department of Children
29 and Family Health and Rehabilitative Services, or the Division
30 of Mental Health or Division of Substance Abuse of the
31 Department of Health, constitute more than 25 percent of the

1 membership of a district committee. Persons related to each
2 other by consanguinity or affinity within the third degree
3 shall not serve on the same district human rights advocacy
4 committee at the same time. All members of district human
5 rights advocacy committees must successfully complete a
6 standardized training course for committee members within 3
7 months after their appointment to a committee. A member may
8 not be assigned an investigation which requires access to
9 confidential information prior to the completion of the
10 training course. After he or she completes the required
11 training course, a member of a committee shall not be
12 prevented from participating in any activity of that
13 committee, including investigations and monitoring, except due
14 to a conflict of interest as described in the procedures
15 established by the Statewide Human Rights Advocacy Committee
16 pursuant to subsection (7).

17 (3)(a) With respect to existing committees, each
18 member shall serve a term of 4 years. Upon expiration of a
19 term and in the case of any other vacancy, the district
20 committee shall appoint a replacement by majority vote of the
21 committee, subject to the approval of the Governor. A member
22 may serve no more than two consecutive terms.

23 (b)1. The Governor shall appoint the first 4 members
24 of any newly created committee; and those 4 members shall
25 select the remaining 11 members, subject to approval of the
26 Governor. If any of the first four members are not appointed
27 within 60 days of a request being submitted to the Governor,
28 those members shall be appointed by a majority vote of the
29 district committee without further action by the Governor.

30 2. Members shall serve for no more than two
31 consecutive terms of 3 years, except that at the time of

1 initial appointment, terms shall be staggered so that the
2 first six members appointed serve for terms of 2 years and the
3 remaining five members serve for terms of 3 years. Vacancies
4 shall be filled as provided in subparagraph 1.

5 (c) If no action is taken by the Governor to approve
6 or disapprove a replacement of a member pursuant to this
7 paragraph within 30 days after the district committee has
8 notified the Governor of the appointment, then the appointment
9 of the replacement shall be considered approved.

10 (d) The limitation on the number of terms a member may
11 serve applies without regard to whether a term was served
12 before or after October 1, 1989.

13 (4) Each committee shall elect a chairperson for a
14 term of 1 year. A person may not serve as chairperson for
15 more than two consecutive terms. The chairperson's term
16 expires on the anniversary of the chairperson's election.

17 (5) In the event that a committee member fails to
18 attend two-thirds of the regular committee meetings during the
19 course of a year, it shall be the responsibility of the
20 committee to replace such member. If a district committee
21 member is in violation of the provisions of this subsection or
22 procedures adopted thereto, a district committee may recommend
23 to the Governor that such member be removed.

24 (6) A member of a district committee shall receive no
25 compensation but shall receive per diem and shall be entitled
26 to be reimbursed for travel expenses as provided in s.
27 112.061. Members may be provided reimbursement for
28 long-distance telephone calls if such calls were necessary to
29 an investigation of an abuse or deprivation of human rights.

30 (7) A district human rights advocacy committee shall
31 first seek to resolve a complaint with the appropriate local

1 administration, agency, or program; any matter not resolved by
2 the district committee shall be referred to the Statewide
3 Human Rights Advocacy Committee. A district human rights
4 advocacy committee shall comply with appeal procedures
5 established by the Statewide Human Rights Advocacy Committee.
6 The duties, actions, and procedures of both new and existing
7 district human rights advocacy committees shall conform to the
8 provisions of this act. The duties of each district human
9 rights advocacy committee shall include, but are not limited
10 to:

11 (a) Serving as an independent third-party mechanism
12 for protecting the constitutional and human rights of any
13 client within a program or facility operated, funded,
14 licensed, or regulated by the Department of Children and
15 Family Health and Rehabilitative Services or the Division of
16 Mental Health or Division of Substance Abuse of the Department
17 of Health.

18 (b) Monitoring by site visit and inspection of
19 records, the delivery and use of services, programs or
20 facilities operated, funded, regulated or licensed by the
21 Department of Children and Family Health and Rehabilitative
22 Services or the Division of Mental Health or Division of
23 Substance Abuse of the Department of Health, for the purpose
24 of preventing abuse or deprivation of the constitutional and
25 human rights of clients. A district human rights advocacy
26 committee may conduct an unannounced site visit or monitoring
27 visit that involves the inspection of records if such visit is
28 conditioned upon a complaint. A complaint may be generated by
29 the committee itself if information from the Department of
30 Children and Family Health and Rehabilitative Services or the
31 Division of Mental Health or Division of Substance Abuse of

1 the Department of Health or other sources indicates a
2 situation at the program or facility that indicates possible
3 abuse or neglect of clients. The district human rights
4 advocacy committees shall follow uniform criteria established
5 by the Statewide Human Rights Advocacy Committee for the
6 review of information and generation of complaints. Routine
7 program monitoring and reviews that do not require an
8 examination of records may be made unannounced.

9 (c) Receiving, investigating, and resolving reports of
10 abuse or deprivation of constitutional and human rights.

11 (d) Reviewing and making recommendation with respect
12 to the involvement by clients of the Department of Children
13 and Family Health and Rehabilitative Services or the Division
14 of Mental Health or Division of Substance Abuse of the
15 Department of Health as subjects for research projects, prior
16 to implementation, insofar as their human rights are affected.

17 (e) Reviewing existing programs or services and new or
18 revised programs of the Department of Children and Family
19 Health and Rehabilitative Services and the Division of Mental
20 Health and Division of Substance Abuse of the Department of
21 Health, and making recommendations as to how the rights of
22 clients are affected.

23 (f) Appealing to the state committee any complaint
24 unresolved at the district level. Any matter that constitutes
25 a threat to the life, safety, or health of a client or is
26 multidistrict in scope shall automatically be referred to the
27 Statewide Human Rights Advocacy Committee.

28 (g) Submitting an annual report by September 30 to the
29 Statewide Human Rights Advocacy Committee concerning
30 activities, recommendations, and complaints reviewed or
31 developed by the committee during the year.

1 (h) Conducting meetings at least six times a year at
2 the call of the chairperson and at other times at the call of
3 the Governor, at the call of the Statewide Human Rights
4 Advocacy Committee, or by written request of a majority of the
5 members of the committee.

6 (8)(a) In the performance of its duties, a district
7 human rights advocacy committee shall have:

8 1. Access to all client records, files, and reports
9 from any program, service, or facility that is operated,
10 funded, licensed, or regulated by the Department of Children
11 and Family Services, or the Division of Mental Health or
12 Division of Substance Abuse of the Department of Health, and
13 any records which are material to its investigation and which
14 are in the custody of any other agency or department of
15 government. The committee's investigation or monitoring shall
16 not impede or obstruct matters under investigation by law
17 enforcement or judicial authorities. Access shall not be
18 granted if a specific procedure or prohibition for reviewing
19 records is required by federal law and regulation which
20 supersedes state law. Access shall not be granted to the
21 records of a private licensed practitioner who is providing
22 services outside agencies and facilities and whose client is
23 competent and refuses disclosure.

24 2. Standing to petition the circuit court for access
25 to client records which are confidential as specified by law.
26 The petition shall state the specific reasons for which the
27 committee is seeking access and the intended use of such
28 information. The court may authorize committee access to such
29 records upon a finding that such access is directly related to
30 an investigation regarding the possible deprivation of
31 constitutional or human rights or the abuse of a client.

1 Original client files, records, and reports shall not be
2 removed from Department of Children and Family Services, or
3 the Division of Mental Health or Division of Substance Abuse
4 of the Department of Health, or agency facilities. Upon no
5 circumstances shall the committee have access to confidential
6 adoption records in accordance with the provisions of ss.
7 39.0132, 63.022, and 63.162. Upon completion of a general
8 investigation of practices and procedures of the Department of
9 Children and Family Services, or the Division of Mental Health
10 or Division of Substance Abuse of the Department of Health,
11 the committee shall report its findings to that department or
12 division.

13 (b) All information obtained or produced by the
14 committee which is made confidential by law, which relates to
15 the identity of any client or group of clients subject to the
16 protection of this section, or which relates to the identity
17 of an individual who provides information to the committee
18 about abuse or alleged violations of constitutional or human
19 rights, is confidential and exempt from the provisions of s.
20 119.07(1) and s. 24(a), Art. I of the State Constitution.

21 (c) Portions of meetings of a district human rights
22 advocacy committee which relate to the identity of any client
23 or group of clients subject to the protections of this
24 section, which relate to the identity of an individual who
25 provides information to the committee about abuse or alleged
26 violations of constitutional or human rights, or wherein
27 testimony is provided relating to records otherwise made
28 confidential by law, are exempt from the provisions of s.
29 286.011 and s. 24(b), Art. I of the State Constitution.

30 (d) All records prepared by members of the committee
31 which reflect a mental impression, investigative strategy, or

1 theory are exempt from the provisions of s. 119.07(1) and s.
2 24(a), Art. I of the State Constitution until the
3 investigation is completed or until the investigation ceases
4 to be active. For purposes of this section, an investigation
5 is considered "active" while such investigation is being
6 conducted by the committee with a reasonable, good faith
7 belief that it may lead to a finding of abuse or of a
8 violation of human rights. An investigation does not cease to
9 be active so long as the committee is proceeding with
10 reasonable dispatch and there is a good faith belief that
11 action may be initiated by the committee or other
12 administrative or law enforcement agency.

13 (e) Any person who knowingly and willfully discloses
14 any such confidential information is guilty of a misdemeanor
15 of the second degree, punishable as provided in s. 775.082 or
16 s. 775.083.

17 Section 47. Effective January 1, 2000, section
18 402.167, Florida Statutes, is amended to read:

19 402.167 ~~Department~~ Duties relating to the Statewide
20 Human Rights Advocacy Committee and the district human rights
21 advocacy committees.--

22 (1) The Department of Children and Family Health and
23 Rehabilitative Services and the Division of Mental Health and
24 Division of Substance Abuse of the Department of Health shall
25 adopt rules which are consistent with law, amended to reflect
26 any statutory changes, which rules address at least the
27 following:

28 (a) Procedures by which Department of Children and
29 Family Health and Rehabilitative Services and the Division of
30 Mental Health and Division of Substance Abuse of the

31

1 Department of Health district staff refer reports of abuse to
2 district human rights advocacy committees.

3 (b) Procedures by which client information is made
4 available to members of the Statewide Human Rights Advocacy
5 Committee and the district human rights advocacy committees.

6 (c) Procedures by which recommendations made by human
7 rights advocacy committees will be incorporated into
8 Department of Children and Family ~~Health and Rehabilitative~~
9 ~~Services~~ and the Division of Mental Health and Division of
10 Substance Abuse of the Department of Health policies and
11 procedures.

12 (d) Procedures by which committee members are
13 reimbursed for authorized expenditures.

14 (2) The Department of Children and Family ~~Health and~~
15 ~~Rehabilitative~~ Services shall provide for the location of
16 district human rights advocacy committees in district
17 headquarters offices and shall provide necessary equipment and
18 office supplies, including, but not limited to, clerical and
19 word processing services, photocopiers, telephone services,
20 and stationery and other necessary supplies.

21 (3) The secretary and the Secretary of Health shall
22 ensure the full cooperation and assistance of employees of the
23 Department of Children and Family ~~Health and Rehabilitative~~
24 ~~Services~~ and the Division of Mental Health and Division of
25 Substance Abuse of the Department of Health with members and
26 staff of the human rights advocacy committees. Further, the
27 secretary shall ensure that to the extent possible, staff
28 assigned to the Statewide Human Rights Advocacy Committees and
29 district human rights advocacy committees are free of
30 interference from or control by the department in performing
31 their duties relative to those committees.

1 Section 48. Effective January 1, 2000, subsections (3)
2 and (6) of section 402.175, Florida Statutes, 1998 Supplement,
3 are amended to read:

4 402.175 Legislative intent; developmentally disabled
5 and mentally ill persons' umbrella trust fund.--

6 (3) The department, in consultation with the
7 Department of Health, shall cause to be established an
8 umbrella trust fund for the benefit of developmentally
9 disabled and mentally ill persons in this state. Such trust
10 shall be funded by:

11 (a) State appropriations.

12 (b) Grants and donations.

13 (c) The remainder interest left to the umbrella trust
14 by the individual trusts as provided by paragraph (4)(b).

15 (6) The department, in consultation with the
16 Department of Health, shall by rule:

17 (a) Establish specific expenditure categories within
18 which the trustee may make disbursements.

19 1. Such categories shall be based on the most common
20 and reasonable unmet needs of developmentally disabled or
21 mentally ill persons.

22 2. With respect to the developmentally disabled or
23 mentally ill person's using the money available from the main
24 umbrella trust, a different category of expenditures may be
25 utilized, dependent upon the resources of the main umbrella
26 trust so that the principal of the main umbrella trust is not
27 substantially diminished.

28 (b) Establish which types of property will qualify for
29 contribution to the umbrella trust fund.

30 (c) Develop a model individual trust agreement by
31 which the family of a developmentally disabled or mentally ill

1 person can contribute assets for entrance into the umbrella
2 trust fund in order to minimize any possibility of conflicts
3 between the main umbrella trust and the individual trust.

4 (d) Establish additional rules pertaining to the
5 administration of expenditures from the individual trust and
6 the establishment of fees for administering the umbrella trust
7 fund.

8 Section 49. Effective January 1, 2000, section 402.20,
9 Florida Statutes, is amended to read:

10 402.20 County contracts authorized for services and
11 facilities in mental health and retardation areas.--The boards
12 of county commissioners are authorized to provide monetary
13 grants and facilities, and to enter into renewable contracts,
14 for services and facilities, for a period not to exceed 2
15 years, with public and private hospitals, clinics, and
16 laboratories; other state agencies, departments, or divisions;
17 the state colleges and universities; the community colleges;
18 private colleges and universities; counties; municipalities;
19 towns; townships; and any other governmental unit or nonprofit
20 organization which provides needed facilities for the mentally
21 ill or retarded. These services are hereby declared to be for
22 a public and county purpose. The county commissioners may
23 make periodic inspections to assure that the services or
24 facilities provided under this chapter meet the standards of
25 the Department of Health or the Department of Children and
26 Family and Rehabilitative Services, as appropriate.

27 Section 50. Effective January 1, 2000, section 402.22,
28 Florida Statutes, 1998 Supplement, is amended to read:

29 402.22 Education program for students who reside in
30 residential care facilities operated by the Department of
31 Health or the Department of Children and Family Services.--

1 (1)(a) The Legislature recognizes that the Department
2 of Health and the Department of Children and Family Services
3 have under their respective ~~has under its~~ residential care
4 students with critical problems of physical impairment,
5 emotional disturbance, mental impairment, and learning
6 impairment.

7 (b) The Legislature recognizes the vital role of
8 education in the rehabilitation of such students. It is the
9 intent of the Legislature that all such students benefit from
10 educational services and receive such services.

11 (c) It is the intent of the Legislature that
12 educational services be coordinated with appropriate and
13 existing diagnostic and evaluative, social, followup, and
14 other therapeutic services of the Department of Health and the
15 Department of Children and Family Services so that the effect
16 of the total rehabilitation process is maximized.

17 (d) It is the intent of the Legislature that, as
18 educational programs for students in residential care
19 facilities are implemented by the district school board,
20 educational personnel in the Department of Health and the
21 Department of Children and Family Services residential care
22 facilities who meet the qualifications for employees of the
23 district school board be employed by the district school
24 board.

25 (2) District school boards shall establish educational
26 programs for all students ages 5 through 18 under the
27 residential care of the Department of Health or the Department
28 of Children and Family Services and may provide for students
29 below age 3 as provided for in s. 232.01(1)(e). Funding of
30 such programs shall be pursuant to s. 236.081.

31

1 (3) Notwithstanding any provisions of chapters 39,
2 393, 394, and 397 to the contrary, the services of the
3 Department of Health and the Department of Children and Family
4 Services and those of the Department of Education and district
5 school boards shall be mutually supportive and complementary
6 of each other. The education programs provided by the district
7 school board shall meet the standards prescribed by the State
8 Board of Education and the district school board. Decisions
9 regarding the design and delivery of Department of Health and
10 the Department of Children and Family Services treatment or
11 habilitative services shall be made by interdisciplinary teams
12 of professional and paraprofessional staff of which
13 appropriate district school system administrative and
14 instructional personnel shall be invited to be participating
15 members. The requirements for maintenance of confidentiality
16 as prescribed in chapters 39, 393, 394, and 397 shall be
17 applied to information used by such interdisciplinary teams,
18 and such information shall be exempt from the provisions of
19 ss. 119.07(1) and 286.011.

20 (4) Students age 18 and under who are under the
21 residential care of the Department of Health or the Department
22 of Children and Family Services and who receive an education
23 program shall be calculated as full-time equivalent student
24 membership in the appropriate cost factor as provided for in
25 s. 236.081(1)(c). Residential care facilities of the
26 Department of Health and the Department of Children and Family
27 Services shall include, but not be limited to, developmental
28 services institutions and state mental health facilities. All
29 students shall receive their education program from the
30 district school system, and funding shall be allocated through
31

1 the Florida Education Finance Program for the district school
2 system.

3 (5) Instructional and special educational services
4 which are provided to mental health and retardation clients in
5 ~~the Department of Children and Family Services~~ residential
6 care facilities of the Department of Health or the Department
7 of Children and Family Services by local school districts
8 shall not be less than 180 days or 900 hours; however, the 900
9 hours may be distributed over a 12-month period, unless
10 otherwise stated in rules developed by the State Board of
11 Education with the concurrence of the Department of Health and
12 the Department of Children and Family Services promulgated
13 pursuant to subsection (6).

14 (6) The State Board of Education and the Department of
15 Health and the Department of Children and Family Services
16 shall have the authority to promulgate rules which shall
17 assist in the orderly transfer of the instruction of students
18 from ~~Department of Children and Family Services~~ residential
19 care facilities of the Department of Health or the Department
20 of Children and Family Services to the district school system
21 or to the public education agency and which shall assist in
22 implementing the specific intent as stated in this act.

23 (7) Notwithstanding the provisions of s. 230.23(4)(n),
24 the educational program at the Marianna Sunland Center in
25 Jackson County shall be operated by the Department of
26 Education, either directly or through grants or contractual
27 agreements with other public educational agencies. The annual
28 state allocation to any such agency shall be computed pursuant
29 to s. 236.081(1), (2), and (5) and allocated in the amount
30 that would have been provided the local school district in
31 which the residential facility is located.

1 Section 51. Effective January 1, 2000, paragraphs (b)
2 and (c) of subsection (1) of section 402.33, Florida Statutes,
3 are amended to read:

4 402.33 Department authority to charge fees for
5 services provided.--

6 (1) As used in this section, the term:

7 (b) "Client" means any natural person receiving
8 services provided by the department, or the Division of Mental
9 Health or Division of Substance Abuse of the Department of
10 Health, including supervision, care, and maintenance, but not
11 as a licensee subject to regulation by either ~~the~~ department
12 for purposes of licensure.

13 (c) "Department" means the Department of Children and
14 Family Health and Rehabilitative Services or the Division of
15 Mental Health or Division of Substance Abuse of the Department
16 of Health.

17 Section 52. Effective January 1, 2000, subsection (13)
18 of section 408.701, Florida Statutes, 1998 Supplement, is
19 amended to read:

20 408.701 Community health purchasing; definitions.--As
21 used in ss. 408.70-408.706, the term:

22 (13) "Health care provider" or "provider" means a
23 state-licensed or state-authorized facility, a facility
24 principally supported by a local government or by funds from a
25 charitable organization that holds a current exemption from
26 federal income tax under s. 501(c)(3) of the Internal Revenue
27 Code, a licensed practitioner, a county health department
28 established under part I of chapter 154, a prescribed
29 pediatric extended care center defined in s. 400.902, a
30 federally supported primary care program such as a migrant
31 health center or a community health center authorized under s.

1 329 or s. 330 of the United States Public Health Services Act
2 that delivers health care services to individuals, or a
3 community facility that receives funds from the state under
4 the Community Substance ~~Alcohol, Drug~~ Abuse, and Mental Health
5 Services Act and provides mental health services to
6 individuals.

7 Section 53. Effective January 1, 2000, subsection (8)
8 of section 409.906, Florida Statutes, 1998 Supplement, is
9 amended to read:

10 409.906 Optional Medicaid services.--Subject to
11 specific appropriations, the agency may make payments for
12 services which are optional to the state under Title XIX of
13 the Social Security Act and are furnished by Medicaid
14 providers to recipients who are determined to be eligible on
15 the dates on which the services were provided. Any optional
16 service that is provided shall be provided only when medically
17 necessary and in accordance with state and federal law.
18 Nothing in this section shall be construed to prevent or limit
19 the agency from adjusting fees, reimbursement rates, lengths
20 of stay, number of visits, or number of services, or making
21 any other adjustments necessary to comply with the
22 availability of moneys and any limitations or directions
23 provided for in the General Appropriations Act or chapter 216.
24 Optional services may include:

25 (8) COMMUNITY MENTAL HEALTH SERVICES.--The agency may
26 pay for rehabilitative services provided to a recipient by a
27 mental health or substance abuse provider licensed by the
28 agency and under contract with the agency or the Department of
29 Health Children and Family Services to provide such services.
30 Those services which are psychiatric in nature shall be
31 rendered or recommended by a psychiatrist, and those services

1 which are medical in nature shall be rendered or recommended
2 by a physician or psychiatrist. The agency must develop a
3 provider enrollment process for community mental health
4 providers which bases provider enrollment on an assessment of
5 service need. The provider enrollment process shall be
6 designed to control costs, prevent fraud and abuse, consider
7 provider expertise and capacity, and assess provider success
8 in managing utilization of care and measuring treatment
9 outcomes. Providers will be selected through a competitive
10 procurement or selective contracting process. In addition to
11 other community mental health providers, the agency shall
12 consider for enrollment mental health programs licensed under
13 chapter 395 and group practices licensed under chapter 458,
14 chapter 459, chapter 490, or chapter 491. The agency is also
15 authorized to continue operation of its behavioral health
16 utilization management program and may develop new services if
17 these actions are necessary to ensure savings from the
18 implementation of the utilization management system. The
19 agency shall coordinate the implementation of this enrollment
20 process with the Department of Health ~~Children and Family~~
21 ~~Services~~ and the Department of Juvenile Justice. The agency is
22 authorized to utilize diagnostic criteria in setting
23 reimbursement rates, to preauthorize certain high-cost or
24 highly utilized services, to limit or eliminate coverage for
25 certain services, or to make any other adjustments necessary
26 to comply with any limitations or directions provided for in
27 the General Appropriations Act.

28 Section 54. Effective January 1, 2000, subsection (2)
29 of section 411.222, Florida Statutes, is amended to read:

30 411.222 Intraagency and interagency coordination;
31 creation of offices; responsibilities; memorandum of

1 agreement; creation of coordinating council;
2 responsibilities.--
3 (2) DEPARTMENT OF CHILDREN AND FAMILY HEALTH AND
4 ~~REHABILITATIVE~~ SERVICES.--There is created within the
5 Department of Children and Family Health and Rehabilitative
6 Services an Office of Prevention, Early Assistance, and Child
7 Development for the purpose of intraagency and interagency
8 planning, policy, and program development and coordination to
9 enhance existing programs and services and to develop new
10 programs and services for high-risk pregnant women and for
11 high-risk preschool children and their families.
12 (a) Intraagency responsibilities.--
13 1. Assure planning, policy, and program coordination
14 in programs serving high-risk pregnant women and high-risk
15 preschool children and their families, within the following
16 offices of the Department of Children and Family Health and
17 ~~Rehabilitative~~ Services:
18 a. ~~Alcohol, Drug Abuse, and Mental Health.~~
19 b. ~~Children's Medical Services.~~
20 a.c. Children, Youth, and Families.
21 b.d. Developmental Services.
22 c.e. Economic Self-Sufficiency Services.
23 f. ~~Health.~~
24 g. ~~Medicaid.~~
25 2. Assure planning, policy, and program coordination
26 in the following interprogram areas:
27 a. Transportation.
28 b. Migrant and refugee services.
29 c. Volunteer services.
30 d. Child abuse and neglect prevention, early
31 intervention, and treatment.

- 1 e. Chapter I of Pub. L. No. 97-35.
- 2 3. Ensure, within available resources, the
3 implementation of the continuum of comprehensive services in
4 the service districts.
- 5 4. Serve as clearinghouse for the collection and
6 dissemination of information relating to programs and services
7 for high-risk pregnant women and for high-risk preschool
8 children and their families, and programs aimed at preventing
9 sexual activity and teenage pregnancy, including model and
10 exemplary programs that have demonstrated effectiveness and
11 beneficial outcomes.
- 12 5. Develop publications, including, but not limited
13 to, directories, newsletters, public awareness documents, and
14 other resource materials which assist agencies, programs, and
15 families in meeting the needs of the high-risk population.
- 16 6. Provide technical assistance at the request of
17 program offices, service districts, providers, advisory
18 councils, and advocacy groups, and other agencies or entities
19 with which the Department of Children and Family Health and
20 ~~Rehabilitative~~ Services has contracts or cooperative
21 agreements.
- 22 7. Disseminate information regarding the availability
23 of federal, state, and private grants which target teenagers
24 at risk of pregnancy, high-risk pregnant women, and high-risk
25 preschool children and their families.
- 26 8. Perform duties relating to the joint strategic plan
27 as specified in s. 411.221.
- 28 (b) Interagency responsibilities.--
- 29 1. Assure planning, policy, and program coordination
30 with the following existing programs and services provided
31

1 through the Department of Health or the Agency for Health Care
2 Administration:

3 a. Mental Health.

4 b. Children's Medical Services.

5 c. Substance Abuse.

6 d. Health.

7 e. Medicaid.

8 ~~2.1.~~ Perform the joint functions related to the joint
9 strategic plan as specified in s. 411.221.

10 ~~3.2.~~ Prepare jointly with the Department of Education
11 a memorandum of agreement pursuant to this section, or other
12 cooperative agreements necessary to implement the requirements
13 of this chapter.

14 ~~4.3.~~ Develop, in collaboration with the Department of
15 Education, rules necessary to implement this chapter.

16 ~~5.4.~~ Perform the responsibilities enumerated in
17 subparagraphs (a)4.-7. on a statewide basis in conjunction
18 with the Office of Prevention, Early Assistance, and Child
19 Development within the Department of Education.

20 ~~6.5.~~ Subject to appropriation, develop and implement a
21 program of parenting workshops to assist and counsel the
22 parents or guardians of students having disciplinary problems.
23 These workshops should be made available to all families of
24 students who have disciplinary problems. The department may
25 provide these services directly or may enter into contracts
26 with school districts for the provision of these services.

27 Section 55. Effective January 1, 2000, section
28 411.224, Florida Statutes, is amended to read:

29 411.224 Family support planning process.--The
30 Legislature establishes a family support planning process to
31 be used by the Department of Children and Family Health and

1 ~~Rehabilitative~~ Services as the service planning process for
2 targeted individuals, children, and families under its
3 purview.

4 (1) The Department of Health and the Department of
5 Education shall take all appropriate and necessary steps to
6 encourage and facilitate the implementation of the family
7 support planning process for individuals, children, and
8 families within their ~~its~~ purview.

9 (2) To the extent possible within existing resources,
10 the following populations must be included in the family
11 support planning process:

12 (a) Children from birth to age 5 who are served by the
13 clinic and programs of the Division of Children's Medical
14 Services ~~Program Office~~ of the Department of Health ~~and~~
15 ~~Rehabilitative Services~~.

16 (b) Children participating in the developmental
17 evaluation and intervention program of the Division of
18 Children's Medical Services ~~Program Office~~ of the Department
19 of Health ~~and Rehabilitative Services~~.

20 (c) Children from birth through age 5 who are served
21 by the Developmental Services Program Office of the Department
22 of Children and Family Health and Rehabilitative Services.

23 (d) Children from birth through age 5 who are served
24 by the Division of Mental Health or the Division of Substance
25 Abuse Alcohol, Drug Abuse, and Mental Health Program Office of
26 the Department of Health ~~and Rehabilitative Services~~.

27 (e) Participants who are served by the Children's
28 Early Investment Program established in s. 411.232.

29 (f) Healthy Start participants in need of ongoing
30 service coordination.

31

1 (g) Children from birth through age 5 who are served
2 by the voluntary family services, protective supervision,
3 foster care, or adoption and related services programs of the
4 Children and Families ~~Family Services~~ Program Office of the
5 Department of Children and Family ~~Health and Rehabilitative~~
6 Services, and who are eligible for ongoing services from one
7 or more other programs or agencies that participate in family
8 support planning; however, children served by the voluntary
9 family services program, where the planned length of
10 intervention is 30 days or less, are excluded from this
11 population.

12 (3) When individuals included in the target population
13 are served by Head Start, local education agencies, or other
14 prevention and early intervention programs, providers must be
15 notified and efforts made to facilitate the concerned agency's
16 participation in family support planning.

17 (4) Local education agencies are encouraged to use a
18 family support planning process for children from birth
19 through 5 years of age who are served by the prekindergarten
20 program for children with disabilities, in lieu of the
21 Individual Education Plan.

22 (5) There must be only a single-family support plan to
23 address the problems of the various family members unless the
24 family requests that an individual family support plan be
25 developed for different members of that family. The family
26 support plan must replace individual habilitation plans for
27 children from birth through 5 years old who are served by the
28 Developmental Services Program Office of the Department of
29 Children and Family ~~Health and Rehabilitative~~ Services. To
30 the extent possible, the family support plan must replace
31

1 other case-planning forms used by the Department of Children
2 and Family Health and Rehabilitative Services.

3 (6) The family support plan at a minimum must include
4 the following information:

5 (a) The family's statement of family concerns,
6 priorities, and resources.

7 (b) Information related to the health, educational,
8 economic and social needs, and overall development of the
9 individual and the family.

10 (c) The outcomes that the plan is intended to achieve.

11 (d) Identification of the resources and services to
12 achieve each outcome projected in the plan. These resources
13 and services are to be provided based on availability and
14 funding.

15 (7) A family support plan meeting must be held with
16 the family to initially develop the family support plan and
17 annually thereafter to update the plan as necessary. The
18 family includes anyone who has an integral role in the life of
19 the individual or child as identified by the individual or
20 family. The family support plan must be reviewed periodically
21 during the year, at least at 6-month intervals, to modify and
22 update the plan as needed. Such periodic reviews do not
23 require a family support plan team meeting but may be
24 accomplished through other means such as a case file review
25 and telephone conference with the family.

26 (8) The initial family support plan must be developed
27 within a 90-day period. If exceptional circumstances make it
28 impossible to complete the evaluation activities and to hold
29 the initial family support plan team meeting within a
30 reasonable time period, these circumstances must be
31 documented, and the individual or family must be notified of

1 the reason for the delay. With the agreement of the family
2 and the provider, services for which either the individual or
3 the family is eligible may be initiated before the completion
4 of the evaluation activities and the family support plan.

5 (9) The Department of Children and Family ~~Health and~~
6 ~~Rehabilitative~~ Services, the Department of Health, and the
7 Department of Education, to the extent that funds are
8 available, must offer technical assistance to communities to
9 facilitate the implementation of the family support plan.

10 (10) The Department of Children and Family ~~Health and~~
11 ~~Rehabilitative~~ Services must implement the family support
12 planning process for all individuals, children, and their
13 families in the target population no later than September 30,
14 1995.

15 (11) The Department of Children and Family ~~Health and~~
16 ~~Rehabilitative~~ Services, the Department of Health, and the
17 Department of Education shall adopt rules necessary to
18 implement this act.

19 Section 56. Effective January 1, 2000, subsections
20 (1), (2), and (4), and paragraph (a) of subsection (5) of
21 section 414.70, Florida Statutes, 1998 Supplement, are amended
22 to read:

23 414.70 Drug-testing and drug-screening program;
24 procedures.--

25 (1) DEMONSTRATION PROJECT.--The Department of Health
26 ~~Children and Family Services~~, in consultation with local WAGES
27 coalitions 3 and 8, shall develop and, as soon as possible
28 after January 1, 1999, implement a demonstration project in
29 WAGES regions 3 and 8 to screen each applicant ~~and test~~
30 ~~applicants~~ for temporary cash assistance provided under this
31 chapter, and test applicants who the department has reasonable

1 cause to believe, based on the screening, engage in illegal
2 use of controlled substances. Unless reauthorized by the
3 Legislature, this demonstration project expires June 30, 2001.
4 As used in this act, the term "applicant" means an individual
5 who first applies for assistance or services under the WAGES
6 Program. Screening and testing for the illegal use of
7 controlled substances is not required if the individual
8 reapplies during any continuous period in which the individual
9 receives assistance or services. However, an individual may
10 volunteer for drug testing and treatment if funding is
11 available.

12 (2) PROCEDURES.--Under the demonstration project, the
13 Department of Health ~~Children and Family Services~~ shall:

14 (a) Provide notice of drug screening and the potential
15 for possible drug testing to each applicant at the time of
16 application. The notice must advise the applicant that drug
17 screening and possibly drug testing will be conducted as a
18 condition for receiving temporary assistance or services under
19 this chapter, and shall specify the assistance or services
20 that are subject to this requirement. The notice must also
21 advise the applicant that a prospective employer may require
22 the applicant to submit to a preemployment drug test. The
23 applicant shall be advised that the required drug screening
24 and possible drug testing may be avoided if the applicant does
25 not apply for or receive assistance or services. The
26 drug-screening and drug-testing program is not applicable in
27 child-only cases.

28 (b) Develop a procedure for drug screening and
29 conducting drug testing of applicants for temporary assistance
30 or services under the WAGES Program.

31

1 (c) Provide a procedure to advise each person to be
2 tested, before the test is conducted, that he or she may, but
3 is not required to, advise the agent administering the test of
4 any prescription or over-the-counter medication he or she is
5 taking.

6 (d) Require each person to be tested to sign a written
7 acknowledgment that he or she has received and understood the
8 notice and advice provided under paragraphs (a) and (c).

9 (e) Provide a procedure to assure each person being
10 tested a reasonable degree of dignity while producing and
11 submitting a sample for drug testing, consistent with the
12 state's need to ensure the reliability of the sample.

13 (f) Specify circumstances under which a person who
14 fails a drug test has the right to take one or more additional
15 tests.

16 (g) Provide a procedure for appealing the results of a
17 drug test by a person who fails a test and for advising the
18 appellant that he or she may, but is not required to, advise
19 appropriate staff of any prescription or over-the-counter
20 medication he or she has been taking.

21 (h) Notify each person who fails a drug test of the
22 local substance abuse treatment programs that may be available
23 to such person.

24 (4) TREATMENT.--

25 (a) Subject to the availability of funding, the
26 Department of Health ~~Children and Family Services~~ shall
27 provide a substance abuse treatment program for a person who
28 fails a drug test conducted under this act and is eligible to
29 receive temporary assistance or services under the WAGES
30 Program. The department shall provide for a retest at the end
31 of the treatment period. Failure to pass the retest will

1 result in the termination of temporary assistance or services
2 provided under this chapter and of any right to appeal the
3 termination.

4 (b) The Department of Health Children and Family
5 ~~Services~~ shall develop rules regarding the disclosure of
6 information concerning applicants who enter treatment,
7 including the requirement that applicants sign a consent to
8 release information to the Department of Health Children and
9 ~~Family Services~~ or the Department of Labor and Employment
10 Security, as necessary, as a condition of entering the
11 treatment program.

12 (c) The Department of Health Children and Family
13 ~~Services~~ may develop rules for assessing the status of persons
14 formerly treated under this act who reapply for assistance or
15 services under the WAGES act as well as the need for drug
16 testing as a part of the reapplication process.

17 (5) EVALUATIONS AND RECOMMENDATIONS.--

18 (a) The Department of Health Children and Family
19 ~~Services~~, in conjunction with the local WAGES coalitions in
20 service areas 3 and 8, shall conduct a comprehensive
21 evaluation of the demonstration projects operated under this
22 act. By January 1, 2000, the department, in conjunction with
23 the local WAGES coalitions involved, shall report to the WAGES
24 Program State Board of Directors and to the Legislature on the
25 status of the initial implementation of the demonstration
26 projects and shall specifically describe the problems
27 encountered and the funds expended during the first year of
28 operation.

29 Section 57. Effective January 1, 2000, paragraph (b)
30 of subsection (1) of section 458.3165, Florida Statutes, is
31 amended to read:

1 458.3165 Public psychiatry certificate.--The board
2 shall issue a public psychiatry certificate to an individual
3 who remits an application fee not to exceed \$300, as set by
4 the board, who is a board-certified psychiatrist, who is
5 licensed to practice medicine without restriction in another
6 state, and who meets the requirements in s. 458.311(1)(a)-(g)
7 and (5).

- 8 (1) Such certificate shall:
9 (b) Be issued and renewable biennially if the
10 Secretary of Health ~~the Department of Health and~~
11 ~~Rehabilitative Services~~ and the chair of the department of
12 psychiatry at one of the public medical schools or the chair
13 of the department of psychiatry at the accredited medical
14 school at the University of Miami recommend in writing that
15 the certificate be issued or renewed.

16 Section 58. Effective January 1, 2000, paragraph (b)
17 of subsection (1) of section 561.121, Florida Statutes, as
18 amended by chapter 97-213, Laws of Florida, is amended to
19 read:

20 561.121 Deposit of revenue.--

21 (1) All state funds collected pursuant to ss. 563.05,
22 564.06, and 565.12 shall be paid into the State Treasury and
23 disbursed in the following manner:

24 (b) Ten million dollars annually shall be transferred
25 to the Children and Adolescents Substance Abuse Trust Fund,
26 which shall remain with the Department of Health ~~Children and~~
27 ~~Family Services~~ for the purpose of funding programs directed
28 at reducing and eliminating substance abuse problems among
29 children and adolescents.

30 Section 59. Effective January 1, 2000, subsection (5)
31 of section 561.19, Florida Statutes, is amended to read:

1 561.19 License issuance upon approval of division.--

2 (5) A fee of \$10,750 shall be collected from each
3 person, firm, or corporation that is issued a new liquor
4 license subject to the limitation imposed in s. 561.20(1) as
5 provided in this section. This initial license fee shall not
6 be imposed on any license renewal and shall be in addition to
7 the license fees imposed by s. 565.02. The revenues collected
8 from the initial license fee imposed by this subsection shall
9 be deposited in the ~~Department of Health and Rehabilitative~~
10 ~~Services~~ Operations and Maintenance Trust Fund of the
11 Department of Health to be used only for substance alcohol and
12 drug abuse education, treatment, and prevention programs.

13 Section 60. Effective January 1, 2000, section 775.16,
14 Florida Statutes, is amended to read:

15 775.16 Drug offenses; additional penalties.--In
16 addition to any other penalty provided by law, a person who
17 has been convicted of sale of or trafficking in, or conspiracy
18 to sell or traffic in, a controlled substance under chapter
19 893, if such offense is a felony, or who has been convicted of
20 an offense under the laws of any state or country which, if
21 committed in this state, would constitute the felony of
22 selling or trafficking in, or conspiracy to sell or traffic
23 in, a controlled substance under chapter 893, is:

24 (1) Disqualified from applying for employment by any
25 agency of the state, unless:

26 (a) The person has completed all sentences of
27 imprisonment or supervisory sanctions imposed by the court, by
28 the Parole Commission, or by law; or

29 (b) The person has complied with the conditions of
30 subparagraphs 1. and 2. which shall be monitored by the
31

1 Department of Corrections while the person is under any
2 supervisory sanctions. The person under supervision may:
3 1. Seek evaluation and enrollment in, and once
4 enrolled maintain enrollment in until completion, a drug
5 treatment and rehabilitation program which is approved by the
6 Department of Health ~~and Rehabilitative Services~~, unless it is
7 deemed by the program that the person does not have a
8 substance abuse problem. The treatment and rehabilitation
9 program may be specified by:
10 a. The court, in the case of court-ordered supervisory
11 sanctions;
12 b. The Parole Commission, in the case of parole,
13 control release, or conditional release; or
14 c. The Department of Corrections, in the case of
15 imprisonment or any other supervision required by law.
16 2. Submit to periodic urine drug testing pursuant to
17 procedures prescribed by the Department of Corrections. If
18 the person is indigent, the costs shall be paid by the
19 Department of Corrections.
20 (2) Disqualified from applying for a license, permit,
21 or certificate required by any agency of the state to
22 practice, pursue, or engage in any occupation, trade,
23 vocation, profession, or business, unless:
24 (a) The person has completed all sentences of
25 imprisonment or supervisory sanctions imposed by the court, by
26 the Parole Commission, or by law;
27 (b) The person has complied with the conditions of
28 subparagraphs 1. and 2. which shall be monitored by the
29 Department of Corrections while the person is under any
30 supervisory sanction. If the person fails to comply with
31 provisions of these subparagraphs by either failing to

1 maintain treatment or by testing positive for drug use, the
2 department shall notify the licensing, permitting, or
3 certifying agency, which may refuse to reissue or reinstate
4 such license, permit, or certification. The licensee,
5 permittee, or certificateholder under supervision may:

6 1. Seek evaluation and enrollment in, and once
7 enrolled maintain enrollment in until completion, a drug
8 treatment and rehabilitation program which is approved or
9 regulated by the Department of Health ~~and Rehabilitative~~
10 ~~Services~~, unless it is deemed by the program that the person
11 does not have a substance abuse problem. The treatment and
12 rehabilitation program may be specified by:

13 a. The court, in the case of court-ordered supervisory
14 sanctions;

15 b. The Parole Commission, in the case of parole,
16 control release, or conditional release; or

17 c. The Department of Corrections, in the case of
18 imprisonment or any other supervision required by law.

19 2. Submit to periodic urine drug testing pursuant to
20 procedures prescribed by the Department of Corrections. If
21 the person is indigent, the costs shall be paid by the
22 Department of Corrections; or

23 (c) The person has successfully completed an
24 appropriate program under the Correctional Education Program.

25
26 The provisions of this section do not apply to any of the
27 taxes, fees, or permits regulated, controlled, or administered
28 by the Department of Revenue in accordance with the provisions
29 of s. 213.05.

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1 Section 61. Effective January 1, 2000, paragraph (a)
2 of subsection (2) of section 817.505, Florida Statutes, 1998
3 Supplement, is amended to read:

4 817.505 Patient brokering prohibited; exceptions;
5 penalties.--

6 (2) For the purposes of this section, the term:

7 (a) "Health care provider or health care facility"
8 means any person or entity licensed, certified, or registered
9 with the Agency for Health Care Administration; any person or
10 entity that has contracted with the Agency for Health Care
11 Administration to provide goods or services to Medicaid
12 recipients as provided under s. 409.907; a county health
13 department established under part I of chapter 154; any
14 community service provider contracting with the Department of
15 Health ~~and Rehabilitative Services~~ to furnish substance
16 ~~alcohol, drug abuse,~~ or mental health services under part IV
17 of chapter 394; any substance abuse service provider licensed
18 under chapter 397; or any federally supported primary care
19 program such as a migrant or community health center
20 authorized under ss. 329 and 330 of the United States Public
21 Health Services Act.

22 Section 62. Effective January 1, 2000, subsection (4)
23 of section 877.111, Florida Statutes, is amended to read:

24 877.111 Inhalation, ingestion, possession, sale,
25 purchase, or transfer of harmful chemical substances;
26 penalties.--

27 (4) Any person who violates any of the provisions of
28 this section may, in the discretion of the trial judge, be
29 required to participate in a substance abuse services program
30 approved or regulated by the Department of Health ~~and~~
31 ~~Rehabilitative Services~~ pursuant to the provisions of chapter

1 397, provided the director of the program approves the
2 placement of the defendant in the program. Such required
3 participation may be imposed in addition to, or in lieu of,
4 any penalty or probation otherwise prescribed by law. However,
5 the total time of such penalty, probation, and program
6 participation shall not exceed the maximum length of sentence
7 possible for the offense.

8 Section 63. Effective January 1, 2000, present
9 subsections (6), (7), and (8) of section 893.02, Florida
10 Statutes, 1998 Supplement, are renumbered as subsections (7),
11 (8), and (9), respectively, and present subsection (9) is
12 renumbered as subsection (6) and amended to read:

13 893.02 Definitions.--The following words and phrases
14 as used in this chapter shall have the following meanings,
15 unless the context otherwise requires:

16 (6)~~(9)~~ "Department" means the Department of Health ~~and~~
17 ~~Rehabilitative Services.~~

18 Section 64. Effective January 1, 2000, paragraph (a)
19 of subsection (1) of section 893.11, Florida Statutes, is
20 amended to read:

21 893.11 Suspension, revocation, and reinstatement of
22 business and professional licenses.--Upon the conviction in
23 any court of competent jurisdiction of any person holding a
24 license, permit, or certificate issued by a state agency, for
25 sale of, or trafficking in, a controlled substance or for
26 conspiracy to sell, or traffic in, a controlled substance, if
27 such offense is a felony, the clerk of said court shall send a
28 certified copy of the judgment of conviction with the person's
29 license number, permit number, or certificate number on the
30 face of such certified copy to the agency head by whom the
31 convicted defendant has received a license, permit, or

1 certificate to practice his or her profession or to carry on
2 his or her business. Such agency head shall suspend or revoke
3 the license, permit, or certificate of the convicted defendant
4 to practice his or her profession or to carry on his or her
5 business. Upon a showing by any such convicted defendant whose
6 license, permit, or certificate has been suspended or revoked
7 pursuant to this section that his or her civil rights have
8 been restored or upon a showing that the convicted defendant
9 meets the following criteria, the agency head may reinstate or
10 reactivate such license, permit, or certificate when:

11 (1) The person has complied with the conditions of
12 paragraphs (a) and (b) which shall be monitored by the
13 Department of Corrections while the person is under any
14 supervisory sanction. If the person fails to comply with
15 provisions of these paragraphs by either failing to maintain
16 treatment or by testing positive for drug use, the department
17 shall notify the licensing, permitting, or certifying agency,
18 which shall revoke the license, permit, or certification. The
19 person under supervision may:

20 (a) Seek evaluation and enrollment in, and once
21 enrolled maintain enrollment in until completion, a drug
22 treatment and rehabilitation program which is approved or
23 regulated by the department of ~~Health and Rehabilitative~~
24 ~~Services~~. The treatment and rehabilitation program shall be
25 specified by:

26 1. The court, in the case of court-ordered supervisory
27 sanctions;

28 2. The Parole Commission, in the case of parole,
29 control release, or conditional release; or

30 3. The Department of Corrections, in the case of
31 imprisonment or any other supervision required by law.

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This section does not apply to any of the taxes, fees, or permits regulated, controlled, or administered by the Department of Revenue in accordance with s. 213.05.

Section 65. Effective January 1, 2000, paragraph (b) of subsection (1) of section 893.12, Florida Statutes, 1998 Supplement, is amended to read:

893.12 Contraband; seizure, forfeiture, sale.--

(1) All substances controlled by this chapter and all listed chemicals, which substances or chemicals are handled, delivered, possessed, or distributed contrary to any provisions of this chapter, and all such controlled substances or listed chemicals the lawful possession of which is not established or the title to which cannot be ascertained, are declared to be contraband, are subject to seizure and confiscation by any person whose duty it is to enforce the provisions of the chapter, and shall be disposed of as follows:

(b) Upon written application by the department ~~of Health and Rehabilitative Services~~, the court by whom the forfeiture of such controlled substances or listed chemicals has been decreed may order the delivery of any of them to said department for distribution or destruction as hereinafter provided.

Section 66. Effective January 1, 2000, section 893.15, Florida Statutes, is amended to read:

893.15 Rehabilitation.--Any person who violates s. 893.13(6)(a) or (b) relating to possession may, in the discretion of the trial judge, be required to participate in a substance abuse services program approved or regulated by the department ~~of Health and Rehabilitative Services~~ pursuant to

1 the provisions of chapter 397, provided the director of such
2 program approves the placement of the defendant in such
3 program. Such required participation shall be imposed in
4 addition to any penalty or probation otherwise prescribed by
5 law. However, the total time of such penalty, probation, and
6 program participation shall not exceed the maximum length of
7 sentence possible for the offense.

8 Section 67. Effective January 1, 2000, subsection (1)
9 and paragraph (b) of subsection (3) of section 893.165,
10 Florida Statutes, are amended to read:

11 893.165 County alcohol and other drug abuse treatment
12 or education trust funds.--

13 (1) Counties in which there is established or in
14 existence a comprehensive alcohol and other drug abuse
15 treatment or education program which meets the standards for
16 qualification of such programs by the department ~~of Health and~~
17 ~~Rehabilitative Services~~ are authorized to establish a County
18 Alcohol and Other Drug Abuse Trust Fund for the purpose of
19 receiving the assessments collected pursuant to s. 938.23 and
20 disbursing assistance grants on an annual basis to such
21 alcohol and other drug abuse treatment or education program.

22 (3)

23 (b) Assessments collected by clerks of circuit courts
24 having more than one county in the circuit, for any county in
25 the circuit which does not have a County Alcohol and Other
26 Drug Abuse Trust Fund, shall be remitted to the department ~~of~~
27 ~~Health and Rehabilitative Services~~, in accordance with
28 administrative rules adopted, for deposit into the
29 department's Community Alcohol and Other Drug Abuse Services
30 Grants and Donations Trust Fund for distribution pursuant to
31 the guidelines and priorities developed by the department.

1 Section 68. Effective January 1, 2000, paragraphs (a),
2 (d), and (e) of subsection (2) of section 895.09, Florida
3 Statutes, 1998 Supplement, are amended to read:

4 895.09 Disposition of funds obtained through
5 forfeiture proceedings.--

6 (2)(a) Following satisfaction of all valid claims
7 under subsection (1), 25 percent of the remainder of the funds
8 obtained in the forfeiture proceedings pursuant to s. 895.05
9 shall be deposited as provided in paragraph (b) into the
10 appropriate trust fund of the Department of Legal Affairs or
11 state attorney's office which filed the civil forfeiture
12 action; 25 percent shall be deposited as provided in paragraph
13 (c) into the applicable law enforcement trust fund of the
14 investigating law enforcement agency conducting the
15 investigation which resulted in or significantly contributed
16 to the forfeiture of the property; 25 percent shall be
17 deposited as provided in paragraph (d) in the Substance Abuse
18 Trust Fund of the Department of Health ~~and Rehabilitative~~
19 ~~Services~~; and the remaining 25 percent shall be deposited in
20 the Forfeited Property Trust Fund of the Department of
21 Environmental Protection. When a forfeiture action is filed by
22 the Department of Legal Affairs or a state attorney, the court
23 entering the judgment of forfeiture shall, taking into account
24 the overall effort and contribution to the investigation and
25 forfeiture action by the agencies that filed the action, make
26 a pro rata apportionment among such agencies of the funds
27 available for distribution to the agencies filing the action
28 as provided in this section. If multiple investigating law
29 enforcement agencies have contributed to the forfeiture of the
30 property, the court which entered the judgment of forfeiture
31 shall, taking into account the overall effort and contribution

1 of the agencies to the investigation and forfeiture action,
2 make a pro rata apportionment among such investigating law
3 enforcement agencies of the funds available for distribution
4 to the investigating agencies as provided in this section.

5 (d) The Department of Health ~~and Rehabilitative~~
6 ~~Services~~ shall, in accordance with chapter 397, distribute
7 funds obtained by it pursuant to paragraph (a) to public and
8 private nonprofit organizations licensed by the department to
9 provide substance abuse treatment and rehabilitation centers
10 or substance abuse prevention and youth orientation programs
11 in the service district in which the final order of forfeiture
12 is entered by the court.

13 (e) On a quarterly basis, any excess funds, including
14 interest, over \$1 million deposited in the Forfeited Property
15 Trust Fund of the Department of Environmental Protection in
16 accordance with paragraph (a) shall be deposited in the
17 Substance Abuse Trust Fund of the Department of Health ~~and~~
18 ~~Rehabilitative Services~~.

19 Section 69. Effective January 1, 2000, subsections (1)
20 and (2) of section 916.105, Florida Statutes, 1998 Supplement,
21 are amended to read:

22 916.105 Legislative intent.--

23 (1) It is the intent of the Legislature that the
24 Department of Health and the Department of Children and Family
25 Services establish, locate, and maintain separate and secure
26 facilities and programs for the treatment or training of
27 defendants who are charged with a felony and who have been
28 found to be incompetent to proceed due to their mental
29 illness, retardation, or autism, or who have been acquitted of
30 felonies by reason of insanity, and who, while still under the
31 jurisdiction of the committing court, are committed to the

1 department under the provisions of this chapter. The
2 separate, secure facilities shall be sufficient to accommodate
3 the number of defendants committed under the conditions noted
4 above, except those defendants found by the department to be
5 appropriate for treatment or training in a civil treatment
6 facility or program. Such secure facilities shall be designed
7 and administered so that ingress and egress, together with
8 other requirements of this chapter, may be strictly controlled
9 by staff responsible for security in order to protect the
10 defendant, facility personnel, other clients, and citizens in
11 adjacent communities.

12 (2) It is further the intent of the Legislature that
13 treatment or training programs for defendants who are found to
14 be mentally ill, retarded, or autistic and are involuntarily
15 committed to the Department of Health or the Department of
16 Children and Family Services, and who are still under the
17 jurisdiction of the committing court, be provided in such a
18 manner, subject to security requirements and other mandates of
19 this chapter, as to ensure the rights of the defendants as
20 provided in this chapter.

21 Section 70. Effective January 1, 2000, subsections (5)
22 and (7) of section 916.106, Florida Statutes, 1998 Supplement,
23 are amended to read:

24 916.106 Definitions.--For the purposes of this
25 chapter:

26 (5) "Department" means the Department of Health with
27 respect to mentally ill defendants, and the Department of
28 Children and Family Services, with respect to retarded or
29 autistic defendants.

30 (7) "Forensic client" or "client" means any defendant
31 who is mentally ill, retarded, or autistic and who is

1 committed to the Department of Health or the Department of
2 Children and Family Services pursuant to this chapter and:

3 (a) Who has been determined to need treatment for a
4 mental illness or training for retardation or autism;

5 (b) Who has been found incompetent to proceed on a
6 felony offense or has been acquitted of a felony offense by
7 reason of insanity;

8 (c) Who has been determined by the department to:

- 9 1. Be dangerous to himself or herself or others; or
10 2. Present a clear and present potential to escape;

11 and

12 (d) Who is an adult or a juvenile prosecuted as an
13 adult.

14 Section 71. Effective January 1, 2000, subsection (4)
15 of section 916.107, Florida Statutes, 1998 Supplement, is
16 amended to read:

17 916.107 Rights of forensic clients.--

18 (4) QUALITY OF TREATMENT.--Each client committed
19 pursuant to this chapter shall receive treatment or training
20 suited to the client's needs, which shall be administered
21 skillfully, safely, and humanely with full respect for the
22 client's dignity and personal integrity. Each client shall
23 receive such medical, vocational, social, educational, and
24 rehabilitative services as the client's condition requires to
25 bring about a return to court for disposition of charges or a
26 return to the community. In order to achieve this goal, the
27 Department of Health and the Department of Children and Family
28 Services are ~~department is~~ directed to coordinate the services
29 of the Division of Mental Health, the Division of Substance
30 Abuse, and Alcohol, Drug Abuse and Mental Health Program
31 ~~Office and~~ the Developmental Services Program Office with all

1 other programs of the two departments ~~Department~~ and other
2 appropriate state agencies.

3 Section 72. Effective January 1, 2000, subsections
4 (1), (3), and (10) of section 916.32, Florida Statutes, 1998
5 Supplement, are amended to read:

6 916.32 Definitions.--As used in ss. 916.31-916.49, the
7 term:

8 (1) "Agency with jurisdiction" means the agency that
9 releases, upon lawful order or authority, a person serving a
10 sentence in the custody of the Department of Corrections, a
11 person adjudicated delinquent and committed to the custody of
12 the Department of Juvenile Justice, or a person who was
13 involuntarily committed to the custody of the Department of
14 Health Children and Family Services upon an adjudication of
15 not guilty by reason of insanity.

16 (3) "Department" means the Department of Health
17 ~~Children and Family Services~~.

18 (10) "Total confinement" means that the person is
19 currently being held in any physically secure facility being
20 operated or contractually operated for the Department of
21 Corrections, the Department of Juvenile Justice, or the
22 Department of Health Children and Family Services.

23 Section 73. Effective January 1, 2000, subsection (3)
24 of section 916.33, Florida Statutes, 1998 Supplement, is
25 amended to read:

26 916.33 Notice to state attorney and multidisciplinary
27 team of release of sexually violent predator; establishing
28 multidisciplinary team.--

29 (3) The Secretary of Health Children and Family
30 ~~Services~~ shall establish a multidisciplinary team, which shall
31 include two licensed psychiatrists or psychologists, or one

1 licensed psychiatrist and one licensed psychologist,
2 designated by the secretary of ~~Children and Family Services~~.
3 The Attorney General's Office shall serve as legal counsel to
4 the multidisciplinary team. The team, within 45 days after
5 receiving notice, shall assess whether the person meets the
6 definition of a sexually violent predator and provide the
7 state attorney with its written assessment and recommendation.

8 Section 74. Effective January 1, 2000, subsection (2)
9 of section 916.37, Florida Statutes, 1998 Supplement, is
10 amended to read:

11 916.37 Determination; commitment procedure; mistrials;
12 housing.--

13 (2) If the court or jury determines that the person is
14 a sexually violent predator, the person shall be committed to
15 the custody of the department of ~~Children and Family Services~~
16 for control, care, and treatment until such time as the
17 person's mental abnormality or personality disorder has so
18 changed that it is safe for the person to be at large. At all
19 times, sexually violent predators who are committed for
20 control, care, and treatment by the department of ~~Children and~~
21 ~~Family Services~~ under this section shall be kept in a secure
22 facility segregated from patients who are not committed under
23 this section.

24 Section 75. Effective January 1, 2000, subsection (1)
25 of section 916.39, Florida Statutes, 1998 Supplement, is
26 amended to read:

27 916.39 Authorized petition for release; procedure.--

28 (1) If the Secretary of Health ~~Children and Family~~
29 ~~Services~~ or the secretary's designee at any time determines
30 that the person is not likely to commit acts of sexual
31 violence if conditionally discharged, the secretary or the

1 secretary's designee shall authorize the person to petition
2 the court for release. The petition shall be served upon the
3 court and the state attorney. The court, upon receipt of such
4 a petition, shall order a trial before the court within 30
5 days, unless continued for good cause.

6 Section 76. Effective January 1, 2000, section 916.40,
7 Florida Statutes, 1998 Supplement, is amended to read:

8 916.40 Petition for release.--Sections 916.31-916.49
9 do not prohibit a person from filing a petition for discharge
10 at any time. However, if the person has previously filed such
11 a petition without the approval of the Secretary of Health
12 ~~Children and Family Services~~ or the secretary's designee and
13 the court determined that the petition was without merit, a
14 subsequent petition shall be denied unless the petition
15 contains facts upon which a court could find that the person's
16 condition has so changed that a probable cause hearing is
17 warranted.

18 Section 77. Effective January 1, 2000, section 916.49,
19 Florida Statutes, 1998 Supplement, is amended to read:

20 916.49 ~~Department of Children and Family Services~~
21 responsible for costs.--The department ~~of Children and Family~~
22 ~~Services~~ is responsible for all costs relating to the
23 evaluation and treatment of persons committed to the
24 department's custody as sexually violent predators. A county
25 is not obligated to fund costs for psychological examinations,
26 expert witnesses, court-appointed counsel, or other costs
27 required by ss. 916.31-916.49. Other costs for psychological
28 examinations, expert witnesses, and court-appointed counsel
29 required by ss. 916.31-916.49 shall be paid from state funds
30 appropriated by general law.

31

1 Section 78. Effective January 1, 2000, subsection (2)
2 of section 938.23, Florida Statutes, is amended to read:

3 938.23 Assistance grants for alcohol and other drug
4 abuse programs.--

5 (2) All assessments authorized by this section shall
6 be collected by the clerk of court and remitted to the
7 jurisdictional county as described in s. 893.165(2) for
8 deposit into the County Alcohol and Other Drug Abuse Trust
9 Fund or to the Department of Health ~~and Rehabilitative~~
10 ~~Services~~ for deposit into the department's Community Alcohol
11 and Other Drug Abuse Services Grants and Donations Trust Fund
12 pursuant to guidelines and priorities developed by the
13 department. If a County Alcohol and Other Drug Abuse Trust
14 Fund has not been established for any jurisdictional county,
15 assessments collected by the clerk of court shall be remitted
16 to the Department of Health ~~and Rehabilitative Services~~ for
17 deposit into the department's Community Alcohol and Other Drug
18 Abuse Services Grants and Donations Trust Fund.

19 Section 79. Effective January 1, 2000, subsection (2)
20 of section 944.706, Florida Statutes, is amended to read:

21 944.706 Basic release assistance.--

22 (2) The department is authorized to contract with the
23 Department of Health, the Department of Children and Family
24 ~~and Rehabilitative~~ Services, the Salvation Army, and other
25 public or private organizations for the provision of basic
26 support services for releasees. The department shall contract
27 with the Department of Labor and Employment Security for the
28 provision of releasee job placement.

29 Section 80. Effective January 1, 2000, subsection (2)
30 of section 945.025, Florida Statutes, is amended to read:

31 945.025 Jurisdiction of department.--

1 (2) In establishing, operating, and utilizing these
2 facilities, the department shall attempt, whenever possible,
3 to avoid the placement of nondangerous offenders who have
4 potential for rehabilitation with repeat offenders or
5 dangerous offenders. Medical, mental, and psychological
6 problems shall be diagnosed and treated whenever possible.
7 The Department of Health ~~and Rehabilitative Services~~ shall
8 cooperate to ensure the delivery of services to persons under
9 the custody or supervision of the department. When it is the
10 intent of the department to transfer a mentally ill or
11 retarded prisoner to the Department of Health or the
12 Department of Children and Family ~~and Rehabilitative~~ Services,
13 an involuntary commitment hearing shall be held according to
14 the provisions of chapter 393 or chapter 394.

15 Section 81. Effective January 1, 2000, subsection (6)
16 of section 945.12, Florida Statutes, is amended to read:

17 945.12 Transfers for rehabilitative treatment.--

18 (6) A prisoner who has been determined by the
19 Department of Health ~~and Rehabilitative Services~~ and the
20 Department of Corrections to be amenable to rehabilitative
21 treatment for sexual deviation, and who has voluntarily agreed
22 to participate in such rehabilitative treatment, may be
23 transferred to the Department of Health ~~and Rehabilitative~~
24 ~~Services~~ provided appropriate bed space is available.

25 Section 82. Effective January 1, 2000, subsection (1)
26 of section 945.41, Florida Statutes, is amended to read:

27 945.41 Legislative intent of ss. 945.40-945.49.--It is
28 the intent of the Legislature that mentally ill inmates in the
29 custody of the Department of Corrections receive evaluation
30 and appropriate treatment for their mental illness through a
31

1 continuum of services. It is further the intent of the
2 Legislature that:

3 (1) Inmates in the custody of the department who have
4 mental illnesses that require hospitalization and intensive
5 psychiatric inpatient treatment or care receive appropriate
6 treatment or care in Department of Corrections mental health
7 treatment facilities designated for that purpose. The
8 department shall contract with the Department of Health ~~and~~
9 ~~Rehabilitative Services~~ for the provision of mental health
10 services in any departmental mental health treatment facility.
11 The Department of Corrections shall provide mental health
12 services to inmates committed to it and may contract with any
13 persons or agencies qualified to provide such services.

14 Section 83. Effective January 1, 2000, subsections (2)
15 and (3) of section 945.47, Florida Statutes, are amended to
16 read:

17 945.47 Discharge of inmate from mental health
18 treatment.--

19 (2) An inmate who is involuntarily placed pursuant to
20 s. 394.467 at the expiration of his or her sentence may be
21 placed, by order of the court, in a facility designated by the
22 Department of Health ~~and Rehabilitative Services~~ as a secure,
23 nonforensic, civil facility. Such a placement shall be
24 conditioned upon a finding by the court of clear and
25 convincing evidence that the inmate is manifestly dangerous to
26 himself or herself or others. The need for such placement
27 shall be reviewed by facility staff every 90 days. At any
28 time that a patient is considered for transfer to a nonsecure,
29 civil unit, the court which entered the order for involuntary
30 placement shall be notified.

31

1 (3) At any time that an inmate who has received mental
2 health treatment while in the custody of the department
3 becomes eligible for release on parole, a complete record of
4 the inmate's treatment shall be provided to the Parole
5 Commission and to the Department of Health ~~and Rehabilitative~~
6 ~~Services~~. The record shall include, at least, the inmate's
7 diagnosis, length of stay in treatment, clinical history,
8 prognosis, prescribed medication, and treatment plan and
9 recommendations for aftercare services. In the event that the
10 inmate is released on parole, the record shall be provided to
11 the parole officer who shall assist the inmate in applying for
12 services from a professional or an agency in the community.
13 The application for treatment and continuation of treatment by
14 the inmate may be made a condition of parole, as provided in
15 s. 947.19(1); and a failure to participate in prescribed
16 treatment may be a basis for initiation of parole violation
17 hearings.

18 Section 84. Effective January 1, 2000, subsection (2)
19 of section 945.49, Florida Statutes, is amended to read:

20 945.49 Operation and administration.--

21 (2) RULES--The department, in cooperation with the
22 Division of Mental Health Program Office of the Department of
23 Health ~~and Rehabilitative Services~~, shall adopt rules
24 necessary for administration of ss. 945.40-945.49 in
25 accordance with chapter 120.

26 Section 85. Effective January 1, 2000, subsection (9)
27 of section 947.146, Florida Statutes, 1998 Supplement, is
28 amended to read:

29 947.146 Control Release Authority.--

30 (9) The authority shall examine such records as it
31 deems necessary of the department, the Department of Health,

1 the Department of Children and Family ~~and Rehabilitative~~
2 Services, the Department of Law Enforcement, and any other
3 such agency for the purpose of either establishing, modifying,
4 or revoking a control release date. The victim impact
5 statement shall be included in such records for examination.
6 Such agencies shall provide the information requested by the
7 authority for the purposes of fulfilling the requirements of
8 this section.

9 Section 86. Effective January 1, 2000, subsections (3)
10 and (5) of section 948.034, Florida Statutes, 1998 Supplement,
11 are amended to read:

12 948.034 Terms and conditions of probation; community
13 residential drug punishment centers.--

14 (3) Whenever the authorized provider for substance
15 abuse treatment pursuant to this section is the same provider
16 that conducts the substance abuse evaluations, that provider
17 must submit a quarterly statistical report that shall be
18 reviewed by the Department of Health ~~Children and Family~~
19 ~~Services~~ to ensure that excessive referrals to treatment have
20 not been made. A programmatic and statistical report must be
21 submitted annually to the Department of Health ~~Children and~~
22 ~~Family Services~~ by each provider authorized to provide
23 services under this section.

24 (5) The Department of Corrections, in consultation
25 with the Department of Health ~~Children and Family Services~~,
26 shall adopt rules as necessary to implement the provisions of
27 this section relating to program standards and performance
28 objectives of community residential drug punishment centers.

29 Section 87. Effective January 1, 2000, subsection (7)
30 of section 984.225, Florida Statutes, 1998 Supplement, is
31 amended to read:

1 984.225 Powers of disposition; placement in a
2 staff-secure shelter.--

3 (7) If the child requires residential mental health
4 treatment or residential care for a developmental disability,
5 the court shall refer the child to the Department of Health or
6 the Department of Children and Family Services, as
7 appropriate, for the provision of necessary services.

8 Section 88. Effective January 1, 2000, subsection (2)
9 of section 985.06, Florida Statutes, is amended to read:

10 985.06 Statewide information-sharing system;
11 interagency workgroup.--

12 (2) The interagency workgroup shall be coordinated
13 through the Department of Education and shall include
14 representatives from the state agencies specified in
15 subsection (1), school superintendents, school district
16 information system directors, principals, teachers, juvenile
17 court judges, police chiefs, county sheriffs, clerks of the
18 circuit court, the Department of Children and Family Services,
19 the Department of Health, providers of juvenile services
20 including a provider from a juvenile substance abuse program,
21 and district juvenile justice managers.

22 Section 89. Effective January 1, 2000, paragraph (a)
23 of subsection (1) of section 985.21, Florida Statutes, 1998
24 Supplement, is amended to read:

25 985.21 Intake and case management.--

26 (1)(a) During the intake process, the juvenile
27 probation officer shall screen each child to determine:

28 1. Appropriateness for release, referral to a
29 diversionary program including, but not limited to, a
30 teen-court program, referral for community arbitration, or
31

1 referral to some other program or agency for the purpose of
2 nonofficial or nonjudicial handling.

3 2. The presence of medical, psychiatric,
4 psychological, substance abuse, educational problems, or other
5 conditions that may have caused the child to come to the
6 attention of law enforcement or the Department of Juvenile
7 Justice. In cases where such conditions are identified, and a
8 nonjudicial handling of the case is chosen, the juvenile
9 probation officer shall attempt to refer the child to a
10 program or agency, together with all available and relevant
11 assessment information concerning the child's precipitating
12 condition.

13 3. The Department of Juvenile Justice shall develop an
14 intake and a case management system whereby a child brought
15 into intake is assigned a juvenile probation officer if the
16 child was not released, referred to a diversionary program,
17 referred for community arbitration, or referred to some other
18 program or agency for the purpose of nonofficial or
19 nonjudicial handling, and shall make every reasonable effort
20 to provide case management services for the child; provided,
21 however, that case management for children committed to
22 residential programs may be transferred as provided in s.
23 985.316.

24 4. In addition to duties specified in other sections
25 and through departmental rules, the assigned juvenile
26 probation officer shall be responsible for the following:

27 a. Ensuring that a risk assessment instrument
28 establishing the child's eligibility for detention has been
29 accurately completed and that the appropriate recommendation
30 was made to the court.

31

1 b. Inquiring as to whether the child understands his
2 or her rights to counsel and against self-incrimination.

3 c. Performing the preliminary screening and making
4 referrals for comprehensive assessment regarding the child's
5 need for substance abuse treatment services, mental health
6 services, retardation services, literacy services, or other
7 educational or treatment services.

8 d. Coordinating the multidisciplinary assessment when
9 required, which includes the classification and placement
10 process that determines the child's priority needs, risk
11 classification, and treatment plan. When sufficient evidence
12 exists to warrant a comprehensive assessment and the child
13 fails to voluntarily participate in the assessment efforts, it
14 is the responsibility of the juvenile probation officer to
15 inform the court of the need for the assessment and the
16 refusal of the child to participate in such assessment. This
17 assessment, classification, and placement process shall
18 develop into the predisposition report.

19 e. Making recommendations for services and
20 facilitating the delivery of those services to the child,
21 including any mental health services, educational services,
22 family counseling services, family assistance services, and
23 substance abuse services. The juvenile probation officer shall
24 serve as the primary case manager for the purpose of managing,
25 coordinating, and monitoring the services provided to the
26 child. Each program administrator within the Department of
27 Children and Family Services and the Department of Health
28 shall cooperate with the primary case manager in carrying out
29 the duties and responsibilities described in this section.

30
31

1 The Department of Juvenile Justice shall annually advise the
2 Legislature and the Executive Office of the Governor of the
3 resources needed in order for the intake and case management
4 system to maintain a staff-to-client ratio that is consistent
5 with accepted standards and allows the necessary supervision
6 and services for each child. The intake process and case
7 management system shall provide a comprehensive approach to
8 assessing the child's needs, relative risks, and most
9 appropriate handling, and shall be based on an individualized
10 treatment plan.

11 Section 90. Effective January 1, 2000, section
12 985.223, Florida Statutes, 1998 Supplement, is amended to
13 read:

14 985.223 Incompetency in juvenile delinquency cases.--

15 (1) If, at any time prior to or during a delinquency
16 case, the court has reason to believe that the child named in
17 the petition may be incompetent to proceed with the hearing,
18 the court on its own motion may, or on the motion of the
19 child's attorney or state attorney must, stay all proceedings
20 and order an evaluation of the child's mental condition.

21 (a) Any motion questioning the child's competency to
22 proceed must be served upon the child's attorney, the state
23 attorney, the attorneys representing the Department of
24 Juvenile Justice, the attorneys representing the Department of
25 Health, and the attorneys representing the Department of
26 Children and Family Services. Thereafter, any motion, notice
27 of hearing, order, or other legal pleading relating to the
28 child's competency to proceed with the hearing must be served
29 upon the child's attorney, the state attorney, the attorneys
30 representing the Department of Juvenile Justice, the attorneys

31

1 representing the Department of Health,and the attorneys
2 representing the Department of Children and Family Services.

3 (b) All determinations of competency shall be made at
4 a hearing, with findings of fact based on an evaluation of the
5 child's mental condition made by not less than two nor more
6 than three experts appointed by the court. The basis for the
7 determination of incompetency must be specifically stated in
8 the evaluation. In addition, a recommendation as to whether
9 residential or nonresidential treatment or training is
10 required must be included in the evaluation. Experts appointed
11 by the court to determine the mental condition of a child
12 shall be allowed reasonable fees for services rendered. State
13 employees may be paid expenses pursuant to s. 112.061. The
14 fees shall be taxed as costs in the case.

15 (c) All court orders determining incompetency must
16 include specific written findings by the court as to the
17 nature of the incompetency and whether the child requires
18 secure or nonsecure treatment or training environments.

19 (d) For incompetency evaluations related to mental
20 illness, the Department of Health ~~Children and Family Services~~
21 shall annually provide the courts with a list of mental health
22 professionals who have completed a training program approved
23 by the Department of Health ~~Children and Family Services~~ to
24 perform the evaluations.

25 (e) For incompetency evaluations related to mental
26 retardation, the court shall order the Developmental Services
27 Program Office within the Department of Children and Family
28 Services to examine the child to determine if the child meets
29 the definition of "retardation" in s. 393.063 and, if so,
30 whether the child is competent to proceed with delinquency
31 proceedings.

1 (f) A child is competent to proceed if the child has
2 sufficient present ability to consult with counsel with a
3 reasonable degree of rational understanding and the child has
4 a rational and factual understanding of the present
5 proceedings. The report must address the child's capacity to:

6 1. Appreciate the charges or allegations against the
7 child.

8 2. Appreciate the range and nature of possible
9 penalties that may be imposed in the proceedings against the
10 child, if applicable.

11 3. Understand the adversarial nature of the legal
12 process.

13 4. Disclose to counsel facts pertinent to the
14 proceedings at issue.

15 5. Display appropriate courtroom behavior.

16 6. Testify relevantly.

17 (g) Immediately upon the filing of the court order
18 finding a child incompetent to proceed, the clerk of the court
19 shall notify the Department of Health and the Department of
20 Children and Family Services and fax or hand deliver to both
21 departments ~~the Department of Children and Family Services~~ a
22 referral packet which includes, at a minimum, the court order,
23 the charging documents, the petition, and the court-appointed
24 evaluator's reports.

25 (h) After placement of the child in the appropriate
26 setting, the Department of Health within 30 days after that
27 department places the child, or the Department of Children and
28 Family Services ~~must,~~ within 30 days after that ~~the~~ department
29 ~~of Children and Family Services~~ places the child, must prepare
30 and submit to the court a treatment plan for the child's
31 restoration of competency. A copy of the treatment plan must

1 be served upon the child's attorney, the state attorney, ~~and~~
2 the attorneys representing the Department of Juvenile Justice,
3 the attorneys representing the Department of Health, and the
4 attorneys representing the Department of Children and Family
5 Services.

6 (2) A child who is mentally ill or retarded, who is
7 adjudicated incompetent to proceed, and who has committed a
8 delinquent act or violation of law, either of which would be a
9 felony if committed by an adult, must be committed to the
10 Department of Health or the Department of Children and Family
11 Services, as appropriate,for treatment or training. A child
12 who has been adjudicated incompetent to proceed because of age
13 or immaturity, or for any reason other than for mental illness
14 or retardation, must not be committed to the department or to
15 the Department of Health or the Department of Children and
16 Family Services for restoration-of-competency treatment or
17 training services. For purposes of this section, a child who
18 has committed a delinquent act or violation of law, either of
19 which would be a misdemeanor if committed by an adult, may not
20 be committed to the department or to the Department of Health
21 or the Department of Children and Family Services for
22 restoration-of-competency treatment or training services.

23 (3) If the court finds that a child is mentally ill or
24 retarded and adjudicates the child incompetent to proceed, the
25 court must also determine whether the child meets the criteria
26 for secure placement. A child may be placed in a secure
27 facility or program if the court makes a finding by clear and
28 convincing evidence that:

29 (a) The child is mentally ill and because of the
30 mental illness; or the child is mentally retarded and because
31 of the mental retardation:

1 1. The child is manifestly incapable of surviving with
2 the help of willing and responsible family or friends,
3 including available alternative services, and without
4 treatment or training the child is likely to either suffer
5 from neglect or refuse to care for self, and such neglect or
6 refusal poses a real and present threat of substantial harm to
7 the child's well-being; or

8 2. There is a substantial likelihood that in the near
9 future the child will inflict serious bodily harm on self or
10 others, as evidenced by recent behavior causing, attempting,
11 or threatening such harm; and

12 (b) All available less restrictive alternatives,
13 including treatment or training in community residential
14 facilities or community settings which would offer an
15 opportunity for improvement of the child's condition, are
16 inappropriate.

17 (4) A child who is determined to be mentally ill or
18 retarded, who has been adjudicated incompetent to proceed, and
19 who meets the criteria set forth in subsection (3), must be
20 committed to the Department of Health or the Department of
21 Children and Family Services, as appropriate, and that
22 department ~~and the Department of Children and Family Services~~
23 must treat or train the child in a secure facility or program
24 which is the least restrictive alternative consistent with
25 public safety. Any placement of a child to a secure
26 residential program must be separate from adult forensic
27 programs. If the child attains competency, then custody, case
28 management, and supervision of the child will be transferred
29 to the department in order to continue delinquency
30 proceedings; however, the court retains authority to order the
31 Department of Health or Department of Children and Family

1 Services to provide continued treatment to maintain
2 competency.

3 (a) A child adjudicated incompetent due to mental
4 retardation may be ordered into a secure program or facility
5 designated by the Department of Children and Family Services
6 for retarded children.

7 (b) A child adjudicated incompetent due to mental
8 illness may be ordered into a secure program or facility
9 designated by the Department of Health ~~Children and Family~~
10 ~~Services~~ for mentally ill children.

11 (c) Whenever a child is placed in a secure residential
12 facility, the department will provide transportation to the
13 secure residential facility for admission and from the secure
14 residential facility upon discharge.

15 (d) The purpose of the treatment or training is the
16 restoration of the child's competency to proceed.

17 (e) The service provider must file a written report
18 with the court pursuant to the applicable Florida Rules of
19 Juvenile Procedure not later than 6 months after the date of
20 commitment, or at the end of any period of extended treatment
21 or training, and at any time the Department of Health or the
22 Department of Children and Family Services, through its
23 service provider determines the child has attained competency
24 or no longer meets the criteria for secure placement, or at
25 such shorter intervals as ordered by the court. A copy of a
26 written report evaluating the child's competency must be filed
27 by the provider with the court and with the state attorney,
28 the child's attorney, the department, the Department of
29 Health, and the Department of Children and Family Services.

30 (5)(a) If a child is determined to be incompetent to
31 proceed, the court shall retain jurisdiction of the child for

1 up to 2 years after the date of the order of incompetency,
2 with reviews at least every 6 months to determine competency.

3 (b) Whenever the provider files a report with the
4 court informing the court that the child will never become
5 competent to proceed, the Department of Health or the
6 Department of Children and Family Services, as appropriate,
7 will develop a discharge plan for the child prior to any
8 hearing determining whether the child will ever become
9 competent to proceed. The Department of Health or Department
10 of Children and Family Services must send the proposed
11 discharge plan to the court, the state attorney, the child's
12 attorney, ~~and~~ the attorneys representing the Department of
13 Juvenile Justice, the attorneys representing the Department of
14 Health, and the attorneys representing the Department of
15 Children and Family Services. The provider will continue to
16 provide services to the child until the court issues the order
17 finding the child will never become competent to proceed.

18 (c) If the court determines at any time that the child
19 will never become competent to proceed, the court may dismiss
20 the delinquency petition. If, at the end of the 2-year period
21 following the date of the order of incompetency, the child has
22 not attained competency and there is no evidence that the
23 child will attain competency within a year, the court must
24 dismiss the delinquency petition. If appropriate, the court
25 may order that proceedings under chapter 393 or chapter 394 be
26 instituted. Such proceedings must be instituted not less than
27 60 days prior to the dismissal of the delinquency petition.

28 (6)(a) If a child is determined to be mentally ill or
29 retarded and is found to be incompetent to proceed but does
30 not meet the criteria set forth in subsection (3), the court
31 shall commit the child to the Department of Health or the

1 Department of Children and Family Services, as appropriate,
2 and shall order that department ~~the Department of Children and~~
3 ~~Family Services~~ to provide appropriate treatment and training
4 in the community. The purpose of the treatment or training is
5 the restoration of the child's competency to proceed.

6 (b) All court-ordered treatment or training must be
7 the least restrictive alternative that is consistent with
8 public safety. Any placement by the Department of Health or
9 the Department of Children and Family Services to a
10 residential program must be separate from adult forensic
11 programs.

12 (c) If a child is ordered to receive competency
13 restoration services, the services shall be provided by the
14 Department of Health or the Department of Children and Family
15 Services, as appropriate. The department shall continue to
16 provide case management services to the child. The department,
17 the Department of Health, and the Department of Children and
18 Family Services shall continue to ~~and~~ receive notice of the
19 competency status of the child.

20 (d) The service provider must file a written report
21 with the court pursuant to the applicable Florida Rules of
22 Juvenile Procedure, not later than 6 months after the date of
23 commitment, at the end of any period of extended treatment or
24 training, and at any time the service provider determines the
25 child has attained competency or will never attain competency,
26 or at such shorter intervals as ordered by the court. A copy
27 of a written report evaluating the child's competency must be
28 filed by the provider with the court, the state attorney, the
29 child's attorney, the Department of Health, the Department of
30 Children and Family Services, and the department.

31

1 (7) The provisions of this section shall be
2 implemented only subject to specific appropriation.

3 Section 91. Effective January 1, 2000, paragraph (c)
4 of subsection (3) of section 985.226, Florida Statutes, 1998
5 Supplement, is amended to read:

6 985.226 Criteria for waiver of juvenile court
7 jurisdiction; hearing on motion to transfer for prosecution as
8 an adult.--

9 (3) WAIVER HEARING.--

10 (c) The court shall conduct a hearing on all transfer
11 request motions for the purpose of determining whether a child
12 should be transferred. In making its determination, the court
13 shall consider:

14 1. The seriousness of the alleged offense to the
15 community and whether the protection of the community is best
16 served by transferring the child for adult sanctions.

17 2. Whether the alleged offense was committed in an
18 aggressive, violent, premeditated, or willful manner.

19 3. Whether the alleged offense was against persons or
20 against property, greater weight being given to offenses
21 against persons, especially if personal injury resulted.

22 4. The probable cause as found in the report,
23 affidavit, or complaint.

24 5. The desirability of trial and disposition of the
25 entire offense in one court when the child's associates in the
26 alleged crime are adults or children who are to be tried as
27 adults.

28 6. The sophistication and maturity of the child.

29 7. The record and previous history of the child,
30 including:

31

1 a. Previous contacts with the department, the
2 Department of Corrections, the former Department of Health and
3 Rehabilitative Services, the Department of Children and Family
4 Services, the Department of Health, other law enforcement
5 agencies, and courts;

6 b. Prior periods of probation or community control;

7 c. Prior adjudications that the child committed a
8 delinquent act or violation of law, greater weight being given
9 if the child has previously been found by a court to have
10 committed a delinquent act or violation of law involving an
11 offense classified as a felony or has twice previously been
12 found to have committed a delinquent act or violation of law
13 involving an offense classified as a misdemeanor; and

14 d. Prior commitments to institutions.

15 8. The prospects for adequate protection of the public
16 and the likelihood of reasonable rehabilitation of the child,
17 if the child is found to have committed the alleged offense,
18 by the use of procedures, services, and facilities currently
19 available to the court.

20 Section 92. Effective January 1, 2000, paragraph (f)
21 of subsection (2) of section 985.23, Florida Statutes, 1998
22 Supplement, is amended to read:

23 985.23 Disposition hearings in delinquency
24 cases.--When a child has been found to have committed a
25 delinquent act, the following procedures shall be applicable
26 to the disposition of the case:

27 (2) The first determination to be made by the court is
28 a determination of the suitability or nonsuitability for
29 adjudication and commitment of the child to the department.
30 This determination shall be based upon the predisposition
31 report which shall include, whether as part of the child's

1 multidisciplinary assessment, classification, and placement
2 process components or separately, evaluation of the following
3 criteria:

4 (f) The record and previous criminal history of the
5 child, including without limitations:

6 1. Previous contacts with the department, the former
7 Department of Health and Rehabilitative Services, the
8 Department of Children and Family Services, the Department of
9 Health, the Department of Corrections, other law enforcement
10 agencies, and courts;

11 2. Prior periods of probation or community control;

12 3. Prior adjudications of delinquency; and

13 4. Prior commitments to institutions.
14

15 It is the intent of the Legislature that the criteria set
16 forth in subsection (2) are general guidelines to be followed
17 at the discretion of the court and not mandatory requirements
18 of procedure. It is not the intent of the Legislature to
19 provide for the appeal of the disposition made pursuant to
20 this subsection.

21 Section 93. Effective January 1, 2000, paragraph (b)
22 of subsection (1) of section 985.233, Florida Statutes, is
23 amended to read:

24 985.233 Sentencing powers; procedures; alternatives
25 for juveniles prosecuted as adults.--

26 (1) POWERS OF DISPOSITION.--

27 (b) In determining whether to impose juvenile
28 sanctions instead of adult sanctions, the court shall consider
29 the following criteria:
30
31

1 1. The seriousness of the offense to the community and
2 whether the community would best be protected by juvenile or
3 adult sanctions.

4 2. Whether the offense was committed in an aggressive,
5 violent, premeditated, or willful manner.

6 3. Whether the offense was against persons or against
7 property, with greater weight being given to offenses against
8 persons, especially if personal injury resulted.

9 4. The sophistication and maturity of the offender.

10 5. The record and previous history of the offender,
11 including:

12 a. Previous contacts with the Department of
13 Corrections, the Department of Juvenile Justice, the former
14 Department of Health and Rehabilitative Services, the
15 Department of Children and Family Services, the Department of
16 Health, law enforcement agencies, and the courts.

17 b. Prior periods of probation or community control.

18 c. Prior adjudications that the offender committed a
19 delinquent act or violation of law as a child.

20 d. Prior commitments to the Department of Juvenile
21 Justice, the former Department of Health and Rehabilitative
22 Services, the Department of Children and Family Services, the
23 Department of Health, or other facilities or institutions.

24 6. The prospects for adequate protection of the public
25 and the likelihood of deterrence and reasonable rehabilitation
26 of the offender if assigned to services and facilities of the
27 Department of Juvenile Justice.

28 7. Whether the Department of Juvenile Justice has
29 appropriate programs, facilities, and services immediately
30 available.

31

1 8. Whether adult sanctions would provide more
2 appropriate punishment and deterrence to further violations of
3 law than the imposition of juvenile sanctions.

4 Section 94. Effective January 1, 2000, subsections
5 (12) and (14) of section 985.308, Florida Statutes, 1998
6 Supplement, are amended to read:

7 985.308 Juvenile sexual offender commitment programs;
8 sexual abuse intervention networks.--

9 (12) Membership of a sexual abuse intervention network
10 shall include, but is not limited to, representatives from:

11 (a) Local law enforcement agencies.+

12 (b) Local school boards.+

13 (c) Child protective investigators.+

14 (d) The office of the state attorney.+

15 (e) The office of the public defender.+

16 (f) The juvenile division of the circuit court.+

17 (g) Professionals licensed under chapter 458, chapter
18 459, s. 490.0145, or s. 491.0144 providing treatment for
19 juvenile sexual offenders or their victims.+

20 (h) The guardian ad litem program.+

21 (i) The Department of Juvenile Justice.+~~and~~

22 (j) The Department of Children and Family Services.

23 (k) The Department of Health.

24 (14) Subject to specific appropriation, availability
25 of funds, or receipt of appropriate grant funds, the Office of
26 the Attorney General, the Department of Children and Family
27 Services, the Department of Health,the Department of Juvenile
28 Justice, or local juvenile justice councils shall award grants
29 to sexual abuse intervention networks that apply for such
30 grants. The grants may be used for training, treatment,
31 aftercare, evaluation, public awareness, and other specified

1 community needs that are identified by the network. A grant
2 shall be awarded based on the applicant's level of local
3 funding, level of collaboration, number of juvenile sexual
4 offenders to be served, number of victims to be served, and
5 level of unmet needs. The Department of Legal Affairs' Office
6 of the Attorney General, in collaboration with the Department
7 of Juvenile Justice, the Department of Health, and the
8 Department of Children and Family Services, shall establish by
9 rule minimum standards for each respective department for
10 residential and day treatment juvenile sexual offender
11 programs funded under this subsection.

12 Section 95. Behavioral health care transition advisory
13 committee.--

14 (1) Effective July 1, 1999, the Secretary of Health
15 and the Secretary of Children and Family Services shall each
16 appoint three staff members to a behavioral health care
17 transition advisory committee. The members of the committee
18 must represent staff of the respective departments, including
19 representatives from the headquarter's level area office or
20 district offices, and local staff including a facility staff
21 representative, who are involved in the transferred functions.
22 The Secretary of Health shall also appoint one committee
23 member to represent the mental health provider community. The
24 Secretary of Children and Family Services shall also appoint
25 one member to represent the substance abuse provider
26 community. In addition, the two secretaries shall jointly
27 appoint one person to represent the behavioral health care
28 consumer and advocacy groups on the committee. The Secretary
29 of Health shall designate a member of the committee to serve
30 as committee chair.

31

1 (2) The purpose of the committee is to prepare for the
2 transfer of behavioral health care functions from the
3 Department of Children and Family Services to the Department
4 of Health. The committee shall be located, for administrative
5 purposes, in the Department of Health.

6 (3) By October 1, 1999, the committee shall prescribe
7 a schedule of transition activities and functions with respect
8 to the transfer of responsibilities. The schedule must, at a
9 minimum, address: office space, information support systems,
10 cash ownership and transfer, administrative support functions,
11 inventory and transfer of equipment and supplies, expenditure
12 transfers, budget authority and positions, and certifications
13 forward.

14 Section 96. Commission on Mental Health and Substance
15 Abuse.--

16 (1) FINDINGS.--The legislature finds that: major
17 changes and improvements have occurred in how health care
18 services are planned, purchased, coordinated, and accounted
19 for; the management of the state's substance abuse and mental
20 health services system delineated in part IV of chapter 394,
21 Florida Statutes, has not been systematically reviewed and
22 updated in over 15 years; and the management of the
23 state-supported mental health and substance abuse system has
24 not kept pace with improvements in the field, thereby
25 diminishing the potential efficacy of its investment in mental
26 health services and substance abuse services. Therefore, it is
27 the intent of the Legislature that a systematic review of the
28 overall management of the state's mental health and substance
29 abuse system be conducted and that recommendations for
30 updating part IV of chapter 394, Florida Statutes, and other
31 related statutes be formulated.

1 (2) CREATION.--There is created, within the Executive
2 Office of the Governor, the Commission on Mental Health and
3 Substance Abuse.

4 (3) DUTIES.--The duties of the Commission on Mental
5 Health and Substance Abuse include the following:

6 (a) Conducting a review and evaluation of the
7 management and functioning of the existing publicly supported
8 mental health and substance abuse systems and services in the
9 Department of Children and Family Services, the Department of
10 Health, the Agency for Health Care Administration, the
11 Department of Education, the Department of Juvenile Justice,
12 the Department of Corrections, and all other departments which
13 administer mental health and substance abuse services. Such
14 review shall include, at a minimum, a review of current goals
15 and objectives, current planning, coordination management,
16 purchasing, contracting, financing, local government funding
17 responsibility, and accountability mechanisms.

18 (b) Formulating recommendations to the Governor and
19 Legislature regarding the mission and objectives of
20 state-supported mental health and substance abuse services and
21 the planning, management, financing, contracting, coordination
22 and accountability mechanisms which will best foster the
23 recommended mission and objectives.

24 (4) MEMBERSHIP.--The commission shall be composed of
25 17 members.

26 (a) Category one members.--Eleven members shall be
27 citizens who have knowledge and interest in mental health and
28 substance abuse but who have no economic or other vested
29 interest in the recommendations produced by the commission.
30 Five of these members shall be appointed by the Governor, one
31 of whom shall be the Secretary of Health, one of whom must be

1 a family member of a person receiving publicly supported
2 mental health or substance abuse treatment services, and one
3 of whom must be an individual who is receiving publicly
4 supported mental health or substance abuse treatment services;
5 three shall be appointed by the Speaker of the House of
6 Representatives, one of whom shall be a member of the House;
7 and three shall be appointed by the President of the Senate,
8 one of whom shall be a member of the Senate.

9 (b) Category two members.--Six members shall be
10 individuals who are directly or indirectly involved with the
11 public mental health and substance abuse system and who have
12 specific expertise in clinical or administrative management of
13 behavioral health services. Two of these members shall be
14 appointed by the Governor, one of whom must be a
15 representative of county government; two shall be appointed by
16 the Speaker of the House of Representatives; and two shall be
17 appointed by the President of the Senate.

18 (5) ADVISORY COMMITTEE.--The commission shall appoint
19 an advisory committee representative of all state agencies
20 involved in administering mental health and substance abuse
21 services, and consumers, family members of consumers, and
22 current providers of public mental health or substance abuse
23 services.

24 (6) STAFF.--The Executive Office of the Governor shall
25 appoint an executive director recommended by the commission,
26 who shall provide professional expertise and arrange for
27 required consultation, analysis, and secretarial/clerical
28 support for the commission. Additional staff support shall be
29 provided by the department that houses the state mental health
30 and state substance abuse authorities.

31 (7) MEETINGS; REPORTS.--

1 (a) The commission shall conduct its first meeting no
2 later than September 1999.

3 (b) The commission shall meet as often as necessary to
4 fulfill its responsibilities.

5 (c) Committees shall be assigned as needed, composed
6 of representatives of the commission and the advisory
7 committee, and employees of the involved state agencies.

8 (d) All commission meetings shall be open to the
9 public and shall be held at various locations around the state
10 to facilitate public participation.

11 (e) The commission shall elect a chairperson from
12 among the category one members.

13 (f) The commission shall submit an interim report to
14 the Governor, the Speaker of the House of Representatives, and
15 the President of the Senate no later than March 1, 2000.

16 (g) A final report with recommendations shall be
17 submitted to the Governor, the Speaker of the House of
18 Representatives, and the President of the Senate no later than
19 December 1, 2000.

20 (h) Authorization for the Commission on Mental Health
21 and Substance Abuse expires effective May 15, 2001.

22 Section 97. There is hereby appropriated for each of
23 fiscal years 1999-2000 and 2000-2001 the sum of \$75,000 from
24 the General Revenue Fund and \$75,000 from administrative funds
25 available under Title XIX of the Social Security Act
26 (Medicaid), to the Executive Office of the Governor to fund
27 the Commission on Mental Health and Substance Abuse.

28 Section 98. Interim contract and payment
29 authorization.--

30 (1) Notwithstanding section 394.76(3)(a) and (c),
31 Florida Statutes, the Department of Health may use

1 unit-costing methods of payment in contracts for purchasing
2 mental health and substance abuse services through June 30,
3 2001. The unit-cost contracting system shall account for those
4 patient fees that are paid on behalf of a specific client and
5 those that are earned and used by the provider for those
6 services funded in whole or in part by the department.

7 (2) The department may reimburse actual expenditures
8 for start-up contracts and fixed capital outlay contracts in
9 accordance with contract specifications.

10 (3) The department shall adopt administrative rules
11 pursuant to chapter 120, Florida Statutes, to implement this
12 section.

13 Section 99. Except as otherwise provided in this act,
14 this act shall take effect July 1, 1999.

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17 LEGISLATIVE SUMMARY

18 Effective January 1, 2000, transfers responsibility for
19 alcohol, drug abuse, and mental health programs and
20 services, including mental health institutions, from the
21 Department of Children and Family Services to the
22 Department of Health. Establishes within the Department
23 of Health a Division of Mental Health and a Division of
24 Substance Abuse. Provides for appointment of a Deputy
25 Secretary for Behavioral Health Care who is responsible
26 for the direct supervision of both divisions. Conforms
27 various provisions of the Florida Statutes to the
28 transfer. Establishes a behavioral health care transition
29 committee to prepare and prescribe a schedule for the
30 transfer of activities and functions. Establishes a
31 Commission on Mental Health and Substance Abuse to review
and evaluate the existing mental health and substance
abuse systems and make recommendations to the Governor
and Legislature. Requires a final report by December 1,
2000, and provides for the commission's expiration
effective May 15, 2001. Provides an appropriation to fund
the commission.