

By the Committee on Children & Families and Representative
Murman

1 A bill to be entitled
2 An act relating to mental health services for
3 children and adolescents; amending s. 39.407,
4 F.S.; revising provisions governing the
5 medical, psychiatric, and psychological
6 examination and treatment of children;
7 prescribing procedures for the admission of
8 children or adolescents to a residential
9 treatment center for children and adolescents
10 or to a hospital, for residential mental health
11 treatment; providing requirements for
12 assessment, treatment, and review of treatment;
13 amending s. 394.4785, F.S.; prohibiting
14 children and adolescents from admission to
15 state mental health treatment facilities;
16 requiring residential treatment centers for
17 children and adolescents to adhere to certain
18 standards; revising certain exclusions from
19 licensure; amending s. 394.495, F.S.; revising
20 requirements for child and adolescent mental
21 health assessment services; amending s. 394.67,
22 F.S.; defining the term "residential treatment
23 center for children and adolescents"; amending
24 s. 394.875, F.S.; requiring the licensure of
25 residential treatment centers for children and
26 adolescents; requiring the Department of
27 Children and Family Services and the Agency for
28 Health Care Administration to adopt certain
29 rules; amending s. 409.175, F.S.; specifying
30 that residential child-caring agencies do not
31 include residential treatment centers for

1 children and adolescents; amending s. 27.51,
2 F.S.; requiring the appointment of a public
3 defender for a child under the custody of the
4 department, in certain circumstances; providing
5 an effective date.
6

7 Be It Enacted by the Legislature of the State of Florida:
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9 Section 1. Subsections (3) and (4) of section 39.407,
10 Florida Statutes, are amended, subsections (5) through (13)
11 are renumbered as subsections (6) through (14), respectively,
12 and a new subsection (5) is added to said section, to read:

13 39.407 Medical, psychiatric, and psychological
14 examination and treatment of child; physical or mental
15 examination of parent or person requesting custody of child.--

16 (3)(a) A judge may order a child in an out-of-home
17 placement to be examined by a licensed health care
18 professional.

19 (b) The judge may also order such child to be
20 evaluated by a psychiatrist or a psychologist, ~~by a district~~
21 ~~school board educational needs assessment team, or,~~ if a
22 developmental disability is suspected or alleged, by the
23 developmental disability diagnostic and evaluation team of the
24 department. If it is necessary to place a child in a
25 residential facility for such evaluation, then the criteria
26 and procedure established in s. 394.463(2) or chapter 393
27 shall be used, whichever is applicable.

28 (c) The judge may also order such child to be
29 evaluated by a district school board educational needs
30 assessment team. The educational needs assessment provided by
31 the district school board educational needs assessment team

1 shall include, but not be limited to, reports of intelligence
2 and achievement tests, screening for learning disabilities and
3 other handicaps, and screening for the need for alternative
4 education as defined in s. 230.23.

5 (4) A judge may order a child in an out-of-home
6 placement to be treated by a licensed health care professional
7 based on evidence that the child should receive treatment.
8 The judge may also order such child to receive mental health
9 or developmental disabilities ~~retardation~~ services from a
10 psychiatrist, psychologist, or other appropriate service
11 provider. Except as provided in subsection (5), if it is
12 necessary to place the child in a residential facility for
13 such services, ~~then~~ the procedures and criteria established in
14 s. 394.467 or chapter 393 shall be used, whichever is
15 applicable. A child may be provided developmental disabilities
16 or mental health ~~or retardation~~ services in emergency
17 situations, pursuant to the procedures and criteria contained
18 in s. 394.463(1) or chapter 393, whichever is applicable.

19 (5) Children who are under the temporary legal custody
20 of the department may be placed by the department in a
21 residential treatment center for children and adolescents
22 licensed under s. 394.875 or a hospital licensed under chapter
23 395 for residential mental health treatment only, pursuant to
24 this section, or may be placed by the court in accordance with
25 an order of involuntary examination or involuntary placement
26 entered pursuant to s. 394.463 or s. 394.467. All children
27 placed in a residential treatment program under this
28 subsection must have an attorney appointed pursuant to s.
29 27.51(1)(e).

30 (a) As used in this subsection, the term:

31

- 1 1. "Residential treatment" means placement for
2 observation, diagnosis, or treatment of an emotional
3 disturbance in a residential treatment center for children and
4 adolescents licensed under s. 394.875 or a hospital licensed
5 under chapter 395.
- 6 2. "Least restrictive alternative" means the treatment
7 and conditions of treatment that, separately and in
8 combination, are no more intrusive or restrictive of freedom
9 than reasonably necessary to achieve a substantial therapeutic
10 benefit or to protect the child or adolescent or others from
11 physical injury.
- 12 3. "Suitable for residential treatment" or
13 "suitability" means a determination concerning a child or
14 adolescent with an emotional disturbance, as defined in s.
15 394.492(5) or (6), that each of the following criteria is met:
- 16 a. The child requires residential treatment.
17 b. The child is in need of a residential treatment
18 program and is expected to benefit from mental health
19 treatment.
- 20 c. An appropriate, less restrictive alternative to
21 residential treatment is unavailable.
- 22 (b) Whenever the department believes that a child in
23 out-of-home placement is emotionally disturbed and may need
24 residential treatment, an examination and suitability
25 assessment must be conducted by a qualified evaluator pursuant
26 to s. 394.875(10). This suitability assessment must be
27 completed before the placement of the child in a residential
28 treatment center for emotionally disturbed children and
29 adolescents or in a hospital. The qualified evaluator must be
30 a psychiatrist or a psychologist licensed in the state who has
31 at least 3 years of experience in the diagnosis and treatment

1 of serious emotional disturbances in children and adolescents
2 and who has no actual or perceived conflict of interest with
3 any inpatient facility or residential treatment center or
4 program.

5 (c) Before a child is admitted to a residential
6 treatment program under this subsection, the child shall be
7 assessed for suitability for residential treatment by a
8 qualified evaluator who has conducted a personal examination
9 and assessment of the child and has made written findings
10 that:

11 1. The child appears to have an emotional disturbance
12 serious enough to require residential treatment and is
13 reasonably likely to benefit from the treatment.

14 2. The child has been provided with a clinically
15 appropriate explanation of the nature and purpose of the
16 treatment.

17 3. All available modalities of treatment less
18 restrictive than residential treatment have been considered,
19 and a less restrictive alternative that would offer comparable
20 benefits to the child is unavailable.

21 (d)1. If the evaluation and suitability assessment
22 recommends placement in a residential treatment program, the
23 department shall notify the court, which shall appoint an
24 attorney for the child pursuant to s. 27.51(1)(e). A copy of
25 the written findings of the evaluation and suitability
26 assessment must be provided to the attorney, who shall have
27 the opportunity to discuss the findings with the evaluator.

28 2. The attorney for the child may petition the court
29 to hold a fact-finding hearing at which all parties may
30 provide evidence on the suitability of the recommended
31 placement; whether all available, less restrictive, modalities

1 of treatment have been considered; and whether a less
2 restrictive alternative that would offer comparable benefits
3 to the child is available. The court shall make written
4 findings of fact with regard to each of these factors.

5 (e) Immediately upon placing a child in a residential
6 treatment program under this section, the department must
7 notify the attorney for the child and the court having
8 jurisdiction over the child.

9 (f) Within 10 days after the admission of a child to a
10 residential treatment program, the director of the residential
11 treatment program or the director's designee must ensure that
12 an individualized plan of treatment has been prepared by the
13 program and has been explained to the child, to the
14 department, and to the child's attorney, and has been
15 submitted to the department. The child must be involved in the
16 preparation of the plan to the maximum feasible extent
17 consistent with his or her ability to understand and
18 participate, and the attorney and the child's foster parents
19 must be involved to the maximum extent consistent with the
20 child's treatment needs. The plan must include specific
21 behavioral and emotional goals against which the success of
22 the residential treatment may be measured. A copy of the plan
23 must be provided to the child, to the attorney, and to the
24 department.

25 (g)1. Within 30 days after admission, the residential
26 treatment program must review the appropriateness and
27 suitability of the child's placement in the program. The
28 residential treatment program must determine whether the child
29 is receiving benefit towards the treatment goals and whether
30 the child could be treated in a less restrictive treatment
31 program. The residential treatment program shall prepare a

1 written report of its findings and submit the report to the
2 child's attorney and to the department. The department must
3 submit the report to the court. The report must include a
4 discharge plan for the child.

5 2. The residential treatment program must continue to
6 evaluate the child's treatment progress every 30 days
7 thereafter and must include its findings in a written report
8 submitted to the department.

9 3. The department may not reimburse a facility until
10 the facility has submitted every written report that is due.

11 (h)1. The department must submit, at the beginning of
12 each month, to the court having jurisdiction over the child
13 and to the child's attorney, a written report regarding the
14 child's progress towards achieving the goals specified in the
15 individualized plan of treatment.

16 2. The court must conduct a hearing to review the
17 status of the child's residential treatment plan no later than
18 3 months after the child's admission to the residential
19 treatment program. An independent review of the child's
20 progress towards achieving the goals and objectives of the
21 treatment plan must be completed by a qualified evaluator and
22 submitted to the court before its 3-month review. Notice of
23 the hearing shall be provided to the child's attorney.

24 3. For any child in residential treatment at the time
25 a judicial review is held pursuant to s. 39.701, the child's
26 continued placement in residential treatment must be a subject
27 of the judicial review.

28 4. If at any time the court determines that the child
29 is not suitable for continued residential treatment, the court
30 shall order the department to place the child in the least
31

1 restrictive setting that is best suited to meet his or her
2 needs.

3 (i) The court must conduct a review of the child's
4 residential treatment plan no later than 3 months after the
5 initial 3-month review.

6 Section 2. Section 394.4785, Florida Statutes, is
7 amended to read:

8 394.4785 Children and adolescents ~~Minors~~; admission
9 and placement in mental facilities.--

10 (1) A child or adolescent, as defined in s. 394.492,
11 may not be admitted to a state-owned or state-operated mental
12 health treatment facility. A child may be admitted pursuant to
13 s. 394.4625 or s. 394.467 to a crisis stabilization unit or a
14 residential treatment center for children and adolescents
15 licensed under s. 394.875 or a hospital licensed under chapter
16 395. The treatment center, unit, or hospital must provide the
17 least restrictive available treatment that is appropriate to
18 the individual needs of the child or adolescent and must
19 adhere to the guiding principles, system of care, and service
20 planning provisions contained in part III of this chapter.

21 ~~(a) A minor who is admitted to a state mental hospital~~
22 ~~and placed in the general population or in a specialized unit~~
23 ~~for children or adolescents shall reside in living quarters~~
24 ~~separate from adult patients, and a minor who has not attained~~
25 ~~the age of 14 shall reside in living quarters separate from~~
26 ~~minors who are 14 years of age or older.~~

27 ~~(2)(b)~~ A person ~~minor~~ under the age of 14 who is
28 admitted to any hospital licensed pursuant to chapter 395 may
29 ~~shall~~ not be admitted to a bed in a room or ward with an adult
30 patient in a mental health unit or share common areas with an
31 adult patient in a mental health unit. However, a person

1 ~~minor~~ 14 years of age or older may be admitted to a bed in a
2 room or ward in the mental health unit with an adult if the
3 admitting physician documents in the case record that such
4 placement is medically indicated or for reasons of safety.
5 Such placement shall be reviewed by the attending physician or
6 a designee or on-call physician each day and documented in the
7 case record.

8 ~~(2) In all cases involving the admission of minors to~~
9 ~~a state mental hospital, the case record shall document that a~~
10 ~~good faith effort was made to place the minor in a less~~
11 ~~restrictive form of treatment. Admission to a state mental~~
12 ~~hospital shall be regarded as the last and only treatment~~
13 ~~option available. Notwithstanding the provision of paragraph~~
14 ~~(1)(a), an individual under the age of 18 may be housed in the~~
15 ~~general population if the hospital multidisciplinary treatment~~
16 ~~and rehabilitation team has reviewed the patient and has~~
17 ~~documented in the case record that such placement is necessary~~
18 ~~for reasons of safety. Such patients placed in the general~~
19 ~~population must be reviewed by this team every 30 days and~~
20 ~~recertified as appropriate for placement in the general~~
21 ~~population.~~

22 Section 3. Subsection (2) of section 394.495, Florida
23 Statutes, is amended to read:

24 394.495 Child and adolescent mental health system of
25 care; programs and services.--

26 (2) The array of services must include assessment
27 services that provide a professional interpretation of the
28 nature of the problems of the child or adolescent and his or
29 her family; family issues that may impact the problems;
30 additional factors that contribute to the problems; and the
31 assets, strengths, and resources of the child or adolescent

1 and his or her family. The assessment services to be provided
2 shall be determined by the clinical needs of each child or
3 adolescent. Assessment services include, but are not limited
4 to, evaluation and screening in the following areas:

5 (a) Physical and mental health for purposes of
6 identifying medical and psychiatric problems.

7 (b) Psychological functioning, as determined through a
8 battery of psychological tests, including the assessment of
9 intelligence.

10 (c) ~~Intelligence~~ and Academic achievement.

11 (d) Social and behavioral functioning.

12 (e) Family functioning.

13

14 The assessment for academic achievement is the financial
15 responsibility of the school district. The department shall
16 cooperate with other state agencies and the school district to
17 avoid duplicating assessment services. With the written
18 consent of a parent or guardian, the department shall consider
19 information provided in psychological and educational
20 assessments performed by school district personnel, including
21 school psychologists certified by the Department of Education
22 under rule 6A-4.0311, Florida Administrative Code.

23 Section 4. Present subsections (18), (19), and (20) of
24 section 394.67, Florida Statutes, are renumbered as
25 subsections (19), (20), and (21), respectively, and a new
26 subsection (18) is added to said section to read:

27 394.67 Definitions.--As used in this part, the term:

28 (18) "Residential treatment center for children and
29 adolescents" means a 24-hour residential program, including a
30 therapeutic group home, which provides mental health services
31 to emotionally disturbed children or adolescents as defined in

1 s. 394.492(5) or (6) and which is a private for-profit or
2 not-for-profit corporation which offers a variety of treatment
3 modalities in a restrictive setting.

4 Section 5. Section 394.875, Florida Statutes, is
5 amended to read:

6 394.875 Crisis stabilization units, ~~and~~ residential
7 treatment facilities, and residential treatment centers for
8 children and adolescents; authorized services; license
9 required; penalties.--

10 (1)(a) The purpose of a crisis stabilization unit is
11 to stabilize and redirect a client to the most appropriate and
12 least restrictive community setting available, consistent with
13 the client's needs. Crisis stabilization units may screen,
14 assess, and admit for stabilization persons who present
15 themselves to the unit and persons who are brought to the unit
16 under s. 394.463. Clients may be provided 24-hour
17 observation, medication prescribed by a physician or
18 psychiatrist, and other appropriate services. Crisis
19 stabilization units shall provide services regardless of the
20 client's ability to pay and shall be limited in size to a
21 maximum of 30 beds.

22 (b) The purpose of a residential treatment facility is
23 to be a part of a comprehensive treatment program for mentally
24 ill individuals in a community-based residential setting.

25 (c) The purpose of a residential treatment center for
26 children and adolescents is to provide mental health
27 assessment and treatment services pursuant to ss. 394.491,
28 394.494, 394.495, and 394.496 to children and adolescents who
29 meet the target population criteria specified in s.
30 394.493(1)(a), (b), or (c).

31

1 (2) It is unlawful for any entity to hold itself out
2 as a crisis stabilization unit,~~or~~ a residential treatment
3 facility, or a residential treatment center for children and
4 adolescents,~~or~~ to act as a crisis stabilization unit,~~or~~ a
5 residential treatment facility, or a residential treatment
6 center for children and adolescents, unless it is licensed by
7 the agency pursuant to this chapter.

8 (3) Any person who violates subsection (2) commits is
9 ~~guilty of~~ a misdemeanor of the first degree, punishable as
10 provided in s. 775.082 or s. 775.083.

11 (4) The agency may maintain an action in circuit court
12 to enjoin the unlawful operation of a crisis stabilization
13 unit,~~or~~ a residential treatment facility, or a residential
14 treatment center for children and adolescents if the agency
15 first gives the violator 14 days' notice of its intention to
16 maintain such action and if the violator fails to apply for
17 licensure within such 14-day period.

18 (5) Subsection (2) does not apply to:

19 (a) Homes for special services licensed under chapter
20 400;

21 (b) Nursing homes licensed under chapter 400; or

22 (c) Comprehensive transitional education programs
23 ~~Residential child caring facilities~~ licensed under s. 393.067
24 ~~409.175~~.

25 (6) The department, in consultation with the agency,
26 may establish multiple license classifications for residential
27 treatment facilities.

28 (7) The agency may not issue a license to a crisis
29 stabilization unit unless the unit receives state mental
30 health funds and is affiliated with a designated public
31 receiving facility.

1 (8) The agency may issue a license for a crisis
2 stabilization unit or short-term residential treatment
3 facility, certifying the number of authorized beds for such
4 facility as indicated by existing need and available
5 appropriations. The agency may disapprove an application for
6 such a license if it determines that a facility should not be
7 licensed pursuant to the provisions of this chapter. Any
8 facility operating beds in excess of those authorized by the
9 agency shall, upon demand of the agency, reduce the number of
10 beds to the authorized number, forfeit its license, or provide
11 evidence of a license issued pursuant to chapter 395 for the
12 excess beds.

13 (9) A children's crisis stabilization unit which does
14 not exceed 20 licensed beds and which provides separate
15 facilities or a distinct part of a facility, separate
16 staffing, and treatment exclusively for minors may be located
17 on the same premises as a crisis stabilization unit serving
18 adults. The department, in consultation with the agency, shall
19 adopt rules governing facility construction, staffing and
20 licensure requirements, and the operation of such units for
21 minors.

22 (10)(a) The department, in consultation with the
23 agency, shall adopt rules governing a residential treatment
24 center for children and adolescents which specify licensure
25 standards for: admission; length of stay; program and
26 staffing; discharge and discharge planning; treatment
27 planning; seclusion, restraints, and time-out; rights of
28 patients under s. 394.459; use of psychotropic medications;
29 and standards for the operation of such centers.

30 (b) The department shall adopt rules for implementing
31 timeframes for the completion of suitability assessments by

1 qualified evaluators and a procedure that includes timeframes
2 for completing the 3-month independent review by the qualified
3 evaluators of the child's progress towards achieving the goals
4 and objectives of the treatment plan, which review must be
5 submitted to the court and the child's attorney.

6 (c) The agency shall adopt rules for the registration
7 of qualified evaluators, the procedure for selecting the
8 evaluators to conduct the reviews required under this
9 subsection, and a reasonable, cost-effective fee schedule for
10 qualified evaluators.

11 (11)~~(10)~~ Notwithstanding the provisions of subsection
12 (8), crisis stabilization units may not exceed their licensed
13 capacity by more than 10 percent, nor may they exceed their
14 licensed capacity for more than 3 consecutive working days or
15 for more than 7 days in 1 month.

16 (12)~~(11)~~ Notwithstanding the other provisions of this
17 section, any facility licensed under chapters 396 and 397 for
18 detoxification, residential level I care, and outpatient
19 treatment may elect to license concurrently all of the beds at
20 such facility both for that purpose and as a long-term
21 residential treatment facility pursuant to this section, if
22 all of the following conditions are met:

23 (a) The licensure application is received by the
24 department prior to January 1, 1993.

25 (b) On January 1, 1993, the facility was licensed
26 under chapters 396 and 397 as a facility for detoxification,
27 residential level I care, and outpatient treatment of
28 substance abuse.

29 (c) The facility restricted its practice to the
30 treatment of law enforcement personnel for a period of at
31 least 12 months beginning after January 1, 1992.

1 (d) The number of beds to be licensed under chapter
2 394 is equal to or less than the number of beds licensed under
3 chapters 396 and 397 as of January 1, 1993.

4 (e) The licensee agrees in writing to a condition
5 placed upon the license that the facility will limit its
6 treatment exclusively to law enforcement personnel and their
7 immediate families who are seeking admission on a voluntary
8 basis and who are exhibiting symptoms of posttraumatic stress
9 disorder or other mental health problems, including drug or
10 alcohol abuse, which are directly related to law enforcement
11 work and which are amenable to verbal treatment therapies; the
12 licensee agrees to coordinate the provision of appropriate
13 postresidential care for discharged individuals; and the
14 licensee further agrees in writing that a failure to meet any
15 condition specified in this paragraph shall constitute grounds
16 for a revocation of the facility's license as a residential
17 treatment facility.

18 (f) The licensee agrees that the facility will meet
19 all licensure requirements for a residential treatment
20 facility, including minimum standards for compliance with
21 lifesafety requirements, except those licensure requirements
22 which are in express conflict with the conditions and other
23 provisions specified in this subsection.

24 (g) The licensee agrees that the conditions stated in
25 this subsection must be agreed to in writing by any person
26 acquiring the facility by any means.

27
28 Any facility licensed under this subsection is not required to
29 provide any services to any persons except those included in
30 the specified conditions of licensure, and is exempt from any
31 requirements related to the 60-day or greater average length

1 of stay imposed on community-based residential treatment
2 facilities otherwise licensed under this chapter.

3 (13)~~(12)~~ Each applicant for licensure must comply with
4 the following requirements:

5 (a) Upon receipt of a completed, signed, and dated
6 application, the agency shall require background screening, in
7 accordance with the level 2 standards for screening set forth
8 in chapter 435, of the managing employee and financial
9 officer, or other similarly titled individual who is
10 responsible for the financial operation of the facility,
11 including billings for client care and services. The applicant
12 must comply with the procedures for level 2 background
13 screening as set forth in chapter 435, as well as the
14 requirements of s. 435.03(3).

15 (b) The agency may require background screening of any
16 other individual who is an applicant if the agency has
17 probable cause to believe that he or she has been convicted of
18 a crime or has committed any other offense prohibited under
19 the level 2 standards for screening set forth in chapter 435.

20 (c) Proof of compliance with the level 2 background
21 screening requirements of chapter 435 which has been submitted
22 within the previous 5 years in compliance with any other
23 health care licensure requirements of this state is acceptable
24 in fulfillment of the requirements of paragraph (a).

25 (d) A provisional license may be granted to an
26 applicant when each individual required by this section to
27 undergo background screening has met the standards for the
28 abuse registry background check and the Department of Law
29 Enforcement background check, but the agency has not yet
30 received background screening results from the Federal Bureau
31 of Investigation, or a request for a disqualification

1 exemption has been submitted to the agency as set forth in
2 chapter 435, but a response has not yet been issued. A
3 standard license may be granted to the applicant upon the
4 agency's receipt of a report of the results of the Federal
5 Bureau of Investigation background screening for each
6 individual required by this section to undergo background
7 screening which confirms that all standards have been met, or
8 upon the granting of a disqualification exemption by the
9 agency as set forth in chapter 435. Any other person who is
10 required to undergo level 2 background screening may serve in
11 his or her capacity pending the agency's receipt of the report
12 from the Federal Bureau of Investigation. However, the person
13 may not continue to serve if the report indicates any
14 violation of background screening standards and a
15 disqualification exemption has not been requested of and
16 granted by the agency as set forth in chapter 435.

17 (e) Each applicant must submit to the agency, with its
18 application, a description and explanation of any exclusions,
19 permanent suspensions, or terminations of the applicant from
20 the Medicare or Medicaid programs. Proof of compliance with
21 the requirements for disclosure of ownership and control
22 interests under the Medicaid or Medicare programs shall be
23 accepted in lieu of this submission.

24 (f) Each applicant must submit to the agency a
25 description and explanation of any conviction of an offense
26 prohibited under the level 2 standards of chapter 435 by a
27 member of the board of directors of the applicant, its
28 officers, or any individual owning 5 percent or more of the
29 applicant. This requirement does not apply to a director of a
30 not-for-profit corporation or organization if the director
31 serves solely in a voluntary capacity for the corporation or

1 organization, does not regularly take part in the day-to-day
2 operational decisions of the corporation or organization,
3 receives no remuneration for his or her services on the
4 corporation or organization's board of directors, and has no
5 financial interest and has no family members with a financial
6 interest in the corporation or organization, provided that the
7 director and the not-for-profit corporation or organization
8 include in the application a statement affirming that the
9 director's relationship to the corporation satisfies the
10 requirements of this paragraph.

11 (g) A license may not be granted to an applicant if
12 the applicant or managing employee has been found guilty of,
13 regardless of adjudication, or has entered a plea of nolo
14 contendere or guilty to, any offense prohibited under the
15 level 2 standards for screening set forth in chapter 435,
16 unless an exemption from disqualification has been granted by
17 the agency as set forth in chapter 435.

18 (h) The agency may deny or revoke licensure if the
19 applicant:

20 1. Has falsely represented a material fact in the
21 application required by paragraph (e) or paragraph (f), or has
22 omitted any material fact from the application required by
23 paragraph (e) or paragraph (f); or

24 2. Has had prior action taken against the applicant
25 under the Medicaid or Medicare program as set forth in
26 paragraph (e).

27 (i) An application for license renewal must contain
28 the information required under paragraphs (e) and (f).

29 Section 6. Paragraph (j) of subsection (2) of section
30 409.175, Florida Statutes, is amended to read:

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1 409.175 Licensure of family foster homes, residential
2 child-caring agencies, and child-placing agencies.--

3 (2) As used in this section, the term:

4 (j) "Residential child-caring agency" means any
5 person, corporation, or agency, public or private, other than
6 the child's parent or legal guardian, that provides staffed
7 24-hour care for children in facilities maintained for that
8 purpose, regardless of whether operated for profit or whether
9 a fee is charged. Such residential child-caring agencies
10 include, but are not limited to, maternity homes, runaway
11 shelters, group homes that are administered by an agency,
12 emergency shelters that are not in private residences, and
13 wilderness camps. Residential child-caring agencies do not
14 include hospitals, boarding schools, summer or recreation
15 camps, nursing homes, or facilities operated by a governmental
16 agency for the training, treatment, or secure care of
17 delinquent youth, or facilities licensed under s. 393.067 or
18 s. 394.875 or chapter 397.

19 Section 7. Paragraph (e) is added to subsection (1) of
20 section 27.51, Florida Statutes, to read:

21 27.51 Duties of public defender.--

22 (1) The public defender shall represent, without
23 additional compensation, any person who is determined by the
24 court to be indigent as provided in s. 27.52 and who is:

25 (e) A dependent child under the custody of the
26 Department of Children and Family Services, when the
27 department seeks residential treatment for that child pursuant
28 to s. 39.407(5).

29 Section 8. This act shall take effect October 1, 2000.
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HOUSE SUMMARY

Revises provisions governing the medical, psychiatric, and psychological examination and treatment of children. Prescribes procedures for the admission of children or adolescents to residential treatment centers for children and adolescents for residential mental health treatment. Provides requirements for assessment, treatment, and review of treatment. Prohibits children and adolescents from admission to state mental health treatment facilities. Requires residential treatment centers for children and adolescents to adhere to certain standards. Revises requirements for child and adolescent mental health assessment services. Defines "residential treatment center for children and adolescents" and provides for licensure of such centers. Revises certain exclusions from licensure. Requires the Department of Children and Family Services and the Agency for Health Care Administration to adopt certain rules. Specifies that residential child-caring agencies do not include residential treatment centers for children and adolescents. Requires appointment of a public defender for a child under custody of the department when the department seeks residential mental health treatment for the child.