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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/15/2009	.	
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	.	

The Committee on Health Regulation (Altman) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the



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12 levy. Each enactment shall specify the types of counties
13 authorized to levy; the rate or rates which may be imposed; the
14 maximum length of time the surtax may be imposed, if any; the
15 procedure which must be followed to secure voter approval, if
16 required; the purpose for which the proceeds may be expended;
17 and such other requirements as the Legislature may provide.
18 Taxable transactions and administrative procedures shall be as
19 provided in s. 212.054.

20 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
21 s. 125.011(1) may levy the surtax authorized in this subsection
22 pursuant to an ordinance either approved by extraordinary vote
23 of the county commission or conditioned to take effect only upon
24 approval by a majority vote of the electors of the county voting
25 in a referendum. In a county as defined in s. 125.011(1), for
26 the purposes of this subsection, "county public general
27 hospital" means a general hospital as defined in s. 395.002
28 which is owned, operated, maintained, or governed by the county
29 or its agency, authority, or public health trust.

30 (e) A governing board, agency, or authority shall be
31 chartered by the county commission upon this act becoming law.
32 The governing board, agency, or authority shall adopt and
33 implement a health care plan for indigent health care services.
34 The governing board, agency, or authority shall consist of no
35 more than seven and no fewer than five members appointed by the
36 county commission. The members of the governing board, agency,
37 or authority shall be at least 18 years of age and residents of
38 the county. No member may be employed by or affiliated with a
39 health care provider or the public health trust, agency, or
40 authority responsible for the county public general hospital.



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41 The following community organizations shall each appoint a
42 representative to a nominating committee: the South Florida
43 Hospital and Healthcare Association, the Miami-Dade County
44 Public Health Trust, the Dade County Medical Association, the
45 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
46 County. This committee shall nominate between 10 and 14 county
47 citizens for the governing board, agency, or authority. The
48 slate shall be presented to the county commission and the county
49 commission shall confirm the top five to seven nominees,
50 depending on the size of the governing board. Until such time as
51 the governing board, agency, or authority is created, the funds
52 provided for in subparagraph (d)2. shall be placed in a
53 restricted account set aside from other county funds and not
54 disbursed by the county for any other purpose.

55 1. The plan shall divide the county into a minimum of four
56 and maximum of six service areas, with no more than one
57 participant hospital per service area. The county public general
58 hospital shall be designated as the provider for one of the
59 service areas. Services shall be provided through participants'
60 primary acute care facilities.

61 2. The plan and subsequent amendments to it shall fund a
62 defined range of health care services for both indigent persons
63 and the medically poor, including primary care, preventive care,
64 hospital emergency room care, and hospital care necessary to
65 stabilize the patient. For the purposes of this section,
66 "stabilization" means stabilization as defined in s. 397.311(35)
67 ~~s. 397.311(30)~~. Where consistent with these objectives, the plan
68 may include services rendered by physicians, clinics, community
69 hospitals, and alternative delivery sites, as well as at least



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70 one regional referral hospital per service area. The plan shall
71 provide that agreements negotiated between the governing board,
72 agency, or authority and providers shall recognize hospitals
73 that render a disproportionate share of indigent care, provide
74 other incentives to promote the delivery of charity care to draw
75 down federal funds where appropriate, and require cost
76 containment, including, but not limited to, case management.
77 From the funds specified in subparagraphs (d)1. and 2. for
78 indigent health care services, service providers shall receive
79 reimbursement at a Medicaid rate to be determined by the
80 governing board, agency, or authority created pursuant to this
81 paragraph for the initial emergency room visit, and a per-member
82 per-month fee or capitation for those members enrolled in their
83 service area, as compensation for the services rendered
84 following the initial emergency visit. Except for provisions of
85 emergency services, upon determination of eligibility,
86 enrollment shall be deemed to have occurred at the time services
87 were rendered. The provisions for specific reimbursement of
88 emergency services shall be repealed on July 1, 2001, unless
89 otherwise reenacted by the Legislature. The capitation amount or
90 rate shall be determined prior to program implementation by an
91 independent actuarial consultant. In no event shall such
92 reimbursement rates exceed the Medicaid rate. The plan must also
93 provide that any hospitals owned and operated by government
94 entities on or after the effective date of this act must, as a
95 condition of receiving funds under this subsection, afford
96 public access equal to that provided under s. 286.011 as to any
97 meeting of the governing board, agency, or authority the subject
98 of which is budgeting resources for the retention of charity



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99 care, as that term is defined in the rules of the Agency for
100 Health Care Administration. The plan shall also include
101 innovative health care programs that provide cost-effective
102 alternatives to traditional methods of service and delivery
103 funding.

104 3. The plan's benefits shall be made available to all
105 county residents currently eligible to receive health care
106 services as indigents or medically poor as defined in paragraph
107 (4) (d).

108 4. Eligible residents who participate in the health care
109 plan shall receive coverage for a period of 12 months or the
110 period extending from the time of enrollment to the end of the
111 current fiscal year, per enrollment period, whichever is less.

112 5. At the end of each fiscal year, the governing board,
113 agency, or authority shall prepare an audit that reviews the
114 budget of the plan, delivery of services, and quality of
115 services, and makes recommendations to increase the plan's
116 efficiency. The audit shall take into account participant
117 hospital satisfaction with the plan and assess the amount of
118 poststabilization patient transfers requested, and accepted or
119 denied, by the county public general hospital.

120 Section 2. Subsection (21) of section 394.67, Florida
121 Statutes, is amended to read:

122 394.67 Definitions.—As used in this part, the term:

123 (21) "Residential treatment center for children and
124 adolescents" means a 24-hour residential program, including a
125 therapeutic group home, which provides mental health services to
126 emotionally disturbed children or adolescents as defined in s.
127 394.492 (5) or (6) and which is a private for-profit or not-for-



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128 profit corporation licensed by the agency ~~under contract with~~
129 ~~the department~~ which offers a variety of treatment modalities in
130 a more restrictive setting.

131 Section 3. Section 394.674, Florida Statutes, is amended to
132 read:

133 394.674 ~~Clinical~~ Eligibility for publicly funded substance
134 abuse and mental health services; fee collection requirements.-

135 (1) To be eligible to receive substance abuse and mental
136 health services funded by the department, an individual ~~a person~~
137 must be a member of at least one of the department's priority
138 populations ~~target groups~~ approved by the Legislature, ~~pursuant~~
139 ~~to s. 216.0166~~. The priority populations include:

140 (a) For adult mental health services:

141 1. Adults who have severe and persistent mental illness, as
142 designated by the department using criteria that include
143 severity of diagnosis, duration of the mental illness, ability
144 to independently perform activities of daily living, and receipt
145 of disability income for a psychiatric condition. Included
146 within this group are:

147 a. Older adults in crisis.

148 b. Older adults who are at risk of being placed in a more
149 restrictive environment because of their mental illness.

150 c. Persons deemed incompetent to proceed or not guilty by
151 reason of insanity under chapter 916.

152 d. Other persons involved in the criminal justice system.

153 e. Persons diagnosed as having co-occurring mental illness
154 and substance abuse disorders.

155 2. Persons who are experiencing an acute mental or
156 emotional crisis as defined in s. 394.67(17).



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157 (b) For children's mental health services:

158 1. Children who are at risk of emotional disturbance as
159 defined in s. 394.492(4).

160 2. Children who have an emotional disturbance as defined in
161 s. 394.492(5).

162 3. Children who have a serious emotional disturbance as
163 defined in s. 394.492(6).

164 4. Children diagnosed as having a co-occurring substance
165 abuse and emotional disturbance or serious emotional
166 disturbance.

167 (c) For substance abuse treatment services:

168 1. Adults who have substance abuse disorders and a history
169 of intravenous drug use.

170 2. Persons diagnosed as having co-occurring substance abuse
171 and mental health disorders.

172 3. Parents who put children at risk due to a substance
173 abuse disorder.

174 4. Persons who have a substance abuse disorder and have
175 been ordered by the court to receive treatment.

176 5. Children at risk for initiating drug use.

177 6. Children under state supervision.

178 7. Children who have a substance abuse disorder but who are
179 not under the supervision of a court or in the custody of a
180 state agency.

181 8. Persons identified as being part of a priority
182 population as a condition for receiving services funded through
183 the Center for Mental Health Services and Substance Abuse
184 Prevention and Treatment Block Grants.

185 (2) Crisis services, as defined in s. 394.67, must, within



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186 the limitations of available state and local matching resources,
187 be available to each person who is eligible for services under
188 subsection (1), regardless of the person's ability to pay for
189 such services. A person who is experiencing a mental health
190 crisis and who does not meet the criteria for involuntary
191 examination under s. 394.463(1), or a person who is experiencing
192 a substance abuse crisis and who does not meet the involuntary
193 admission criteria in s. 397.675, must contribute to the cost of
194 his or her care and treatment pursuant to the sliding fee scale
195 developed under subsection (4), unless charging a fee is
196 contraindicated because of the crisis situation.

197 (3) Mental health services, substance abuse services, and
198 crisis services, as defined in s. 394.67, must, within the
199 limitations of available state and local matching resources, be
200 available to each person who is eligible for services under
201 subsection (1). Such person must contribute to the cost of his
202 or her care and treatment pursuant to the sliding fee scale
203 developed under subsection (4).

204 (4) The department shall adopt rules to implement client
205 ~~the clinical~~ eligibility, client enrollment, and fee collection
206 requirements for publicly funded substance abuse and mental
207 health services.

208 (a) The rules must require ~~that~~ each provider under
209 contract with the department which enrolls eligible persons into
210 treatment to develop a sliding fee scale for persons who have a
211 net family income at or above 150 percent of the Federal Poverty
212 Income Guidelines, unless otherwise required by state or federal
213 law. The sliding fee scale must use the uniform schedule of
214 discounts by which a provider under contract with the department



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215 discounts its established client charges for services supported
216 with state, federal, or local funds, using, at a minimum,
217 factors such as family income, financial assets, and family size
218 as declared by the person or the person's guardian. The rules
219 must include uniform criteria to be used by all service
220 providers in developing the schedule of discounts for the
221 sliding fee scale.

222 (b) The rules must address the most expensive types of
223 treatment, such as residential and inpatient treatment, in order
224 to make it possible for a client to responsibly contribute to
225 his or her mental health or substance abuse care without
226 jeopardizing the family's financial stability. A person who is
227 not eligible for Medicaid and whose net family income is less
228 than 150 percent of the Federal Poverty Income Guidelines must
229 pay a portion of his or her treatment costs which is comparable
230 to the copayment amount required by the Medicaid program for
231 Medicaid clients pursuant to s. 409.9081.

232 (c) The rules must require that persons who receive
233 financial assistance from the Federal Government because of a
234 disability and are in long-term residential treatment settings
235 contribute to their board and care costs and treatment costs and
236 must be consistent with the provisions in s. 409.212.

237 (5) A person who meets the eligibility criteria in
238 subsection (1) shall be served in accordance with the
239 appropriate district substance abuse and mental health services
240 plan specified in s. 394.75 and within available resources.

241 Section 4. Section 394.908, Florida Statutes, is amended to
242 read:

243 394.908 Substance abuse and mental health funding equity;



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244 distribution of appropriations.—In recognition of the historical
245 inequity in the funding of substance abuse and mental health
246 services for the department's districts and regions and to
247 rectify this inequity and provide for equitable funding in the
248 future throughout the state, the following funding process shall
249 be used:

250 (1) Funding thresholds for substance abuse and mental
251 health services in each of the current districts, statewide,
252 shall be established based on the current number of individuals
253 ~~persons~~ in need per district of substance abuse and mental
254 health services, respectively.

255 (2) "Individuals ~~Persons~~ in need" means those persons who
256 fit the profile of the respective priority ~~target~~ populations
257 and require mental health or substance abuse services.

258 (3)

259 (a) Any additional funding beyond the 2005-2006 fiscal year
260 base appropriation for alcohol, drug abuse, and mental health
261 services shall be allocated to districts for substance abuse and
262 mental health services based on:

263 1. Epidemiological estimates of disabilities that apply to
264 the respective priority ~~target~~ populations.

265 2. A pro rata share distribution that ensures districts
266 below the statewide average funding level per individual ~~person~~
267 in each priority ~~target~~ population of "individuals ~~persons~~ in
268 need" receive funding necessary to achieve equity.

269 (b) Notwithstanding paragraph (a) and for the 2008-2009
270 fiscal year only, funds appropriated for forensic mental health
271 treatment services shall be allocated to the areas of the state
272 having the greatest demand for services and treatment capacity.



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273 This paragraph expires July 1, 2009.

274 (c) Notwithstanding paragraph (a) and for the 2008-2009
275 fiscal year only, additional funds appropriated for mental
276 health services from funds available through the Community-Based
277 Medicaid Administrative Claiming Program shall be allocated as
278 provided in the 2008-2009 General Appropriations Act and in
279 proportion to contributed provider earnings. Where these mental
280 health funds are used in lieu of funds from the General Revenue
281 Fund, the allocation of funds shall be unchanged from the
282 allocation for those funds for the 2007-2008 fiscal year. This
283 paragraph expires July 1, 2009.

284 (4) Priority Target populations for individuals persons in
285 need shall be displayed for each district and distributed
286 concurrently with the approved operating budget. The display by
287 priority target population shall show: The annual number of
288 individuals persons served based on prior year actual numbers,
289 the annual cost per individual person served, and the estimated
290 number of the total priority target population for individuals
291 persons in need.

292 (5) The annual cost per individual person served shall be
293 defined as the total actual funding for each priority target
294 population divided by the number of individuals persons served
295 in the priority target population for that year.

296 Section 5. Subsection (6) of section 394.9085, Florida
297 Statutes, is amended to read:

298 394.9085 Behavioral provider liability.—

299 (6) For purposes of this section, the terms "detoxification
300 services program," "addictions receiving facility," and
301 "receiving facility" have the same meanings as those provided in



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302 ss. 397.311(17) ~~397.311(18)(b)~~, ~~397.311(18)(a)~~, and 394.455(26),
303 respectively.

304 Section 6. Section 397.301, Florida Statutes, is amended to
305 read:

306 397.301 Short title.—This act may be cited as the “Hal S.
307 Marchman Alcohol and Other Drug Services Act ~~of 1993~~.”

308 Section 7. Section 397.305, Florida Statutes, is amended to
309 read:

310 397.305 Legislative findings, intent, and purpose.—

311 (1) Substance abuse is a major health problem that affects
312 multiple service systems and leads to such profoundly disturbing
313 consequences as serious impairment, chronic addiction, criminal
314 behavior, vehicular casualties, spiraling health care costs,
315 AIDS, and business losses, and significantly ~~profoundly~~ affects
316 the culture, socialization, and learning ability of children
317 within our schools and educational systems. Substance abuse
318 impairment is a disease which affects the whole family and the
319 whole society and requires a system of care that includes
320 ~~specialized~~ prevention, intervention, clinical ~~and~~ treatment,
321 and recovery support services that support and strengthen the
322 family unit. Further, it is the intent of the Legislature to
323 require the collaboration of state agencies, service systems,
324 and program offices to achieve the goals of this chapter and
325 address the needs of the public; to establish a comprehensive
326 system of care for substance abuse; and to reduce duplicative
327 requirements across state agencies. This chapter is designed to
328 provide for substance abuse services.

329 (2) It is the goal of the Legislature to discourage
330 substance abuse by promoting healthy lifestyles, healthy



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331 families, and drug-free schools, workplaces, and communities.

332 ~~(3)(2)~~ It is the purpose of this chapter to provide for a
333 comprehensive continuum of accessible and quality substance
334 abuse prevention, intervention, clinical and treatment, and
335 recovery support services in the least restrictive environment
336 which promotes long-term recovery while protecting and
337 respecting of optimum care that protects and respects the rights
338 of individuals ~~clients, especially for involuntary admissions,~~
339 primarily through community-based private not-for-profit
340 providers working with local governmental programs involving a
341 wide range of agencies from both the public and private sectors.

342 ~~(4)(3)~~ It is the intent of the Legislature to ensure within
343 available resources a full system of care for ~~continuum of~~
344 substance abuse services based on ~~projected~~ identified needs,
345 delivered without discrimination and with adequate provision for
346 specialized needs.

347 (5) It is the intent of the Legislature to establish
348 services for individuals with co-occurring substance abuse and
349 mental disorders.

350 ~~(4) It is the goal of the Legislature to discourage~~
351 ~~substance abuse by promoting healthy lifestyles and drug-free~~
352 ~~schools, workplaces, and communities.~~

353 ~~(5) It is the purpose of the Legislature to integrate~~
354 ~~program evaluation efforts, adequate administrative support~~
355 ~~services, and quality assurance strategies with direct service~~
356 ~~provision requirements and to ensure funds for these purposes.~~

357 ~~(6) It is the intent of the Legislature to require the~~
358 ~~cooperation of departmental programs, services, and program~~
359 ~~offices in achieving the goals of this chapter and addressing~~



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360 ~~the needs of clients.~~

361 ~~(6)(7)~~ It is the intent of the Legislature to provide, ~~for~~
362 ~~substance abuse impaired adult and juvenile offenders,~~ an
363 alternative to criminal imprisonment for substance abuse
364 impaired adults and juvenile offenders by encouraging the
365 referral of such offenders to service providers not generally
366 available within the juvenile justice and correctional systems,
367 ~~system~~ instead of or in addition to criminal penalties.

368 ~~(7)(8)~~ It is the intent of the Legislature to provide,
369 within the limits of appropriations and safe management of the
370 juvenile justice and correctional systems ~~system,~~ substance
371 abuse services to substance abuse impaired offenders who are
372 placed by the Department of Juvenile Justice or who are
373 incarcerated within the Department of Corrections, in order to
374 better enable these offenders or inmates to adjust to the
375 conditions of society presented to them when their terms of
376 placement or incarceration end.

377 ~~(8)(9)~~ It is the intent of the Legislature to provide for
378 assisting substance abuse impaired persons primarily through
379 health and other rehabilitative services in order to relieve the
380 police, courts, correctional institutions, and other criminal
381 justice agencies of a burden that interferes with their ability
382 to protect people, apprehend offenders, and maintain safe and
383 orderly communities.

384 ~~(10)~~ It is the purpose of the Legislature to establish a
385 ~~clear framework for the comprehensive provision of substance~~
386 ~~abuse services in the context of a coordinated and orderly~~
387 ~~system.~~

388 ~~(9)(11)~~ It is the intent of the Legislature that the



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389 freedom of religion of all citizens shall be inviolate. Nothing
390 in this act shall give any governmental entity jurisdiction to
391 regulate religious, spiritual, or ecclesiastical services.

392 Section 8. Section 397.311, Florida Statutes, is amended to
393 read:

394 397.311 Definitions.—As used in this chapter, except part
395 VIII, the term:

396 (1) "Ancillary services" are services that ~~which~~ include,
397 but are not limited to, special diagnostic, prenatal and
398 postnatal, other medical, mental health, legal, economic,
399 vocational, employment, and educational services.

400 ~~(2) "Assessment" means the systematic evaluation of~~
401 ~~information gathered to determine the nature and severity of the~~
402 ~~client's substance abuse problem and the client's need and~~
403 ~~motivation for services. Assessment entails the use of a~~
404 ~~psychosocial history supplemented, as required by rule, by~~
405 ~~medical examinations, laboratory testing, and psychometric~~
406 ~~measures.~~

407 ~~(2)(3)~~ "Authorized agent of the department" means a person
408 designated by the department to conduct any audit, inspection,
409 monitoring, evaluation, or other duty imposed upon the
410 department pursuant to this chapter. An authorized agent must be
411 qualified by expertise and experience to perform these
412 functions. identified by the department as:

413 ~~(a) Qualified by the requisite expertise and experience;~~
414 ~~(b) Having a need to know the applicable information; and~~
415 ~~(c) Having the assigned responsibility to carry out the~~
416 ~~applicable duty.~~

417 ~~(3)(4)~~ "Beyond the safe management capabilities of the



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418 service provider" refers to an individual ~~a client~~ who is in
419 need of:

- 420 (a) Supervision;
421 (b) Medical care; or
422 (c) Services,

423
424 beyond that which the service provider or service component can
425 deliver.

426 (4) "Clinical assessment" means the collection of detailed
427 information concerning an individual's substance use, emotional
428 and physical health, social roles, and other areas that may
429 reflect the severity of the individual's abuse of alcohol or
430 drugs. The collection of information serves as a basis for
431 identifying an appropriate treatment regimen.

432 ~~(5) "Client" means a recipient of alcohol or other drug~~
433 ~~services delivered by a service provider but does not include an~~
434 ~~inmate pursuant to part VIII unless expressly so provided.~~

435 ~~(6) "Client identifying information" means the name,~~
436 ~~address, social security number, fingerprints, photograph, and~~
437 ~~similar information by which the identity of a client can be~~
438 ~~determined with reasonable accuracy and speed either directly or~~
439 ~~by reference to other publicly available information.~~

440 ~~(5)(7) "Court" means, with respect to all involuntary~~
441 ~~proceedings under this chapter, the circuit court of the county~~
442 ~~in which the judicial proceeding is pending or where the~~
443 ~~substance abuse impaired person resides or is located, and~~
444 ~~includes any general or special magistrate that may be appointed~~
445 ~~by the chief judge to preside over all or part of such~~
446 ~~proceeding. Otherwise, "court" refers to the court of legal~~



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447 jurisdiction in the context in which the term is used in this
448 chapter.

449 (6)~~(8)~~ "Department" means the Department of Children and
450 Family Services.

451 (7)~~(9)~~ "Director" means the chief administrative or
452 executive officer of a service provider.

453 (8)~~(10)~~ "Disclose" or "disclosure" means a communication of
454 ~~client~~ identifying information, the affirmative verification of
455 another person's communication of ~~client~~ identifying
456 information, or the communication of any information regarding
457 an individual ~~of a client~~ who has received services ~~been~~
458 ~~identified~~. Any disclosure made pursuant to this chapter must be
459 limited to that information which is necessary to carry out the
460 purpose of the disclosure.

461 (9)~~(11)~~ "Fee system" means a method of establishing charges
462 for services rendered, in accordance with an individual's a
463 ~~client's~~ ability to pay, used by providers that receive state
464 funds.

465 (10)~~(12)~~ "For profit" means registered as for profit by the
466 Secretary of State and recognized by the Internal Revenue
467 Service as a for-profit entity.

468 (11)~~(13)~~ "Habitual abuser" means a person who is brought to
469 the attention of law enforcement for being substance impaired,
470 who meets the criteria for involuntary admission in s. 397.675,
471 and who has been taken into custody for such impairment three or
472 more times during the preceding 12 months.

473 (12)~~(14)~~ "Hospital" means a hospital or hospital-based
474 component licensed under chapter 395.

475 (13) "Identifying information" means the name, address,



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476 social security number, fingerprints, photograph, and similar
477 information by which the identity of an individual can be
478 determined with reasonable accuracy directly or by reference to
479 other publicly available information.

480 (14)-(15) "Impaired" or "substance abuse impaired" means a
481 condition involving the use of alcoholic beverages or any
482 psychoactive or mood-altering substance in such a manner as to
483 induce mental, emotional, or physical problems and cause
484 socially dysfunctional behavior.

485 (15) "Individual" means a person who receives alcohol or
486 other drug abuse treatment services delivered by a service
487 provider. The term does not include an inmate pursuant to part
488 VIII of this chapter unless expressly so provided.

489 ~~(16) "Individualized treatment or service plan" means an~~
490 ~~immediate and a long-range plan for substance abuse or ancillary~~
491 ~~services developed on the basis of a client's assessed needs.~~

492 (16)-(17) "Law enforcement officer" means a law enforcement
493 officer as defined in s. 943.10(1).

494 (17)-(18) "Licensed service provider" means a public agency
495 under this chapter, a private for-profit or not-for-profit
496 agency under this chapter, a physician or any other private
497 practitioner licensed under this chapter, or a hospital that
498 offers substance abuse ~~impairment~~ services through one or more
499 licensed of the following licensable service components.

500 (18) Licensed service components include a comprehensive
501 continuum of accessible and quality substance abuse prevention,
502 intervention, and clinical treatment services, including the
503 following services:

504 (a) "Clinical treatment" means a professionally directed,



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505 deliberate, and planned regimen of services and interventions
506 that are designed to reduce or eliminate the misuse of drugs and
507 alcohol and promote a healthy, drug-free lifestyle. As defined
508 by rule, "clinical treatment services" include, but are not
509 limited to, the following licensable service components:

510 1. "Addictions receiving facility" is a secure, acute care
511 facility that provides, at a minimum, detoxification and
512 stabilization services; is operated 24 hours per day, 7 days per
513 week; and is designated by the department to serve individuals
514 found to be substance use impaired as described in s. 397.675
515 who meet the placement criteria for this component.

516 2. "Day or night treatment" is a service provided in a
517 nonresidential environment, with a structured schedule of
518 treatment and rehabilitative services.

519 3. "Day or night treatment with community housing" means a
520 program intended for individuals who can benefit from living
521 independently in peer community housing while participating in
522 treatment services for a minimum of 5 hours a day for a minimum
523 of 25 hours per week.

524 4. "Detoxification" is a service involving subacute care
525 that is provided on an inpatient or an outpatient basis to
526 assist individuals to withdraw from the physiological and
527 psychological effects of substance abuse and who meet the
528 placement criteria for this component.

529 5. "Intensive inpatient treatment" includes a planned
530 regimen of evaluation, observation, medical monitoring, and
531 clinical protocols delivered through an interdisciplinary team
532 approach provided 24 hours per day, 7 days per week, in a highly
533 structured, live-in environment.



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534 6. "Intensive outpatient treatment" is a service that
535 provides individual or group counseling in a more structured
536 environment, is of higher intensity and duration than outpatient
537 treatment, and is provided to individuals who meet the placement
538 criteria for this component.

539 7. "Medication-assisted treatment for opiate addiction" is
540 a service that uses methadone or other medication as authorized
541 by state and federal law, in combination with medical,
542 rehabilitative, and counseling services in the treatment of
543 individuals who are dependent on opioid drugs.

544 8. "Outpatient treatment" is a service that provides
545 individual, group, or family counseling by appointment during
546 scheduled operating hours for individuals who meet the placement
547 criteria for this component.

548 9. "Residential treatment" is a service provided in a
549 structured live-in environment within a nonhospital setting on a
550 24-hours-per-day, 7-days-per-week basis, and is intended for
551 individuals who meet the placement criteria for this component.

552 (b) "Intervention" means structured services directed
553 toward individuals or groups at risk of substance abuse and
554 focused on reducing or impeding those factors associated with
555 the onset or the early stages of substance abuse and related
556 problems.

557 (c) "Prevention" means a process involving strategies that
558 are aimed at the individual, family, community, or substance and
559 that preclude, forestall, or impede the development of substance
560 use problems and promote responsible lifestyles.

561 ~~(a) Addictions receiving facility, which is a community-~~
562 ~~based facility designated by the department to receive, screen,~~



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563 ~~and assess clients found to be substance abuse impaired, in need~~
564 ~~of emergency treatment for substance abuse impairment, or~~
565 ~~impaired by substance abuse to such an extent as to meet the~~
566 ~~criteria for involuntary admission in s. 397.675, and to provide~~
567 ~~detoxification and stabilization. An addictions receiving~~
568 ~~facility must be state-owned, state-operated, or state-~~
569 ~~contracted, and licensed pursuant to rules adopted by the~~
570 ~~department's Substance Abuse Program Office which include~~
571 ~~specific authorization for the provision of levels of care and a~~
572 ~~requirement of separate accommodations for adults and minors.~~
573 ~~Addictions receiving facilities are designated as secure~~
574 ~~facilities to provide an intensive level of care and must have~~
575 ~~sufficient staff and the authority to provide environmental~~
576 ~~security to handle aggressive and difficult-to-manage behavior~~
577 ~~and deter elopement.~~

578 ~~(b) Detoxification, which uses medical and psychological~~
579 ~~procedures and a supportive counseling regimen to assist clients~~
580 ~~in managing toxicity and withdrawing and stabilizing from the~~
581 ~~physiological and psychological effects of substance abuse~~
582 ~~impairment.~~

583 ~~(c) Intensive inpatient treatment, which includes a planned~~
584 ~~regimen of professionally directed evaluation, observation,~~
585 ~~medical monitoring, and clinical protocols provided 24 hours per~~
586 ~~day, 7 days per week, in a highly structured, live-in~~
587 ~~environment.~~

588 ~~(d) Residential treatment, which provides a structured,~~
589 ~~live-in environment within a nonhospital setting on a 24-hours-~~
590 ~~a-day, 7-days-a-week basis, and which includes:~~

591 ~~1. Facilities that provide room and board and treatment and~~



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592 ~~rehabilitation within the primary residential facility; and~~
593 ~~2. Facilities that are used for room and board only and in~~
594 ~~which treatment and rehabilitation activities are provided on a~~
595 ~~mandatory basis at locations other than the primary residential~~
596 ~~facility. In this case, facilities used for room and board and~~
597 ~~for treatment and rehabilitation are operated under the auspices~~
598 ~~of the same provider, and licensing and regulatory requirements~~
599 ~~would apply to both the residential facility and all other~~
600 ~~facilities in which treatment and rehabilitation activities~~
601 ~~occur.~~

602 ~~(e) Day and night treatment, which provides a~~
603 ~~nonresidential environment with a structured schedule of~~
604 ~~treatment and rehabilitation services.~~

605 ~~(f) Outpatient treatment, which provides individual, group,~~
606 ~~or family counseling for clients by appointment during scheduled~~
607 ~~operating hours, with an emphasis on assessment and treatment.~~

608 ~~(g) Medication and methadone maintenance treatment that~~
609 ~~uses methadone or other medication as authorized by state and~~
610 ~~federal law, in conjunction with medical, rehabilitative, and~~
611 ~~counseling services in the treatment of clients who are~~
612 ~~dependent upon opioid drugs.~~

613 ~~(h) Prevention, which is a process involving strategies~~
614 ~~aimed at the individual, the environment, or the substance,~~
615 ~~which strategies preclude, forestall, or impede the development~~
616 ~~of substance abuse problems and promote responsible personal and~~
617 ~~social growth of individuals and families toward full human~~
618 ~~potential.~~

619 ~~(i) Intervention, which consists of structured services~~
620 ~~targeted toward individuals or groups at risk and focused on~~



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621 ~~reducing those factors associated with the onset or the early~~
622 ~~stages of substance abuse, and related problems.~~

623 (19) "Medication-assisted treatment (MAT)" is the use of
624 medications approved by the United States Food and Drug
625 Administration, in combination with counseling and behavioral
626 therapies, to provide a holistic approach to the treatment of
627 substance abuse.

628 (20)~~(19)~~ "Medical monitoring" means oversight and
629 treatment, 24 hours per day by medical personnel who are
630 licensed under chapter 458, chapter 459, or chapter 464, of
631 individuals ~~clients~~ whose subacute biomedical, ~~emotional,~~
632 ~~psychosocial, behavioral, or cognitive~~ problems are so severe
633 that the individuals ~~clients~~ require intensive inpatient
634 treatment by an interdisciplinary team.

635 (21)~~(20)~~ "Not for profit" means registered as not for
636 profit by the Secretary of State and recognized by the Internal
637 Revenue Service as a not-for-profit entity.

638 (22)~~(21)~~ "Physician" means a person licensed under chapter
639 458 to practice medicine or licensed under chapter 459 to
640 practice osteopathic medicine, and may include, if the context
641 so indicates, an intern or resident enrolled in an intern or
642 resident training program affiliated with an approved medical
643 school, hospital, or other facility through which training
644 programs are normally conducted.

645 (23) "Physician assistant" means a person licensed under
646 chapter 458 or chapter 459 to practice medicine under the
647 supervision of a physician or psychiatrist whose specialty
648 includes substance abuse treatment.

649 ~~(22) "Preliminary screening" means the gathering of initial~~



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650 ~~information to be used in determining a person's need for~~
651 ~~assessment or for referral.~~

652 (24)~~(23)~~ "Private practitioner" means a physician or a
653 physician assistant licensed under chapter 458 or chapter 459, a
654 psychologist licensed under chapter 490, or a clinical social
655 worker, marriage and family therapist, or mental health
656 counselor licensed under chapter 491.

657 (25)~~(24)~~ "Program evaluation" or "evaluation" means a
658 systematic measurement of a service provider's achievement of
659 desired individual ~~client~~ or service outcomes.

660 (26)~~(25)~~ "Qualified professional" means a physician or a
661 physician assistant licensed under chapter 458 or chapter 459; a
662 professional licensed under chapter 490 or chapter 491; an
663 advanced registered nurse practitioner having a specialty in
664 psychiatry licensed under part I of chapter 464; or a person who
665 is certified through a department-recognized certification
666 process for substance abuse treatment services and who holds, at
667 a minimum, a bachelor's degree. A person who is certified in
668 substance abuse treatment services by a state-recognized
669 certification process in another state at the time of employment
670 with a licensed substance abuse provider in this state may
671 perform the functions of a qualified professional as defined in
672 this chapter but must meet certification requirements contained
673 in this subsection no later than 1 year after his or her date of
674 employment.

675 (27) "Quality improvement" means a systematic and organized
676 approach to monitor and continuously improve the quality of
677 services in order to maintain, restore, or improve outcomes in
678 individuals and populations throughout a system of care.



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679 (28) "Recovery" means a process of personal change through
680 which individuals achieve abstinence from alcohol or drug use
681 and improve health, wellness, and quality of life.

682 (29) "Recovery support" means services designed to
683 strengthen or assist individuals to regain skills, develop the
684 environmental supports necessary to help the individual thrive
685 in the community, and meet life goals that promote recovery from
686 alcohol and drug use. These services include, but are not
687 limited to, economic, vocational, employment, educational,
688 housing, and other ancillary services.

689 (30) "Screening" means the gathering of initial information
690 to be used in determining a person's need for assessment,
691 services, or referral.

692 ~~(26) "Quality assurance" means the objective and internal~~
693 ~~systematic monitoring of the appropriateness and quality of~~
694 ~~client care rendered by a service provider.~~

695 (31)-(27) "Secure facility," except where the context
696 indicates a correctional system facility, means a provider that
697 has the authority to deter the premature departure of
698 involuntary individuals clients whose leaving constitutes a
699 violation of a court order or community-based supervision as
700 provided by law. The term "secure facility" includes addictions
701 receiving facilities and facilities authorized by local
702 ordinance for the treatment of habitual abusers.

703 (32) "Service component" or "component" means a discrete
704 operational entity within a service provider which is subject to
705 licensing as defined by rule. Service components include
706 prevention, intervention, and clinical treatment described in
707 subsection (17).



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708 ~~(33)(28)~~ "Service provider" or "provider" means a public
709 agency, a private for-profit or not-for-profit agency, a person
710 who is a private practitioner, or a hospital licensed under this
711 chapter or exempt from licensure under this chapter.

712 ~~(34)(29)~~ "Service provider personnel" or "personnel"
713 includes all owners, directors, chief financial officers, staff,
714 and volunteers, including foster parents, of a service provider.

715 ~~(35)(30)~~ "Stabilization" means:

- 716 (a) Alleviation of a crisis condition; or
717 (b) Prevention of further deterioration,

718
719 and connotes short-term emergency treatment.

720 (36) "Substance abuse" means the misuse or abuse of, or
721 dependence on alcohol, illicit drugs, or prescription
722 medications. As an individual progresses along this continuum of
723 misuse, abuse, and dependence, there is an increased need for
724 substance abuse intervention and treatment to help abate the
725 problem.

726 (37) "Substate entity" means a departmental office
727 designated to serve a geographical area specified by the
728 department.

729 (38) "System of care" means a coordinated continuum of
730 community-based services and supports that are organized to meet
731 the challenges and needs of individuals who are at risk of
732 developing substance abuse problems or individuals who have
733 substance abuse problems.

734 (39) "Treatment plan" means an immediate and a long-range
735 plan based upon an individual's assessed needs and used to
736 address and monitor an individual's recovery from substance



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737 abuse.

738 Section 9. Subsections (2), (7), (14), (17), (18), (19),
739 and (20) of section 397.321, Florida Statutes, are amended to
740 read:

741 397.321 Duties of the department.—The department shall:

742 (2) Ensure that a plan for substance abuse services is
743 developed at the local substate entity ~~district~~ level in
744 accordance with the provisions of part IV of chapter 394.

745 (7) Ensure that each licensed service provider develops a
746 system and procedures for:

747 (a) Clinical ~~Client~~ assessment.

748 (b) ~~Individualized Treatment or services~~ planning.

749 (c) ~~Client~~ Referral.

750 (d) ~~Client~~ Progress reviews.

751 (e) ~~Client~~ Followup.

752 (14) In cooperation with service providers, foster and
753 actively seek additional funding to enhance resources for
754 prevention, intervention, clinical and treatment, and recovery
755 support services, including, but not limited to, the development
756 of partnerships with:

757 (a) Private industry.

758 (b) Intradepartmental and interdepartmental program
759 offices, including, but not limited to, child care services;
760 family safety; delinquency services; health services; economic
761 services; and children's medical services.

762 (c) State agencies, including, but not limited to, the
763 Department ~~Departments~~ of Corrections, the Department of
764 Education, the Department of Juvenile Justice, the Department of
765 Community Affairs, the Department of Elderly Affairs, the



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766 Department of Health, the Department of Financial Services, and
767 the Agency for Health Care Administration Insurance.

768 (17) Develop a certification process by rule for community
769 substance abuse prevention coalitions.

770 (18)~~(17)~~ Provide sufficient and qualified staff to oversee
771 all contracting, licensing, and planning functions within each
772 of its substate ~~district~~ offices, as permitted by legislative
773 appropriation.

774 (19)~~(18)~~ Ensure that the department develops and ensures
775 the implementation of procedures between its Substance Abuse
776 Program Office and other departmental programs regarding the
777 referral of substance abuse impaired persons to service
778 providers, information on service providers, information on
779 methods of identifying substance abuse impaired juveniles, and
780 procedures for referring such juveniles to appropriate service
781 providers.

782 (20)~~(19)~~ Designate addictions receiving facilities for the
783 purpose of ensuring that only qualified service providers render
784 services within the context of a secure facility setting.

785 ~~(20) The department may establish in District 9, in~~
786 ~~cooperation with the Palm Beach County Board of County~~
787 ~~Commissioners, a pilot project to serve in a managed care~~
788 ~~arrangement non-Medicaid eligible persons who qualify to receive~~
789 ~~substance abuse or mental health services from the department.~~
790 ~~The department may contract with a not-for-profit entity to~~
791 ~~conduct the pilot project. The results of the pilot project~~
792 ~~shall be reported to the district administrator, and the~~
793 ~~secretary 18 months after the initiation. The department shall~~
794 ~~incur no additional administrative costs for the pilot project.~~



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795 Section 10. Paragraph (b) of subsection (1) of section
796 397.331, Florida Statutes, is amended to read:

797 397.331 Definitions; legislative intent.—

798 (1) As used in this act, the term:

799 (b) "Substance abuse programs and services" or "drug
800 control" applies generally to the broad continuum of prevention,
801 intervention, clinical and treatment, recovery support
802 initiatives, and efforts to limit substance abuse, and also
803 ~~includes~~ initiatives and efforts by law enforcement agencies to
804 limit substance abuse.

805 Section 11. Subsections (1), (3), and (4) of section
806 397.401, Florida Statutes, are amended to read:

807 397.401 License required; penalty; injunction; rules
808 waivers.—

809 (1) It is unlawful for any person or agency to act as a
810 substance abuse service provider unless it is licensed or exempt
811 from licensure under this chapter.

812 (3) The department may maintain an action in circuit court
813 to enjoin the unlawful operation of a substance abuse service
814 provider if the department first gives the violator 14 days'
815 notice of its intent to maintain such action and the violator
816 fails to apply for licensure within that 14-day period. If the
817 department determines that the health, safety, and welfare of
818 individuals are ~~clients is~~ jeopardized, the department may move
819 to enjoin the operation at any time during the 14-day period. If
820 the service provider has already applied for licensure under
821 this chapter and has been denied licensure, the department may
822 move immediately to obtain an injunction.

823 (4) In accordance with this subsection, the department may



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824 waive rules adopted pursuant to this chapter in order to allow
825 service providers to demonstrate and evaluate innovative or
826 cost-effective substance abuse services alternatives. Rules
827 waivers may be granted only in instances where there is
828 reasonable assurance that the health, safety, or welfare of
829 individuals ~~clients~~ will not be endangered. To apply for a rules
830 waiver, the applicant must be a service provider licensed under
831 this chapter and must submit to the department a written
832 description of the concept to be demonstrated, including:

833 (a) Objectives and anticipated benefits.

834 (b) The number and types of individuals ~~clients~~ who will be
835 affected.

836 (c) A description of how the demonstration will be
837 evaluated.

838 (d) Any other information requested by the department.
839

840 A service provider granted a rules waiver under this subsection
841 must submit a detailed report of the results of its findings to
842 the department within 12 months after receiving the rules
843 waiver. Upon receiving and evaluating the detailed report, the
844 department may renew or revoke the rules waiver or seek any
845 regulatory or statutory changes necessary to allow other service
846 providers to implement the same alternative service.

847 Section 12. Paragraph (e) of subsection (1) and subsection
848 (3) of section 397.403, Florida Statutes, are amended to read:
849 397.403 License application.—

850 (1) Applicants for a license under this chapter must apply
851 to the department on forms provided by the department and in
852 accordance with rules adopted by the department. Applications



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853 must include at a minimum:

854 (e) Sufficient information to conduct background screening
855 as provided in s. 397.451.

856 1. If the results of the background screening indicate that
857 any owner, director, or chief financial officer has been found
858 guilty of, regardless of adjudication, or has entered a plea of
859 nolo contendere or guilty to any offense prohibited under the
860 screening standard, a license may not be issued to the applicant
861 service provider unless an exemption from disqualification has
862 been granted by the department as set forth in chapter 435. The
863 owner, director, or chief financial officer ~~manager~~ has 90 days
864 within which to obtain the required exemption, during which time
865 the applicant's license remains in effect.

866 2. If any owner, director, or chief financial officer is
867 arrested or found guilty of, regardless of adjudication, or has
868 entered a plea of nolo contendere or guilty to any offense
869 prohibited under the screening standard while acting in that
870 capacity, the provider shall immediately remove the person from
871 that position and shall notify the department within 2 days
872 after such removal, excluding weekends and holidays. Failure to
873 remove the owner, director, or chief financial officer ~~manager~~
874 will result in revocation of the provider's license.

875 (3) The department shall accept proof of accreditation by
876 the Commission on Accreditation of Rehabilitation Facilities
877 (CARF) ~~CARF~~ ~~the Rehabilitation Accreditation Commission~~ or the
878 ~~Joint Commission on Accreditation of Health Care Organizations~~
879 ~~(JCAHCO)~~, or through any other nationally recognized
880 certification process that is acceptable to the department and
881 meets the minimum licensure requirements under this chapter, in



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882 lieu of requiring the applicant to submit the information
883 required by paragraphs (1) (a)-(c).

884 Section 13. Section 397.405, Florida Statutes, is amended
885 to read:

886 397.405 Exemptions from licensure.—The following are exempt
887 from the licensing provisions of this chapter:

888 (1) A hospital or hospital-based component licensed under
889 chapter 395.

890 (2) A nursing home facility as defined in s. 400.021.

891 (3) A substance abuse education program established
892 pursuant to s. 1003.42.

893 (4) A facility or institution operated by the Federal
894 Government.

895 (5) A physician or physician assistant licensed under
896 chapter 458 or chapter 459.

897 (6) A psychologist licensed under chapter 490.

898 (7) A social worker, marriage and family therapist, or
899 mental health counselor licensed under chapter 491.

900 (8) A ~~An established and~~ legally cognizable church or
901 nonprofit religious organization or denomination providing
902 substance abuse services, including prevention services, which
903 are solely ~~exclusively~~ religious, spiritual, or ecclesiastical
904 in nature. A church or nonprofit religious organization or
905 denomination providing any of the licensable service components
906 itemized under s. 397.311(17) ~~s. 397.311(18)~~ is not exempt from
907 substance abuse licensure ~~for purposes of its provision of such~~
908 ~~licensable service components~~ but retains its exemption with
909 respect to all services which are solely ~~exclusively~~ religious,
910 spiritual, or ecclesiastical in nature.



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911 (9) Facilities licensed under chapter 393 which, in
912 addition to providing services to persons with developmental
913 disabilities, also provide services to persons developmentally
914 at risk as a consequence of exposure to alcohol or other legal
915 or illegal drugs while in utero.

916 (10) DUI education and screening services provided pursuant
917 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
918 or entities providing treatment services must be licensed under
919 this chapter unless exempted from licensing as provided in this
920 section.

921 (11) A facility licensed under s. 394.875 as a crisis
922 stabilization unit.

923
924 The exemptions from licensure in this section do not apply to
925 any service provider that receives an appropriation, grant, or
926 contract from the state to operate as a service provider as
927 defined in this chapter or to any substance abuse program
928 regulated pursuant to s. 397.406. Furthermore, this chapter may
929 not be construed to limit the practice of a physician or
930 physician assistant licensed under chapter 458 or chapter 459, a
931 psychologist licensed under chapter 490, ~~or~~ a psychotherapist
932 licensed under chapter 491, or an advanced registered nurse
933 practitioner licensed under part I of chapter 464, who provides
934 substance abuse treatment, so long as the physician, physician
935 assistant, psychologist, ~~or~~ psychotherapist, or advanced
936 registered nurse practitioner does not represent to the public
937 that he or she is a licensed service provider and does not
938 provide services to individuals ~~clients~~ pursuant to part V of
939 this chapter. Failure to comply with any requirement necessary



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940 to maintain an exempt status under this section is a misdemeanor
941 of the first degree, punishable as provided in s. 775.082 or s.
942 775.083.

943 Section 14. Section 397.406, Florida Statutes, is amended
944 to read:

945 397.406 Licensure and regulation of government-operated
946 substance abuse programs.—Substance abuse programs operated
947 directly or under contract by the department, the Department of
948 Corrections, the Department of Juvenile Justice, any other state
949 agency, or any local correctional agency or authority, which
950 programs constitute any service provider licensable components
951 as defined in this chapter, are subject to licensure and
952 regulation in accordance with rules jointly developed by the
953 department and the state or local agency operating the program.
954 The department has authority to promulgate rules exempting such
955 government-operated programs from specific licensure provisions
956 of this part, including, but not limited to, licensure fees and
957 personnel background checks, and to enforce the regulatory
958 requirements governing such programs.

959 Section 15. Section 397.407, Florida Statutes, is amended
960 to read:

961 397.407 Licensure process; fees.—

962 (1) The department shall establish by rule the licensure
963 process to include fees and categories of licenses ~~fees by rule~~.
964 The rule must prescribe a fee range that is based, at least in
965 part, on the number and complexity of programs listed in s.
966 397.311(17) ~~s. 397.311(18)~~ which are operated by a licensee. ~~The~~
967 ~~fee range must be implemented over a 5-year period. The fee~~
968 ~~schedule for licensure of service components must be increased~~



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969 ~~annually in substantially equal increments so that, by July 1,~~
970 ~~1998,~~ The fees from the licensure of service components are
971 sufficient to cover at least 50 percent of the costs of
972 regulating the service components. The department shall specify
973 by rule a fee range for public and privately funded ~~and phase-in~~
974 ~~plan for privately funded~~ licensed service providers ~~and a fee~~
975 ~~range and phase-in plan for publicly funded licensed service~~
976 ~~providers.~~ Fees for privately funded licensed service providers
977 must exceed the fees for publicly funded licensed service
978 providers. During adoption of the rule governing the licensure
979 process and fees, the department shall carefully consider the
980 potential adverse impact on small, not-for-profit service
981 providers. ~~The first year phase-in licensure fees must be at~~
982 ~~least \$150 per initial license. The rule must provide for a~~
983 ~~reduction in licensure fees for licensed service providers who~~
984 ~~hold more than one license.~~

985 (2) The department shall assess a fee of \$100 per licensed
986 service component ~~license~~ for the late filing of an application
987 for renewal of a license.

988 (3) Licensure and renewal fees must be deposited in the
989 Operations and Maintenance Trust Fund to be used for the actual
990 cost of monitoring, inspecting, and overseeing licensed service
991 providers.

992 (4) Each application for licensure or renewal must be
993 accompanied by the required fee, except that a service provider
994 that has an all-volunteer staff is exempt from the licensure and
995 renewal fees.

996 (5) The department may issue probationary, regular, and
997 interim licenses. After adopting the rule governing the



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998 licensure process and fees, the department shall issue one
999 license for each service component that is operated by a service
1000 provider and defined in rule pursuant to s. 397.311(17). The
1001 license is valid only for the specific service components listed
1002 for each specific location identified on the license. The
1003 licensed service provider shall apply for a new license at least
1004 60 days before the addition of any service components or 30 days
1005 before the relocation of any of its service sites. Provision of
1006 service components or delivery of services at a location not
1007 identified on the license may be considered an unlicensed
1008 operation that authorizes the department to seek an injunction
1009 against operation as provided in s. 397.401, in addition to
1010 other sanctions authorized by s. 397.415. Probationary and
1011 regular licenses may be issued only after all required
1012 information has been submitted. A license may not be
1013 transferred. As used in this subsection, the term "transfer"
1014 includes, but is not limited to, the transfer of a majority of
1015 the ownership interest in the licensed entity or transfer of
1016 responsibilities under the license to another entity by
1017 contractual arrangement.

1018 (6) A probationary license may be issued to a service
1019 provider applicant in the initial stages of developing services
1020 that are not yet fully operational upon completion of all
1021 application requirements itemized in s. 397.403(1) and upon
1022 demonstration of the applicant's ability to comply with all
1023 applicable statutory and regulatory requirements. A probationary
1024 license expires 90 days after issuance and may be reissued once
1025 for an additional 90-day period if the applicant has
1026 substantially complied with all requirements for regular



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1027 licensure or has initiated action to satisfy all requirements.
1028 During the probationary period the department shall monitor the
1029 delivery of services. Notwithstanding s. 120.60(5), the
1030 department may order a probationary licensee to cease and desist
1031 operations at any time it is found to be substantially out of
1032 compliance with licensure standards. This cease-and-desist order
1033 is exempt from the requirements of s. 120.60(6).

1034 (7) A regular license may be issued to:

1035 (a) A new applicant at the end of the probationary period.

1036 (b) A licensed applicant that holds a regular license and
1037 is seeking renewal.

1038 (c) An applicant for a service component operating under an
1039 interim license upon successful satisfaction of the requirements
1040 for a regular license.

1041
1042 In order to be issued a regular license, the applicant must be
1043 in compliance with statutory and regulatory requirements.
1044 Standards and timeframes for the issuance of a regular license
1045 must be established by rule. An application for renewal of a
1046 regular license must be submitted to the department at least 60
1047 days before the license expires.

1048 (8) The department may issue an interim license to a
1049 service provider for a period established by the department
1050 which does not exceed 90 days if the department finds that:

1051 (a) A service component of the provider is in substantial
1052 noncompliance with licensure standards;

1053 (b) The service provider has failed to provide satisfactory
1054 proof of conformance to fire, safety, or health requirements; or

1055 (c) The service provider is involved in license suspension



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1056 or revocation proceedings.

1057
1058 An interim license applies only to the licensable service
1059 component of the provider's services which is in substantial
1060 noncompliance with statutory or regulatory requirements. An
1061 interim license expires 90 days after it is issued; however, it
1062 may be reissued once for an additional 90-day period in a case
1063 of extreme hardship in which the noncompliance is not
1064 attributable to the licensed service provider. If the service
1065 provider is appealing the final disposition of license
1066 suspension or revocation proceedings, the court before which the
1067 appeal is taken may order the extension of the interim license
1068 for a period specified in the order.

1069 (9) A separate license is required for each service
1070 component maintained by the service provider.

1071 (10) The license must be displayed in a conspicuous place
1072 inside the facility providing the licensed service component.

1073 Section 16. Section 397.409, Florida Statutes, is repealed.

1074 Section 17. Subsection (3) of section 397.411, Florida
1075 Statutes, is amended, present subsection (5) of that section is
1076 redesignated as subsection (6), and a new subsection (5) is
1077 added to that section, to read:

1078 397.411 Inspection; right of entry; records.—

1079 (3) Notwithstanding the confidentiality provisions of this
1080 chapter, a designated and authorized agent of the department may
1081 access the records of the individuals served by ~~clients of~~
1082 licensed service providers, but only for purposes of licensing,
1083 monitoring, and investigation. The department may interview
1084 individuals ~~clients~~, as specified by rule.



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1085 (5) In an effort to coordinate inspections among agencies,
1086 the department shall notify applicable state agencies of any
1087 scheduled licensure inspections of service providers jointly
1088 funded by the agencies.

1089 Section 18. Subsections (1), (2), and (4) of section
1090 397.415, Florida Statutes, are amended to read:

1091 397.415 Denial, suspension, and revocation; other
1092 remedies.—

1093 (1) If the department determines that an applicant or
1094 licensed service provider or licensed service component thereof
1095 is not in compliance with all statutory and regulatory
1096 requirements, the department may deny, suspend, revoke, or
1097 impose reasonable restrictions or penalties on the license or
1098 any portion of the license. In such case, the department:

1099 (a) May impose a moratorium on admissions to any service
1100 component of a licensed service provider if the department
1101 determines that conditions ~~within such component~~ are a threat to
1102 the public health or safety.

1103 (b) May impose an administrative penalty of up to \$500 per
1104 day against a licensed service provider operating in violation
1105 of any fire-related, safety-related, or health-related statutory
1106 or regulatory requirement. Fines collected under this paragraph
1107 must be deposited in the Operations and Maintenance Substance
1108 ~~Abuse Impairment Provider Licensing~~ Trust Fund.

1109 (c) May suspend or revoke the license of a service provider
1110 or may suspend or revoke the license as to the operation of any
1111 service component or location identified on the license if,
1112 after notice, the department ~~it~~ determines that a service
1113 provider has failed to correct the substantial or chronic



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1114 violation of any statutory or regulatory requirement that such
1115 ~~as~~ impacts the quality of ~~client~~ care.

1116 (2) If a provider's license is revoked ~~of a facility or any~~
1117 ~~service component of a facility is revoked~~, the service provider
1118 is barred from submitting any application for licensure of the
1119 affected facility or service component to the department for a
1120 period of 1 year after the revocation. If the provider's license
1121 is revoked as to any service component or location identified on
1122 the license, the provider is barred from applying for licensure
1123 of the affected service component or location for 1 year after
1124 the revocation.

1125 (4) The department may maintain an action in court to
1126 enjoin the operation of any licensed or unlicensed provider,
1127 service component, or location ~~facility~~ in violation of this
1128 chapter or the rules adopted under this chapter.

1129 Section 19. Section 397.416, Florida Statutes, is amended
1130 to read:

1131 397.416 Substance abuse treatment services; qualified
1132 professional.—Notwithstanding any other provision of law, a
1133 person who was certified through a certification process
1134 recognized by the former Department of Health and Rehabilitative
1135 Services before January 1, 1995, may perform the duties of a
1136 qualified professional with respect to substance abuse treatment
1137 services as defined in this chapter, and need not meet the
1138 certification requirements contained in s. 397.311(26) ~~s.~~
1139 ~~397.311(25)~~.

1140 Section 20. Section 397.419, Florida Statutes, is amended
1141 to read:

1142 397.419 Quality improvement ~~assurance~~ programs.—



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1143 (1) Each service provider must maintain a ~~an ongoing~~
1144 quality improvement assurance program to objectively and
1145 systematically monitor and evaluate the appropriateness and
1146 quality of ~~client~~ care, to ensure that services are rendered
1147 consistent with prevailing professional standards, and to
1148 identify and resolve problems.

1149 (2) For each service provider, a written plan must be
1150 developed with a copy made available upon request ~~submitted~~ to
1151 the department which addresses the minimum guidelines for the
1152 provider's quality improvement assurance program, including, but
1153 not limited to:

1154 (a) Individual Client care and services standards.

1155 (b) Individual Client records maintenance procedures.

1156 (c) Staff development policies and procedures.

1157 (d) Service-environment Facility safety and maintenance
1158 standards.

1159 (e) Peer review and utilization management review
1160 procedures.

1161 (f) Incident reporting policies and procedures that
1162 include, including verification of corrective action, and
1163 provision for reporting to the department within a time period
1164 prescribed by rule, documentation that incident reporting is the
1165 affirmative duty of all staff, and a provision that specifies
1166 that a person who files an incident report may not be subjected
1167 to any civil action by virtue of that incident report.

1168 (3) The quality improvement assurance program is the
1169 responsibility of the director and is subject to review and
1170 approval by the governing board of the service provider.

1171 (4) Each director shall designate a person who is an



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1172 employee of or under contract with the service provider as the
1173 provider's quality improvement ~~assurance~~ manager.

1174 ~~(5) Incident reporting is the affirmative duty of all~~
1175 ~~staff.~~

1176 ~~(6) A person who files an incident report may not be~~
1177 ~~subjected to any civil action by virtue of that incident report.~~

1178 ~~(5)~~~~(7)~~ The department may access all service provider
1179 records necessary to determine compliance with this section.
1180 Records relating solely to actions taken in carrying out this
1181 section and records obtained by the department to determine a
1182 provider's compliance with this section are confidential and
1183 exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a), Art. I
1184 of the State Constitution. Such records are not admissible in
1185 any civil or administrative action except in disciplinary
1186 proceedings by the Department of Health Business ~~and~~
1187 ~~Professional Regulation~~ or the appropriate regulatory board, and
1188 are not part of the record of investigation and prosecution in
1189 disciplinary proceedings made available to the public by the
1190 Department of Health Business ~~and Professional Regulation~~ or the
1191 appropriate regulatory board. Meetings or portions of meetings
1192 of quality improvement ~~assurance~~ program committees that relate
1193 solely to actions taken pursuant to this section are exempt from
1194 s. 286.011.

1195 ~~(6)~~~~(8)~~ The quality improvement ~~assurance~~ program must also
1196 ~~shall be implemented as part of the department's contract~~
1197 ~~management process. The quality assurance program shall:~~

1198 ~~(a) Track performance measures and standards established by~~
1199 ~~the Legislature as part of the performance-based program~~
1200 ~~budgeting process;~~



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1201 ~~(a)-(b)~~ Provide a framework for evaluating outcomes ~~which is~~
1202 ~~separate from the performance-based program budgeting process,~~
1203 including:

1204 1. Output measures, such as capacities, technologies, and
1205 infrastructure, that make up the system of care.

1206 2. Process measures, such as administrative and clinical
1207 components of treatment.

1208 3. Outcome measures pertaining to the outcomes of services;

1209 ~~(b)-(c)~~ Provide for a system of analyzing those factors
1210 which have an effect on performance at the local level;

1211 ~~(c)-(d)~~ Provide for a system of reporting the results of
1212 quality improvement ~~assurance~~ reviews; and

1213 ~~(d)-(e)~~ Incorporate best practice models for use in
1214 improving performance in those areas which are deficient.

1215 ~~(9) The quality assurance program shall incorporate a peer~~
1216 ~~review process into its protocol, to include:~~

1217 ~~(a) Reviews of providers by departmental district staff and~~
1218 ~~other providers.~~

1219 ~~(b) Reviews of individual districts by other districts.~~

1220 ~~(7)-(10)~~ Contingent upon specific appropriation, a quality
1221 improvement ~~assurance~~ coordinator position shall be established
1222 within each substate entity ~~service district~~ to oversee the
1223 implementation and operation of the quality improvement
1224 ~~assurance~~ program.

1225 Section 21. Section 397.427, Florida Statutes, is amended
1226 to read:

1227 397.427 Medication-assisted ~~Medication~~ treatment service
1228 providers; rehabilitation program; needs assessment and
1229 provision of services; persons authorized to issue takeout



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1230 medication ~~methadone~~; unlawful operation; penalty.-

1231 (1) ~~Medication treatment service~~ Providers of medication-
1232 assisted treatment services for opiate addiction may not be
1233 licensed unless they provide supportive rehabilitation programs.
1234 Supportive rehabilitation programs include, but are not limited
1235 to, counseling, therapy, and vocational rehabilitation.

1236 (2) The department shall determine the need for
1237 establishing ~~medication treatment service~~ providers of
1238 medication-assisted treatment services for opiate addiction.

1239 (a) ~~Medication treatment service~~ Providers of medication-
1240 assisted treatment services for opiate addiction may be
1241 established only in response to the department's determination
1242 and publication of need for additional medication treatment
1243 services.

1244 (b) The department shall prescribe by rule the types of
1245 medication-assisted ~~medication~~ treatment services for opiate
1246 addiction for which it is necessary to conduct annual
1247 assessments of need. If needs assessment is required, the
1248 department shall annually conduct the assessment and publish a
1249 statement of findings which identifies each substate entity's
1250 district's need.

1251 (c) Notwithstanding paragraphs (a) and (b), the license for
1252 medication-assisted ~~medication~~ treatment programs for opiate
1253 addiction licensed before October 1, 1990, may not be revoked
1254 solely because of the department's determination concerning the
1255 need for medication-assisted ~~medication~~ treatment services for
1256 opiate addiction.

1257 (3) The department shall adopt rules necessary to
1258 administer this section, including, but not limited to, rules



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1259 prescribing criteria and procedures for:

1260 (a) Determining the need for additional medication-assisted
1261 ~~medication~~ treatment services for opiate addiction.

1262 (b) Selecting ~~medication treatment service~~ providers for
1263 medication-assisted treatment services for opiate addiction when
1264 the number of responses to a publication of need exceeds the
1265 determined need.

1266 (c) Administering any federally required rules,
1267 regulations, or procedures.

1268 (4) A service provider operating in violation of this
1269 section is subject to proceedings in accordance with this
1270 chapter to enjoin that unlawful operation.

1271 (5) Notwithstanding ~~the provisions of~~ s. 465.019(2), a
1272 physician assistant, a registered nurse, an advanced registered
1273 nurse practitioner, or a licensed practical nurse working for a
1274 licensed service provider may ~~is authorized to~~ deliver takeout
1275 medication for opiate treatment ~~methadone~~ to persons enrolled in
1276 a ~~methadone~~ maintenance treatment program for medication-
1277 assisted treatment for opiate addiction if provided that:

1278 (a) The medication-assisted ~~methadone maintenance~~ treatment
1279 program for opiate addiction has an appropriate valid permit
1280 issued pursuant to rules adopted ~~promulgated~~ by the Board of
1281 Pharmacy;

1282 (b) The medication for treatment of opiate addiction has
1283 been delivered pursuant to a valid prescription written by the
1284 program's physician licensed pursuant to chapter 458 or chapter
1285 459;

1286 (c) The medication for treatment of opiate addiction which
1287 is ordered appears on a formulary and is prepackaged and



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1288 prelabeled with dosage instructions and distributed from a
1289 source authorized under chapter 499;

1290 (d) Each licensed provider adopts written protocols which
1291 provide for supervision of the physician assistant, registered
1292 nurse, advanced registered nurse practitioner, or licensed
1293 practical nurse by a physician licensed pursuant to chapter 458
1294 or chapter 459 and for the procedures by which patients'
1295 medications may be delivered by the physician assistant,
1296 registered nurse, advanced registered nurse practitioner, or
1297 licensed practical nurse. Such protocols shall be signed by the
1298 supervising physician and either the administering registered
1299 nurse, the advanced registered nurse practitioner, or the
1300 licensed practical nurse.

1301 (e) Each licensed service provider maintains and has
1302 available for inspection by representatives of the Board of
1303 Pharmacy all medical records and patient care protocols,
1304 including records of medications delivered to patients, in
1305 accordance with the board.

1306 (6) The department shall also determine the need for
1307 establishing medication-assisted treatment for substance-use
1308 disorders other than opiate dependence. Service providers within
1309 the publicly funded system shall be funded for provision of
1310 these services based on the availability of funds.

1311 (7) Service providers that provide medication-assisted
1312 treatment for substance abuse other than opiate dependence shall
1313 provide counseling services in conjunction with medication-
1314 assisted treatment.

1315 (8) The department shall adopt rules necessary to
1316 administer medication-assisted treatment services, including,



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1317 but not limited to, rules prescribing criteria and procedures
1318 for:

1319 (a) Determining the need for medication-assisted treatment
1320 services within the publicly funded system.

1321 (b) Selecting medication-assisted service providers within
1322 the publicly funded system.

1323 (c) Administering any federally required rules,
1324 regulations, or procedures related to the provision of
1325 medication-assisted treatment.

1326 (9) A physician assistant, registered nurse, an advanced
1327 registered nurse practitioner, or a licensed practical nurse
1328 working for a licensed service provider may deliver medication
1329 as prescribed by rule if:

1330 (a) The service provider is authorized to provide
1331 medication-assisted treatment;

1332 (b) The medication has been administered pursuant to a
1333 valid prescription written by the program's physician who is
1334 licensed under chapter 458 or chapter 459; and

1335 (c) The medication ordered appears on a formulary or meets
1336 federal requirements for medication-assisted treatment.

1337 (10) Each licensed service provider that provides
1338 medication-assisted treatment must adopt written protocols as
1339 specified by the department and in accordance with federally
1340 required rules, regulations, or procedures. The protocol shall
1341 provide for the supervision of the physician assistant,
1342 registered nurse, advanced registered nurse practitioner, or
1343 licensed practical nurse working under the supervision of a
1344 physician who is licensed under chapter 458 or chapter 459. The
1345 protocol must specify how the medication will be used in



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1346 conjunction with counseling or psychosocial treatment and that
1347 the services provided will be included on the treatment plan.
1348 The protocol must specify the procedures by which medication-
1349 assisted treatment may be administered by the physician
1350 assistant, registered nurse, advanced registered nurse
1351 practitioner, or licensed practical nurse. These protocols shall
1352 be signed by the supervising physician and the administering
1353 physician assistant, registered nurse, advanced registered nurse
1354 practitioner, or licensed practical nurse.

1355 (11) Each licensed service provider shall maintain and have
1356 available for inspection by representatives of the Board of
1357 Pharmacy all medical records and protocols, including records of
1358 medications delivered to individuals in accordance with rules of
1359 the board.

1360 Section 22. Section 397.431, Florida Statutes, is amended
1361 to read:

1362 397.431 Individual Client responsibility for cost of
1363 substance abuse impairment services.-

1364 (1) Before ~~Prior to~~ accepting an individual ~~a client~~ for
1365 admission and in accordance with confidentiality guidelines,
1366 both the full charge for services and the fee charged to the
1367 individual ~~client~~ for such services under the provider's fee
1368 system or payment policy must be disclosed to each individual
1369 ~~client~~ or his or her authorized personal representative, or
1370 parent or legal guardian if the individual ~~client~~ is a minor who
1371 did not seek treatment voluntarily and without parental consent.

1372 (2) An individual ~~A client~~ or his or her authorized
1373 personal representative, or parent or legal guardian if the
1374 individual ~~client~~ is a minor, is required to contribute toward



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1375 the cost of substance abuse services in accordance with his or
1376 her ability to pay, unless otherwise provided by law.

1377 (3) The parent, legal guardian, or legal custodian of a
1378 minor is not liable for payment for any substance abuse services
1379 provided to the minor without parental consent pursuant to s.
1380 397.601(4), unless the parent, legal guardian, or legal
1381 custodian participates or is ordered to participate in the
1382 services, and only for the substance abuse services rendered. If
1383 the minor is receiving services as a juvenile offender, the
1384 obligation to pay is governed by the law relating to juvenile
1385 offenders.

1386 (4) Service providers that do not contract for state funds
1387 to provide substance abuse services as defined in this chapter
1388 may establish their own admission policies regarding provisions
1389 for payment for services. Such policies must comply with other
1390 statutory and regulatory requirements governing state or federal
1391 reimbursements to a provider for services delivered to
1392 individuals ~~individual clients~~. As used in this subsection, the
1393 term "contract for state funds" does not include Medicaid funds.

1394 (5) Service providers that contract for state funds to
1395 provide substance abuse services as defined in this chapter must
1396 establish a fee system based upon an individual's ~~a client's~~
1397 ability to pay and, if space and sufficient state resources are
1398 available, may not deny an individual ~~a client~~ access to
1399 services solely on the basis of the individual's ~~client's~~
1400 inability to pay.

1401 Section 23. Paragraphs (a) and (e) of subsection (1) of
1402 section 397.451, Florida Statutes, are amended to read:

1403 397.451 Background checks of service provider personnel.—



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1404 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
1405 EXCEPTIONS.—

1406 (a) Background checks shall apply as follows:

1407 1. All owners, directors, and chief financial officers of
1408 service providers are subject to level 2 background screening as
1409 provided under chapter 435. Inmate substance abuse programs
1410 operated directly or under contract with the Department of
1411 Corrections are exempt from this requirement.

1412 2. All service provider personnel who have direct contact
1413 with children receiving services or with adults who are
1414 developmentally disabled receiving services are subject to level
1415 2 background screening as provided under chapter 435.

1416 (e) Personnel employed directly or under contract with ~~by~~
1417 the Department of Corrections in an inmate substance abuse
1418 program ~~a substance abuse service component~~ who have direct
1419 contact with unmarried inmates under the age of 18 or with
1420 inmates who are developmentally disabled are exempt from the
1421 fingerprinting and background check requirements of this
1422 section.

1423 Section 24. Paragraphs (a) and (b) of subsection (1) of
1424 section 397.471, Florida Statutes, are amended to read:

1425 397.471 Service provider facility standards.—

1426 (1) Each service provider must ensure:

1427 (a) Sufficient numbers and types of qualified personnel on
1428 duty and available to provide necessary and adequate ~~client~~
1429 safety and care.

1430 (b) Adequate space for each individual served within ~~client~~
1431 ~~of~~ a residential facility.

1432 Section 25. Section 397.501, Florida Statutes, is amended



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1433 to read:

1434 397.501 Rights of individuals ~~clients~~.—Individuals ~~Clients~~
1435 receiving substance abuse services from any service provider are
1436 guaranteed protection of the rights specified in this section,
1437 unless otherwise expressly provided, and service providers must
1438 ensure the protection of such rights.

1439 (1) RIGHT TO INDIVIDUAL DIGNITY.—The ~~individual~~ dignity of
1440 the individual served ~~client~~ must be respected at all times and
1441 upon all occasions, including any occasion when the individual
1442 ~~client~~ is admitted, retained, or transported. Individuals served
1443 ~~Substance-abuse clients~~ who are not accused of a crime or
1444 delinquent act may not be detained or incarcerated in jails,
1445 detention centers, or training schools of the state, except for
1446 purposes of protective custody in strict accordance with this
1447 chapter. An individual ~~A-client~~ may not be deprived of any
1448 constitutional right.

1449 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1450 (a) Service providers may not deny an individual ~~a-client~~
1451 access to substance abuse services solely on the basis of race,
1452 gender, ethnicity, age, sexual preference, human
1453 immunodeficiency virus status, prior service departures against
1454 medical advice, disability, or number of relapse episodes.
1455 Service providers may not deny an individual ~~a-client~~ who takes
1456 medication prescribed by a physician access to substance abuse
1457 services solely on that basis. Service providers who receive
1458 state funds to provide substance abuse services may not, if
1459 ~~provided~~ space and sufficient state resources are available,
1460 deny ~~a-client~~ access to services based solely on inability to
1461 pay.



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1462 (b) Each individual ~~client~~ in treatment must be afforded
1463 the opportunity to participate in the formulation and periodic
1464 review of his or her individualized treatment or service plan to
1465 the extent of his or her ability to so participate.

1466 (c) It is the policy of the state to use the least
1467 restrictive and most appropriate services available, based on
1468 the needs and the best interests of the individual ~~client~~ and
1469 consistent with optimum care of the individual ~~client~~.

1470 (d) Each individual ~~client~~ must be afforded the opportunity
1471 to participate in activities designed to enhance self-image.

1472 (3) RIGHT TO QUALITY SERVICES.—

1473 (a) Each individual ~~client~~ must be delivered services
1474 suited to his or her needs, administered skillfully, safely,
1475 humanely, with full respect for his or her dignity and personal
1476 integrity, and in accordance with all statutory and regulatory
1477 requirements.

1478 (b) These services must include the use of methods and
1479 techniques to control aggressive ~~client~~ behavior that poses an
1480 immediate threat to the individual ~~client~~ or to other persons.
1481 Such methods and techniques include the use of restraints, the
1482 use of seclusion, the use of time-out, and other behavior
1483 management techniques. When authorized, these methods and
1484 techniques may be applied only by persons who are employed by
1485 service providers and trained in the application and use of
1486 these methods and techniques. The department must specify by
1487 rule the methods that may be used and the techniques that may be
1488 applied by service providers to control aggressive ~~client~~
1489 behavior and must specify by rule the physical facility
1490 requirements for seclusion rooms, including dimensions, safety



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1491 features, methods of observation, and contents.

1492 (4) RIGHT TO COMMUNICATION.—

1493 (a) Each individual ~~client~~ has the right to communicate
1494 freely and privately with other persons within the limitations
1495 imposed by service provider policy.

1496 (b) Because the delivery of services can only be effective
1497 in a substance abuse free environment, close supervision of each
1498 individual's ~~client's~~ communications and correspondence is
1499 necessary, particularly in the initial stages of treatment, and
1500 the service provider must therefore set reasonable rules for
1501 telephone, mail, and visitation rights, giving primary
1502 consideration to the well-being and safety of individuals
1503 ~~clients~~, staff, and the community. It is the duty of the service
1504 provider to inform the individual ~~client~~ and his or her family
1505 if the family is involved at the time of admission about the
1506 provider's rules relating to communications and correspondence.

1507 (5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS ~~OF~~
1508 ~~CLIENTS~~.—An individual ~~A client~~ has the right to possess
1509 clothing and other personal effects. The service provider may
1510 take temporary custody of the individual's ~~client's~~ personal
1511 effects only when required for medical or safety reasons, with
1512 the reason for taking custody and a list of the personal effects
1513 recorded in the individual's ~~client's~~ clinical record.

1514 (6) RIGHT TO EDUCATION OF MINORS.—Each minor ~~client~~ in a
1515 residential service component is guaranteed education and
1516 training appropriate to his or her needs. The service provider
1517 shall coordinate with local education agencies to ensure that
1518 education and training is provided to each minor ~~client~~ in
1519 accordance with other applicable laws and regulations and that



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1520 parental responsibilities related to such education and training
1521 are established within the provisions of such applicable laws
1522 and regulations. ~~Nothing in~~ This chapter does not ~~may be~~
1523 ~~construed to~~ relieve any local education authority of its
1524 obligation under law to provide a free and appropriate education
1525 to every child.

1526 (7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL ~~CLIENT~~ RECORDS.-

1527 (a) The records of service providers which pertain to the
1528 identity, diagnosis, and prognosis of and service provision to
1529 any individual ~~client~~ are confidential in accordance with this
1530 chapter and with applicable federal confidentiality regulations
1531 and are exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a),
1532 Art. I of the State Constitution. Such records may not be
1533 disclosed without the written consent of the individual ~~client~~
1534 to whom they pertain except that appropriate disclosure may be
1535 made without such consent:

1536 1. To medical personnel in a medical emergency.

1537 2. To service provider personnel if such personnel need to
1538 know the information in order to carry out duties relating to
1539 the provision of services to an individual ~~a client~~.

1540 3. To the secretary of the department or the secretary's
1541 designee, for purposes of scientific research, in accordance
1542 with federal confidentiality regulations, but only upon
1543 agreement in writing that the individual's ~~client's~~ name and
1544 other identifying information will not be disclosed.

1545 4. In the course of review of service-provider records ~~on~~
1546 ~~service provider premises~~ by persons who are performing an audit
1547 or evaluation on behalf of any federal, state, or local
1548 government agency, or third-party payor providing financial



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1549 assistance or reimbursement to the service provider; however,
1550 reports produced as a result of such audit or evaluation may not
1551 disclose ~~client~~ names or other identifying information and must
1552 be in accordance ~~accord~~ with federal confidentiality
1553 regulations.

1554 5. Upon court order based on application showing good cause
1555 for disclosure. In determining whether there is good cause for
1556 disclosure, the court shall examine whether the public interest
1557 and the need for disclosure outweigh the potential injury to the
1558 individual ~~client~~, to the service provider and the individual
1559 ~~provider-client relationship~~, and to the service provider
1560 itself.

1561 (b) The restrictions on disclosure and use in this section
1562 do not apply to communications from provider personnel to law
1563 enforcement officers which:

1564 1. Are directly related to an individual's ~~a client's~~
1565 commission of a crime on the premises of the provider or against
1566 provider personnel or to a threat to commit such a crime; and

1567 2. Are limited to the circumstances of the incident,
1568 including the ~~client~~ status of the individual committing or
1569 threatening to commit the crime, that individual's name and
1570 address, and that individual's last known whereabouts.

1571 (c) The restrictions on disclosure and use in this section
1572 do not apply to the reporting of incidents of suspected child
1573 abuse and neglect to the appropriate state or local authorities
1574 as required by law. However, such restrictions continue to apply
1575 to the original substance abuse ~~client~~ records maintained by the
1576 provider, including their disclosure and use for civil or
1577 criminal proceedings which may arise out of the report of



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1578 suspected child abuse and neglect.

1579 (d) Any answer to a request for a disclosure of individual
1580 ~~client~~ records which is not permissible under this section or
1581 under the appropriate federal regulations must be made in a way
1582 that will not affirmatively reveal that an identified individual
1583 has been, or is being diagnosed or treated for substance abuse.
1584 The regulations do not restrict a disclosure that an identified
1585 individual is not and has never received services ~~has been a~~
1586 ~~client~~.

1587 (e)1. Since a minor acting alone has the legal capacity to
1588 voluntarily apply for and obtain substance abuse treatment, any
1589 written consent for disclosure may be given only by the minor
1590 ~~client~~. This restriction includes, but is not limited to, any
1591 disclosure of ~~client~~ identifying information to the parent,
1592 legal guardian, or custodian of a minor ~~client~~ for the purpose
1593 of obtaining financial reimbursement.

1594 2. When the consent of a parent, legal guardian, or
1595 custodian is required under this chapter in order for a minor to
1596 obtain substance abuse treatment, any written consent for
1597 disclosure must be given by both the minor and the parent, legal
1598 guardian, or custodian.

1599 (f) An order of a court of competent jurisdiction
1600 authorizing disclosure and use of confidential information is a
1601 unique kind of court order. Its only purpose is to authorize a
1602 disclosure or use of ~~client~~ identifying information which would
1603 otherwise be prohibited by this section. Such an order does not
1604 compel disclosure. A subpoena or a similar legal mandate must be
1605 issued in order to compel disclosure. This mandate may be
1606 entered at the same time as, and accompany, an authorizing court



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1607 order entered under this section.

1608 (g) An order authorizing the disclosure of an individual's
1609 ~~client~~ records may be applied for by any person having a legally
1610 recognized interest in the disclosure which is sought. The
1611 application may be filed separately or as part of a pending
1612 civil action in which it appears that the individual's ~~client~~
1613 records are needed to provide evidence. An application must use
1614 a fictitious name, such as John Doe or Jane Doe, to refer to any
1615 individual ~~client~~ and may not contain or otherwise disclose any
1616 ~~client~~ identifying information unless the individual ~~client~~ is
1617 the applicant or has given a written consent to disclosure or
1618 the court has ordered the record of the proceeding sealed from
1619 public scrutiny.

1620 (h) The individual ~~client~~ and the person holding the
1621 records from whom disclosure is sought must be given adequate
1622 notice in a manner which will not disclose ~~client~~ identifying
1623 information to other persons, and an opportunity to file a
1624 written response to the application, or to appear in person, for
1625 the limited purpose of providing evidence on the statutory and
1626 regulatory criteria for the issuance of the court order.

1627 (i) Any oral argument, review of evidence, or hearing on
1628 the application must be held in the judge's chambers or in some
1629 manner which ensures that ~~client~~ identifying information is not
1630 disclosed to anyone other than a party to the proceeding, the
1631 individual ~~client~~, or the person holding the record, unless the
1632 individual ~~client~~ requests an open hearing. The proceeding may
1633 include an examination by the judge of the ~~client~~ records
1634 referred to in the application.

1635 (j) A court may authorize the disclosure and use of ~~client~~



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1636 records for the purpose of conducting a criminal investigation
1637 or prosecution of an individual ~~a client~~ only if the court finds
1638 that all of the following criteria are met:

1639 1. The crime involved is extremely serious, such as one
1640 which causes or directly threatens loss of life or serious
1641 bodily injury, including but not limited to homicide, sexual
1642 assault, sexual battery, kidnapping, armed robbery, assault with
1643 a deadly weapon, and child abuse and neglect.

1644 2. There is reasonable likelihood that the records will
1645 disclose information of substantial value in the investigation
1646 or prosecution.

1647 3. Other ways of obtaining the information are not
1648 available or would not be effective.

1649 4. The potential injury to the individual ~~client~~, to the
1650 physician-individual ~~physician-client~~ relationship and to the
1651 ability of the program to provide services to other individuals
1652 ~~clients~~ is outweighed by the public interest and the need for
1653 the disclosure.

1654 (8) RIGHT TO COUNSEL.—Each individual ~~client~~ must be
1655 informed that he or she has the right to be represented by
1656 counsel in any involuntary proceeding for assessment,
1657 stabilization, or treatment and that he or she, or if the
1658 individual ~~client~~ is a minor his or her parent, legal guardian,
1659 or legal custodian, may apply immediately to the court to have
1660 an attorney appointed if he or she cannot afford one.

1661 (9) RIGHT TO HABEAS CORPUS.—At any time, and without
1662 notice, an individual ~~a client~~ involuntarily retained by a
1663 provider, or the individual's ~~client's~~ parent, guardian,
1664 custodian, or attorney on behalf of the individual ~~client~~, may



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1665 petition for a writ of habeas corpus to question the cause and
1666 legality of such retention and request that the court issue a
1667 writ for the individual's ~~client's~~ release.

1668 (10) LIABILITY AND IMMUNITY.—

1669 (a) Service provider personnel who violate or abuse any
1670 right or privilege of an individual ~~a client~~ under this chapter
1671 are liable for damages as determined by law.

1672 (b) All persons acting in good faith, reasonably, and
1673 without negligence in connection with the preparation or
1674 execution of petitions, applications, certificates, or other
1675 documents or the apprehension, detention, discharge,
1676 examination, transportation, or treatment of a person under the
1677 provisions of this chapter shall be free from all liability,
1678 civil or criminal, by reason of such acts.

1679 Section 26. Section 397.581, Florida Statutes, is amended
1680 to read:

1681 397.581 Unlawful activities relating to ~~client~~ assessment
1682 and treatment; penalties.—

1683 (1) Knowingly furnishing false information for the purpose
1684 of obtaining emergency or other involuntary admission for any
1685 person is a misdemeanor of the first degree, punishable as
1686 provided in s. 775.082 and by a fine not exceeding \$5,000.

1687 (2) Causing or otherwise securing, or conspiring with or
1688 assisting another to cause or secure, without reason for
1689 believing a person to be impaired, any emergency or other
1690 involuntary procedure for the person is a misdemeanor of the
1691 first degree, punishable as provided in s. 775.082 and by a fine
1692 not exceeding \$5,000.

1693 (3) Causing, or conspiring with or assisting another to



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1694 cause, the denial to any person of any right accorded pursuant
1695 to this chapter is a misdemeanor of the first degree, punishable
1696 as provided in s. 775.082 and by a fine not exceeding \$5,000.

1697 Section 27. Paragraph (a) of subsection (4) of section
1698 397.601, Florida Statutes, is amended to read:

1699 397.601 Voluntary admissions.—

1700 (4) (a) The disability of minority for persons under 18
1701 years of age is removed solely for the purpose of obtaining
1702 voluntary substance abuse impairment services from a licensed
1703 service provider, and consent to such services by a minor has
1704 the same force and effect as if executed by an individual a
1705 ~~client~~ who has reached the age of majority. Such consent is not
1706 subject to later disaffirmance based on minority.

1707 Section 28. Subsections (1) and (3) of section 397.6751,
1708 Florida Statutes, are amended to read:

1709 397.6751 Service provider responsibilities regarding
1710 involuntary admissions.—

1711 (1) It is the responsibility of the service provider to:

1712 (a) Ensure that a person who is admitted to a licensed
1713 service component meets the admission criteria specified in s.
1714 397.675;

1715 (b) Ascertain whether the medical and behavioral conditions
1716 of the person, as presented, are beyond the safe management
1717 capabilities of the service provider;

1718 (c) Provide for the admission of the person to the service
1719 component that represents the least restrictive available
1720 setting that is responsive to the person's treatment needs;

1721 (d) Verify that the admission of the person to the service
1722 component does not result in a census in excess of its licensed



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1723 service capacity;

1724 (e) Determine whether the cost of services is within the
1725 financial means of the person or those who are financially
1726 responsible for the person's care; and

1727 (f) Take all necessary measures to ensure that each
1728 individual client in treatment is provided with a safe
1729 environment, and to ensure that each individual client whose
1730 medical condition or behavioral problem becomes such that he or
1731 she cannot be safely managed by the service component is
1732 discharged and referred to a more appropriate setting for care.

1733 (3) When, in the judgment of the service provider, the
1734 medical conditions or behavioral problems of an involuntary
1735 individual client become such that they cannot be safely managed
1736 by the service component, the service provider must discharge
1737 the individual client and attempt to assist him or her in
1738 securing more appropriate services in a setting more responsive
1739 to his or her needs. Upon completing these efforts, the service
1740 provider must, within 72 hours, report in writing to the
1741 referral source, in compliance with federal confidentiality
1742 regulations:

1743 (a) The basis for the individual's client's discharge; and

1744 (b) Documentation of the service provider's efforts to
1745 assist the person in gaining access to appropriate services.

1746 Section 29. Section 397.6752, Florida Statutes, is amended
1747 to read:

1748 397.6752 Referral of involuntarily admitted individual
1749 client for voluntary treatment.—Upon giving his or her written
1750 informed consent, an involuntarily admitted individual client
1751 may be referred to a service provider for voluntary admission



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1752 when the service provider determines that the individual ~~client~~
1753 no longer meets involuntary criteria.

1754 Section 30. Section 397.6758, Florida Statutes, is amended
1755 to read:

1756 397.6758 Release of individual ~~client~~ from protective
1757 custody, emergency admission, involuntary assessment,
1758 involuntary treatment, and alternative involuntary assessment of
1759 a minor.—An individual ~~A-client~~ involuntarily admitted to a
1760 licensed service provider may be released without further order
1761 of the court only by a qualified professional in a hospital, a
1762 detoxification facility, an addictions receiving facility, or
1763 any less restrictive treatment component. Notice of the release
1764 must be provided to the applicant in the case of an emergency
1765 admission or an alternative involuntary assessment for a minor,
1766 or to the petitioner and the court if the involuntary assessment
1767 or treatment was court ordered. In the case of a minor ~~client~~,
1768 the release must be:

1769 (1) To the individual's ~~client's~~ parent, legal guardian, or
1770 legal custodian or the authorized designee thereof;

1771 (2) To the Department of Children and Family Services
1772 pursuant to s. 39.401; or

1773 (3) To the Department of Juvenile Justice pursuant to s.
1774 984.13.

1775 Section 31. Section 397.6773, Florida Statutes, is amended
1776 to read:

1777 397.6773 Dispositional alternatives after protective
1778 custody.—

1779 (1) An individual ~~A-client~~ who is in protective custody
1780 must be released by a qualified professional when:



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1781 (a) The individual ~~client~~ no longer meets the involuntary
1782 admission criteria in s. 397.675(1);

1783 (b) The 72-hour period has elapsed; or

1784 (c) The individual ~~client~~ has consented to remain
1785 voluntarily at the licensed service provider.

1786 (2) An individual ~~A-client~~ may only be retained in
1787 protective custody beyond the 72-hour period when a petition for
1788 involuntary assessment or treatment has been initiated. The
1789 timely filing of the petition authorizes the service provider to
1790 retain physical custody of the individual ~~client~~ pending further
1791 order of the court.

1792 Section 32. Section 397.6797, Florida Statutes, is amended
1793 to read:

1794 397.6797 Dispositional alternatives after emergency
1795 admission.—Within 72 hours after an emergency admission to a
1796 hospital or a licensed detoxification or addictions receiving
1797 facility, the individual ~~client~~ must be assessed by the
1798 attending physician to determine the need for further services.
1799 Within 5 days after an emergency admission to a nonresidential
1800 component of a licensed service provider, the individual ~~client~~
1801 must be assessed by a qualified professional to determine the
1802 need for further services. Based upon that assessment, a
1803 qualified professional of the hospital, detoxification facility,
1804 or addictions receiving facility, or a qualified professional if
1805 a less restrictive component was used, must either:

1806 (1) Release the individual ~~client~~ and, where appropriate,
1807 refer the individual ~~client~~ to other needed services; or

1808 (2) Retain the individual ~~client~~ when:

1809 (a) The individual ~~client~~ has consented to remain



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1810 voluntarily at the licensed provider; or

1811 (b) A petition for involuntary assessment or treatment has
1812 been initiated, the timely filing of which authorizes the
1813 service provider to retain physical custody of the individual
1814 ~~client~~ pending further order of the court.

1815 Section 33. Section 397.6799, Florida Statutes, is amended
1816 to read:

1817 397.6799 Disposition of minor ~~client~~ upon completion of
1818 alternative involuntary assessment.—A minor who has been
1819 assessed pursuant to s. 397.6798 must, within the time
1820 specified, be released or referred for further voluntary or
1821 involuntary treatment, whichever is most appropriate to the
1822 needs of the minor.

1823 Section 34. Section 397.6819, Florida Statutes, is amended
1824 to read:

1825 397.6819 Involuntary assessment and stabilization;
1826 responsibility of licensed service provider.—A licensed service
1827 provider may admit an individual ~~a client~~ for involuntary
1828 assessment and stabilization for a period not to exceed 5 days.
1829 The individual ~~client~~ must be assessed without unnecessary delay
1830 by a qualified professional. If an assessment is performed by a
1831 qualified professional who is not a physician, the assessment
1832 must be reviewed by a physician before ~~prior to~~ the end of the
1833 assessment period.

1834 Section 35. Section 397.6821, Florida Statutes, is amended
1835 to read:

1836 397.6821 Extension of time for completion of involuntary
1837 assessment and stabilization.—If a licensed service provider is
1838 unable to complete the involuntary assessment and, if necessary,



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1839 stabilization of an individual ~~a client~~ within 5 days after the
1840 court's order, it may, within the original time period, file a
1841 written request for an extension of time to complete its
1842 assessment, and shall, in accordance with confidentiality
1843 requirements, furnish a copy to all parties. With or without a
1844 hearing, the court may grant additional time, not to exceed 7
1845 days after the date of the renewal order, for the completion of
1846 the involuntary assessment and stabilization of the individual
1847 ~~client~~. The original court order authorizing the involuntary
1848 assessment and stabilization, or a request for an extension of
1849 time to complete the assessment and stabilization that is timely
1850 filed pursuant to this section, constitutes legal authority to
1851 involuntarily hold the individual ~~client~~ for a period not to
1852 exceed 10 days in the absence of a court order to the contrary.

1853 Section 36. Section 397.6822, Florida Statutes, is amended
1854 to read:

1855 397.6822 Disposition of individual ~~client~~ after involuntary
1856 assessment.—Based upon the involuntary assessment, a qualified
1857 professional of the hospital, detoxification facility, or
1858 addictions receiving facility, or a qualified professional when
1859 a less restrictive component has been used, must:

1860 (1) Release the individual ~~client~~ and, where appropriate,
1861 refer the individual ~~client~~ to another treatment facility or
1862 service provider, or to community services;

1863 (2) Allow the individual ~~client~~, with consent ~~if the client~~
1864 ~~has consented~~, to remain voluntarily at the licensed provider;
1865 or

1866 (3) Retain the individual ~~client~~ when a petition for
1867 involuntary treatment has been initiated, the timely filing of



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1868 which authorizes the service provider to retain physical custody
1869 of the individual client pending further order of the court.

1870
1871 Adhering to federal confidentiality regulations, notice of
1872 disposition must be provided to the petitioner and to the court.

1873 Section 37. Subsections (1) and (3) of section 397.697,
1874 Florida Statutes, are amended to read:

1875 397.697 Court determination; effect of court order for
1876 involuntary substance abuse treatment.—

1877 (1) When the court finds that the conditions for
1878 involuntary substance abuse treatment have been proved by clear
1879 and convincing evidence, it may order the respondent to undergo
1880 involuntary treatment by a licensed service provider for a
1881 period not to exceed 60 days. If the court finds it necessary,
1882 it may direct the sheriff to take the respondent into custody
1883 and deliver him or her to the licensed service provider
1884 specified in the court order, or to the nearest appropriate
1885 licensed service provider, for involuntary treatment. When the
1886 conditions justifying involuntary treatment no longer exist, the
1887 individual client must be released as provided in s. 397.6971.
1888 When the conditions justifying involuntary treatment are
1889 expected to exist after 60 days of treatment, a renewal of the
1890 involuntary treatment order may be requested pursuant to s.
1891 397.6975 prior to the end of the 60-day period.

1892 (3) An involuntary treatment order authorizes the licensed
1893 service provider to require the individual client to undergo
1894 such treatment as will benefit him or her, including treatment
1895 at any licensable service component of a licensed service
1896 provider.



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1897 Section 38. Section 397.6971, Florida Statutes, is amended
1898 to read:

1899 397.6971 Early release from involuntary substance abuse
1900 treatment.—

1901 (1) At any time prior to the end of the 60-day involuntary
1902 treatment period, or prior to the end of any extension granted
1903 pursuant to s. 397.6975, an individual ~~a client~~ admitted for
1904 involuntary treatment may be determined eligible for discharge
1905 to the most appropriate referral or disposition for the
1906 individual ~~client~~ when:

1907 (a) The individual ~~client~~ no longer meets the criteria for
1908 involuntary admission and has given his or her informed consent
1909 to be transferred to voluntary treatment status;

1910 (b) If the individual ~~client~~ was admitted on the grounds of
1911 likelihood of infliction of physical harm upon himself or
1912 herself or others, such likelihood no longer exists; or

1913 (c) If the individual ~~client~~ was admitted on the grounds of
1914 need for assessment and stabilization or treatment, accompanied
1915 by inability to make a determination respecting such need,
1916 either:

1917 1. Such inability no longer exists; or

1918 2. It is evident that further treatment will not bring
1919 about further significant improvements in the individual's
1920 ~~client's~~ condition;

1921 (d) The individual ~~client~~ is no longer in need of services;
1922 or

1923 (e) The director of the service provider determines that
1924 the individual ~~client~~ is beyond the safe management capabilities
1925 of the provider.



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1926 (2) Whenever a qualified professional determines that an
1927 individual ~~a client~~ admitted for involuntary treatment is ready
1928 for early release for any of the reasons listed in subsection
1929 (1), the service provider shall immediately discharge the
1930 individual ~~client~~, and must notify all persons specified by the
1931 court in the original treatment order.

1932 Section 39. Section 397.6975, Florida Statutes, is amended
1933 to read:

1934 397.6975 Extension of involuntary substance abuse treatment
1935 period.—

1936 (1) Whenever a service provider believes that an individual
1937 ~~a client~~ who is nearing the scheduled date of release from
1938 involuntary treatment continues to meet the criteria for
1939 involuntary treatment in s. 397.693, a petition for renewal of
1940 the involuntary treatment order may be filed with the court at
1941 least 10 days before ~~prior to~~ the expiration of the court-
1942 ordered treatment period. The court shall immediately schedule a
1943 hearing to be held not more than 15 days after filing of the
1944 petition. The court shall provide the copy of the petition for
1945 renewal and the notice of the hearing to all parties to the
1946 proceeding. The hearing is conducted pursuant to s. 397.6957.

1947 (2) If the court finds that the petition for renewal of the
1948 involuntary treatment order should be granted, it may order the
1949 respondent to undergo involuntary treatment for a period not to
1950 exceed an additional 90 days. When the conditions justifying
1951 involuntary treatment no longer exist, the individual ~~client~~
1952 must be released as provided in s. 397.6971. When the conditions
1953 justifying involuntary treatment continue to exist after 90 days
1954 of additional treatment, a new petition requesting renewal of



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1955 the involuntary treatment order may be filed pursuant to this
1956 section.

1957 Section 40. Section 397.6977, Florida Statutes, is amended
1958 to read:

1959 397.6977 Disposition of individual ~~client~~ upon completion
1960 of involuntary substance abuse treatment.—At the conclusion of
1961 the 60-day period of court-ordered involuntary treatment, the
1962 individual ~~client~~ is automatically discharged unless a motion
1963 for renewal of the involuntary treatment order has been filed
1964 with the court pursuant to s. 397.6975.

1965 Section 41. Paragraph (e) of subsection (2) of section
1966 397.702, Florida Statutes, is amended to read:

1967 397.702 Authorization of local ordinances for treatment of
1968 habitual abusers in licensed secure facilities.—

1969 (2) Ordinances for the treatment of habitual abusers must
1970 provide:

1971 (e) That, if the individual ~~client~~ still meets the criteria
1972 for involuntary admission in s. 397.675 at or near the
1973 expiration of the treatment period ordered by the court pursuant
1974 to paragraph (d), the agent of the county or municipality may
1975 file another habitual abuser petition pursuant to paragraph (b)
1976 for a period not exceeding 180 days for each such petition.

1977 Section 42. Subsections (2) and (3) of section 397.706,
1978 Florida Statutes, are amended to read:

1979 397.706 Screening, assessment, and disposition of juvenile
1980 offenders.—

1981 (2) The juvenile and circuit courts, in conjunction with
1982 department substate entity ~~district~~ administration, shall
1983 establish policies and procedures to ensure that juvenile



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1984 offenders are appropriately screened for substance abuse
1985 problems and that diversionary and adjudicatory proceedings
1986 include appropriate conditions and sanctions to address
1987 substance abuse problems. Policies and procedures must address:

1988 (a) The designation of local service providers responsible
1989 for screening and assessment services and dispositional
1990 recommendations to the department and the court.

1991 (b) The means by which juvenile offenders are processed to
1992 ensure participation in screening and assessment services.

1993 (c) The role of the court in securing assessments when
1994 juvenile offenders or their families are noncompliant.

1995 (d) Safeguards to ensure that information derived through
1996 screening and assessment is used solely to assist in
1997 dispositional decisions and not for purposes of determining
1998 innocence or guilt.

1999 (3) Because resources available to support screening and
2000 assessment services are limited, the judicial circuits and
2001 department substate entity ~~district~~ administration must develop
2002 those capabilities to the extent possible within available
2003 resources according to the following priorities:

2004 (a) Juvenile substance abuse offenders.

2005 (b) Juvenile offenders who are substance abuse impaired at
2006 the time of the offense.

2007 (c) Second or subsequent juvenile offenders.

2008 (d) Minors taken into custody.

2009 Section 43. Subsection (2) of section 397.801, Florida
2010 Statutes, is amended to read:

2011 397.801 Substance abuse impairment coordination.-

2012 (2) The department shall establish, within each of its



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2013 substate entities ~~service districts~~, the full-time position of
2014 substance abuse impairment prevention coordinator, to be filled
2015 by a person with expertise in the area of substance abuse
2016 impairment. The primary responsibility of this person is to
2017 develop and implement activities which foster the prevention of
2018 substance abuse impairment.

2019 Section 44. Subsections (1) and (3) of section 397.821,
2020 Florida Statutes, are amended to read:

2021 397.821 Juvenile substance abuse impairment prevention and
2022 early intervention councils.-

2023 (1) Each judicial circuit as set forth in s. 26.021 may
2024 establish a juvenile substance abuse impairment prevention and
2025 early intervention council composed of at least 12 members,
2026 including representatives from law enforcement, the department,
2027 school districts, state attorney and public defender offices,
2028 the circuit court, the religious community, substance abuse
2029 impairment professionals, child advocates from the community,
2030 business leaders, parents, and high school students. However,
2031 those circuits which already have in operation a council of
2032 similar composition may designate the existing body as the
2033 juvenile substance abuse impairment prevention and early
2034 intervention council for the purposes of this section. Each
2035 council shall establish bylaws providing for the length of term
2036 of its members, but the term may not exceed 4 years. The
2037 substate entity ~~district~~ administrator, as defined in s. 20.19,
2038 and the chief judge of the circuit court shall each appoint six
2039 members of the council. The substate entity ~~district~~
2040 administrator shall appoint a representative from the
2041 department, a school district representative, a substance abuse



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2042 impairment treatment professional, a child advocate, a parent,
2043 and a high school student. The chief judge of the circuit court
2044 shall appoint a business leader and representatives from the
2045 state attorney's office, the public defender's office, the
2046 religious community, the circuit court, and law enforcement
2047 agencies.

2048 (3) The council shall provide recommendations to the
2049 Program Director for Substance Abuse annually for consideration
2050 for inclusion in the substance abuse ~~district alcohol, drug~~
2051 ~~abuse~~, and mental health substate entity plans.

2052 Section 45. Subsection (1), paragraph (c) of subsection
2053 (2), and subsection (3) of section 397.94, Florida Statutes, are
2054 amended to read:

2055 397.94 Children's substance abuse services; information and
2056 referral network.—

2057 (1) Each substate entity ~~service district~~ of the department
2058 shall develop a plan for and implement a ~~districtwide~~
2059 comprehensive children's substance abuse information and
2060 referral network to be operational by July 1, 2000.

2061 (2) The substate entity ~~district~~ shall determine the most
2062 cost-effective method for delivering this service and may select
2063 a new provider or utilize an existing provider or providers with
2064 a record of success in providing information and referral
2065 services.

2066 (c) Develop and implement procedures for documenting
2067 requests for services, including, but not limited to:

- 2068 1. Number of calls by type of service requested, if any;
2069 2. Ages of children for whom services are requested; and
2070 3. Disposition on all referrals, including location of



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2071 resource if referred for ~~face-to-face~~ screening.

2072 (3) In planning the information and referral network, the
2073 substate entity ~~district~~ shall consider the establishment of a
2074 24-hour toll-free telephone number to call for information and a
2075 public service campaign to inform the public about the
2076 information and referral service.

2077 Section 46. Section 397.95, Florida Statutes, is amended to
2078 read:

2079 397.95 Children's substance abuse services; services
2080 provided by licensed providers.—Each substate entity ~~service~~
2081 ~~district~~ of the department shall ensure that all screening,
2082 intake, assessment, enrollment, service planning, and case
2083 management services provided under this part are provided by
2084 children's substance abuse services providers licensed under
2085 part II of this chapter and in accordance with standards set
2086 forth in department rules.

2087 Section 47. Paragraph (a) of subsection (3) of section
2088 397.97, Florida Statutes, is amended to read:

2089 397.97 Children's substance abuse services; demonstration
2090 models.—

2091 (3) PURCHASE OF SERVICES; OPERATION CRITERIA.—

2092 (a) Each demonstration model shall be governed by a
2093 multiagency consortium of state and county agencies or other
2094 public agencies, or a community-based, not-for-profit substance
2095 abuse or behavioral health network designated by the department,
2096 hereafter referred to as the purchasing agent, which shall
2097 purchase individualized services for children who are at risk of
2098 substance abuse or have a substance abuse problem. Services
2099 shall be based on ~~client~~ need rather than on traditional



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2100 services limited to narrowly defined cost centers or
2101 appropriations categories. Approval to operate as a Children's
2102 Network of Care Demonstration Model shall be given by the
2103 secretary of the department and shall be based on criteria
2104 developed by the department.

2105 Section 48. Paragraph (g) of subsection (2) of section
2106 397.99, Florida Statutes, is amended to read:

2107 397.99 School substance abuse prevention partnership
2108 grants.—

2109 (2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—

2110 (g) The department shall consider the following in awarding
2111 such grants:

2112 1. The number of youths that will be targeted.

2113 2. The validity of the program design to achieve project
2114 goals and objectives that are clearly related to performance-
2115 based program budgeting effectiveness measures.

2116 3. The desirability of funding at least one approved
2117 project in each of the department's substate entities ~~service~~
2118 ~~districts~~.

2119 Section 49. Paragraphs (d) and (g) of subsection (1) of
2120 section 440.102, Florida Statutes, are amended to read:

2121 440.102 Drug-free workplace program requirements.—The
2122 following provisions apply to a drug-free workplace program
2123 implemented pursuant to law or to rules adopted by the Agency
2124 for Health Care Administration:

2125 (1) DEFINITIONS.—Except where the context otherwise
2126 requires, as used in this act:

2127 (d) "Drug rehabilitation program" means a service provider,
2128 established pursuant to s. 397.311(33) ~~s. 397.311(28)~~, that



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2129 provides confidential, timely, and expert identification,
2130 assessment, and resolution of employee drug abuse.

2131 (g) "Employee assistance program" means an established
2132 program capable of providing expert assessment of employee
2133 personal concerns; confidential and timely identification
2134 services with regard to employee drug abuse; referrals of
2135 employees for appropriate diagnosis, treatment, and assistance;
2136 and followup services for employees who participate in the
2137 program or require monitoring after returning to work. If, in
2138 addition to the above activities, an employee assistance program
2139 provides diagnostic and treatment services, these services shall
2140 in all cases be provided by service providers pursuant to s.
2141 397.311(33) ~~s. 397.311(28)~~.

2142 Section 50. Paragraph (a) of subsection (1) of section
2143 766.101, Florida Statutes, is amended to read:

2144 766.101 Medical review committee, immunity from liability.-

2145 (1) As used in this section:

2146 (a) The term "medical review committee" or "committee"
2147 means:

2148 1.a. A committee of a hospital or ambulatory surgical
2149 center licensed under chapter 395 or a health maintenance
2150 organization certificated under part I of chapter 641,

2151 b. A committee of a physician-hospital organization, a
2152 provider-sponsored organization, or an integrated delivery
2153 system,

2154 c. A committee of a state or local professional society of
2155 health care providers,

2156 d. A committee of a medical staff of a licensed hospital or
2157 nursing home, provided the medical staff operates pursuant to



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2158 written bylaws that have been approved by the governing board of
2159 the hospital or nursing home,

2160 e. A committee of the Department of Corrections or the
2161 Correctional Medical Authority as created under s. 945.602, or
2162 employees, agents, or consultants of either the department or
2163 the authority or both,

2164 f. A committee of a professional service corporation formed
2165 under chapter 621 or a corporation organized under chapter 607
2166 or chapter 617, which is formed and operated for the practice of
2167 medicine as defined in s. 458.305(3), and which has at least 25
2168 health care providers who routinely provide health care services
2169 directly to patients,

2170 g. A committee of the Department of Children and Family
2171 Services which includes employees, agents, or consultants to the
2172 department as deemed necessary to provide peer review,
2173 utilization review, and mortality review of treatment services
2174 provided pursuant to chapters 394, 397, and 916,

2175 ~~h.g.~~ A committee of a mental health treatment facility
2176 licensed under chapter 394 or a community mental health center
2177 as defined in s. 394.907, provided the quality assurance program
2178 operates pursuant to the guidelines which have been approved by
2179 the governing board of the agency,

2180 ~~i.h.~~ A committee of a substance abuse treatment and
2181 education prevention program licensed under chapter 397 provided
2182 the quality assurance program operates pursuant to the
2183 guidelines which have been approved by the governing board of
2184 the agency,

2185 ~~j.i.~~ A peer review or utilization review committee
2186 organized under chapter 440,



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2187 ~~k.j.~~ A committee of the Department of Health, a county
2188 health department, healthy start coalition, or certified rural
2189 health network, when reviewing quality of care, or employees of
2190 these entities when reviewing mortality records, or

2191 ~~l.k.~~ A continuous quality improvement committee of a
2192 pharmacy licensed pursuant to chapter 465,

2193
2194 which committee is formed to evaluate and improve the quality of
2195 health care rendered by providers of health service, ~~or~~ to
2196 determine that health services rendered were professionally
2197 indicated or were performed in compliance with the applicable
2198 standard of care, or that the cost of health care rendered was
2199 considered reasonable by the providers of professional health
2200 services in the area; or

2201 2. A committee of an insurer, self-insurer, or joint
2202 underwriting association of medical malpractice insurance, or
2203 other persons conducting review under s. 766.106.

2204 Section 51. Section 394.9081, Florida Statutes, is
2205 repealed.

2206 Section 52. This act shall take effect July 1, 2009.

2207
2208 ===== T I T L E A M E N D M E N T =====

2209 And the title is amended as follows:

2210 Delete everything before the enacting clause
2211 and insert:

2212 A bill to be entitled
2213 An act relating to substance abuse and mental health
2214 services; amending s. 212.055, F.S.; conforming a
2215 cross-reference; amending s. 394.67, F.S.; redefining



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2216 the term "residential treatment center for children
2217 and adolescents"; amending s. 394.674, F.S.;
2218 establishing priority populations of persons who are
2219 eligible for services funded by the Department of
2220 Children and Family Services; amending s. 394.908,
2221 F.S.; conforming terminology to changes made by the
2222 act; amending s. 394.9085, F.S.; conforming a cross-
2223 reference; amending s. 397.301, F.S.; deleting an
2224 obsolete provision; amending s. 397.305, F.S.;
2225 revising the legislative intent, purpose, and
2226 findings; amending s. 397.311, F.S.; revising
2227 definitions; amending s. 397.321, F.S.; revising the
2228 duties of the Department of Children and Family
2229 Services; deleting a provision that authorizes the
2230 department to establish a pilot project to serve
2231 certain persons who qualify to receive substance abuse
2232 or mental health services in a specified district;
2233 amending s. 397.331, F.S.; revising the term
2234 "substance abuse programs and services" or "drug
2235 control"; amending s. 397.401, F.S.; providing that it
2236 is unlawful for an unlicensed agency to act as a
2237 substance abuse service provider; amending s. 397.403,
2238 F.S.; revising requirements for a license application;
2239 amending s. 397.405, F.S.; providing that physician
2240 assistants are exempt from licensing requirements
2241 under ch. 397, F.S.; providing that a crisis
2242 stabilization unit is exempt from licensure;
2243 conforming a cross-reference; authorizing the
2244 department to adopt certain rules; providing that ch.



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2245 397, F.S., does not limit the practice of a physician
2246 assistant or an advanced registered nurse practitioner
2247 who provides substance abuse treatment under certain
2248 circumstances; amending s. 397.406, F.S.; providing
2249 that substance abuse programs operated directly or
2250 under contract by the Department of Juvenile Justice
2251 are subject to licensure and regulation; amending s.
2252 397.407, F.S.; conforming a cross-reference; revising
2253 the licensure process; authorizing the Department of
2254 Children and Family Services to issue probationary,
2255 regular, and interim licenses; providing requirements
2256 for probationary, regular, and interim licenses;
2257 repealing s. 397.409, F.S., relating to probationary,
2258 regular, and interim licenses; amending s. 397.411,
2259 F.S.; requiring the department to notify certain
2260 applicable agencies of any licensure inspections of
2261 service providers; amending s. 397.415, F.S.;
2262 requiring that fines collected as administrative
2263 penalties be deposited in the Operations and
2264 Maintenance Trust Fund of the department rather than
2265 the Substance Abuse Impairment Provider Licensing
2266 Trust Fund; revising requirements for suspending or
2267 revoking a license; amending s. 397.416, F.S.;
2268 conforming a cross-reference; amending s. 397.419,
2269 F.S.; renaming quality assurance programs to "quality
2270 improvement programs"; conforming provisions to
2271 changes made by the act; providing that certain
2272 records are not admissible in any civil or
2273 administrative action except in disciplinary



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2274 proceedings by the Department of Health, and not the
2275 Department of Business and Professional Regulation;
2276 revising minimum guidelines for a service provider's
2277 quality improvement program; providing additional
2278 requirements for a quality improvement program;
2279 deleting a provision that requires a quality assurance
2280 program to incorporate a peer review process; amending
2281 s. 397.427, F.S.; specifying that medication treatment
2282 service providers are providers of medication-assisted
2283 treatment services for opiate addiction; conforming
2284 provisions to changes made by the act; requiring the
2285 department to determine the need for establishing
2286 medication-assisted treatment services for other
2287 substance-use disorders; requiring service providers
2288 that provide medication-assisted treatment for other
2289 substance-use disorders to provide counseling
2290 services; requiring the department to adopt rules to
2291 administer medication-assisted treatment services;
2292 authorizing a physician assistant, registered nurse,
2293 an advanced registered nurse practitioner, and a
2294 licensed practical nurse to deliver medication, other
2295 than methadone, for the purpose of medication-assisted
2296 treatment for opiate addiction under certain
2297 conditions; authorizing a physician assistant to
2298 deliver takeout medication for opiate treatment to
2299 certain persons; requiring a licensed service provider
2300 that provides medication-assisted treatment to adopt
2301 written protocols; providing requirements for the
2302 protocols; requiring a licensed service provider that



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2303 provides medication-assisted treatment to maintain and
2304 have ready for inspection medical records and
2305 protocols; amending s. 397.431, F.S.; conforming
2306 provisions to changes made by the act; amending s.
2307 397.451, F.S.; providing that inmate substance abuse
2308 programs are exempt from level 2 background
2309 screenings; clarifying that certain personnel employed
2310 in an inmate substance abuse program are exempt from
2311 fingerprinting and background check requirements;
2312 amending ss. 397.471, 397.501, 397.581, 397.601,
2313 397.6751, 397.6752, 397.6758, 397.6773, 397.6797,
2314 397.6799, 397.6819, 397.6821, 397.6822, 397.697,
2315 397.6971, 397.6975, 397.6977, 397.702, 397.706,
2316 397.801, 397.821, 397.94, 397.95, 397.97, 397.99,
2317 F.S.; conforming provisions to changes made by the
2318 act; amending s. 440.102, F.S.; conforming a cross-
2319 reference; amending s. 766.101, F.S.; redefining the
2320 term "medical review committee" to include a committee
2321 to review mental health and substance abuse treatment
2322 services provided by the department; repealing s.
2323 394.9081, F.S., relating to target groups for
2324 substance abuse and mental health services; providing
2325 an effective date.