

By Senator Wise

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1 A bill to be entitled
2 An act relating to substance abuse services; amending
3 s. 212.055, F.S.; conforming a cross-reference;
4 amending s. 394.67, F.S.; redefining the term
5 "residential treatment center for children and
6 adolescents"; amending s. 394.674, F.S.; establishing
7 priority populations of persons who are eligible for
8 services funded by the Department of Children and
9 Family Services; amending s. 394.9085, F.S.;
10 conforming a cross-reference; amending s. 397.301,
11 F.S.; deleting an obsolete provision; amending s.
12 397.305, F.S.; revising the legislative intent,
13 purpose, and findings; amending s. 397.311, F.S.;
14 revising definitions; amending s. 397.321, F.S.;
15 revising the duties of the Department of Children and
16 Family Services; deleting a provision that authorizes
17 the department to establish a pilot project to serve
18 certain persons who qualify to receive substance abuse
19 or mental health services in a specified district;
20 amending s. 397.331, F.S.; revising the term
21 "substance abuse programs and services" or "drug
22 control"; amending s. 397.401, F.S.; providing that it
23 is unlawful for an unlicensed agency to act as a
24 substance abuse service provider; amending s. 397.403,
25 F.S.; revising requirements for a license application;
26 amending s. 397.405, F.S.; providing that a crisis
27 stabilization unit is exempt from licensure;
28 conforming a cross-reference; authorizing the
29 department to adopt certain rules; providing that ch.

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30 397, F.S., does not limit the practice of an advanced
31 registered nurse practitioner who provides substance
32 abuse treatment under certain circumstances; amending
33 s. 397.406, F.S.; providing that substance abuse
34 programs operated directly or under contract by the
35 Department of Juvenile Justice are subject to
36 licensure and regulation; amending s. 397.407, F.S.;
37 conforming a cross-reference; revising the licensure
38 process; authorizing the Department of Children and
39 Family Services to issue probationary, regular, and
40 interim licenses; providing requirements for
41 probationary, regular, and interim licenses; repealing
42 s. 397.409, F.S., relating to probationary, regular,
43 and interim licenses; amending s. 397.411, F.S.;
44 requiring the department to notify certain applicable
45 agencies of any licensure inspections of service
46 providers; amending s. 397.415, F.S.; requiring that
47 fines collected as administrative penalties be
48 deposited in the Operations and Maintenance Trust Fund
49 of the department rather than the Substance Abuse
50 Impairment Provider Licensing Trust Fund; revising
51 requirements for suspending or revoking a license;
52 amending s. 397.416, F.S.; conforming a cross-
53 reference; amending s. 397.419, F.S.; renaming quality
54 assurance programs to "quality improvement programs";
55 conforming provisions to changes made by the act;
56 revising minimum guidelines for a service provider's
57 quality improvement program; providing additional
58 requirements for a quality improvement program;

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59 deleting a provision that requires a quality assurance
60 program to incorporate a peer review process; amending
61 s. 397.427, F.S.; specifying that medication treatment
62 service providers are providers of medication-assisted
63 treatment services for opiate addiction; conforming
64 provisions to changes made by the act; requiring the
65 department to determine the need for establishing
66 medication-assisted treatment services for other
67 substance-use disorders; requiring service providers
68 that provide medication-assisted treatment for other
69 substance-use disorders to provide counseling
70 services; requiring the department to adopt rules to
71 administer medication-assisted treatment services;
72 authorizing a registered nurse, an advanced registered
73 nurse practitioner, and a licensed practical nurse to
74 deliver medication, other than methadone, for the
75 purpose of medication-assisted treatment for opiate
76 addiction under certain conditions; requiring a
77 licensed service provider that provides medication-
78 assisted treatment to adopt written protocols;
79 providing requirements for the protocols; requiring a
80 licensed service provider that provides medication-
81 assisted treatment to maintain and have ready for
82 inspection medical records and protocols; amending s.
83 397.431, F.S.; conforming provisions to changes made
84 by the act; amending s. 397.451, F.S.; providing that
85 inmate substance abuse programs are exempt from level
86 2 background screenings; clarifying that certain
87 personnel employed in an inmate substance abuse

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88 program are exempt from fingerprinting and background
 89 check requirements; amending ss. 397.471, 397.501,
 90 397.581, 397.601, 397.6751, 397.6752, 397.6758,
 91 397.6773, 397.6797, 397.6799, 397.6819, 397.6821,
 92 397.6822, 397.697, 397.6971, 397.6975, 397.6977,
 93 397.702, 397.706, 397.801, 397.821, 397.94, 397.95,
 94 397.97, 397.99, F.S.; conforming provisions to changes
 95 made by the act; amending s. 440.102, F.S.; conforming
 96 a cross-reference; amending s. 766.101, F.S.;

97 redefining the term "medical review committee" to
 98 include a committee to review mental health and
 99 substance abuse treatment services provided by the
 100 department; repealing s. 394.9081, F.S., relating to
 101 target groups for substance abuse and mental health
 102 services; providing an effective date.

103
 104 Be It Enacted by the Legislature of the State of Florida:

105
 106 Section 1. Paragraph (e) of subsection (5) of section
 107 212.055, Florida Statutes, is amended to read:

108 212.055 Discretionary sales surtaxes; legislative intent;
 109 authorization and use of proceeds.—It is the legislative intent
 110 that any authorization for imposition of a discretionary sales
 111 surtax shall be published in the Florida Statutes as a
 112 subsection of this section, irrespective of the duration of the
 113 levy. Each enactment shall specify the types of counties
 114 authorized to levy; the rate or rates which may be imposed; the
 115 maximum length of time the surtax may be imposed, if any; the
 116 procedure which must be followed to secure voter approval, if

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117 required; the purpose for which the proceeds may be expended;
118 and such other requirements as the Legislature may provide.
119 Taxable transactions and administrative procedures shall be as
120 provided in s. 212.054.

121 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
122 s. 125.011(1) may levy the surtax authorized in this subsection
123 pursuant to an ordinance either approved by extraordinary vote
124 of the county commission or conditioned to take effect only upon
125 approval by a majority vote of the electors of the county voting
126 in a referendum. In a county as defined in s. 125.011(1), for
127 the purposes of this subsection, "county public general
128 hospital" means a general hospital as defined in s. 395.002
129 which is owned, operated, maintained, or governed by the county
130 or its agency, authority, or public health trust.

131 (e) A governing board, agency, or authority shall be
132 chartered by the county commission upon this act becoming law.
133 The governing board, agency, or authority shall adopt and
134 implement a health care plan for indigent health care services.
135 The governing board, agency, or authority shall consist of no
136 more than seven and no fewer than five members appointed by the
137 county commission. The members of the governing board, agency,
138 or authority shall be at least 18 years of age and residents of
139 the county. No member may be employed by or affiliated with a
140 health care provider or the public health trust, agency, or
141 authority responsible for the county public general hospital.
142 The following community organizations shall each appoint a
143 representative to a nominating committee: the South Florida
144 Hospital and Healthcare Association, the Miami-Dade County
145 Public Health Trust, the Dade County Medical Association, the

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146 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
147 County. This committee shall nominate between 10 and 14 county
148 citizens for the governing board, agency, or authority. The
149 slate shall be presented to the county commission and the county
150 commission shall confirm the top five to seven nominees,
151 depending on the size of the governing board. Until such time as
152 the governing board, agency, or authority is created, the funds
153 provided for in subparagraph (d)2. shall be placed in a
154 restricted account set aside from other county funds and not
155 disbursed by the county for any other purpose.

156 1. The plan shall divide the county into a minimum of four
157 and maximum of six service areas, with no more than one
158 participant hospital per service area. The county public general
159 hospital shall be designated as the provider for one of the
160 service areas. Services shall be provided through participants'
161 primary acute care facilities.

162 2. The plan and subsequent amendments to it shall fund a
163 defined range of health care services for both indigent persons
164 and the medically poor, including primary care, preventive care,
165 hospital emergency room care, and hospital care necessary to
166 stabilize the patient. For the purposes of this section,
167 "stabilization" means stabilization as defined in s. 397.311(31)
168 ~~s. 397.311(30)~~. Where consistent with these objectives, the plan
169 may include services rendered by physicians, clinics, community
170 hospitals, and alternative delivery sites, as well as at least
171 one regional referral hospital per service area. The plan shall
172 provide that agreements negotiated between the governing board,
173 agency, or authority and providers shall recognize hospitals
174 that render a disproportionate share of indigent care, provide

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175 other incentives to promote the delivery of charity care to draw
176 down federal funds where appropriate, and require cost
177 containment, including, but not limited to, case management.
178 From the funds specified in subparagraphs (d)1. and 2. for
179 indigent health care services, service providers shall receive
180 reimbursement at a Medicaid rate to be determined by the
181 governing board, agency, or authority created pursuant to this
182 paragraph for the initial emergency room visit, and a per-member
183 per-month fee or capitation for those members enrolled in their
184 service area, as compensation for the services rendered
185 following the initial emergency visit. Except for provisions of
186 emergency services, upon determination of eligibility,
187 enrollment shall be deemed to have occurred at the time services
188 were rendered. The provisions for specific reimbursement of
189 emergency services shall be repealed on July 1, 2001, unless
190 otherwise reenacted by the Legislature. The capitation amount or
191 rate shall be determined prior to program implementation by an
192 independent actuarial consultant. In no event shall such
193 reimbursement rates exceed the Medicaid rate. The plan must also
194 provide that any hospitals owned and operated by government
195 entities on or after the effective date of this act must, as a
196 condition of receiving funds under this subsection, afford
197 public access equal to that provided under s. 286.011 as to any
198 meeting of the governing board, agency, or authority the subject
199 of which is budgeting resources for the retention of charity
200 care, as that term is defined in the rules of the Agency for
201 Health Care Administration. The plan shall also include
202 innovative health care programs that provide cost-effective
203 alternatives to traditional methods of service and delivery

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204 funding.

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

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

213 5. At the end of each fiscal year, the governing board,
214 agency, or authority shall prepare an audit that reviews the
215 budget of the plan, delivery of services, and quality of
216 services, and makes recommendations to increase the plan's
217 efficiency. The audit shall take into account participant
218 hospital satisfaction with the plan and assess the amount of
219 poststabilization patient transfers requested, and accepted or
220 denied, by the county public general hospital.

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

223 394.67 Definitions.—As used in this part, the term:

224 (21) "Residential treatment center for children and
225 adolescents" means a 24-hour residential program, including a
226 therapeutic group home, which provides mental health services to
227 emotionally disturbed children or adolescents as defined in s.
228 394.492(5) or (6) and which is a private for-profit or not-for-
229 profit corporation licensed by the agency ~~under contract with~~
230 ~~the department~~ which offers a variety of treatment modalities in
231 a more restrictive setting.

232 Section 3. Section 394.674, Florida Statutes, is amended to

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233 read:

234 394.674 Client Clinical eligibility for publicly funded
235 substance abuse and mental health services; fee collection
236 requirements.-

237 (1) To be eligible to receive substance abuse and mental
238 health services funded by the department, a person must be a
239 member of at least one of the department's priority populations
240 ~~target groups~~ approved by the Legislature, ~~pursuant to s.~~
241 ~~216.0166.~~ The priority populations include:

242 (a) For adult mental health services:

243 1. Adults who have severe and persistent mental illness, as
244 designated by the department using criteria that include
245 severity of diagnosis, duration of the mental illness, ability
246 to independently perform activities of daily living, and receipt
247 of disability income for a psychiatric condition. Included
248 within this group are:

249 a. Older adults in crisis.

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

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

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

255 e. Persons diagnosed as having co-occurring mental illness
256 and substance use disorders.

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

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

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

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

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

266 4. Children diagnosed as having a co-occurring substance
267 abuse and emotional disturbance or serious emotional
268 disturbance.

269 (c) For substance abuse treatment services:

270 1. Adults who have substance abuse disorders and a history
271 of intravenous drug use.

272 2. Persons diagnosed as having co-occurring substance abuse
273 and mental health disorders.

274 3. Parents who put children at risk due to a substance
275 abuse disorder.

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

278 5. Children at risk for initiating drug use.

279 6. Children under state supervision.

280 7. Children who have a substance abuse disorder but who are
281 not under the supervision of a court or in the custody of a
282 state agency.

283 8. Persons identified as being part of a priority
284 population as a condition for receiving services funded through
285 the Mental Health and Substance Abuse Block Grant.

286 (2) Crisis services, as defined in s. 394.67, must, within
287 the limitations of available state and local matching resources,
288 be available to each person who is eligible for services under
289 subsection (1), regardless of the person's ability to pay for
290 such services. A person who is experiencing a mental health

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291 crisis and who does not meet the criteria for involuntary
292 examination under s. 394.463(1), or a person who is experiencing
293 a substance abuse crisis and who does not meet the involuntary
294 admission criteria in s. 397.675, must contribute to the cost of
295 his or her care and treatment pursuant to the sliding fee scale
296 developed under subsection (4), unless charging a fee is
297 contraindicated because of the crisis situation.

298 (3) Mental health services, substance abuse services, and
299 crisis services, as defined in s. 394.67, must, within the
300 limitations of available state and local matching resources, be
301 available to each person who is eligible for services under
302 subsection (1). Such person must contribute to the cost of his
303 or her care and treatment pursuant to the sliding fee scale
304 developed under subsection (4).

305 (4) The department shall adopt rules to implement client
306 ~~the clinical~~ eligibility, client enrollment, and fee collection
307 requirements for publicly funded substance abuse and mental
308 health services.

309 (a) The rules must require ~~that~~ each provider under
310 contract with the department which enrolls eligible persons into
311 treatment to develop a sliding fee scale for persons who have a
312 net family income at or above 150 percent of the Federal Poverty
313 Income Guidelines, unless otherwise required by state or federal
314 law. The sliding fee scale must use the uniform schedule of
315 discounts by which a provider under contract with the department
316 discounts its established client charges for services supported
317 with state, federal, or local funds, using, at a minimum,
318 factors such as family income, financial assets, and family size
319 as declared by the person or the person's guardian. The rules

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320 must include uniform criteria to be used by all service
321 providers in developing the schedule of discounts for the
322 sliding fee scale.

323 (b) The rules must address the most expensive types of
324 treatment, such as residential and inpatient treatment, in order
325 to make it possible for a client to responsibly contribute to
326 his or her mental health or substance abuse care without
327 jeopardizing the family's financial stability. A person who is
328 not eligible for Medicaid and whose net family income is less
329 than 150 percent of the Federal Poverty Income Guidelines must
330 pay a portion of his or her treatment costs which is comparable
331 to the copayment amount required by the Medicaid program for
332 Medicaid clients pursuant to s. 409.9081.

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

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

342 Section 4. Subsection (6) of section 394.9085, Florida
343 Statutes, is amended to read:

344 394.9085 Behavioral provider liability.—

345 (6) For purposes of this section, the terms "detoxification
346 program," "addictions receiving facility," and "receiving
347 facility" have the same meanings as those provided in ss.
348 397.311(17) ~~397.311(18)(b)~~, ~~397.311(18)(a)~~, and 394.455(26),

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349 respectively.

350 Section 5. Section 397.301, Florida Statutes, is amended to
351 read:

352 397.301 Short title.—This act may be cited as the “Hal S.
353 Marchman Alcohol and Other Drug Services Act ~~of 1993.~~”

354 Section 6. Section 397.305, Florida Statutes, is amended to
355 read:

356 397.305 Legislative findings, intent, and purpose.—

357 (1) Substance abuse is a major health problem that affects
358 multiple service systems and leads to such profoundly disturbing
359 consequences as serious impairment, chronic addiction, criminal
360 behavior, vehicular casualties, spiraling health care costs,
361 AIDS, and business losses, and significantly ~~profoundly~~ affects
362 the culture, socialization, and learning ability of children
363 within our schools and educational systems. Substance abuse
364 impairment is a disease which affects the whole family and the
365 whole society and requires a system of care that includes
366 ~~specialized~~ prevention, intervention, clinical ~~and~~ treatment,
367 and recovery support services that support and strengthen the
368 family unit. Further, it is the intent of the Legislature to
369 require the collaboration of state agencies, services, and
370 program offices to achieve the goals of this chapter and address
371 the needs of the public; to establish a comprehensive system of
372 care for substance abuse; and to reduce duplicative requirements
373 across state agencies. This chapter is designed to provide for
374 substance abuse services.

375 (2) It is the goal of the Legislature to discourage
376 substance abuse by promoting healthy lifestyles, healthy
377 families, and drug-free schools, workplaces, and communities.

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378 (3)~~(2)~~ It is the purpose of this chapter to provide for a
379 comprehensive continuum of accessible and quality substance
380 abuse prevention, intervention, clinical and treatment, and
381 recovery support services in the least restrictive environment
382 which promotes long-term recovery while protecting and
383 respecting ~~of optimum care that protects and respects~~ the rights
384 of individuals ~~elients, especially for involuntary admissions,~~
385 primarily through community-based private not-for-profit
386 providers working with local governmental programs involving a
387 wide range of agencies from both the public and private sectors.
388 Further, it is the purpose of the Legislature to provide funds
389 for the establishment of a clear framework for the comprehensive
390 provision of substance abuse services in the context of a
391 coordinated system of care and to provide for program evaluation
392 efforts, adequate administrative support services, and quality
393 improvement strategies that establish requirements for the
394 provision of direct services.

395 (4)~~(3)~~ It is the intent of the Legislature to ensure within
396 available resources a full system of care for ~~continuum of~~
397 substance abuse services based on ~~projected~~ identified needs,
398 delivered without discrimination and with adequate provision for
399 specialized needs.

400 (5) It is the intent of the Legislature to establish co-
401 occurring services for individuals who exhibit one or more
402 substance-abuse-related disorders, as well as one or more mental
403 disorders.

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

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

411 ~~(6) It is the intent of the Legislature to require the~~
412 ~~cooperation of departmental programs, services, and program~~
413 ~~offices in achieving the goals of this chapter and addressing~~
414 ~~the needs of clients.~~

415 (6)~~(7)~~ It is the intent of the Legislature to provide, ~~for~~
416 ~~substance abuse impaired adult and juvenile offenders, an~~
417 ~~alternative to criminal imprisonment~~ for substance abuse
418 impaired adults and juvenile offenders by encouraging the
419 referral of such offenders to service providers not generally
420 available within the juvenile justice and correctional systems,
421 ~~system~~ instead of or in addition to criminal penalties.

422 (7)~~(8)~~ It is the intent of the Legislature to provide,
423 within the limits of appropriations and safe management of the
424 juvenile justice and correctional systems ~~system~~, substance
425 abuse services to substance abuse impaired offenders who are
426 placed by the Department of Juvenile Justice or who are
427 incarcerated within the Department of Corrections, in order to
428 better enable these offenders or inmates to adjust to the
429 conditions of society presented to them when their terms of
430 placement or incarceration end.

431 (8)~~(9)~~ It is the intent of the Legislature to provide for
432 assisting substance abuse impaired persons primarily through
433 health and other rehabilitative services in order to relieve the
434 police, courts, correctional institutions, and other criminal
435 justice agencies of a burden that interferes with their ability

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436 to protect people, apprehend offenders, and maintain safe and
437 orderly communities.

438 ~~(10) It is the purpose of the Legislature to establish a~~
439 ~~clear framework for the comprehensive provision of substance~~
440 ~~abuse services in the context of a coordinated and orderly~~
441 ~~system.~~

442 ~~(11) It is the intent of the Legislature that the freedom~~
443 ~~of religion of all citizens shall be inviolate. Nothing in this~~
444 ~~act shall give any governmental entity jurisdiction to regulate~~
445 ~~religious, spiritual, or ecclesiastical services.~~

446 Section 7. Section 397.311, Florida Statutes, is amended to
447 read:

448 397.311 Definitions.—As used in this chapter, except part
449 VIII, the term:

450 (1) "Ancillary services" are services that ~~which~~ include,
451 but are not limited to, special diagnostic, prenatal and
452 postnatal, other medical, mental health, legal, economic,
453 vocational, employment, and educational services.

454 ~~(2) "Assessment" means the systematic evaluation of~~
455 ~~information gathered to determine the nature and severity of the~~
456 ~~client's substance abuse problem and the client's need and~~
457 ~~motivation for services. Assessment entails the use of a~~
458 ~~psychosocial history supplemented, as required by rule, by~~
459 ~~medical examinations, laboratory testing, and psychometric~~
460 ~~measures.~~

461 (2)~~(3)~~ "Authorized agent of the department" means a person
462 designated by the department to conduct any audit, inspection,
463 monitoring, evaluation, or other duty imposed upon the
464 department pursuant to this chapter. An authorized agent must be

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465 qualified by expertise and experience to perform these
466 functions. identified by the department as:

467 ~~(a) Qualified by the requisite expertise and experience;~~
468 ~~(b) Having a need to know the applicable information; and~~
469 ~~(c) Having the assigned responsibility to carry out the~~
470 ~~applicable duty.~~

471 (3)~~(4)~~ "Beyond the safe management capabilities of the
472 service provider" refers to an individual ~~a client~~ who is in
473 need of:

474 (a) Supervision;
475 (b) Medical care; or
476 (c) Services,

477
478 beyond that which the service provider or service component can
479 deliver.

480 (4) "Clinical assessment" means the collection of detailed
481 information concerning an individual's substance use, emotional
482 and physical health, social roles, and other areas that may
483 reflect the severity of the individual's abuse of alcohol or
484 drugs. The collection of information serves as a basis for
485 identifying an appropriate treatment regimen.

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

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

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494 (5)~~(7)~~ "Court" means, ~~with respect to all involuntary~~
495 ~~proceedings under this chapter, the circuit court of the county~~
496 ~~in which the judicial proceeding is pending or where the~~
497 ~~substance abuse impaired person resides or is located, and~~
498 ~~includes any general or special magistrate that may be appointed~~
499 ~~by the chief judge to preside over all or part of such~~
500 ~~proceeding. Otherwise, "court" refers to the court of legal~~
501 ~~jurisdiction in the context in which the term is used in this~~
502 ~~chapter.~~

503 (6)~~(8)~~ "Department" means the Department of Children and
504 Family Services.

505 (7)~~(9)~~ "Director" means the chief administrative or
506 executive officer of a service provider.

507 (8)~~(10)~~ "Disclose" or "disclosure" means a communication of
508 ~~client~~ identifying information, the affirmative verification of
509 another person's communication of ~~client~~ identifying
510 information, or the communication of any information regarding
511 an individual ~~of a client~~ who has received services ~~been~~
512 ~~identified~~. Any disclosure made pursuant to this chapter must be
513 limited to that information which is necessary to carry out the
514 purpose of the disclosure.

515 (9)~~(11)~~ "Fee system" means a method of establishing charges
516 for services rendered, in accordance with an individual's a
517 ~~client's~~ ability to pay, used by providers that receive state
518 funds.

519 (10)~~(12)~~ "For profit" means registered as for profit by the
520 Secretary of State and recognized by the Internal Revenue
521 Service as a for-profit entity.

522 (11)~~(13)~~ "Habitual abuser" means a person who is brought to

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523 the attention of law enforcement for being substance impaired,
524 who meets the criteria for involuntary admission in s. 397.675,
525 and who has been taken into custody for such impairment three or
526 more times during the preceding 12 months.

527 (12)~~(14)~~ "Hospital" means a hospital or hospital-based
528 component licensed under chapter 395.

529 (13) "Identifying information" means the name, address,
530 social security number, fingerprints, photograph, and similar
531 information by which the identity of an individual can be
532 determined with reasonable accuracy directly or by reference to
533 other publicly available information.

534 (14)~~(15)~~ "Impaired" or "substance abuse impaired" means a
535 condition involving the use of alcoholic beverages or any
536 psychoactive or mood-altering substance in such a manner as to
537 induce mental, emotional, or physical problems and cause
538 socially dysfunctional behavior.

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

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

546 (16)~~(17)~~ "Law enforcement officer" means a law enforcement
547 officer as defined in s. 943.10(1).

548 (17)~~(18)~~ "Licensed service provider" means a public agency
549 under this chapter, a private for-profit or not-for-profit
550 agency under this chapter, a physician or any other private
551 practitioner licensed under this chapter, or a hospital that

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552 offers substance abuse ~~impairment~~ services through one or more
553 ~~of the following~~ licensable service components. Licensable
554 service components include a comprehensive continuum of
555 accessible and quality substance abuse prevention, intervention,
556 and clinical treatment services, including the following
557 services:

558 (a) "Clinical treatment" means a professionally directed,
559 deliberate, and planned regimen of services and interventions
560 that are designed to reduce or eliminate the misuse of drugs and
561 alcohol and promote a healthy, drug-free lifestyle. As defined
562 in rule, clinical treatment services must include, but are not
563 limited to:

- 564 1. Addictions receiving facilities;
- 565 2. Detoxification;
- 566 3. Intensive inpatient treatment;
- 567 4. Residential treatment;
- 568 5. Day or night treatment;
- 569 6. Day or night treatment with community housing;
- 570 7. Outpatient treatment;
- 571 8. Intensive outpatient treatment; and
- 572 9. Medication-assisted treatment.

573 (b) "Intervention" means structured services directed
574 toward individuals or groups at risk of substance abuse and
575 focused on reducing or impeding those factors associated with
576 the onset or the early stages of substance abuse and related
577 problems.

578 (c) "Prevention" means a process involving strategies aimed
579 at the individual, family, community, or substance, which
580 includes strategies and systems that preclude, forestall, or

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581 impede the development of substance abuse problems and promote
582 responsible lifestyles.

583 ~~(a) Addictions receiving facility, which is a community-~~
584 ~~based facility designated by the department to receive, screen,~~
585 ~~and assess clients found to be substance abuse impaired, in need~~
586 ~~of emergency treatment for substance abuse impairment, or~~
587 ~~impaired by substance abuse to such an extent as to meet the~~
588 ~~criteria for involuntary admission in s. 397.675, and to provide~~
589 ~~detoxification and stabilization. An addictions receiving~~
590 ~~facility must be state-owned, state-operated, or state-~~
591 ~~contracted, and licensed pursuant to rules adopted by the~~
592 ~~department's Substance Abuse Program Office which include~~
593 ~~specific authorization for the provision of levels of care and a~~
594 ~~requirement of separate accommodations for adults and minors.~~
595 ~~Addictions receiving facilities are designated as secure~~
596 ~~facilities to provide an intensive level of care and must have~~
597 ~~sufficient staff and the authority to provide environmental~~
598 ~~security to handle aggressive and difficult-to-manage behavior~~
599 ~~and deter elopement.~~

600 ~~(b) Detoxification, which uses medical and psychological~~
601 ~~procedures and a supportive counseling regimen to assist clients~~
602 ~~in managing toxicity and withdrawing and stabilizing from the~~
603 ~~physiological and psychological effects of substance abuse~~
604 ~~impairment.~~

605 ~~(c) Intensive inpatient treatment, which includes a planned~~
606 ~~regimen of professionally directed evaluation, observation,~~
607 ~~medical monitoring, and clinical protocols provided 24 hours per~~
608 ~~day, 7 days per week, in a highly structured, live-in~~
609 ~~environment.~~

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

613 ~~1. Facilities that provide room and board and treatment and~~
614 ~~rehabilitation within the primary residential facility; and~~

615 ~~2. Facilities that are used for room and board only and in~~
616 ~~which treatment and rehabilitation activities are provided on a~~
617 ~~mandatory basis at locations other than the primary residential~~
618 ~~facility. In this case, facilities used for room and board and~~
619 ~~for treatment and rehabilitation are operated under the auspices~~
620 ~~of the same provider, and licensing and regulatory requirements~~
621 ~~would apply to both the residential facility and all other~~
622 ~~facilities in which treatment and rehabilitation activities~~
623 ~~occur.~~

624 ~~(e) Day and night treatment, which provides a~~
625 ~~nonresidential environment with a structured schedule of~~
626 ~~treatment and rehabilitation services.~~

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

630 ~~(g) Medication and methadone maintenance treatment that~~
631 ~~uses methadone or other medication as authorized by state and~~
632 ~~federal law, in conjunction with medical, rehabilitative, and~~
633 ~~counseling services in the treatment of clients who are~~
634 ~~dependent upon opioid drugs.~~

635 ~~(h) Prevention, which is a process involving strategies~~
636 ~~aimed at the individual, the environment, or the substance,~~
637 ~~which strategies preclude, forestall, or impede the development~~
638 ~~of substance abuse problems and promote responsible personal and~~

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639 ~~social growth of individuals and families toward full human~~
640 ~~potential.~~

641 ~~(i) Intervention, which consists of structured services~~
642 ~~targeted toward individuals or groups at risk and focused on~~
643 ~~reducing those factors associated with the onset or the early~~
644 ~~stages of substance abuse, and related problems.~~

645 ~~(19) "Medical monitoring" means oversight and treatment, 24~~
646 ~~hours per day by medical personnel who are licensed under~~
647 ~~chapter 458, chapter 459, or chapter 464, of clients whose~~
648 ~~subacute biomedical, emotional, psychosocial, behavioral, or~~
649 ~~cognitive problems are so severe that the clients require~~
650 ~~intensive inpatient treatment by an interdisciplinary team.~~

651 ~~(18)~~(20) "Not for profit" means registered as not for
652 profit by the Secretary of State and recognized by the Internal
653 Revenue Service as a not-for-profit entity.

654 ~~(19)~~(21) "Physician" means a person licensed under chapter
655 458 to practice medicine or licensed under chapter 459 to
656 practice osteopathic medicine, and may include, if the context
657 so indicates, an intern or resident enrolled in an intern or
658 resident training program affiliated with an approved medical
659 school, hospital, or other facility through which training
660 programs are normally conducted.

661 ~~(22) "Preliminary screening" means the gathering of initial~~
662 ~~information to be used in determining a person's need for~~
663 ~~assessment or for referral.~~

664 ~~(20)~~(23) "Private practitioner" means a physician licensed
665 under chapter 458 or chapter 459, a psychologist licensed under
666 chapter 490, or a clinical social worker, marriage and family
667 therapist, or mental health counselor licensed under chapter

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668 491.

669 (21)-(24) "Program evaluation" or "evaluation" means a
670 systematic measurement of a service provider's achievement of
671 desired individual ~~client~~ or service outcomes.

672 (22)-(25) "Qualified professional" means a physician
673 licensed under chapter 458 or chapter 459; a professional
674 licensed under chapter 490 or chapter 491; an advanced
675 registered nurse practitioner licensed under part I of chapter
676 464; or a person who is certified through a department-
677 recognized certification process for substance abuse treatment
678 services and who holds, at a minimum, a bachelor's degree. A
679 person who is certified in substance abuse treatment services by
680 a state-recognized certification process in another state at the
681 time of employment with a licensed substance abuse provider in
682 this state may perform the functions of a qualified professional
683 as defined in this chapter but must meet certification
684 requirements contained in this subsection no later than 1 year
685 after his or her date of employment.

686 (23) "Quality improvement" means a systematic and organized
687 approach to monitor and continuously improve the quality of
688 services in order to maintain, restore, or improve outcomes in
689 individuals and populations throughout a system of care.

690 (24) "Recovery" means a process of personal change through
691 which individuals achieve abstinence from alcohol or drug use
692 and improve health, wellness, and quality of life.

693 (25) "Recovery support" means services designed to
694 strengthen or assist individuals to regain skills, develop the
695 environmental supports necessary to help the individual thrive
696 in the community, and meet life goals that promote recovery from

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697 alcohol and drug use. These services include, but are not
698 limited to, economic, vocational, employment, educational,
699 housing, and other ancillary services.

700 (26) "Screening" means the gathering of initial information
701 to be used in determining a person's need for assessment,
702 services, or referral.

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

706 (27) "Secure facility," except where the context indicates
707 a correctional system facility, means a provider that has the
708 authority to deter the premature departure of involuntary
709 individuals ~~clients~~ whose leaving constitutes a violation of a
710 court order or community-based supervision as provided by law.
711 The term "secure facility" includes addictions receiving
712 facilities and facilities authorized by local ordinance for the
713 treatment of habitual abusers.

714 (28) "Service component" or "component" means a discrete
715 operational entity within a service provider that is subject to
716 licensing as defined by rule. Service components include
717 prevention, intervention, and clinical treatment described in
718 subsection (17).

719 ~~(29)~~ ~~(28)~~ "Service provider" or "provider" means a public
720 agency, a private for-profit or not-for-profit agency, a person
721 who is a private practitioner, or a hospital licensed under this
722 chapter or exempt from licensure under this chapter.

723 (30) ~~(29)~~ "Service provider personnel" or "personnel"
724 includes all owners, directors, chief financial officers, staff,
725 and volunteers, including foster parents, of a service provider.

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726 (31)~~(30)~~ "Stabilization" means:

727 (a) Alleviation of a crisis condition; or

728 (b) Prevention of further deterioration,

729

730 and connotes short-term emergency treatment.

731 (32) "Substate entity" means a departmental office
 732 designated to serve a geographical area specified by the
 733 department.

734 (33) "System of care" means a coordinated continuum of
 735 community-based services and supports that are organized to meet
 736 the challenges and needs of individuals who are at risk of
 737 developing substance abuse problems or individuals who have
 738 substance abuse problems.

739 (34) "Treatment plan" means an immediate and a long-range
 740 plan based upon an individual's assessed needs and used to
 741 address and monitor an individual's recovery from substance
 742 abuse.

743 Section 8. Subsections (2), (7), (14), (17), (18), (19),
 744 and (20) of section 397.321, Florida Statutes, are amended to
 745 read:

746 397.321 Duties of the department.—The department shall:

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

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

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

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

754 (c) ~~Client~~ Referral.

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

756 (e) ~~Client~~ Followup.

757 (14) In cooperation with service providers, foster and
758 actively seek additional funding to enhance resources for
759 prevention, intervention, clinical and treatment, and recovery
760 support services, including, but not limited to, the development
761 of partnerships with:

762 (a) Private industry.

763 (b) Intradepartmental and interdepartmental program
764 offices, including, but not limited to, child care services;
765 family safety; delinquency services; health services; economic
766 services; and children's medical services.

767 (c) State agencies, including, but not limited to, the
768 Department ~~Departments~~ of Corrections, the Department of
769 Education, the Department of Juvenile Justice, the Department of
770 Community Affairs, the Department of Elderly Affairs, the
771 Department of Health, the Department of Financial Services, and
772 the Agency for Health Care Administration ~~Insurance~~.

773 (17) Recognize a statewide certification process for
774 substance abuse prevention coalitions that are funded by the
775 department.

776 (18) ~~(17)~~ Provide sufficient and qualified staff to oversee
777 all contracting, licensing, and planning functions within each
778 of its substate ~~district~~ offices, as permitted by legislative
779 appropriation.

780 (19) ~~(18)~~ Ensure that the department develops and ensures
781 the implementation of procedures between its Substance Abuse
782 Program Office and other departmental programs regarding the
783 referral of substance abuse impaired persons to service

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784 providers, information on service providers, information on
785 methods of identifying substance abuse impaired juveniles, and
786 procedures for referring such juveniles to appropriate service
787 providers.

788 (20)~~(19)~~ Designate addictions receiving facilities for the
789 purpose of ensuring that only qualified service providers render
790 services within the context of a secure facility setting.

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

801 Section 9. Paragraph (b) of subsection (1) of section
802 397.331, Florida Statutes, is amended to read:

803 397.331 Definitions; legislative intent.—

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

805 (b) "Substance abuse programs and services" or "drug
806 control" applies generally to the broad continuum of prevention,
807 intervention, clinical and treatment, recovery support
808 initiatives, ~~and~~ efforts to limit substance abuse, ~~and also~~
809 ~~includes~~ initiatives and efforts by law enforcement agencies to
810 limit substance abuse.

811 Section 10. Subsections (1), (3), and (4) of section
812 397.401, Florida Statutes, are amended to read:

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813 397.401 License required; penalty; injunction; rules
814 waivers.-

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

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

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

839 (a) Objectives and anticipated benefits.

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

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842 (c) A description of how the demonstration will be
843 evaluated.

844 (d) Any other information requested by the department.
845

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

853 Section 11. Paragraph (e) of subsection (1) and subsection
854 (3) of section 397.403, Florida Statutes, are amended to read:
855 397.403 License application.—

856 (1) Applicants for a license under this chapter must apply
857 to the department on forms provided by the department and in
858 accordance with rules adopted by the department. Applications
859 must include at a minimum:

860 (e) Sufficient information to conduct background screening
861 as provided in s. 397.451.

862 1. If the results of the background screening indicate that
863 any owner, director, or chief financial officer has been found
864 guilty of, regardless of adjudication, or has entered a plea of
865 nolo contendere or guilty to any offense prohibited under the
866 screening standard, a regular license may not be issued to the
867 applicant service provider unless an exemption from
868 disqualification has been granted by the department as set forth
869 in chapter 435. The owner, director, or chief financial officer
870 ~~manager~~ has 90 days within which to obtain the required

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871 exemption, during which time the applicant's license remains in
872 effect.

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

882 (3) The department shall accept proof of accreditation by
883 the Commission on Accreditation of Rehabilitation Facilities
884 (CARF) ~~CARF~~ ~~the Rehabilitation Accreditation Commission~~ or the
885 ~~Joint Commission on Accreditation of Health Care Organizations~~
886 ~~(JCAHCO)~~, or through any other nationally recognized
887 certification process that is acceptable to the department and
888 meets the minimum licensure requirements under this chapter, in
889 lieu of requiring the applicant to submit the information
890 required by paragraphs (1) (a)-(c).

891 Section 12. Section 397.405, Florida Statutes, is amended
892 to read:

893 397.405 Exemptions from licensure.—The following are exempt
894 from the licensing provisions of this chapter:

895 (1) A hospital or hospital-based component licensed under
896 chapter 395.

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

898 (3) A substance abuse education program established
899 pursuant to s. 1003.42.

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900 (4) A facility or institution operated by the Federal
901 Government.

902 (5) A physician licensed under chapter 458 or chapter 459.

903 (6) A psychologist licensed under chapter 490.

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

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

917 (9) Facilities licensed under chapter 393 which, in
918 addition to providing services to persons with developmental
919 disabilities, also provide services to persons developmentally
920 at risk as a consequence of exposure to alcohol or other legal
921 or illegal drugs while in utero.

922 (10) DUI education and screening services provided pursuant
923 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
924 or entities providing treatment services must be licensed under
925 this chapter unless exempted from licensing as provided in this
926 section.

927 (11) A facility licensed under s. 394.875 as a crisis
928 stabilization unit. The department may adopt rules regarding

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929 standards to ensure that persons who have co-occurring mental
 930 and substance use disorders receive appropriate treatment.

931
 932 The exemptions from licensure in this section do not apply to
 933 any service provider that receives an appropriation, grant, or
 934 contract from the state to operate as a service provider as
 935 defined in this chapter or to any substance abuse program
 936 regulated pursuant to s. 397.406. Furthermore, this chapter may
 937 not be construed to limit the practice of a physician licensed
 938 under chapter 458 or chapter 459, a psychologist licensed under
 939 chapter 490, ~~or~~ a psychotherapist licensed under chapter 491, or
 940 an advanced registered nurse practitioner licensed under part I
 941 of chapter 464, who provides substance abuse treatment, so long
 942 as the physician, psychologist, ~~or~~ psychotherapist, or advanced
 943 registered nurse practitioner does not represent to the public
 944 that he or she is a licensed service provider and does not
 945 provide services to individuals ~~clients~~ pursuant to part V of
 946 this chapter. Failure to comply with any requirement necessary
 947 to maintain an exempt status under this section is a misdemeanor
 948 of the first degree, punishable as provided in s. 775.082 or s.
 949 775.083.

950 Section 13. Section 397.406, Florida Statutes, is amended
 951 to read:

952 397.406 Licensure and regulation of government-operated
 953 substance abuse programs.—Substance abuse programs operated
 954 directly or under contract by the department, the Department of
 955 Corrections, the Department of Juvenile Justice, any other state
 956 agency, or any local correctional agency or authority, which
 957 programs constitute any service provider licensable components

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958 as defined in this chapter, are subject to licensure and
959 regulation in accordance with rules jointly developed by the
960 department and the state or local agency operating the program.
961 The department has authority to promulgate rules exempting such
962 government-operated programs from specific licensure provisions
963 of this part, including, but not limited to, licensure fees and
964 personnel background checks, and to enforce the regulatory
965 requirements governing such programs.

966 Section 14. Section 397.407, Florida Statutes, is amended
967 to read:

968 397.407 Licensure process; fees.-

969 (1) The department shall establish by rule the licensure
970 process to include fees and categories of licenses ~~fees by rule.~~
971 The rule must prescribe a fee range that is based, at least in
972 part, on the number and complexity of programs listed in s.
973 397.311(17) ~~s. 397.311(18)~~ which are operated by a licensee. ~~The~~
974 ~~fee range must be implemented over a 5-year period. The fee~~
975 ~~schedule for licensure of service components must be increased~~
976 ~~annually in substantially equal increments so that, by July 1,~~
977 ~~1998, the fees from the licensure of service components are~~
978 ~~sufficient to cover at least 50 percent of the costs of~~
979 ~~regulating the service components.~~ The department shall specify
980 by rule a fee range for public and privately funded ~~and phase-in~~
981 ~~plan for privately funded~~ licensed service providers and a fee
982 ~~range and phase-in plan for publicly funded licensed service~~
983 ~~providers.~~ Fees for privately funded licensed service providers
984 must exceed the fees for publicly funded licensed service
985 providers. ~~The first year phase-in licensure fees must be at~~
986 ~~least \$150 per initial license.~~ The rule must provide for a

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987 reduction in licensure fees for licensed service providers who
988 hold more than one license.

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

992 (3) Licensure and renewal fees must be deposited in the
993 Operations and Maintenance Trust Fund to be used for the actual
994 cost of monitoring, inspecting, and overseeing licensed service
995 providers.

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

1000 (5) The department may issue probationary, regular, and
1001 interim licenses. The department shall issue one license for
1002 each service component that is operated by a service provider
1003 and defined in rule pursuant to s. 397.311(17). The license is
1004 valid only for the specific service components listed for each
1005 specific location identified on the license. The licensed
1006 service provider shall apply for a new license at least 60 days
1007 before the addition of any service components or 30 days before
1008 the relocation of any of its service sites. Provision of service
1009 components or delivery of services at a location not identified
1010 on the license may be considered an unlicensed operation that
1011 authorizes the department to seek an injunction against
1012 operation as provided in s. 397.401, in addition to other
1013 sanctions authorized by s. 397.415. Probationary and regular
1014 licenses may be issued only after all required information has
1015 been submitted. A license may not be transferred. As used in

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1016 this subsection, the term "transfer" includes, but is not
1017 limited to, the transfer of a majority of the ownership interest
1018 in the licensed entity or transfer of responsibilities under the
1019 license to another entity by contractual arrangement.

1020 (6) A probationary license may be issued to a service
1021 provider applicant in the initial stages of developing services
1022 that are not yet fully operational upon completion of all
1023 application requirements itemized in s. 397.403(1) and upon
1024 demonstration of the applicant's ability to comply with all
1025 applicable statutory and regulatory requirements. A probationary
1026 license expires 90 days after issuance and may be reissued once
1027 for an additional 90-day period if the applicant has
1028 substantially complied with all requirements for regular
1029 licensure or has initiated action to satisfy all requirements.
1030 During the probationary period the department shall monitor the
1031 delivery of services. Notwithstanding s. 120.60(5), the
1032 department may order a probationary licensee to cease and desist
1033 operations at any time it is found to be substantially out of
1034 compliance with licensure standards. This cease-and-desist order
1035 is exempt from the requirements of s. 120.60(6).

1036 (7) A regular license may be issued to:

1037 (a) A new applicant at the end of the probationary period.

1038 (b) A licensed applicant that holds a regular license and
1039 is seeking renewal.

1040 (c) An applicant for a service component operating under an
1041 interim license upon successful satisfaction of the requirements
1042 for a regular license.

1043
1044 In order to be issued a regular license, the applicant must be

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1045 in compliance with statutory and regulatory requirements.
1046 Standards and timeframes for the issuance of a regular license
1047 must be established by rule. An application for renewal of a
1048 regular license must be submitted to the department at least 60
1049 days before the license expires.

1050 (8) The department may issue an interim license to a
1051 service provider for a period established by the department
1052 which does not exceed 90 days if the department finds that:

1053 (a) A service component of the provider is in substantial
1054 noncompliance with licensure standards;

1055 (b) The service provider has failed to provide satisfactory
1056 proof of conformance to fire, safety, or health requirements; or

1057 (c) The service provider is involved in license suspension
1058 or revocation proceedings.

1059
1060 An interim license applies only to the licensable service
1061 component of the provider's services which is in substantial
1062 noncompliance with statutory or regulatory requirements. An
1063 interim license expires 90 days after it is issued; however, it
1064 may be reissued once for an additional 90-day period in a case
1065 of extreme hardship in which the noncompliance is not
1066 attributable to the licensed service provider. If the service
1067 provider is appealing the final disposition of license
1068 suspension or revocation proceedings, the court before which the
1069 appeal is taken may order the extension of the interim license
1070 for a period specified in the order.

1071 (9) A separate license is required for each service
1072 component maintained by the service provider.

1073 (10) The license must be displayed in a conspicuous place

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1074 inside the facility providing the licensed service component.

1075 Section 15. Section 397.409, Florida Statutes, is repealed.

1076 Section 16. Subsection (3) of section 397.411, Florida
1077 Statutes, is amended, present subsection (5) of that section is
1078 redesignated as subsection (6), and a new subsection (5) is
1079 added to that section, to read:

1080 397.411 Inspection; right of entry; records.—

1081 (3) Notwithstanding the confidentiality provisions of this
1082 chapter, a designated and authorized agent of the department may
1083 access the records of the individuals served by ~~clients of~~
1084 licensed service providers, but only for purposes of licensing,
1085 monitoring, and investigation. The department may interview
1086 individuals ~~clients~~, as specified by rule.

1087 (5) In an effort to coordinate inspections among agencies,
1088 the department shall notify applicable state agencies of any
1089 scheduled licensure inspections of service providers jointly
1090 served by the agencies.

1091 Section 17. Subsections (1), (2), and (4) of section
1092 397.415, Florida Statutes, are amended to read:

1093 397.415 Denial, suspension, and revocation; other
1094 remedies.—

1095 (1) If the department determines that an applicant or
1096 licensed service provider or licensed service component thereof
1097 is not in compliance with all statutory and regulatory
1098 requirements, the department may deny, suspend, revoke, or
1099 impose reasonable restrictions or penalties on the license or
1100 any portion of the license. In such case, the department:

1101 (a) May impose a moratorium on admissions to any service
1102 component of a licensed service provider if the department

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1103 determines that conditions ~~within such component~~ are a threat to
1104 the public health or safety.

1105 (b) May impose an administrative penalty of up to \$500 per
1106 day against a licensed service provider operating in violation
1107 of any fire-related, safety-related, or health-related statutory
1108 or regulatory requirement. Fines collected under this paragraph
1109 must be deposited in the Operations and Maintenance Substance
1110 ~~Abuse Impairment Provider Licensing~~ Trust Fund.

1111 (c) May suspend or revoke the license of a service provider
1112 or may suspend or revoke the license as to the operation of any
1113 service component or location identified on the license if,
1114 after notice, the department ~~it~~ determines that a service
1115 provider has failed to correct the substantial or chronic
1116 violation of any statutory or regulatory requirement that such
1117 ~~as~~ impacts the quality of ~~client~~ care.

1118 (2) If a provider's license is revoked ~~of a facility or any~~
1119 ~~service component of a facility is revoked~~, the service provider
1120 is barred from submitting any application for licensure of the
1121 affected facility or service component to the department for a
1122 period of 1 year after the revocation. If the provider's license
1123 is revoked as to any service component or location identified on
1124 the license, the provider is barred from applying for licensure
1125 of the affected service component or location for 1 year after
1126 the revocation.

1127 (4) The department may maintain an action in court to
1128 enjoin the operation of any licensed or unlicensed provider,
1129 service component, or location ~~facility~~ in violation of this
1130 chapter or the rules adopted under this chapter.

1131 Section 18. Section 397.416, Florida Statutes, is amended

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1132 to read:

1133 397.416 Substance abuse treatment services; qualified
1134 professional.—Notwithstanding any other provision of law, a
1135 person who was certified through a certification process
1136 recognized by the former Department of Health and Rehabilitative
1137 Services before January 1, 1995, may perform the duties of a
1138 qualified professional with respect to substance abuse treatment
1139 services as defined in this chapter, and need not meet the
1140 certification requirements contained in s. 397.311(22) ~~s.~~
1141 ~~397.311(25)~~.

1142 Section 19. Section 397.419, Florida Statutes, is amended
1143 to read:

1144 397.419 Quality improvement ~~assurance~~ programs.—

1145 (1) Each service provider must maintain a ~~an ongoing~~
1146 quality improvement ~~assurance~~ program to objectively and
1147 systematically monitor and evaluate the appropriateness and
1148 quality of ~~client~~ care, to ensure that services are rendered
1149 consistent with prevailing professional standards, and to
1150 identify and resolve problems.

1151 (2) For each service provider, a written plan must be
1152 developed with a copy made available upon request ~~submitted~~ to
1153 the department which addresses the minimum guidelines for the
1154 provider's quality improvement ~~assurance~~ program, including, but
1155 not limited to:

- 1156 (a) Individual ~~Client~~ care and services standards.
1157 (b) Individual ~~Client~~ records maintenance procedures.
1158 (c) Staff development policies and procedures.
1159 (d) Service-environment ~~Facility~~ safety and maintenance
1160 standards.

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1161 (e) Peer review and utilization management review
1162 procedures.

1163 (f) Incident reporting policies and procedures that
1164 include, including verification of corrective action, and
1165 provision for reporting to the department within a time period
1166 prescribed by rule, documentation that incident reporting is the
1167 affirmative duty of all staff, and a provision that specifies
1168 that a person who files an incident report may not be subjected
1169 to any civil action by virtue of that incident report.

1170 (3) The quality improvement ~~assurance~~ program is the
1171 responsibility of the director and is subject to review and
1172 approval by the governing board of the service provider.

1173 (4) Each director shall designate a person who is an
1174 employee of or under contract with the service provider as the
1175 provider's quality improvement ~~assurance~~ manager.

1176 ~~(5) Incident reporting is the affirmative duty of all~~
1177 ~~staff.~~

1178 ~~(6) A person who files an incident report may not be~~
1179 ~~subjected to any civil action by virtue of that incident report.~~

1180 (5)-(7) The department may access all service provider
1181 records necessary to determine compliance with this section.
1182 Records relating solely to actions taken in carrying out this
1183 section and records obtained by the department to determine a
1184 provider's compliance with this section are confidential and
1185 exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a), Art. I
1186 of the State Constitution. Such records are not admissible in
1187 any civil or administrative action except in disciplinary
1188 proceedings by the Department of Business and Professional
1189 Regulation or the appropriate regulatory board, and are not part

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1190 of the record of investigation and prosecution in disciplinary
 1191 proceedings made available to the public by the Department of
 1192 Business and Professional Regulation or the appropriate
 1193 regulatory board. Meetings or portions of meetings of quality
 1194 improvement ~~assurance~~ program committees that relate solely to
 1195 actions taken pursuant to this section are exempt from s.
 1196 286.011.

1197 ~~(6)-(8)~~ The quality improvement ~~assurance~~ program must also
 1198 ~~shall be implemented as part of the department's contract~~
 1199 ~~management process. The quality assurance program shall:~~

1200 ~~(a) Track performance measures and standards established by~~
 1201 ~~the Legislature as part of the performance-based program~~
 1202 ~~budgeting process;~~

1203 ~~(a)-(b)~~ Provide a framework for evaluating outcomes ~~which is~~
 1204 ~~separate from the performance-based program budgeting process,~~
 1205 including:

1206 1. Output measures, such as capacities, technologies, and
 1207 infrastructure, that make up the system of care.

1208 2. Process measures, such as administrative and clinical
 1209 components of treatment.

1210 3. Outcome measures pertaining to the outcomes of services;

1211 ~~(b)-(e)~~ Provide for a system of analyzing those factors
 1212 which have an effect on performance at the local level;

1213 ~~(c)-(d)~~ Provide for a system of reporting the results of
 1214 quality improvement ~~assurance~~ reviews; and

1215 ~~(d)-(e)~~ Incorporate best practice models for use in
 1216 improving performance in those areas which are deficient.

1217 ~~(9) The quality assurance program shall incorporate a peer~~
 1218 ~~review process into its protocol, to include:~~

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1219 ~~(a) Reviews of providers by departmental district staff and~~
1220 ~~other providers.~~

1221 ~~(b) Reviews of individual districts by other districts.~~

1222 ~~(7)~~(10) Contingent upon specific appropriation, a quality
1223 improvement assurance coordinator position shall be established
1224 within each substate entity service district to oversee the
1225 implementation and operation of the quality improvement
1226 ~~assurance~~ program.

1227 Section 20. Section 397.427, Florida Statutes, is amended
1228 to read:

1229 397.427 Medication-assisted ~~Medication~~ treatment service
1230 providers; rehabilitation program; needs assessment and
1231 provision of services; persons authorized to issue takeout
1232 medication ~~methadone~~; unlawful operation; penalty.—

1233 (1) ~~Medication treatment service~~ Providers of medication-
1234 assisted treatment services for opiate addiction may not be
1235 licensed unless they provide supportive rehabilitation programs.
1236 Supportive rehabilitation programs include, but are not limited
1237 to, counseling, therapy, and vocational rehabilitation.

1238 (2) The department shall determine the need for
1239 establishing ~~medication treatment service~~ providers of
1240 medication-assisted treatment services for opiate addiction.

1241 (a) ~~Medication treatment service~~ Providers of medication-
1242 assisted treatment services for opiate addiction may be
1243 established only in response to the department's determination
1244 and publication of need for additional medication treatment
1245 services.

1246 (b) The department shall prescribe by rule the types of
1247 medication-assisted ~~medication~~ treatment services for opiate

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1248 addiction for which it is necessary to conduct annual
1249 assessments of need. If needs assessment is required, the
1250 department shall annually conduct the assessment and publish a
1251 statement of findings which identifies each substate entity's
1252 ~~district's~~ need.

1253 (c) Notwithstanding paragraphs (a) and (b), the license for
1254 medication-assisted ~~medication~~ treatment programs for opiate
1255 addiction licensed before October 1, 1990, may not be revoked
1256 solely because of the department's determination concerning the
1257 need for medication-assisted ~~medication~~ treatment services for
1258 opiate addiction.

1259 (3) The department shall adopt rules necessary to
1260 administer this section, including, but not limited to, rules
1261 prescribing criteria and procedures for:

1262 (a) Determining the need for additional medication-assisted
1263 ~~medication~~ treatment services for opiate addiction.

1264 (b) Selecting ~~medication treatment service~~ providers for
1265 medication-assisted treatment services for opiate addiction when
1266 the number of responses to a publication of need exceeds the
1267 determined need.

1268 (c) Administering any federally required rules,
1269 regulations, or procedures.

1270 (4) A service provider operating in violation of this
1271 section is subject to proceedings in accordance with this
1272 chapter to enjoin that unlawful operation.

1273 (5) Notwithstanding ~~the provisions of~~ s. 465.019(2), a
1274 registered nurse, an advanced registered nurse practitioner, or
1275 a licensed practical nurse working for a licensed service
1276 provider is authorized to deliver takeout medication for opiate

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1277 treatment ~~methadone~~ to persons enrolled in a ~~methadone~~
1278 maintenance treatment program for medication-assisted treatment
1279 for opiate addiction if ~~provided that~~:

1280 (a) The medication-assisted ~~methadone maintenance~~ treatment
1281 program for opiate addiction has an appropriate valid permit
1282 issued pursuant to rules adopted ~~promulgated~~ by the Board of
1283 Pharmacy;

1284 (b) The medication for treatment of opiate addiction has
1285 been delivered pursuant to a valid prescription written by the
1286 program's physician licensed pursuant to chapter 458 or chapter
1287 459;

1288 (c) The medication for treatment of opiate addiction which
1289 is ordered appears on a formulary and is prepackaged and
1290 prelabeled with dosage instructions and distributed from a
1291 source authorized under chapter 499;

1292 (d) Each licensed provider adopts written protocols which
1293 provide for supervision of the registered nurse, advanced
1294 registered nurse practitioner, or licensed practical nurse by a
1295 physician licensed pursuant to chapter 458 or chapter 459 and
1296 for the procedures by which patients' medications may be
1297 delivered by the registered nurse, advanced registered nurse
1298 practitioner, or licensed practical nurse. Such protocols shall
1299 be signed by the supervising physician and either the
1300 administering registered nurse, the advanced registered nurse
1301 practitioner, or the licensed practical nurse.

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

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1306 accordance with the board.

1307 (6) The department shall also determine the need for
1308 establishing medication-assisted treatment for substance-use
1309 disorders other than opiate dependence. Service providers within
1310 the publicly funded system shall be funded for provision of
1311 these services based on the availability of funds.

1312 (7) Service providers that provide medication-assisted
1313 treatment for substance use disorders other than opiate
1314 dependence shall provide counseling services in conjunction with
1315 medication-assisted treatment.

1316 (8) The department shall adopt rules necessary to
1317 administer medication-assisted treatment services, including,
1318 but not limited to, rules prescribing criteria and procedures
1319 for:

1320 (a) Determining the need for medication-assisted treatment
1321 services within the publicly funded system.

1322 (b) Selecting medication-assisted service providers within
1323 the publicly funded system.

1324 (c) Administering any federally required rules,
1325 regulations, or procedures related to the provision of
1326 medication-assisted treatment.

1327 (9) A registered nurse, an advanced registered nurse
1328 practitioner, or a licensed practical nurse working for a
1329 licensed service provider may deliver medication as prescribed
1330 by rule if:

1331 (a) The service provider authorized to provide medication-
1332 assisted treatment has an appropriate valid permit issued
1333 pursuant to rules adopted by the Board of Pharmacy;

1334 (b) The medication has been delivered pursuant to a valid

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1335 prescription written by the program's physician who is licensed
1336 under chapter 458 or chapter 459; and

1337 (c) The medication ordered appears on a formulary or meets
1338 federal requirements for medication-assisted treatment.

1339 (10) Each licensed service provider that provides
1340 medication-assisted treatment must adopt written protocols as
1341 specified by the department and in accordance with federally
1342 required rules, regulations, or procedures. The protocol shall
1343 provide for the supervision of the registered nurse, advanced
1344 registered nurse practitioner, or licensed practical nurse
1345 working under the supervision of a physician who is licensed
1346 under chapter 458 or chapter 459. The protocol must specify how
1347 the medication will be used in conjunction with counseling or
1348 psychosocial treatment and that the services provided will be
1349 included on the treatment plan. The protocol must specify the
1350 procedures by which medication-assisted treatment may be
1351 delivered by the registered nurse, advanced registered nurse
1352 practitioner, or licensed practical nurse. These protocols shall
1353 be signed by the supervising physician and the administering
1354 registered nurse, advanced registered nurse practitioner, or
1355 licensed practical nurse.

1356 (11) Each licensed service provider shall maintain and have
1357 available for inspection by representatives of the Board of
1358 Pharmacy all medical records and protocols, including records of
1359 medications delivered to individuals in accordance with rules of
1360 the board.

1361 Section 21. Section 397.431, Florida Statutes, is amended
1362 to read:

1363 397.431 Individual Client ~~Client~~ responsibility for cost of

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1364 substance abuse impairment services.—

1365 (1) Before ~~Prior to~~ accepting an individual ~~a client~~ for
1366 admission and in accordance with confidentiality guidelines,
1367 both the full charge for services and the fee charged to the
1368 individual ~~client~~ for such services under the provider's fee
1369 system or payment policy must be disclosed to each individual
1370 ~~client~~ or his or her authorized personal representative, or
1371 parent or legal guardian if the individual ~~client~~ is a minor who
1372 did not seek treatment voluntarily and without parental consent.

1373 (2) An individual ~~A client~~ or his or her authorized
1374 personal representative, or parent or legal guardian if the
1375 individual ~~client~~ is a minor, is required to contribute toward
1376 the cost of substance abuse services in accordance with his or
1377 her ability to pay, unless otherwise provided by law.

1378 (3) The parent, legal guardian, or legal custodian of a
1379 minor is not liable for payment for any substance abuse services
1380 provided to the minor without parental consent pursuant to s.
1381 397.601(4), unless the parent, legal guardian, or legal
1382 custodian participates or is ordered to participate in the
1383 services, and only for the substance abuse services rendered. If
1384 the minor is receiving services as a juvenile offender, the
1385 obligation to pay is governed by the law relating to juvenile
1386 offenders.

1387 (4) Service providers that do not contract for state funds
1388 to provide substance abuse services as defined in this chapter
1389 may establish their own admission policies regarding provisions
1390 for payment for services. Such policies must comply with other
1391 statutory and regulatory requirements governing state or federal
1392 reimbursements to a provider for services delivered to

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1393 individuals ~~individual clients~~. As used in this subsection, the
1394 term "contract for state funds" does not include Medicaid funds.

1395 (5) Service providers that contract for state funds to
1396 provide substance abuse services as defined in this chapter must
1397 establish a fee system based upon an individual's ~~a client's~~
1398 ability to pay and, if space and sufficient state resources are
1399 available, may not deny an individual ~~a client~~ access to
1400 services solely on the basis of the individual's ~~client's~~
1401 inability to pay.

1402 Section 22. Paragraphs (a) and (e) of subsection (1) of
1403 section 397.451, Florida Statutes, are amended to read:

1404 397.451 Background checks of service provider personnel.—

1405 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
1406 EXCEPTIONS.—

1407 (a) Background checks shall apply as follows:

1408 1. All owners, directors, and chief financial officers of
1409 service providers are subject to level 2 background screening as
1410 provided under chapter 435. Inmate substance abuse programs
1411 operated directly or under contract with the Department of
1412 Corrections are exempt from this requirement.

1413 2. All service provider personnel who have direct contact
1414 with children receiving services or with adults who are
1415 developmentally disabled receiving services are subject to level
1416 2 background screening as provided under chapter 435.

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

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1422 fingerprinting and background check requirements of this
1423 section.

1424 Section 23. Paragraphs (a) and (b) of subsection (1) of
1425 section 397.471, Florida Statutes, are amended to read:

1426 397.471 Service provider facility standards.—

1427 (1) Each service provider must ensure:

1428 (a) Sufficient numbers and types of qualified personnel on
1429 duty and available to provide necessary and adequate ~~client~~
1430 safety and care.

1431 (b) Adequate space for each individual served within ~~client~~
1432 ~~of~~ a residential facility.

1433 Section 24. Section 397.501, Florida Statutes, is amended
1434 to read:

1435 397.501 Rights of individuals ~~clients~~.—Individuals ~~Clients~~
1436 receiving substance abuse services from any service provider are
1437 guaranteed protection of the rights specified in this section,
1438 unless otherwise expressly provided, and service providers must
1439 ensure the protection of such rights.

1440 (1) RIGHT TO INDIVIDUAL DIGNITY.—The ~~individual~~ dignity of
1441 the individual served ~~client~~ must be respected at all times and
1442 upon all occasions, including any occasion when the individual
1443 ~~client~~ is admitted, retained, or transported. Individuals served
1444 ~~Substance abuse clients~~ who are not accused of a crime or
1445 delinquent act may not be detained or incarcerated in jails,
1446 detention centers, or training schools of the state, except for
1447 purposes of protective custody in strict accordance with this
1448 chapter. An individual ~~A client~~ may not be deprived of any
1449 constitutional right.

1450 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

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1451 (a) Service providers may not deny an individual ~~a client~~
1452 access to substance abuse services solely on the basis of race,
1453 gender, ethnicity, age, sexual preference, human
1454 immunodeficiency virus status, prior service departures against
1455 medical advice, disability, or number of relapse episodes.
1456 Service providers may not deny an individual ~~a client~~ who takes
1457 medication prescribed by a physician access to substance abuse
1458 services solely on that basis. Service providers who receive
1459 state funds to provide substance abuse services may not, if
1460 ~~provided~~ space and sufficient state resources are available,
1461 deny ~~a client~~ access to services based solely on inability to
1462 pay.

1463 (b) Each individual ~~client~~ in treatment must be afforded
1464 the opportunity to participate in the formulation and periodic
1465 review of his or her individualized treatment or service plan to
1466 the extent of his or her ability to so participate.

1467 (c) It is the policy of the state to use the least
1468 restrictive and most appropriate services available, based on
1469 the needs and the best interests of the individual ~~client~~ and
1470 consistent with optimum care of the individual ~~client~~.

1471 (d) Each individual ~~client~~ must be afforded the opportunity
1472 to participate in activities designed to enhance self-image.

1473 (3) RIGHT TO QUALITY SERVICES.—

1474 (a) Each individual ~~client~~ must be delivered services
1475 suited to his or her needs, administered skillfully, safely,
1476 humanely, with full respect for his or her dignity and personal
1477 integrity, and in accordance with all statutory and regulatory
1478 requirements.

1479 (b) These services must include the use of methods and

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1480 techniques to control aggressive ~~client~~ behavior that poses an
1481 immediate threat to the individual ~~client~~ or to other persons.
1482 Such methods and techniques include the use of restraints, the
1483 use of seclusion, the use of time-out, and other behavior
1484 management techniques. When authorized, these methods and
1485 techniques may be applied only by persons who are employed by
1486 service providers and trained in the application and use of
1487 these methods and techniques. The department must specify by
1488 rule the methods that may be used and the techniques that may be
1489 applied by service providers to control aggressive ~~client~~
1490 behavior and must specify by rule the physical facility
1491 requirements for seclusion rooms, including dimensions, safety
1492 features, methods of observation, and contents.

1493 (4) RIGHT TO COMMUNICATION.—

1494 (a) Each individual ~~client~~ has the right to communicate
1495 freely and privately with other persons within the limitations
1496 imposed by service provider policy.

1497 (b) Because the delivery of services can only be effective
1498 in a substance abuse free environment, close supervision of each
1499 individual's ~~client's~~ communications and correspondence is
1500 necessary, particularly in the initial stages of treatment, and
1501 the service provider must therefore set reasonable rules for
1502 telephone, mail, and visitation rights, giving primary
1503 consideration to the well-being and safety of individuals
1504 ~~clients~~, staff, and the community. It is the duty of the service
1505 provider to inform the individual ~~client~~ and his or her family
1506 if the family is involved at the time of admission about the
1507 provider's rules relating to communications and correspondence.

1508 (5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS ~~OF~~

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1509 ~~CLIENTS.~~ An individual ~~A client~~ has the right to possess
1510 clothing and other personal effects. The service provider may
1511 take temporary custody of the individual's ~~client's~~ personal
1512 effects only when required for medical or safety reasons, with
1513 the reason for taking custody and a list of the personal effects
1514 recorded in the individual's ~~client's~~ clinical record.

1515 (6) RIGHT TO EDUCATION OF MINORS.—Each minor ~~client~~ in a
1516 residential service component is guaranteed education and
1517 training appropriate to his or her needs. The service provider
1518 shall coordinate with local education agencies to ensure that
1519 education and training is provided to each minor ~~client~~ in
1520 accordance with other applicable laws and regulations and that
1521 parental responsibilities related to such education and training
1522 are established within the provisions of such applicable laws
1523 and regulations. ~~Nothing in~~ This chapter does not ~~may be~~
1524 ~~construed to~~ relieve any local education authority of its
1525 obligation under law to provide a free and appropriate education
1526 to every child.

1527 (7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL ~~CLIENT~~ RECORDS.—

1528 (a) The records of service providers which pertain to the
1529 identity, diagnosis, and prognosis of and service provision to
1530 any individual ~~client~~ are confidential in accordance with this
1531 chapter and with applicable federal confidentiality regulations
1532 and are exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a),
1533 Art. I of the State Constitution. Such records may not be
1534 disclosed without the written consent of the individual ~~client~~
1535 to whom they pertain except that appropriate disclosure may be
1536 made without such consent:

1537 1. To medical personnel in a medical emergency.

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1538 2. To service provider personnel if such personnel need to
1539 know the information in order to carry out duties relating to
1540 the provision of services to an individual ~~a client~~.

1541 3. To the secretary of the department or the secretary's
1542 designee, for purposes of scientific research, in accordance
1543 with federal confidentiality regulations, but only upon
1544 agreement in writing that the individual's ~~client's~~ name and
1545 other identifying information will not be disclosed.

1546 4. In the course of review of service-provider records ~~on~~
1547 ~~service provider premises~~ by persons who are performing an audit
1548 or evaluation on behalf of any federal, state, or local
1549 government agency, or third-party payor providing financial
1550 assistance or reimbursement to the service provider; however,
1551 reports produced as a result of such audit or evaluation may not
1552 disclose ~~client~~ names or other identifying information and must
1553 be in accordance ~~accord~~ with federal confidentiality
1554 regulations.

1555 5. Upon court order based on application showing good cause
1556 for disclosure. In determining whether there is good cause for
1557 disclosure, the court shall examine whether the public interest
1558 and the need for disclosure outweigh the potential injury to the
1559 individual ~~client~~, to the service provider and the individual
1560 ~~provider-client relationship~~, and to the service provider
1561 itself.

1562 (b) The restrictions on disclosure and use in this section
1563 do not apply to communications from provider personnel to law
1564 enforcement officers which:

1565 1. Are directly related to an individual's ~~a client's~~
1566 commission of a crime on the premises of the provider or against

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1567 provider personnel or to a threat to commit such a crime; and

1568 2. Are limited to the circumstances of the incident,
1569 including the ~~client~~ status of the individual committing or
1570 threatening to commit the crime, that individual's name and
1571 address, and that individual's last known whereabouts.

1572 (c) The restrictions on disclosure and use in this section
1573 do not apply to the reporting of incidents of suspected child
1574 abuse and neglect to the appropriate state or local authorities
1575 as required by law. However, such restrictions continue to apply
1576 to the original substance abuse ~~client~~ records maintained by the
1577 provider, including their disclosure and use for civil or
1578 criminal proceedings which may arise out of the report of
1579 suspected child abuse and neglect.

1580 (d) Any answer to a request for a disclosure of individual
1581 ~~client~~ records which is not permissible under this section or
1582 under the appropriate federal regulations must be made in a way
1583 that will not affirmatively reveal that an identified individual
1584 has been, or is being diagnosed or treated for substance abuse.
1585 The regulations do not restrict a disclosure that an identified
1586 individual is not and has never received services ~~has been a~~
1587 ~~client~~.

1588 (e)1. Since a minor acting alone has the legal capacity to
1589 voluntarily apply for and obtain substance abuse treatment, any
1590 written consent for disclosure may be given only by the minor
1591 ~~client~~. This restriction includes, but is not limited to, any
1592 disclosure of ~~client~~ identifying information to the parent,
1593 legal guardian, or custodian of a minor ~~client~~ for the purpose
1594 of obtaining financial reimbursement.

1595 2. When the consent of a parent, legal guardian, or

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1596 custodian is required under this chapter in order for a minor to
1597 obtain substance abuse treatment, any written consent for
1598 disclosure must be given by both the minor and the parent, legal
1599 guardian, or custodian.

1600 (f) An order of a court of competent jurisdiction
1601 authorizing disclosure and use of confidential information is a
1602 unique kind of court order. Its only purpose is to authorize a
1603 disclosure or use of ~~client~~ identifying information which would
1604 otherwise be prohibited by this section. Such an order does not
1605 compel disclosure. A subpoena or a similar legal mandate must be
1606 issued in order to compel disclosure. This mandate may be
1607 entered at the same time as, and accompany, an authorizing court
1608 order entered under this section.

1609 (g) An order authorizing the disclosure of an individual's
1610 ~~client~~ records may be applied for by any person having a legally
1611 recognized interest in the disclosure which is sought. The
1612 application may be filed separately or as part of a pending
1613 civil action in which it appears that the individual's ~~client~~
1614 records are needed to provide evidence. An application must use
1615 a fictitious name, such as John Doe or Jane Doe, to refer to any
1616 individual ~~client~~ and may not contain or otherwise disclose any
1617 ~~client~~ identifying information unless the individual ~~client~~ is
1618 the applicant or has given a written consent to disclosure or
1619 the court has ordered the record of the proceeding sealed from
1620 public scrutiny.

1621 (h) The individual ~~client~~ and the person holding the
1622 records from whom disclosure is sought must be given adequate
1623 notice in a manner which will not disclose ~~client~~ identifying
1624 information to other persons, and an opportunity to file a

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1625 written response to the application, or to appear in person, for
1626 the limited purpose of providing evidence on the statutory and
1627 regulatory criteria for the issuance of the court order.

1628 (i) Any oral argument, review of evidence, or hearing on
1629 the application must be held in the judge's chambers or in some
1630 manner which ensures that ~~client~~ identifying information is not
1631 disclosed to anyone other than a party to the proceeding, the
1632 individual client, or the person holding the record, unless the
1633 individual client requests an open hearing. The proceeding may
1634 include an examination by the judge of the ~~client~~ records
1635 referred to in the application.

1636 (j) A court may authorize the disclosure and use of ~~client~~
1637 records for the purpose of conducting a criminal investigation
1638 or prosecution of an individual ~~a client~~ only if the court finds
1639 that all of the following criteria are met:

1640 1. The crime involved is extremely serious, such as one
1641 which causes or directly threatens loss of life or serious
1642 bodily injury, including but not limited to homicide, sexual
1643 assault, sexual battery, kidnapping, armed robbery, assault with
1644 a deadly weapon, and child abuse and neglect.

1645 2. There is reasonable likelihood that the records will
1646 disclose information of substantial value in the investigation
1647 or prosecution.

1648 3. Other ways of obtaining the information are not
1649 available or would not be effective.

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

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1654 the disclosure.

1655 (8) RIGHT TO COUNSEL.—Each individual ~~client~~ must be
1656 informed that he or she has the right to be represented by
1657 counsel in any involuntary proceeding for assessment,
1658 stabilization, or treatment and that he or she, or if the
1659 individual ~~client~~ is a minor his or her parent, legal guardian,
1660 or legal custodian, may apply immediately to the court to have
1661 an attorney appointed if he or she cannot afford one.

1662 (9) RIGHT TO HABEAS CORPUS.—At any time, and without
1663 notice, an individual ~~a client~~ involuntarily retained by a
1664 provider, or the individual's ~~client's~~ parent, guardian,
1665 custodian, or attorney on behalf of the individual ~~client~~, may
1666 petition for a writ of habeas corpus to question the cause and
1667 legality of such retention and request that the court issue a
1668 writ for the individual's ~~client's~~ release.

1669 (10) LIABILITY AND IMMUNITY.—

1670 (a) Service provider personnel who violate or abuse any
1671 right or privilege of an individual ~~a client~~ under this chapter
1672 are liable for damages as determined by law.

1673 (b) All persons acting in good faith, reasonably, and
1674 without negligence in connection with the preparation or
1675 execution of petitions, applications, certificates, or other
1676 documents or the apprehension, detention, discharge,
1677 examination, transportation, or treatment of a person under the
1678 provisions of this chapter shall be free from all liability,
1679 civil or criminal, by reason of such acts.

1680 Section 25. Section 397.581, Florida Statutes, is amended
1681 to read:

1682 397.581 Unlawful activities relating to ~~client~~ assessment

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1683 and treatment; penalties.—

1684 (1) Knowingly furnishing false information for the purpose
1685 of obtaining emergency or other involuntary admission for any
1686 person is a misdemeanor of the first degree, punishable as
1687 provided in s. 775.082 and by a fine not exceeding \$5,000.

1688 (2) Causing or otherwise securing, or conspiring with or
1689 assisting another to cause or secure, without reason for
1690 believing a person to be impaired, any emergency or other
1691 involuntary procedure for the person is a misdemeanor of the
1692 first degree, punishable as provided in s. 775.082 and by a fine
1693 not exceeding \$5,000.

1694 (3) Causing, or conspiring with or assisting another to
1695 cause, the denial to any person of any right accorded pursuant
1696 to this chapter is a misdemeanor of the first degree, punishable
1697 as provided in s. 775.082 and by a fine not exceeding \$5,000.

1698 Section 26. Paragraph (a) of subsection (4) of section
1699 397.601, Florida Statutes, is amended to read:

1700 397.601 Voluntary admissions.—

1701 (4) (a) The disability of minority for persons under 18
1702 years of age is removed solely for the purpose of obtaining
1703 voluntary substance abuse impairment services from a licensed
1704 service provider, and consent to such services by a minor has
1705 the same force and effect as if executed by an individual ~~a~~
1706 ~~client~~ who has reached the age of majority. Such consent is not
1707 subject to later disaffirmance based on minority.

1708 Section 27. Subsections (1) and (3) of section 397.6751,
1709 Florida Statutes, are amended to read:

1710 397.6751 Service provider responsibilities regarding
1711 involuntary admissions.—

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- 1712 (1) It is the responsibility of the service provider to:
- 1713 (a) Ensure that a person who is admitted to a licensed
- 1714 service component meets the admission criteria specified in s.
- 1715 397.675;
- 1716 (b) Ascertain whether the medical and behavioral conditions
- 1717 of the person, as presented, are beyond the safe management
- 1718 capabilities of the service provider;
- 1719 (c) Provide for the admission of the person to the service
- 1720 component that represents the least restrictive available
- 1721 setting that is responsive to the person's treatment needs;
- 1722 (d) Verify that the admission of the person to the service
- 1723 component does not result in a census in excess of its licensed
- 1724 service capacity;
- 1725 (e) Determine whether the cost of services is within the
- 1726 financial means of the person or those who are financially
- 1727 responsible for the person's care; and
- 1728 (f) Take all necessary measures to ensure that each
- 1729 individual ~~client~~ in treatment is provided with a safe
- 1730 environment, and to ensure that each individual ~~client~~ whose
- 1731 medical condition or behavioral problem becomes such that he or
- 1732 she cannot be safely managed by the service component is
- 1733 discharged and referred to a more appropriate setting for care.
- 1734 (3) When, in the judgment of the service provider, the
- 1735 medical conditions or behavioral problems of an involuntary
- 1736 individual ~~client~~ become such that they cannot be safely managed
- 1737 by the service component, the service provider must discharge
- 1738 the individual ~~client~~ and attempt to assist him or her in
- 1739 securing more appropriate services in a setting more responsive
- 1740 to his or her needs. Upon completing these efforts, the service

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1741 provider must, within 72 hours, report in writing to the
1742 referral source, in compliance with federal confidentiality
1743 regulations:

- 1744 (a) The basis for the individual's ~~client's~~ discharge;⁷ and
1745 (b) Documentation of the service provider's efforts to
1746 assist the person in gaining access to appropriate services.

1747 Section 28. Section 397.6752, Florida Statutes, is amended
1748 to read:

1749 397.6752 Referral of involuntarily admitted individual
1750 ~~client~~ for voluntary treatment.—Upon giving his or her written
1751 informed consent, an involuntarily admitted individual ~~client~~
1752 may be referred to a service provider for voluntary admission
1753 when the service provider determines that the individual ~~client~~
1754 no longer meets involuntary criteria.

1755 Section 29. Section 397.6758, Florida Statutes, is amended
1756 to read:

1757 397.6758 Release of individual ~~client~~ from protective
1758 custody, emergency admission, involuntary assessment,
1759 involuntary treatment, and alternative involuntary assessment of
1760 a minor.—An individual ~~A client~~ involuntarily admitted to a
1761 licensed service provider may be released without further order
1762 of the court only by a qualified professional in a hospital, a
1763 detoxification facility, an addictions receiving facility, or
1764 any less restrictive treatment component. Notice of the release
1765 must be provided to the applicant in the case of an emergency
1766 admission or an alternative involuntary assessment for a minor,
1767 or to the petitioner and the court if the involuntary assessment
1768 or treatment was court ordered. In the case of a minor ~~client~~,
1769 the release must be:

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1770 (1) To the individual's ~~client's~~ parent, legal guardian, or
1771 legal custodian or the authorized designee thereof;

1772 (2) To the Department of Children and Family Services
1773 pursuant to s. 39.401; or

1774 (3) To the Department of Juvenile Justice pursuant to s.
1775 984.13.

1776 Section 30. Section 397.6773, Florida Statutes, is amended
1777 to read:

1778 397.6773 Dispositional alternatives after protective
1779 custody.—

1780 (1) An individual ~~A-client~~ who is in protective custody
1781 must be released by a qualified professional when:

1782 (a) The individual ~~client~~ no longer meets the involuntary
1783 admission criteria in s. 397.675(1);

1784 (b) The 72-hour period has elapsed; or

1785 (c) The individual ~~client~~ has consented to remain
1786 voluntarily at the licensed service provider.

1787 (2) An individual ~~A-client~~ may only be retained in
1788 protective custody beyond the 72-hour period when a petition for
1789 involuntary assessment or treatment has been initiated. The
1790 timely filing of the petition authorizes the service provider to
1791 retain physical custody of the individual ~~client~~ pending further
1792 order of the court.

1793 Section 31. Section 397.6797, Florida Statutes, is amended
1794 to read:

1795 397.6797 Dispositional alternatives after emergency
1796 admission.—Within 72 hours after an emergency admission to a
1797 hospital or a licensed detoxification or addictions receiving
1798 facility, the individual ~~client~~ must be assessed by the

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1799 attending physician to determine the need for further services.
 1800 Within 5 days after an emergency admission to a nonresidential
 1801 component of a licensed service provider, the individual ~~client~~
 1802 must be assessed by a qualified professional to determine the
 1803 need for further services. Based upon that assessment, a
 1804 qualified professional of the hospital, detoxification facility,
 1805 or addictions receiving facility, or a qualified professional if
 1806 a less restrictive component was used, must either:

1807 (1) Release the individual ~~client~~ and, where appropriate,
 1808 refer the individual ~~client~~ to other needed services; or

1809 (2) Retain the individual ~~client~~ when:

1810 (a) The individual ~~client~~ has consented to remain
 1811 voluntarily at the licensed provider; or

1812 (b) A petition for involuntary assessment or treatment has
 1813 been initiated, the timely filing of which authorizes the
 1814 service provider to retain physical custody of the individual
 1815 ~~client~~ pending further order of the court.

1816 Section 32. Section 397.6799, Florida Statutes, is amended
 1817 to read:

1818 397.6799 Disposition of minor ~~client~~ upon completion of
 1819 alternative involuntary assessment.—A minor who has been
 1820 assessed pursuant to s. 397.6798 must, within the time
 1821 specified, be released or referred for further voluntary or
 1822 involuntary treatment, whichever is most appropriate to the
 1823 needs of the minor.

1824 Section 33. Section 397.6819, Florida Statutes, is amended
 1825 to read:

1826 397.6819 Involuntary assessment and stabilization;
 1827 responsibility of licensed service provider.—A licensed service

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1828 provider may admit an individual ~~a client~~ for involuntary
1829 assessment and stabilization for a period not to exceed 5 days.
1830 The individual ~~client~~ must be assessed without unnecessary delay
1831 by a qualified professional. If an assessment is performed by a
1832 qualified professional who is not a physician, the assessment
1833 must be reviewed by a physician before ~~prior to~~ the end of the
1834 assessment period.

1835 Section 34. Section 397.6821, Florida Statutes, is amended
1836 to read:

1837 397.6821 Extension of time for completion of involuntary
1838 assessment and stabilization.—If a licensed service provider is
1839 unable to complete the involuntary assessment and, if necessary,
1840 stabilization of an individual ~~a client~~ within 5 days after the
1841 court's order, it may, within the original time period, file a
1842 written request for an extension of time to complete its
1843 assessment, and shall, in accordance with confidentiality
1844 requirements, furnish a copy to all parties. With or without a
1845 hearing, the court may grant additional time, not to exceed 7
1846 days after the date of the renewal order, for the completion of
1847 the involuntary assessment and stabilization of the individual
1848 ~~client~~. The original court order authorizing the involuntary
1849 assessment and stabilization, or a request for an extension of
1850 time to complete the assessment and stabilization that is timely
1851 filed pursuant to this section, constitutes legal authority to
1852 involuntarily hold the individual ~~client~~ for a period not to
1853 exceed 10 days in the absence of a court order to the contrary.

1854 Section 35. Section 397.6822, Florida Statutes, is amended
1855 to read:

1856 397.6822 Disposition of individual ~~client~~ after involuntary

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1857 assessment.—Based upon the involuntary assessment, a qualified
1858 professional of the hospital, detoxification facility, or
1859 addictions receiving facility, or a qualified professional when
1860 a less restrictive component has been used, must:

1861 (1) Release the individual ~~client~~ and, where appropriate,
1862 refer the individual ~~client~~ to another treatment facility or
1863 service provider, or to community services;

1864 (2) Allow the individual ~~client~~, with consent ~~if the client~~
1865 ~~has consented~~, to remain voluntarily at the licensed provider;
1866 or

1867 (3) Retain the individual ~~client~~ when a petition for
1868 involuntary treatment has been initiated, the timely filing of
1869 which authorizes the service provider to retain physical custody
1870 of the individual ~~client~~ pending further order of the court.

1871
1872 Adhering to federal confidentiality regulations, notice of
1873 disposition must be provided to the petitioner and to the court.

1874 Section 36. Subsections (1) and (3) of section 397.697,
1875 Florida Statutes, are amended to read:

1876 397.697 Court determination; effect of court order for
1877 involuntary substance abuse treatment.—

1878 (1) When the court finds that the conditions for
1879 involuntary substance abuse treatment have been proved by clear
1880 and convincing evidence, it may order the respondent to undergo
1881 involuntary treatment by a licensed service provider for a
1882 period not to exceed 60 days. If the court finds it necessary,
1883 it may direct the sheriff to take the respondent into custody
1884 and deliver him or her to the licensed service provider
1885 specified in the court order, or to the nearest appropriate

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1886 licensed service provider, for involuntary treatment. When the
1887 conditions justifying involuntary treatment no longer exist, the
1888 individual client must be released as provided in s. 397.6971.
1889 When the conditions justifying involuntary treatment are
1890 expected to exist after 60 days of treatment, a renewal of the
1891 involuntary treatment order may be requested pursuant to s.
1892 397.6975 prior to the end of the 60-day period.

1893 (3) An involuntary treatment order authorizes the licensed
1894 service provider to require the individual client to undergo
1895 such treatment as will benefit him or her, including treatment
1896 at any licensable service component of a licensed service
1897 provider.

1898 Section 37. Section 397.6971, Florida Statutes, is amended
1899 to read:

1900 397.6971 Early release from involuntary substance abuse
1901 treatment.—

1902 (1) At any time prior to the end of the 60-day involuntary
1903 treatment period, or prior to the end of any extension granted
1904 pursuant to s. 397.6975, an individual ~~a client~~ admitted for
1905 involuntary treatment may be determined eligible for discharge
1906 to the most appropriate referral or disposition for the
1907 individual client when:

1908 (a) The individual client no longer meets the criteria for
1909 involuntary admission and has given his or her informed consent
1910 to be transferred to voluntary treatment status;

1911 (b) If the individual client was admitted on the grounds of
1912 likelihood of infliction of physical harm upon himself or
1913 herself or others, such likelihood no longer exists; or

1914 (c) If the individual client was admitted on the grounds of

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1915 need for assessment and stabilization or treatment, accompanied
1916 by inability to make a determination respecting such need,
1917 either:

1918 1. Such inability no longer exists; or

1919 2. It is evident that further treatment will not bring
1920 about further significant improvements in the individual's
1921 ~~elient's~~ condition;

1922 (d) The individual ~~elient~~ is no longer in need of services;
1923 or

1924 (e) The director of the service provider determines that
1925 the individual ~~elient~~ is beyond the safe management capabilities
1926 of the provider.

1927 (2) Whenever a qualified professional determines that an
1928 individual ~~a-client~~ admitted for involuntary treatment is ready
1929 for early release for any of the reasons listed in subsection
1930 (1), the service provider shall immediately discharge the
1931 individual ~~elient~~, and must notify all persons specified by the
1932 court in the original treatment order.

1933 Section 38. Section 397.6975, Florida Statutes, is amended
1934 to read:

1935 397.6975 Extension of involuntary substance abuse treatment
1936 period.—

1937 (1) Whenever a service provider believes that an individual
1938 ~~a-client~~ who is nearing the scheduled date of release from
1939 involuntary treatment continues to meet the criteria for
1940 involuntary treatment in s. 397.693, a petition for renewal of
1941 the involuntary treatment order may be filed with the court at
1942 least 10 days before ~~prior to~~ the expiration of the court-
1943 ordered treatment period. The court shall immediately schedule a

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1944 hearing to be held not more than 15 days after filing of the
1945 petition. The court shall provide the copy of the petition for
1946 renewal and the notice of the hearing to all parties to the
1947 proceeding. The hearing is conducted pursuant to s. 397.6957.

1948 (2) If the court finds that the petition for renewal of the
1949 involuntary treatment order should be granted, it may order the
1950 respondent to undergo involuntary treatment for a period not to
1951 exceed an additional 90 days. When the conditions justifying
1952 involuntary treatment no longer exist, the individual ~~client~~
1953 must be released as provided in s. 397.6971. When the conditions
1954 justifying involuntary treatment continue to exist after 90 days
1955 of additional treatment, a new petition requesting renewal of
1956 the involuntary treatment order may be filed pursuant to this
1957 section.

1958 Section 39. Section 397.6977, Florida Statutes, is amended
1959 to read:

1960 397.6977 Disposition of individual ~~client~~ upon completion
1961 of involuntary substance abuse treatment.—At the conclusion of
1962 the 60-day period of court-ordered involuntary treatment, the
1963 individual ~~client~~ is automatically discharged unless a motion
1964 for renewal of the involuntary treatment order has been filed
1965 with the court pursuant to s. 397.6975.

1966 Section 40. Paragraph (e) of subsection (2) of section
1967 397.702, Florida Statutes, is amended to read:

1968 397.702 Authorization of local ordinances for treatment of
1969 habitual abusers in licensed secure facilities.—

1970 (2) Ordinances for the treatment of habitual abusers must
1971 provide:

1972 (e) That, if the individual ~~client~~ still meets the criteria

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1973 for involuntary admission in s. 397.675 at or near the
1974 expiration of the treatment period ordered by the court pursuant
1975 to paragraph (d), the agent of the county or municipality may
1976 file another habitual abuser petition pursuant to paragraph (b)
1977 for a period not exceeding 180 days for each such petition.

1978 Section 41. Subsections (2) and (3) of section 397.706,
1979 Florida Statutes, are amended to read:

1980 397.706 Screening, assessment, and disposition of juvenile
1981 offenders.—

1982 (2) The juvenile and circuit courts, in conjunction with
1983 department substate entity ~~district~~ administration, shall
1984 establish policies and procedures to ensure that juvenile
1985 offenders are appropriately screened for substance abuse
1986 problems and that diversionary and adjudicatory proceedings
1987 include appropriate conditions and sanctions to address
1988 substance abuse problems. Policies and procedures must address:

1989 (a) The designation of local service providers responsible
1990 for screening and assessment services and dispositional
1991 recommendations to the department and the court.

1992 (b) The means by which juvenile offenders are processed to
1993 ensure participation in screening and assessment services.

1994 (c) The role of the court in securing assessments when
1995 juvenile offenders or their families are noncompliant.

1996 (d) Safeguards to ensure that information derived through
1997 screening and assessment is used solely to assist in
1998 dispositional decisions and not for purposes of determining
1999 innocence or guilt.

2000 (3) Because resources available to support screening and
2001 assessment services are limited, the judicial circuits and

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2002 department substate entity ~~district~~ administration must develop
2003 those capabilities to the extent possible within available
2004 resources according to the following priorities:

2005 (a) Juvenile substance abuse offenders.

2006 (b) Juvenile offenders who are substance abuse impaired at
2007 the time of the offense.

2008 (c) Second or subsequent juvenile offenders.

2009 (d) Minors taken into custody.

2010 Section 42. Subsection (2) of section 397.801, Florida
2011 Statutes, is amended to read:

2012 397.801 Substance abuse impairment coordination.—

2013 (2) The department shall establish, within each of its
2014 substate entities ~~service districts~~, the full-time position of
2015 substance abuse impairment prevention coordinator, to be filled
2016 by a person with expertise in the area of substance abuse
2017 impairment. The primary responsibility of this person is to
2018 develop and implement activities which foster the prevention of
2019 substance abuse impairment.

2020 Section 43. Subsections (1) and (3) of section 397.821,
2021 Florida Statutes, are amended to read:

2022 397.821 Juvenile substance abuse impairment prevention and
2023 early intervention councils.—

2024 (1) Each judicial circuit as set forth in s. 26.021 may
2025 establish a juvenile substance abuse impairment prevention and
2026 early intervention council composed of at least 12 members,
2027 including representatives from law enforcement, the department,
2028 school districts, state attorney and public defender offices,
2029 the circuit court, the religious community, substance abuse
2030 impairment professionals, child advocates from the community,

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2031 business leaders, parents, and high school students. However,
2032 those circuits which already have in operation a council of
2033 similar composition may designate the existing body as the
2034 juvenile substance abuse impairment prevention and early
2035 intervention council for the purposes of this section. Each
2036 council shall establish bylaws providing for the length of term
2037 of its members, but the term may not exceed 4 years. The
2038 substate entity ~~district~~ administrator, as defined in s. 20.19,
2039 and the chief judge of the circuit court shall each appoint six
2040 members of the council. The substate entity ~~district~~
2041 administrator shall appoint a representative from the
2042 department, a school district representative, a substance abuse
2043 impairment treatment professional, a child advocate, a parent,
2044 and a high school student. The chief judge of the circuit court
2045 shall appoint a business leader and representatives from the
2046 state attorney's office, the public defender's office, the
2047 religious community, the circuit court, and law enforcement
2048 agencies.

2049 (3) The council shall provide recommendations to the
2050 Program Director for Substance Abuse annually for consideration
2051 for inclusion in the substance abuse ~~district alcohol, drug~~
2052 ~~abuse~~, and mental health substate-entity plans.

2053 Section 44. Subsection (1), paragraph (c) of subsection
2054 (2), and subsection (3) of section 397.94, Florida Statutes, are
2055 amended to read:

2056 397.94 Children's substance abuse services; information and
2057 referral network.—

2058 (1) Each substate entity ~~service district~~ of the department
2059 shall develop a plan for and implement a ~~districtwide~~

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2060 comprehensive children's substance abuse information and
2061 referral network to be operational by July 1, 2000.

2062 (2) The substate entity ~~district~~ shall determine the most
2063 cost-effective method for delivering this service and may select
2064 a new provider or utilize an existing provider or providers with
2065 a record of success in providing information and referral
2066 services.

2067 (c) Develop and implement procedures for documenting
2068 requests for services, including, but not limited to:

- 2069 1. Number of calls by type of service requested, if any;
- 2070 2. Ages of children for whom services are requested; and
- 2071 3. Disposition on all referrals, including location of
2072 resource if referred for ~~face-to-face~~ screening.

2073 (3) In planning the information and referral network, the
2074 substate entity ~~district~~ shall consider the establishment of a
2075 24-hour toll-free telephone number to call for information and a
2076 public service campaign to inform the public about the
2077 information and referral service.

2078 Section 45. Section 397.95, Florida Statutes, is amended to
2079 read:

2080 397.95 Children's substance abuse services; services
2081 provided by licensed providers.—Each substate entity ~~service~~
2082 ~~district~~ of the department shall ensure that all screening,
2083 intake, assessment, enrollment, service planning, and case
2084 management services provided under this part are provided by
2085 children's substance abuse services providers licensed under
2086 part II of this chapter and in accordance with standards set
2087 forth in department rules.

2088 Section 46. Paragraph (a) of subsection (3) of section

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2089 397.97, Florida Statutes, is amended to read:

2090 397.97 Children's substance abuse services; demonstration
2091 models.—

2092 (3) PURCHASE OF SERVICES; OPERATION CRITERIA.—

2093 (a) Each demonstration model shall be governed by a
2094 multiagency consortium of state and county agencies or other
2095 public agencies, or a community-based, not-for-profit substance
2096 abuse or behavioral health network designated by the department,
2097 hereafter referred to as the purchasing agent, which shall
2098 purchase individualized services for children who are at risk of
2099 substance abuse or have a substance abuse problem. Services
2100 shall be based on ~~client~~ need rather than on traditional
2101 services limited to narrowly defined cost centers or
2102 appropriations categories. Approval to operate as a Children's
2103 Network of Care Demonstration Model shall be given by the
2104 secretary of the department and shall be based on criteria
2105 developed by the department.

2106 Section 47. Paragraph (g) of subsection (2) of section
2107 397.99, Florida Statutes, is amended to read:

2108 397.99 School substance abuse prevention partnership
2109 grants.—

2110 (2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—

2111 (g) The department shall consider the following in awarding
2112 such grants:

2113 1. The number of youths that will be targeted.

2114 2. The validity of the program design to achieve project
2115 goals and objectives that are clearly related to performance-
2116 based program budgeting effectiveness measures.

2117 3. The desirability of funding at least one approved

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2118 project in each of the department's substate entities ~~service~~
2119 ~~districts~~.

2120 Section 48. Paragraphs (d) and (g) of subsection (1) of
2121 section 440.102, Florida Statutes, are amended to read:

2122 440.102 Drug-free workplace program requirements.—The
2123 following provisions apply to a drug-free workplace program
2124 implemented pursuant to law or to rules adopted by the Agency
2125 for Health Care Administration:

2126 (1) DEFINITIONS.—Except where the context otherwise
2127 requires, as used in this act:

2128 (d) "Drug rehabilitation program" means a service provider,
2129 established pursuant to s. 397.311(29) ~~s. 397.311(28)~~, that
2130 provides confidential, timely, and expert identification,
2131 assessment, and resolution of employee drug abuse.

2132 (g) "Employee assistance program" means an established
2133 program capable of providing expert assessment of employee
2134 personal concerns; confidential and timely identification
2135 services with regard to employee drug abuse; referrals of
2136 employees for appropriate diagnosis, treatment, and assistance;
2137 and followup services for employees who participate in the
2138 program or require monitoring after returning to work. If, in
2139 addition to the above activities, an employee assistance program
2140 provides diagnostic and treatment services, these services shall
2141 in all cases be provided by service providers pursuant to s.
2142 397.311(29) ~~s. 397.311(28)~~.

2143 Section 49. Paragraph (a) of subsection (1) of section
2144 766.101, Florida Statutes, is amended to read:

2145 766.101 Medical review committee, immunity from liability.—

2146 (1) As used in this section:

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2147 (a) The term "medical review committee" or "committee"
2148 means:

2149 1.a. A committee of a hospital or ambulatory surgical
2150 center licensed under chapter 395 or a health maintenance
2151 organization certificated under part I of chapter 641,

2152 b. A committee of a physician-hospital organization, a
2153 provider-sponsored organization, or an integrated delivery
2154 system,

2155 c. A committee of a state or local professional society of
2156 health care providers,

2157 d. A committee of a medical staff of a licensed hospital or
2158 nursing home, provided the medical staff operates pursuant to
2159 written bylaws that have been approved by the governing board of
2160 the hospital or nursing home,

2161 e. A committee of the Department of Corrections or the
2162 Correctional Medical Authority as created under s. 945.602, or
2163 employees, agents, or consultants of either the department or
2164 the authority or both,

2165 f. A committee of a professional service corporation formed
2166 under chapter 621 or a corporation organized under chapter 607
2167 or chapter 617, which is formed and operated for the practice of
2168 medicine as defined in s. 458.305(3), and which has at least 25
2169 health care providers who routinely provide health care services
2170 directly to patients,

2171 g. A committee of the Department of Children and Family
2172 Services which includes employees, agents, or consultants to the
2173 department as deemed necessary to provide peer review,
2174 utilization review, and mortality review of treatment services
2175 provided pursuant to chapters 394, 397, and 916,

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2176 ~~h.g.~~ A committee of a mental health treatment facility
2177 licensed under chapter 394 or a community mental health center
2178 as defined in s. 394.907, provided the quality assurance program
2179 operates pursuant to the guidelines which have been approved by
2180 the governing board of the agency,

2181 ~~i.h.~~ A committee of a substance abuse treatment and
2182 education prevention program licensed under chapter 397 provided
2183 the quality assurance program operates pursuant to the
2184 guidelines which have been approved by the governing board of
2185 the agency,

2186 ~~j.i.~~ A peer review or utilization review committee
2187 organized under chapter 440,

2188 ~~k.j.~~ A committee of the Department of Health, a county
2189 health department, healthy start coalition, or certified rural
2190 health network, when reviewing quality of care, or employees of
2191 these entities when reviewing mortality records, or

2192 ~~l.k.~~ A continuous quality improvement committee of a
2193 pharmacy licensed pursuant to chapter 465,

2194
2195 which committee is formed to evaluate and improve the quality of
2196 health care rendered by providers of health service, ~~or~~ to
2197 determine that health services rendered were professionally
2198 indicated or were performed in compliance with the applicable
2199 standard of care, or that the cost of health care rendered was
2200 considered reasonable by the providers of professional health
2201 services in the area; or

2202 2. A committee of an insurer, self-insurer, or joint
2203 underwriting association of medical malpractice insurance, or
2204 other persons conducting review under s. 766.106.

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2205 Section 50. Section 394.9081, Florida Statutes, is
2206 repealed.

2207 Section 51. This act shall take effect July 1, 2009.