

By the Committees on Health Regulation; and Children, Families,
and Elder Affairs; and Senator Wise

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1 A bill to be entitled
2 An act relating to substance abuse and mental health
3 services; amending s. 212.055, F.S.; conforming a
4 cross-reference; amending s. 394.67, F.S.; redefining
5 the term "residential treatment center for children
6 and adolescents"; amending s. 394.674, F.S.;
7 establishing priority populations of persons who are
8 eligible for services funded by the Department of
9 Children and Family Services; amending s. 394.908,
10 F.S.; conforming terminology to changes made by the
11 act; amending s. 394.9085, F.S.; conforming a cross-
12 reference; amending s. 397.301, F.S.; deleting an
13 obsolete provision; amending s. 397.305, F.S.;
14 revising the legislative intent, purpose, and
15 findings; amending s. 397.311, F.S.; revising
16 definitions; amending s. 397.321, F.S.; revising the
17 duties of the Department of Children and Family
18 Services; deleting a provision that authorizes the
19 department to establish a pilot project to serve
20 certain persons who qualify to receive substance abuse
21 or mental health services in a specified district;
22 amending s. 397.331, F.S.; revising the term
23 "substance abuse programs and services" or "drug
24 control"; amending s. 397.401, F.S.; providing that it
25 is unlawful for an unlicensed agency to act as a
26 substance abuse service provider; amending s. 397.403,
27 F.S.; revising requirements for a license application;
28 amending s. 397.405, F.S.; providing that physician
29 assistants are exempt from licensing requirements

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

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59 improvement programs"; conforming provisions to
60 changes made by the act; providing that certain
61 records are not admissible in any civil or
62 administrative action except in disciplinary
63 proceedings by the Department of Health, and not the
64 Department of Business and Professional Regulation;
65 revising minimum guidelines for a service provider's
66 quality improvement program; providing additional
67 requirements for a quality improvement program;
68 deleting a provision that requires a quality assurance
69 program to incorporate a peer review process; amending
70 s. 397.427, F.S.; specifying that medication treatment
71 service providers are providers of medication-assisted
72 treatment services for opiate addiction; conforming
73 provisions to changes made by the act; requiring the
74 department to determine the need for establishing
75 medication-assisted treatment services for other
76 substance-use disorders; requiring service providers
77 that provide medication-assisted treatment for other
78 substance-use disorders to provide counseling
79 services; requiring the department to adopt rules to
80 administer medication-assisted treatment services;
81 authorizing a physician assistant, registered nurse,
82 an advanced registered nurse practitioner, and a
83 licensed practical nurse to deliver medication, other
84 than methadone, for the purpose of medication-assisted
85 treatment for opiate addiction under certain
86 conditions; authorizing a physician assistant to
87 deliver takeout medication for opiate treatment to

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88 certain persons; requiring a licensed service provider
89 that provides medication-assisted treatment to adopt
90 written protocols; providing requirements for the
91 protocols; requiring a licensed service provider that
92 provides medication-assisted treatment to maintain and
93 have ready for inspection medical records and
94 protocols; amending s. 397.431, F.S.; conforming
95 provisions to changes made by the act; amending s.
96 397.451, F.S.; providing that inmate substance abuse
97 programs are exempt from level 2 background
98 screenings; clarifying that certain personnel employed
99 in an inmate substance abuse program are exempt from
100 fingerprinting and background check requirements;
101 amending ss. 397.471, 397.501, 397.581, 397.601,
102 397.6751, 397.6752, 397.6758, 397.6773, 397.6797,
103 397.6799, 397.6819, 397.6821, 397.6822, 397.697,
104 397.6971, 397.6975, 397.6977, 397.702, 397.706,
105 397.801, 397.821, 397.94, 397.95, 397.97, 397.99,
106 F.S.; conforming provisions to changes made by the
107 act; amending s. 440.102, F.S.; conforming a cross-
108 reference; amending s. 766.101, F.S.; redefining the
109 term "medical review committee" to include a committee
110 to review mental health and substance abuse treatment
111 services provided by the department; repealing s.
112 394.9081, F.S., relating to target groups for
113 substance abuse and mental health services; providing
114 an effective date.

115

116 Be It Enacted by the Legislature of the State of Florida:

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118 Section 1. Paragraph (e) of subsection (5) of section
119 212.055, Florida Statutes, is amended to read:

120 212.055 Discretionary sales surtaxes; legislative intent;
121 authorization and use of proceeds.—It is the legislative intent
122 that any authorization for imposition of a discretionary sales
123 surtax shall be published in the Florida Statutes as a
124 subsection of this section, irrespective of the duration of the
125 levy. Each enactment shall specify the types of counties
126 authorized to levy; the rate or rates which may be imposed; the
127 maximum length of time the surtax may be imposed, if any; the
128 procedure which must be followed to secure voter approval, if
129 required; the purpose for which the proceeds may be expended;
130 and such other requirements as the Legislature may provide.
131 Taxable transactions and administrative procedures shall be as
132 provided in s. 212.054.

133 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
134 s. 125.011(1) may levy the surtax authorized in this subsection
135 pursuant to an ordinance either approved by extraordinary vote
136 of the county commission or conditioned to take effect only upon
137 approval by a majority vote of the electors of the county voting
138 in a referendum. In a county as defined in s. 125.011(1), for
139 the purposes of this subsection, "county public general
140 hospital" means a general hospital as defined in s. 395.002
141 which is owned, operated, maintained, or governed by the county
142 or its agency, authority, or public health trust.

143 (e) A governing board, agency, or authority shall be
144 chartered by the county commission upon this act becoming law.
145 The governing board, agency, or authority shall adopt and

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146 implement a health care plan for indigent health care services.
147 The governing board, agency, or authority shall consist of no
148 more than seven and no fewer than five members appointed by the
149 county commission. The members of the governing board, agency,
150 or authority shall be at least 18 years of age and residents of
151 the county. No member may be employed by or affiliated with a
152 health care provider or the public health trust, agency, or
153 authority responsible for the county public general hospital.
154 The following community organizations shall each appoint a
155 representative to a nominating committee: the South Florida
156 Hospital and Healthcare Association, the Miami-Dade County
157 Public Health Trust, the Dade County Medical Association, the
158 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
159 County. This committee shall nominate between 10 and 14 county
160 citizens for the governing board, agency, or authority. The
161 slate shall be presented to the county commission and the county
162 commission shall confirm the top five to seven nominees,
163 depending on the size of the governing board. Until such time as
164 the governing board, agency, or authority is created, the funds
165 provided for in subparagraph (d)2. shall be placed in a
166 restricted account set aside from other county funds and not
167 disbursed by the county for any other purpose.

168 1. The plan shall divide the county into a minimum of four
169 and maximum of six service areas, with no more than one
170 participant hospital per service area. The county public general
171 hospital shall be designated as the provider for one of the
172 service areas. Services shall be provided through participants'
173 primary acute care facilities.

174 2. The plan and subsequent amendments to it shall fund a

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175 defined range of health care services for both indigent persons
176 and the medically poor, including primary care, preventive care,
177 hospital emergency room care, and hospital care necessary to
178 stabilize the patient. For the purposes of this section,
179 "stabilization" means stabilization as defined in s. 397.311(35)
180 ~~s. 397.311(30)~~. Where consistent with these objectives, the plan
181 may include services rendered by physicians, clinics, community
182 hospitals, and alternative delivery sites, as well as at least
183 one regional referral hospital per service area. The plan shall
184 provide that agreements negotiated between the governing board,
185 agency, or authority and providers shall recognize hospitals
186 that render a disproportionate share of indigent care, provide
187 other incentives to promote the delivery of charity care to draw
188 down federal funds where appropriate, and require cost
189 containment, including, but not limited to, case management.
190 From the funds specified in subparagraphs (d)1. and 2. for
191 indigent health care services, service providers shall receive
192 reimbursement at a Medicaid rate to be determined by the
193 governing board, agency, or authority created pursuant to this
194 paragraph for the initial emergency room visit, and a per-member
195 per-month fee or capitation for those members enrolled in their
196 service area, as compensation for the services rendered
197 following the initial emergency visit. Except for provisions of
198 emergency services, upon determination of eligibility,
199 enrollment shall be deemed to have occurred at the time services
200 were rendered. The provisions for specific reimbursement of
201 emergency services shall be repealed on July 1, 2001, unless
202 otherwise reenacted by the Legislature. The capitation amount or
203 rate shall be determined prior to program implementation by an

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204 independent actuarial consultant. In no event shall such
205 reimbursement rates exceed the Medicaid rate. The plan must also
206 provide that any hospitals owned and operated by government
207 entities on or after the effective date of this act must, as a
208 condition of receiving funds under this subsection, afford
209 public access equal to that provided under s. 286.011 as to any
210 meeting of the governing board, agency, or authority the subject
211 of which is budgeting resources for the retention of charity
212 care, as that term is defined in the rules of the Agency for
213 Health Care Administration. The plan shall also include
214 innovative health care programs that provide cost-effective
215 alternatives to traditional methods of service and delivery
216 funding.

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

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

225 5. At the end of each fiscal year, the governing board,
226 agency, or authority shall prepare an audit that reviews the
227 budget of the plan, delivery of services, and quality of
228 services, and makes recommendations to increase the plan's
229 efficiency. The audit shall take into account participant
230 hospital satisfaction with the plan and assess the amount of
231 poststabilization patient transfers requested, and accepted or
232 denied, by the county public general hospital.

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

235 394.67 Definitions.—As used in this part, the term:

236 (21) "Residential treatment center for children and
237 adolescents" means a 24-hour residential program, including a
238 therapeutic group home, which provides mental health services to
239 emotionally disturbed children or adolescents as defined in s.
240 394.492(5) or (6) and which is a private for-profit or not-for-
241 profit corporation licensed by the agency ~~under contract with~~
242 ~~the department~~ which offers a variety of treatment modalities in
243 a more restrictive setting.

244 Section 3. Section 394.674, Florida Statutes, is amended to
245 read:

246 394.674 ~~Clinical~~ Eligibility for publicly funded substance
247 abuse and mental health services; fee collection requirements.—

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

253 (a) For adult mental health services:

254 1. Adults who have severe and persistent mental illness, as
255 designated by the department using criteria that include
256 severity of diagnosis, duration of the mental illness, ability
257 to independently perform activities of daily living, and receipt
258 of disability income for a psychiatric condition. Included
259 within this group are:

260 a. Older adults in crisis.

261 b. Older adults who are at risk of being placed in a more

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- 262 restrictive environment because of their mental illness.
- 263 c. Persons deemed incompetent to proceed or not guilty by
264 reason of insanity under chapter 916.
- 265 d. Other persons involved in the criminal justice system.
- 266 e. Persons diagnosed as having co-occurring mental illness
267 and substance abuse disorders.
- 268 2. Persons who are experiencing an acute mental or
269 emotional crisis as defined in s. 394.67(17).
- 270 (b) For children's mental health services:
- 271 1. Children who are at risk of emotional disturbance as
272 defined in s. 394.492(4).
- 273 2. Children who have an emotional disturbance as defined in
274 s. 394.492(5).
- 275 3. Children who have a serious emotional disturbance as
276 defined in s. 394.492(6).
- 277 4. Children diagnosed as having a co-occurring substance
278 abuse and emotional disturbance or serious emotional
279 disturbance.
- 280 (c) For substance abuse treatment services:
- 281 1. Adults who have substance abuse disorders and a history
282 of intravenous drug use.
- 283 2. Persons diagnosed as having co-occurring substance abuse
284 and mental health disorders.
- 285 3. Parents who put children at risk due to a substance
286 abuse disorder.
- 287 4. Persons who have a substance abuse disorder and have
288 been ordered by the court to receive treatment.
- 289 5. Children at risk for initiating drug use.
- 290 6. Children under state supervision.

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291 7. Children who have a substance abuse disorder but who are
292 not under the supervision of a court or in the custody of a
293 state agency.

294 8. Persons identified as being part of a priority
295 population as a condition for receiving services funded through
296 the Center for Mental Health Services and Substance Abuse
297 Prevention and Treatment Block Grants.

298 (2) Crisis services, as defined in s. 394.67, must, within
299 the limitations of available state and local matching resources,
300 be available to each person who is eligible for services under
301 subsection (1), regardless of the person's ability to pay for
302 such services. A person who is experiencing a mental health
303 crisis and who does not meet the criteria for involuntary
304 examination under s. 394.463(1), or a person who is experiencing
305 a substance abuse crisis and who does not meet the involuntary
306 admission criteria in s. 397.675, must contribute to the cost of
307 his or her care and treatment pursuant to the sliding fee scale
308 developed under subsection (4), unless charging a fee is
309 contraindicated because of the crisis situation.

310 (3) Mental health services, substance abuse services, and
311 crisis services, as defined in s. 394.67, must, within the
312 limitations of available state and local matching resources, be
313 available to each person who is eligible for services under
314 subsection (1). Such person must contribute to the cost of his
315 or her care and treatment pursuant to the sliding fee scale
316 developed under subsection (4).

317 (4) The department shall adopt rules to implement client
318 ~~the clinical~~ eligibility, client enrollment, and fee collection
319 requirements for publicly funded substance abuse and mental

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320 health services.

321 (a) The rules must require ~~that~~ each provider under
322 contract with the department which enrolls eligible persons into
323 treatment to develop a sliding fee scale for persons who have a
324 net family income at or above 150 percent of the Federal Poverty
325 Income Guidelines, unless otherwise required by state or federal
326 law. The sliding fee scale must use the uniform schedule of
327 discounts by which a provider under contract with the department
328 discounts its established client charges for services supported
329 with state, federal, or local funds, using, at a minimum,
330 factors such as family income, financial assets, and family size
331 as declared by the person or the person's guardian. The rules
332 must include uniform criteria to be used by all service
333 providers in developing the schedule of discounts for the
334 sliding fee scale.

335 (b) The rules must address the most expensive types of
336 treatment, such as residential and inpatient treatment, in order
337 to make it possible for a client to responsibly contribute to
338 his or her mental health or substance abuse care without
339 jeopardizing the family's financial stability. A person who is
340 not eligible for Medicaid and whose net family income is less
341 than 150 percent of the Federal Poverty Income Guidelines must
342 pay a portion of his or her treatment costs which is comparable
343 to the copayment amount required by the Medicaid program for
344 Medicaid clients pursuant to s. 409.9081.

345 (c) The rules must require that persons who receive
346 financial assistance from the Federal Government because of a
347 disability and are in long-term residential treatment settings
348 contribute to their board and care costs and treatment costs and

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349 must be consistent with the provisions in s. 409.212.

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

354 Section 4. Section 394.908, Florida Statutes, is amended to
355 read:

356 394.908 Substance abuse and mental health funding equity;
357 distribution of appropriations.—In recognition of the historical
358 inequity in the funding of substance abuse and mental health
359 services for the department's districts and regions and to
360 rectify this inequity and provide for equitable funding in the
361 future throughout the state, the following funding process shall
362 be used:

363 (1) Funding thresholds for substance abuse and mental
364 health services in each of the current districts, statewide,
365 shall be established based on the current number of individuals
366 ~~persons~~ in need per district of substance abuse and mental
367 health services, respectively.

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

371 (3)

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

376 1. Epidemiological estimates of disabilities that apply to
377 the respective priority ~~target~~ populations.

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

382 (b) Notwithstanding paragraph (a) and for the 2008-2009
383 fiscal year only, funds appropriated for forensic mental health
384 treatment services shall be allocated to the areas of the state
385 having the greatest demand for services and treatment capacity.
386 This paragraph expires July 1, 2009.

387 (c) Notwithstanding paragraph (a) and for the 2008-2009
388 fiscal year only, additional funds appropriated for mental
389 health services from funds available through the Community-Based
390 Medicaid Administrative Claiming Program shall be allocated as
391 provided in the 2008-2009 General Appropriations Act and in
392 proportion to contributed provider earnings. Where these mental
393 health funds are used in lieu of funds from the General Revenue
394 Fund, the allocation of funds shall be unchanged from the
395 allocation for those funds for the 2007-2008 fiscal year. This
396 paragraph expires July 1, 2009.

397 (4) Priority Target populations for individuals ~~persons~~ in
398 need shall be displayed for each district and distributed
399 concurrently with the approved operating budget. The display by
400 priority target population shall show: The annual number of
401 individuals ~~persons~~ served based on prior year actual numbers,
402 the annual cost per individual ~~person~~ served, and the estimated
403 number of the total priority target population for individuals
404 ~~persons~~ in need.

405 (5) The annual cost per individual ~~person~~ served shall be
406 defined as the total actual funding for each priority target

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407 population divided by the number of individuals ~~persons~~ served
408 in the priority ~~target~~ population for that year.

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

411 394.9085 Behavioral provider liability.—

412 (6) For purposes of this section, the terms "detoxification
413 services program," "addictions receiving facility," and
414 "receiving facility" have the same meanings as those provided in
415 ss. 397.311(18)(a)4., 397.311(18)(a)1., ~~397.311(18)(b),~~
416 ~~397.311(18)(a),~~ and 394.455(26), respectively.

417 Section 6. Section 397.301, Florida Statutes, is amended to
418 read:

419 397.301 Short title.—This act may be cited as the "Hal S.
420 Marchman Alcohol and Other Drug Services Act ~~of 1993.~~"

421 Section 7. Section 397.305, Florida Statutes, is amended to
422 read:

423 397.305 Legislative findings, intent, and purpose.—

424 (1) Substance abuse is a major health problem that affects
425 multiple service systems and leads to such profoundly disturbing
426 consequences as serious impairment, chronic addiction, criminal
427 behavior, vehicular casualties, spiraling health care costs,
428 AIDS, and business losses, and significantly ~~profoundly~~ affects
429 the culture, socialization, and learning ability of children
430 within our schools and educational systems. Substance abuse
431 impairment is a disease which affects the whole family and the
432 whole society and requires a system of care that includes
433 ~~specialized~~ prevention, intervention, clinical ~~and~~ treatment,
434 and recovery support services that support and strengthen the
435 family unit. Further, it is the intent of the Legislature to

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436 require the collaboration of state agencies, service systems,
437 and program offices to achieve the goals of this chapter and
438 address the needs of the public; to establish a comprehensive
439 system of care for substance abuse; and to reduce duplicative
440 requirements across state agencies. This chapter is designed to
441 provide for substance abuse services.

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

445 (3)~~(2)~~ It is the purpose of this chapter to provide for a
446 comprehensive continuum of accessible and quality substance
447 abuse prevention, intervention, clinical and treatment, and
448 recovery support services in the least restrictive environment
449 which promotes long-term recovery while protecting and
450 respecting ~~of optimum care that protects and respects~~ the rights
451 of individuals ~~clients, especially for involuntary admissions,~~
452 primarily through community-based private not-for-profit
453 providers working with local governmental programs involving a
454 wide range of agencies from both the public and private sectors.

455 (4)~~(3)~~ It is the intent of the Legislature to ensure within
456 available resources a full system of care for ~~continuum of~~
457 substance abuse services based on ~~projected~~ identified needs,
458 delivered without discrimination and with adequate provision for
459 specialized needs.

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

463 ~~(4) It is the goal of the Legislature to discourage~~
464 ~~substance abuse by promoting healthy lifestyles and drug-free~~

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465 ~~schools, workplaces, and communities.~~

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

470 ~~(6) It is the intent of the Legislature to require the~~
471 ~~cooperation of departmental programs, services, and program~~
472 ~~offices in achieving the goals of this chapter and addressing~~
473 ~~the needs of clients.~~

474 ~~(6)(7)~~ It is the intent of the Legislature to provide, ~~for~~
475 ~~substance abuse impaired adult and juvenile offenders, an~~
476 ~~alternative to criminal imprisonment~~ for substance abuse
477 impaired adults and juvenile offenders by encouraging the
478 referral of such offenders to service providers not generally
479 available within the juvenile justice and correctional systems,
480 ~~system~~ instead of or in addition to criminal penalties.

481 ~~(7)(8)~~ It is the intent of the Legislature to provide,
482 within the limits of appropriations and safe management of the
483 juvenile justice and correctional systems ~~system~~, substance
484 abuse services to substance abuse impaired offenders who are
485 placed by the Department of Juvenile Justice or who are
486 incarcerated within the Department of Corrections, in order to
487 better enable these offenders or inmates to adjust to the
488 conditions of society presented to them when their terms of
489 placement or incarceration end.

490 ~~(8)(9)~~ It is the intent of the Legislature to provide for
491 assisting substance abuse impaired persons primarily through
492 health and other rehabilitative services in order to relieve the
493 police, courts, correctional institutions, and other criminal

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494 justice agencies of a burden that interferes with their ability
495 to protect people, apprehend offenders, and maintain safe and
496 orderly communities.

497 ~~(10) It is the purpose of the Legislature to establish a~~
498 ~~clear framework for the comprehensive provision of substance~~
499 ~~abuse services in the context of a coordinated and orderly~~
500 ~~system.~~

501 (9)~~(11)~~ It is the intent of the Legislature that the
502 freedom of religion of all citizens shall be inviolate. Nothing
503 in this act shall give any governmental entity jurisdiction to
504 regulate religious, spiritual, or ecclesiastical services.

505 Section 8. Section 397.311, Florida Statutes, is amended to
506 read:

507 397.311 Definitions.—As used in this chapter, except part
508 VIII, the term:

509 (1) "Ancillary services" are services that ~~which~~ include,
510 but are not limited to, special diagnostic, prenatal and
511 postnatal, other medical, mental health, legal, economic,
512 vocational, employment, and educational services.

513 ~~(2) "Assessment" means the systematic evaluation of~~
514 ~~information gathered to determine the nature and severity of the~~
515 ~~client's substance abuse problem and the client's need and~~
516 ~~motivation for services. Assessment entails the use of a~~
517 ~~psychosocial history supplemented, as required by rule, by~~
518 ~~medical examinations, laboratory testing, and psychometric~~
519 ~~measures.~~

520 (2)~~(3)~~ "Authorized agent of the department" means a person
521 designated by the department to conduct any audit, inspection,
522 monitoring, evaluation, or other duty imposed upon the

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523 department pursuant to this chapter. An authorized agent must be
524 qualified by expertise and experience to perform these
525 functions. ~~identified by the department as:~~

526 ~~(a) Qualified by the requisite expertise and experience;~~
527 ~~(b) Having a need to know the applicable information; and~~
528 ~~(c) Having the assigned responsibility to carry out the~~
529 ~~applicable duty.~~

530 (3)(4) "Beyond the safe management capabilities of the
531 service provider" refers to an individual ~~a client~~ who is in
532 need of:

533 (a) Supervision;
534 (b) Medical care; or
535 (c) Services,

536
537 beyond that which the service provider or service component can
538 deliver.

539 (4) "Clinical assessment" means the collection of detailed
540 information concerning an individual's substance use, emotional
541 and physical health, social roles, and other areas that may
542 reflect the severity of the individual's abuse of alcohol or
543 drugs. The collection of information serves as a basis for
544 identifying an appropriate treatment regimen.

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

548 ~~(6) "Client identifying information" means the name,~~
549 ~~address, social security number, fingerprints, photograph, and~~
550 ~~similar information by which the identity of a client can be~~
551 ~~determined with reasonable accuracy and speed either directly or~~

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552 ~~by reference to other publicly available information.~~

553 ~~(5)-(7) "Court" means, with respect to all involuntary~~
554 ~~proceedings under this chapter, the circuit court of the county~~
555 ~~in which the judicial proceeding is pending or where the~~
556 ~~substance abuse impaired person resides or is located, and~~
557 ~~includes any general or special magistrate that may be appointed~~
558 ~~by the chief judge to preside over all or part of such~~
559 ~~proceeding. Otherwise, "court" refers to the court of legal~~
560 ~~jurisdiction in the context in which the term is used in this~~
561 ~~chapter.~~

562 ~~(6)-(8) "Department" means the Department of Children and~~
563 ~~Family Services.~~

564 ~~(7)-(9) "Director" means the chief administrative or~~
565 ~~executive officer of a service provider.~~

566 ~~(8)-(10) "Disclose" or "disclosure" means a communication of~~
567 ~~client identifying information, the affirmative verification of~~
568 ~~another person's communication of client identifying~~
569 ~~information, or the communication of any information regarding~~
570 ~~an individual of a client who has received services been~~
571 ~~identified. Any disclosure made pursuant to this chapter must be~~
572 ~~limited to that information which is necessary to carry out the~~
573 ~~purpose of the disclosure.~~

574 ~~(9)-(11) "Fee system" means a method of establishing charges~~
575 ~~for services rendered, in accordance with an individual's a~~
576 ~~client's ability to pay, used by providers that receive state~~
577 ~~funds.~~

578 ~~(10)-(12) "For profit" means registered as for profit by the~~
579 ~~Secretary of State and recognized by the Internal Revenue~~
580 ~~Service as a for-profit entity.~~

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581 (11)~~(13)~~ "Habitual abuser" means a person who is brought to
582 the attention of law enforcement for being substance impaired,
583 who meets the criteria for involuntary admission in s. 397.675,
584 and who has been taken into custody for such impairment three or
585 more times during the preceding 12 months.

586 (12)~~(14)~~ "Hospital" means a hospital or hospital-based
587 component licensed under chapter 395.

588 (13) "Identifying information" means the name, address,
589 social security number, fingerprints, photograph, and similar
590 information by which the identity of an individual can be
591 determined with reasonable accuracy directly or by reference to
592 other publicly available information.

593 (14)~~(15)~~ "Impaired" or "substance abuse impaired" means a
594 condition involving the use of alcoholic beverages or any
595 psychoactive or mood-altering substance in such a manner as to
596 induce mental, emotional, or physical problems and cause
597 socially dysfunctional behavior.

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

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

605 (16)~~(17)~~ "Law enforcement officer" means a law enforcement
606 officer as defined in s. 943.10(1).

607 (17)~~(18)~~ "Licensed service provider" means a public agency
608 under this chapter, a private for-profit or not-for-profit
609 agency under this chapter, a physician or any other private

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610 practitioner licensed under this chapter, or a hospital that
611 offers substance abuse ~~impairment~~ services through one or more
612 licensed of the following licensable service components.

613 (18) Licensed service components include a comprehensive
614 continuum of accessible and quality substance abuse prevention,
615 intervention, and clinical treatment services, including the
616 following services:

617 (a) "Clinical treatment" means a professionally directed,
618 deliberate, and planned regimen of services and interventions
619 that are designed to reduce or eliminate the misuse of drugs and
620 alcohol and promote a healthy, drug-free lifestyle. As defined
621 by rule, "clinical treatment services" include, but are not
622 limited to, the following licensable service components:

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

629 2. "Day or night treatment" is a service provided in a
630 nonresidential environment, with a structured schedule of
631 treatment and rehabilitative services.

632 3. "Day or night treatment with community housing" means a
633 program intended for individuals who can benefit from living
634 independently in peer community housing while participating in
635 treatment services for a minimum of 5 hours a day for a minimum
636 of 25 hours per week.

637 4. "Detoxification" is a service involving subacute care
638 that is provided on an inpatient or an outpatient basis to

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639 assist individuals to withdraw from the physiological and
640 psychological effects of substance abuse and who meet the
641 placement criteria for this component.

642 5. "Intensive inpatient treatment" includes a planned
643 regimen of evaluation, observation, medical monitoring, and
644 clinical protocols delivered through an interdisciplinary team
645 approach provided 24 hours per day, 7 days per week, in a highly
646 structured, live-in environment.

647 6. "Intensive outpatient treatment" is a service that
648 provides individual or group counseling in a more structured
649 environment, is of higher intensity and duration than outpatient
650 treatment, and is provided to individuals who meet the placement
651 criteria for this component.

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

657 8. "Outpatient treatment" is a service that provides
658 individual, group, or family counseling by appointment during
659 scheduled operating hours for individuals who meet the placement
660 criteria for this component.

661 9. "Residential treatment" is a service provided in a
662 structured live-in environment within a nonhospital setting on a
663 24-hours-per-day, 7-days-per-week basis, and is intended for
664 individuals who meet the placement criteria for this component.

665 (b) "Intervention" means structured services directed
666 toward individuals or groups at risk of substance abuse and
667 focused on reducing or impeding those factors associated with

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668 the onset or the early stages of substance abuse and related
669 problems.

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

674 ~~(a) Addictions receiving facility, which is a community-~~
675 ~~based facility designated by the department to receive, screen,~~
676 ~~and assess clients found to be substance abuse impaired, in need~~
677 ~~of emergency treatment for substance abuse impairment, or~~
678 ~~impaired by substance abuse to such an extent as to meet the~~
679 ~~criteria for involuntary admission in s. 397.675, and to provide~~
680 ~~detoxification and stabilization. An addictions receiving~~
681 ~~facility must be state-owned, state-operated, or state-~~
682 ~~contracted, and licensed pursuant to rules adopted by the~~
683 ~~department's Substance Abuse Program Office which include~~
684 ~~specific authorization for the provision of levels of care and a~~
685 ~~requirement of separate accommodations for adults and minors.~~
686 ~~Addictions receiving facilities are designated as secure~~
687 ~~facilities to provide an intensive level of care and must have~~
688 ~~sufficient staff and the authority to provide environmental~~
689 ~~security to handle aggressive and difficult-to-manage behavior~~
690 ~~and deter elopement.~~

691 ~~(b) Detoxification, which uses medical and psychological~~
692 ~~procedures and a supportive counseling regimen to assist clients~~
693 ~~in managing toxicity and withdrawing and stabilizing from the~~
694 ~~physiological and psychological effects of substance abuse~~
695 ~~impairment.~~

696 ~~(c) Intensive inpatient treatment, which includes a planned~~

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697 ~~regimen of professionally directed evaluation, observation,~~
698 ~~medical monitoring, and clinical protocols provided 24 hours per~~
699 ~~day, 7 days per week, in a highly structured, live-in~~
700 ~~environment.~~

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

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

706 ~~2. Facilities that are used for room and board only and in~~
707 ~~which treatment and rehabilitation activities are provided on a~~
708 ~~mandatory basis at locations other than the primary residential~~
709 ~~facility. In this case, facilities used for room and board and~~
710 ~~for treatment and rehabilitation are operated under the auspices~~
711 ~~of the same provider, and licensing and regulatory requirements~~
712 ~~would apply to both the residential facility and all other~~
713 ~~facilities in which treatment and rehabilitation activities~~
714 ~~occur.~~

715 ~~(e) Day and night treatment, which provides a~~
716 ~~nonresidential environment with a structured schedule of~~
717 ~~treatment and rehabilitation services.~~

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

721 ~~(g) Medication and methadone maintenance treatment that~~
722 ~~uses methadone or other medication as authorized by state and~~
723 ~~federal law, in conjunction with medical, rehabilitative, and~~
724 ~~counseling services in the treatment of clients who are~~
725 ~~dependent upon opioid drugs.~~

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726 ~~(h) Prevention, which is a process involving strategies~~
727 ~~aimed at the individual, the environment, or the substance,~~
728 ~~which strategies preclude, forestall, or impede the development~~
729 ~~of substance abuse problems and promote responsible personal and~~
730 ~~social growth of individuals and families toward full human~~
731 ~~potential.~~

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

736 (19) "Medication-assisted treatment (MAT)" is the use of
737 medications approved by the United States Food and Drug
738 Administration, in combination with counseling and behavioral
739 therapies, to provide a holistic approach to the treatment of
740 substance abuse.

741 ~~(20)~~(19) "Medical monitoring" means oversight and
742 treatment, 24 hours per day by medical personnel who are
743 licensed under chapter 458, chapter 459, or chapter 464, of
744 individuals ~~clients~~ whose subacute biomedical, emotional,
745 ~~psychosocial, behavioral, or cognitive~~ problems are so severe
746 that the individuals ~~clients~~ require intensive inpatient
747 treatment by an interdisciplinary team.

748 ~~(21)~~(20) "Not for profit" means registered as not for
749 profit by the Secretary of State and recognized by the Internal
750 Revenue Service as a not-for-profit entity.

751 ~~(22)~~(21) "Physician" means a person licensed under chapter
752 458 to practice medicine or licensed under chapter 459 to
753 practice osteopathic medicine, and may include, if the context
754 so indicates, an intern or resident enrolled in an intern or

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755 resident training program affiliated with an approved medical
756 school, hospital, or other facility through which training
757 programs are normally conducted.

758 (23) "Physician assistant" means a person licensed under
759 chapter 458 or chapter 459 to practice medicine under the
760 supervision of a physician or psychiatrist whose specialty
761 includes substance abuse treatment.

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

765 (24)~~(23)~~ "Private practitioner" means a physician or a
766 physician assistant licensed under chapter 458 or chapter 459, a
767 psychologist licensed under chapter 490, or a clinical social
768 worker, marriage and family therapist, or mental health
769 counselor licensed under chapter 491.

770 (25)~~(24)~~ "Program evaluation" or "evaluation" means a
771 systematic measurement of a service provider's achievement of
772 desired individual ~~client~~ or service outcomes.

773 (26)~~(25)~~ "Qualified professional" means a physician or a
774 physician assistant licensed under chapter 458 or chapter 459; a
775 professional licensed under chapter 490 or chapter 491; an
776 advanced registered nurse practitioner having a specialty in
777 psychiatry licensed under part I of chapter 464; or a person who
778 is certified through a department-recognized certification
779 process for substance abuse treatment services and who holds, at
780 a minimum, a bachelor's degree. A person who is certified in
781 substance abuse treatment services by a state-recognized
782 certification process in another state at the time of employment
783 with a licensed substance abuse provider in this state may

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784 perform the functions of a qualified professional as defined in
785 this chapter but must meet certification requirements contained
786 in this subsection no later than 1 year after his or her date of
787 employment.

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

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

795 (29) "Recovery support" means services designed to
796 strengthen or assist individuals to regain skills, develop the
797 environmental supports necessary to help the individual thrive
798 in the community, and meet life goals that promote recovery from
799 alcohol and drug use. These services include, but are not
800 limited to, economic, vocational, employment, educational,
801 housing, and other ancillary services.

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

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

808 (31)-(27) "Secure facility," except where the context
809 indicates a correctional system facility, means a provider that
810 has the authority to deter the premature departure of
811 involuntary individuals ~~clients~~ whose leaving constitutes a
812 violation of a court order or community-based supervision as

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813 provided by law. The term "secure facility" includes additions
814 receiving facilities and facilities authorized by local
815 ordinance for the treatment of habitual abusers.

816 (32) "Service component" or "component" means a discrete
817 operational entity within a service provider which is subject to
818 licensing as defined by rule. Service components include
819 prevention, intervention, and clinical treatment described in
820 subsection (17).

821 (33)~~(28)~~ "Service provider" or "provider" means a public
822 agency, a private for-profit or not-for-profit agency, a person
823 who is a private practitioner, or a hospital licensed under this
824 chapter or exempt from licensure under this chapter.

825 (34)~~(29)~~ "Service provider personnel" or "personnel"
826 includes all owners, directors, chief financial officers, staff,
827 and volunteers, including foster parents, of a service provider.

828 (35)~~(30)~~ "Stabilization" means:

- 829 (a) Alleviation of a crisis condition; or
830 (b) Prevention of further deterioration,

831
832 and connotes short-term emergency treatment.

833 (36) "Substance abuse" means the misuse or abuse of, or
834 dependence on alcohol, illicit drugs, or prescription
835 medications. As an individual progresses along this continuum of
836 misuse, abuse, and dependence, there is an increased need for
837 substance abuse intervention and treatment to help abate the
838 problem.

839 (37) "Substate entity" means a departmental office
840 designated to serve a geographical area specified by the
841 department.

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842 (38) "System of care" means a coordinated continuum of
843 community-based services and supports that are organized to meet
844 the challenges and needs of individuals who are at risk of
845 developing substance abuse problems or individuals who have
846 substance abuse problems.

847 (39) "Treatment plan" means an immediate and a long-range
848 plan based upon an individual's assessed needs and used to
849 address and monitor an individual's recovery from substance
850 abuse.

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

854 397.321 Duties of the department.—The department shall:

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

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

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

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

862 (c) ~~Client~~ Referral.

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

864 (e) ~~Client~~ Followup.

865 (14) In cooperation with service providers, foster and
866 actively seek additional funding to enhance resources for
867 prevention, intervention, clinical and treatment, and recovery
868 support services, including, but not limited to, the development
869 of partnerships with:

870 (a) Private industry.

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871 (b) Intradepartmental and interdepartmental program
872 offices, including, but not limited to, child care services;
873 family safety; delinquency services; health services; economic
874 services; and children's medical services.

875 (c) State agencies, including, but not limited to, the
876 Department ~~Departments~~ of Corrections, the Department of
877 Education, the Department of Juvenile Justice, the Department of
878 Community Affairs, the Department of Elderly Affairs, the
879 Department of Health, the Department of Financial Services, and
880 the Agency for Health Care Administration ~~Insurance~~.

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

883 (18)~~(17)~~ Provide sufficient and qualified staff to oversee
884 all contracting, licensing, and planning functions within each
885 of its substate ~~district~~ offices, as permitted by legislative
886 appropriation.

887 (19)~~(18)~~ Ensure that the department develops and ensures
888 the implementation of procedures between its Substance Abuse
889 Program Office and other departmental programs regarding the
890 referral of substance abuse impaired persons to service
891 providers, information on service providers, information on
892 methods of identifying substance abuse impaired juveniles, and
893 procedures for referring such juveniles to appropriate service
894 providers.

895 (20)~~(19)~~ Designate addictions receiving facilities for the
896 purpose of ensuring that only qualified service providers render
897 services within the context of a secure facility setting.

898 ~~(20) The department may establish in District 9, in~~
899 ~~cooperation with the Palm Beach County Board of County~~

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900 ~~Commissioners, a pilot project to serve in a managed care~~
901 ~~arrangement non-Medicaid eligible persons who qualify to receive~~
902 ~~substance abuse or mental health services from the department.~~
903 ~~The department may contract with a not-for-profit entity to~~
904 ~~conduct the pilot project. The results of the pilot project~~
905 ~~shall be reported to the district administrator, and the~~
906 ~~secretary 18 months after the initiation. The department shall~~
907 ~~incur no additional administrative costs for the pilot project.~~

908 Section 10. Paragraph (b) of subsection (1) of section
909 397.331, Florida Statutes, is amended to read:

910 397.331 Definitions; legislative intent.—

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

912 (b) "Substance abuse programs and services" or "drug
913 control" applies generally to the broad continuum of prevention,
914 intervention, clinical and treatment, recovery support
915 initiatives, and efforts to limit substance abuse, and also
916 ~~includes~~ initiatives and efforts by law enforcement agencies to
917 limit substance abuse.

918 Section 11. Subsections (1), (3), and (4) of section
919 397.401, Florida Statutes, are amended to read:

920 397.401 License required; penalty; injunction; rules
921 waivers.—

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

925 (3) The department may maintain an action in circuit court
926 to enjoin the unlawful operation of a substance abuse service
927 provider if the department first gives the violator 14 days'
928 notice of its intent to maintain such action and the violator

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929 fails to apply for licensure within that 14-day period. If the
930 department determines that the health, safety, and welfare of
931 individuals are clients ~~is~~ jeopardized, the department may move
932 to enjoin the operation at any time during the 14-day period. If
933 the service provider has already applied for licensure under
934 this chapter and has been denied licensure, the department may
935 move immediately to obtain an injunction.

936 (4) In accordance with this subsection, the department may
937 waive rules adopted pursuant to this chapter in order to allow
938 service providers to demonstrate and evaluate innovative or
939 cost-effective substance abuse services alternatives. Rules
940 waivers may be granted only in instances where there is
941 reasonable assurance that the health, safety, or welfare of
942 individuals clients will not be endangered. To apply for a rules
943 waiver, the applicant must be a service provider licensed under
944 this chapter and must submit to the department a written
945 description of the concept to be demonstrated, including:

946 (a) Objectives and anticipated benefits.

947 (b) The number and types of individuals clients who will be
948 affected.

949 (c) A description of how the demonstration will be
950 evaluated.

951 (d) Any other information requested by the department.
952

953 A service provider granted a rules waiver under this subsection
954 must submit a detailed report of the results of its findings to
955 the department within 12 months after receiving the rules
956 waiver. Upon receiving and evaluating the detailed report, the
957 department may renew or revoke the rules waiver or seek any

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958 regulatory or statutory changes necessary to allow other service
959 providers to implement the same alternative service.

960 Section 12. Paragraph (e) of subsection (1) and subsection
961 (3) of section 397.403, Florida Statutes, are amended to read:
962 397.403 License application.—

963 (1) Applicants for a license under this chapter must apply
964 to the department on forms provided by the department and in
965 accordance with rules adopted by the department. Applications
966 must include at a minimum:

967 (e) Sufficient information to conduct background screening
968 as provided in s. 397.451.

969 1. If the results of the background screening indicate that
970 any owner, director, or chief financial officer has been found
971 guilty of, regardless of adjudication, or has entered a plea of
972 nolo contendere or guilty to any offense prohibited under the
973 screening standard, a license may not be issued to the applicant
974 service provider unless an exemption from disqualification has
975 been granted by the department as set forth in chapter 435. The
976 owner, director, or chief financial officer ~~manager~~ has 90 days
977 within which to obtain the required exemption, during which time
978 the applicant's license remains in effect.

979 2. If any owner, director, or chief financial officer is
980 arrested or found guilty of, regardless of adjudication, or has
981 entered a plea of nolo contendere or guilty to any offense
982 prohibited under the screening standard while acting in that
983 capacity, the provider shall immediately remove the person from
984 that position and shall notify the department within 2 days
985 after such removal, excluding weekends and holidays. Failure to
986 remove the owner, director, or chief financial officer ~~manager~~

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987 will result in revocation of the provider's license.

988 (3) The department shall accept proof of accreditation by
989 the Commission on Accreditation of Rehabilitation Facilities
990 (CARF) ~~CARF the Rehabilitation Accreditation Commission~~ or the
991 ~~Joint Commission on Accreditation of Health Care Organizations~~
992 ~~(JCAHCO)~~, or through any other nationally recognized
993 certification process that is acceptable to the department and
994 meets the minimum licensure requirements under this chapter, in
995 lieu of requiring the applicant to submit the information
996 required by paragraphs (1) (a)-(c).

997 Section 13. Section 397.405, Florida Statutes, is amended
998 to read:

999 397.405 Exemptions from licensure.—The following are exempt
1000 from the licensing provisions of this chapter:

1001 (1) A hospital or hospital-based component licensed under
1002 chapter 395.

1003 (2) A nursing home facility as defined in s. 400.021.

1004 (3) A substance abuse education program established
1005 pursuant to s. 1003.42.

1006 (4) A facility or institution operated by the Federal
1007 Government.

1008 (5) A physician or physician assistant licensed under
1009 chapter 458 or chapter 459.

1010 (6) A psychologist licensed under chapter 490.

1011 (7) A social worker, marriage and family therapist, or
1012 mental health counselor licensed under chapter 491.

1013 (8) A ~~An established and~~ legally cognizable church or
1014 nonprofit religious organization or denomination providing
1015 substance abuse services, including prevention services, which

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1016 are solely ~~exclusively~~ religious, spiritual, or ecclesiastical
1017 in nature. A church or nonprofit religious organization or
1018 denomination providing any of the licensed ~~licensable~~ service
1019 components itemized under s. 397.311(18) is not exempt from
1020 substance abuse licensure ~~for purposes of its provision of such~~
1021 ~~licensable service components~~ but retains its exemption with
1022 respect to all services which are solely ~~exclusively~~ religious,
1023 spiritual, or ecclesiastical in nature.

1024 (9) Facilities licensed under chapter 393 which, in
1025 addition to providing services to persons with developmental
1026 disabilities, also provide services to persons developmentally
1027 at risk as a consequence of exposure to alcohol or other legal
1028 or illegal drugs while in utero.

1029 (10) DUI education and screening services provided pursuant
1030 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
1031 or entities providing treatment services must be licensed under
1032 this chapter unless exempted from licensing as provided in this
1033 section.

1034 (11) A facility licensed under s. 394.875 as a crisis
1035 stabilization unit.

1036
1037 The exemptions from licensure in this section do not apply to
1038 any service provider that receives an appropriation, grant, or
1039 contract from the state to operate as a service provider as
1040 defined in this chapter or to any substance abuse program
1041 regulated pursuant to s. 397.406. Furthermore, this chapter may
1042 not be construed to limit the practice of a physician or
1043 physician assistant licensed under chapter 458 or chapter 459, a
1044 psychologist licensed under chapter 490, ~~or~~ a psychotherapist

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1045 licensed under chapter 491, or an advanced registered nurse
1046 practitioner licensed under part I of chapter 464, who provides
1047 substance abuse treatment, so long as the physician, physician
1048 assistant, psychologist, ~~or~~ psychotherapist, or advanced
1049 registered nurse practitioner does not represent to the public
1050 that he or she is a licensed service provider and does not
1051 provide services to individuals ~~clients~~ pursuant to part V of
1052 this chapter. Failure to comply with any requirement necessary
1053 to maintain an exempt status under this section is a misdemeanor
1054 of the first degree, punishable as provided in s. 775.082 or s.
1055 775.083.

1056 Section 14. Section 397.406, Florida Statutes, is amended
1057 to read:

1058 397.406 Licensure and regulation of government-operated
1059 substance abuse programs.—Substance abuse programs operated
1060 directly or under contract by the department, the Department of
1061 Corrections, the Department of Juvenile Justice, any other state
1062 agency, or any local correctional agency or authority, which
1063 programs constitute any service provider licensable components
1064 as defined in this chapter, are subject to licensure and
1065 regulation in accordance with rules jointly developed by the
1066 department and the state or local agency operating the program.
1067 The department has authority to promulgate rules exempting such
1068 government-operated programs from specific licensure provisions
1069 of this part, including, but not limited to, licensure fees and
1070 personnel background checks, and to enforce the regulatory
1071 requirements governing such programs.

1072 Section 15. Section 397.407, Florida Statutes, is amended
1073 to read:

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1074 397.407 Licensure process; fees.-

1075 (1) The department shall establish by rule the licensure
1076 process to include fees and categories of licenses ~~fees by rule.~~

1077 The rule must prescribe a fee range that is based, at least in
1078 part, on the number and complexity of programs listed in s.

1079 397.311(18) which are operated by a licensee. ~~The fee range must~~
1080 ~~be implemented over a 5-year period. The fee schedule for~~

1081 ~~licensure of service components must be increased annually in~~
1082 ~~substantially equal increments so that, by July 1, 1998, The~~

1083 fees from the licensure of service components are sufficient to
1084 cover at least 50 percent of the costs of regulating the service

1085 components. The department shall specify by rule a fee range for
1086 public and privately funded and phase-in plan for privately

1087 ~~funded licensed service providers and a fee range and phase-in~~
1088 ~~plan for publicly funded licensed service providers. Fees for~~

1089 privately funded licensed service providers must exceed the fees
1090 for publicly funded licensed service providers. During adoption

1091 of the rule governing the licensure process and fees, the
1092 department shall carefully consider the potential adverse impact

1093 on small, not-for-profit service providers. The first-year
1094 phase-in licensure fees must be at least \$150 per initial

1095 license. The rule must provide for a reduction in licensure fees
1096 for licensed service providers who hold more than one license.

1097 (2) The department shall assess a fee of \$100 per licensed
1098 service component ~~license~~ for the late filing of an application
1099 for renewal of a license.

1100 (3) Licensure and renewal fees must be deposited in the
1101 Operations and Maintenance Trust Fund to be used for the actual
1102 cost of monitoring, inspecting, and overseeing licensed service

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1103 providers.

1104 (4) Each application for licensure or renewal must be
1105 accompanied by the required fee, except that a service provider
1106 that has an all-volunteer staff is exempt from the licensure and
1107 renewal fees.

1108 (5) The department may issue probationary, regular, and
1109 interim licenses. After adopting the rule governing the
1110 licensure process and fees, the department shall issue one
1111 license for each service component that is operated by a service
1112 provider and defined in rule pursuant to s. 397.311(18). The
1113 license is valid only for the specific service components listed
1114 for each specific location identified on the license. The
1115 licensed service provider shall apply for a new license at least
1116 60 days before the addition of any service components or 30 days
1117 before the relocation of any of its service sites. Provision of
1118 service components or delivery of services at a location not
1119 identified on the license may be considered an unlicensed
1120 operation that authorizes the department to seek an injunction
1121 against operation as provided in s. 397.401, in addition to
1122 other sanctions authorized by s. 397.415. Probationary and
1123 regular licenses may be issued only after all required
1124 information has been submitted. A license may not be
1125 transferred. As used in this subsection, the term "transfer"
1126 includes, but is not limited to, the transfer of a majority of
1127 the ownership interest in the licensed entity or transfer of
1128 responsibilities under the license to another entity by
1129 contractual arrangement.

1130 (6) A probationary license may be issued to a service
1131 provider applicant in the initial stages of developing services

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1132 that are not yet fully operational upon completion of all
1133 application requirements itemized in s. 397.403(1) and upon
1134 demonstration of the applicant's ability to comply with all
1135 applicable statutory and regulatory requirements. A probationary
1136 license expires 90 days after issuance and may be reissued once
1137 for an additional 90-day period if the applicant has
1138 substantially complied with all requirements for regular
1139 licensure or has initiated action to satisfy all requirements.
1140 During the probationary period the department shall monitor the
1141 delivery of services. Notwithstanding s. 120.60(5), the
1142 department may order a probationary licensee to cease and desist
1143 operations at any time it is found to be substantially out of
1144 compliance with licensure standards. This cease-and-desist order
1145 is exempt from the requirements of s. 120.60(6).

1146 (7) A regular license may be issued to:

1147 (a) A new applicant at the end of the probationary period.

1148 (b) A licensed applicant that holds a regular license and
1149 is seeking renewal.

1150 (c) An applicant for a service component operating under an
1151 interim license upon successful satisfaction of the requirements
1152 for a regular license.

1153
1154 In order to be issued a regular license, the applicant must be
1155 in compliance with statutory and regulatory requirements.
1156 Standards and timeframes for the issuance of a regular license
1157 must be established by rule. An application for renewal of a
1158 regular license must be submitted to the department at least 60
1159 days before the license expires.

1160 (8) The department may issue an interim license to a

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1161 service provider for a period established by the department
1162 which does not exceed 90 days if the department finds that:

1163 (a) A service component of the provider is in substantial
1164 noncompliance with licensure standards;

1165 (b) The service provider has failed to provide satisfactory
1166 proof of conformance to fire, safety, or health requirements; or

1167 (c) The service provider is involved in license suspension
1168 or revocation proceedings.

1169
1170 An interim license applies only to the licensable service
1171 component of the provider's services which is in substantial
1172 noncompliance with statutory or regulatory requirements. An
1173 interim license expires 90 days after it is issued; however, it
1174 may be reissued once for an additional 90-day period in a case
1175 of extreme hardship in which the noncompliance is not
1176 attributable to the licensed service provider. If the service
1177 provider is appealing the final disposition of license
1178 suspension or revocation proceedings, the court before which the
1179 appeal is taken may order the extension of the interim license
1180 for a period specified in the order.

1181 (9) A separate license is required for each service
1182 component maintained by the service provider.

1183 (10) The license must be displayed in a conspicuous place
1184 inside the facility providing the licensed service component.

1185 Section 16. Section 397.409, Florida Statutes, is repealed.

1186 Section 17. Subsection (3) of section 397.411, Florida
1187 Statutes, is amended, present subsection (5) of that section is
1188 redesignated as subsection (6), and a new subsection (5) is
1189 added to that section, to read:

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1190 397.411 Inspection; right of entry; records.—

1191 (3) Notwithstanding the confidentiality provisions of this
 1192 chapter, a designated and authorized agent of the department may
 1193 access the records of the individuals served by ~~clients of~~
 1194 licensed service providers, but only for purposes of licensing,
 1195 monitoring, and investigation. The department may interview
 1196 individuals ~~clients~~, as specified by rule.

1197 (5) In an effort to coordinate inspections among agencies,
 1198 the department shall notify applicable state agencies of any
 1199 scheduled licensure inspections of service providers jointly
 1200 funded by the agencies.

1201 Section 18. Subsections (1), (2), and (4) of section
 1202 397.415, Florida Statutes, are amended to read:

1203 397.415 Denial, suspension, and revocation; other
 1204 remedies.—

1205 (1) If the department determines that an applicant or
 1206 licensed service provider or licensed service component thereof
 1207 is not in compliance with all statutory and regulatory
 1208 requirements, the department may deny, suspend, revoke, or
 1209 impose reasonable restrictions or penalties on the license or
 1210 any portion of the license. In such case, the department:

1211 (a) May impose a moratorium on admissions to any service
 1212 component of a licensed service provider if the department
 1213 determines that conditions ~~within such component~~ are a threat to
 1214 the public health or safety.

1215 (b) May impose an administrative penalty of up to \$500 per
 1216 day against a licensed service provider operating in violation
 1217 of any fire-related, safety-related, or health-related statutory
 1218 or regulatory requirement. Fines collected under this paragraph

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1219 must be deposited in the Operations and Maintenance Substance
1220 ~~Abuse Impairment Provider Licensing~~ Trust Fund.

1221 (c) May suspend or revoke the license of a service provider
1222 or may suspend or revoke the license as to the operation of any
1223 service component or location identified on the license if,
1224 after notice, the department ~~it~~ determines that a service
1225 provider has failed to correct the substantial or chronic
1226 violation of any statutory or regulatory requirement that such
1227 ~~as~~ impacts the quality of ~~client~~ care.

1228 (2) If a provider's license is revoked ~~of a facility or any~~
1229 ~~service component of a facility is revoked~~, the service provider
1230 is barred from submitting any application for licensure of the
1231 affected facility or service component to the department for a
1232 period of 1 year after the revocation. If the provider's license
1233 is revoked as to any service component or location identified on
1234 the license, the provider is barred from applying for licensure
1235 of the affected service component or location for 1 year after
1236 the revocation.

1237 (4) The department may maintain an action in court to
1238 enjoin the operation of any licensed or unlicensed provider,
1239 service component, or location ~~facility~~ in violation of this
1240 chapter or the rules adopted under this chapter.

1241 Section 19. Section 397.416, Florida Statutes, is amended
1242 to read:

1243 397.416 Substance abuse treatment services; qualified
1244 professional.—Notwithstanding any other provision of law, a
1245 person who was certified through a certification process
1246 recognized by the former Department of Health and Rehabilitative
1247 Services before January 1, 1995, may perform the duties of a

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1248 qualified professional with respect to substance abuse treatment
1249 services as defined in this chapter, and need not meet the
1250 certification requirements contained in s. 397.311(26) ~~s.~~
1251 ~~397.311(25)~~.

1252 Section 20. Section 397.419, Florida Statutes, is amended
1253 to read:

1254 397.419 Quality improvement ~~assurance~~ programs.—

1255 (1) Each service provider must maintain a ~~an ongoing~~
1256 quality improvement ~~assurance~~ program to objectively and
1257 systematically monitor and evaluate the appropriateness and
1258 quality of ~~client~~ care, to ensure that services are rendered
1259 consistent with prevailing professional standards, and to
1260 identify and resolve problems.

1261 (2) For each service provider, a written plan must be
1262 developed with a copy made available upon request ~~submitted~~ to
1263 the department which addresses the minimum guidelines for the
1264 provider's quality improvement ~~assurance~~ program, including, but
1265 not limited to:

1266 (a) Individual Client ~~client~~ care and services standards.

1267 (b) Individual Client ~~client~~ records maintenance procedures.

1268 (c) Staff development policies and procedures.

1269 (d) Service-environment ~~Facility~~ safety and maintenance
1270 standards.

1271 (e) Peer review and utilization management ~~review~~
1272 procedures.

1273 (f) Incident reporting policies and procedures that
1274 include, including ~~including~~ verification of corrective action, and
1275 provision for reporting to the department within a time period
1276 prescribed by rule, documentation that incident reporting is the

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1277 affirmative duty of all staff, and a provision that specifies
1278 that a person who files an incident report may not be subjected
1279 to any civil action by virtue of that incident report.

1280 (3) The quality improvement ~~assurance~~ program is the
1281 responsibility of the director and is subject to review and
1282 approval by the governing board of the service provider.

1283 (4) Each director shall designate a person who is an
1284 employee of or under contract with the service provider as the
1285 provider's quality improvement ~~assurance~~ manager.

1286 ~~(5) Incident reporting is the affirmative duty of all~~
1287 ~~staff.~~

1288 ~~(6) A person who files an incident report may not be~~
1289 ~~subjected to any civil action by virtue of that incident report.~~

1290 (5)~~(7)~~ The department may access all service provider
1291 records necessary to determine compliance with this section.
1292 Records relating solely to actions taken in carrying out this
1293 section and records obtained by the department to determine a
1294 provider's compliance with this section are confidential and
1295 exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a), Art. I
1296 of the State Constitution. Such records are not admissible in
1297 any civil or administrative action except in disciplinary
1298 proceedings by the Department of Health Business ~~and~~
1299 ~~Professional Regulation~~ or the appropriate regulatory board, and
1300 are not part of the record of investigation and prosecution in
1301 disciplinary proceedings made available to the public by the
1302 Department of Health Business ~~and Professional Regulation~~ or the
1303 appropriate regulatory board. Meetings or portions of meetings
1304 of quality improvement ~~assurance~~ program committees that relate
1305 solely to actions taken pursuant to this section are exempt from

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1306 s. 286.011.

1307 ~~(6)-(8)~~ The quality improvement assurance program must also
 1308 ~~shall be implemented as part of the department's contract~~
 1309 ~~management process. The quality assurance program shall:~~

1310 ~~(a) Track performance measures and standards established by~~
 1311 ~~the Legislature as part of the performance-based program~~
 1312 ~~budgeting process;~~

1313 ~~(a)-(b)~~ Provide a framework for evaluating outcomes ~~which is~~
 1314 ~~separate from the performance-based program budgeting process,~~
 1315 including:

1316 1. Output measures, such as capacities, technologies, and
 1317 infrastructure, that make up the system of care.

1318 2. Process measures, such as administrative and clinical
 1319 components of treatment.

1320 3. Outcome measures pertaining to the outcomes of services;

1321 ~~(b)-(e)~~ Provide for a system of analyzing those factors
 1322 which have an effect on performance at the local level;

1323 ~~(c)-(d)~~ Provide for a system of reporting the results of
 1324 quality improvement assurance reviews; and

1325 ~~(d)-(e)~~ Incorporate best practice models for use in
 1326 improving performance in those areas which are deficient.

1327 ~~(9) The quality assurance program shall incorporate a peer~~
 1328 ~~review process into its protocol, to include:~~

1329 ~~(a) Reviews of providers by departmental district staff and~~
 1330 ~~other providers.~~

1331 ~~(b) Reviews of individual districts by other districts.~~

1332 ~~(7)-(10)~~ Contingent upon specific appropriation, a quality
 1333 improvement assurance coordinator position shall be established
 1334 within each substate entity ~~service district~~ to oversee the

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1335 implementation and operation of the quality improvement
1336 ~~assurance~~ program.

1337 Section 21. Section 397.427, Florida Statutes, is amended
1338 to read:

1339 397.427 Medication-assisted ~~Medication~~ treatment service
1340 providers; rehabilitation program; needs assessment and
1341 provision of services; persons authorized to issue takeout
1342 medication ~~methadone~~; unlawful operation; penalty.—

1343 (1) ~~Medication treatment service~~ Providers of medication-
1344 assisted treatment services for opiate addiction may not be
1345 licensed unless they provide supportive rehabilitation programs.
1346 Supportive rehabilitation programs include, but are not limited
1347 to, counseling, therapy, and vocational rehabilitation.

1348 (2) The department shall determine the need for
1349 establishing ~~medication treatment service~~ providers of
1350 medication-assisted treatment services for opiate addiction.

1351 (a) ~~Medication treatment service~~ Providers of medication-
1352 assisted treatment services for opiate addiction may be
1353 established only in response to the department's determination
1354 and publication of need for additional medication treatment
1355 services.

1356 (b) The department shall prescribe by rule the types of
1357 medication-assisted ~~medication~~ treatment services for opiate
1358 addiction for which it is necessary to conduct annual
1359 assessments of need. If needs assessment is required, the
1360 department shall annually conduct the assessment and publish a
1361 statement of findings which identifies each substate entity's
1362 ~~district's~~ need.

1363 (c) Notwithstanding paragraphs (a) and (b), the license for

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1364 medication-assisted ~~medication~~ treatment programs for opiate
1365 addiction licensed before October 1, 1990, may not be revoked
1366 solely because of the department's determination concerning the
1367 need for medication-assisted ~~medication~~ treatment services for
1368 opiate addiction.

1369 (3) The department shall adopt rules necessary to
1370 administer this section, including, but not limited to, rules
1371 prescribing criteria and procedures for:

1372 (a) Determining the need for additional medication-assisted
1373 ~~medication~~ treatment services for opiate addiction.

1374 (b) Selecting ~~medication treatment service~~ providers for
1375 medication-assisted treatment services for opiate addiction when
1376 the number of responses to a publication of need exceeds the
1377 determined need.

1378 (c) Administering any federally required rules,
1379 regulations, or procedures.

1380 (4) A service provider operating in violation of this
1381 section is subject to proceedings in accordance with this
1382 chapter to enjoin that unlawful operation.

1383 (5) Notwithstanding ~~the provisions of~~ s. 465.019(2), a
1384 physician assistant, a registered nurse, an advanced registered
1385 nurse practitioner, or a licensed practical nurse working for a
1386 licensed service provider may ~~is authorized to~~ deliver takeout
1387 medication for opiate treatment ~~methadone~~ to persons enrolled in
1388 a ~~methadone~~ maintenance treatment program for medication-
1389 assisted treatment for opiate addiction if ~~provided that~~:

1390 (a) The medication-assisted ~~methadone maintenance~~ treatment
1391 program for opiate addiction has an appropriate valid permit
1392 issued pursuant to rules adopted ~~promulgated~~ by the Board of

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1393 Pharmacy;

1394 (b) The medication for treatment of opiate addiction has
1395 been delivered pursuant to a valid prescription written by the
1396 program's physician licensed pursuant to chapter 458 or chapter
1397 459;

1398 (c) The medication for treatment of opiate addiction which
1399 is ordered appears on a formulary and is prepackaged and
1400 prelabeled with dosage instructions and distributed from a
1401 source authorized under chapter 499;

1402 (d) Each licensed provider adopts written protocols which
1403 provide for supervision of the physician assistant, registered
1404 nurse, advanced registered nurse practitioner, or licensed
1405 practical nurse by a physician licensed pursuant to chapter 458
1406 or chapter 459 and for the procedures by which patients'
1407 medications may be delivered by the physician assistant,
1408 registered nurse, advanced registered nurse practitioner, or
1409 licensed practical nurse. Such protocols shall be signed by the
1410 supervising physician and either the administering registered
1411 nurse, the advanced registered nurse practitioner, or the
1412 licensed practical nurse.

1413 (e) Each licensed service provider maintains and has
1414 available for inspection by representatives of the Board of
1415 Pharmacy all medical records and patient care protocols,
1416 including records of medications delivered to patients, in
1417 accordance with the board.

1418 (6) The department shall also determine the need for
1419 establishing medication-assisted treatment for substance-use
1420 disorders other than opiate dependence. Service providers within
1421 the publicly funded system shall be funded for provision of

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1422 these services based on the availability of funds.

1423 (7) Service providers that provide medication-assisted
1424 treatment for substance abuse other than opiate dependence shall
1425 provide counseling services in conjunction with medication-
1426 assisted treatment.

1427 (8) The department shall adopt rules necessary to
1428 administer medication-assisted treatment services, including,
1429 but not limited to, rules prescribing criteria and procedures
1430 for:

1431 (a) Determining the need for medication-assisted treatment
1432 services within the publicly funded system.

1433 (b) Selecting medication-assisted service providers within
1434 the publicly funded system.

1435 (c) Administering any federally required rules,
1436 regulations, or procedures related to the provision of
1437 medication-assisted treatment.

1438 (9) A physician assistant, registered nurse, an advanced
1439 registered nurse practitioner, or a licensed practical nurse
1440 working for a licensed service provider may deliver medication
1441 as prescribed by rule if:

1442 (a) The service provider is authorized to provide
1443 medication-assisted treatment;

1444 (b) The medication has been administered pursuant to a
1445 valid prescription written by the program's physician who is
1446 licensed under chapter 458 or chapter 459; and

1447 (c) The medication ordered appears on a formulary or meets
1448 federal requirements for medication-assisted treatment.

1449 (10) Each licensed service provider that provides
1450 medication-assisted treatment must adopt written protocols as

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1451 specified by the department and in accordance with federally
1452 required rules, regulations, or procedures. The protocol shall
1453 provide for the supervision of the physician assistant,
1454 registered nurse, advanced registered nurse practitioner, or
1455 licensed practical nurse working under the supervision of a
1456 physician who is licensed under chapter 458 or chapter 459. The
1457 protocol must specify how the medication will be used in
1458 conjunction with counseling or psychosocial treatment and that
1459 the services provided will be included on the treatment plan.
1460 The protocol must specify the procedures by which medication-
1461 assisted treatment may be administered by the physician
1462 assistant, registered nurse, advanced registered nurse
1463 practitioner, or licensed practical nurse. These protocols shall
1464 be signed by the supervising physician and the administering
1465 physician assistant, registered nurse, advanced registered nurse
1466 practitioner, or licensed practical nurse.

1467 (11) Each licensed service provider shall maintain and have
1468 available for inspection by representatives of the Board of
1469 Pharmacy all medical records and protocols, including records of
1470 medications delivered to individuals in accordance with rules of
1471 the board.

1472 Section 22. Section 397.431, Florida Statutes, is amended
1473 to read:

1474 397.431 Individual Client responsibility for cost of
1475 substance abuse impairment services.—

1476 (1) Before ~~Prior to~~ accepting an individual ~~a client~~ for
1477 admission and in accordance with confidentiality guidelines,
1478 both the full charge for services and the fee charged to the
1479 individual ~~client~~ for such services under the provider's fee

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1480 system or payment policy must be disclosed to each individual
1481 ~~client~~ or his or her authorized personal representative, or
1482 parent or legal guardian if the individual ~~client~~ is a minor who
1483 did not seek treatment voluntarily and without parental consent.

1484 (2) An individual ~~A client~~ or his or her authorized
1485 personal representative, or parent or legal guardian if the
1486 individual ~~client~~ is a minor, is required to contribute toward
1487 the cost of substance abuse services in accordance with his or
1488 her ability to pay, unless otherwise provided by law.

1489 (3) The parent, legal guardian, or legal custodian of a
1490 minor is not liable for payment for any substance abuse services
1491 provided to the minor without parental consent pursuant to s.
1492 397.601(4), unless the parent, legal guardian, or legal
1493 custodian participates or is ordered to participate in the
1494 services, and only for the substance abuse services rendered. If
1495 the minor is receiving services as a juvenile offender, the
1496 obligation to pay is governed by the law relating to juvenile
1497 offenders.

1498 (4) Service providers that do not contract for state funds
1499 to provide substance abuse services as defined in this chapter
1500 may establish their own admission policies regarding provisions
1501 for payment for services. Such policies must comply with other
1502 statutory and regulatory requirements governing state or federal
1503 reimbursements to a provider for services delivered to
1504 individuals ~~individual clients~~. As used in this subsection, the
1505 term "contract for state funds" does not include Medicaid funds.

1506 (5) Service providers that contract for state funds to
1507 provide substance abuse services as defined in this chapter must
1508 establish a fee system based upon an individual's ~~a client's~~

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1509 ability to pay and, if space and sufficient state resources are
1510 available, may not deny an individual ~~a client~~ access to
1511 services solely on the basis of the individual's ~~client's~~
1512 inability to pay.

1513 Section 23. Paragraphs (a) and (e) of subsection (1) of
1514 section 397.451, Florida Statutes, are amended to read:

1515 397.451 Background checks of service provider personnel.—

1516 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
1517 EXCEPTIONS.—

1518 (a) Background checks shall apply as follows:

1519 1. All owners, directors, and chief financial officers of
1520 service providers are subject to level 2 background screening as
1521 provided under chapter 435. Inmate substance abuse programs
1522 operated directly or under contract with the Department of
1523 Corrections are exempt from this requirement.

1524 2. All service provider personnel who have direct contact
1525 with children receiving services or with adults who are
1526 developmentally disabled receiving services are subject to level
1527 2 background screening as provided under chapter 435.

1528 (e) Personnel employed directly or under contract with ~~by~~
1529 the Department of Corrections in an inmate substance abuse
1530 program ~~a substance abuse service component~~ who have direct
1531 contact with unmarried inmates under the age of 18 or with
1532 inmates who are developmentally disabled are exempt from the
1533 fingerprinting and background check requirements of this
1534 section.

1535 Section 24. Paragraphs (a) and (b) of subsection (1) of
1536 section 397.471, Florida Statutes, are amended to read:

1537 397.471 Service provider facility standards.—

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1538 (1) Each service provider must ensure:

1539 (a) Sufficient numbers and types of qualified personnel on
1540 duty and available to provide necessary and adequate ~~client~~
1541 safety and care.

1542 (b) Adequate space for each individual served within ~~client~~
1543 ~~of~~ a residential facility.

1544 Section 25. Section 397.501, Florida Statutes, is amended
1545 to read:

1546 397.501 Rights of individuals ~~clients~~.—Individuals ~~Clients~~
1547 receiving substance abuse services from any service provider are
1548 guaranteed protection of the rights specified in this section,
1549 unless otherwise expressly provided, and service providers must
1550 ensure the protection of such rights.

1551 (1) RIGHT TO INDIVIDUAL DIGNITY.—The ~~individual~~ dignity of
1552 the individual served ~~client~~ must be respected at all times and
1553 upon all occasions, including any occasion when the individual
1554 ~~client~~ is admitted, retained, or transported. Individuals served
1555 ~~Substance abuse clients~~ who are not accused of a crime or
1556 delinquent act may not be detained or incarcerated in jails,
1557 detention centers, or training schools of the state, except for
1558 purposes of protective custody in strict accordance with this
1559 chapter. An individual ~~A client~~ may not be deprived of any
1560 constitutional right.

1561 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1562 (a) Service providers may not deny an individual ~~a client~~
1563 access to substance abuse services solely on the basis of race,
1564 gender, ethnicity, age, sexual preference, human
1565 immunodeficiency virus status, prior service departures against
1566 medical advice, disability, or number of relapse episodes.

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1567 Service providers may not deny an individual ~~a client~~ who takes
1568 medication prescribed by a physician access to substance abuse
1569 services solely on that basis. Service providers who receive
1570 state funds to provide substance abuse services may not, if
1571 ~~provided~~ space and sufficient state resources are available,
1572 deny ~~a client~~ access to services based solely on inability to
1573 pay.

1574 (b) Each individual ~~client~~ in treatment must be afforded
1575 the opportunity to participate in the formulation and periodic
1576 review of his or her individualized treatment or service plan to
1577 the extent of his or her ability to so participate.

1578 (c) It is the policy of the state to use the least
1579 restrictive and most appropriate services available, based on
1580 the needs and the best interests of the individual ~~client~~ and
1581 consistent with optimum care of the individual ~~client~~.

1582 (d) Each individual ~~client~~ must be afforded the opportunity
1583 to participate in activities designed to enhance self-image.

1584 (3) RIGHT TO QUALITY SERVICES.—

1585 (a) Each individual ~~client~~ must be delivered services
1586 suited to his or her needs, administered skillfully, safely,
1587 humanely, with full respect for his or her dignity and personal
1588 integrity, and in accordance with all statutory and regulatory
1589 requirements.

1590 (b) These services must include the use of methods and
1591 techniques to control aggressive ~~client~~ behavior that poses an
1592 immediate threat to the individual ~~client~~ or to other persons.
1593 Such methods and techniques include the use of restraints, the
1594 use of seclusion, the use of time-out, and other behavior
1595 management techniques. When authorized, these methods and

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1596 techniques may be applied only by persons who are employed by
1597 service providers and trained in the application and use of
1598 these methods and techniques. The department must specify by
1599 rule the methods that may be used and the techniques that may be
1600 applied by service providers to control aggressive ~~client~~
1601 behavior and must specify by rule the physical facility
1602 requirements for seclusion rooms, including dimensions, safety
1603 features, methods of observation, and contents.

1604 (4) RIGHT TO COMMUNICATION.—

1605 (a) Each individual ~~client~~ has the right to communicate
1606 freely and privately with other persons within the limitations
1607 imposed by service provider policy.

1608 (b) Because the delivery of services can only be effective
1609 in a substance abuse free environment, close supervision of each
1610 individual's ~~client's~~ communications and correspondence is
1611 necessary, particularly in the initial stages of treatment, and
1612 the service provider must therefore set reasonable rules for
1613 telephone, mail, and visitation rights, giving primary
1614 consideration to the well-being and safety of individuals
1615 ~~clients~~, staff, and the community. It is the duty of the service
1616 provider to inform the individual ~~client~~ and his or her family
1617 if the family is involved at the time of admission about the
1618 provider's rules relating to communications and correspondence.

1619 (5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS ~~OF~~
1620 ~~CLIENTS~~.—An individual ~~A client~~ has the right to possess
1621 clothing and other personal effects. The service provider may
1622 take temporary custody of the individual's ~~client's~~ personal
1623 effects only when required for medical or safety reasons, with
1624 the reason for taking custody and a list of the personal effects

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1625 recorded in the individual's ~~client's~~ clinical record.

1626 (6) RIGHT TO EDUCATION OF MINORS.—Each minor ~~client~~ in a
 1627 residential service component is guaranteed education and
 1628 training appropriate to his or her needs. The service provider
 1629 shall coordinate with local education agencies to ensure that
 1630 education and training is provided to each minor ~~client~~ in
 1631 accordance with other applicable laws and regulations and that
 1632 parental responsibilities related to such education and training
 1633 are established within the provisions of such applicable laws
 1634 and regulations. ~~Nothing in~~ This chapter does not ~~may be~~
 1635 ~~construed to~~ relieve any local education authority of its
 1636 obligation under law to provide a free and appropriate education
 1637 to every child.

1638 (7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL ~~CLIENT~~ RECORDS.—

1639 (a) The records of service providers which pertain to the
 1640 identity, diagnosis, and prognosis of and service provision to
 1641 any individual ~~client~~ are confidential in accordance with this
 1642 chapter and with applicable federal confidentiality regulations
 1643 and are exempt from ~~the provisions of~~ s. 119.07(1) and s. 24(a),
 1644 Art. I of the State Constitution. Such records may not be
 1645 disclosed without the written consent of the individual ~~client~~
 1646 to whom they pertain except that appropriate disclosure may be
 1647 made without such consent:

1648 1. To medical personnel in a medical emergency.

1649 2. To service provider personnel if such personnel need to
 1650 know the information in order to carry out duties relating to
 1651 the provision of services to an individual ~~a client~~.

1652 3. To the secretary of the department or the secretary's
 1653 designee, for purposes of scientific research, in accordance

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1654 with federal confidentiality regulations, but only upon
1655 agreement in writing that the individual's ~~client's~~ name and
1656 other identifying information will not be disclosed.

1657 4. In the course of review of service-provider records ~~on~~
1658 ~~service provider premises~~ by persons who are performing an audit
1659 or evaluation on behalf of any federal, state, or local
1660 government agency, or third-party payor providing financial
1661 assistance or reimbursement to the service provider; however,
1662 reports produced as a result of such audit or evaluation may not
1663 disclose ~~client~~ names or other identifying information and must
1664 be in accordance ~~accord~~ with federal confidentiality
1665 regulations.

1666 5. Upon court order based on application showing good cause
1667 for disclosure. In determining whether there is good cause for
1668 disclosure, the court shall examine whether the public interest
1669 and the need for disclosure outweigh the potential injury to the
1670 individual ~~client~~, to the service provider and the individual
1671 ~~provider-client relationship~~, and to the service provider
1672 itself.

1673 (b) The restrictions on disclosure and use in this section
1674 do not apply to communications from provider personnel to law
1675 enforcement officers which:

1676 1. Are directly related to an individual's ~~a client's~~
1677 commission of a crime on the premises of the provider or against
1678 provider personnel or to a threat to commit such a crime; and

1679 2. Are limited to the circumstances of the incident,
1680 including the ~~client~~ status of the individual committing or
1681 threatening to commit the crime, that individual's name and
1682 address, and that individual's last known whereabouts.

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1683 (c) The restrictions on disclosure and use in this section
1684 do not apply to the reporting of incidents of suspected child
1685 abuse and neglect to the appropriate state or local authorities
1686 as required by law. However, such restrictions continue to apply
1687 to the original substance abuse ~~client~~ records maintained by the
1688 provider, including their disclosure and use for civil or
1689 criminal proceedings which may arise out of the report of
1690 suspected child abuse and neglect.

1691 (d) Any answer to a request for a disclosure of individual
1692 ~~client~~ records which is not permissible under this section or
1693 under the appropriate federal regulations must be made in a way
1694 that will not affirmatively reveal that an identified individual
1695 has been, or is being diagnosed or treated for substance abuse.
1696 The regulations do not restrict a disclosure that an identified
1697 individual is not and has never received services ~~has been a~~
1698 ~~client~~.

1699 (e)1. Since a minor acting alone has the legal capacity to
1700 voluntarily apply for and obtain substance abuse treatment, any
1701 written consent for disclosure may be given only by the minor
1702 ~~client~~. This restriction includes, but is not limited to, any
1703 disclosure of ~~client~~ identifying information to the parent,
1704 legal guardian, or custodian of a minor ~~client~~ for the purpose
1705 of obtaining financial reimbursement.

1706 2. When the consent of a parent, legal guardian, or
1707 custodian is required under this chapter in order for a minor to
1708 obtain substance abuse treatment, any written consent for
1709 disclosure must be given by both the minor and the parent, legal
1710 guardian, or custodian.

1711 (f) An order of a court of competent jurisdiction

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1712 authorizing disclosure and use of confidential information is a
1713 unique kind of court order. Its only purpose is to authorize a
1714 disclosure or use of ~~client~~ identifying information which would
1715 otherwise be prohibited by this section. Such an order does not
1716 compel disclosure. A subpoena or a similar legal mandate must be
1717 issued in order to compel disclosure. This mandate may be
1718 entered at the same time as, and accompany, an authorizing court
1719 order entered under this section.

1720 (g) An order authorizing the disclosure of an individual's
1721 ~~client~~ records may be applied for by any person having a legally
1722 recognized interest in the disclosure which is sought. The
1723 application may be filed separately or as part of a pending
1724 civil action in which it appears that the individual's ~~client~~
1725 records are needed to provide evidence. An application must use
1726 a fictitious name, such as John Doe or Jane Doe, to refer to any
1727 individual ~~client~~ and may not contain or otherwise disclose any
1728 ~~client~~ identifying information unless the individual ~~client~~ is
1729 the applicant or has given a written consent to disclosure or
1730 the court has ordered the record of the proceeding sealed from
1731 public scrutiny.

1732 (h) The individual ~~client~~ and the person holding the
1733 records from whom disclosure is sought must be given adequate
1734 notice in a manner which will not disclose ~~client~~ identifying
1735 information to other persons, and an opportunity to file a
1736 written response to the application, or to appear in person, for
1737 the limited purpose of providing evidence on the statutory and
1738 regulatory criteria for the issuance of the court order.

1739 (i) Any oral argument, review of evidence, or hearing on
1740 the application must be held in the judge's chambers or in some

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1741 manner which ensures that ~~client~~ identifying information is not
1742 disclosed to anyone other than a party to the proceeding, the
1743 individual client, or the person holding the record, unless the
1744 individual client requests an open hearing. The proceeding may
1745 include an examination by the judge of the ~~client~~ records
1746 referred to in the application.

1747 (j) A court may authorize the disclosure and use of ~~client~~
1748 records for the purpose of conducting a criminal investigation
1749 or prosecution of an individual ~~a client~~ only if the court finds
1750 that all of the following criteria are met:

1751 1. The crime involved is extremely serious, such as one
1752 which causes or directly threatens loss of life or serious
1753 bodily injury, including but not limited to homicide, sexual
1754 assault, sexual battery, kidnapping, armed robbery, assault with
1755 a deadly weapon, and child abuse and neglect.

1756 2. There is reasonable likelihood that the records will
1757 disclose information of substantial value in the investigation
1758 or prosecution.

1759 3. Other ways of obtaining the information are not
1760 available or would not be effective.

1761 4. The potential injury to the individual client, to the
1762 physician-individual ~~physician-client~~ relationship and to the
1763 ability of the program to provide services to other individuals
1764 ~~clients~~ is outweighed by the public interest and the need for
1765 the disclosure.

1766 (8) RIGHT TO COUNSEL.—Each individual client must be
1767 informed that he or she has the right to be represented by
1768 counsel in any involuntary proceeding for assessment,
1769 stabilization, or treatment and that he or she, or if the

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1770 individual ~~client~~ is a minor his or her parent, legal guardian,
1771 or legal custodian, may apply immediately to the court to have
1772 an attorney appointed if he or she cannot afford one.

1773 (9) RIGHT TO HABEAS CORPUS.—At any time, and without
1774 notice, an individual ~~a client~~ involuntarily retained by a
1775 provider, or the individual's ~~client's~~ parent, guardian,
1776 custodian, or attorney on behalf of the individual ~~client~~, may
1777 petition for a writ of habeas corpus to question the cause and
1778 legality of such retention and request that the court issue a
1779 writ for the individual's ~~client's~~ release.

1780 (10) LIABILITY AND IMMUNITY.—

1781 (a) Service provider personnel who violate or abuse any
1782 right or privilege of an individual ~~a client~~ under this chapter
1783 are liable for damages as determined by law.

1784 (b) All persons acting in good faith, reasonably, and
1785 without negligence in connection with the preparation or
1786 execution of petitions, applications, certificates, or other
1787 documents or the apprehension, detention, discharge,
1788 examination, transportation, or treatment of a person under the
1789 provisions of this chapter shall be free from all liability,
1790 civil or criminal, by reason of such acts.

1791 Section 26. Section 397.581, Florida Statutes, is amended
1792 to read:

1793 397.581 Unlawful activities relating to ~~client~~ assessment
1794 and treatment; penalties.—

1795 (1) Knowingly furnishing false information for the purpose
1796 of obtaining emergency or other involuntary admission for any
1797 person is a misdemeanor of the first degree, punishable as
1798 provided in s. 775.082 and by a fine not exceeding \$5,000.

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1799 (2) Causing or otherwise securing, or conspiring with or
1800 assisting another to cause or secure, without reason for
1801 believing a person to be impaired, any emergency or other
1802 involuntary procedure for the person is a misdemeanor of the
1803 first degree, punishable as provided in s. 775.082 and by a fine
1804 not exceeding \$5,000.

1805 (3) Causing, or conspiring with or assisting another to
1806 cause, the denial to any person of any right accorded pursuant
1807 to this chapter is a misdemeanor of the first degree, punishable
1808 as provided in s. 775.082 and by a fine not exceeding \$5,000.

1809 Section 27. Paragraph (a) of subsection (4) of section
1810 397.601, Florida Statutes, is amended to read:

1811 397.601 Voluntary admissions.—

1812 (4) (a) The disability of minority for persons under 18
1813 years of age is removed solely for the purpose of obtaining
1814 voluntary substance abuse impairment services from a licensed
1815 service provider, and consent to such services by a minor has
1816 the same force and effect as if executed by an individual a
1817 ~~client~~ who has reached the age of majority. Such consent is not
1818 subject to later disaffirmance based on minority.

1819 Section 28. Subsections (1) and (3) of section 397.6751,
1820 Florida Statutes, are amended to read:

1821 397.6751 Service provider responsibilities regarding
1822 involuntary admissions.—

1823 (1) It is the responsibility of the service provider to:

1824 (a) Ensure that a person who is admitted to a licensed
1825 service component meets the admission criteria specified in s.
1826 397.675;

1827 (b) Ascertain whether the medical and behavioral conditions

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1828 of the person, as presented, are beyond the safe management
1829 capabilities of the service provider;

1830 (c) Provide for the admission of the person to the service
1831 component that represents the least restrictive available
1832 setting that is responsive to the person's treatment needs;

1833 (d) Verify that the admission of the person to the service
1834 component does not result in a census in excess of its licensed
1835 service capacity;

1836 (e) Determine whether the cost of services is within the
1837 financial means of the person or those who are financially
1838 responsible for the person's care; and

1839 (f) Take all necessary measures to ensure that each
1840 individual ~~client~~ in treatment is provided with a safe
1841 environment, and to ensure that each individual ~~client~~ whose
1842 medical condition or behavioral problem becomes such that he or
1843 she cannot be safely managed by the service component is
1844 discharged and referred to a more appropriate setting for care.

1845 (3) When, in the judgment of the service provider, the
1846 medical conditions or behavioral problems of an involuntary
1847 individual ~~client~~ become such that they cannot be safely managed
1848 by the service component, the service provider must discharge
1849 the individual ~~client~~ and attempt to assist him or her in
1850 securing more appropriate services in a setting more responsive
1851 to his or her needs. Upon completing these efforts, the service
1852 provider must, within 72 hours, report in writing to the
1853 referral source, in compliance with federal confidentiality
1854 regulations:

1855 (a) The basis for the individual's ~~client's~~ discharge; and

1856 (b) Documentation of the service provider's efforts to

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1857 assist the person in gaining access to appropriate services.

1858 Section 29. Section 397.6752, Florida Statutes, is amended
1859 to read:

1860 397.6752 Referral of involuntarily admitted individual
1861 ~~client~~ for voluntary treatment.—Upon giving his or her written
1862 informed consent, an involuntarily admitted individual ~~client~~
1863 may be referred to a service provider for voluntary admission
1864 when the service provider determines that the individual ~~client~~
1865 no longer meets involuntary criteria.

1866 Section 30. Section 397.6758, Florida Statutes, is amended
1867 to read:

1868 397.6758 Release of individual ~~client~~ from protective
1869 custody, emergency admission, involuntary assessment,
1870 involuntary treatment, and alternative involuntary assessment of
1871 a minor.—An individual ~~A client~~ involuntarily admitted to a
1872 licensed service provider may be released without further order
1873 of the court only by a qualified professional in a hospital, a
1874 detoxification facility, an addictions receiving facility, or
1875 any less restrictive treatment component. Notice of the release
1876 must be provided to the applicant in the case of an emergency
1877 admission or an alternative involuntary assessment for a minor,
1878 or to the petitioner and the court if the involuntary assessment
1879 or treatment was court ordered. In the case of a minor ~~client~~,
1880 the release must be:

1881 (1) To the individual's ~~client's~~ parent, legal guardian, or
1882 legal custodian or the authorized designee thereof;

1883 (2) To the Department of Children and Family Services
1884 pursuant to s. 39.401; or

1885 (3) To the Department of Juvenile Justice pursuant to s.

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1886 984.13.

1887 Section 31. Section 397.6773, Florida Statutes, is amended
1888 to read:

1889 397.6773 Dispositional alternatives after protective
1890 custody.—

1891 (1) An individual ~~A-client~~ who is in protective custody
1892 must be released by a qualified professional when:

1893 (a) The individual ~~client~~ no longer meets the involuntary
1894 admission criteria in s. 397.675(1);

1895 (b) The 72-hour period has elapsed; or

1896 (c) The individual ~~client~~ has consented to remain
1897 voluntarily at the licensed service provider.

1898 (2) An individual ~~A-client~~ may only be retained in
1899 protective custody beyond the 72-hour period when a petition for
1900 involuntary assessment or treatment has been initiated. The
1901 timely filing of the petition authorizes the service provider to
1902 retain physical custody of the individual ~~client~~ pending further
1903 order of the court.

1904 Section 32. Section 397.6797, Florida Statutes, is amended
1905 to read:

1906 397.6797 Dispositional alternatives after emergency
1907 admission.—Within 72 hours after an emergency admission to a
1908 hospital or a licensed detoxification or addictions receiving
1909 facility, the individual ~~client~~ must be assessed by the
1910 attending physician to determine the need for further services.
1911 Within 5 days after an emergency admission to a nonresidential
1912 component of a licensed service provider, the individual ~~client~~
1913 must be assessed by a qualified professional to determine the
1914 need for further services. Based upon that assessment, a

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1915 qualified professional of the hospital, detoxification facility,
1916 or addictions receiving facility, or a qualified professional if
1917 a less restrictive component was used, must either:

1918 (1) Release the individual ~~client~~ and, where appropriate,
1919 refer the individual ~~client~~ to other needed services; or

1920 (2) Retain the individual ~~client~~ when:

1921 (a) The individual ~~client~~ has consented to remain
1922 voluntarily at the licensed provider; or

1923 (b) A petition for involuntary assessment or treatment has
1924 been initiated, the timely filing of which authorizes the
1925 service provider to retain physical custody of the individual
1926 ~~client~~ pending further order of the court.

1927 Section 33. Section 397.6799, Florida Statutes, is amended
1928 to read:

1929 397.6799 Disposition of minor ~~client~~ upon completion of
1930 alternative involuntary assessment.—A minor who has been
1931 assessed pursuant to s. 397.6798 must, within the time
1932 specified, be released or referred for further voluntary or
1933 involuntary treatment, whichever is most appropriate to the
1934 needs of the minor.

1935 Section 34. Section 397.6819, Florida Statutes, is amended
1936 to read:

1937 397.6819 Involuntary assessment and stabilization;
1938 responsibility of licensed service provider.—A licensed service
1939 provider may admit an individual ~~a client~~ for involuntary
1940 assessment and stabilization for a period not to exceed 5 days.
1941 The individual ~~client~~ must be assessed without unnecessary delay
1942 by a qualified professional. If an assessment is performed by a
1943 qualified professional who is not a physician, the assessment

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1944 must be reviewed by a physician before ~~prior to~~ the end of the
1945 assessment period.

1946 Section 35. Section 397.6821, Florida Statutes, is amended
1947 to read:

1948 397.6821 Extension of time for completion of involuntary
1949 assessment and stabilization.—If a licensed service provider is
1950 unable to complete the involuntary assessment and, if necessary,
1951 stabilization of an individual ~~a client~~ within 5 days after the
1952 court's order, it may, within the original time period, file a
1953 written request for an extension of time to complete its
1954 assessment, and shall, in accordance with confidentiality
1955 requirements, furnish a copy to all parties. With or without a
1956 hearing, the court may grant additional time, not to exceed 7
1957 days after the date of the renewal order, for the completion of
1958 the involuntary assessment and stabilization of the individual
1959 ~~client~~. The original court order authorizing the involuntary
1960 assessment and stabilization, or a request for an extension of
1961 time to complete the assessment and stabilization that is timely
1962 filed pursuant to this section, constitutes legal authority to
1963 involuntarily hold the individual ~~client~~ for a period not to
1964 exceed 10 days in the absence of a court order to the contrary.

1965 Section 36. Section 397.6822, Florida Statutes, is amended
1966 to read:

1967 397.6822 Disposition of individual ~~client~~ after involuntary
1968 assessment.—Based upon the involuntary assessment, a qualified
1969 professional of the hospital, detoxification facility, or
1970 addictions receiving facility, or a qualified professional when
1971 a less restrictive component has been used, must:

1972 (1) Release the individual ~~client~~ and, where appropriate,

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1973 refer the individual ~~client~~ to another treatment facility or
1974 service provider, or to community services;

1975 (2) Allow the individual ~~client~~, with consent ~~if the client~~
1976 ~~has consented~~, to remain voluntarily at the licensed provider;
1977 or

1978 (3) Retain the individual ~~client~~ when a petition for
1979 involuntary treatment has been initiated, the timely filing of
1980 which authorizes the service provider to retain physical custody
1981 of the individual ~~client~~ pending further order of the court.

1982

1983 Adhering to federal confidentiality regulations, notice of
1984 disposition must be provided to the petitioner and to the court.

1985 Section 37. Subsections (1) and (3) of section 397.697,
1986 Florida Statutes, are amended to read:

1987 397.697 Court determination; effect of court order for
1988 involuntary substance abuse treatment.—

1989 (1) When the court finds that the conditions for
1990 involuntary substance abuse treatment have been proved by clear
1991 and convincing evidence, it may order the respondent to undergo
1992 involuntary treatment by a licensed service provider for a
1993 period not to exceed 60 days. If the court finds it necessary,
1994 it may direct the sheriff to take the respondent into custody
1995 and deliver him or her to the licensed service provider
1996 specified in the court order, or to the nearest appropriate
1997 licensed service provider, for involuntary treatment. When the
1998 conditions justifying involuntary treatment no longer exist, the
1999 individual ~~client~~ must be released as provided in s. 397.6971.
2000 When the conditions justifying involuntary treatment are
2001 expected to exist after 60 days of treatment, a renewal of the

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2002 involuntary treatment order may be requested pursuant to s.
2003 397.6975 prior to the end of the 60-day period.

2004 (3) An involuntary treatment order authorizes the licensed
2005 service provider to require the individual ~~client~~ to undergo
2006 such treatment as will benefit him or her, including treatment
2007 at any licensable service component of a licensed service
2008 provider.

2009 Section 38. Section 397.6971, Florida Statutes, is amended
2010 to read:

2011 397.6971 Early release from involuntary substance abuse
2012 treatment.—

2013 (1) At any time prior to the end of the 60-day involuntary
2014 treatment period, or prior to the end of any extension granted
2015 pursuant to s. 397.6975, an individual ~~a client~~ admitted for
2016 involuntary treatment may be determined eligible for discharge
2017 to the most appropriate referral or disposition for the
2018 individual ~~client~~ when:

2019 (a) The individual ~~client~~ no longer meets the criteria for
2020 involuntary admission and has given his or her informed consent
2021 to be transferred to voluntary treatment status;

2022 (b) If the individual ~~client~~ was admitted on the grounds of
2023 likelihood of infliction of physical harm upon himself or
2024 herself or others, such likelihood no longer exists; or

2025 (c) If the individual ~~client~~ was admitted on the grounds of
2026 need for assessment and stabilization or treatment, accompanied
2027 by inability to make a determination respecting such need,
2028 either:

- 2029 1. Such inability no longer exists; or
- 2030 2. It is evident that further treatment will not bring

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2031 about further significant improvements in the individual's
2032 ~~client's~~ condition;

2033 (d) The individual ~~client~~ is no longer in need of services;
2034 or

2035 (e) The director of the service provider determines that
2036 the individual ~~client~~ is beyond the safe management capabilities
2037 of the provider.

2038 (2) Whenever a qualified professional determines that an
2039 individual ~~a-client~~ admitted for involuntary treatment is ready
2040 for early release for any of the reasons listed in subsection
2041 (1), the service provider shall immediately discharge the
2042 individual ~~client~~, and must notify all persons specified by the
2043 court in the original treatment order.

2044 Section 39. Section 397.6975, Florida Statutes, is amended
2045 to read:

2046 397.6975 Extension of involuntary substance abuse treatment
2047 period.—

2048 (1) Whenever a service provider believes that an individual
2049 ~~a-client~~ who is nearing the scheduled date of release from
2050 involuntary treatment continues to meet the criteria for
2051 involuntary treatment in s. 397.693, a petition for renewal of
2052 the involuntary treatment order may be filed with the court at
2053 least 10 days before ~~prior to~~ the expiration of the court-
2054 ordered treatment period. The court shall immediately schedule a
2055 hearing to be held not more than 15 days after filing of the
2056 petition. The court shall provide the copy of the petition for
2057 renewal and the notice of the hearing to all parties to the
2058 proceeding. The hearing is conducted pursuant to s. 397.6957.

2059 (2) If the court finds that the petition for renewal of the

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2060 involuntary treatment order should be granted, it may order the
2061 respondent to undergo involuntary treatment for a period not to
2062 exceed an additional 90 days. When the conditions justifying
2063 involuntary treatment no longer exist, the individual ~~elient~~
2064 must be released as provided in s. 397.6971. When the conditions
2065 justifying involuntary treatment continue to exist after 90 days
2066 of additional treatment, a new petition requesting renewal of
2067 the involuntary treatment order may be filed pursuant to this
2068 section.

2069 Section 40. Section 397.6977, Florida Statutes, is amended
2070 to read:

2071 397.6977 Disposition of individual ~~elient~~ upon completion
2072 of involuntary substance abuse treatment.—At the conclusion of
2073 the 60-day period of court-ordered involuntary treatment, the
2074 individual ~~elient~~ is automatically discharged unless a motion
2075 for renewal of the involuntary treatment order has been filed
2076 with the court pursuant to s. 397.6975.

2077 Section 41. Paragraph (e) of subsection (2) of section
2078 397.702, Florida Statutes, is amended to read:

2079 397.702 Authorization of local ordinances for treatment of
2080 habitual abusers in licensed secure facilities.—

2081 (2) Ordinances for the treatment of habitual abusers must
2082 provide:

2083 (e) That, if the individual ~~elient~~ still meets the criteria
2084 for involuntary admission in s. 397.675 at or near the
2085 expiration of the treatment period ordered by the court pursuant
2086 to paragraph (d), the agent of the county or municipality may
2087 file another habitual abuser petition pursuant to paragraph (b)
2088 for a period not exceeding 180 days for each such petition.

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2089 Section 42. Subsections (2) and (3) of section 397.706,
2090 Florida Statutes, are amended to read:

2091 397.706 Screening, assessment, and disposition of juvenile
2092 offenders.—

2093 (2) The juvenile and circuit courts, in conjunction with
2094 department substate entity ~~district~~ administration, shall
2095 establish policies and procedures to ensure that juvenile
2096 offenders are appropriately screened for substance abuse
2097 problems and that diversionary and adjudicatory proceedings
2098 include appropriate conditions and sanctions to address
2099 substance abuse problems. Policies and procedures must address:

2100 (a) The designation of local service providers responsible
2101 for screening and assessment services and dispositional
2102 recommendations to the department and the court.

2103 (b) The means by which juvenile offenders are processed to
2104 ensure participation in screening and assessment services.

2105 (c) The role of the court in securing assessments when
2106 juvenile offenders or their families are noncompliant.

2107 (d) Safeguards to ensure that information derived through
2108 screening and assessment is used solely to assist in
2109 dispositional decisions and not for purposes of determining
2110 innocence or guilt.

2111 (3) Because resources available to support screening and
2112 assessment services are limited, the judicial circuits and
2113 department substate entity ~~district~~ administration must develop
2114 those capabilities to the extent possible within available
2115 resources according to the following priorities:

2116 (a) Juvenile substance abuse offenders.

2117 (b) Juvenile offenders who are substance abuse impaired at

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2118 the time of the offense.

2119 (c) Second or subsequent juvenile offenders.

2120 (d) Minors taken into custody.

2121 Section 43. Subsection (2) of section 397.801, Florida
2122 Statutes, is amended to read:

2123 397.801 Substance abuse impairment coordination.—

2124 (2) The department shall establish, within each of its
2125 substate entities ~~service districts~~, the full-time position of
2126 substance abuse impairment prevention coordinator, to be filled
2127 by a person with expertise in the area of substance abuse
2128 impairment. The primary responsibility of this person is to
2129 develop and implement activities which foster the prevention of
2130 substance abuse impairment.

2131 Section 44. Subsections (1) and (3) of section 397.821,
2132 Florida Statutes, are amended to read:

2133 397.821 Juvenile substance abuse impairment prevention and
2134 early intervention councils.—

2135 (1) Each judicial circuit as set forth in s. 26.021 may
2136 establish a juvenile substance abuse impairment prevention and
2137 early intervention council composed of at least 12 members,
2138 including representatives from law enforcement, the department,
2139 school districts, state attorney and public defender offices,
2140 the circuit court, the religious community, substance abuse
2141 impairment professionals, child advocates from the community,
2142 business leaders, parents, and high school students. However,
2143 those circuits which already have in operation a council of
2144 similar composition may designate the existing body as the
2145 juvenile substance abuse impairment prevention and early
2146 intervention council for the purposes of this section. Each

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2147 council shall establish bylaws providing for the length of term
2148 of its members, but the term may not exceed 4 years. The
2149 substate entity ~~district~~ administrator, as defined in s. 20.19,
2150 and the chief judge of the circuit court shall each appoint six
2151 members of the council. The substate entity ~~district~~
2152 administrator shall appoint a representative from the
2153 department, a school district representative, a substance abuse
2154 impairment treatment professional, a child advocate, a parent,
2155 and a high school student. The chief judge of the circuit court
2156 shall appoint a business leader and representatives from the
2157 state attorney's office, the public defender's office, the
2158 religious community, the circuit court, and law enforcement
2159 agencies.

2160 (3) The council shall provide recommendations to the
2161 Program Director for Substance Abuse annually for consideration
2162 for inclusion in the substance abuse ~~district alcohol, drug~~
2163 ~~abuse~~, and mental health substate entity plans.

2164 Section 45. Subsection (1), paragraph (c) of subsection
2165 (2), and subsection (3) of section 397.94, Florida Statutes, are
2166 amended to read:

2167 397.94 Children's substance abuse services; information and
2168 referral network.—

2169 (1) Each substate entity ~~service district~~ of the department
2170 shall develop a plan for and implement a ~~districtwide~~
2171 comprehensive children's substance abuse information and
2172 referral network to be operational by July 1, 2000.

2173 (2) The substate entity ~~district~~ shall determine the most
2174 cost-effective method for delivering this service and may select
2175 a new provider or utilize an existing provider or providers with

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2176 a record of success in providing information and referral
2177 services.

2178 (c) Develop and implement procedures for documenting
2179 requests for services, including, but not limited to:

2180 1. Number of calls by type of service requested, if any;

2181 2. Ages of children for whom services are requested; and

2182 3. Disposition on all referrals, including location of
2183 resource if referred for ~~face-to-face~~ screening.

2184 (3) In planning the information and referral network, the
2185 substate entity ~~district~~ shall consider the establishment of a
2186 24-hour toll-free telephone number to call for information and a
2187 public service campaign to inform the public about the
2188 information and referral service.

2189 Section 46. Section 397.95, Florida Statutes, is amended to
2190 read:

2191 397.95 Children's substance abuse services; services
2192 provided by licensed providers.—Each substate entity ~~service~~
2193 ~~district~~ of the department shall ensure that all screening,
2194 intake, assessment, enrollment, service planning, and case
2195 management services provided under this part are provided by
2196 children's substance abuse services providers licensed under
2197 part II of this chapter and in accordance with standards set
2198 forth in department rules.

2199 Section 47. Paragraph (a) of subsection (3) of section
2200 397.97, Florida Statutes, is amended to read:

2201 397.97 Children's substance abuse services; demonstration
2202 models.—

2203 (3) PURCHASE OF SERVICES; OPERATION CRITERIA.—

2204 (a) Each demonstration model shall be governed by a

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2205 multiagency consortium of state and county agencies or other
2206 public agencies, or a community-based, not-for-profit substance
2207 abuse or behavioral health network designated by the department,
2208 hereafter referred to as the purchasing agent, which shall
2209 purchase individualized services for children who are at risk of
2210 substance abuse or have a substance abuse problem. Services
2211 shall be based on ~~client~~ need rather than on traditional
2212 services limited to narrowly defined cost centers or
2213 appropriations categories. Approval to operate as a Children's
2214 Network of Care Demonstration Model shall be given by the
2215 secretary of the department and shall be based on criteria
2216 developed by the department.

2217 Section 48. Paragraph (g) of subsection (2) of section
2218 397.99, Florida Statutes, is amended to read:

2219 397.99 School substance abuse prevention partnership
2220 grants.—

2221 (2) APPLICATION PROCEDURES; FUNDING REQUIREMENTS.—

2222 (g) The department shall consider the following in awarding
2223 such grants:

2224 1. The number of youths that will be targeted.

2225 2. The validity of the program design to achieve project
2226 goals and objectives that are clearly related to performance-
2227 based program budgeting effectiveness measures.

2228 3. The desirability of funding at least one approved
2229 project in each of the department's substate entities ~~service~~
2230 ~~districts~~.

2231 Section 49. Paragraphs (d) and (g) of subsection (1) of
2232 section 440.102, Florida Statutes, are amended to read:

2233 440.102 Drug-free workplace program requirements.—The

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2234 following provisions apply to a drug-free workplace program
2235 implemented pursuant to law or to rules adopted by the Agency
2236 for Health Care Administration:

2237 (1) DEFINITIONS.—Except where the context otherwise
2238 requires, as used in this act:

2239 (d) "Drug rehabilitation program" means a service provider,
2240 established pursuant to s. 397.311(33) ~~s. 397.311(28)~~, that
2241 provides confidential, timely, and expert identification,
2242 assessment, and resolution of employee drug abuse.

2243 (g) "Employee assistance program" means an established
2244 program capable of providing expert assessment of employee
2245 personal concerns; confidential and timely identification
2246 services with regard to employee drug abuse; referrals of
2247 employees for appropriate diagnosis, treatment, and assistance;
2248 and followup services for employees who participate in the
2249 program or require monitoring after returning to work. If, in
2250 addition to the above activities, an employee assistance program
2251 provides diagnostic and treatment services, these services shall
2252 in all cases be provided by service providers pursuant to s.
2253 397.311(33) ~~s. 397.311(28)~~.

2254 Section 50. Paragraph (a) of subsection (1) of section
2255 766.101, Florida Statutes, is amended to read:

2256 766.101 Medical review committee, immunity from liability.—

2257 (1) As used in this section:

2258 (a) The term "medical review committee" or "committee"
2259 means:

2260 1.a. A committee of a hospital or ambulatory surgical
2261 center licensed under chapter 395 or a health maintenance
2262 organization certificated under part I of chapter 641,

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2263 b. A committee of a physician-hospital organization, a
2264 provider-sponsored organization, or an integrated delivery
2265 system,

2266 c. A committee of a state or local professional society of
2267 health care providers,

2268 d. A committee of a medical staff of a licensed hospital or
2269 nursing home, provided the medical staff operates pursuant to
2270 written bylaws that have been approved by the governing board of
2271 the hospital or nursing home,

2272 e. A committee of the Department of Corrections or the
2273 Correctional Medical Authority as created under s. 945.602, or
2274 employees, agents, or consultants of either the department or
2275 the authority or both,

2276 f. A committee of a professional service corporation formed
2277 under chapter 621 or a corporation organized under chapter 607
2278 or chapter 617, which is formed and operated for the practice of
2279 medicine as defined in s. 458.305(3), and which has at least 25
2280 health care providers who routinely provide health care services
2281 directly to patients,

2282 g. A committee of the Department of Children and Family
2283 Services which includes employees, agents, or consultants to the
2284 department as deemed necessary to provide peer review,
2285 utilization review, and mortality review of treatment services
2286 provided pursuant to chapters 394, 397, and 916,

2287 ~~h.g.~~ A committee of a mental health treatment facility
2288 licensed under chapter 394 or a community mental health center
2289 as defined in s. 394.907, provided the quality assurance program
2290 operates pursuant to the guidelines which have been approved by
2291 the governing board of the agency,

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2292 ~~i.h.~~ A committee of a substance abuse treatment and
2293 education prevention program licensed under chapter 397 provided
2294 the quality assurance program operates pursuant to the
2295 guidelines which have been approved by the governing board of
2296 the agency,

2297 ~~j.i.~~ A peer review or utilization review committee
2298 organized under chapter 440,

2299 ~~k.j.~~ A committee of the Department of Health, a county
2300 health department, healthy start coalition, or certified rural
2301 health network, when reviewing quality of care, or employees of
2302 these entities when reviewing mortality records, or

2303 ~~l.k.~~ A continuous quality improvement committee of a
2304 pharmacy licensed pursuant to chapter 465,

2305
2306 which committee is formed to evaluate and improve the quality of
2307 health care rendered by providers of health service, ~~or~~ to
2308 determine that health services rendered were professionally
2309 indicated or were performed in compliance with the applicable
2310 standard of care, or that the cost of health care rendered was
2311 considered reasonable by the providers of professional health
2312 services in the area; or

2313 2. A committee of an insurer, self-insurer, or joint
2314 underwriting association of medical malpractice insurance, or
2315 other persons conducting review under s. 766.106.

2316 Section 51. Section 394.9081, Florida Statutes, is
2317 repealed.

2318 Section 52. This act shall take effect July 1, 2009.